



**REAL
FATHERS**

Scale up Strategy

October 2021

CONTENTS

Acknowledgement.....	3
Audience	3
Abbreviations.....	4

SECTION I: INTRODUCTION TO THE PROBLEM AND THE SCALE-UP STRATEGY 6

Introduction to the Responsible, Engaged, and Loving (REAL) Fathers Intervention.....	7
Overview of Integrated Early Childhood Development in Uganda	8
The NIECD Policy Objectives	9
The NIECD Policy Core Program Areas	9
Rationale for scaling REAL Fathers within the NIECD	12
Alignment of REAL Fathers to the National Development Plan III.....	14
What do we mean by scale-up?.....	14

SECTION II: GOALS & IMPLEMENTATION OF THE SCALE-UP STRATEGY 17

Overall Goal of the Scale-up Strategy.....	17
Objectives of the scale up strategy.....	17
Implementation approach	18
Phased data driven scaling.....	18
REAL-ECD scale-up guiding principles.....	19
Three major elements for REAL-ECD scale-up	21
Strategic choice areas for scale-up	22
Integration of REAL via ECD programs.....	23
Other strategies to be developed.....	24

SECTION III: DOCUMENTS OF THE SCALE-UP STRATEGY..... 26

Document I: Diagram of the scale-up process.....	26
Document II: Scale-up plan matrix.....	27
Document III: REAL – ECD Integration benchmarks for vertical scale-up	28
Document IV: Pilot REAL-ECD Integration Activity based Results M&E Framework	29
Document V: Monitoring and Evaluation Framework – Other relevant integration indicators	31
Document VI: REAL FATHERS COMMUNICATION PLAN	32

Acknowledgement

The Ministry of Gender Labour and Social Development (MGLSD) would like to appreciate the individuals and Institutions that have contributed to the planning processes for scaling up REAL Fathers with integration into ECD, undertaken in 2020 and 2021.

First, we would like to acknowledge and thank the Commissioner for Youth and Children Affairs Mr Ngabirano and his team led by Mr. Jimmy Obbo Ivans and Mrs Lydia Wasula for their stewardship and guidance for the scale-up. From the Ministry of Health, we also recognize and appreciate the efforts of Dr Jesca Nsungwa the Commissioner reproductive and Child Health plus her team (Agnes Sebowa and Dr Eisha Grant) for their insights into the REAL Fathers materials. From the ministry of Education, we appreciate the work of Hajjat Safina Mutumba and Rebecca Deborrah Kyaze from NCDC. From Impact and Innovations Development Centre (IIDC), we thank Deogratias Yiga, Samalie Lutaaya and Ramadhan B. Kirunda for their technical input into developing the strategy.

Second, special thanks go to REAL Fathers resource team comprising of MGLSD, Ministry of Education and Sports (MOES), the Center on Gender Equity and Health (GEH) at the University of California, San Diego (UCSD), Impact and Innovations Development Centre (IIDC), John Snow Inc, Somero Uganda, All Nations Children Development Center, Concerned Parents Association, Gulu Women Economic Development Globalization (GWED-G), AEI, REAL Fathers experts (Dickens Ojamuge, Lomongin Joseph and Lapolo Robert), and Save the Children, Uganda.

Lastly, we are grateful to the United States Agency for International Development (USAID) and the Oak Foundation for their funding in REAL Fathers evaluation and scale-up, respectively.

Audience

This scale-up strategy has been developed for adaptation, and to guide donors, central government, District local governments and developing partners in the area of child wellbeing, male engagement and violence against women program area to prioritise interventions that are premised on REAL Fathers evidence of effectiveness base.

It was developed by a government-led resource team led by the Ministry of Gender labour and social development (Children's department). Other resource team members are Ministry of Health (MCH) and Ministry of Education and Sports (MoES), University of California San Diego (GEC), Impact and Innovations Development Centre, All nations CDC, Somero Uganda, GWED-G, Plan International – Uganda, World Education and John Snow Inc (JSI) and NIECD secretariat.

The strategy will help Government, donors and CSOs to promote the evidence-based model, fund programs that wish to scale-up the model and imbed REAL Fathers model in new and ongoing projects/programs respectively.

Abbreviations

CSOs	Civil Society Organisations
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
GOU	Government of Uganda
HMIS	Health Management Information System
IECD	Integrated Early Childhood Development
IIDC	Impact and Innovations Development Centre
IPV	Intimate Partner violence
LGs	Local Governments
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
MOES	Ministry of Education and Sports
MOFEP	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MOLG	Ministry of Local Government
MGLSD	Ministry of Gender Labour and Social Development
MWE	Ministry of Water and Environment
NCDC	National Curriculum Development Centre
NGO	Non-Governmental Organisation
PCI	Parent-Child Interactions
PL	Playful Learning
REAL	Responsible, Engaged, and Loving
ToT	Training of Trainers
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
VAC	Violence against Children
VAW	Violence against Women

SECTION I

INTRODUCTION TO THE PROBLEM AND THE SCALE-UP STRATEGY



SECTION I: INTRODUCTION TO THE PROBLEM AND THE SCALE-UP STRATEGY

Violence against Women (VAW) and Violence against Children (VAC) exact a serious toll on the health and well-being of families across Uganda and globally. According to population survey data, 60% of Ugandan women in union reported ever experiencing intimate partner violence (IPV) physical, emotional, or sexual violence—by their current partner or spouse, and 45% reported experiencing IPV in the past year (Uganda Bureau of Statistics 2012). One in three girls (33.8%) and boys (36.0%) experienced emotional violence by a parent, adult caretaker, or other adult relative before the age of 18. The prevalence of VAC or child maltreatment as defined by WHO (including all forms of physical and emotional ill treatment, sexual abuse, neglect, and exploitation) is even higher.

Evidence shows that Intimate Partner Violence (IPV) and VAC intersect on a variety of levels. Guedes, A., et al. (2016) describe four key elements of this intersection: a) overlapping risk factors; b) the presence of social norms that condone violence; c) co-occurrence of IPV and child maltreatment (CM) in the same family, which has implications for the intergenerational transmission of violence; d) similar (negative) health outcomes.

National population projections from 2018 show 30% of Uganda's total population is between ages 0 to 8 years old. Of these children, more than 1 in 2 live in conditions of poverty (Uganda Bureau of Statistics 2016). There are 3,614,827 children aged 3 – 5 years who are eligible for pre-primary education (EMIS, 2016). However, by 2016, there were 6,798 registered pre-primary schools with a recorded total enrolment of 563,913 learners, of which 279,089 (49.5%) were boys and 284,824 (50.5%) girls. Only 15.6% of children eligible for pre-primary school were enrolled in 2016 leaving 3,050,913 eligible learners (84.4%) without pre-primary education. Country comparison of access to ECD in 2013/14 among eligible families showed that it was 9.5% in Uganda, 53.3% in Kenya and 35.5% in Tanzania during 2014 (ESSAPR, 2013/14)

In September 2016, to fill this gap, the Government of Uganda, under the leadership of the Ministry of Gender, Labour and Social Development in collaboration with other ECD key sectors (MOES, MOH, MOLG, MWE, MAAIF, MOFEP) and ECD development partners launched the National Integrated Early Childhood Development (NIECD) policy and action plan 2016. The NIECD identifies the key policy goals and a broad framework for creating an enabling environment to help ensure that all Ugandan children have the opportunity to properly neurologically and physically



OF UGANDAN WOMEN IN UNION REPORTED EVER EXPERIENCING INTIMATE PARTNER VIOLENCE



EXPERIENCED EMOTIONAL VIOLENCE BY A PARENT, ADULT CARETAKER, OR OTHER ADULT RELATIVE BEFORE THE AGE OF 18

develop and progress in the period of life from prenatal to age 8 years. The NIECD Policy strives to ensure young children's overall well-being during their early years, providing the foundation for the development of healthy, productive and functioning adults. The policy also focusses on preventing inequalities before disparities widen, particularly for the poorest children. REAL Fathers integration in ECD is a model that can be used to contribute to childhood development, and contribute to closing these inequities and support the implementation of the NIECD policy action plan.

