Kindergarten playground in Wakiso District, Uganda.
Photo: Darlyne Komukama

Case Studies on Addressing Early Childhood in Three Host Country Contexts
Uganda Case Study

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INTERNATIONAL

ACKNOWLEDGMENTS

The following report presents a qualitative case study completed in Uganda in late 2019. It reflects a snapshot of information about the refugee experience of early childhood services, based on interviews, focus group discussions, site visits and policy document review. In a qualitative study of this kind, it is not possible to capture every perspective and perception of all stakeholders. The scope of this report was not to provide a comprehensive mapping of all refugee services available or a historical accounting of events that have unfolded over years. The case study investigates individual and group stories and experiences to synthesize common themes with the goal of identifying recommendations to improve the provision of early childhood services for young refugee children and their families.

The Moving Minds Alliance is a funders collaborative and network convened to scale up coverage, quality and financing of support for young children and families affected by crisis and displacement. Drawing from on-the-ground experience and shared learning, Moving Minds seeks to catalyze a new way of responding to crises to address the inter-sectoral needs of the youngest refugees and their families. Learn more: movingmindsalliance.org.

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ABBREVIATIONS

CFS	Child-Friendly Spaces
CMC	center management committee
CRRF	Comprehensive Refugee Response Framework
DRC	Democratic Republic of the Congo
ECCE	early childhood care and education
ECD	early childhood development
ECE	early childhood education
ERP	Education Response Plan
FGD	focus group discussions
HEART	Healing and Education through the Arts
MGLSD	Ministry of Gender, Labour and Social Development
MOES	Ministry of Education and Sports
NGO	nongovernmental organization
NIECD	National Integrated Early Childhood Development Policy
OPM	Office of the Prime Minister
ReHOPE	Refugee and Host Population Empowerment
RWC	Refugee Welfare Council
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

The early years of a child's life are foundational to healthy physical, emotional, and cognitive development. The developing brain of a young child is particularly sensitive to chronic stress and hardship, which are common features of migration and refugee experiences—meaning that young children are the most vulnerable during crises that lead to their displacement.[1]

The Moving Minds Alliance has commissioned this case study on the refugee response for young children in Uganda, as part of a series of cases that also includes Bangladesh and Jordan. Uganda is currently host to 1,205,913 refugees, a figure that is projected to reach 1.3 million by the end of 2020. Refugee communities are diverse, entering Uganda at different times, and from different countries. Acknowledging this diversity in refugee experiences, this case study begins with an overview of national policy and practices, then focuses on two settlements: Bidi Bidi and Nakivale.

One of the most vulnerable groups of refugees are children aged 0-6, and, to a greater extent, those who are unaccompanied or orphaned. The Nurturing Care Framework defines five inter-related and indivisible elements that young children need to survive, thrive, grow, and develop into healthy, actualized adults. The five components of Nurturing Care are good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning.[2] This framework provides an effective lens for further understanding the response of the Ugandan government to this most-vulnerable sub-population.

The aim of this study is to answer the following questions:

- How does the Ugandan government plan and deliver early childhood services for young refugee children (from pregnancy through six years of age) and their families, and how does this differ from planning and delivery for host populations? Are services for refugee children and families well integrated into the mainstream system? Are there differences in policies or practice between camp settings and host community settings?
- How do international and humanitarian agencies with an interest in supporting refugee children and families interact with Ugandan government plans and services?
- What impact does the above have on access to services for young refugee children and their families living in Uganda? What are their experiences in accessing services?

To answer these questions, the study team interviewed key informants from government, UN Agencies, NGOs, and service providers and held focus group discussions (FGDs) with 22 parents and caregivers, with translators and researchers present.

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[1] Park, M., Katsiaficas, C., & McHugh, M. (2018). *Responding to the ECEC needs of children of refugees and asylum seekers in Europe and North America*. Washington, DC: Migration Policy Institute. Retrieved from https://www.migrationpolicy.org/research/responding-ecec-needs-children-refugees-asylum-seekers-europe-north-america

[2] Black, M.M., Walker, S.P., Fernald, L.C.H., et al. (2016). Early childhood coming of age: Science through the life-course. *Lancet*. 389(10064). Retrieved from https://www.thelancet.com/series/ECD2016

Key Findings

Policy. While the National Integrated ECD (NIECD) Policy (2016)[3] recognizes the holistic needs of all children across sectors, and the Ministry of Gender, Labour and Social Development (MGLSD) and the Ministry of Education and Sports (MOES) have taken progressive steps in developing policies supporting education, caregiving, and protection for all young children, these policies have not been fully operationalized due to limited funding and strained local capacity in a highly decentralized system. The amalgamation of refugees with Ugandan nationals in policy affords refugees unique freedom to move, purchase land, start businesses, and access government services, and is uncommon in countries with substantial refugee populations". In providing ECD services, however, this broad categorization risks disregarding the unique needs of young refugee children, especially as nearly any mention of early childhood care and education (ECCE) has been omitted from the Education Response Plan (ERP; under the Comprehensive Refugee Response Framework [CRRF]).

Perception. Perceptions of the needs of refugee children and their families change according to the duration of their time in refuge, with initial emergency responses to basic survival needs to a growing focus on trauma and psycho-social support (PSS) in later years. Perceptions of service providers and implementing partners are generally positive, while differences are noted in the technical capacity of districts that have long hosted refugees, versus those receiving groups for the first time.

Practice. Coordination of services relating to the Nurturing Care Framework is strong at the settlement level and has improved greatly in recent years, in no small part due to the commitment of local actors. Monitoring and follow-up mechanisms for these services still fail to holistically assess the well-being of the child. In settlements where refugees have recently arrived, service providers struggle to meet the basic survival needs of huge influxes of young children. In longer-term settlements, partners are implementing a number of promising approaches from mother–baby areas in health centers to PSS curricula in Child-Friendly Spaces (CFS) and ECD centers, but struggle to transition a highly dependent population to durable solutions.

Refugee Experience. The contrast between Bidi Bidi and Nakivale in terms of services aligned to the Nurturing Care Framework is stark as the magnitude of people entering Nakivale since June 2019 overwhelm these spaces to an alarming degree. Differences in services available are also linked to funding streams, how recently refugees have arrived, and the technical focus of different implementing partners.

Despite these challenges, the commitment of caregivers, caseworkers, role model parents, child protection workers, community health workers, and midwives in protracted refugee communities was encouraging, as is the tireless work of ECD champions in local government, MOES, Ministry of Health, MGLSD, Office of the Prime Minister (OPM), United Nations High Commissioner for Refugees (UNHCR), humanitarian agencies, nongovernmental organizations (NGOs), and national government.

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[3] Ministry of Gender, Labour and Social Development (MGLSD). (2016). *National Integrated Early Childhood Development Policy of Uganda.* Kampala. Retrieved from file:///C:/Users/rjordan/Downloads/FINAL%20NIECD%20Popular%20Version%20Approved%20by%20Acting%20P.S%20%20%20%20%20%20%20Mpagi.pdf

INTRODUCTION

This case study, which examines the efforts of the Ugandan government to welcome and address the varying needs of young refugee children and their families, is organized in five sections. The first section addresses how ECD services are planned for young refugee children and their families, with a focus on the policy landscape. The second section explores the perceptions of the Ugandan government and service providers around the effectiveness of their collaboration and interactions. The third section addresses how humanitarian agencies and non-governmental organizations (NGOs) interact with the Ugandan government to implement services for young refugee children and their families. The fourth section describes the experiences of refugee families in accessing early childhood services – including the five domains of Nurturing Care – considering systematically how the policies, practices and stakeholder coordination impact them. The fifth section proposes recommendations derived from the findings.

