

**AN EXPLORATION OF SCHOOL-COMMUNITY PARTNERSHIPS IN
THE IMPLEMENTATION OF INTEGRATED EARLY CHILDHOOD
CARE EDUCATION SERVICES IN PRE-PRIMARY SCHOOLS IN
UGANDA**

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**A DISSERTATION SUBMITTED TO THE DIRECTORATE OF
RESEARCH AND GRADUATE TRAINING IN PARTIAL
FULFILMENT FOR THE REQUIREMENT FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY IN
EDUCATION OF KYAMBOGO
UNIVERSITY**

NOVEMBER 2024

DECLARATION

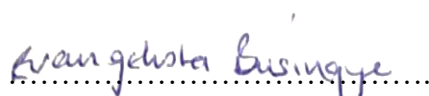
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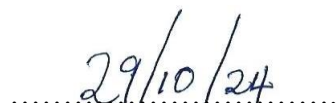
APPROVAL

This dissertation titled “An Exploration of School-Community Partnerships in the Implementation of Integrated Early Childhood Care Education Services in Pre-primary Schools in Uganda” by Mutumba Safina was done under our guidance and it is now submitted for final examination with our consent as supervisors.



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Signature

Dr. Maani John Samson



Date

DEDICATION

I dedicate this dissertation to all the people, who have been supportive during my academic journey. The Early Childhood Fraternity of Kyambogo University, the entire Kyambogo University Administration and the Ministry of Education and Sports staff who have been a strong pillar during the study process. I commend you all for the tremendous support and guidance.

ACKNOWLEDGEMENT

First and foremost, I want to thank God the Almighty for the gift of life and for the far he has brought me.

Secondly, I acknowledge the following for their varied support during the time of writing this thesis; my supervisors Sr. Dr. Evangelista Busingye and Dr. John Samson Maani, for their logical guidance, unconditional commitment and keen supervision towards the success of this study. Kyambogo University fraternity, for giving me an opportunity to undertake this course at this reputable university, and all lecturers; Prof. Godfrey Ejuu, Prof. Grace Lubale, Dr. Owino Phillip, Prof. Kasule George Wilson, and Dr. Opit Elizabeth, for building my knowledge in this field. Prof. Bosco Bua is appreciated for the fatherly guidance and support whenever approached. I am thankful to my colleagues in the PhD class, Especially Dr. Juma Katungi, Dr. Jackie Achan Bwire and the entire 2017 PhD class for the love, encouragement, guidance, inspiration and smiles, even when things became hard. Prof. Shelley Jones, Royal Roads University in Canada is appreciated for the words of wisdom and encouragement, during the process of my study. My special gratitude goes to my family; my dear husband, Hajj Mbuga Abdulghan, for allowing me add a bridge to my studies and for the financial support and words of encouragement even when the journey seemed challenging. To my parents Mrs. Ddumba Justine and the late Hajj Suleiman Mutumba for the love, care and for giving me a good foundation towards my education journey. To my children Umar, Fahimah, Hafiswa, AbdulKarim, Nisha and AbdulRahim, for the consistent prayers and home chores while I was concentrating on my studies. You have really been strong pillars. My siblings, you were really strong pillars in adding input to the thesis. I commend my

colleagues at the Ministry of Education and Sports, especially the Commissioner of the Basic Education Department, Dr. Cleophus Mugenyi, for the words of wisdom and encouragement. Your contribution to the finalisation of this study is greatly appreciated. I finally acknowledge the entire Kira Municipality fraternity and all the respondents to this study. You were really great people to work with. May the Almighty God bless you all.

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ACRONYMS

- CDO - Community Development Officer
- CSO – Civil Society Organisation
- CMC – Centre Management Committee
- ECCE – Early Childhood Care and Education
- ECD – Early Childhood Development
- ECE – Early Childhood Education
- ECM – Early Years Matter
- HIV/AIDS – Human Immune Virus/Acquired Immune Deficiency Syndrome
- IECCE – Integrated Early Childhood Care and Education
- ECD – Early Childhood Development
- MOES – Ministry of Education and Sports
- MoFPED – Ministry of Finance, Planning and Economic Development
- MOGLSD – Ministry of Gender Labour and Social Development
- MOH – Ministry of Health
- MOLG – Ministry of Local Government
- NCDC – National Curriculum Development Centre
- NGO – Non-Government Organisation
- NIECDP – National Integrated Early Childhood Development Policy
- SDG – Sustainable Development Goal
- UNESCO – United Nations Educational Scientific and Cultural Organisation
- UNICEF – United Nations International Children’s Education Fund
- UNCST – Uganda National Council for Science and Technology
- UREC – Uganda Christian University Research Committee

YMCA – Young Men’s Christian Association

ABSTRACT

The implementation of early childhood development (ECD) services has for long been delivered in a disjointed manner. This leaves out numerous aspects of children's development, causing them to experience uneven development and wastage of resources due to duplication of services. Currently, the global trend is to provide integrated early childhood services as outlined in the SDGs to harness synergies and holistic care and development of all children. As a component to integrated ECD services, access to effective Early Childhood Care and Education (ECCE) services creates a chance for children's school readiness and holistic development. It also puts children at an equal level in the education system without discrimination. Whereas Uganda has progressed in developing policies and related standards that support the delivery of Integrated ECCE services, questions still arise on its implementation. The purpose of this study therefore, was to explore school-community partnerships in the implementation of integrated ECCE services in pre-primary schools in Uganda, a case of Kira Municipality. The study objectives were to establish the influence of school-parent engagement on stimulation activities in pre-primary schools, examine the contribution of school-child protection agencies' collaboration and child protection practices, and to assess the relationship between school-health care service providers' collaboration and healthcare practices. An embedded cross-sectional survey design with mixed methods was employed during data collection and analysis. A sample of 166 participants was used during data collection. This included 108 headteachers, 30 Centre Management Committee (CMC) chairpersons, 20 Local Council 1 Chairpersons, 3 Health workers, and 5 Probation officers. Interviews, document analysis, and questionnaires were used to collect data. The study discovered that collaboration and partnerships could enhance the implementation of integrated ECCE services in pre-primary schools. The study identified a number of partnerships and activities that would be used to support the implementation of IECCE services in pre-primary schools. Partnerships for stimulation activities included; Resource mobilization partnerships, Academic events and shared learning partnerships. Child protection partnership entailed; capacity building, security/safety, and child abuse mitigation partnerships. Whereas the health care partnerships included; Health care services, planning for health and capacity building partnerships.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The direction of the study is presented in this chapter, together with an elaborate background to the study. It entails the historical background, conceptual background and the contextual aspects of the problem to the study. It explains the problem statement, the purpose and objectives of the study, and the research questions and hypothesis. The chapter also highlights the scope and significance of the study, as well as its limitations and delimitations. The theoretical and conceptual framework and the operational definition of terms are also clarified.

1.2 Background to the Study

Research covering a period of more than forty (40) years validates the critical stage of the child's first 1000 days right from conception to three years (WHO, 2018) and the second part of the 2000 days (three to five years), up to eight years that if not well handled affect the whole life span of a human being (WHO, 2018; Khamis, 2022). The early childhood ranging from conception to eight years, is a period where children are undergoing a rapid development process which is the foundation for the whole lifecycle of any human being (Suardi et al., 2020).

The benefits of the best start in the life of a child last across their whole life and are as well advantageous to their communities (MOGLSD, 2016). It is during the first years of development, that children experience major developmental changes and milestones in their life (World Health Organization

et al., 2023), including the physical, cognitive, language and communication, and other life skills. ECCE being the foundation of the whole life cycle, it lays a stable basis for the child's health, welfare, early learning and stimulation, and holistic well-being (WHO, 2018; Khamis, 2022). This suggests that early interventions for the youngest children during the initial stages are very vital in ensuring their holistic development, lifelong learning and success (National Planning Authority, 2020). This makes the implementation of Integrated Early Childhood Care and Education (IECCE) services to be vital to a complete and best start of a child's life and the development of any country (MOGLSD, 2016).

Research has revealed that if children do not receive a complete package of services, they will not be able to thrive to their full potential (MOES, 2024). Though children seem simple, they are complex in nature. Therefore, no single entity can handle children's issues solely. Integration of ECCE services requires a multi-sectoral approach (MOGLSD, 2016; WHO, 2018). In Uganda, implementation of integrated ECCE services has a legal backing, the National Integrated Early Childhood Development (NIECD) policy (MOGLSD, 2016).

Integrating ECCE services and the multi-sectoral approach to service delivery is now a global agenda, with holistic early childhood development recognised as critical to attaining the Sustainable Development Goals (World Health Organization et al., 2023). Since SDG 4.2 is well aligned with the broader agenda of promoting inclusive and equitable quality for all, one of the significant areas highlighted in the United Nations' 2030 Agenda for Sustainable Development, it recognises the importance of investing in the early

years to set the best start in life and lifelong learning (MOGLSD, 2016). This contributes towards achieving other sustainable development goals related to health, well-being, child protection and reducing inequalities.

The integration of ECCE services and the multi-sectoral approach were introduced as a response to implementing the Nurturing Care Framework (NCF) (Daelmans et al., 2021; Olusanya et al., 2023), which expects the child to receive all the required services as a complete package. The Nurturing Care Framework, launched in 2018, is a global framework that was developed by the World Health Organisation (WHO), the United Nations Children's Fund (UNICEF), and other critical partners to promote children's development during the early years (Daelmans et al., 2021; Olusanya et al., 2023; WHO et al., 2023).

The NCF sought to support children's holistic care and development across five dimensions in the first five years of life. The five strategic actions suggested a whole society and government approach to ensure every child receives holistic, nurturing care (Daelmans et al., 2021; Olusanya et al., 2023). This creates a platform for policymakers, health workers, other professionals and caregivers to create conducive environments that allow children to receive responsive caregiving, safety and security, nutrition, healthcare, early learning opportunities and psychosocial stimulation (Daelmans et al., 2021; Olusanya et al., 2023). When children receive all the recommended interventions, they have a better opportunity to unlock their development potential, even when they experience challenges in the growth process.

In this regard, an integrated and holistic multi-sectoral approach to ECCE offers numerous benefits for children, communities, and the country

(MOGLSD, 2024). This approach recognises the interconnection of various sectors and aims to deliver inclusive provision for early childhood development. An integrated approach addresses the multidimensional features of children's development, including the physical, cognitive, emotional, and social factors (MOGLSD, 2016; MOES, 2024). This ensures that children receive well-rounded support, which is critical during their formative years.

Coordination and collaborative efforts across sectors allow timely identification and interventions for developmental delays or health issues, preventing lifelong challenges (Daelmans et al., 2021; Olusanya et al., 2023). This positive approach could meaningfully boost children's future outcomes. Correspondingly, if sectors and communities work collaboratively in health, education, nutrition, safety, and protection, children from disadvantaged families can access significant services (Daelmans et al., 2021; Olusanya et al., 2023; WHO et al., 2023). This equally promotes equity and inclusion in the delivery of services. Integrating educational services with health, nutrition, and child protection support creates a favourable environment for learning and guarantees that children are physically and mentally ready for school and lifelong learning (WHO et al., 2023).

Integrating services and multi-sectoral collaboration raises a sense of community ownership and accountability towards child development, encouraging collective action and support for families (Kunda Marron, 2020). In addition, resources and expertise from many sectors are pooled, which can support communities and pre-primary schools in improving the quality of ECCE services. This leads to better outcomes without essentially increasing costs.

The provision of ECCE holistically addresses discrepancies in service delivery, which contributes to social equity and the reduction of poverty levels within a country (MOGLSD, 2024). In this aspect, children getting quality ECCE services are more likely to prosper academically and contribute positively to the economy as adults (Vargas-Baron et al., 2019). Therefore, countries such as Tanzania, Zambia, Rwanda, Kenya, and Uganda have all embraced integration and the multi-sectoral approach to ECD and ECCE through their policies and standards (WHO et al., 2023). For example, Uganda developed the NIECD policy to guide the implementation and delivery of integrated early childhood services across sectors and at various service points, such as the health centres, child care centres (responsible for children below three (3) years of age), pre-primary school (three to six years of age) and Primary schools which take care of children (six to eight years of age) who are in primary one to primary three (MOGLSD, 2016). Tanzania is another country in the region that came up with The National Multi-Sectoral Early Childhood Development Programme (NMECDP) of 2021/22 to 2025/26, which seeks to accelerate ECD gains by promoting the multi-sectoral approach to young children's nurturing care. However, implementing integrated ECCE for children (birth to eight years) has remained challenging in most countries, including Uganda (Vargas-Baron et al., 2019).

In 2016, is when Uganda joined the global agenda of implementing the integrated ECD (IECD) by developing the NIECD policy and implementation standards aligned to it (MOGLSD, 2016). These included the 2016 to 2021 NIECD Action Plan and its service delivery framework which guided sectors to

work through a multi-sectoral approach system (MOGLSD, 2016). These legal frameworks highlighted four service points, including the pre-primary schools, the primary schools, health centres and the communities. According to the NIECD Policy and its frameworks, each service point is expected to be used as an opportunity to ensure that services reach the children. The approach to delivery is either directly or indirectly, through creation of linkages (MOGLSD, 2016; MOES, 2024). The purpose of this study was to establish the influence of school-community partnerships in the implementation of integrated ECCE services in pre-primary schools using Kira Municipality as a case study.

1.2.1 Historical Background

Historically, a lot of interest and support for early childhood started as early as the eighteenth and nineteenth century in the United States (US), not only by the religious organisations but also by the socially and politically interested parties who believed that education for young children would add value to the society (Nut-brown et al., 2014). While in Africa early childhood (including kindergarten, infant schools and nursery schools) was started in the nineteenth century by the Missionaries majorly focusing on western ideas (Garcia et al., 2008). The western ideas concentrated on race, childhood, education and religion but did not consider the health, nutrition and overall well-being of children. Similarly, in Uganda nursery schools was started by the missionaries so that their children maintain the western culture which would benefit them when they go back (Ejuu, 2012). Whereas formal education was started by the English missionaries in 1895 when the first school was established pre-primary education inclusive (Musa, 2024). However, although this study

focuses at implementing integrated ECCE services in pre-primary schools, Musa (2024) identified that only 4 out of 10 young children (3 to 5 years) attended pre-primary education due to limited finances.

During 1862, school awards were given to schools that considered the learners' achievements. In the 1870s, they established school boards in places without schools (Nut-brown et al., 2014). Concurrently, pioneering work was being done on the nature of the curriculum for young children. Besides that, Worldwide, researchers, policymakers, non-government organisations and agencies, media, families, business proprietors and leaders began to recognise the importance of early childhood care and education to enhance the holistic development of children (Nut-brown et al., 2014). Some of such researchers and psychologists included Johann Pestalozzi, Friedrich Froebel, Rachel and Margaret McMillan, Maria Montessori, Charlotte Mason, Suzan Isaacs and, after some time, Loris Malaguzzi and Chris Athey. They all encouraged numerous approaches to engaging children, which rotated around the children themselves. Similarly, play was considered to be central to their approach.

Correspondingly, Rouse (2014), identified a need for the parents and community members to collaborate with the schools in the holistic development of children. Despite the interest picked in the provision of early childhood care and education, challenges persist on how such services could be delivered in the education sector (Drajeaa et al., 2014). Nations have been committing to providing services to their children and their families, but this has been piecemeal, causing inconsistencies and insufficiencies in service delivery

(MOGLSD, 2024). There has also been a bias amongst the earliest psychologists, whereby each of them focused on a particular area.

Locke's education conception also focused on character formation and academic learning. In this regard, he identified a need for children to be given a variety of exercise and play activities so that their bodies become strong and able to endure hardships. Although this area did not directly focus on integrated services, it required stakeholders to collaborate (Nut-brown et al., 2011). He further observed that education aims to instil self-discipline and self-control. Therefore, attending to the child's physical health was observed to be imperative because the body works better when one is not sick or weak but strong enough to perform the given activities (Crain, 2015).

Johann Pestalozzi (1746-1827) focused on educating the child by considering the head, hands, and heart to educate the whole child. John Dewey (1859-1952) believed that school curriculum experiences should focus on children's interests and that they should be engaged in the activities. Maria Montessori (1870-1952), too, focused on the child's learning and believed that the role of the teacher was to observe and direct learning and that learning is sequential.

Numerous studies have researched early learning. Leseman (2014), in a study in Europe, focused on poverty eradication through providing high-quality early childhood education and care services. It is revealed that poverty in early childhood could have irreversible negative consequences, for instance, on cognitive, social-emotional development, and academic performance, among others (Drajeaa et al., 2014; Leseman, 2014). However, the authors used the

implementation of quality early childhood education and care as a way of eradicating poverty, but only focused on the family working with the school. Yet there are other services required at the pre-primary schools that promote the holistic development of the child, as opposed to working with the parent alone.

Kagan et al. (2000), carried out a study on how best they could create a strategic approach to implement early childhood care and education in the United States. The problems that led to this study included the changing population and demographics of children and their families, the changing patterns of service delivery, and the changing attitudes of society that led to more attention to children and their families. Nevertheless, much as this study focused on providing early care and education services, it generally focused on knowing the number of learners enrolled in the centre by age and the status of their mothers or families. Early care and education programs in this study referred to centre-based and home-based programmes that provided nonparent education for young children. The study did not focus on the implementation and how it can be achieved.

In a study commissioned by OECD and UNESCO, Hadad (2002) highlighted several systems for different countries that implement integrated ECCE approaches. These were countries that were identified as successful and those that were still struggling. Amongst the most successful ECCE systems were the ECCE system of Scandinavian countries. The success of such countries, including Denmark (integrated education and care models), Norway (high parental involvement) whereas Sweden and Sri Lanka had responsive to family and children's needs (Warnasuriya et al., 2020; Haddad, 2002). This was

attributed to the countries' approaches to dealing with matters concerning education and care services. However, this support was from the government, not the private sector or the community.

A related study on integrating ECCE, an element that requires collaborative networking, was carried out in Sri Lanka from a Global perspective (Warnasuriya et al., 2020). The objective of this study was to present an overall understanding of how the provision of ECCE services has evolved globally towards the provision of holistic childcare and education, analyse the fragmented and combined systems of ECCE service delivery, trace the growth of and examine the current ECCE systems in order to evaluate its strengths and weaknesses, give recommendations and examine other countries that have done it better.