REAL Fathers is an evidence-based intervention to reduce violence against women and children by working with young men during the critical life stage of early fatherhood (children ages zero to three) when men are undergoing major life transitions and may be more amenable to change and additional responsibility. By working with fathers to provide a safe and nurturing parent-child relationship, the intervention seeks to improve child outcomes and improve their wellbeing and development. Of particularly importance, is reducing exposures to violence in early childhood which can have detrimental effects on childhood development and significantly increase the likelihood that children will experience and/or perpetrate violence in the future. Because of its demonstrated impact to improve the lives of children, the government of Uganda is supporting the multi-sectoral scale-up of REAL through the early childhood development policies and programs.

This document outlines a scale-up strategy for REAL Fathers within ECD policies and programming in Uganda. It is meant as a guide for program implementers, planners, government officials, private non-profit organizations, communities and other stakeholders in their efforts from to integrate, institutionalize, replicate, and sustain this approach in Uganda. The guide is structured as followed:

- **Section I: Introduction** - We start by providing an overview of the intervention REAL Fathers, the context for scale-up in Uganda, and of the policies that the intervention will be integrated into. Then, we articulate the goals of the scale-up strategy
- **Section II: Goals & Implementation of the Scale-up Strategy** - We outline the goals and objectives for this strategy. Then, we articulate our approach to implement the goals of the scale-up strategy.
- **Section III: Appendixes** - We offer appendixes and matrixes further articulating our scale-up plan.

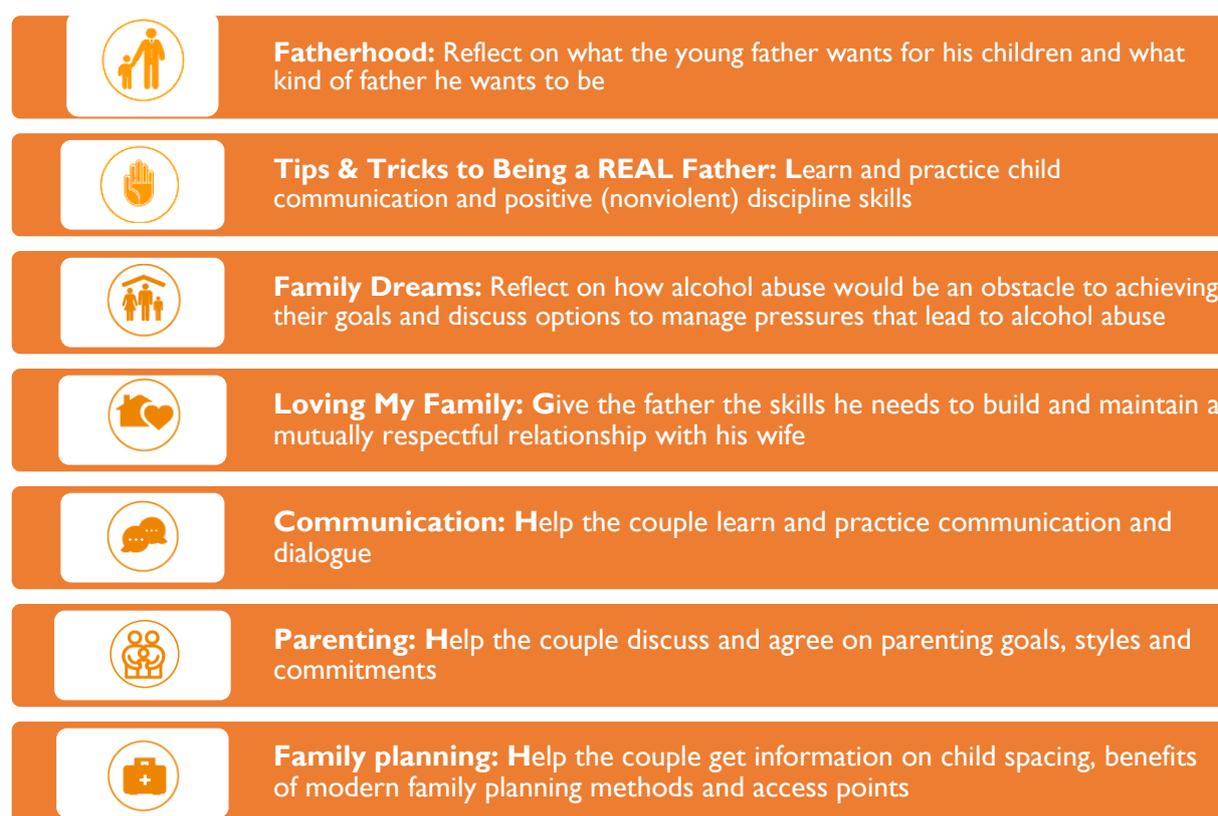
Introduction to the Responsible, Engaged, and Loving (REAL) Fathers Intervention

REAL is an effective, community-led and scalable integrated violence prevention initiative. REAL works with first-time fathers with infant to toddler-age (0 – 3 Years) children. Respected/community role model men are selected to mentor young fathers and their partners using a curriculum that promotes positive child discipline, Nurturing and caregiving, gender equity and communication.

The young fathers select their own mentors. This 14-session father-mentoring program is designed to promote a community level multisectoral father-centered approach to reduce violence against children and intimate partner violence while improving health and wellbeing outcomes. Therefore, the young fathers are engaged in home-based (7) and group (7) mentoring sessions.

Group sessions with mentees as well as sessions with mentees and their wives are held on each topic to support reflection, engagement with topics, and the growth of young fathers as parents and partners. Group sessions allow young fathers to publicly express their commitment to change in front of their mentors, spouses and peers. Below is the session content of the REAL Fathers mentorship approach.

Figure 1: Session content of the REAL Fathers mentorship approach



Research shows that over a seven-month period, REAL Fathers can reduce family violence in both the short and long term. REAL Fathers are significantly less likely to perpetrate IPV after one year, and to practice positive parenting more frequently (Kim Ashburn et. al 2016). In both Karamoja and Northern Uganda, the evaluation results demonstrate the success of integrating REAL Fathers with livelihood and ECCD programs for improved parenting and spousal relationship including violence prevention. (REAL Evaluation report, 2018)

This strategy document will guide REAL-ECD vertical and horizontal scale-up processes from the pilot intervention in Karamoja and Northern regions of Uganda, to the envisaged national scale-up.

Overview of Integrated Early Childhood Development in Uganda

Integrated Early Childhood Development (IECD) is a comprehensive approach to policies and programs designed for children from conception to eight years of age, their parents, and caregivers purposely to help the child grow and thrive physically, mentally, emotionally, spiritually, morally and socially. IECD includes a variety of strategies and a wide range of services to provide basic health

care, adequate nutrition, nurturing and stimulation within a caring, safe and clean environment for children and their families. Multi-sectoral collaboration can accelerate progress to benefit developmental needs of young children, particularly through the application of programs which have shown to be effective to improve the child outcomes.

The Ugandan NIECD Policy, operationalizing IECD principles, targets all children, including the vulnerable and marginalized, from conception to eight years of age. Within this age range, the policy outlines core strategies for four distinct age categories i.e. conception to birth, birth to three years, three to six years, and six to eight years. Although all these categories have the same basic needs, which consist of nutrition, health, nurture, protection, stimulation and training; different subjects and activities are appropriate for each developmental stage. The vision of the policy

“All children in Uganda from conception to 8 years of age grow and develop to their full potential”. The mission is “To ensure equitable access to quality and relevant ECD services for holistic development of all Children from conception to 8 years”.

The NIECD Policy Objectives

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

The NIECD Policy Core Program Areas

- i. Early Childhood Care and Education
- ii. Food Security and Nutrition
- iii. Child Protection
- iv. Primary Health Care, Sanitation and Environment
- v. Family strengthening and support
- vi. Communication, Advocacy and Resource mobilization
- vii. Multi sectoral Partnerships and Coordination

In integrating scaling up REAL Fathers through integration within ECD programs, a team of stakeholders to scale REAL Fathers is being guided by government of Uganda strategic direction under each program area. The team reviewed each strategy and mapped out practical pathways on how REAL Fathers can support the implementation of some or all of the proposed strategies without changing the model. Below is a summary of government proposed strategies per program area and pathways discussed.