Background

The majority of refugees in Uganda (794,387 as of January 2019) are South Sudanese nationals who fled ongoing insecurity and economic decline. The most robust period of migration from South Sudan to Uganda occurred between June 2016 (229,172 South Sudanese refugees in Uganda) and August 2017 (1,013,682). The number of South Sudanese refugees in Uganda has since gone down, with 40,718 new entrants in 2018. An additional 319,461 refugees have migrated from the DRC, and the number of new entrants is going up, with 119,919 Congolese refugees entering Uganda in 2018 and with smaller groups entering from Burundi, Somalia, Rwanda, Eritrea, and Ethiopia (92,065 total).[4,5]

As per Uganda's Settlement Transformative Agenda, a non-encampment policy has led to
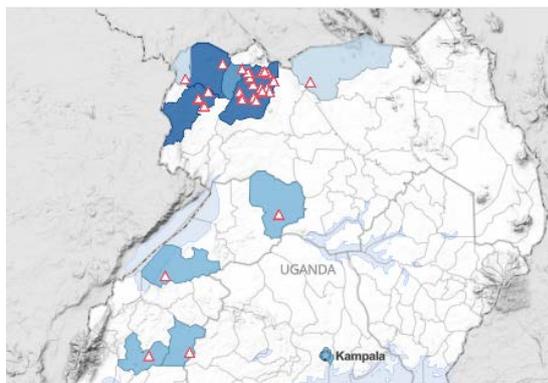
UNHCR. (2019). *Map: Refugees and Nationals by District.* Uganda Comprehensive Refugee Response Portal. Retrieved from https://data2.unhcr.org/en/country/uga

the development of refugee settlements within existing communities. Most South Sudanese refugees live in in the West Nile region of northwest Uganda, and are most highly concentrated in Bidi Bidi, one of the largest refugee settlements in the world.[6] Bidi Bidi opened, and closed, its doors in 2016, when the number of entrants grew by 280,000 people in a matter of four months.[7] Refugees living in Bidi Bidi make up over 27% of the population of Yumbe district, where the settlement is situated. One-quarter of refugees living in Bidi Bidi are

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[4] UNHCR. (2019b). *Uganda Fact Sheet 2019.* Geneva: UNHCR. Retrieved from http://reporting.unhcr.org/sites/default/files/UNHCR%20Uganda%20Factsheet%20-%20February%202019.pdf

[5] UNHCR. (2019c). *Uganda Country Refugee Response Plan 2019-2020.* Geneva: UNHCR. Retrieved from https://data2.unhcr.org/en/documents/download/69674

[6] European Union. (2018). *Contested Refuge: The Political Economy and Conflict Dynamics in Uganda's Bidibidi Refugee Settlements.* Retrieved from https://data2.unhcr.org/en/documents/download/66344

[7] UNHCR. (2018). *Uganda Refugee Response Monitoring Settlement Fact Sheet: Bidi Bidi.* Geneva. UNHCR. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/66780.pdf

younger than 11 years old, with 10% of the total population aged 0 to 4.

Most Congolese refugees live in settlements situated in western and south-western Uganda. The recent arrival of 7,500 new refugees fleeing ethnic violence in the DRC since the beginning of June 2019,[8] has led to severe over-crowding in reception centers at these settlements. In addition to welcoming over 2,000 recent arrivals from the DRC, Nakivale settlement in southwest Uganda is host to a majority of the refugees coming from Burundi and Rwanda. Nakivale is Uganda's oldest refugee settlement, founded in 1958, and is home to 115,747 refugees, one-fifth of whom are younger than 11 years old, with 9% aged 0 to 4.[9]

Historically, Uganda is characterized as having an overwhelmingly welcoming attitude towards refugees that is further reflected in policy. The 2006 Refugee Act and subsequent 2010 Refugee Regulations guarantee refugees freedom of movement, the right to work, the right to establish businesses, the right to own property, and access to public services, including education and health for all refugees.[10] To promote equity and cohesion between refugees and the host communities where settlements are embedded, the Government of Uganda implemented a national Refugee and Host Population Empowerment (ReHoPE) framework in 2016 to integrate services and enforce a "70–30 rule" stating that at least 30% of aid allocated to refugee settlements be targeted to host communities.[11] The CRRF, an initiative of the NY Declaration for Refugees and Migrants, is a global tool that is used in a variety of countries to better articulate a holistic approach to refugee response. The emphasis of Uganda's ReHOPE framework on self-reliance and sustainability was well-aligned to the CRRF, and in 2017, Uganda became the first country to commit to applying the CRRF[12] by developing the Uganda Country Refugee Response Plan for January 2019 to December 2020, which included a goal of enrolling 43% of all refugee children of the appropriate age in pre-primary school. Funding of the response plan has been an ongoing challenge, however, with 57% of the still unfunded as of 2018.[13]

Nurturing Care

First, to define "early childhood services," we turn to the Nurturing Care Framework, a concept first introduced in the 2016 ECD series published in the *Lancet* medical journal.[14] Nurturing Care is defined as five inter-related and indivisible elements that young children

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[8] UNHCR Uganda. (2019d). *Thousands fleeing new Congo violence, Uganda refugee facilities dangerously stretched.* Geneva: UNHCR. Retrieved from https://www.unhcr.org/en-us/news/briefing/2019/6/5d11d84d4/thousands-fleeing-new-congo-violence-uganda-refugee-facilities-dangerously.html

[9] UNHCR Uganda. (2017). Comprehensive refugee response framework Uganda: The way forward. Retrieved from https://data2.unhcr.org/en/documents/details/63266

[10] UNHCR. (2019c). *Uganda Country Refugee Response Plan 2019-2020.* Geneva: UNHCR. Retrieved from https://data2.unhcr.org/en/documents/download/69674

[11] Patton, A. (2016, September 21). In Uganda, a new approach for refugees: And for Ugandans. Devex. Retrieved from www.devex.com/news/in-uganda-a-new-approach-for-refugees-and-for-ugandans-88774; Gouby, M. (2017). What Uganda's struggling policy means for future of refugee response. *News Deeply.* Retrieved from www.newsdeeply.com/refugees/articles/2017/11/22/what-ugandas-struggling-policy-means-for-future-of-refugee-response

[12] International Review of the Red Cross. (2017). Interview with Filippo Grandi. *International Review of the Red Cross,* 99(904), 17-29

[13] UNHCR. (2019a). *OPM, UNHCR and partners call for more funding to support refugees and host communities, as more people continue to flee to Uganda.* UNHCR: Geneva. Retrieved from https://www.unhcr.org/afr/news/press/2019/5/5ced20c04/opm-unhcr-and-partners-call-for-more-funding-to-support-refugees-and-host.html

[14] Black, M.M., Walker, S.P., Fernald, L.C.H., et al. (2016). Early childhood coming of age: Science through the life-course. *Lancet.* 389(10064). Retrieved from https://www.thelancet.com/series/ECD2016

need to survive, thrive, grow, and develop into healthy, actualized adults. The five components of Nurturing Care are good health, adequate nutrition, responsive caregiving, security and safety, and opportunities for early learning (*Figure 1*). This framework provides a useful benchmark against which to evaluate the services offered to young refugee children and their families in Uganda. There is no debate in the early childhood community that all children, regardless of refugee status, should be afforded adequate care and services in the five domains.

