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Ensuring Adequate Early Childhood Development for Uganda's Children

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Executive Statement

Although Uganda has made significant progress in reducing child deaths in the past five years, the country still faces major challenges in ensuring adequate early childhood development. This briefing highlights some of the major challenges affecting children during the first five years of life with focus on: the low immunization coverage rates and vaccine availability; poor child nutritional health status; and the limited enrolment of children in Early Childhood Development Centres.

In 2011, only 52 percent of Ugandan children were fully immunized.

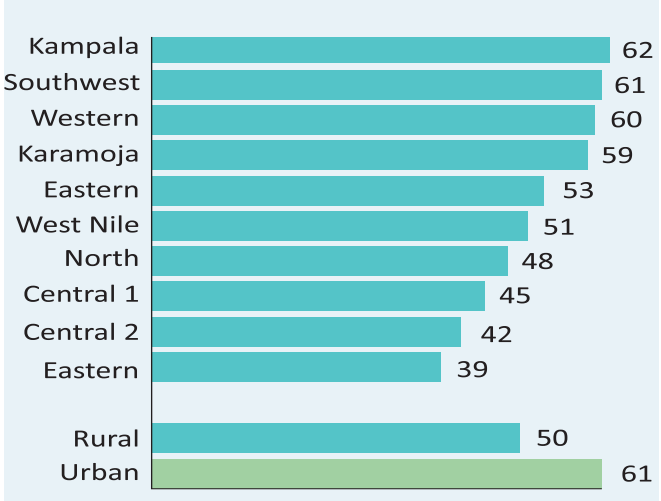
Low immunization coverage rates and vaccine availability

Uganda has operated a national programme on immunization since 1987. The goal of the programme is to prevent childhood deaths from the killer diseases of: Tuberculosis, Diphtheria, Whooping Cough, Hepatitis B, Pneumonia, Tetanus, Polio and Measles. In the recent past, the child immunization programmes are among the basic health interventions affected by the increasing inadequate public funding to the health sector.

The findings based on the recent Uganda Demographic and Health Surveys (UDHS) reveal a slight improvement in immunization coverage rates from 46% in 2006 to 52% in 2011, with significant wide disparities across Uganda as illustrated in Figure 1. The coverage rates are highest in Kampala followed by the sub-regions of South-West and Western; and least in the sub-regions of East Central; and Central 1 and 2. Despite the observed improvement in coverage rates, Uganda still performs poorly compared to its regional neighbours. For instance, immunization coverage rates are as high as 90% for Rwanda, 77% in Kenya, and 75% in Tanzania. The possible explanations for low coverage rates include: First, inadequate funding for child immunization

under the Uganda National Expanded Programme on Immunization (UNEPI).To illustrate this point, the share of the Ministry of Health (MoH) budget allocated to immunization programs declined from 7.7% in2006/7 to 3.6% by 2009/10.

Figure 1: Child Immunization coverage rates by sub region in 2011



Source: Uganda Demographic and Health Survey 2011

Second, is the inadequate supply of child health cards at health centres. These cards are normally issued at child birth and contain vital information relating to a mother's interaction with various health service providers. It captures information relating to: a child's particulars at birth; receipt of immunizations; receipt of Vitamin A and de-worming tablets; and trends in child nutrition and growth. The 2007 Uganda Service Provision Assessment (USPA) survey – which covered 490 major health facilities in Uganda – found that only 34% of health facilities had individual child health cards. A more recent immunization assessment by the MoH based on a much smaller sample of health facilities (covering only 12 districts) found that only 16% of health facilities had child health cards. Yet, the MoH currently has no budget for annual procurement of health cards as a result of inadequate public funding to the health sector. Given that child health cards can be procured at relatively low cost compared to other health inputs, the MoH could lobby donors or private companies to procure and deliver the cards directly to health facilities so that the overall cost remains off the MoH budget.