Program area one: Early Childhood Care and Education

The Government of Uganda (GOU) will ensure that children’s early learning at all the different stages of development is implemented and supported. This will focus on increasing access to equitable, quality, integrated, inclusive and developmentally appropriate early learning and

stimulation opportunities and programs for all children below eight years. REAL Fathers model provides an opportunity for early learning and simulation by first time fathers.

Strategies

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



Program area two: Food Security and Nutrition

The government of Uganda shall ensure that all households are food secure and have proper nutrition for proper child growth and development. This will involve supporting nutritious food production, nutrition care within the household, and community mobilization to promote the adoption of healthy nutrition behaviours and increased public awareness of the centrality of improved nutrition to community and national development to reduce prevalence of malnutrition among infants and young children, expectant and lactating mothers. REAL will provide an opportunity for fathers to be more engaged and interested in the nutrition of their children.

Strategies

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



Program area three: Child Protection

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

Strategies

- Advocate for the widespread acceptance and observance of the UNCRC.
- Promote national identity for all young children right from birth.
- Formulate, update, enact and enforce laws and policies in favour of young children.
- Strengthen family, community and national level child protection systems. This is aligned to REAL Fathers mentorship approach at family and community level.



Program area four: Primary Health Care (PHC), Sanitation and Environment

The government of Uganda shall ensure the right to survival and healthy growth of all young children in Uganda and ensure access to quality primary health care services and safe water and sanitation facilities at household, community and institutional levels for children and their households. The main thrust for this will be prioritizing stimulation, care and development aspects in the traditional child health and survival programs to ensure children not only survive but also thrive. Quality Maternal and Child health programs including water and Sanitation, Nutrition and environmental health will be scaled up to reach the most vulnerable children and families through family oriented and community-based services. REAL Fathers implementation provides multiple opportunities to engage fathers in contributing to better PHC and WASH outcomes at family level.

Strategies

- Antenatal & postnatal care
- Preventive healthcare for children
- Reduction and elimination of mother-to-child HIV transmission
- Increase access to safe water and environmental sanitation.



Program area five: Family Strengthening and Support

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

Strategies

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



Program area six: Communication, Advocacy and Resource mobilization

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

Strategies

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



Program area seven: Multi-sectoral Partnerships and coordination

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

Strategies

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

Responsible Engaged and Loving (REAL) Fathers model integration and scale-up will accelerate and complement the implementation of the NIECD service delivery Framework, National male involvement strategy, Parents book, Key family care practices (KFCPs), Boost for the young (0-3 years), Parents Boost guide (for home-based learning) in the delivery of ECD services in Uganda.

Rationale for scaling REAL Fathers within the NIECD

NIECD is a comprehensive Ugandan approach for children from conception to eight years of age, along with their parents, and caregivers, to help the child grow and thrive physically, mentally, emotionally, spiritually, morally, and socially.

The NIECD Policy outlines a variety of strategies and services to provide basic health care, adequate nutrition, nurturing and stimulation within a caring, safe, and clean environment for children and their families. The NIECD hence calls for multi-sectoral collaboration to fulfil needs of the children. Early childhood is a formative period during which the brain develops fastest and is most malleable to change. Environmental influences and supports, especially responsive care, nurturing, stimulation, adequate nutrition and health care have the greatest impact on brain development at this stage.

The Government of Uganda recognizes the critical importance of an integrated early childhood development framework to ensure children's rights to survival, protection, development, and participation. These fundamental rights form a concrete path for the wellbeing of a child and are indeed a foundation for the country's future peace, security, and prosperity.

ECD targets children from conception to eight years and has been proven through various research to contribute to social, economic, and human development, increase of workforce productivity, and poverty reduction.



At a global level, as a signatory to the global and regional frameworks such as the United Nations Convention on the Rights of Children (UNCRC), Education for All (EFA), Sustainable Development Goals (SDGs) and standards on the rights of the child. Uganda is committed to using ECD as a platform for ensuring the fulfilment of the rights of children in the country, and positively engaging REAL fathers who most times are perpetrators of child rights abuse will contribute to Uganda's journey in upholding global frameworks.



At national and district Level, the Government of Uganda is cognizant of the fact that effective ECD programming requires effective integration and harmonization of policies and programs across sectors and has therefore developed the 2016 NIECD of Uganda targeting children from conception to 8 years of age. The Ministry of Health (MOH), Ministry of Education and Sports (MOES), Ministry of Gender Labour and Social Development (MGLSD) and Ministry of Local Government ECD departments have created indicators and committed to integration of REAL Fathers into their policies, programs, and budgets. At the health facility level, health workers will be engaged and their capacity built to contribute to REAL's scale-up.



At household level, NIECD policy recognises the family as the first line of response, with the home as providing a space for early childhood development and therefore qualifies as an ECD center. Therefore, REAL Fathers, as a home mentoring approach model, fits neatly within the policy and can accelerate achievement of key childcare and family care outcomes. The quality of home schooling is compromised by the longstanding cultural norms favouring formal teacher-centred learning in Uganda. This history has hindered children's learning, reducing opportunities for children to be cared for by their caregivers, and abdicating parental sense of responsibility in their children's education. REAL Fathers' builds the capacity of young fathers to be exemplary, raises awareness, and strengthens parent-child relationships that boost early childhood learning and development. REAL mentors model parental attitudes and behaviour that create safe, violent free homes that significantly reduce violence against women and children. The Government has an established Village Health Teams to introduce and diffuse REAL Father throughout communities. REAL materials will be updated to include ECD, Family Planning for health promotion and implementation of key family care practices.

Alignment of REAL Fathers to the National Development Plan III

The National Development Plan (NDP) seeks to guide the nation and deliver the aspirations of the people of Uganda, as articulated in Uganda Vision 2040. The third wave of this approach - NDPIII (2020/21 – 2024/25) – aims to learn and improve based on the planning and implementation experiences of NDPI and NDPII, based on challenges the programs encountered. To this end, the government of Uganda is committed to invest with the private sector and the communities to improve child wellbeing. The REAL Fathers intervention is an evidence-based approach that can help the government achieve this goal. Two NDP III programmes, that is; Human Capital Development (HCDP) and Community Mobilization and Mindset Programme (CMMP), are particularly directly aligned with REAL Fathers implementation approach and outcomes.



The HCDP aims to increase productivity of the population for greater competitiveness and better quality of life for all measured in terms of increased proportion of the labour force transiting to gainful employment; increased years of schooling; improved child and maternal outcomes; increased life expectancy; access to safe and clean water and sanitation; and increased access by population to social protection. REAL-ECD integration can contribute to increased schooling, child and maternal outcomes as well as social protection, as such, **through integrating REAL Fathers into ECD programs, the HCDP will seek to increase the proportion of children enrolled in school, reduce their economic vulnerability and, thereby, improve child and material health outcomes.**



The CMMP aims to empower families, communities and citizens to embrace national values and actively participate in sustainable development. This will be measured by increased participation of families, communities and citizens in development initiatives (including REAL Fathers); enhanced media coverage of national programmes; and better uptake and/or utilisation of public services (education, health, child protection etc.) at the community and district level, which REAL Fathers can impact significantly. **Therefore, scaling REAL fathers, which is a family-centric model will increase participation of families in their own development, using local structures and aligned to local values.**

What do we mean by scale-up?

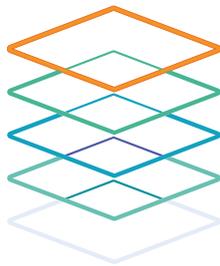
Scale up can be defined as the diffusion or deliberate, systematic implementation of an intervention to increase coverage, range, impact or sustainability of the services (Center for Implementation, 2019). The World Health Organization Expand-Net framework defines scaling up more specifically as the deliberate efforts to increase the impact of successfully tested health innovations to benefit more people and to foster policy and programme development on a lasting basis.



Scaling up: “The deliberate efforts to increase the impact of successfully tested health innovations to benefit more people and to foster policy and programme development on a lasting basis.”