To better understand how the development of young refugee children is being supported across the five domains, key informant interviews were conducted with officials from government (9), development partners (5), aid agencies (6), implementing partners (10), and service providers (8). To better understand the dynamics of implementing services for the families of young children, the study team visited health centers (2), Child-Friendly Spaces and early childhood development (ECD) centers (3), one standalone ECD center and one protection center (in this context, referred to as a protection desk). Three focus group discussions (FGDs) were conducted with a total of 22 parents and caregivers, including mothers of children aged 0–3 (12), mothers from the host community (5),

Figure 1. Nurturing Care Framework

Source: WHO, UNICEF, & World Bank, 2018

and foster parents (5). All focus group participants provided signed, informed consent.

Interview questions asked about service delivery to ensure good health, adequate nutrition, opportunities for early learning, security and safety and responsive caregiving for young children. The team used an analysis matrix to disaggregate responses by sub-question into our areas of focus: policy landscape, refugee and service provider perceptions, and the state of service provision.

FINDINGS

Policy Landscape

A discussion of the policy landscape around ECD provision for refugee children must first be broken down into policies affecting young children, and policies affecting refugees.

ECD Policy

The most comprehensive policy on the provision of early childhood services is the NIECD of 2016, which is housed in the MGLSD and cuts across the education, health and protection sectors. The NIECD provides guidance on the delivery of ECD services based on five principles: children are taken care of holistically across developmental domains, equitable access to ECD services, programs are responsive to their target context, families and communities are engaged; and shared accountability across government. The NIECD is critical to spearheading increased coordination around ECD provision.

In the education sphere, the National Early Childhood Education Policy of 2007, which is currently under review, outlines the role of the government to train ECCE facilitators (referred to as caregivers in this context), maintain and monitor curriculum and standards,

and carry out registration and inspection of ECCE facilities. This policy does not commit any spending on ECCE from the government directly.

When asked about child protection, government officials referred to two key documents: 1) the National Children's Policy, which is in draft form and states all children, regardless of status, are vulnerable, and 2) parenting guidelines and key family care practices, both developed by the MGLSD with support from UNICEF.

Refugee Policy

A government white paper of 1992 affords refugees many of the same rights as Ugandan citizens—to move, own land, open bank accounts, and access public services. Because this paper guarantees refugee children the same rights as Ugandan children, the National Health Policy, Universal Primary Education, and the Infant and Young Children Feeding Guidelines that govern services to Ugandan children all apply to services for refugee children as well, though nowhere in these or policies are refugee children, their families, or their specific needs explicitly mentioned.

With Uganda's early adoption of the CRRF, the balance of refugee response resources dedicated to host communities shifted from 30% under ReHOPE (discussed in background section) to 50%. The CRRF led to the development of both the ERP and Health Response Plan.

In response to a push for subsidies to pre-primary education to promote equitable access during the review of the National ECCE policy, the MOES reiterated that all forms of education before primary school would be funded privately, by NGOs or through other non-public means, and that ECCE would remain a non-funded priority. Although ECCE had featured heavily in early drafts of the ERP, it was removed almost entirely from later drafts in response to the outcome of the ECCE Policy review. One interpretation is that the ERP was changed to avoid scrutiny that the government might offer ECCE services to refugees that were not extended to Ugandan nationals.

Protection of young children features more heavily in the ERP than ECCE does, through casework and CFS, but national-level protection policy does not yet have the same articulation of standards and guidelines as education, and relies on a system of decentralized referral networks that vary based on the resources and implementing partners in each district. The lack of clear pathways in child protection make it difficult to extend these services to refugee settlements.

Table 1 (below) provides an overview of the policies discussed in the section above. These policies (and plans) contain language specific to either service provision for refugees or for young children – but never both. Because it is enumerated in multiple policies implemented by multiple ministries, ECD services for refugees expressed in the five domains of Nurturing Care become a small part of a number of initiatives, and lack explicit, comprehensive guidelines.

Table 1. Policy Map: Uganda

Policy	Govern-ment Agency	Domain of Nurturing Care	Relevant Language	Key Informant Perception of Policy
NIECD Policy (2016)	MGLSD	All	The Policy States: *"The three major objectives are to (i) harmonize existing ECD policy related goals, objectives and strategies and*	This policy has been celebrated for its intent and the direction it is moving the

Table 1. Policy Map: Uganda

Policy	Government Agency	Domain of Nurturing Care	Relevant Language	Key Informant Perception of Policy
			initiatives within and across all sectors, (ii) set, improve and align standards for ensuring access to well-coordinated, quality, equitable and inclusive ECD services within and across sectors, and (iii) Build/strengthen capacity of systems and structures to deliver integrated quality and inclusive ECD programs."[15]	conversation around ECD in. Implementation continues to be a struggle, given separate budgets and separate decision-making systems within each Ministry. UNICEF has been championing much cross- sector coordination efforts.
ECCE Policy (2007) *(formerly MoES National ECD Policy)*	MOES	Early Learning	Statement on ECCE Policy from the National Curriculum Development Center (MOES): *"The Early Childhood Development Policy in the Education Sector approved in 2007 stresses the importance of Early Childhood Education (ECD); the early stimulation of different parts of the brain to provide social and learning advancement throughout life. Such care does not produce a self-centred child, rather a child, who trusts, is curious, strives to learn new things and is skillful in social interaction."[16]*	This policy is currently in its final stages of review, began in 2016. Through this review process, there was a strong push from within government, NGO's and development partners to include some ECCE service provision by government, to ensure equitable access. The final review, however, maintains no commitment of funds to ECCE by government.
National Children's Policy (DRAFT)	MGLSD	Safety and Security	Description of policy from Ugandan newspaper, the Observer: *"The national child policy seeks to provide a framework for addressing issues related to children's rights and wellbeing in a holistic manner. The policy does not seek to duplicate or replace existing policies and plans related to children but, rather, to bring together and harmonize those that are relevant to the survival, protection, development and participation of children in Uganda in a coherent framework.[17]"*	Key informants see this policy as a positive means to incorporate the varied approaches by local government to child protection case management. Informants stressed that this policy would consider all young children to be vulnerable, and thus improve overall support, while other informants expressed concern that this approach only dilutes services for orphans, children affected by HIV/AIDS, and other at-risk sub-groups.
Health Sector Integrated Refugee Response	OPM, UNHCR, Ministry of Health	Health Adequate Nutrition	From Plan:*"[The HSIRRP] …supplementing service delivery in the refugee hosting communities, to meet the needs of everyone in the targeted areas, including refugees… through building a resilient health*	The Health Response Plan was not directly discussed in interviews.