The availability of the vaccine is a major factor in the eventual utilization by parents. However, currently, some districts receive only 35% of the required supplies. This raises a coverage concern especially with diseases like Measles for which less coverage may increase the risk of new outbreaks. This year Measles has been confirmed in 23 districts of Uganda. Ideally, Measles has 2 doses; however, the second dose under the MoH policies is pegged to the successful coverage of the first dose. Thus Uganda has been exercising a three year gap catch up campaign as an alternative to the second dose.

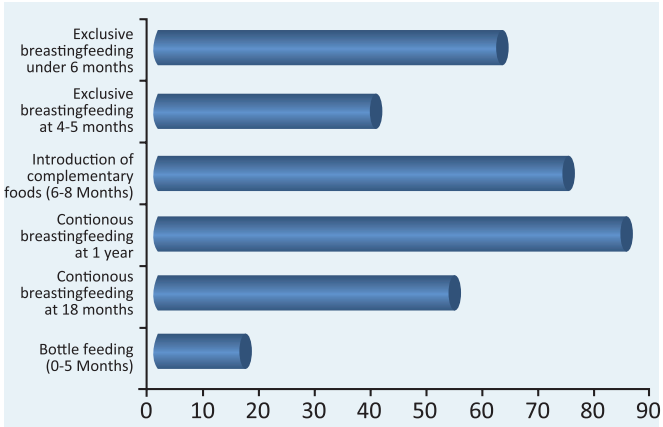
Lastly, there is also an emerging challenge of whether to adopt new vaccines. Rotavirus and pneumococcal vaccine have been shown to be effective in preventing Pneumonia and Diarrhoea. At the moment, these news vaccines are only available at private health facilities due to the very high cost of about UGX 150,000 a dose. Introducing these new vaccines in public health facilities will require substantial increases in the budget allocation for vaccines by the MoH.

Infant Feeding Practices

Uganda's policy guidelines on children's feeding focus on three main categories of children: children at risk of HIV/AIDS; children with exceptionally difficult circumstances (e.g. children born with low birth weight); and all other children, who are considered to live in "normal" circumstances. Generally, the guidelines recommend exclusive breastfeeding for the first 6 months and introduction of complementary foods together with continued breastfeeding up to the age of 2. Uganda has registered only minimal changes in the breastfeeding practices in the past 15 years. Figure 2 shows some of the key indicators of breastfeeding status in Uganda in 2011 and it is indicated at least 62 percent of children under 6 months were exclusively breastfed in 2011—slightly up from a rate of 60 percent registered during 1995-2006. The figure also shows that exclusive breastfeeding reduces dramatically after the first two months of a child's life probably due to competing demands on mother's time. With regard to introduction of complementary foods, Figure 2 shows that at least 74 percent of children aged 6-8 months are on some form of complementary foods. Continuation

of breast feeding reduces significantly after the first year with only 53 percent of children still breastfeeding at 18 months. Finally, there is significant use of bottle feeding—among children less than 6 months, at least 15 percent are fed using a bottle. The use of the bottle for feeding is much higher for children aged 6-9 months at about 30 percent.