- World Health Organization Expand-Net framework

There are two forms of scale-up; horizontal and vertical. **Horizontal scaling** (often referred to as “scaling out”) refers to the expansion or replication of an intervention to reach more eligible participants, usually across geographies. **Vertical scale up** (often referred to as “scaling-up”) refers to the increased power and/or institutionalization of an intervention through means of integrating the program resources and/or strategies into policy, budgets, and workplans. Vertical scaling up calls for strong advocacy to build buy-in and prioritization for the innovation across government, institutional, and community-based stakeholders to support sustainability of the intervention (WHO-ExpandNet 2009).



Vertical scale up:
refers to the increased power and/or institutionalization of an intervention through means of integrating the program resources and/or strategies into policy, budgets, and workplans



Horizontal scaling: (often referred to as “scaling out”)
refers to the expansion or replication of an intervention to reach more eligible participants, usually across geographies.

In this strategic plan, we will focus on both horizontal and vertical scale-up. For horizontal scale-up of REAL Fathers we will target replication of REAL across the districts of Northern Uganda and Karamoja regions through community-based service organizations and for vertical scale-up we will focus on institutionalizing REAL within national and local institutions’ policies, programs, workplans, and budgets.

SECTION 2

GOALS & IMPLEMENTATION OF THE SCALE-UP STRATEGY



SECTION II: GOALS & IMPLEMENTATION OF THE SCALE-UP STRATEGY

Overall Goal of the Scale-up Strategy

Our goal is to guide REAL Fathers horizontal and vertical scale up in Uganda through integration within ECD programs and replication through community-based service organizations.

Objectives of the scale up strategy



1. Identify REAL-ECD capacity gaps among districts, user organizations and resource team members to design a capacity improvement strategy.



2. Create sustainable pathways for integration of the REAL Fathers approach into plans, strategies, SDPs and/or policies at national and district level.



3. Guide supervision and monitoring of the scale up process through standardised indicators and share the lessons learned.



4. Learn from government-led scale up of REAL at National, District and community levels.



5. Guide efforts to harness opportunities to integrate and mainstream the REAL fathers' approach into delivery of the ECD programme



6. Strengthen the capacity of national and local level actors through a step by step approach to align, design and implement the REAL Father approach.

Implementation approach

By design, REAL Fathers is an intervention designed for and implemented by community members. Thus, the scale-up approach will focus on localised implementation, through existing community and government structures/systems.

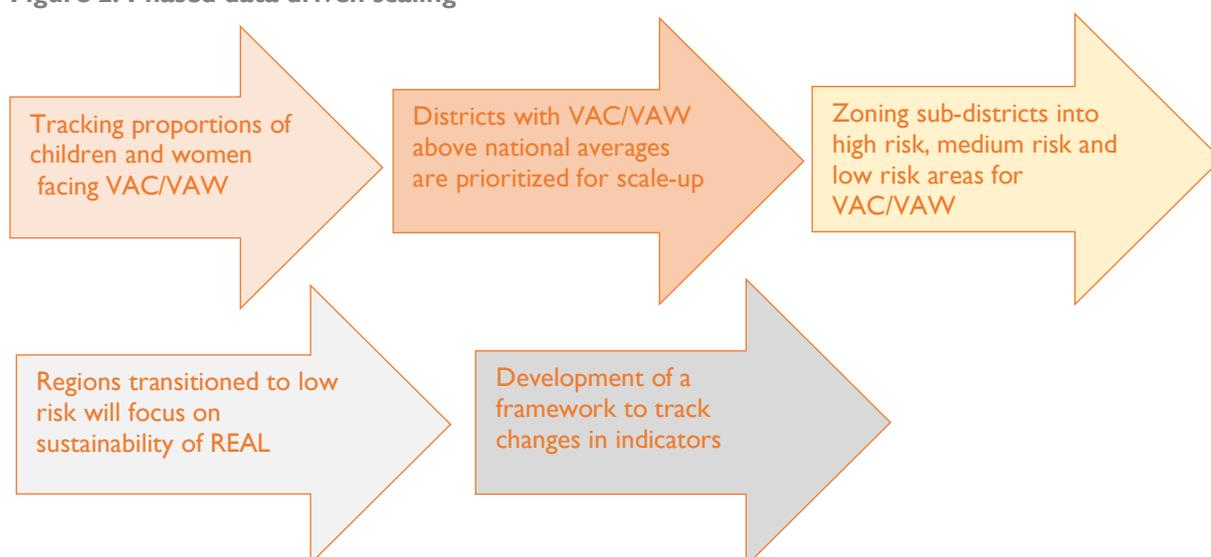
Due to COVID19, the government closed all ECD centres during the pilot, so implementation occurred in the home. When ECD centres are re-opened, implementation will take place both at home and in the ECD centres (public and private).

To facilitate learning from implementation and collective impact, user organizations, including sub-county local government structures (CDOs) are linked to each other to learn from one another and collaborate throughout implementation. Based on learning from our pilot in Karamoja and Northern Uganda, stakeholders have supported the government to assess and select community-based service organizations that have are working in ECD in target regions and have long-term, positive reputations for ECD programming in their communities. Regional learning meetings with these organizations, government and piloting organizations, have occurred and will continue to be organised on a semi-annual basis purposely for learning and sharing.

Phased data driven scaling

A phased scale-up approach is being used for horizontal scaling. The stakeholder team uses government surveillance data sources to track proportions of children and women experiencing violence within counties and sub-counties. Districts and sub-districts with high proportions of women and/or children experiencing violence, as compared to the national average, are prioritized for scale-up of REAL. District teams will zone sub-district areas into high risk (above average), medium risk (about average) and low risk (lower than average) areas based on the proportion of women and children reporting violence. Teams are currently developing a framework to track changes in these indicators which will be updated regularly (at least once per year) to track changes overtime. Once a zone/geography has transitioned to a low risk (based upon a low proportion of women and children reporting violence as compared to the national average), then efforts to scale REAL will be directed towards sustainability, and efforts to replicate the intervention will target a different high-risk area.

Figure 2: Phased data driven scaling



REAL-ECD scale-up guiding principles

The scale-up is guided by the ExpandNet framework which was developed to systematically analyse and support necessary actions for sustainable scale up. This framework grew out of a comprehensive review of relevant literature and scaling-up experience by partners and is the basis of adapting it to guide REAL-ECD scale-up in Uganda. Below are the principles as applied to REAL-ECD program scale-up.



Systems thinking: REAL-ECD integrated scale up applies a multi-sectoral approach through existing systems in the Ministry of Health, Education and Gender, Labour and Social Development. As per the NIECD framework, existing local government structures and systems at district, municipal, county and sub-county/division, parish and village, ECD centres, schools, families, parents and children are already and will continue to be engaged in scaling up REAL Fathers.

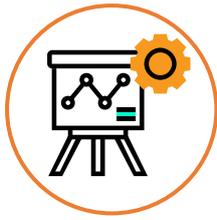
ECD structures from national to sub-county level dictate how the scale-up is conducted. These are the National NIECD TWG, District NIECD TWG and sub-county/parish NIECD committees that are responsible for providing oversight to ECD activities at various levels. At the village level, the head of the Village Health Team is mandated to oversee all issues of ECD in collaboration with Child Protection Committees, Child Rights Advocates and CBOs relevant to children in those villages. These teams communicate with the ECD Centres, Primary Schools, Health Centres, Families, Children's Homes, parents and the individual children for any relevant services.

Non-governmental organizations support the government systems to function well through capacity building and mentorship in agreed upon areas. Prior to implementation, community-based service organizations are identified that can support scale up and spread in target geographies. Their role is to support scale up through direct implementation support and/or supporting local government structures in scaling REAL. Expansion and institutionalization of innovations occurs in a complex system of interactions and influences, which have been considered in developing this scale-up strategy/plan but will continue to be reviewed by the resource team through implementation.



Sustainability: With sustainability in mind, the scale-up aligns with existing government programs and resource planning cycles, as explained in the introduction. For example, in Nwoya District, government buy-in at local level has resulted in integration of REAL-ECD into district and national development plans, enhancing sustainability. Sustainable scale up requires local ownership, building institutional capacity and embedding the innovation in the organizational

structures, policies, budgets, and operational guidelines. The stakeholder team implementing scale-up is making strides in this direction by supporting districts to integrate REAL in their district development plans and strategies, which will then be sent to the central government for approval. It is important that vertical scale-up buy-in is achieved during this process.