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[15] MGLSD. (2016.) "Uganda National Integrated Early Childhood Development Policy." Retrieved from https://health.go.ug/sites/default/files/FINAL_National_Integrated_ECD_ACTION_PLAN_Approved.pdf

[16] National Curriculum Development Centre. (2007). Retrieved from https://www.ncdc.go.ug/content/early-childhood-development

[17] Lule, Baker B. (2017, July 24.) MPs applaud new draft child policy. *The Observer.* Retrieved from https://observer.ug/news/headlines/54005-mps-applaud-new-draft-child-policy

Table 1. Policy Map: Uganda

Policy	Govern-ment Agency	Domain of Nurturing Care	Relevant Language	Key Informant Perception of Policy
Plan (under CRRF)	(MOH), Partners		*system that can withstand shocks and guarantee sustainable and equitable access to essential health services[18]".*	
ERP (under CRRF)	OPM, UNHCR, MOES, Partners	Early Learning	ECCE featured heavily in early drafts, but almost entirely omitted from final plan.	Because ECCE was largely left out of the ERP, it is seen as a largely primary school-facing policy.
National Health Policy (2010)	MOH	Health Adequate Nutrition	From Policy: "*Improving Nutrition: In collaboration with the Agriculture and other relevant Sectors, household food security and healthier eating habits will be promoted to improve the nutrition status of the population, with special attention to young children, pregnant and lactating mothers.[19]"*	This policy focuses on resources in health services and training staff to ensure equal access to healthcare for all. It contains very little discussion of young children.
Education Act (2008)	MOES	Early Learning	From Education Act: *"The following shall apply to pre-primary education—pre-primary education to be run by private agencies or persons to provide education to children...Government shall—(i) provide the curriculum, guidelines on minimum standards … provide the curriculum for teachers training …cause all pre-primary schools to be licensed, registered and regularly inspected…[20]"*	This act was not directly discussed in interviews but provides a relevant outline of government commitments to ECCE.

Channels and Departments Through Which Nurturing Care Policies Are Organized

A number of government agencies oversee ECD service delivery at the national level. The NIECD is coordinated across Ministries by the National ECD Secretariat, led by the MGLSD (which also oversees protection work and parenting guidelines). The Ministry of Internal Affairs leads on issues of violence against young children; the Ministry of Health leads on health, hygiene, and nutrition; and the MOES leads on ECCE and some parent education. Because a significant proportion of Nurturing Care services for Ugandan children are supported by faith-based organizations, including funding the majority of ECD centers, the Inter-Religious Council of Uganda is another strong voice in national ECD policy discussions.

Good Practice: National Coordination of the ERP

While ECD services are largely left out of the ERP, the coordination of the Government of Uganda, OPM, UNHCR, donors, and NGOs on the education response for refugees is generally regarded as an improvement on previously isolated emergency response efforts. The collaboration of 17 leading education partners under Education Cannot Wait provides an especially good model for collaboration and sharing.

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[18] Ministry of Health. (2019). *Health Sector Integrated Refugee Response Plan 2019-2024.* Government of Uganda: Kampala. Retrieved from:
file:///C:/Users/rjordan/Downloads/Final%20HSIRRP%2031%20Jan%202019%20MASTER.pdf

[19] Ministry of Health. (2010). *The Second National Health Policy.* Kampala. Retrieved from
http://library.health.go.ug/sites/default/files/resources/Second%20National%20Health%20Policy%202010.pdf

[20] MOES. (2008). *The Education (Pre-Primary, Primary and Post-Primary Act, 2008.* Kampala. Retrieved from
http://www.unesco.org/education/edurights/media/docs/5d1b721a509097c2833561341ead3d788906cf4a.pdf

OPM, working closely with Plan International, AVSI, and UNICEF focuses on refugee-related issues that are nested in the National ECD Technical Committee. The CRRF Secretariat and CRRF Steering Committee coordinate the refugee response across all sectors, although discussions of the needs of young children are reportedly limited at this level. Technical approaches to implementation of the five domains of Nurturing Care for refugees are coordinated by NGO Consortiums working with government agencies and UNHCR. For example, the NGO Education Consortium collaborates with UNHCR and MOES to share technical approaches and to coordinate components of the ERP funded by ECW. Key informants lamented that while there are consortiums for education, mental health, and other areas that overlap with the Nurturing Care Framework, there is no dedicated ECD Consortium.

Champions of cross-sector ECD collaboration in national government were recognized in interviews, but the challenge is formidable; as one key informant stated, *"Early childhood is fluid, while government is highly structured—these two can work in opposition."*

Good Practice: District Planning

Through its support of the NIECD Policy, UNICEF is working closely with district government to programmatically link cross-sector ECD services. As part of these efforts, UNICEF officials meet with local government to conduct data and gap analyses and to include ECD services in district plans and budgets.

This opposition, and the challenge of delivering dynamic and cohesive ECD services is exacerbated in the refugee response, when another line of reporting and funding are introduced through OPM and UNHCR. The implementation of services relating to the Nurturing Care Framework under the NIECD Policy is decentralized with guidance from an accompanying NIECD Service Delivery Framework. Refugee settlements are located within administrative districts[21] and the responsibilities of district health and education offices implementing the NIECD Policy extends to refugee settlements. Once within the refugee settlement, however, OPM, not district government, manages all partner-implemented ECD services in alignment with the Education and Health Response Plans. At the settlement level, OPM coordinates with NGOs and donors across eight sectors: protection, health, food, nutrition, education, environment, wealth and infrastructure, non-food items, and food, with one implementing partner leading each sector. While UNHCR and OPM provide a necessary mechanism for providing emergency relief quickly, this approach introduces a parallel bureaucracy. District governments are expected to eventually assume responsibility for managing all services, structures and personnel introduced in the refugee response, including health centers, feeding programs, ECD centers, and referral systems. With a focus on durable solutions, Uganda's refugee response plan outlines a phased transition of these services to local government, but resources are limited as more districts become new hosts to increasing numbers of refugees each year. Coordination between local government, desk officers and camp commandants (OPM) is stronger in districts that have hosted refugees for longer periods of time ("refugee districts" as they were sometimes referred to in interviews), while "new districts" are still reacting to the sheer numbers and need of recently arrived refugees. The technical understanding and capacity of officials from "refugee districts" in health, nutrition, ECCE, parenting, and protection is much greater than in "new districts", according to key informants, due to system strengthening efforts by NGOs and district administration. Even in these "refugee districts", however, coordination can hinge on individual personalities, with one local service provider noting, *"Some OPM camp*

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[21] Bidi Bidi is in Yumber District, and Nakivale is in Isingiro District.

commandants operate settlements as their territory. This makes it difficult to engage with districts and to plan for them to eventually adopt service provision."

Interactions, predictably, are closest between ECD partners working at the settlement and sub-settlement (zonal) level. Among NGO staff, close planning and follow-up is conducted between caseworkers, child protection officers, and caregivers, with less robust (but still evident) linkages to health center staff. The study team observed this cohesion during site visits, where key ECD actors at the settlement level were a quick phone call away from one another.

General Sources of Funding Available to Implement Policies

Funding for ECD services in host and refugee communities is channeled mainly through UNHCR, with support from UNICEF. This funding was insufficient when the number of refugees increased drastically in 2016 and in 2019, less than 20% of funding needs have been met.[22] In protracted refugee situations such as the South Sudanese settlements in West Nile, efforts are underway to transition from entirely humanitarian funding mechanisms to some development funding, to secure more predictable and durable funding steams for refugee services.