Warnasuriya et al. (2020) revealed that implementing integrated ECCE services requires a multi-sectoral approach. An implication is that all the various stakeholders need to work in partnerships. Another study in Ethiopia by Tafera (2018) examined the past and current early childhood care and education developments, concentrating on policies, programmes, and curricula, including implementation practices, but did not lay strategies on how this can be done. The background to this study focused on a holistic and integrated approach aimed at service delivery addressing the developmental needs of children and their families, including education, health and nutrition. This specifically focussed on ECCE modalities, government and parent involvement, coordination and monitoring of services. The findings revealed that much as ECCE was being implemented in the country, there was little progress, for

instance, in terms of access, equity, quality and relevance. This, therefore, called for further research and improvement in the delivery of quality and relevant services, motivating the audience to remain committed to the cause. This causes a gap for lay strategies for effective implementation of integrated ECCE services.

While all the above contributions focused on different aspects of children's ways of learning, Kunda Marron (2020), on the other hand, suggests a need for the various stakeholders to work together to educate a whole child. The authors suggest that there is no better partnership than the school-community partnership to ensure all the children have the support and resources they need. The authors focused on a framework that would support the continuity of early childhood and smoothen the child's transitions, especially during formal education and in life. The identified areas included families, shared leadership, inclusiveness and receptive services, cultural norms and children's home languages, communication, knowledge and life skills development, appropriate care and education. Implementation of all these required all the stakeholders to work collaboratively. However, Edwards (2018) and Chiang et al. (2015) still realised a continuing gap because parents and the community were underutilised in the delivery of services and in giving feedback to schools about their children.

Factually, community involvement is supported by a famous African proverb, which states that "It takes a village to raise a child" (Clinton, 2006; Mohammad, 2013; Gasgal et al., 2020). This message signifies the critical role

of the community and its agencies in the promotion of the growth and development of a child.

Similarly, attention to confirming the need for children to receive a holistic package was recognised during the 19th century (Evans et al., 2000). The international conventions and policy statements over the past thirty years support fostering young children's holistic development and learning (Neuman, 2005). This task has demonstrated concrete efforts amongst stakeholders, such as civil society organisations, donor agencies, governments, and non-government organisations, to expand and improve the key interventions for children worldwide. The critical interventions include child safety and protection, child care and education (MOGLSD, 2016).

Research into implementing integrated ECCE services has recently taken a central stage (Baker-Henningham et al., 2010). Such studies may be significant due to the scientific evidence that if children do not receive a range of services such as early learning and stimulation, health care, safety and protection, and nutritious feeding, among others, it might affect their future as adults and lifelong learning (Heckman, 2006; Ahun et al., 2023). In addition, it is essential to note that there have been disparities in children's holistic achievement, mainly due to imbalances in family and community participation rather than school contributions (Heckman, 2006; Baker-Henningham et al., 2010). Furthermore, lack of integration leads to duplication, wastage of resources, hence failure of children reaching their full potential (MOGLSD, 2016; MOES, 2024).

In 2014, the population and housing census for Uganda showed that 16.6 million people (47.9%) were children below 15 years of age (UBOS, 2014; Ministry of Finance, Planning and Economic Development (MOFPED), 2020). Out of that total population, 56% of the children between birth to fourteen years (0-14 years) suffered from various deficiencies (GOU & UNICEF, 2019), including inadequate health care and education and sufficient and nutritious meals. Whereas the National Community Health Strategy (MOH, 2022) identify that health referrals between the community and health facilities remain weak, very few studies have been done (Strachan et al., 2020). The authors tried to establish the implementation of health care services in pre-primary schools. However, the evidence falls short of identifying clear strategies that the pre-primary schools can use to collaborate with service providers and other agencies to improve the various activities and practices at Pre-primary schools.

Continued failure to deliver integrated ECCE services to children 3 to 6 years at pre-primary schools will lead to a broader circle of children not reaching their full potential. Hence, this affects targeted human capital development (National Planning Authority (NPA), 2020). For instance, Baker-Henningham and López Bóo (2010), emphasised developing income countries being exposed to multiple risk factors within the early years of children's lives if not handled early. In addition, an estimated over 200 million children under five years old in developing countries such as Uganda were not reaching their full potential due to several risk factors such as poverty, poor health and nutrition (Grantham-McGregor et al., 2007; Baker-Henningham et al., 2010). Besides that, the Uganda Demographic and Health Survey (UDHS) (Ministry of Health, 2011),

identified that one in eleven children die before the age of five due to health, safety, and child protection issues. All these require a lot of effort and partnerships to be overcome. Therefore, this creates a gap for this study.

Several studies on school-community partnerships have been conducted at other levels, such as primary and secondary schools, and it focuses mainly on academic performance (Garcia, 2008; Khamis, 2022). Engagement of communities has been observed to be very low (Khamis, 2022) although observed to be imperative in the implementation of ECCE services. Where it is observed, it is just at a glance and not fully part of implementing services in collaboration with the school and other relevant stakeholders (National Planning Authority, 2020). Besides that, implementation of Pre-primary education being privately led in Uganda, the recent study by GENISIS and UNICEF reflected that only 16.6% of Ugandan children are accessing early childhood care and education services in a quality facility (UNICEF & GENISIS, 2023). Similarly, the report identified that parents and other stakeholders might not be interested in engaging with the schools, especially in rural areas.

Despite the steps taken towards providing early childhood care and education (ECCE) in Uganda, access to approachable integrated services has remained challenging for many young children (Okwany, 2016).

Advocacy for the holistic development of a child started as a charitable activity. This focused on the health and welfare of mothers in the labour force and children from at-risk families (Bennet et al., 2010). This arose after the realisation that health, child safety and protection, intellectual development,

emotional, spiritual, physical development, socialisation and the recognition of culture are all interdependent during the early years of the child's lifetime (Heckman, 2006).

The prominence of the link between children's health, education, protection and well-being also gained appreciation by policy makers that work in the international development after realising that each relates to the other (Garcia et al, 2008). Such interventions have been recognised by the Millennium Development Goals (MDGs) which were approved by the United Nations in 2000 that align to education, nutrition and health of young children (Garcia et al., 2008). They all focused at reducing the number of children dying of hunger before the under age of five (5) and providing all the children both boys and girls to have an opportunity to education wherever they are.

Nichols et al. (2008) and Bennet et al. (2010) recognised the current international trend and focused on ensuring that services for young children are integrated. The authors identified some areas that focused on providing integrated services. These included child health and nutrition, social welfare and child protection, parenting education, employment and equal opportunities, poverty eradication, and school readiness. However, their findings outlined a need for debates on how the policy landscape frames partnerships, the role of families, and the services that should be delivered.

Nevertheless, UNESCO et al. (2012) and Li, Park et al. (2017) recognise that providing child-related services requires the engagement of communities and several stakeholders. They identified a need to work collaboratively and coordinate to ensure children receive the required services.

Given the separate historical roots of 'childcare' and 'early childhood education services,' they both represent different visions of young children and childhood, yet they are all imperative (MOGLSD, 2016). ECCE promoters identified the need to bend the twig early and in a specific direction (Prochner et al., 2019). The authors observed that the earliest ECCE promoters were interested in children's morals and intellectual development. However, young children need care and other aspects for holistic growth and development.

For some time, the broader history of early childhood has been a component of child care in reviewing the leading models of early childhood education. However, its implementation has continued to be a challenge. Gardner et al. (2003) observed that under-nutrition causes irreversible brain changes, affecting its function. The authors identified, for example, that children who received a high level of nutritional supplement showed more exploration, more remarkable persistence on tasks, better motor impulse control, more excellent initiative, and were happier and socially involved. In addition, they were less timid or anxious than children who received low supplements. In general, Gardner et al. (2003) realised that all the different requirements the children need were equally imperative. Receiving all of them necessitated stakeholders working together to ensure that children receive all the components rather than piecemeal.

In response to the growing challenges, states have continued laying strategies for mitigating them. For instance, the East African Community (EAC) observed a gap in the safety and protection of its young people (EACS, 2017). In this aspect, the EAC (EACS, 2017) called upon the Partner States to work

closely and collaboratively in social welfare to develop and adopt a common agenda for marginalised groups, including children. The EAC inter-governmental organisations in this partnership comprise six Partner Countries, including Uganda, the Republic of Burundi, Kenya, Rwanda, South Sudan, and the United Republic of Tanzania (EACS, 2017). Research shows that the absence of child protection and well-being systems at the beginning of children's lives determines their further development and lifelong learning (Toros et al., 2021). Similarly, research specifies the consequences of child abuse and neglect in the early years to be very disastrous (Farrell et al., 2010).

Historically, in Uganda, early childhood started with the colonial government, mainly to cater for their children (Ejuu, 2012). The national children stayed with their parents at home, learning through cultural practices (Ejuu, 2012). Therefore, the colonial government was very slow in responding to Uganda's numerous challenges in pre-primary education (Ejuu, 2012). In response to the government's support for pre-primary education, Grade II teachers were sponsored to specialise in infant methods in the United Kingdom in 1960 (Ejuu, 2012). Still, with support from the government, more teachers under Grade III also specialised in other areas, such as music, physical education, infant methods, and arts and crafts, through colleges that had adopted the skill (Ejuu, 2012). The author highlights that since pre-primary schools were private, the teachers who specialised in infant methods were not recruited in the pre-primary schools. An implication is that implementing quality ECCE services left a gap in pre-primary schools.

Though the government of Uganda picked an interest in pre-primary education (nursery schools) in the 1960s, it was not in control, nor had it made any regulations to guide the implementation of services operated by private proprietors (Ejuu, 2012). The Uganda government's direct control over pre-primary schools started in 1973 (Malinga, 2000; Ejuu, 2012). It was at this time when the government of Uganda enacted a statute that conferred the National Curriculum Development Centre (NCDC) the mandate to develop curricula and materials for all levels of education, pre-primary schools inclusive (Ejuu, 2012). Although this was done, there was not much effort in the government's contribution to pre-primary education due to the effect of the civil war between 1972 and 1979 (Mushemeza, 2000; Ejuu, 2012).

Later in the 1980s, the government shifted the responsibility of nursery education, which was officially referred to as pre-primary education (as per this study) under the management of the Ministry of Culture and Social Services at that time, and now to the Ministry of Education and Sports (MOES) (Ejuu, 2012). At that time, the MOES extended the pre-primary period up to primary three, which was at eight years. Guidance on the age group to begin pre-primary education was given (Malinga, 2000; Ejuu, 2012).

All the sectors, including gender, health, education, labour and local government, had diverse policies on children. No single sector was in place to coordinate pre-primary education in the country, nor did the country have an integrated policy to advocate for delivering a holistic package (Muheirwe, 2003; Ejuu, 2012). In this aspect, cooperation and collaborative networks were

challenging. Nevertheless, there were numerous international advocacies towards implementing early childhood (Pence, 2004; Ejuu, 2012).

Similarly, further recognition of the implementation of early childhood services came when the 1995 Constitution of the Republic of Uganda was put in place (Ejuu, 2012). The 1995 Constitution of the Republic of Uganda gives all Ugandans of school-going age access to primary and quality education (Article 34), which should be provided by the parents/guardians together with the state. Such documents led to numerous policies, operational standards and other legal frameworks. The constitution also paved the way for developing the children's statute and establishing the National Council for Children body in 1996 (Ejuu, 2012).

All these efforts aimed to ensure that children receive the desired services towards their safety and well-being (MOES, 2007). The government fulfilled its Universal Primary Education Policy pledge in 1997 in line with the constitution. However, this only catered for the early learners aged six to eight years, leaving out children under six years to be catered for by their parents/guardians, the private sector and agencies, such as Civil society organisations (MOES, 2000; 2008; Ejuu, 2012).

While laws, policies, and guidelines advocating for the safety and well-being of children were put in place, implementing them became a challenge as each required a price (Ejuu, 2012). Mobilising and allocating resources for their implementation required collective efforts from several stakeholders (Ejuu, 2012; MOGLD, 2016). Therefore, in 2016 the Government of Uganda, introduced the National Integrated ECD Policy which also introduced ECCE

mandating the Ministry of Education and Sports to handle the section of ECCE. This came along with assigning line Ministries that handle early childhood to work in collaboration to ensure that they implement integrated early childhood services at the various service points (MOGLSD, 2016; MOGLSD, 2024). Nevertheless, implementation of integrated early childhood services has proved to be a challenge.

According to UBOS (2016), Uganda's youths and children are the largest in terms of numbers, collective efforts are required. Over 55% of Uganda's largest population is children aged 18 years and below. In this regard, Wamanga et al. (2013) identified the priority programme areas through which the quality of service delivery to children should be measured. These included education, health, water and sanitation, leaving out child safety and protection. Additionally, the report did not mention any services delivered to children in the pre-primary section for children aged three to six (3-6) years, nor did they quote any information on those aged zero to three (0 - 3) years. However, the Ministry of Health National Community Strategy (2022) reflects that over 56% of children between the ages of zero to fourteen (0 – 14) years in Uganda suffer from multiple deficiencies. Such insufficiencies include a lack of adequate basics, which include health care, education, social and family life, clean and safe drinking water, proper housing, clothing, and regular meals that are not sufficient and nutritious (MOH, 2022). This requires combined efforts and resources to mitigate such challenges.

Moreover, even at the primary level, which is a sensitive stage for children six to eight (6 – 8) years, parents were observed to be reluctant

(Wamanga et al., 2013). This was observed in providing meals, scholastic materials, and uniforms, as well as monitoring their children's performance and child care.

In the same report, the authors identified a need to sensitise stakeholders to continuously take full responsibility for their roles. In the case of health and sanitation practices, though standards were available, adherence to them remained a challenge (Wamanga et al., 2013). The authors observed that schools faced inadequate latrines; some had sunk in, and others dilapidated. Although pre-primary education is a decentralised service and is in the hands of the local governments, the report did not give any information on the status of the infrastructure of the pre-primary schools or the quality of services delivered in the schools. This was observed as a gap that might affect the planning for pre-primary schools, including the monitoring and support given to pre-primary.

Whereas Kira Municipality, the targeted area for the study and part of Wakiso District, Uganda, also had a high population totalling over 400,000 inhabitants, of whom 52.2% were female and 47.8% were male (Tetui et al., 2021). The high population had compromised physical planning and effective delivery of social services, leaving the work to teachers and other service providers, such as health workers; most especially for children who get a chance to attend pre-primary education or go to a health facility. This aspect of togetherness is nowhere in the Ugandan context.

Among the affected services, these included health care services, child safety and protection, and early learning and stimulation. Tetui et al. (2021) observed that the rapid population growth in Kira Municipality had been caused

due to the growth of informal settlements. This affects the delivery of services to both children and adults. Out of the three divisions that make up Kira Municipality, which include Kira, Bweyogerere and Namugongo, the number of informal settlements have continuously increased, especially in Bweyogerere and Namugongo divisions. However, this study evenly distributed the study population across the three divisions since they all have pre-primary schools and other targeted populations.

Kira Municipality was chosen because it was identified as one of the areas in Uganda with a rapid population growth (Tetui et al., 2021). Consequently, its physical planning and delivery of services were observed to be compromised. Therefore, early interventions are required. This would support the growth and development of children during the earliest stages.

Though several psychologists and researchers such as Vygotsky and Piaget (McKinnon, 2014) have done extensive work on early childhood and identified the significance of concentrating on the earliest ages of growth and development, much emphasis has been placed on education and early learning. Not much emphasis has been put on having a single service point to strengthen the provision of a holistic package of services. Its implementation has remained a challenge. Sectors have continued to work in silos (MOGLSD, 2024).

1.2.2 Theoretical Background

Generally, the implementation of integrated ECCE services and the multi-sectoral approach have been recognised as the most significant in the delivery of early childhood interventions (Plagens, 2011; MOGLSD, 2016). Therefore, the author recognises the school as a social environment that attracts

various categories of community members who provide services to children. For this reason, school-community partnerships have been observed to be a significant reform in expanding educational needs, including health care and social services for children, together with family engagement and the wider community (Valli et al., 2018).

Literature specified diverse categories of partnerships, each with varied spaces and purposes, and all with different suggestions (Plagens, 2011). Similarly, several relevant theories and frameworks could be used to foster effective school-community partnerships in implementing integrated early childhood care and education (ECCE) services in pre-primary schools. However, each of the theories has a single perception of the complications of collaboration and its consequences for governance, decision-making, and societal variations or contexts (Forsyth et al., 2004). Some of the partnerships and collaborative theories include; the Network theory, Institutional theory, Collaborative governance theory, Systems theory, resource dependence theory, partnership theory, community of practice theory, complexity theory, the Leadership and social capital theories among others (Plagens, 2011).

This study on School-community partnerships in the implementation of integrated ECCE services was guided by only one of the aforementioned theories, namely the Social Capital theory. The Social Capital theory is a recently predicted theoretical framework which has been observed to be successful in influencing several disciplines (Gewirtz et al., 2005). Similarly, Plagens (2011) recognises social capital as a concept that links learners and school performance, and that results in the education system being determined

by social interactions and partnerships. The authors observe social networks as instrumental in building relationships among stakeholders for the benefit of school learners, especially those from disadvantaged backgrounds.

According to Forsyth et al. (2004), social capital is the social structure and cognitive characters that act as a resource for shared action. Similarly, Forsyth et al. (2004), observed researchers such as Pierre Bourdieu, James Coleman and Robert Putnam who recognised the significance of social capital as a way of enforcing community engagement and civic participation. In their work the initiators of the social capital theory considered pooling resources and had a set of rules, for instance, cooperation, sympathy, trust and mutuality. Based on these descriptions and definitions, Forsyth et al. (2004) identify social capital as the adhesive that allows supportive human action. The adhesiveness is observed to have both structural and cognitive measurements. The social capital theory entails operational networks of collaboration and dispositions for fruitful purposes (Plagens, 2011). Social networks allow community members to access group resources and benefits (Edward, 2002; Forsyth et al., 2004).

Bhandari et al. (2009) highlighted numerous types of social capital including; the structure and cognitive, the bridging, bonding, and linking; the weak and strong; including the vertical and horizontal. The social capital can be measured and examined at individual or collective levels of the social perspective (Bhandari et al. 2009). Its processes have been observed to be cyclic since the working relationship is a continuous process (Plagens, 2011). The specified quantity of social capital determines the results of an active cycle of the system and the formation of rules. Experience shows that for any

partnerships and collaborations to be successful, there should be some bit of mutual understanding, trust and action. Forsyth et al. (2004) observe social capital to have some pragmatic indication regarding a mutual connection between interaction and trust. According to Bhandir et al. (2009), social capital is concentrated on social interactions and its main features include; social networks, generalised trust, civic engagement, and norms of mutuality. However, in the opinion of analytically based underlying doubt, the current state of the social capital theory and research allows the usage of a universal description incorporating the constituent elements. This includes the cognitive and structural dimensions.