Scalability: Scalability refers to the ease or difficulty of expanding and institutionalizing the innovation. REAL Fathers model was designed to be scalable as it can be integrated into existing programming without intensive financial or human resources. In Uganda, there is a high demand for youth centered approaches as the country has a large population under 15 years of age (48.1%). Here, children have high rates of teenage childbearing, low educational attainment

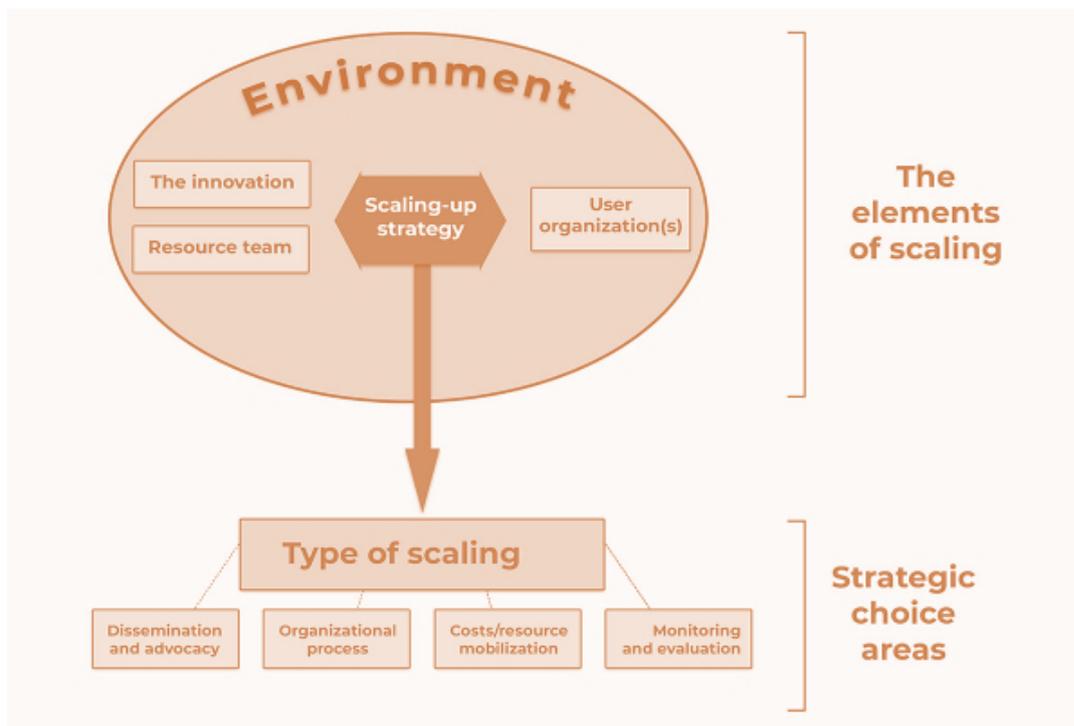
and are frequently exposed to or victims of violence – which has increased due to COVID-19 pandemic. Thus, REAL Fathers, which engages fathers to improve child and family welfare and reduce violence, is seen as a useful, necessary, and low resource approach by stakeholders in this context, enhancing buy-in and scalability



Equity and gender: REAL is a gender transformative approach, and implementing it within ECD programs addresses rights to quality education and upbringing. It also addresses the right to be free from harm and any degrading treatment as per national and global charters. The unique aspect of REAL is that it focuses on changing the behaviour of both the young fathers and their wives.

REAL also seeks to shift and promote social norms that are positively related to education and child upbringing thereby enhancing human rights, promote dignity, gender equity and equitable access to quality education services for children. With this training, both the young father and young wife are equipped with knowledge and skills to successfully participate in the upbringing of their children and increase general wellbeing within their home. This is a critical need in several rural areas in Uganda, which this scale-up plan explicitly targets.

Figure 3: Scale-up ExpandNet Framework



Three major elements for REAL-ECD scale-up

Innovation	REAL Fathers integration into ECD programs is the innovation that we plan to scale-up. Evidence of efficacy and effectiveness in Uganda and other countries is readily available. The innovation was developed and first tested in Uganda and thus there are no or limited contextual barriers to scale up. The innovation is summarized in the introduction section (see Overview of the REAL Fathers Intervention).
Resource team (i.e. stakeholder team)	Over the last year a resource team was set up, led by the Ugandan government, with MGLSD as the secretariat. Members include stakeholders supporting scale-up such as researchers from the University of California San Diego (UCSD), Impact and Innovations Development Centre (IIDC), community-based service organizations, MOES, MOH, REAL experts and other development partner organizations. Their role is to guide implementation, monitor progress, build capacity of implementing partners and support fundraising for scale-up. The government will intentionally and on an ongoing basis interest other organizations and new programs to learn and adapt REAL.
User organizations (i.e. community-based service organizations)	These are the local on-the-ground organizations that will work with district local governments to implement REAL Fathers through ECD programs. Their role includes training mentors, mobilizing funds to support government and monitoring implementation. These will be selected through an intentional mapping process conducted by the resource team. For the pilot, the resource team selected six distinct geographies in the Northern Uganda and Karamoja regions. Lessons from the pilot will inform the choice of scale-up organizations nationally.

Strategic choice areas for scale-up

<p>Dissemination & advocacy:</p>	<p>Scale-up advocacy will be led by the Ugandan Ministry of Gender, Labour and Social Development through the resource team. Focus will be on building buy-in to the innovation by other Government Ministries, donors and development partners in Uganda and globally. A dissemination plan will be developed to share scale-up outcomes at district, national, regional and global levels. In all implementing districts, lessons from implementation (by government and user organizations) will be shared at a quarterly basis during district technical review meetings.</p>
<p>Organizational Processes:</p>	<p>Collaboratively, we will use a phased-government-led approach to REAL-ECD scale-up. We will start with saturating the six pilot districts (Napak, Nakapiripirit, Alebtong, Lira, Gulu and Nwoya) and then map other districts through rapid mapping and needs assessment. At process level, integration at National and district/sub-county level will be done concurrently with both top-down and bottom-up strategic action. In a centralized setting, a high-level, central authority, such as the MOH/MGLSD/MOES, directs scaling up from above. In a decentralized approach, local entities like districts and sub-counties have autonomy in making decision to develop programs. Thus, since we are working at both levels, and would want to achieve scale-up through policy but also expansion, we will use both approaches.</p>
<p>Costs & resource mobilization:</p>	<p>We anticipate low operational costs in implementation of REAL Fathers within ECD programs after initial start-up costs including adaptation, piloting, and training. The other major ongoing costs required to sustain REAL include capacity building, monitoring, evaluation and supervision. However, prior to this, further external funding is required to support the initial costs in expansion of this approach to new regions within Uganda and institutionalization of this approach within government and CBO structures. Fundraising will be spearheaded by the resource team, these will be targeted and will be twofold:</p> <ol style="list-style-type: none"> a) We will as much as possible work with implementing organizations to write proposals and design interventions with REAL Fathers embedded as a model; b) We will continue with high level advocacy with donors to fund both integrated and stand-alone REAL Fathers programs; c) Through government, we will work with districts to plan, budget and integrate REAL Fathers interventions within district workplans and budgets. If successful, this could open a more sustainable window for funding REAL Fathers beyond the pilot interventions
<p>Monitoring, evaluation & learning:</p>	<p>The monitoring and evaluation of REAL will be integrated into existing government systems and structures. The indicators selected are adapted from and aligned with the NIECD M&E framework. They were developed, reviewed and adapted by NIECD TWG to guide implementation. Thus, we shall not establish a parallel MEL system, but rather adopt and adapt to the existing systems, and as needed support M&E system strengthening efforts. This means that few or no new tools will be developed, but efforts will be to integrate any missing indicators onto the current government ECD and HMIS tools. The resource team will support this process initially, with a plan to transition it to the line officers that is, CDOs, VHTs and Health Assistants.</p>

Integration of REAL via ECD programs

Our approach to integrating REAL within ECD programs will be continuous integration, where REAL will be integrated into new policies promoted by the government of Uganda as they emerge. This will be possible because the model is designed to be an add-on and is adaptable to changing contexts.