What little funding is available for services for young children is still largely directed by donors. While a high-level ECD strategy for refugees and host communities has been established by UNICEF and other development- and implementing partners, some key informants argue that no uniform agreement has been achieved within government as to how young refugee children in Uganda can best be supported. This circles back to one of the main findings of this study's policy discussion, that government has outlined provision of ECD services through the NIECD Policy, and refugee services through response planning, but has not explicitly addressed a combination of the two. While technical approaches are agreed upon by implementing partners, their funding and presence vary between settlements, meaning that programs available to one group of refugees may not exist for others.

Key Findings

The Government of Uganda sets a good example in its consideration of all children (and all refugees) as Ugandans.

One limitation of this approach, however, is that while technically, all policies reflecting the Nurturing Care Framework can apply to refugee children, refugees have specific experiences, vulnerabilities and needs. The lack of any explicit mention of children aged 0-6 who are also refugees in both national policy and refugee response plans means they often fall through the cracks in funding and programming between two parallel structures- district government and OPM/UNHCR.

A closer examination of the five domains of nurturing care shows that for meeting young children's needs for good health and adequate nutrition, babies are afforded special consideration in conjunction to their mothers, but that policy treats young children largely the same as it treats older children and adults. Responsible caregiving is well-articulated in MGLSD's parenting guidelines and key family care practices, but this approach is not

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[22] UNHCR. (2019a). *OPM, UNHCR and partners call for more funding to support refugees and host communities, as more people continue to flee to Uganda.* UNHCR: Geneva. Retrieved from https://www.unhcr.org/afr/news/press/2019/5/5ced20c04/opm-unhcr-and-partners-call-for-more-funding-to-support-refugees-and-host.html

extended through refugee response plans. The differences in policy and funding for early education compared to security and safety suggests an interesting juxtaposition: ECCE policy and government guidelines clearly guide partners in expanding and extending services to refugees. Because ECCE is considered an unfunded priority in the Ministry of Education's ECD Policy and is omitted from the ERP, however, actual provision of services in both host and refugee communities is minimal. Conversely, while the MGLSD is working to develop national-level policies, checklists and guidelines for child protection, the actual referral structures vary greatly by district. The result is that child protection services for refugees is better funded but still lacks clear pathways for implementation (and extension of services to refugees), while early education had clear guidelines but no resources to or commitment to funding ECD centers.

Perceptions

Perceptions of Refugees by Service Providers

How service providers view young refugee children and their families varied between the two settlements the study team visited and reflected differences in perception of recently arrived refugees to those that have been settled for over two years. At the Nakivale reception center, incoming refugee children are, according to key informants, in shock, malnourished, and at risk of death. Accordingly, the response of governments and service providers to young children is focused on urgent health services and feeding. In Bidi Bidi, where most refugees arrived in 2016, some of that attention has shifted to psycho-social support as the impact of trauma, especially on mothers, garners greater recognition.

A frequent perception of recently arrived refugee children shared by service providers and government actors in settlements is that they often struggle to communicate and have difficulty expressing themselves, most likely as a result of traumatic experiences. Multiple key informants also noted that the capacity of parents is low, whether they just arrived or had been in the settlements for years. Parents were described as distracted, under stress, traumatized, abusive, and overwhelmed by high numbers of children per household. When asked why refugee mothers had so many babies and seemed more resistant to family planning options than host mothers, one medical worker stated *"when you are a refugee, you are in survival mode. You believe they are trying to wipe your people out, so you have more children."* High levels of substance abuse in settlements was also mentioned in multiple interviews. Overwhelmingly, foster children, orphans, and those being cared for by distant family members are recognized as the most vulnerable group in the settlement.

Perceptions of Refugees by Government

Government officials interviewed explained that young refugee children have many of the same needs as Ugandan children: play materials, improved school readiness, feeding, and protection. Others noted that given the massive influx and urgent need, government concerns are rightly focused on security, land rights, and reporting figures —and ECD provision is left to UNICEF, Save the Children, and other partners.

Perceptions of Government by Service Providers

Humanitarian agencies, NGOs and service providers lamented that young refugee children are "too often seen as one size fits all" and that not all actors "understand the nuances of different children's needs." "Refugee districts" that have been hosting refugees for a number of years are seen as having greater technical understanding of the needs of young children than "new districts", while national government is seen as having a strong technical understanding of Nurturing Care practices, but without full awareness of the realities in settlements.

Perceptions of Service Providers by Government

The refugee response is seen by many as well coordinated, with different implementing partners leading strategies including mother–baby areas for feeding and parent education, inclusive education, and child protection. A general concern was shared by district- and settlement-level government actors around the sustainability of the response for young children and the persistently high dependency of women and children (84% of the refugee population[23]) on distribution of basic items and services. As funding decreases and the urgent needs of an influx of refugees from the DRC take priority, food rations for longer-term refugees are being reduced. In recognition of donor withdrawal from some settlements, service providers are looking for alternative options. For example, UNICEF is working with faith-based organizations to take over management of ECD centers. Among various actors, there seems to be a willingness to engage in coordination but a perception that, with funding increasingly an issue, coordination in and of itself will not ensure durable solutions are provided to all.

Good Practice: Mother–Baby Areas

This nurturing space for mothers of newborn babies is inclusive, communal, and judgement free. Mothers can come for health support and advice, to talk with other mothers with young babies, or simply to rest.

Key Findings

A common perception of recently arrived refugee children is one of urgent need. In interviews, service providers simultaneously recognized that parents have experienced trauma and are struggling to ensure the survival of their children and also describe parents as abusive or neglectful.

The broader government response is seen as lacking recognition of the nuanced needs of young children. While the technical capacity of national government is celebrated, the government is also seen as removed from the "realities on the ground." The technical understanding of ECD service delivery by district governments that have hosted refugees for a long time is seen as greater than the understanding of those districts that have just recently hosted large groups of refugees.

State of Practice

Services, Processes, and Infrastructure

Under the purview of OPM and UNHCR, organizations including Hijra, World Vision, Medical Teams International, Save the Children, and Plan International work in close collaboration to provide ECCE, CFS, health services for babies and mothers, and protection through casework. Partners append these services to existing government structures wherever

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[23] UNHCR. (2019a). *OPM, UNHCR and partners call for more funding to support refugees and host communities, as more people continue to flee to Uganda.* UNHCR: Geneva. Retrieved from https://www.unhcr.org/afr/news/press/2019/5/5ced20c04/opm-unhcr-and-partners-call-for-more-funding-to-support-refugees-and-host.html

possible and the coordination between partners (and lack of redundancy or competition) was lauded in multiple interviews. Government and partners have met the most basic needs of young refugee children: food, shelter, access to clean water, and immunization. In some settlements, partners have taken strides in expanding access to psycho-social support services, child protection, and ECCE). Still, as some key informants noted during interviews, no one person or organization is closing the loop, or monitoring a young child's well-being holistically. As one interviewee observed, *"You ask 'how much are kids eating?' and the answer is 'Well, we've rationed the family 15 grams of beans and…' and all of us don't understand what is actually happening to these kids."*

One prevalent criticism shared by development partners and implementing partners is that even without an attempt to extend them to refugees, Uganda's policies are not fully operationalized for Ugandan citizens. For example, the "parenting guidelines and key family care practices" provides guidance on early stimulation, gender-based violence, parenting, and nutrition, and is accompanied by a mapping tool to strengthen local capacity to realize these services. At the same time, according to some key informants, 60% of district-level probation and child protection positions, remain vacant. In both health and education, building new health centers and primary schools in areas that were sparsely populated before the arrival of refugees poses a challenge of sustainability for these government institutions, as does hiring additional teachers and medical personnel. Health centers and primary schools require long-term repair and maintenance, and additional hires have implications for wage bills that dictate the number of teachers and health workers the government can afford to employ.