Stone (2001) and Forsyth (2004) address this mission for family and community life scholars. The cognitive measurement of social capital refers to people's trust, behaviour and attitudes towards other colleagues (Grootaert et al., 2002; Forsyth, 2004). The approach regularly used to tap comprehensive trust is a solitary element portion of social capital. However, Glaeser (2001), identifies the difficulty of measuring the trust of an individual in a particular group. Correspondingly, Forsyth et al. (2004), suggest that cognitive proportions should be observed using measures of trust which build on a general trust theory and that they are specific to a particular setting or context.

Besides that, the recent work that was identified by Forsyth et al. (2004), of Hoy and other colleagues formed multi-item procedures and measures of teacher, parent, and student trust. The authors observe that such measures, combined with school-level variables, can cater for trust for each specific group to another. For instance, teachers for other teachers, parents, students and the

headteacher; parents for the school and entire staff, and vice versa. This implies that trust within social capital cannot be measured directly but can only be measured indirectly.

To enable the indirect measurement of trust, the study tools included items that enabled respondents to give feedback on the level at which they observed others regarding reliability, competence, honesty, and openness (Forsyth et al., 2004). All these were explicitly aligned to the school contexts, its roles, and those with whom they collaborate. This was to understand how social capital operates in the school context and the different categories of stakeholders with whom they work in partnership and collaboration. For example, the parents, the teachers, the children themselves, the school administration and other agencies that provide services to pre-primary learners. To effectively measure social capital, Forsyth et al. (2004), suggest the criteria in Table 1.

Valli et al. (2018) used social capital theories to inform their study on leadership practices that supported each model and the dilemmas leaders face when partnering with fellow leaders. The general goal of their study was to increase their understanding of leadership in the models to reinforce the circumstances for school-community achievement. Based on the results of Valli and team's study, this study on School-community partnerships and the implementation of integrated ECCE services in pre-primary schools in Kira Municipality suited so well with the social capital theory (Valli et al. (2018). Social capital emphasises the significance of social relationships, networks, associations, voluntary services, solidarity, trust, sympathy, cooperation,

belonging, rules, and mutuality in enabling collaboration and joint action (Gewirtz et al., 2005; Plagens, 2011).

Besides that, the social capital theory examines how networks of social relationships and connections generate resources, information, and support that enable individuals and groups to collaborate effectively (Gewirtz et al., 2005). The theories of collaboration have been observed to exist at the interfirm and intergroup level, and not the intragroup or team level (Colbry et al, 2014; Hurwitz et al., 2014). Colbry et al. (2014) and Hurwitz et al. (2014), observe that in collaboration theories, team interactions are often framed in terms of leadership and followership, a category that may or may not precisely replicate the dynamics of intragroup relations.

Hollenbeck et al. (2012) and Colbry et al. (2014) identify that in 1980, over 20% of what was done at that time was team-based. However, the authors highlight that by 2010, 80% of the work was team-based. This implies that the nature of work was no longer individual but collaborative. Colbry et al. (2014) detect that the nature of work is likely to transform from individual or one organisation/sector to collaborative networking. Besides that, it is foreseen to be within society for the rest of the future as new knowledge is generated and the need to integrate expertise across multiple sectors and disciplines rises (Forsyth et al., 2004). However, Colbry et al. (2014) focused on using collaborative theories (CT) in interpersonal collaborations compared to groups or organisations.

Therefore, this study mainly considered individuals' trust, mutual understanding, and interactions within their various structures. It also required

individuals to be reliable, honest, open, and competent in the area of partnership and collaboration. This would enable the promotion of collaboration and partnerships to improve stimulation activities in pre-primary schools, child protection practices, and health care practices for the benefit of children and staff.

1.2.3 Conceptual Background

The conceptual background of school-community partnerships in implementing integrated early childhood care and education services is grounded in several essential ideologies and concepts (Henrich, 2013). In this study, the school-community partnership was the independent variable, while implementing integrated ECCE services within pre-primary schools was the dependent variable. The primary independent variable, 'School-community partnerships', was divided into three sub-independent variables. These included School-parent engagement, School-child protection agencies collaboration, and School-health service providers' collaboration. The primary dependent variable, 'implementation of integrated ECCE services within a primary school', was broken into sub-dependent variables. These are Stimulation activities in school, Protection practices in school, and Health care practices in school.

Smith et al. (2011), describe a community as a group of individuals living in the same area or having a precise distinctive in common. School-community partnerships refer to collaborative relationships between schools and community stakeholders, including parents, local businesses, government agencies, non-profit organisations, and other educational institutions (Casto, 2016). School-community partnerships characteristically begin depending on a

particular need of the community (Stefanski et al., 2016). School-community partnership interventions enhance the holistic development and well-being of children, their families, and communities, and they become more dynamic in implementing school activities (Casto, 2016). Generally, partnerships within the school contribute to implementing integrated services, which also focus on addressing the social, financial and environmental problems that influence children's success.

School-parent engagement refers to the collaborative partnerships between schools and parents or caregivers to support children's learning, development, and well-being (Gross et al., 2020). It involves active involvement, communication, and collaboration between the school staff and families to create a supportive and enriching educational environment for children (Casto, 2016).

School-child protection agencies' collaboration involves the partnership between educational institutions and government or non-governmental agencies responsible for safeguarding the welfare and well-being of children (Toros et al., 2021). In this aspect, child protection refers to programmes and services that intend to prevent and respond to any harm, such as child abuse, neglect, violence, discrimination and exploitation, all of which affect the child's well-being (Munro, 2008; Asio et al., 2020). Similarly, the East African Community Secretariat (EACS) (2017), defines child protection as "Measures that are taken to prevent and respond to all forms of abuse, neglect, exploitation, and violence against children in development and emergency settings". This study focused

on children undergoing pre-primary education between three to six (3-6) years of age.

The collaborations and partnerships aim to ensure the safety, protection, and support of children who may be at risk of abuse, neglect, or other forms of harm. Similarly, Toros et al. (2021), identify child protection systems should have the capacity and resources to enhance the safety, protection, and well-being of children and serve as a connection with child protection agencies in recognizing and reporting children's needs. Child protection agencies may offer services such as welfare agencies to schools, offer training on safety and child protection to school staff, families, and extensive community around the school. They ought to provide support services such as counselling, therapy, advocacy, and case management on issues that affect children's rights. Successful implementation of children's safety and protection requires child protection agencies to work in partnership and collaboration with the school (Buckley et al., 2011).

School-health service providers' collaboration involves partnerships between the school and various health professionals or organizations that contribute to the promotion of the health and well-being of children in the school (Chiang et al., 2015). These collaborations aim to address a wide range of health-related issues, provide access to healthcare services, and create a supportive environment that fosters children's physical, mental, and emotional well-being (Hunt et al., 2015). The whole school, whole community, whole child (WSCC) model recognises the relationship between health and education (Chiang et al., 2015; Hunt et al., 2015). The collaborations and partnerships may

include; health screening and assessment of staff, children, and their families, health education to children, parents and staff, school health services, counselling services, mental health support, primary health care clinics, and access to health care professionals within the school which enable children to receive timely medical attention.

Stimulation activities in pre-primary schools refer to a range of experiences and exercises designed to engage young children's senses, intellect, and creativity (Townsend, 2013). These activities aim to stimulate children's cognitive, physical, social, and emotional development playfully and interactively. Copple et al. (2009), in their study on children from birth to eight years, suggest that the stimulation activities given to such children should be developmentally appropriate to ensure that children can practice them. Townsend (2013), encourages teachers and caregivers to use activities such as storytelling, arts and crafts, music and movement, games, role play, bingo, counting numbers, playing around with letter and number cards, building blocks, and exercising the body, among others. Similarly, Barrett et al. (2022) encourage practitioners, parents and caregivers to make use of music across all the curriculum areas.

The purpose of stimulation activities in pre-primary schools is to provide children with opportunities to learn, explore and develop essential skills in a supportive and stimulating environment (Copple et al. 2009; Townsend, 2013)). All these cannot be achieved by the school solely, but require engagement and collaborative efforts with key stakeholders (Chiang et al., 2015).

Protection practices in school encompass a range of strategies and policies aimed at ensuring the safety, well-being, and rights of children (Casto, 2016). These may include; child protection policies that outline procedures for preventing, identifying, and responding to child abuse, neglect, and exploitation, creating physically and emotionally safe environments for children, organise training on child protection protocols, recognizing signs of abuse or neglect, and responding appropriately to disclosures from children, and to provide screening and background check-ups for both staff and children to ensure that none of them causes harm to the other.

Healthcare practices in school encompass a range of strategies and initiatives aimed at promoting the physical, mental, and emotional well-being of children (Chiang et al., 2015). These practices aim to create a supportive environment that fosters healthy behaviours, prevents illness and injury, and provides access to healthcare services. For instance, employment of registered nurses, health screenings, provision of health education programmes, immunisation compliance policies, provide nutritious meals and snacks, provide opportunities for physical exercises through physical education, and mental health support services (MOH, 2022).

Cook-Sather et al. (2014), describe partnerships as a process through which all participants work collaboratively and have a chance to equally contribute to the services provided to children. Though this might not be in similar ways, it could include decision-making, planning for programmes, contribution to co-curricular or pedagogical processes, implementation of various interventions, investigations on what goes on or analysing the way

systems work (Cook-Sather et al., 2014; Chiang et al., 2015). Therefore, School-community partnerships were identified to be one of the strong ways of promoting community engagement and involvement, ownership, strengthening systems and sustaining quality implementation of interventions such as ECCE programs (Li et. al, 2017). The authors observed that through school-community corporations, stakeholders can plan together, develop budgets, and mobilisation for local human resource needs associated with teachers, mentors and material development with a target of implementing integrated services. This included awareness creation, advocacy linkages to extra services, and any other requirements within their reach.

The needs of a child are too complex for one individual, organisation, department, agency or ministry to satisfy. These needs go beyond education which is emphasised at pre-primary. Therefore, different stakeholders should step in to offer their unique services in addition to what the school provides. However, the stakeholders need to be coordinated to offer the required integrated services to avoid duplication.

In this study, a school is an institution for educating children also referred to as a service point. A community is a group of people who stay in the same area with similar interests. Therefore, School-Community partnerships in this study referred to the process in which the various members of the community work in collaboration/together with the school to ensure that all the required services are implemented.

The community itself goes beyond the immediate environment of the child to a wider context. This includes the district, national and international

level. Some of the members of the community include the police, health workers, child protection agencies and the teacher, among others. Whereas implementation of integrated ECCE services refers to the provision of a combination of the required services that a child needs at the pre-primary school, rather than receiving education alone.

School-community partnerships were used as the independent variable under which three indicators were used to measure and define the independent variable. Amongst these were school-parent engagement, School-child protection agencies' collaboration and school-health service provider collaboration. While implementation of integrated ECCE services was used as the dependent variable under which were three indicators. These were used to measure and define the dependent variables. They included; stimulation activities, protection policies and health care practices.

Besides the independent and dependent variables, the study highlighted some variables that were used as intervening variables. These included policies, guidelines and standards, civil society organisations and development partners.

Overall, the conceptual background of school-community partnerships in the implementation of integrated early childhood care and education services is informed by theories and principles that emphasize collaboration, contextual understanding, social justice, and cultural responsiveness. By integrating these concepts into their practices, school-community partnerships can create more inclusive, supportive, and effective early childhood education environments that promote the well-being and development of all children.

1.2.4 Contextual Background

The contextual background to school-community partnerships in implementing integrated early childhood care and education services in pre-primary schools, which is backed by the National Integrated ECD (NIECD) Policy (MOGLSD, 2016) and the Early Childhood Care and Education (ECCE) policy (MOES, 2024), encompasses various factors that shape the landscape of early childhood care and education. Additionally, it influences the dynamics of collaboration between schools and communities.

Uganda is a low-income country with both urban and rural areas in which implementation of early childhood interventions are expected to take place (Drajeaa et al., 2014). In order to transform Uganda into a prosperous and modern country, government through the Ministry of Finance, Planning and Economic development introduced the programme-based budgeting (Ssekitoleko, 2020). The aim was to allocate resources by programme and aligning expenditure with the programme objective (World Bank Group, 2019). This led to the introduction of the programme-based approach across Ministries and government agencies (Ssekitoleko, 2020), including those that are supposed to work collaboratively to implement IECCE services. To date, the government has continued the programme-based approach to enhance assessment of results in line with the specific performance indicator and the target objective.

However, in spite the introduction of the programme-based approach, due to the continued heightened poverty, unemployment, education levels and economic status amongst families most especially in rural areas, access to IECCE interventions remains a challenge (NPA, 2020). Additionally,

inadequacies of underage and overage enrolments amongst children in rural areas, including high repetition rates and access to health services has continued to be challenge amongst early childhood learners (Drajeaa et al., 2014). The World Bank Group (2019) identified that if a child was born in Uganda at this time, he/she would only be able to achieve 38% productivity when he/she grows up as compared to a child who has been able to receive a complete package of resources. Most probably health, education and good nutrition.

Whereas a third of Uganda's demographic population falls within the age range of children birth to eight years is over 28% an equivalent of over 12.9 million (MOGLSD, 2024), the multidimensional child poverty rate of children in rural areas is 50% as compared to 27% in urban areas (Uganda Bureau of Statistics, 2024). Children that live in very low income are deprived from receiving the significant socially perceived necessities such as health, education, safety and protection, which are pre-requisites for their well-being (WHO, 2017; UBOS, 2024). In Uganda, it was agreed upon that poverty is when one or a family lacks the basic needs and services, for instance, shelter, clothing, health care, and education (MFPED, 2002; UBOS, 2024). This signifies the importance of implementing integrated early childhood services multi-sectoral, referred to as human rights by the 1989 Convention on the Rights of Children (Yousafzai et al., 2018).

Implementation of integrated ECCE services hinges on the NIECD policy (MOGLSD, 2016) and this aligns to other legal frameworks and legislations such as Convention on the Rights of Children (CRC, 1989; Khamis, 2022), the Constitution of the Republic of Uganda (1995), Children's Act; Cap

59 (2016), Education sector Early Childhood Policy (MOES, 2007), the Uganda Vision 2040, National Development Plans (II, III, & IV), the ECCE Policy (MOES, 2024) and the National Resistance Movement (NRM) 20221-2026 (NRM, 2021) and the Human Capital Development Strategic Plans 2021-2025 and 2025-2030.

Much as government policies such as the NIECD policy (MOGLSD, 2016), the ECCE policy (MOES, 2024) and other corresponding legal frameworks advocate for the multi-sectoral approach and implementation of integrated ECCE services, access to ECD and IECCE services in Uganda remains irregular with the urban areas taking a bigger portion at a rate of two-to-ones as compared to children in rural regions (Ejuu, 2012; WHO, 2018; National Planning Authority; Khamis, 2022; MOGLSD, 2024). This causes inadequacies, wastage of resources, school dropout and high number of children repeating classes due to lack of school readiness most especially for children in rural areas and greater inequalities in education outcomes (Khamis, 2022). Hyde et al. (2003), cited in Ejuu (2012) and Okwany (2016) observe that for all interventions to succeed in Africa, they should be built on local knowledge. This shows the importance of the communities in the nurturing and upbringing of their children (Ejuu, 2012). Hence, this signifies the strength of schools working in partnership with the community.

Implementing integrated ECCE services through partnerships at a particular service point is realised as an area not commonly researched in Uganda, specifically in Kira Municipality. The 1992 Government White Paper on Education (GWP) and the 2008 Education Act on Education emphasised the

private sector and agencies to implement ECCE services (MOES, 2008). The Ministry of Education and Sports (MOES) was mandated to regulate, monitor and oversee the implementation (GOU, 1992; 2008). This leaves a challenge in ensuring the effective delivery of ECCE services as a hybrid (Ejuu, 2012).

The collaborative networking and partnerships in the implementation of integrated early childhood services are guided by the multi-sectoral approach system through policies and legal frameworks such as the ECD Policy (MOES, 2007) and the NIECD Policy (MOGLSD, 2016). The two frameworks outline the standards, regulations, and guidelines that support the delivery of early childhood education programs, including requirements for the curriculum, teacher qualifications, health care and safety standards, and parental involvement. It is crucial to understand the policy position of school-community partnerships to ensure their compliance and alignment.

The MOES (2008) through the Early Childhood Development Community Mobilization training manual, emphasises the need for public-private partnerships and networking. The reason for this is that implementation of IECCE services McKinnon, E. (2014) involves several stakeholders such as the family, community, and government-level experts. Equally, the Education sector ECD policy (MOES, 2007) advocates for the use of the family and community dimension. This focuses on building parents' capacity to promote stimulating home environments and to enable them to engage in community ECD programmes.

The capacity-building approach does not only target the parents but also other community members (MOES, 2008). This capacity building approach

suggests practical training, advocacy, creation of awareness, and sensitisation to enable stakeholders effectively deliver early childhood services (MOES, 2008; MOGLSD,2026). This puts all the community members in a central position to network and collaboratively deliver services such as early learning and stimulation, health care and nutrition, and child safety and protection (MOES, 2007; MOGLSD, 2016).

Factors such as the socioeconomic and demographic influence the needs and priorities of schools, families, and communities (Khamis, 2022). UNDP (2020) identifies the majority of Ugandans to be multi-dimensionally poor at a rate of over 55%, whereas 24.9% are categorised as vulnerable to multifaceted poverty. For instance, there are variations in income levels, employment rates, educational attainment, maternal and child mortality, poor health, scarcities such as access to infrastructure, poor standards of living, water and sanitation facilities, health centres, schools, threats of violence to children and their families, living in places that are ecologically dangerous, including cultural diversity (Khamis, 2022). However, much as Uganda has made significant strides in each area of human capital development, gaps in implementation still remain (UNDP, 2022; Khamis, 2022). In addition, whereas schools serve diverse populations, they may face unique challenges related to poverty, language barriers, immigrant populations, and resource access (UNDP, 2020). Therefore, school-community partnerships and collaborative networks are possible avenues to mitigate communities' socioeconomic and demographic context challenges (Garcia et al., 2008; Khamis, 2022). This would help in

tailoring services to meet the needs of all children, their families and the entire community.