Figure 2: Indicators of Breastfeeding status in Uganda, 2011



Source: UDHS 2011 Preliminary Report

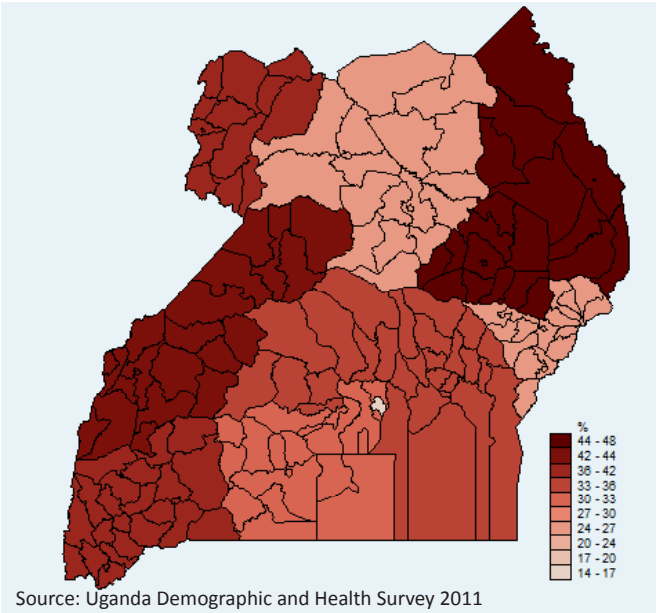
High levels of Malnutrition

Another challenge facing children in Uganda relates to nutritional health. Although the nutritional status of Ugandan children has generally improved in the past 10 years, wide geographical disparities in nutritional status remain. The proportion of children who are stunted declined from 45% in 2001 to 38% in 2006 and more recently to 33% in 2011. Yet, inequalities in this particular health outcome indicator are widening over time. This relatively slow progress in improving children's nutritional health status implies that Uganda may not be able to meet the Millennium Development Goal (MDG) 1 target of reducing the level of stunting to 19% by 2015.

The nutritional status of children is generally influenced by: (1) incomes to buy food; (2) untreated childhood illness—especially Diarrhoea; and (3) nurturing or the behaviour of care-givers. Despite the importance of income as determinant of child nutritional status, some areas of Uganda have consistently exhibited poor nutritional status despite being relatively well endowed.

The map in Figure 3 shows that malnutrition rates in Uganda are highest in Karamoja (45%) followed by the sub-regions of Western (44%) and South Western (42%). On the other hand, based on measures of income poverty, the two sub-regions in Western Uganda are relatively well-to-do compared to Karamoja. Previous research has pointed to the heavy banana concentration of diets in Western Uganda-which are of low nutritional value—as the reason for the poor nutritional status of children in Western Uganda.

Figure 3: Malnutrition rates in 2011



Source: Uganda Demographic and Health Survey 2011

Limited enrolment in Early Childhood Development Centres (ECDs)

Finally, enrolment by children in Early Childhood Development (ECD) Centres remains very low across Uganda. Early childhood education is the formal teaching and care of young children by people other than their family or in settings outside of the home. Indeed, the five-year National Development Plan for Uganda launched in April 2010 advocates for ECD Centres to curb dropout rates in primary schools. The responsibility of providing ECD services is vested in parents as highlighted in the 2008 Education Act 2008. The Government only retained the role of providing the curriculum for pre-primary education as well as the curriculum for teacher training for pre-primary teachers.

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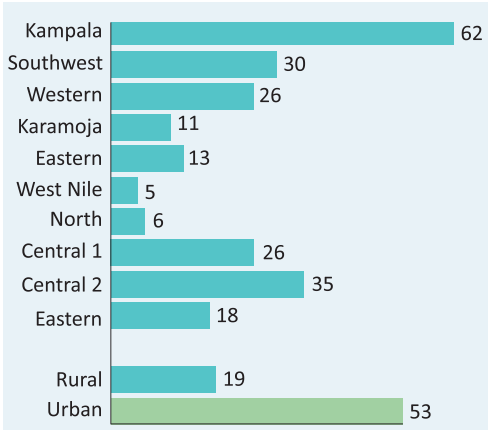
According to the 2010 Education Abstract by the Ministry of Education and Sports, there are 6,575 pre-primary schools across Uganda with a total enrolment of 500,000 children. Indeed, the preliminary results from the 2011 Uganda Demographic and Health Survey reveal that only 23 percent of children aged 3-5 years are enrolled in pre-school. Figure 4 reveals that attendance of ECD Centres is mainly an urban phenomenon; and with some sub-regions such as West Nile and North having enrolment rates below 10%.

Such is the situation of relatively very low enrolment in ECD Centres despite evidence of substantial payoffs in terms of better school performance once the children enrol into primary school. According to the results from the National Assessment for Progress in Education by the Uganda National Examinations Board, children who have attended ECDs on average score 30% higher on literacy tests compared to children who missed on this particular stage of education. As such, the Government of Uganda needs to prioritize ECDs notwithstanding the limited budgetary resources available for the education sector.

Figure 4: Proportion of children aged 3-5 years enrolled in pre-primary schools in 2011



Source: Uganda Demographic and Health Survey 2011

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