Child-friendly programs are often the backbone of child protection responses as they are designed to monitor and address a wide variety of protection issues. Uganda is no different, and CFS have become a mainstay program across organizations and camps as a means to reach vulnerable children. Because ECCE is largely un-funded in the refugee response, organizations are increasingly interested and able to build on the existing CFS and provide more structured ECCE interventions in

> **Good Practice: Transition of CFS to part-time ECCE**
>
> While managing a large number of CFS, Save the Children International, in recognition of both the temporary nature of CFS and the high demand for ECCE services, is allocating morning hours at CFS for ECD service provision. This has included training caregivers in ECCE best practices and developing locally made play and learning materials.

the mornings or off-hours. Additionally, CFS space is used for community and parenting outreach and education.

The Settlements

Upon arrival at reception centers, refugee children are often malnourished, sick, and distressed. Humanitarian agencies first provide screenings, vaccination, and other health services; food; and a place to sleep. The disparity between supply and demand is most palpable during this stage, as influxes of refugees into Uganda have been abrupt and massive. At one reception center, there were 400 mattresses available in a space for 638 people—and 2,000 recently arrived refugees. This reception center had one ECD center, managed by two volunteers, no trained caregiver, and a ratio of one caseworker to 90 children (the government standard is one to 30). According to multiple key informants working in child protection and in settlement administration, an estimated 4% of children arriving at reception centers were unaccompanied and considered especially vulnerable. These children are immediately placed either in group protection facilities (monitored by refugee volunteers) or in temporary foster care.

During the move into settlements, parents are preoccupied with obtaining land and housing, often, according to key informants, leaving young children to look after themselves. While immediate services for young children center on health and nutrition, they shift to protection during settlement. Unaccompanied children are usually moved into permanent foster care at this time.

Given the acute need of large numbers of recently arrived refugees in Nakivale Settlement, neither service providers nor government officials working there had much to say about parenting, responsive caregiving, or psycho-social support, the focus being on providing food, water, shelter, and medical attention with limited resources.

Given its size, Bidi Bidi refugee settlement is organized into five zones, each made up of approximately 15 to 20 village clusters. Refugee Welfare Councils (RWC) that oversee each zone are made up of nine refugee members and meet regularly with the assistant camp commandants from OPM. Among implementing partners, one organization leads coordination for each of the eight key service delivery sectors mentioned previously (and of which ECD is not included). Service delivery is tracked through the camp commandant, supported by UNHCR. At the local government level, a quarterly coordination meeting is held with district officials, commandants, and partners and is chaired by the refugee desk officer (OPM) of the host district.

Within zones, key actors from refugee and host communities include caseworkers, community health workers, caregivers, and center management committees (CMCs). In health centers, volunteer community health workers provide initial triage and help with translation. In the early education and psycho-social support space, CMCs, caregivers, and parents have been trained in the HEART (Healing and Education through the Arts) and Team Up curricula[24]—two examples of supporting the emotional well-being of children using a combination of expressive arts, education, and play-based activities CMCs are further trained to monitor the quality CFS/ECD centers.

Good Practice: Parent Education

Parents, including foster parents, in Bidi Bidi refugee settlement demonstrated a solid understanding of positive discipline and alternatives to corporal punishment as a result of community-based parent sensitization efforts by World Vision International. World Vision also leverages "role model parents" as behavior change agents in refugee and host communities.

In many ways, caseworkers are the glue that hold services for young children together.

Good Practice: Psycho-Social Support Curricula

In CFS in Bidi Bidi, the Healing and Education through the Arts (HEART) approach is used with children of all ages to provide a forum to express how they are feeling—both through their art and while making it. The Team Up curriculum equips caregivers with a catalog of games and physical activities for children from pre-school through elementary school, as another medium in which children can express how they are feeling.

While home visits by caseworkers are focused on foster, separated, and at-risk children, caregivers at ECD centers and CFS will call caseworkers in if they believe the child is sick, malnourished, or exhibiting behavior that raises concern (examples described by caregivers include extended detachment, clinginess, crying, or hyperactive laughter). After observing children with facilitators, the caseworker will contact parents and, if needed, take the child to the health center. Caseworkers described many conversations they have with parents and caregivers around improving hygiene, positive discipline, meeting children's basic needs, and feeding. Cases are recorded in referral books kept at the health

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[24] For additional information on HEART, see http://education4resilience.iiep.unesco.org/en/node/801. For additional information on Team Up, see https://campaigns.savethechildren.net/blogs/alun-mcdonald/new-include-project-launches-get-children-back-school#page-content.

center and protection desk. If there is a health center referral for illness or malnutrition, caseworkers make a monitoring plan and follow-up. For moderate cases of psycho-social support or child protection, referrals are made to the appropriate implementing partner. In more protracted refugee settings, these linkages are more established. More severe cases of abuse are referred up a hierarchy. If there is a spate of abuse cases, CMCs and RWCs will also organize meetings to sensitize parents on positive discipline.

In Bidi Bidi, efforts are being made to increase a sense of ownership and increase the sustainability of ECD programs by requiring parents to contribute to center-based feeding programs—often in the form of a cup of porridge. However, targeted livelihoods and business initiatives reach just 5% to 10% of women, leaving a persistent financial demand on government, humanitarian agencies, and implementing partners rather than providing women true capacity for self-reliance.

Barriers and Gaps in Service Delivery

The main barrier to service delivery in new refugee situations is the sheer numbers of refugees: in one reception center, 1,000 new arrivals were under the age of 12, and roughly 700 were between 0 and 6 years old. Not only is the specialized care needed by many young children not available at these centers, threats are compounded by the overwhelming influx of refugees. Children are exposed to germs and illnesses and do not have resources or physical health to combat them or recover; wait times at health centers extend beyond six hours; and documentation needed to access settlement services is delayed.

While attitudes and perceptions vary among different refugee groups, there are common challenges to meeting the needs of young children. Parents might claim their own children are unaccompanied, or might separate themselves from their children, in an attempt to get their children the better services they believe are offered to unattended children. Parents might be prone to disciplining their children harshly (due to their own aggravated trauma and stress), and there are cultural stigma around mental health that might discourage parents from accessing helpful services.

In more established refugee settlements, limited resources become a challenge as service providers transition to a focus on the quality of nurturing care services, rather than basic access. For example, partner organizations will train mothers on diversifying their children's diet, but suggested foods will not be available at distribution centers. This is felt most acutely by foster children, who are often the first to be neglected when there is not enough food, clothing, or other staple resources to go around.

When refugees have lived in settlements for longer periods, gaps between policy and practice also become more apparent. CFS, while important, are not a component of the government's approach to supporting children. Referrals for child protection can be difficult to escalate, due to vacancies and limited resources at the district-level. The MOES does not approve of paying ECD caregivers, but partner organizations have been forced to find a small amount of money for these caregivers. Without this assistance, caregivers find additional work, and the quality of ECD provision suffers. In the words of one service provider, *"Paying caregivers is not sustainable. But it is practical."*

Key Findings

In terms of demand, the needs of young children are recognized by actors leading the refugee response and are prioritized appropriately given their time of arrival and resources available. In terms of supply, increased coordination and capacity building in recent years means that implementing partners and service providers are more accurately reporting

outputs. However, a holistic, "birds-eye view" of supply meeting demand and in terms of the varying needs of individual young children is lacking. This, it seems, is widely due to still-limited capacity and resources.