In Uganda, implementation of early childhood ranges from privately owned childcare centres (children birth to three years), kindergartens/nursery schools and day-care centres or night-care centres (take care of children when parents are at work – birth to eight years) referred to as Pre-primary schools (first level of education) up to lower primary (P.1 to P.3) (MOES, 2008; MOES, 2007; Ejuu, 2012). Amongst the categories of ECCE/ECD centres or Pre-primary schools are day care centres or childcare centres as referred to today (Below three years), Home-based centres (3-6 years), Nursery schools/Kindergarten (3-6 years) and Community-based centres (3-6 years) and lower primary which encompasses Primary one to Primary three (6-8 years), (MOES, 2007; MOES, 2010; MOES, 2024). These are the service points within the education sector at which integrated ECCE services should be implemented through school-community collaboration (MOGLSD, 2016). The pre-primary schools are majorly run by the private sector (MOES, 2008). Therefore, the private entrepreneurs generally manage implementation, whereby some are not early childhood specialists, and their motive is only profit gains.

In 2005, the government of Uganda, through the National Curriculum Development Centre (NCDC), developed the Learning Framework (LFW) to guide the teaching and learning process for children (3-6 years). Later, in 2007, through the Basic Education Department, the MOES developed the ECD policy as an overarching legal document to guide stakeholders to implement ECD services (MOES, 2007). Consequently, in 2016, Uganda through the

MOGLSD, developed the NIECD policy to strengthen the implementation of IECD services through the multi-sectoral approach system (MOGLSD, 2016). This required sectors to work collaboratively through partnerships. However, sectors have continued to work in silos.

According to UBOS (2016), the total population of Uganda for children between 0-8 years is 11,052,800, which is 30% of the total population. Out of the 11,052,800 children in the early childhood bracket, about 6,079,040 (55%) were observed to live in poverty and were most likely not to reach their full potential (MOGLSD, 2024). Whereas the UBOS report (2019) showed that around 9,328,563 (84.4%) of all the children, including 55% in the poverty contexts, cannot access any form of ECCE. This status quo requires joint effort and collaboration among stakeholders to enable every child and their families to receive the desired requirements to thrive to their fullest.

Regarding access to early learning and stimulation, only 38% of Ugandan children below six years reported having access to education (MOGLSD, 2024). Similarly, Uganda was classified among the states within Sub-Saharan Africa with the lowest quartile of the Human Capital Index (World Bank Group, 2019). The cause of the low Human Capital Index is caused by the low education outcomes resulted from lack of early learning and stimulated. This puts children in Uganda at a risk of not thriving to their full potential.

Communities have been observed to possess a wealth of assets and resources that can support ECCE initiatives (Garcia et al., 2008; Khamis, 2022), such as community groups, healthcare facilities, social services, faith-based organisations, local businesses, and non-government agencies. Such

opportunities have not been utilised to support the implementation of IECCE services (Khamis, 2022). School-community partnerships can leverage these resources to enhance the quality and accessibility of ECCE services. Collaborating with community stakeholders enables schools to tap into the existing infrastructure, expertise, and support networks to enrich children's learning experiences and well-being (Chiang, 2015).

Similarly, cultural and linguistic diversity is another significant aspect of the contextual background of school-community partnerships (Okwany, 2016). The author identifies a gap in policy development and implementation of not building on the local knowledge of communities in the care and socialisation of children. The reason is that many communities are characterised by diverse cultural, linguistic, and ethnic backgrounds, each with traditions, beliefs, and values that benefit children equally (Ejuu, 2012; Okwany, 2016). Schools can use this to implement culturally responsive practices, support bilingual education, and foster inclusive environments that celebrate children's cultural identities.

In addition, since the children within pre-primary schools are still minors and belong to the communities, Khamis (2022) and Garcia et al. (2008) identify a need to implement ECCE services in collaboration the community including the parents. Besides that, the success of school-community partnerships in ECCE rests with the various stakeholders within the community (United Nations, 2015). Engaging parents, caregivers, and community members as active partners in decision-making, program planning, and implementation fosters a sense of ownership and investment in the education process. Schools

can facilitate parental involvement through family engagement initiatives, parent education programs, volunteer opportunities, and community events that promote collaboration and shared responsibility for children's holistic growth and development. Parents and other service providers are directly brought on board through school-community engagement through parenting education and other school events. Their capacity building includes educating them on the care component and empowering them on skills and competencies of raising and nurturing children (Li et al., 2017). The focus areas included early learning and stimulation, nutritious feeding, child safety and protection, and health care (Ejuu, 2012; Li et al., 2017).

Technology and digital connectivity play a fundamental role in early childhood education and school-community partnerships. Access to technology, internet connectivity, and digital resources can enhance learning opportunities for children and facilitate communication between schools, families, and community partners. Integrating technology into early childhood care and education programs necessitates consideration of digital literacy, equity issues, and privacy concerns to ensure that all children, staff and their parents/guardians have access to high-quality educational experiences.

By considering these contextual factors and geographical locations, schools and communities can establish effective partnerships and collaborations that promote the well-being and development of young children and create inclusive, supportive environments for early childhood care and education. Understanding the unique context of each community allows school-community partnerships and collaborations to modify their efforts to address local needs,

build on community strengths, and promote positive outcomes for all children and their families despite the different backgrounds from which they originate.

In response to the effective implementation of ECCE services, several researchers have researched specific areas of the Wakiso district, but challenges persist. The operationalisation of integrated ECCE services in heterogeneous communities such as urban, peri-urban, rural, and poor communities have challenges. For instance, in 2014, it was discovered that some children were not receiving the necessary services, such as health care, due to the long distances from the facility centres (Musoke et al., 2014). Such studies inform new interventions and further research to ensure that several services reach the children at various service points, such as pre-primary schools. This area needs much concentration in preparation for lifelong learning.

This study was conducted in pre-primary schools in Kira Municipality, Wakiso District. Kira Municipality is one of the three Municipalities of Wakiso district local government in the central region of Uganda. Wakiso District local government has a total population of 1,371,600 residents, as projected in the UBOS report (UBOS, 2010). Out of that total population, 658,200 were males, while 713,400 were females. The total population for Kira Municipality is 400,000 residents (Tetui et al., 2021). Out of the population 191,200 (47.8%) are male whereas 208,800 (52.2%) are female. However, the number of children was not specified in the report. Kira Municipality was chosen because of its uniqueness in the geographical context. The municipality has many pre-primary schools (150 out of the 28,194 in Uganda) whereby some of them are in

extremely rural, semi-urban areas whereas others are in urban areas (UBOS, 2019).

Despite the numerous Ministries, Departments and Agencies (MDAs) trying hard to lay strategies to support the implementation of IECCE services, and irrespective of the numerous government interventions, a lot of evidence still shows that implementation of integration in early childhood is far from reality (Khamis, 2022). Each MDA has continued to work in silos. Lack of collaboration and networking has continued to cause clashes and duplication of services. For instance, in 2013, a public health epidemiology study in Wakiso District revealed that out of 37% of the 223 children that health workers diagnosed, 9% were found to have malnutrition. In contrast, other research in the same study revealed that 32.9% lacked healthcare facilities. This is an indication that such children were not receiving integrated ECCE services.

1.3 Statement of the Problem

School-community partnerships can support the implementation of integrated ECCE services in pre-primary schools (Garcia et al., 2008; MOES, 2007; MoGLSD, 2016). When IECCE services are delivered, it enables children to receive all the required services to support their holistic growth and development. This enables them to reach their full potential. Successful implementation of integrated ECCE services requires all stakeholders to work together through collaboration and networking (Ejuu, 2012). Access to integrated ECCE services contributes to the sound intellectual, psychological, emotional, communication, social and healthy physical growth and development of children during the initial stages (Ejuu, 2012; UNICEF, 2015).

Despite policy advances in the Sub-Saharan Africa (Garcia et al., 2008) and Uganda policies and standards including the National Integrated ECD (NIECD) policy prioritising and supporting collaboration and partnerships in implementing integrated ECCE services (MOES, 2007; MOGLSD, 2016), its effective implementation remains a challenge. Strachan et al. (2020) in their study, identified a weak translation of policies into the local level (districts and local communities). The implementation of activities only focused at equating health and nutrition with little importance on child stimulation and other areas. Similarly, the East African Community Secretariat (EACS, 2017) observed that children in the East African Community (EAC) experience several challenges, such as child trafficking, harmful cultural practices, child labour, the HIV/AIDS pandemic, and general health issues, among others.

Correspondingly, in Uganda, where Kira Municipality is part, implementation of ECD and ECCE services is executed privately (MOES, 2008). An implication that much as the NIECD Policy (MOGLSD, 2016) and related standards advocate for collaboration and the multi-sectoral approach in the delivery of integrated early childhood, sectors have continued to deliver services in silos (Khamis, 2022). For example, health workers provide services such as immunization and health check-ups to children, but these services are not integrated with educational activities within pre-primary schools. Additionally, teachers do not take keen interest of children's health issues, for instance children who are malnourished or underweight children with chronic illness, hence affecting children's learning.

Though there have been several studies conducted on the delivery of ECCE and ECD services in Uganda (Ejuu, 2012; Yousafzai et al. 2018 & Strachan et al., 2020); numerous studies that relate to the implementation of stimulation activities in schools, do not advocate for the engagement of parents in the provision of stimulation activities in school (UNICEF, 2015; UNICEF, 2017). In this aspect, parents' involvement is not linked to school programmes. As a result, parents may not know how to apply what is required to enhance their children's education and development at school. Additionally, Strachan et al. (2020) in their study observe that much as the political leadership and policy makers appreciate the policies on integration of ECCE activities, less emphasis has been put on child stimulation or the significance of cognitive development. In that aspect, there is still little information on school-parent engagement in stimulation activities in pre-primary schools in Uganda, where Kira Municipality is part (Yousafzai et al. 2018; Strachan et al., 2020). This implies that there is an existing gap in studies that relate to school-parent engagement in stimulation activities in pre-primary schools and its benefits.

More to that, numerous studies observe that safety and protection, majorly focus on violence against children most especially children at primary school and other levels such as secondary; and do not focus on agencies working together with the schools and leaving out the pre-primary level (EACS, 2017; Khamis, 2022). None of the studies clearly outlines the contribution of school-child protection agencies' collaboration on child protection practices in school, especially the pre-primary schools. For instance, child protection services such as those that deal with child abuse and neglect, operate independently from

schools. For this case, teachers and school administrator may not know the challenges children experience within the home environment and the pre-primary school. Though the two need to speak to each other for the safety and well-being of children. Nevertheless, several studies talk about child protection in line with aspects of domestic violence (EACS, 2017), and child participation, leaving a gap. Therefore, the objective of this study is to explore school-community partnerships in the implementation of integrated ECCE services to ensure that children receive a holistic package within pre-primary schools.

In 2014, the population and housing census for Uganda showed that 16.6 million people (47.9%) were children below 15 years of age (UBOS, 2014; Ministry of Finance, Planning and Economic Development (MOFPED), 2020). Out of that total population, 56% of the children between birth to fourteen years (0-14 years) suffered from various deficiencies (GOU & UNICEF, 2019), including inadequate health care and education and sufficient and nutritious meals. Whereas the National Community Health Strategy (MOH, 2022), identify that health referrals between the community and health facilities remain weak across the entire country, very few studies have been done. Some such studies include Strachan et al. (2020). The authors tried to establish the implementation of health care services in pre-primary schools. However, the evidence falls short of identifying clear strategies that the pre-primary schools can use to collaborate with the healthcare service providers to implement healthcare practices at the Pre-primary schools. Consequently, this creates a gap for this study.

Continued failure to deliver integrated ECCE services to children 3 to 6 years at the pre-primary schools, if not addressed as a holistic package through partnerships as proposed in this study, will lead to a broader circle of children not receiving some of the services that would enable them to reach their full potential. Hence, this affects targeted human capital development (National Planning Authority (NPA), 2020). For instance, Baker-Henningham and López Bóo (2010) emphasised that developing-income countries are exposed to multiple risk factors within the early years of children's lives if not handled early. An estimated 200 million children under five years old in developing countries were not reaching their full potential due to several risk factors such as poverty, poor health and nutrition (Grantham-McGregor et al., 2007; Baker-Henningham et al., 2010). Besides that, the Uganda Demographic and Health Survey (UDHS) (Ministry of Health, 2011) identified that one in eleven children die before the age of five due to health issues. All these require a lot of effort and partnerships to be overcome.

1.4 Purpose of the Study

This study aimed at exploring school-community partnerships in the implementation of integrated ECCE services in pre-primary schools in Uganda, using Kira Municipality as a case.

1.5 Objectives of the Study

The objectives of the study were to:

1. Examine the influence of school-parent engagement on the provision of early stimulation activities in pre-primary schools.

2. Establish the contribution on school-child protection agencies' collaboration on integrated child protection practices in pre-primary schools.
3. Assess the relationship between school-health service providers' collaboration and health care practices in schools.

1.6 Research Questions

The following research questions guided this study:

1. What is the influence of school-parent engagement on early stimulation activities in pre-primary schools?
2. What is the contribution of school-child protection agencies' collaboration on child protection practices in pre-primary schools?

1.7 Research Hypothesis

The following research hypothesis was utilised to guide the study at this level.

There is a significant relationship between school-health service providers' collaboration and health care practices in schools.

1.8 Significance and Justification of the Study

Based on the findings, this study will help the government of Uganda and Kira Municipality specifically on how to engage with parents into the stimulation of their children in order to enhance their cognitive and holistic development. It could also help policy makers such as the Ministry of Education and Sports as well as educationists in designing appropriate stimulation materials and stimulation activities, which in long run will improve the delivery of holistic services to children in pre-primary schools.

Secondly, the study will assist pre-primary school administrators and teachers to work in partnership with child protection agencies in ensuring the safety and protection of children both in school and outside school. Besides that, it could support policy makers and child protection civil society organisations on the kind partnerships to invest in to enhance children's safety and protection at the various levels. It could also pre-primary teachers and administrators on the categories of stakeholders to engage with when children are violated or abused. This could consequently improve the safety and protection of children.

Additionally, the study will help pre-primary school administrators, teachers and policy makers to understand the benefits of integrating health care services into the pre-primary school interventions and its relationship to education. It could also support pre-primary teacher trainers in redesigning their training methodology for the ECCE/pre-primary teachers so that they are able to create linkages between education and health, together with child protection, including both pre-service and in-service teachers. This will enhance the teachers' capacity to effectively implement integrated ECCE services in pre-primary schools and other levels.

1.9 Scope of the study

1.9.1 Geographical Scope

The study was limited to pre-primary schools in Kira Municipality in Wakiso District, Uganda, and majorly targeted children aged three to six (3-6). Kira Municipality was used as a case study because it is diverse in nature. It has rural, semi-urban, and urban, which could be used as a replicate for other parts of Uganda. In addition, it also has a big number of pre-primary schools totalling

to over 150 out of the total number of pre-primary schools in Uganda totalling to 28194 (UBOS, 2019). However, using Krejcie and Morgan (1970), this study focused at 108 pre-primary schools.

1.9.2 Content Scope

The content scope of the study was limited to examining the influence of school-community partnerships and the implementation of integrated ECCE services in Pre-primary schools in Kira Municipality. School-community partnerships content was limited to school-parent engagement, School-child protection agencies collaboration, and School-Health service providers' collaboration. Implementing integrated ECCE services was limited to stimulation activities, protection practices and health care practices.

1.9.3 Time Content Scope

The study was conducted in pre-primary schools in Kira Municipality one of the municipalities in Wakiso District, in central Uganda, which has both a rural and semi-urban setting, and with a high population of children receiving services in piece meals. The study focused on the school-community partnerships and the implementation of integrated early childhood care and education services to children aged three to six (3- 6) years.

1.10 Limitations and Delimitation of the Study

1.10.1 Limitations

The study was limited to one Municipality out of the three Municipalities in Wakiso District. The study was done in Kira Municipality, an area with rural, semi-urban and urban suburbs. The results were interpreted according to the study area. This means that the study's results might not be

generalised to other areas in the region and other areas of the country. Although there are many pre-primary schools and many stakeholders that would be relevant to participate in this study, only 260 participants were considered. These included 108 headteachers, 108 CMC chairpersons of the selected schools, 5 probation officers, 3 health workers, and 36 local council members.

Since Kira Municipality had pre-primary schools deep inside the rural areas and no signposts, locating them became difficult. This caused a delay in collecting data because a school was visited more than once because this was the strategy the researcher used to ensure that such schools were not left out of the study. In addition, the researcher had to first secure appointments with respondents such as the CMC chairperson, probation officers, LC members and the health workers. Therefore, once they had other responsibilities, getting them would take some time.

The study used the embedded cross-sectional mixed research design, which limits the capacity to make causal conclusions about the findings. Moreover, evidence suggests school-community partnerships is a dynamic process that changes within communities' overtime predicting changes in the implementation of integrated ECCE services (Garcia et al., 2008). However, the design enabled the researcher to generate and analyse information from the same population using multiple variables at a specific point in time.

1.10.2 Delimitation

The study was conducted in Kira Municipality, a place with variations in geographical location. It had hard-to-reach areas, which are referred to as

rural, semi-urban and urban areas. The findings might not be generalised but could be replicated in similar locations.

1.11 Theoretical and Conceptual Framework

This section of the background to the study presents the theoretical framework and the study's conceptual framework. The theoretical framework details the social capital theory that guided this study. A detailed literature review of the social capital theory and how it relates to school-community partnerships and the implementation of integrated ECCE services in pre-primary schools as prescribed by sociologists and economists such as Pierre Bourdieu (1986) and Robert Putnam (1993, 1995, 2000), who recognised social capital as a set of resources and rules, for instance, trust, relationship, cooperation and mutuality (Forsyth et al., 2004). The norms of the social capital theory that relate to the study are also included in the presentation in chapter two. On the other hand, the conceptual Framework that gives the visual perspective and explanation of the key concepts and variables of the study and their relationships is presented in section 1.11.1.

1.11.1 Conceptual Framework

Ravitch et al. (2012), describe a conceptual framework as a series of sequenced, logical propositions which aim at encouraging the reader of the study's magnitude and rigour. As a relationship to appropriateness and accuracy, a conceptual framework helped in identifying research questions, hypotheses, the type of data to be collected, exploring the research questions, and the responses to the questions. It also guided the research design and approach to be used. Based on the literature on collaborative networks and

partnerships about stimulation activities in school, child protection practices and health care practices in school are summarised in the conceptual framework as outlined in Figure 1.