ECD Policy generally includes a variety of strategies and services to provide basic health care, adequate nutrition, nurturing and stimulation within a caring, safe, and clean environment for children and their families, which require multi-sectoral collaboration, including violence prevention. In Uganda, ECD programs have four entries: health facilities, primary schools, ECD centres and community groups. At all these points, service providers are key stakeholders in identification and prevention of violence against children. However, most practitioner training focuses on primary service delivery, missing the opportunity to integrate ECD and violence prevention and/or response.

At the National level, each target government ministry (MOH, MOES and MGLSD) will identify ECD policies, frameworks, or strategic plans through which they think REAL Fathers can add value. This will be in line with the agreed upon benchmarks developed jointly with the resource team. Once REAL is embedded in relevant policies/plans, the resource team will ensure that updated REAL Fathers materials are printed and approved before rolling out the innovation. The MGLSD will further explore ways of pitching REAL Fathers within the office of the prime minister, which is in charge of all development programs in the country. This could open more opportunities for scale-up partnerships with other development partners and donors.

Learning at the central level will be coordinated by the resource team and progress updates shared in the relevant working groups and task force meetings.

At the district level, the resource team will facilitate training for all ECD focal persons, Inspectors of Schools, para-social workers in target sub-counties, sub-county CDOs, health assistants, Health workers and/or selected VHTs in target sub-counties as REAL Fathers ToTs. The aim will be to establish a pool of enough government resources persons from each ministry to support scale-up efforts. Credible user organizations will also be trained in REAL and ECD to harness public-private partnership. Learning and sharing at this level will be through district level working groups, council meetings, district operational meetings and partner meetings. This capacity building will be possible if enough financial resources are mobilised.

At the sub-county/community level, the Community Development Office (CDO) will be the lead for the integration efforts in collaboration with the health assistant and inspector of schools. Core roles will be to ensure that implementation fidelity is maintained, training mentors, ensuring proper documentation and reporting at the respective ECD service delivery sites and coordinating with district leadership. The CDO will also be responsible for supporting the integration of REAL-ECD into sub-county workplans and budgets together with the sub-county chairperson and clerk. As much as possible, learning sessions at community level will be conducted at the service delivery sites and sub-county headquarters. This will allow localised learning – which is often richer than high level event-driven learning.

Other strategies to be developed

Capacity development Strategy: (for resource team and user organizations): This will be developed to guide how continuous capacity support will be provided to the implementing teams and structures.

Financing strategy: This strategy will be vital for long term support for REAL Fathers scale up implementation. Government funding will be a core part of this strategy.

Supervision / monitoring and evaluation strategy: The resource team will support government to refine their supervision guidelines to include REAL fathers. Additionally, all user organizations and district implementing teams will be trained on data collection, management, and reporting.

Sustainability strategy: Although embedded in the government systems, a sustainability strategy will be developed by the resource team one year into implementation of the scale-up plan.

Learning agenda and strategy: The scale-up is designed to allow on-going learning and adaptation, thus a learning strategy and agenda will be developed to ensure that this happens systematically. This will be informed by learning questions from MOH, MOES and MGLSD.

SECTION 3

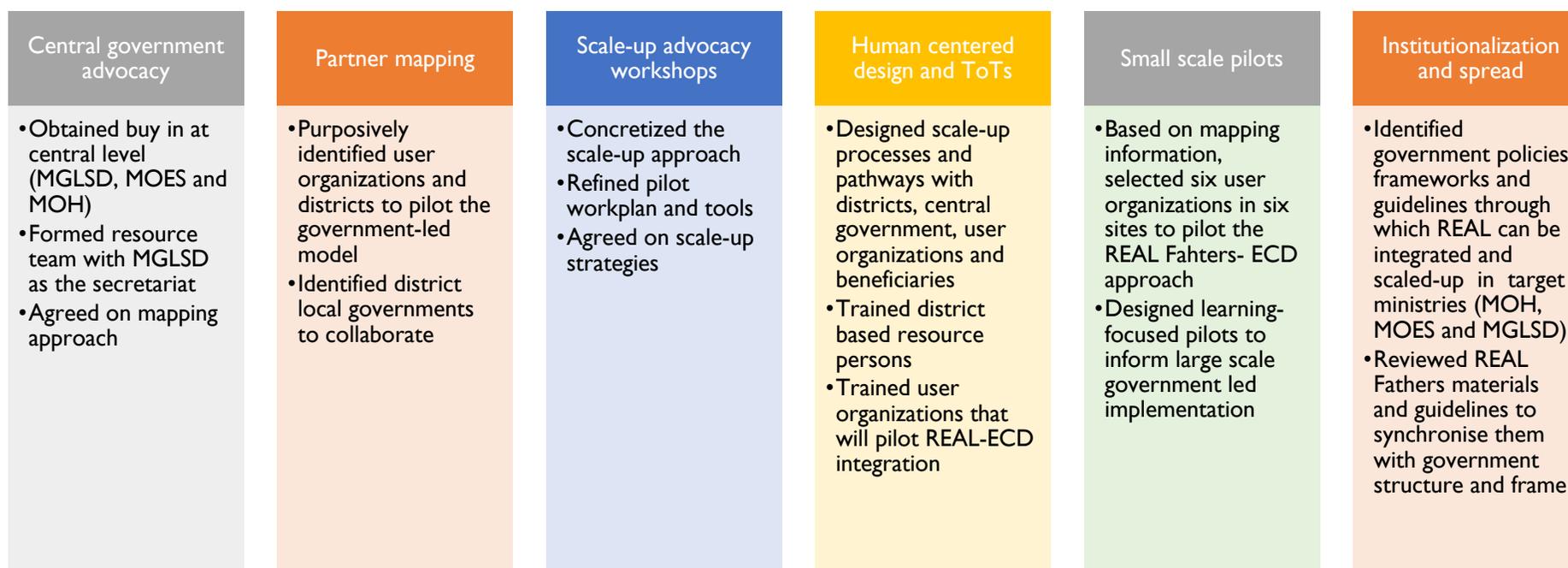
DOCUMENTS OF THE SCALE-UP STRATEGY



SECTION III: DOCUMENTS OF THE SCALE-UP STRATEGY

Document I: Diagram of the scale-up process

REAL-ECD integration scale-up is designed to fit in Uganda’s government programs and policies. At each step, of the journey, national and local government structures were engaged in the step-by-step process illustrated below.



Document II: Scale-up plan matrix

This table details some key activities that will be implemented for the scale-up REAL Fathers. It is based on three building block objectives that can be adapted by the scale-up entity or organization.

Activity	Expected outputs	User organization or Ministry	Responsible Resource team member	Month /year	Comments
Objective One: Identify and close capacity gaps among districts, user organizations and resource team members					
Map capacity and training needs across potential implementing partners	Mapping and capacity assessment report	TBD (UCSD/IIDC)	MGLSD	TBD	This will help us to identify potential early adopters of REAL Fathers
Train para-social workers, VHTs and CDOs as REAL Father ToTs in target districts	Training report (Resource persons identified and trained in target districts)	TBD	TBD	TBD	This will create sustainable local resource persons
Objective two: Create sustainable pathways for the integration of REAL Fathers model into plans, strategies, SDPs and/or policies					
Present REAL Fathers at the male involvement technical working group	Endorsement memo of REAL Fathers as a model to complement the implementation of male involvement strategy	MOH	IIDC	TBD	This is to facilitate vertical scale-up of REAL Fathers
Present REAL Fathers to working groups: ECCE, M&E	Integrate REAL into MOES operational guidelines & standards	MOES	MOES team	TBD	
Seek endorsement by the KFCPs TWG, of REAL Fathers as a model that facilitates the implementation of the KFCPs.	MOH Government endorsement memo	MOH	IIDC	TBD	
Disseminate REAL ECD to CSOs working in male engagement. We will present to partners at learning convenings, MGLSD TWG and at the Interagency Gender Working Group's Male Engagement Task Force	Dissemination report (Roster of NGOs who are sensitized and oriented on REAL Fathers)	MGLSD IGW G	IIDC		This is to facilitate horizontal scale-up
Translate REAL Fathers materials into several local languages and ensure that the content is accepted by key stakeholders	REAL Fathers manual, resource sheets and mentor guides are translated into 5 languages representing 5 subregions of Uganda.	MGLSD	IIDC	TBD	This is to facilitate horizontal scale-up
Objective three: Guide supervision, monitoring and evaluation of scale up					
Develop a scale-up M&E plan with cross cutting indicators from MOH, MOE and MGLSD M&E plans	Multi-sectoral focused M&E plan	All members	IIDC	TBD	This will be in line with the government M&E plans for the target ministries
Work with the Ministry of local government and orient teams on the integration of REAL Fathers supervision in DLG support supervision guidelines	All District teams (DCDOs/CDOs, DHT, Planning, DEOs/DIS, CAO etc.) oriented on how to integrate REAL Fathers supervision.	REAL Expert and IIDC	MGLSD	TBD	REAL will be viewed as a government program