Funding of ECD programs or interventions has become better coordinated and there is a strong sense of collaboration between organizations within and across sectors since 2016, particularly at the settlement level. Still, there is inconsistent and inadequate coverage.

Although the CRRF and refugee response plan emphasize durable solutions, many discussions around balancing short- and long- term solutions seem to ignore that refugees are unlikely to leave the settlements in the near future and that their influx should be viewed under a more practical lens of population growth—a sometimes scary prospect given the limited resources government is often working with.

Because they have been almost entirely omitted from the ERP, ECCE services must rely on using other interventions that are meant to serve a number of functions for children of all ages because they 'catch' ECCE-aged children within a much larger target population. However, specific age-appropriate developmental and protection services are not deliberately planned from the beginning of the refugee response. ECCE-specific programs are often designed as a "second phase" program or transitional program that takes advantage of existing funding.

The sheer numbers of refugees overwhelm the services available. Funding and lack of capacity at multiple levels has resulted in overcrowding in center-based programs and insufficient oversight in case management services—both diminishing the desired impact of services. One organization indicated having 54,000 children access its 50 CFS. While parents and other caregivers are provided with a route to advocate for additional services through settlement-based RWCs, they are largely focused on survival and the need to provide for the basic physical needs (shelter, food, water, healthcare) of their families.

Parent Experiences of Services

Interviews from Nakivale suggest that, given the recent influx of refugees and general state of the emergency there, only the survival—and not the development—of young children is seen as a priority. Parents in both refugee settlements visited said they have access to immunization, general medicine, laboratory services, pre- and antenatal care, birth registration, nutrition supplements, and ECE. Some refugees mentioned receiving additional health services such as monitoring for disabilities and community-based education on breast feeding, hygiene, parenting, and protection from violence. The host communities in both settlements shared a generally positive view of the refugees' presence, noting that with refugees' arrival, services like health and early education were brought closer and improved in quality. Mothers in both refugee and host communities, were especially knowledgeable about the health and nutrition services available to them.

Parents were generally satisfied with the health care they received, and visits to health centers by the research team showed friendly, capable, multilingual staff and a clean environment, with many handwashing stations. In Bidi Bidi, mother–baby areas designed by Save the Children provided rest, support, and counselling for mothers. Overall, immunization was reported as the best and most reliable health service.

Parents complained most about long wait times, with one mother in Nakivale noting it easily takes six hours to get through triage with a community health worker to finally see a doctor. As one mother in Bidi Bidi said, in response to long wait times *"[we just] surrender to God to see them."* Parents explained that different days are designated for different services (for

example, Wednesday is the children's clinic day at one health center), but that while this streamlines some service delivery, the numbers of people seeking health services are simply too large. During a visit to one health center, the study team found 42 people in the waiting room, seven of them mothers with babies. In terms of quality of treatment, focus group participants explain that while babies are afforded special attention, especially when they are diagnosed as underweight, once a child is old enough to walk, he or she is treated the same as any other health center patient.

Focus group participants appreciated the availability of some medicines, but struggled to find others in regular supply, or that are effective in treatment. A number of parents shared their experiences bringing a young child to a health center and receiving a diagnosis, only to find the medicines they needed were out of stock. This forced parents to go to privately owned pharmacies, which in many cases meant selling food rations to pay for the medicines.

Parents also spoke about the long distance they had to travel with children to seek treatment. However, it is unclear whether this was because all health centers are far apart from one another, or because parents perceived one particular health center as providing better quality care and thus chose to make the journey there. In Nakivale, mothers of babies 0–3 years old expressly stated their preference to return to the main health center. Midwives in Bidi Bidi explained that pregnant women who have given birth to more than four children and are at higher risk of excess bleeding and tears are referred to the nearest operating theater. While regular health centers are as little as 2 to 3 kilometers away from one another Bidi Bidi, the nearest health center with an operating theater is 72 kilometers away. When no ambulance is available, service providers coordinate rides for expecting mothers. If the health center operating theater is too overwhelmed to handle a birth emergency, refugees must travel on bumpy roads to Arua Referral Hospital, which is three hours away.

Parents in Bidi Bidi expressed general satisfaction with the programming of nutrition services but complained that the ration of a corn-soya blend for babies and breastfeeding mothers had recently been cut from 6 kilograms to 2.

No parent interviewed mentioned responsive caregiving or play, but parents and foster parents in Bidi Bidi provided examples of how they have put knowledge they gained from community-run sensitization on positive discipline to use.

On the topic of child protection, most parents in Bidi Bidi said they were happy with the response of World Vision and other partners to what was described as a serious and prevalent problem: "*We have seen beating of every group—little babies, a little grown up. Both parents are drunk; it's not okay. Sometimes children are not abused at home but can be beaten in the community center because mom or dad is a drunk and are seen badly in the community. [We are] very grateful to protection teams [who make sure] foster kids are not put in abusive homes and children helped who are in abusive homes…. World Vision goes around, counsels. Now, beatings are not so drastic...*" Child protection services were not discussed in FGDs in Nakivale.

To track health and protection, the challenge of record keeping was apparent in both settlements. Health care workers explained that two of the most frequent medical diagnoses they make, malaria and malnutrition, require follow-up visits, follow-up laboratory tests, and regular administration of treatment. Adults and children are given exercise books to track these medical treatments and visits, but an observation of one waiting room found that roughly one-half of patients had these books with them. Regarding protection, children were

tracked using forms in books kept at the protection desk.[25] While it was clear that in Bidi Bidi partners were well coordinated and knew the correct referral paths, it would be difficult, given limited staff and limited access to external structures including district courts and police, for any one person to physically follow up on and record the outcomes of reported cases, given the high rates of reported violence, abuse, and neglect.

The greatest difference between the two refugee settlements, as noted both through site visits and in FGDs, is in early education. One of the ECD centers visited in Bidi Bidi was well beyond capacity, with child to caregiver ratios of approximately 40:1 in baby classes (2–3 years old), 33:1 for ages 4–5, and 25:1 for the age 6 class. Still, the space was big, with a large playground, bright paintings on the walls, colorful mats used for class inside and outside (under a tree) and locally made play and learning materials. Caregivers were friendly and energetic, singing songs and playing oral language games in a circle. Caregivers also demonstrated a clear ability to spot potential signs of trauma or illness, explaining that when they notice children are withdrawn, hyper-active, or constantly crying they monitor them carefully and try talking and playing with them to find out what is going on. While caregivers in one ECD center visited in Nakivale were also warm and proficient, 3 caregivers (with one on maternity leave) were responsible for 335 children, 125 of whom were in the baby class. There were only enough toys and materials for 20 to 30 children, and there was little bandwidth for caregivers to observe the behavior of individual children.