The conceptual Framework shows how the independent variable, School-Community Partnerships, relates to the dependent variable implementation of integrated early childhood care and education services. The three independent variables are school-parent engagement, school-child protection agencies' collaboration, and school-health care service providers' collaboration; and the three dependent variables, are stimulation activities in school, child protection practices in school, and healthcare practices in school in Figure 1 below.

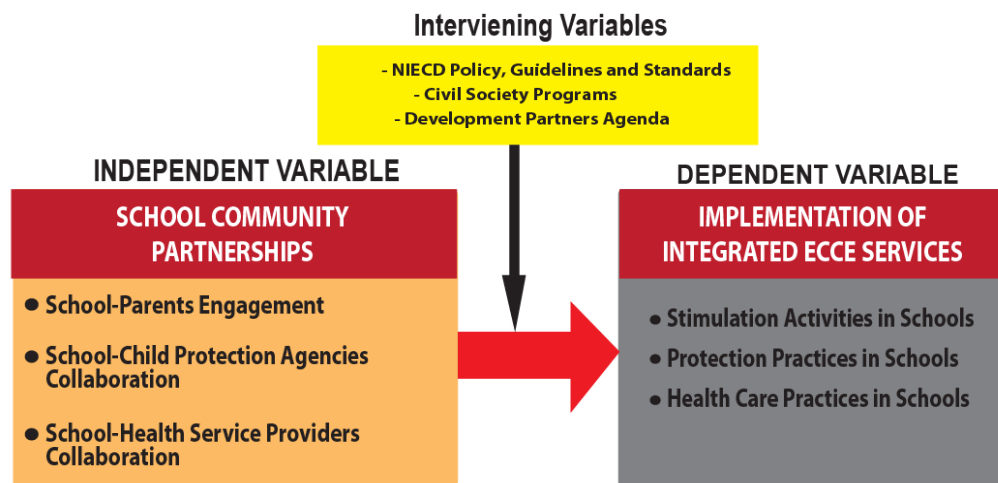


Figure 1. 1

School-community partnership in the implementation of integrated ECCE services conceptual Framework (Adapted from UNICEF; 2017)

The conceptual framework presents school-community partnerships as the independent variable under which three indicators were used to measure and

define the independent variable. These included; school-parent engagement, School-child protection agencies collaboration and school-health service providers' collaboration.

In addition, it had the dependent variable which was the implementation of integrated ECCE services. Under which three indicators were used to measure and define the dependent variables. These included; stimulation activities in school, protection practices in school and health care practices in school.

Besides that, the independent and dependent variables, the conceptual framework highlights some variables that were considered as intervening variables; these included, policies, MOUs, guidelines and standards, civil society organisations and development partners who closely work with the mainstream.

The diagram shows that when schools engage with parents, collaborate with child protection agencies and collaborate with health service providers, all influence implementation of stimulation activities in school, child protection practices in school and health care practices in school. For example, school-parent engagement enables the development of stimulating activities in school, hence improving children's learning and school readiness. Based on the observations and interviews with participants, school-child protection agencies' collaboration, there was an improvement on child protection practices in schools. Making them safe and secure both on the school premises and in communities. Hereafter improving children's safety and well-being. Equally,

school-health service providers' collaboration is capable of improving healthcare practices in school.

1.12 Operational Definitions of terms

1.12.1 Collaboration:

In this study, the term collaboration was how the target pre-primary schools worked with other sectors within the community to deliver integrated services to children in pre-primary schools. For example, the school working together with health workers to immunise or deworm children in pre-primary schools.

1.12.2 Early Childhood Care and Education:

Early Childhood Care and Education (ECCE) taken care of the operational standards, is the provision of a range of services that support and sustain the holistic growth and development of the child from three years to six years (3-6yrs). That is before they join Primary one for formal education. It includes two aspects, education and care which requires children to receive a holistic package, and the education of their families, to enhance the nurturing and upbringing of the child.

1.12.3 Integrated ECCE implementation:

Integrated ECCE implementation in this study are a combination of all the basic requirements that a child needs to receive as a whole or as a complete package in a holistic manner at the pre-primary school, which is also considered a service point under early childhood development (ECD). Such services include; early learning and stimulation, health care and nutrition, safety and protection, and the education of their parents.

1.12.4 Child Protection Agencies:

These are organised groups of people that the pre-primary school works with ensure child safety and protection. For example, the school working with probation officers to make sure that children are safe both at school and along the way to school.

1.12.5 Health Service Providers:

These are health workers that the school works with to provide health services to children while at school. For example, doctors, councillors, the voluntary health teams (VHTs), District Health Officers, Health inspectors.

1.12.6 Pre-primary school:

Pre-primary school focuses on all children zero to six years (0-6yrs), this study limited itself to children between three to six years (3-6yrs). Therefore, in this study, Pre-primary school is any kind of organised setting that provides education and care services to support the holistic growth and development of children three to six years of age.

1.12.7 School-Community partnerships:

About this study, School-community partnerships are the process through which the various members of the community positively relate with the school, work and cooperate with the school on issues that promote the safety and well-being of children both in school and beyond school. A community ranges from the local to the international level. It includes all the various stakeholders that deliver and provide a service to children both in the community itself, children's homes and the schools.

1.12.8 School-Parent Engagement:

School-parent engagement in this study is when the Pre-primary school works together or closely with the parents to make sure that each of them fully takes up their role and responsibility in the holistic nurturing and upbringing of the child. Besides that, the parents should be part of the whole process, both financially and practically.

1.12.9 Service point

In this study, service points are locations such as the health centre, the primary school, the pre-primary schools and community groups where children are expected to receive ECCE services. For instance, early learning and stimulation, child safety and protection services, child care services for children whose parents go to work and leave their children in the hands of a teacher or caregiver who is not their actual parent, among others.

1.12.10 Stakeholders:

In this study, stakeholders are the local community, including parents, local leaders and other persons who have an interest or stake in what takes place in the pre-primary schools.

1.13 Chapter Summary

As the implementation of early childhood care and education services continues to be an area of focus, nationally and locally, numerous ways how to implement it continue to be introduced. School-community partnerships, though not an entirely new concept, have received attention because they enhance the provision of services for the child's well-being. Chapter One presented the background for this study, specified the problem, and described

the significance of the study. The first chapter concluded by stating some of the specific limitations identified within the study. A review of related literature to this study will be presented in chapter two. Chapter two contains related theory and the historical viewpoint on school-community partnerships and the implementation of integrated ECCE services.

Additionally, the chapter deliberates on features of the ecological theory to address how services are holistically provided to children towards the enhancement of their well-being. Chapter three presents the description of the research design, as well as an explanation of the participants and scope of the study, the steps undertaken during data collection, the methodology, how the data was analysed, and the tools that were used in the study.

The findings of the study outlined in chapter three will be presented in chapter four. This will include detailed quantitative and qualitative data and interpretation of the results that relate to the research questions and hypothesis.

A summary of the research, its limitations, and suggestions for further research will be discussed in chapter five. This study is intended to give insights to policymakers and ECCE service providers on how best integrated ECCE services can be provided for the benefit and well-being of children.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This part of the literature review summarises the theoretical approach to school-community partnerships and the implementation of integrated ECCE services, together with an experiential examination of the previous studies showing the relationship between school-community partnerships and the implementation of integrated services. The section begins by exploring the theoretical framework and, after that, the observed literature review.

2.1 Implementation of Integrated ECCE Services

Chiang, Meagher and Slade (2015), in their study, they discovered that the whole community, whole school, and whole child (WSCC) model enabled the state and the local schools to increase collaboration and partnerships, integration of both healthcare practices and education through co-referencing of sector policies and operational standards. The authors realised that the WSCC model, which also relates to the social capital theory and the area of study, led to substantial positive changes in the implementation of the various services necessary for the healthy well-being of the child. Correspondingly, the National Planning Authority (NPA) Third National Development Plan (NDP 111) 2020/21 – 2024/25 (NPA, 2020) encourages ministries, departments and agencies (MDAs) to work in partnership amongst themselves and with non-state actors to enhance the delivery of services across sectors at the various levels. Therefore, this study unpacks strategies that can be utilised to respond to the NDP 111, which aligns with the norms of social capital theory (Acer, 2011).

The belief in this model is that the first years of human life are very crucial in forming the foundation for a healthy and competent person (Baker-Henningham et al., 2010). Similarly, Heckman and Masterov (2004) reveal that the brain grows and develops up to 90% of its adult weight by age five. The authors, therefore, advocate for countries to invest in ECD/ECCE so that children can access integrated programmes that boost their mental, physical, emotional, social, psychological, perceptual, linguistic, and intellectual development. Hence preparing them for lifelong learning and making them valuable adults (Baker-Henningham et al., 2010).

However, despite the benefits of such programmes, only a handful of children access them (Baker-Henningham et al., 2010; Martinez et al., 2012). The authors observe that several children in developing countries do not develop to their full potential due to severe shortfalls in health, nutrition, and cognitive and non-cognitive stimulation. Similarly, UNICEF (2017) elaborates that over 43% of children below the age of five were at risk of not reaching their full potential due to the dangers of poverty, poor nutrition and absence of access to basic requirements.

Similarly, the Ministry of Health (MOH) (2011), in the Uganda Demographic and Health Survey (UDHS), identified that one in every eleven children die before the age of five. An implication that the authors emphasised is the need for the various stakeholders to work collaboratively through the various networks to ensure that children receive the required services.

This requires all service providers to collaborate to ensure that children receive all the services at the various service points. These include pre-primary

schools and primary schools, among others. The Sustainable Development Goals (SDGs) also outline the importance of providing all the services to children combined (UNICEF; 2017). SDG 4.2 recommended that by 2030, all girls and boys should have access to quality early childhood development, care and pre-primary education to be ready for primary education. Quality ECD will be realised if all the essential services are provided as a complete package.

Implementing integrated ECCE requires all the service providers to establish a multi-sectoral approach system to enable all the requirements to reach the child at each service point (Ahun et al., 2023). The multi-sectoral approach advocates for all entities to work collaboratively (MOLSD, 2016; MOLG, 2023). The multi-sectoral approach includes annual planning and budget preparation, vertical and horizontal multi-sectoral coordination, joint monitoring and support supervision, parenting education, resource mobilisation, and creation of awareness and advocacy, among others. Working in partnership and collaborative networks requires rules such as trust, positive relationships, mutual understanding, and cooperation, as guided by the social capital theory (Acar, 2011).

2.2 Social Capital Theory

The social capital theory is linked to education by so many researchers (Acar, 2011). Politicians and educational leaders commend social capital to be a mechanism to overcome social problems. Based on the relationship between social capital and school-community partnerships, this study was informed by the Social Capital theory. The theory enhances the development and creation of linkages within education to obtain positive outcomes among learners and the

general school environment (Acar, 2011). The author observed social capital as a glue that embraces societies together to ensure that none of them collapses. The benefits of social capital can be of great importance to schools, parents and extensive community, and could inform new strategies and plans to improve the well-being of children in schools.

According to Claridge (2018), humans have been recognised to be social organisms who evolve to be social and work together for collective action. Many things that people need cannot be created solely, but require collaborative efforts or working in the relationship. Dijkstra et al. (2004), recognise the concept of social capital as resources that become available through the connection that individuals preserve with each other. The concept of working together in a form of partnership is what is referred to as social capital (Claridge, 2018). The author observes social capital to come from the human efforts that allow them to support others as a way of complementing what they have done or working in partnership. Therefore, Claridge (2018), recommends the social capital theory to be appropriate to any researcher studying human sociability and collaboration, and its development.

Correspondingly, Claridge (2018), attributes the social capital theory to the three authors who all approached the social capital in different views. The three authors included; Pierre Bourdieu who is acknowledged for the Theory of capital, James Coleman; identified for the Rational - choice approach, and Robert Putnam – recognised for the Democratic or civic viewpoint. Besides other authors, Putnam (2000), also recognises the Social Capital theory to have originated from the works of different economists and sociologists, and that the

modern theoretical framework is credited to researchers such as Pierre Bourdieu, James Coleman, and Robert Putnam. Claridge (2018), identifies that social capital begins from its fascinating mix of sociology and economics. The Social capital theory emphasizes resources and the benefits resulting from social networks and relationships (Putnam, 2000). In the situation of school-child protection agencies collaboration, the social capital theory points out the significance of building trust, mutuality, and cooperation between schools and child protection agencies' collaboration.

According to Claridge and Putnam (2018, 2000), the Social Capital theory scrutinises how systems of social relationships and contacts produce resources, information, and support that allow individuals and groups to cooperate efficiently. Hands (2010) highlights social capital's role and its benefits in promoting partnerships and collaborative networking. School-child protection agencies' collaborations can influence social capital to access resources, resource persons or expertise, and support from community members, organisations, other professionals and institutions (Putnam, 2000).

The success of the social capital theory and the developed partnerships is built on trust and mutual understanding within the systems (Claridge, 2018). Social capital requires the active involvement of stakeholders in planning and decision-making processes, as well as initiatives that affect the safety and well-being of children in schools and elsewhere (Shier, 2001). Social capital offers a framework that enables an understanding of a variety of occurrences beyond a fiscal lens, and in such a situation, more interventions for inter and transdisciplinary integration are put across (Adam et al., 2003; Claridge, 2018).

Similarly, Poder (2011) categorises social capital as a phenomenon that can support communities to work collaboratively by pooling resources and other benefits to enable children to access the required resources. The theory recommends that effective school-community partnerships, of which child protection collaborations are part, necessitate expressive engagement and partnership between schools, parents, local organisations and other stakeholders responsible for child safety and protection (Claridge, 2018; Putnam, 2000).

2.3 Review of Related Literature

This literature review presents the study on School-Community Partnerships and the implementation of integrated Early Childhood Care and Education services. The presentation follows the study's objectives, which were to examine the influence of school-parent engagement on stimulation activities, analyse the contribution of school-child protection agencies' collaboration on protection practices in pre-primary schools and assess the relationship between school-health service providers' collaboration and healthcare practices in pre-primary schools.

2.3.1 The Influence of School-Parent Engagement on Stimulation Activities in Schools

Kisiang'ani (2018) describes parental engagement as the involvement of parents in constant communication and inclusion on issues concerning their children's performance and all the activities in school. For instance, children's healthcare issues, education performance, participation in school activities, and as partners in decision making. Whereas school-parent engagement is when the school partners or collaborates with the parents towards the learning and overall

well-being of their children (Manzon, Miller, Hong, & Khong, 2015). School-parent partnerships enable parents to work in collaboration with the school to support in the daily routine school activities for the benefit of the children. Child stimulation and learning begin at birth, with parents being recognised as the first teachers (Manzon, et al., 2015). A study in Kenya by Kisiang'ani (2018) found out that if parents are not engaged into their children's learning, it affects their education and holistic outcomes. Whereas positive participation of parents supports children's achievement, unsuitable involvement has been observed to obstruct children's achievement in education and their holistic development (Emerson, 2012). In this aspect, parents play a significant role in bridging the gap in their children's holistic life span (Kisiang'ani, 2018). Parents being the first teachers to their children, they directly or indirectly support their children's learning through daily activities or by guiding them on the best ways to interact with others (Suardi, et al., 2020). This indication makes parents' engagement into schools critical in children's holistic nurturing and upbringing (Manzon et al., 2015).

Positive parent involvement into their children's learning requirements contributes to better performance, more children enrolling in school, high completion rates (Emerson et al., 2012). In addition, Kisiang'ani (2018) confirms that in spite educational success, parental engagement has been observed to enhance personal capability and efficiency in learning and enhanced social capital due to improved constant school presence, accepted social skills, and acceptable behaviour in school. The continuous engagement of parents

creates an opportunity for children to ably socialise with others and share stimulation materials in an acceptable way (Crosnoe, 2012).

Due to the significance of parental involvement, the New Zealand Government has made it mandatory in its education/school system (Hornby et al., 2010). The reason for this is to ensure that each family is fully involved into the parenting aspect and the holistic development of children. On the other hand, the Ministry of Education and Sports (2023) encourages pre-primary school stakeholders to collaboratively work with parents so that they are part of their children's foundational levels. In this aspect, the family has been recognised as imperative to the success of any child's educational career (Rouse, 2014). Cognizant of this, the success of school careers does not only depend on the individual characteristics of children but also requires the involvement of families of origin as the social structure (Dijkstra et al., 2004). The reason is that during the first years of life, there is an occurrence of rapid growth and development in all domains creating a robust foundation for learning future skills (National Research Council Institute of Medicine, 2000; Baker-Henningham et al., 2010).

Correspondingly, working in collaboration with parents is observed to be a key pillar of Head Start's mission which focuses on broadly engaging parents in the education of their children (Heinrich & Blackman-Jones, 2006; Heinrich, 2013). Equally, there is also a need for schools to know that parents, the schools and the entire community in which the children live, play a significant role in ensuring that their children receive the best quality of education and holistic development (Epstein & Sanders, 2002). The realisation

of such outcomes requires a lot of parental support and involvement as the immediate centre of response and first teacher to their children (Ejuu, 2021). However, there are different approaches to how parents' ought to be involved in the growth and development of their children. This implies that by the time the child is three to six years old, persistent gaps have occurred in their growth and development in all aspects. For instance, in cognitive and non-cognitive, most especially with children that lack the support (Heckman, 2006; Ejuu, 2012).

Baker-Henningham et al. (2010), show evidence that the active involvement of parents such as the mothers in interventions leads to improved results. Similarly, there is a considerable indication showing that if children are exposed to disadvantaged surroundings during the first years of growth and development, there is a possibility of experiencing negative results during adulthood (Heckman & Masterov, 2007; Baker-Henningham et al., 2010). Correspondingly, there is a possibility of such children experiencing lower intelligence quotient (IQ), academic achievement, increase in inconsiderate conduct and lower earnings in adulthood (Heckman, 2006).

It is recommended that schools collaborate with parents in conducting stimulation activities with appropriate feedback (Baker-Henningham et al., 2010). When parents are engaged, they should be encouraged to continue with the activities together with their children daily. Aboud (2007), comments that the given stimulation activities should be hands-on and practical to enhance children's holistic development. Focusing on the cognitive, affective and psychomotor domains. Besides that, the Centre Management Committee

(CMC) members are encouraged to work with the pre-primary teachers and parents to provide a variety of materials that promote children's learning through play (MOES, 2023). The materials used should be of low cost to cater for the various categories of parents. For instance, home-made dolls, balls, and books for simple reading with pictures, among others. The Ministry recommends the usage of materials that promote children's learning through play rather than those that make them static (MOES, 2023). However, these should be safe and of high quality to attract children's interaction.