Document III: REAL – ECD Integration benchmarks for vertical scale-up

The worksheet below shows the key benchmarks that the resource team must achieve for successful scale-up of REAL within ECD programs in Uganda.

End of Scale-up Benchmark Targets	Intermediary benchmark steps	Lead/ Entity	Status
Increased ownership and commitment among national and local government, private and civil society stakeholders to integrate REAL into the ECD program	Technical, evidence based and advocacy-oriented presentation to MGLSD to adapt REAL Fathers	IIDC	Completed and target achieved
	MGLSD agrees to lead scale-up and signs MOU with IIDC	MGLSD	Completed and target achieved
	Review, input into REAL Fathers implementation materials by MOES, MGLSD & MOH	MOH MGLSD MOES	Completed without detailed MOH input
	Create awareness of REAL fathers across government ministries	MGLSD	On course. No progress in MOF, MLG
	Refinement and approval of REAL Fathers guidance materials by NCDC	Deborah - NCDC	On going
REAL Fathers institutionalised into government ECD policies, mechanisms, frameworks, work plans or budgets	Work with MOES, MGLSD and MOH to integrate REAL into existing ECD policies, frameworks and work plans Each ministry will identify relevant policies or frameworks for REAL Fathers integration	MGLSD MOES MOH	No progress
	Present REAL Fathers to working groups: ECCE, M&E, ESCC	MOES	No Progress
	Integrate REAL into Parenting Education Curriculum and its guidelines	MOES	No Progress
	Integrate REAL into MOES operational guidelines & standards	MOES	No Progress
	Integrate REAL Fathers into the Community Mobilisation Manuals and the CMC training manual	MGLSD	No Progress
50 District local governments with highest VAC, GBV and IPV have included REAL in district work-plan	MGLSD to lead resource team to conduct district advocacy meetings on REAL Fathers. Lead train district ToTs in REAL – ECD integration with support from partners	MGLSD IIDC	On course (Nwoya District)
	Funding for REAL Fathers in several sites for implementation through foundations, multilateral and bilateral mechanisms or with internal resources secured	IIDC UCSD MGLSD	No progress on securing scale-up funding

Document IV: Pilot REAL-ECD Integration Activity based Results M&E Framework

This M&E framework is “informational” and intended to help scale-up partners learn from the pilot scale-up of REAL Fathers, key considerations as they plan the scale-up and what the key benchmarks are. This framework describes examples of results and indicators that scale-up can track at two levels, that is: vertical scale-up and horizontal scale-up. At National level, efforts to integrate REAL Fathers in government policies, frameworks and guidelines will directly contribute to achieving vertical scale up results while the Geographical scale-up (implementation at community level) contributes to achieving horizontal scale-up results. It is important to note that indicators other relevant indicators can be included depending on the sector through which REAL Fathers is scaled i.e. Health related indicators if it is a Health focused project/program, education related indicators if it is an Education sector project/program etc. Therefore, the MEL framework will be adjusted to suit the type of adaptation and scale-up of REAL Fathers. Learning and adaptation can be embedded at both levels.

#	Key activities	Indicators	Result	Type of indicator	Freq.
Vertical scale-up results and indicators					
1	Make a technical, evidence based and advocacy-oriented presentation to MGLSD to adapt REAL Fathers	MGLSD buys in and commits to lead REAL Fathers scale-up through integration in ECD programs.	Increased ownership and commitment among national and local government, private and civil society stakeholders to integrate REAL into the ECD program	Process	One off
2	MGLSD agrees to lead scale-up and signs MOU with IIDC	MOU signed between IIDC and MGLSD on behalf of government of Uganda		Milestone	One off
3	Review, input into REAL Fathers implementation materials by MOES, MGLSD and MOH	REAL Fathers materials reviewed and guidance incorporated into revised materials		Process	NA
4	Create awareness of REAL fathers across government ministries	All relevant government ministries (MOES, MGLSD, MLG, MOH, MOFEP) are aware of REAL Fathers model and implementation approach		Process	1 – 2 meetings per ministry
5	Refinement and approval of REAL Fathers guidance materials by NCDC	REAL Fathers materials refined and approved/signed off by NCDC for National roll out		Milestone	One off
6	Work with MOES, MGLSD and MOH to integrate REAL into existing ECD policies, frameworks and work plans Each ministry will identify relevant policies or frameworks for REAL Fathers integration	Number of government policies, frameworks and work plans that include REAL Fathers approach	REAL Fathers institutionalized into government ECD policies, mechanisms, frameworks, work plans or budgets	Process	One meeting per group
7	Present of REAL Fathers to working groups: ECCE, M&E, SPM, ESCC	REAL Fathers presentations made to ECCE, M&E, SPM, ESCC working groups		Process	One
8	Integrate REAL into Parenting Education Curriculum and its guidelines	REAL Fathers integrated into Parenting Education Curriculum and its guidelines		Milestone	One off
9	Integrate REAL into MOES operational guidelines & standards	REAL Fathers integrated into MOES operational guidelines & standards		Milestone	One off
10	Integrate REAL Fathers into the Community Mobilization Manuals & the CMC training manual	REAL Fathers integrated into the Community Mobilization Manuals & the CMC training manual		Milestone	One off
11	Integrate REAL Fathers into the caregivers / pre-primary teachers' training manual	REAL Father included in the training manual for ECD care givers		Milestone	One off