All the ECD centers visited accommodated a mix of refugee and host-community languages, and caregivers noted that the children seemed to always find a way to communicate through play. In Bidi Bidi, caregivers led interactive classes in Kakwa for Kakwa- and Lugbarati-speaking children, with small interspersions of Arabic and English. In Nakivale, children speaking Kinyarwanda and the local Runyankore languages played and sang songs together. Center staff in both settlements also lamented the loss of toys, which young children liked to take home with them. In terms of cost borne by refugee families for education, foster parents believed their foster children were at the greatest disadvantage. It is difficult for these parents to afford additional clothes, bags, and other materials, and they said this can make foster children feel singled out.

Key Findings

The contrast between Bidi Bidi and Nakivale in terms of services aligned to the Nurturing Care Framework is stark. While health centers and ECD centers/CFS in both settlements dealt with long waits and overcrowded classes, respectively, the magnitude of people entering Nakivale in the preceding weeks and months overwhelm these spaces to an alarming degree. Differences in approaches to ECCE, protection and psycho-social support are likely also caused by different funding streams, how recently refugees have arrived, and the technical focus of implementing partners working in each space.

RECOMMENDATIONS AND OPPORTUNITIES

The Government of Uganda is moving in a positive direction with the approval of the NIECD Policy, the ECCE Policy Review, and the development of the National Children's Policy.

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[25] As explained in earlier sections, the "Protection Desk" is a term used in Uganda to describe local centers where referral books and other casework records are housed, for access by multiple (appropriate) actors. These protection desks can serve multiple roles, with staff receiving complaints from community members around service delivery and resolving conflict between members.

However, barriers to fully operationalizing these policies across local government mean that young children from both refugee and host communities are not benefitting from these policies as they should. Additionally, the lack of any explicit mention of refugees in ECD-facing policy, or of ECD in the ERP, means that the needs of one of the most vulnerable populations in Uganda go overlooked. While coordination among NGOs supporting young refugee children and their families and with government and donors has made commendable strides in Uganda in recent years, the amount of actual funding for this response is insufficient in comparison to the enormous demand.

As a result, young refugee children's developmental needs are not being met. Babies receive more attention at health centers due to funding for ante- and postnatal care, but once they can walk, they are provided almost the same health services as an 18- or 52-year-old. Immunization and nutrition programs are strong, but even in long-standing refugee settings that are well organized and settled, the overwhelming focus of refugee parents is still on accessing food, medicine, and basic provisions. In reception centers, these services, along with accessing land and housing, are the sole focus of parents of parents who, as a result of their own trauma, are often viewed as neglecting their children. Child referral services are implemented by capable caregivers and caseworkers and are organized in longer-term refugee settings along clear linkages to various service providers. While this system matches young refugee and host children with the specific services they need, there is no "birds-eye view" mechanism to monitor outcomes for individual children or ensure their holistic well-being. Within settlements, partners and local government officials are expanding their technical knowledge and implementing good practices in parenting education, psycho-social support, and community sensitization, but these are not comprehensive across refugee settlements and are not built into existing government structures. Psycho-social support, in particular, is far too marginalized in both recent and longer-term refugee settlements. The reliance on OPM and UNHCR to manage the initial refugee response is understandable, but this does create a parallel bureaucratic structure, and seemingly ignores the protracted nature of refugee settlements in Uganda.

In light of these findings, the authors of the study recommend the following:

- While the huge influx of refugees in Uganda has taxed the country's land and resources, the response should be seen as an opportunity for the government to strengthen both its ECD and emergency response systems. Donor agencies and service providers have shown willingness to work with local government to build capacity, but more funding (and monitoring) is needed from both the donor and government sides to positively impact the development and care of young children. Building on existing resources, officials in "refugee districts" should be facilitated to mentor government officials in districts receiving refugees for the first time.
- As the Government of Uganda's capacity to deliver ECD services is strengthened, it should also take more leadership in directing and coordinating the refugee response. Additionally, an NGO ECD Consortium should be formed to explicitly address the needs of Uganda's youngest refugees at a national level.
- The burden of supporting large numbers of refugees should be shared across countries, in line with the CRRF. More funding is needed to respond to the large influx of Congolese refugees in southwest Uganda and to support settlements in West Nile to properly transition the second or third phase of the refugee response plan, with more comprehensive programming for psycho-social support, ECCE, and parent education.

- Investment and research should be undertaken by development- and implementing-partners to improve monitoring and follow up holistically on referrals of child protection and support.

The above recommendations will require political will from donors and government to ensure services responsive to the specific needs of young children are provided, for all children in Uganda, but with explicit recognition of the greater vulnerability of refugee children.

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ANNEX

Key Informant Table

Table 2. Key Informants

Organization	Organization Type	Number of Key Informants	Interview Format	Interview Date	Interview Location
Action Against Hunger	Aid Agency	1	KII	10/11/2019	Kampala
Finnchurch Aid	Aid Agency	1	KII	10/10/2019	Kampala
Humanitarian Initiative Just Relief Aid	Aid Agency	1	KII	10/8/2019	Nakivale
International Rescue Committee	Aid Agency	1	KII	10/11/2019	Kampala
Medical Teams International	Aid Agency	1	KII	10/8/2019	Nakivale
Norwegian Refugee Council	Aid Agency	1	KII	9/27/2019	Bidi Bidi
ECHO	Development Partner	1	KII	10/4/2019	Kampala
Elma Foundation	Development Partner	1	KII	9/24/2019	Kampala
United Nations Children's Fund	Development Partner	3	KII	9/23/2019	Kampala
Ministry of Education and Sports	Government	3	KII	9/24/2019	Kampala
Ministry of Gender, Labour and Social Development	Government	2	KII	9/23/2019	Kampala
Office of the Prime Minister	Government	2	KII	9/26/2019, 10/8/2019	Bidi Bidi, Nakivale
Refugee Desk	Government	2	KII	9/25/2019, 10/7/2019	Bidi Bidi, Nakivale
Plan International	Implementing Partner	1	KII	10/4/2019	Kampala
Right to Play	Implementing Partner	1	KII	10/10/2019	Kampala
Save the Children International	Implementing Partner	4	KII	9/24/2019,	Kampala, Bidi Bidi
War Child Canada	Implementing Partner	1	KII	9/25/2019	Kampala
Windle Trust Uganda	Implementing Partner	1	KII	10/8/2019	Nakivale
World Vision International	Implementing Partner	2	KII	9/24/2019, 9/25/2019	Kampala, Bidi Bidi
Health Center	Service Provider	2	Site Visits	9/26/2019, 10/9/2019	Bidi Bidi, Nakivale

Table 2. Key Informants

Organization	Organization Type	Number of Key Informants	Interview Format	Interview Date	Interview Location
ECD Center (no Child-Friendly Spaces)	Service Provider	1	Site Visit	10/7/2019	Nakivale
Child-Friendly Space/ Early Childhood Development (ECD) Center	Service Provider	3	Site Visits	9/26/2019, 9/27/209, 10/8/2019	Bidi Bidi, Nakivale
Protection Desk	Service Provider	1	KII	10/8/2019	Nakivale
Protection Desk	Service Provider	1	Site Visit	9/27/2019	Bidi Bidi
Host Community Mothers	Refugee/ Host Communities	5	FGD	9/26/2019	Bidi Bidi
Foster Parents	Refugee/ Host Communities	5	FGD	9/27/2019	Bidi Bidi
Refugee Mothers (0-3)	Refugee/ Host Communities	12	FGD	10/9/2019	Nakivale

KII—key informant interview; FGD—focus group discussion