While a lot of literature focuses on the significance of cognitive development for later achievements, there is an increasing need for the importance of non-cognitive areas to determine children's holistic academic attainment, productivity and social functioning in adulthood (Heckman, 2006). Similarly, Baker-Henningham et al. (2010), observe that children's entire development is multi-determined by influences between children's hereditary, health status, quality of parent-child interactions and characteristics of the neighbourhood.

The negative or positive effects of child growth and development in early childhood ages identify the importance of the families and the home environment for supporting the child's holistic development (Baker-Henningham et al., 2010). If children are to grow up with an urge to learn, they should be supported right from the earliest start of their life (Black & Talker, 2006). Although the authors outlined the significant programmes in Early Childhood Care and Development, which parents should be part of in ensuring that their children receive a holistic package, it's not the case. Black et al. (2006)

observed that children should live in a conducive environment that enables their parents to play with them, providing insightful synergies that promote their communication skills and cognitive development. This would contribute to their transition to formal education and lifelong learning (UNICEF, 2019).

It was observed in the Coleman report (1966), cited in Baker-Henningham et al. (2010), that there had been disparities in learners' achievements in which location mainly as a result of imbalances in family and community participation rather than school contributions (Heckman, 2006). Similarly, there is considerable evidence from advanced countries Specify that early involvement by caregivers and parents to provide developmentally suitable education opportunities for young children leads to substantial assistance across several results later in children's lives (Yoshikawa, 1995; Heckman & Masterov, 2007).

Christenson and Reichley (2010) in a qualitative/quantitative or mixed study conducted where identified numerous theoretical perspectives on children's development that emphasise the substantial role of parent engagement in stimulating children's learning through parent-child interaction. These include the ecological system theory (Bronfenbrenner & Morris, 1998), sociocultural theory (Vygotsky, 1978), and social cognitive theory (Bandura, 1997). Specifically, sociocultural theory emphasises how imperative parent-child interactions are in early learning and stimulation. Therefore, if pre-primary schools do not partner with parents, children's learning achievement and holistic development will be compromised (MOGLSD, 2016). For instance, if parents do not share the challenges children go through with the teachers or

school administration, there is no way such a child will either be supported health wise, academically or any other challenges that they experience.

2.3.2 The Contribution of School-Child Protection Agencies' collaboration on Child Protection Practices in Pre-primary schools

In every education institution or societies in numerous countries, children experience cases of abuse, harassment and neglect (Asio et al., 2020). This happens both in schools, homes or within the communities. It is therefore, significant that schools work in collaboration with child protection agencies including the parents, to mitigate such challenges. The Global partnership to stop violence and abuse against children shows that different stakeholders should come together to mitigate such challenges (Jailobaeva et al., 2021). Similarly, the 1995 constitution of Uganda and the Pre-primary, Primary and Post Education Act (MOES, 2008) all advocate for agencies to work in partnership with the Government to ensure that children's safety and well-being is adhered to.

The EAC an inter-governmental organisation comprising six Partner Countries: Uganda, the Republic of Burundi, Kenya, Rwanda, South Sudan, and the United Republic of Tanzania (EACS, 2017); constitute 50% of the EAC population, while in Uganda, children (birth to 8 years) constitute 28% or 12.9 million (MOGLSD, 2024). Children in the EAC, Uganda inclusive experience numerous safety and protection challenges (EACS, 2017). Nevertheless, EACS (2017) observes that each child deserves a right to development, survival, participation, and protection. This is also preserved in the United Nations (UN) Convention on the Rights of the Child (CRC) and the African Charter on the

Rights and Welfare of the Child (ACRWC). The EACS (2017) identifies children in the EAC to experience safety, protection and health care challenges, including; child trafficking, child abuse and neglect, harmful cultural practices, child labour, the HIV/AIDS pandemic, and general health care, among others. However, although mitigating such challenges require joint efforts, implementation has remained a challenge (EACS, 2017).

According to the Ministry of Education and Sports (2023), stakeholders are required to create child friendly spaces and a violence-free environment within pre-primary schools and beyond (homes and other areas/levels that accommodate children). The NIECD Policy (MOGLSD, 2016), calls for a multi-sectoral approach to safeguard all categories of children, including those with disability so that they receive a holistic package comprising child safety and protection. However, due to the growing population, inequalities of socioeconomic status, and the general living conditions of parents/guardians, children's safety and general well-being are affected (MOH, 2022). Lack of safety and child protection, vulnerabilities caused by different types of traumas and child abuse during the first years of development critically affects the children's general well-being (Bartlett & Smith, 2019).

The EACS (2017) suggests that children require comprehensive and determined systems that will enable them to respond to their feelings and requirements at any time. For that reason, the EACS came up with the EAC Child Policy to strengthen and act with a common understanding of child protection at all levels, provide guidance to all EAC states on what should be done, integrate child protection issues into country plans, and develop

frameworks that assess child protection system challenges within the EAC (EACS, 2018). However, the authors (EACS, 2017) observed a gap in the safety and protection of its young people. In this aspect, the East African Community (EAC) calls upon partner states to work closely and collaboratively in the area of social welfare concerning the development and adoption of a common agenda for marginalised groups, including children. Child protection and well-being, or its absence at the beginning of life, determines children's further development and lifelong learning (Toros, Tart and Falch-Eriksen, 2021). Correspondingly, research specifies the consequences of child abuse and neglect in the early years (Farrell & Walsh, 2010).

In Africa, the Sustainable Development Goals (SDG) emphasise children and youth development with a significant focus on enabling children to have access to essential services, child protection inclusive (Jailobaeva et al., 2021; Raike et al., 2017). The authors identified violence against children to be increasingly documented as a critical barrier towards the attainment of the SDGs. An observation was made that over one billion children are annually exposed to violence and abuse in various ways (Jailobaeva et al., 2021). Similarly, the protection of children can be best achieved during the initial stages rather than later in adulthood (Spratt, 2001). It is, therefore, important that children with protective challenges are identified at an early age (Green et al., 2018, 2020; Kovan et al., 2014).

Implementation of effective child protection practices and interventions in schools and communities can uphold children's rights, safety and well-being (Toros et al., 2021). However, the success of effective child protection practices

cannot be achieved by one agency working solely; it requires different stakeholders to work collaboratively (Toros et al., 2021). Villagrana (2023), recognises inter-professional collaborations as significant, especially in challenging situations. In such circumstances, child protection systems must be empowered to respond to the pressing demands (Villagrana, 2023). Similarly, early childhood stakeholders responsible for managing children's safety and protection serve as essential linkages for child protective services, especially for children who need them (Toros et al., 2021). This enables identifying and providing information on children's safety and protection challenges (Welbourne et al., 2016). However, the authors observe ideas on child protection in early childhood that vary from place to place. Although the safety and protection of children depend on the geographical location, context, socioeconomic status, cultural beliefs, religious background and political situation, children still remain at risk (Welbourne & Dixon, 2016). There is a need to lay strategies on how children's safety and well-being can be ensured (Kaawa-Mafigiri et al., 2017).

Villagrana (2023) highlights that much as other children experience child abuse and neglect, children and youth with a disability have been observed to have higher rates of substantiated mistreatment and are most likely to experience neglect and child abuse. Welbourne et al. (2016) contend that if children are not supported, their lives remain in danger. Some of such dangers and risks include accidents, child kidnaps, violence against children, child labour, and abuse, all of which affect children's well-being. Both the countries and societies are in a position that can endorse visionary laws to protect

children, most especially the youngest and those with disability at various locations. For instance, in schools and elsewhere, there are numerous stories where children are bullied and mistreated by their fellow children and corporal punishments by teachers, including other staff members (Asio et al., 2020). The authors identify the need for teachers and early childhood proprietors to be aware of child protection policies and implement child protection practices in schools to ensure children are safe and well protected.

Response to child safety and protection can only be achieved through various stakeholders working cooperatively and in partnerships (East African Community Secretariat, 2017; 2018). Similarly, school-child protection agencies' collaborations have been observed to be a promising educational reform that can enhance the well-being of children (Barnes et al., 2017; Hood, 2014). Child abuse and neglect have been highlighted to be one of the most harmful to children's growth and development during the initial stages of infancy (Toth & Manly, 2019; Albuquerque et al., 2020). Therefore, collaborations among professionals and agencies have progressively remained a constructive and significant mechanism in promoting child safety and protection services (Cooper et al., 2016; Albuquerque et al., 2020). Similarly, the authors highlight child protection practices as essential for creating safe and nurturing environments in which children can grow, learn and thrive to their full potential. By implementing effective child protection strategies and interventions, communities can uphold children's rights and ensure their safety and well-being as a priority (Albuquerque et al., 2020).

2.3.3 The Relationship between School-Health Care Service Providers Collaboration and Health Care Practices in pre-primary Schools

Studies have recognised a significant relationship between health and education outcome (Baker et al., 2015). Similarly, the National Situational Analysis report of Uganda (MOGLSD, 2024) identifies the importance of the early years in shaping the health and holistic well-being of the child throughout their lifespan. This is also evident in research whereby (Baker et al., 2015) puts emphasis on the need to integrate health care and education to ensure the health and well-being of the child, right from birth to eight (0-8) years. If this is not well done, children will be affected throughout their lifespan (MOGLSD, 2016). In that aspect, many children in developing countries experience several risk factors during the early years of development, low levels of home stimulation, poor health, and malnutrition (Baker-Henningham, et al., 2010).

Children that are exposed to several risk factors are at risk of not thriving to their full potential (World Health Organization & United Nations Children's Fund, 2023). For instance, children that experience risk factors during the first five years are most likely to have a linear decrease in physical, cognitive and academic achievement in school (World Health Organization et al., 2023). Baker-Henningham et al. (2010) estimate that above two hundred million children below five years in developing countries do not reach their full potential because of poverty, poor health and nutrition challenges. Such children are most likely to perform poorly throughout their lifecycle and in school. To mitigate this challenge, it requires a multi-sectoral approach to enable children

to receive all the services with ease (World Health Organization & United Nations Children's Fund, 2023).

Research has revealed child growth and development to be multi-dimensional and includes health, cognitive-language, sensory-motor, and social-emotional development, which are all dependent. Children's growth and development is also influenced by an interaction between children's genetic inheritance, health and nutrition, and the environment in which they live (Baker-Henningham, et al., 2010).

The Ministry of Health (MOH), in its Strategic Plan of 2020/2021 – 2024/2025 (MOH, 2020), recognises the health of the Ugandan people as central to the socioeconomic changes and improvement of the country. This makes health care being critical in the lives and well-being of children (Chiang et al., 2015). The authors recognise the benefits of the whole school, community, and whole child (WSCC) model. According to Chiang et al. (2015), the model advocates for strengthened collaboration and networking across the community, the school and the health sector initiatives, and other sectors that contribute to enabling children to reach their full potential.

Building on the WSCC (Chiang et al., 2015), in alignment with this study's objective three, there is a positive relationship between the school and the health care service providers' collaboration. In this aspect, implementing health care practices in pre-primary schools in line with WSCC and School-health care service providers' collaboration both focus on strengthening school-community relationships. This implies that the education and health sector should be at the forefront and centre of implementing partnerships and

collaboration. Correspondingly, the social capital theory norms, including trust, relationships, cooperation, interaction, reciprocity, bringing resources together and taking action, all relate to working together as a family (Acer, 2011).

The facts are that enhanced community health care significantly contributes to positive outcomes in Uganda's health system (MOH, 2022). In that aspect, the Government of Uganda, through the Ministry of Health, has committed to improving community health and the livelihood of its people by providing healthcare services in both rural and urban areas, across the various age groups (MOH, 2022). Despite that, the government encourages its people to work in partnership with health care and other sectors to make sure that the services reach everyone regardless of where they are (MOGLSD, 2016).

Recognising the significance of enabling communities to receive health services at specific service points such as the pre-primary school, the MOH developed the National Community Health Strategy (NCHS) for 2021/2022 – 2025/2026 (MOH, 2022). The strategy is aligned to the Parish Development Model (PDM) Social Services Pillar number four (Ministry of Local Government (MOLG), 2023) and other national legal frameworks that advocate for community involvement in the delivery of health care services (MOH, 2020).

When examining the relationship between the school-healthcare service providers' collaboration and healthcare practices in pre-primary schools, it's essential to consider the various factors that influence the effectiveness of these collaborations. Chiang et al. (2015) suggest that when collaboration and partnerships are implemented effectively, there is a reduction in resource

consumption and improved results/outcomes for both the education sector and the health sector. Therefore, leveraging health as a social service is an area with numerous stakeholders who deliver different small components in the community (MOH, 2022). In this aspect, assessing the relationship between the school and the various services delivered in collaboration with the pre-primary schools where? was essential. Nevertheless, the study found out that alignment, partnership and the combination of education and health were somehow challenging (Chiang et al., 2015). Schools and health institutions sometimes did not share information and data; on several occasions, they developed interventions that would be cross-cutting solely. Yet, the objective of collaboration and partnerships was leveraging resources into one basket to minimise costs and time across sectors (MOGLSD, 2016).

Similarly, the parents and other service providers who work with pre-primary schools have been recognised as central to caring for children's health and well-being. They provide most children's major social support systems and offer significant health opportunities through showing love and affection (Garvis & Pendergast, 2014; Verrinder et al., 1999). Therefore, educators' role is to enhance partnerships with each child's parents and other agencies to promote their well-being.

The National Health Policy 11 and National Community Health Strategy (MOH, 2010; 2022) and MOH regulatory frameworks governing healthcare practices in pre-primary schools, including guidelines for health screenings, immunizations, health education, and the management of health-related emergencies issues (MOH, 2022), all advocate for collaboration and networking

amongst stakeholders. This study, therefore, tried to explore the relationship between the school-health service providers' collaboration and childcare practices in pre-primary schools.

In the study by Chiang et al. (2015), different models of collaboration were explored to investigate the different models of collaboration and partnerships between schools and health service providers. Some of these included school-based health initiatives, partnerships with local health centres, or collaborations with community health organizations (MOH, 2022). Assessment of the structures and implementation strategies were identified and the outcomes in line with collaborations and networks in promoting healthcare practices in pre-primary schools were analysed (Chiang et al., 2015).

Besides that, the study examined the roles and responsibilities of school personnel, healthcare providers, and other stakeholders involved in promoting healthcare practices in pre-primary schools. Chiang et al. (2015) suggest the need to clarify the division of duties, communication protocols, and decision-making processes within collaborative frameworks but also identify a need for the education and health sector to plan and lay strategies for strengthened and sustainable collaborative actions.

Similarly, various stakeholders must join hands when it comes to community mobilisation towards health promotion, prevention initiatives, and promoting the safety and well-being of children and the entire country (Chiang et al., 2015; NPA, 2020). The authors suggest that alignment, integration and collaboration contribute to strengthened school-health service providers' collaboration and networking to ensure that children receive all the required

services. This can be effectively implemented through partnerships and collaborative efforts between schools and health service providers (Chiang et al., 2015; MOGLSD, 2016; MOH, 2022). For instance, much information can be gathered through music, dance, and drama, as well as parents' meetings, class days, and open days (MOES, 2010). This may include programs focused on birth registration, provision of nutritious meals, parenting education, physical activity promotion, dental health care, mental health and psychosocial support, and disease prevention (Chiang et al., 2015). The social capital theory informs and guides such interventions' success (Acer, 2011).

Effective collaboration and partnerships require competent and empowered stakeholders with the skill and knowledge to relate with others and effective implementation of integrated ECCE services (Chiang et al., 2015). All these necessitate the introduction of staff training and capacity-building initiatives aimed at enhancing the knowledge and skills of school staff and healthcare providers in collaboratively promoting healthcare practices (MOES, 2010; MOH, 2020; 2022). Additionally, it is imperative to evaluate the impact of these initiatives on the quality of health services delivered by the pre-primary schools in collaboration with the health service providers (MOES, 2010; 2012; MOH, 2022).

Since children in pre-primary schools are minors, it is crucial to involve parents/guardians, caregivers, and community members in supporting the implementation of healthcare practices in pre-primary schools (MOH, 2022; MOES, 2023). Besides that, it is essential to explore strategies for engaging

families in health promotion activities, accessing community resources, and promoting a culture of health and wellness in pre-primary schools.

Continuous communication and feedback sharing are critical for effective partnerships and collaborative networking (Chiang et al., 2015). Therefore, it is imperative to explore the use of technology and telephone services to facilitate collaboration between schools and health service providers, particularly in isolated or underserved communities (MOH, 2022). Significantly, consideration of the available opportunities and possible challenges associated with virtual healthcare delivery in pre-primary school settings is vital.

School outreach activities differ broadly, right from providing information for children as a takeaway home to direct service provision (MOES, 2023). The various schools work with community-based, civil society organisations and other Education Development partners to provide outreach services (MOH, 2022). Moreover, many pre-primary schools where-locate face numerous challenges in implementing various activities concerning child healthcare services and lack the expertise to conduct campaigns (Ejuu, 2012). This challenge can be overcome through collaboration and partnerships around child health care. It is observed that children face numerous convincing educational, health and developmental challenges that affect their lives (MOH, 2022). In helping children overcome the challenging situation, education and health must work collaboratively to promote and strengthen healthcare practices in pre-primary schools.

In a study by UNICEF (2008), evidence showed that combining community outreach programmes and family-community care strategies to reach 90% coverage could reduce mortality rates. The authors, therefore, recommended the importance of developing innovative strategies for exploiting the full potential of community partnerships in primary health care on a broader scale with the idea of strengthening the national health systems. Implementation should be done collaboratively across Ministries, Development partners and implementers (MOGLSD, 2016). This idea emphasised two strands, which were action and partnerships, into a framework for effective scale-up of a continuum of care for maternal, new born and child health. So- What was this study's take from this literature?

Among the health care services (Baker et al., 2015), there were children with special needs; for instance, children with terminal diseases such as sickle-cells, attention-deficit/hyperactivity disorder and children with disabilities, among others. Power et al. (2003) identified reforms in their education system, which significantly affected the delivery of healthcare services to schools. Such educational reforms had shifted the care of children with particular health needs from specialised settings to mainstream environments. This implied that to achieve the agenda, school professionals needed to work closely with the families and other service providers to ensure that services such as education and care for each child were provided appropriately (Chiang et al., 2015).

According to Power et al. (2003) and (Power et al., 2003; Adelman & Taylor, 1998), this paradigm shift was observed to only succeed through the

establishment of partnerships between educational, healthcare, and mental healthcare professionals in the delivery of school services.