#	Key activities	Indicators	Result	Type of indicator	Freq.
12	MGLSD to lead resource team to conduct district advocacy meetings on REAL Fathers. Lead train district ToTs in REAL – ECD integration with support from partners	Number of districts supported and have included REAL in their district development plan	50 District local governments with highest VAC, GBV and IPV have included REAL in district work-plan	Output	Quarterly
13	Support resource mobilization from major funding agencies (UNICEF, UNFPA,). This can be direct funding to districts.	Number of new programs/projects designed with REAL embedded as an implementation model	Funding for REAL Fathers in several sites for implementation through foundations, multilateral and bilateral mechanisms or with internal resources secured	Process	Ongoing basis
14	Map and Train user organizations on fundraising	Number of user organizations trained in fundraising or linked to potential donors and successfully acquire REAL scale-up funds		Process	One off
REAL-ECD integration pilot indicators (Example of implementation level indicators)					
1	Work with MGLSD, MOE, MLG and MOH to integrate REAL into government strategies, frameworks and work plans	REAL Fathers adopted and documented as one of the models for parenting and eliminating violence in gov't strategies	REAL Fathers adopted and documented as one of the models for parenting and eliminating violence	Milestone	One off
2	Work with government to include REAL Fathers in the ECD care givers manual	REAL Father included in the training manual for ECD care givers	REAL Father included in the training manual for ECD care givers (training manual)	Milestone	One off
3	Work with district planning unit to ensure that REAL Fathers is integrated in the district development plans	Number of districts with REAL Fathers mainstreamed in DDP3 (ECD work plan)	REAL Fathers mainstreamed in the district development plans (MoV is the DDP3)	Milestone	Annually
4	Identify, screen and train young fathers in REAL fathers and ECD	Number of young fathers completing all sessions of REAL Fathers ECD integration mentorship	600 young fathers complete REAL Fathers – ECD integrated mentorship	Monitoring	Quarterly
5	Identify and validate REAL Father mentors to train young fathers in REAL-ECD integrated implementation	Number of REAL-ECD integration mentors completing mentorship sessions of assigned young fathers	100 mentors trained on REAL Fathers	Monitoring	Monthly
6	Sensitize young fathers and community on benefits of REAL-ECD integration	Number of new children enrolled into ECD programs (including from non-formal to formal centers)	More children enroll in the ECD centers	Monitoring	Quarterly
7	Sensitize young fathers on the benefits of family panning	Number of young fathers accompanying their wives to access modern FP services/methods	More men support their wives to access and use modern contraceptives	Monitoring	Monthly
8	Mapping ECD centers in the target sub counties. Include health centers, ECD centers, community groups, schools	Number of ECD centers that have been identified and embraced REAL Fathers and ECD integration	At least 24 ECD centers embrace and implement REAL Fathers interventions	Monitoring	Monthly
9	Emphasize the benefits of institutional ECD	Number of children transitioning from non-formal to formal ECD structures	More children enroll from non-formal to formal ECD	Monitoring	Quarterly
10	Collect most significant change stories across the pilot sites for learning and program improvement	Changes by domain that are experienced by beneficiaries and stakeholders that are assessed by level of <i>Credibility, Story presentation, potential for ripple effects, Clear evidence of change, Sustainability potential of change</i>	Reduced IPV, VAC, VAW and increased shared responsibility at household levels	Monitoring	Quarterly

Document V: Monitoring and Evaluation Framework – Other relevant integration indicators

This table shows some National level indicators which REAL Fathers can contribute to, and are measured through national monitoring systems and frameworks.

Other key National Indicators					
	Indicator	Indicator definition	Data source	Freq	Ministry
1	Proportion of ECCE centers facilitating access to integrated ECCE services per national standards	Number of ECCE centers offering integrated ECCE services per national standards expressed as proportion of all ECCE centers.	Survey reports	Annually	MOE
2	Proportion of children with whom an adult household member has engaged in four or more activities to promote learning and stimulation	The total number of children aged 0-8 years that have been involved in four or more early learning and stimulation activities by an adult household member compared to the total number of children in the IECD age category in the area/country.	UBOS, LGs, UDHS	Annually Quarterly	MOES
3	Prevalence of malnutrition among children under 5 years of age, by type (wasting) (SDG 2.2.2)	The percent of children whose weight for height <-2 standard deviation from the median of the WHO Child Growth Standards Median	HMIS, UDHS	Annually	MOH
4	% of infants (0-6 months) who exclusively breast fed for 6 months	The percent of infants ages 0 to 6 months who received only breast milk during the previous day, with no other solids or liquids, including water (UNICEF/WHO, 2009)	HMIS, UDHS	Annually	MOH
5	Number of Child Abuse Cases reported	The number of children abuse cases that were reported by category	Case Management Record Books, Uganda Child Helpline Records, Uganda Police, NIECDMIS, GBV	Quarterly Annually	MGLSD
6	Proportion of pregnant women who received 8 or more antenatal care visits	A unique count of the number of pregnant women who received 4 or more antenatal care visits divided by the total Antenatal visits	HMIS, UDHS	Annually	MOH
7	% HIV free babies born to HIV positive mothers	Proportion of HIV free babies born to HIV positive mothers to total number of babies born to HIV positive mothers	HMIS, UDHS	Quarterly Annually	MOH
8	Under-five mortality rate (with the proportion of newborn deaths)	The probability that a child born in a specific year or time period will die before reaching the age of five if subject to current age specific mortality rates (expressed as a rate per 1,000 live births-numbers of deaths of children less than 5 years of age per 1,000 live births.	UDHS and HMIS	Annually 5 years	MOH
9	Proportion of children who received Kangaroo Mother Care (KMC)	Proportion of children who received Kangaroo Mother Care (KMC). This is an indicator for ECD for the premature and Low birth weight infants and is linked to early stimulation, warmth and feeding.	HMIS	Monthly and quarterly	MOH
10	Percentage of children 8 years and below and issued Birth Certificates	The number of children issued Birth Certificates Proportion of children issued Birth certificates against the total children aged 0-3 years X 100	Annual NIRA Statistical Abstract, Ministry of Health, UNICEF		MGLSD

Document VI: REAL FATHERS COMMUNICATION PLAN

1. Introduction

This communication plan describes how messages on REAL Fathers, will be communicated by government to the right stakeholders. It sets out the communications goals, audiences and strategies, as well as the communication activities and timeframes. The Horizontal scale-up partners can also adapt this plan to their contexts. The communication plan describes:

- Communication objectives
- How those objectives will be accomplished
- Timeframes and effort involved
- How success will be measured

2. Communication Objectives

1. Increasing stakeholder knowledge about the efficacy of REAL Fathers as a solution to male involvement in parenting and child nurturing
2. Gain wider donor engagement, buy-in and funding

To help meet the above objectives, the guidelines below will be applicable to the dissemination of communication messages:

- All messages will be audience-specific
- Every key message will be communicated formally
- Messages will be distributed through appropriate channels
- Communication will be tailored, based on what the target audience needs to know
- The REAL Fathers promotion team will listen and act on feedback

3. Target Audiences

The main target audience is donors and development partners. There is need to develop and cultivate relationships with current and potential donors and development partners whose support would be critical in the scale-up of REAL Fathers. Their support and funding to NGOs working in VAC and VAW prevention would be much needed in promoting the wider uptake of REAL Fathers.

The secondary audience are the National Non-Governmental Organizations (NGO) partners and potential user organisations. It is essential to provide community-based organizations and civil society organizations with pertinent information about REAL Fathers as they are potential users as well as influencers of donors. In addition, they are powerful decision-makers that can have a bearing on other organizations working in the field of VAC and VAW taking on the model. Communicating and networking with the community-based organizations can facilitate linkages with other organizations and government agencies in the sectors that have integrated REAL Fathers.

4. Communications Schedule

Communication activities/events

Below is a schedule of each of the communication activities/events that will be held to disseminate communication messages about REAL Fathers to the audience. Describing these activities/events in as much depth as possible helps the team members to know their importance and complete them on time.

ID	Activity/Event	Description	Purpose	Frequency
1	Email	Send initial email to donors and NGOs to introduce REAL Fathers	To engage potential first-time donors and NGOs to interest them in REAL Fathers	As often as needed and/or required
2	Meeting	Introductory meeting with donors and NGOs individually either in-person or virtually	To introduce REAL Fathers, UCSD and IIDC, and invite them to the formal presentation on REAL fathers	Once
3	Presentation	Host donors to a formal presentation on REAL Fathers either in-person or virtually	To share results, impact stories, scale-up plans, funding prospects, etc	Once
4	Presentation	A formal presentation on REAL Fathers held with NGOs either in-person or virtually	To share results, impact stories, scale-up plans, implementation mechanisms, funding prospects, etc	Once
5	Email	Send personal 'thank you' messages to donor and NGO representatives	To convey gratitude and demonstrate their importance to future prospects for REAL Fathers scale-up	After meeting, presentation
6	Email	Send emails to donor and NGO representatives	To engage and update audience on progress, milestones, new developments, etc	Monthly? Whenever necessary
7	Event	Hold end-of-project event	To: celebrate and disseminate REAL Fathers implementation results; provide visibility and recognition to the main stakeholders involved	Once

5. Feedback

After the completion of each communication activity/event (or a series of them), there is need to get feedback on its effectiveness. If the feedback was positive and all the criteria were met, then the activity/event was a success. However, in some cases, the feedback may show that certain success criteria were not met, and an alternative communication activity/event may need to take place to correct any issues raised. The measures that to gather feedback on the success of the scheduled communication activities to determine whether the right information was distributed to the right people at the right time include:

- Questionnaires
- Feedback/evaluation forms
- Surveys