2.4 Chapter Summary

Chapter two of this dissertation has provided an essential understanding on the two parts of the study: school-community partnerships and the implementation of integrated ECCE services from a global perspective. But the literature review was meant to show the gaps this study was to fill in in relation to ‘influence related aspects; positive and negative outcomes not only the significance and importance related aspect. The review of literature has identified the significance of school-parent engagement, school-child protection agencies’ collaboration, and the importance to integrate health related services into education. The evidence on how it should be done in pre-primary schools in Uganda is required.

The findings of this study particularly provide literature on school-community partnerships and the implementation of integrated ECCE services in pre-primary schools. Chapter three provides the details for the methodology that guided the study. Please align the literature review and its gaps to the topic of the study- the language and writing style should speak to the topic of the study.

CHAPTER THREE

METHODOLOGY

1.0 Introduction

This chapter presents the methodology employed to explore school-community partnerships in the implementation of integrated ECCE services in pre-primary schools. It describes the research approach, philosophy, design, philosophical stance, methods, study location, target population, sample size, sampling techniques, research instruments, measurements, validity and reliability, and the data collection procedure. It further discusses findings, data analysis, and how ethical issues accumulated in the study.

3.1 Research Approach

The study adopted a mixed method approach as an appropriate alternative for the study that aimed at collecting both qualitative and quantitative data (Creswell, 2014; Maarouf, 2019). On the other hand, Yu and Khazanchi (2017) identify mixed-methods study designs to be appreciated in exploratory studies that provide pragmatic suggestions from numerous sources. Additionally, Yu et al. (2017) focuses at the various categories of data that one can ably triangulate. The study therefore, used the mixed-methods as an appropriate alternative due to the fact that it flexibly allowed the integration of diverse opinions. Molina-Azorin and Fetters (2020), propose that the model for mixed method studies should be comprehensive and liquefied so that it can be able to familiarise itself with specific research questions and needs, which was the case for this study.

3.2 Research Philosophy

Realists reject the impression that researchers have to select their research methods as either a qualitative or quantitative stance (Creswell, 2014). The reason for this is that there is an impossibility of comprehensive objectivity or comprehensive subjectivity in conducting research (Maarouf, 2019; Clarke, 2021). The authors indicate that pragmatism permits researchers to recognize and address real-world problems using both quantitative and qualitative methods. This begins with understanding the practical issues experienced by individuals, organisations or societies and then designing the study to allow the provision of practical solutions or insights.

Various researchers have recognised pragmatism because of its flexibility in alignment with different research questions and contexts (Biddle & Schafft, 2015; Dieronitou, 2014; Hall, 2013; Hathcoat & Meixner, 2017; Yvonne Feilzer, 2010). Although numerous researchers assume that qualitative and quantitative study approaches belong to a particular research pattern, some studies call for better flexibility and engage several stances towards incorporating paradigms and approaches in mixed-method studies (McChesney & Aldridge, 2019). This enables the use of quantitative and qualitative approaches or the adaptation of research methods as new insights emerge (Maarouf, 2019). Therefore, the use of the mixed method approach allowed the researcher to integrate qualitative and quantitative data collection and analysis techniques.

In order to realise the research goals, both objective and subjective knowledge was valued. Creswell and Plano (2011) commend the pragmatic

approach to be pluralistically oriented towards what works in practice. Based on the arguments raised by several scholars, the study used a pragmatic stance in collecting and analysing data. The usage of the pragmatic stance helped in choosing research techniques and approaches that addressed the study questions. Maarouf (2019) observes that the reason to why researchers consider pragmatism is that it embraces mixed methods. However, pragmatism is critiqued as a philosophy for the mixed research method, particularly for not speaking to the contradictory assumptions of the quantitative and qualitative models (Maarouf, 2019).

3.3 Research Design

The study used an embedded mixed research design employing an embedded cross-sectional survey design, in which qualitative and quantitative data were collected and used. Data was collected concurrently, analysed separately and embedded in the discussion. This gave the researcher a deeper understanding of the research problem by triangulating findings from numerous sources. The quantitative data was presented statistically, whereas the qualitative data was used to strengthen the discussion of the quantitative findings (Bhattacharjee, 2012; Creswell, 2014).

The embedded cross-sectional survey design was suitable because it created an opportunity for the researcher to integrate the strengths of the qualitative and quantitative data (Creswell, 2014). It supported in comparing and contrasting quantitative and qualitative findings to ensure their validity and credibility.

3.4 Research Method

Research methods incorporate a wide range of techniques and approaches to collecting, analysing, and interpreting data in the search for information. This study used four data collection methods to collect both qualitative and quantitative data.

The quantitative data was collected using surveys and questionnaires, while the qualitative data was collected using document analysis, interviews, and observations. The tool gathered non-numerical information to understand experiences, perceptions, meanings, and social phenomena.

The reason for using more than one method was that each research method has its strengths and limitations, and each research method was chosen based on the research questions, objectives, and the nature of the phenomenon under investigation.

3.4.1 Document analysis

Document analysis was used to systematically analyse written materials and visuals to understand the schools' social phenomena, cultural practices, historical events, organisational processes, or textual representations. It involved examining and interpreting various documents, texts, or artefacts to extract meaningful insights and generate knowledge. Mills (2007) identifies that document analysis is credible in supporting the researcher in getting a broad picture of what had already been done about the study.

During document analysis, the relevant documents were selected according to the research questions and objectives. The analysed documents included written texts such as work plans, minute sets, birth registers,

Memorandum of Understanding (MOUs), attendance registers for teachers, visitors' books, policies and guidelines, and visual materials such as photographs, audio recordings, or any other information that provided insights into the study area.

The guiding tool was developed and used in the analysis of the documents in schools. This was done to find out whether schools were using the policies and other related documents to implement integrated ECCE services and to establish whether components that attract community members to work together to implement integrated ECCE services were included. The analysed documents comprised the visitors' books, ECD Policies, Guidelines and Standards, Learning Framework, work plans, budgets, and minutes of the various meetings carried out in the schools.

3.4.2 Questionnaire

Since the study used an embedded cross-sectional survey design, the surveys were used to collect data for the quantitative method. The researcher used the questionnaire method, which is used to collect large amounts of data from several respondents. The questionnaires were given to headteachers and centre management committee members since they constituted the largest group. They were filled out and completed instantly at each service point.

Phellas, Bloch, and Seale (2011) recognised that one advantage of using questionnaires is that respondents can complete them on the spot and hand them back to the researcher.

3.4.3 Interviews

Interviews have been observed to be an added advantage for respondents who give elaborate ideas that could be left out in questionnaires (Phellas et al., 2011). The researcher used interviews to expand data and generate in-depth information and insights from individuals or groups about the influence of school-community partnerships and the implementation of integrated ECCE services. The primary focus was on three areas: stimulation activities, child protection, and healthcare practices.

3.5 Research Instruments

In alignment with the data collection methods used in this study, the researcher used three instruments to collect data. These included a document analysis guide, questionnaires and interview guides. The instruments were used to collect both qualitative and quantitative data. Gałuszka, Migaszewski and Namieśnik (2015) recommend using different measures to obtain data to increase the reliability and fidelity of the data.

Regarding objective three, which was mainly quantitative, the researcher constructed a self-administered questionnaire (SAQ) to collect data for this objective. The SAQ allowed respondents to freely respond to the questionnaire items at their own pace. The responses on the SAQ followed a Likert scale of 1-5, with a score of 1 representing strongly disagree and five representing strongly agree. A score of 3 signified a neutral status. For example, school headteachers were asked if children are screened to ensure they have no sickness when they report to school. Here, the respondent was expected to respond to the extent to which the school does this on a scale of one to five. In

this study, the decision criteria to guide the process of interpreting the results was a mean of 3.5 and above to represent agree and a mean below 2.5 to represent disagree. The mean scores between 2.5 and 3.4 are considered neutral on the item.

3.5.1 Document Analysis Guide

During the study, document analysis guides were used to collect data from the available documents in the pre-primary schools. The instrument helped analyse the various records to confirm whether integrated ECCE services were implemented and how they were implemented. This helped identify the various stakeholders who had worked closely with the Pre-primary schools to make it happen. Mills (2007) identifies document analysis as credible in getting a broad picture of what had been done about the study.

3.5.2 Questionnaires

Questionnaire surveys were used to collect survey data from respondents. The questions were designed to allow respondents to read, understand and easily respond to them meaningfully. They consisted of a set of questions planned to capture responses from the targeted population in a standardised way on matters concerning School-community partnerships and the implementation of integrated ECCE services.

3.5.3 Interview Guides

The researcher developed four sets of interview guides comprising 5-10 questions. These were used to collect qualitative data from the key informants. This included both semi-structured and open-ended questions since it aimed at collecting in-depth information and opinions of respondents.

To simplify the interview process, the researcher employed different questions, from simple to complex (Phellas et al., 2011). Interviews were conducted with the headteachers, teachers, Centre Management Committee chairpersons, Local Council 1 chairpersons, heads of health centres and probation officers at the police stations.

3.6 Location of the Study

Out of the 150 pre-primary schools in Kira Municipality (SOURCE), this study was carried out in 108 Pre-primary schools all located in the three Divisions that make up Kira Municipality in Wakiso District, Uganda. The three Divisions in which the Pre-primary schools are located include; Bweyogerere Division, Namugongo Division and Kira Division. The three Divisions have areas that seem to be rural, semi-urban and urban. The schools were given codes in terms of numbers according to the interval in which data was collected. For instance, schools were given codes by numbers, such as School One coded as (SCH1) up to the last School '108' (SCH108) to avoid confusion about findings. Similarly, other participants and facilities that were used in this study were also given codes. For example, Headteachers (HTR1-SCH1 up to HTR108-SCH108), Centre Management Committee chairpersons (CMC1-SCH1 up to CMC108-SCH108), Health workers (HW1 up to HW3), Probation officers (PO1 up to PO5), Local Council chairperson (LC1 up to LC36)

The the Krejcie and Morgan (1970) technique was used to select the 108 schools out of the 150. However, although it is widely used to determine the sample size in research, it has been critiqued by some researchers. For instance, Creswell (2018) critiqued it for assuming that the population form which

samples are drawn from to be normally distributed. In circumstances where the assumption cannot work, the determined sample size may be insufficient. Therefore, the schools to be involved in the study were determined through the use of stratified sampling to avoid bias. The reason to why the researcher used stratified sampling was to ensure increased efficiency of samples as guided by Kim et al. (2013).

3.7 Target Population

According to Tetui et al (2021), the projected population of participants associated with the schools was 300 participants which included 150 headteachers and 150 Centre Management Committee (CMC) chairpersons who closely work with the school, 3 health workers, 5 Probation officers, and 40 Local Council 1 (LC1) chairpersons, all from Kira Municipality, Wakiso District. Please indicate the source(s) of this information.

3.8 Sample Size and Sampling Techniques

Sampling was done at different levels. First the researcher used stratified sampling to select the various areas for the study to ensure that consideration is given to the rural areas, urban and semi-urban of Kira Municipality.

In terms of the actual sample of participants, the researcher used the Krejcie and Morgan (1970) technique (Refer to Appendix H). The selected sample of headteachers was 108 whereby 35 were in the rural area, 35 in semi-urban, while 38 were in the urban areas of Kira Municipality. Similarly, 108 CMC chairpersons were selected; 35 were in the rural area, 35 in semi-urban, while 38 were in the urban areas of Kira Municipality. A sample of 36 LC1 members were 36, 3 health workers, and 5 Probation officers were selected.

Table 3.1 below, gives a summary of the sample size and sampling technique of the study.

Table 3. 1

A summary of the sample size

Category	Population	Sample
Headteachers of Pre-primary schools (HTR)	150	108
Centre Management Committee (CMC)	150	108
Local Council 1 Chairpersons (LC)	40	36
Health Workers (HW)	3	3
Probation Officers (PO)	5	5
Total	348	260

Source; Primary data

The unit analysis was the pre-primary schools located in Kira Municipality. The unit of inquiry was the headteachers of the selected pre-primary schools given their role in initiating and sustaining collaborations, centre management committee chairpersons of the selected pre-primary schools, including the head health the workers of the government health facility and probation officers of the police stations in Kira Municipality. The overall number of the whole study population totalled 348, of which 150 were headteachers, 150 Centre management committee chairpersons, 40 Local councils 1 chairpersons, 3 health facility heads and 5 Probation officers.

Given the targeted population, the researchers worked with a study sample of 108 headteachers, 108 Centre management committee chairpersons, 36 LC1 chairpersons, 3 health workers and 5 probation officers in line with Krejcie and Morgan's (1970) table of sample selection. To collect qualitative data, out of the total population of 260 of the target group, only 58 participants were interviewed. This included; 30 CMC chairpersons, 20 Local Council chairpersons, 3 health workers and 5 probation officers. Besides that,

documents were analysed and various activities related to stimulation activities and child protection practices were observed in the schools. In addition, survey questionnaires were completed by the 108 headteachers to enable the collection of quantitative data. Of the 260 participants, 60 (23.1%) were male, whereas 200 (76.9%) were female.

3.9 Measurement of Study Variables

Measuring the study variables, understanding the actual situation, and being deliberate help get the correct information. For qualitative data, the researcher ensured that the terms used were clear to the participants. To measure the qualitative variables, the researcher developed an item scale to quantify the constructs in the tool.

The independent variable was school-community partnerships and was split into three indicators including, school-parent engagement, school-child protection agencies collaboration and the relationship between school-health service providers' collaboration. To be able to measure this part, indicators and themes were developed, scored and discussed.

The second part was the implementation of integrated ECCE services, which was also split into three indicators, including; stimulation activities, protection practices and health care practices.

Please describe the interview guide, questionnaire and document analysis guide that were used in this study clearly, state the category of respondents/participants they were each administered to and refer the reader to the Appendices with the different data tools you are describing in this section.

3.10 Validity, Reliability and Credibility

Fidelity and trustworthiness are very imperative for any research study to be valued and appreciated. To ensure the credibility, reliability and validity of this study, the questionnaires were developed and presented to the supervisors for approval. The approved tools were presented to practitioners for expectorating as relevant or irrelevant question items to establish the content validity index. A content validity index above 75% was accepted.

3.10.1 Validity

To ensure validity, a team of three experts were used to continuously guide on the various items included in the instruments that generated qualitative data. The experts gave a rating for each of the 15 items in all the sections. This was done three times to allow all the items to be accepted. The results were utilised to test the content validity index. Whereas the researcher established the validity of the study instruments for objective three using the content validity index (CVI). The respondents agreed on 30 out of 35 items in the instrument giving a CVI of 0.86. According to Yusoff (2019), a CVI of at least 0.70 was acceptable. This implied the instrument was highly valid.

3.10.2 Reliability

After faculty approval, the instruments were pre-tested as part of the pilot study to find out any doubts, errors or shortcomings that would occur. Olsen and McGinnis (2010), identify the importance of pre-test tools to mitigate any uncertainties and problems of language proficiency. Participants were selected from a similar group to create a sample for the pilot in Mukono District. These included three Pre-primary schools, two local councils, one health centre,

and one police station used during the pilot. An implication was that three headteachers, three centre management committee chairpersons, one Local council chairperson, one health worker and one probation officer were used during the pilot. After the pilot the researcher analysed the pilot data to identify inconsistencies or unexpected results. This was used to refine the tool.

To establish the reliability of the instruments, the researcher conducted the Cronbach alpha test on the instruments. The alpha results obtained for the quantitative instrument were 0.9. Creswell and Miller (2000), suggest a reliability index of 0.70 as acceptable. This implies that the instruments were highly reliable. The instruments were pilot-tested with 15 headteachers who were excluded from the final sample.

The fifteen participants that were engaged in the pilot were briefed to enable them to understand that in the end there was a need to discuss to improve on the tools where it was required. Similarly, they were all rewarded for their participation through verbal appreciation and facilitation of ten thousand shillings for their transport.

After the pilot, the researcher worked on the corrections with the supervisor and submitted the proposal for ethical clearance to the internal review board (IRB), followed by approval from the Uganda National Council for Science and Technology (UNCST). Subsequently, the researcher used the IRB and UNCST approvals to get the faculty introductory letters to the field. Then the researcher carried out pre-visits to all the participants to enable them to fill out the consent forms. Finally, the process of data collection proceeded.

3.10.3 Credibility

To ensure that the qualitative data was valid and reliable, the researcher made sure that all the participant's views were accurately represented. This was made possible through continuously revisiting the recordings of participants' responses. In addition, this was confirmed with the information that was recorded in the researcher's diary. Participants' views were strictly respected and put into consideration the way they were presented. This was done by continuously revisiting all the instruments that were used during data collection.

3.11 Data Collection Procedure

During data collection procedures three instruments were used to generate both qualitative and quantitative data. Interviews and document analysis were used to collect qualitative data, whereas self-administered questionnaires were used to collect quantitative data.

The researcher started by presenting the introductory letters from the Uganda National Council for Science and Technology (UNCST) and the letter from Kyambogo University to the Kira Municipality Education Department. Similarly, Kira Municipality Education gave the researcher an introductory letter to the schools and other respondents, such as the health workers, the probation officers, LC1 chairpersons and the CMC chairpersons.

The participants were mobilised through phone calls to ensure that they were found ready to interact with the researcher. Due to the busy schedules at the workplace, the researcher oriented a research assistant who also assisted in collecting the completed questionnaire survey tools. In addition to the document

analysis and physical interviews, the researcher used phone calls to carry out interviews with the various respondents.

Interviews were administered with the headteachers, centre management committee (CMC) chairpersons, LC1 chairpersons, probation officers, and health workers to generate qualitative data. See the interview guide in Appendix E₁ and E₂). To flexibly manage the process, the researcher liaised with the Municipal Education Officer who provided a list of all the pre-primary schools in Kira Municipality, including the contacts of the headteachers. The responses were recorded and also captured in the researcher's diary. However, although the researcher had targeted to interview 108 CMC chairpersons, 36 LC1 members, 3 HWs and 5 POs; only 58 participants were interviewed. These included, 30 CMC chairpersons, 20 LC1 members, 3 HWs and 5 POs. The reason was that the researcher reached a point of circulation, whereby there were no new responses given, due to the fact that the participants were giving similar responses.

To confirm the usage of collaboration and partnerships to support the implementation of the integrated ECCE services, documents were analysed to find out whether the various records had a reflection of stakeholders' engagement and involvement.

The qualitative data was coded, cleaned and organised into themes that answered the research questions to which they were addressed. This was for objectives one and two. Having organised the data, the researcher used thematic content analysis to analyse the qualitative data.

3.12 Data Processing and Analysis

Using the independent and dependent variables, interviews were administered with the headteachers, centre management committee chairpersons, LC1 chairpersons, probation officers, and health workers to generate qualitative data (Refer to Appendix G₂ and G₃).

To confirm the usage of collaboration and partnerships to support the implementation of the integrated ECCE services, documents were analysed to find out whether the various records had a reflection of stakeholders' engagement and involvement. Documents such as the visitors' book, minutes, immunisation cards, the Learning Framework, and ECCE Policy documents (Refer to Appendix G₁).

The qualitative data was coded, cleaned and organised into themes that guided the researcher to respond to the research questions to which they were addressed. This was for objectives one and two. Having organised the data, the researcher used thematic content analysis to analyse the qualitative data. However, the findings for objective one and two were presented both qualitatively and through the use of descriptive tables.

The quantitative data under objective three, data was collected using SAQ edited, coded sorted and analysed with the help of STATA 14 software. Both descriptive and inferential statistics were generated. The regression analysis was guided by the equation

$$Y = \beta_0 + \beta X_i + \mu_i$$

Where;

Y = Dependent variable (Health Care Practices-HCP)

X_i = Independent Variable (School health service providers' collaboration - SHSP)

μ_i = Error term (helps to explain the unexplained variations in the model)

β_0 is the constant term while the coefficient β was used to measure the sensitivity of (Y) to unit change in the X_i .

3.13 Ethical Consideration

In research there is a need to respect participants' right to control their involvement in the study, minimising risks to participants and avoiding selecting participants because of fringe benefits (Trainor & Graue, 2013). In this study, the researcher observed the identified procedures of the Ethical Review Committee of Kyambogo University throughout the study.

Consent from the Ministry of Education and Sports; and the Ministry of Science and Technology was obtained. Clarification on the purpose of the study was made to both the District Local Government and the site head teachers of the Pre-Primary schools where the research was conducted, including the various institutions within the community. The received consent was shared with all the participants to assure them that the work being done was authentic and only for the benefit of the study and nothing else.

Confidentiality was treated with respect. Neither names nor addresses were included in the report or exposed to the public instead pseudonyms were used throughout the study process and in the study book as agreed. Consent documents were provided to participants as an assurance of their rights. The researcher declared to the participants that they were not restricted to the study if they felt uncomfortable and that the study did not intend to harm them. Ethical

principles of identification, anonymity, privacy, confidentiality, and informed consent were observed throughout the research process. The spread on any harm such as diseases was controlled through the use of masks, hand washing and keeping distance in case of easily spread diseases.

CHAPTER FOUR

PRESENTATION OF FINDINGS, ANALYSIS, AND INTERPRETATION

4.0 Introduction

This chapter presents the study's findings, gives the analysis and interprets the findings about the study objectives, the research questions and the hypothesis. The presentation is done by the study objectives in their order. Quantitative data is first presented using descriptive statistics followed by qualitative data. The following research questions and hypotheses guided this study:

1. What is the influence of school-parent engagement on stimulation Activities?
2. What is the contribution of school-local leaders' collaboration on the strength of child protection practices?
3. There is a significant relationship between school-service providers' collaboration and healthcare practices.

4.1 Demographic Information

Demographic profile of the respondent who included headteachers of pre-primary schools, CMC chairpersons, Local council (LC1) members, Health workers (HOs) and Probation officers (POs) were analysed in this section. The presentation was by age, gender and level of education or qualification in terms of profession. The information from this segment supported in drawing important decisions. Table 4.1 is a reflection of the demographic information of respondents by gender.

Table 4. 1*Demographic Information by gender*

Category	Females	%	Males	%	Total
HTRs of Pre-primary schools	80	74%	28	26%	108
CMC chairpersons	10	33%	20	67%	30
LC1 Members	5	25%	15	75%	20
HWs	3	100%	0	0%	03
POs	4	80%	1	20%	05
Total	102	61.4%	64	38.6%	166

Table 4.1 showed that, out of the one hundred eight headteachers, 80(74%) were female, whereas 28(26%) were male. Centre Management Committee chairpersons, 10(33%) were female, whereas 20(67%) were male. Local Council 1 members, 5(25%) were female, whereas 15(75%). All the three Health workers were male which was 100%. While out of the five Probation officers, 4(80%) were female, whereas 1(20%) was a male. The distribution of the population showed that the majority of the early childhood population are majorly dominated by female. An implication that the government needs to mobilize the males to join the early childhood fraternity in order to balance the gender parity.

Since the study considered participants in management positions, all the 166 respondents were between the age bracket of thirty (30) to fifty (50) years of age.

Table 4. 2

Level of education or qualification

Education level	HTRs	CMCs	LC1	HWs	POs
Primary	0	0	0	0	0
Secondary	0	10	5	0	0
Certificate	0	5	8	0	0
Diploma	78	10	5	1	0
Bachelor's Degree	30	5	2	2	5
Master's degree	0	0	0	0	0

Table 4.2 indicated that 78 headteachers had diplomas, were as 30 had a Bachelor's degree. 10 CMCs had attained secondary education, 5 were certificate holders, 10 had diploma, whereas 5 had a Bachelor's degree. 5 LC1 members had attained secondary education, 8 had certificates, 5 had a diploma, whereas 2 had a Bachelor's degree. 1 Health worker had a diploma whereas the 2 had Bachelor's degree. While all the 5 Probation officers had a Bachelor's degree. The outlined levels of education indicate that the data collected was authentic because information was generated from respondents that have attained some level of education.

4.2 Findings for Objectives, Research questions and hypothesis

4.2.1 Objective one: To examine the influence of school-parent engagement on stimulation activities in school

The first objective was to examine the influence of school-parent engagement on stimulating children's learning and holistic development. To collect data, the researcher used document analysis and interviews to generate information from critical respondents, including the headteachers and the centre management committee chairpersons.

The document analysis tools focused on identifying whether the work plans, reports, and minutes for meetings with parents, centre management committee members, and other stakeholders contain components related to schools collaborating with parents to promote children's learning and early stimulation. Interviews were used to clarify and check some of the assumptions that might have been drawn from the document analysis.

Respondents who participated in the study were given codes for ethical consideration, confidentiality, and easy identification, especially those who responded directly to the gaps. For instance, schools were coded as SCH and given numbers for easy identification, such as SCH1 up to SCH108.

Headteachers (HTR) who participated in the study were also given codes and numbers aligned to their schools. Therefore, if a response from any headteacher was made, it was coded together with the school. For example, in SCH1, the first respondents were from HTR-SCH1 up to HTR-SCH108. Centre Management Committee chairpersons were coded CMC1 up to CMC30; they were coded according to their schools, for example, CMC1-SCH1 up to CMC30-SCH30.

The section below, under the first objective, presents the statistical data using descriptive statistics. This was followed by the qualitative data, which is presented coherently according to the analysed data.

4.2.2 Quantitative Data on the influence of school-parent engagement on stimulation activities in school

After collecting the data, the responses were tabulated into numerical form, showing percentages of those who had evidence of stimulation activities

and those who did not. The presented data was analysed using descriptive statistics and presented in tables.

Table 4. 3

Evidence for Stimulation Activities

SN	ITEM	Total No. of Schools	No. With	% With		%Without
1	Evidence of Stimulation Materials	108	41	37.9%	67	62%
2	Work Plan with evidence of stimulation activities	108	22	20.3%	86	79.6%
3	Evidence Parents/Community Participation	108	25	23.1 %	83	76.8%
4	Evidence of MOU	108	09	8.3%	99	91.6%

Table 4.3 above compares the scores between the schools with evidence of stimulation activities and those without. 37.9% of the participating schools had stimulation materials, whereas 62% of the schools didn't have stimulation materials during the study. When it came to work plans with evidence of stimulation activities, only 20.3% of the schools had work plans with evidence of stimulation activities, whereas 79.6% had no evidence at all.

On parent community participation, while 23.1% of the schools involved the parents and the community, 76.8% did not. Regarding formal engagement, such as contracts or agreements with parents, only 8.4% had evidence of contracts or agreements. In comparison, 91.6% had no formal contracts with parents' engagement in child stimulation activities in the school.

Table 4. 4*Evidence of Documentation for Supporting Stimulation Activities*

	ITEM	Total No. of Schools	No. With	% With	No. Without	No. Without
1	Learning Framework	108	64	59.2%	44	40.7%
2	Work Plan Document	108	12	11.1%	96	88.9%
3	Minutes	108	41	37.9%	67	62%
4	Readers	108	37	34.2%	71	65.7%
5	Records of Visits	108	32	29.6%	76	70.4%

In Table 4.4, the scores on school-parent engagement in stimulation activities and using the Learning Framework to plan for the activities were 59.3%, whereas 40.7% did not have and were not using the learning framework. 11.1% of the participants had work plans with evidence of stimulation activities planned, while 88.9% had no work plans and no evidence of planned stimulation activities in the school.

The availability of meeting minutes showed evidence of school-parent engagement in stimulation activities, but only 37.9% showed that the school had discussed school-parent engagement in stimulation activities in schools. At the same time, 62.1% had not discussed any school-parent engagement in stimulation activities for children. For the case of readers, as part of the evidence for stimulation activities, 34.3% of the schools had readers, while 65.7% had no readers as part of stimulation materials.

Finally, the visitors' records showed that the study was to determine if parents were visiting the schools to engage in stimulating activities. The data showed that 29.6% of the parents who visited the schools specifically came to play a role in child stimulation, whereas 70.4% of the parents who visited the

pre-primary schools did so for other purposes unrelated to child stimulation activities.

4.2.3 Qualitative Data on the influence of school-parent engagement on stimulation activities in school

Three themes were considered to guide the presentation of the interview findings. The themes included school parent-stimulation materials, school-parent stimulation activities, school-parent stimulation guidelines, and policies, which are presented.

The findings on parent-school engagement in developing child-stimulation materials were not prominent. The responses from most participants reflected that the parents had no time to develop stimulation materials with the school. The parents who somehow collaborated with the school only went there to pay school fees, pick a child up from school, attend a meeting, or participate in school events such as open days, speech days, or sports days. CMC4-SCH4 stated that;

"Hmm! Do you think these parents can sit here to work with us? Maybe if someone else comes and talks to them, they might change. Nevertheless, for now, most parents attend all the school events. However, some parents support their children's learning. Most especially when doing homework. They also come to find out how their children perform in class" (CMC4-SCH4).

The CMC as part of the school administration identified a need for parents to work together with the school to develop stimulation materials that children could interact with both at school and at home.

In addition, some headteachers and CMCs observed that if the study is done, it could support continuity and to widen the scope of children's learning. This was observed when CMC22 of school '22' (SCH22) stated,

"I wish our parents could get such information; it would help us a lot. They would even be able to provide the materials to support their children's learning both in class and at home" (CMC22-SCH22).

Furthermore, despite the significant role of parent-school stimulation materials, some headteachers and CMCs showed that parents were not compliant. This was observed when the CMC of school '2' (CMC2-SCH2) stated that,

"If this approach is used, very few schools are doing it. If not, none. How I wish parents would be part of us when developing such materials. This would help our children even to learn better. Because they will see their parents developing the materials together with the teachers. This can also help children to copy their parents" (CMC2-SCH2).

The CMC chairpersons continuously asked whether they could succeed in doing it effectively. However, they all appreciated and observed parent engagement in the development of materials to be of great benefit. CMC 24-SCH 24 chairpersons stated;

"These are things we have never thought about. This is a new development. Teachers have never shared such information with us. Some of us are sometimes available, and we can be ready to work with the teachers. However, we do not have that information" (CMC24-SCH24).

The headteachers and CMC chairpersons identified several stimulating activities in the school that they use to guide parents to do with their children in collaboration with the school. Such activities included talking to the children, praising them whenever they do something good, storytelling, music, singing with the children and giving them lots of love, counting with them, engaging them in play, reading a storybook or picture book, playing games that involve the use of their hands, singing with the children, developing play materials with children, and playing music.

Although some CMCs highlighted the importance of school parent stimulation activities, they confirmed that it wasn't significantly observed or done in Pre-primary schools. During the interviews, one of the head teachers (CMC4-SCH4) stated that;

These parents here, hmm! They claim that they do not have time, as long as they bring the children to school, they think that is enough. Yet if children are supported, they can be helped to do well (CMC4-SCH4).

Evidence from the respondents showed that if parents are encouraged, for instance, to play and interact with their children at the earliest stages in an exciting way, it would help children's brain development.

The findings showed that some parents are not working in collaboration with the schools to feed their children while at school. However, this was observed to contribute to children's cognitive, physical, moral, and emotional development. CMC6-SCH6 outlined that the Pre-Primary community's responsibility is to encourage the parents to be intensely involved in stimulating and learning their children.

Although the Government implements policies and guidelines that include parents as stakeholders, schools do not involve parents in so many activities. This was observed when some of the CMCs and headteachers confessed that they had no idea about the Pre-primary or ECCE/ECD policies and guidelines. The information that the majority had was in the Learning Framework. It is the one that schools use to deliver lessons and develop stimulating activities.

In addition, although the headteachers had information on using the LFW in the teaching-learning process, the CMCs and parents were unaware of it. Besides that, the CMC members were not trained in implementing integrated ECCE services within which stimulation activities have to be developed and implemented. Yet they are responsible for monitoring implementation of the daily activities in the schools and linking the school to the parents and other service providers. This made it difficult for the CMC to link the school and other parents, including continuously monitoring the implementation of school activities. However, the CMC chairpersons identified that some parents engage in activities such as speech days, open days, sports days, class visits, parents' meetings and supported children during the writing of homework.

4.2.4 Objective Two: Establish the contribution of School-Child protection agencies' Collaboration on child Protection Practices in school

Under objective two, the study aimed to find out the contribution of school-child protection agencies' collaboration on child protection practices in school to enhance children's safety and well-being. To verify this, data was collected using document analysis, interviews, and questionnaires. The findings

were analysed using both quantitative and qualitative methods, and they are presented as follows.

4.2.4.1 Quantitative Data on the contribution of school-child Protection Agencies' Collaboration on child Protection Practices in School

After collecting and sorting the data, it was presented in tables and analysed using descriptive figures as reflected below.

Table 4. 5

Evidence of Documents to guide Integration of Protection services

	ITEM	Total No. of Schools	No. With	% With	No. Without	No. Without
1	ECCE/ECD Policy	108	23	21.2%	85	78.7%
2	School-Based Policy	108	43	39.8%	65	60.1%
3	Birth Registration Certificate	108	11	10.1%	97	89.8%

The table 4.5 presents data on evidence of the availability of protection practices at the school as part of the integrated provision of ECCE services. The data showed that 21.2% had the ECCE/ECD policy and used it to guide their activities. Meanwhile, 78.7% of the schools did not have the ECCE policy and were not using it. At the same time, 39.8% had school-based protection policies. However, 60.1% of the schools did not have school-based policies to promote child protection practices. 10.1% had Birth Registration Certificates, which were required to understand the details of children. In contrast, 89.8% of the schools did not have children's Birth Registration Certificates.

4.2.4.2 Qualitative Data on the contribution of School-Child protection agencies' Collaboration on child Protection Practices in school

Using interviews with CMC chairpersons and probation officers in this study, it was discovered that some pre-primary school administrators were not collaborating with the child protection agencies to implement child protection practices. This was observed when the CMC12-SCH12 stated:

“You think we know those people? They rarely come to our schools. Maybe they go to those schools with money, but for us, they don't come.”

The respondents identified child protection practices in the schools, such as guiding and counselling children and measures for preventing child abuse, neglect, and exploitation. For instance, the respondents identified areas such as child exclusion (under this one, teachers identified that some of the children stayed with their stepmothers, whereas others were orphans who were staying with grandparents).

These categories of children were usually excluded, especially regarding the provision of school requirements.), child welfare (some families were not giving the necessary support and care for their children. Children were not provided with resources for mid-day meals. However, no single package is given to them while coming to school.).

Data was collected using observations, interviews, questionnaires and document analysis. Throughout the observations, much concentration was put on the types of child protection practices seen in the classrooms, offices and the school compound. This included the activities, infrastructure, and any pictures or photos of safety and child protection. These included the approaches used

and the stakeholders with whom the school collaborates in promoting child protection practices. In the case of any stakeholder that came into the school, the researcher was conscious of understanding what he or she had come to do in the school. The researcher noted it in the diary in case it was related to child safety and protection.

It was observed that some parents dropped their children off in the morning, and when it was time to go home, teachers made children sit in one place to wait for the parents or guardians. This kind of observation was made in almost all the schools. However, the actions in all the schools were not the same. The mode of programmes differed from one school to another. In some of the schools, as these children were very young, they came to school and went back home by themselves. During picking, teachers were observed interacting with the guardian's parent. Nevertheless, it was unclear whether the interaction was to confirm whether that was the right person to pick. To verify the observations, interview sessions were conducted with the various stakeholders that had been highlighted to promote child protection practices. The interviewed stakeholders were headteachers, centre management committee (CMC) chairpersons, probation officers, and local council (LC) members.

Headteachers, CMC chairpersons, probation officers, and LC members were involved in the interview. The information shared discovered that, as much as they knew the importance of collaborating with child protection agencies and probation officers working in partnership with the school, they had not emphasised it much. Most schools reflected that they did not fully utilise the probation officers and other child protection agencies, although they knew how

important they were. The probation officers reported that they would love to collaborate with the schools. However, they claimed they did not have the facilitation to contact all the schools. They only had an opportunity to reach out to the schools when the District Police Commander (DPC) was making arrangements in the Municipality or when the schools that needed them provided support. The schools majorly engaged them on issues concerning child abuse or neglect, when some of the parents had resisted clearing school dues when children had gone missing from their homes or school or in case of any accidents. This was realised when Probation Officer No.1 (PO/1) stated,

"We would have loved to reach out to all the schools, especially to train parents and staff on child safety and protection issues. The challenge is that we lack facilitation; even the responsible Ministry only calls when a child has a problem but still without any facilitation. This makes our work very difficult. Moreover, as of now, so many children are being abused even by their parents".

The document analysis guide analysed minutes, attendance lists, school plans, reports and improvement plans. The findings showed that although some schools blamed the child protection agencies for not working together to promote child protection practices in schools, the documents analysed in the schools lacked components on child safety and protection. Neither the work nor school improvement plans included child safety and protection-related issues. Similarly, neither the minutes nor the attendance lists reflected any participation of the child protection agencies in most of the schools. After thoroughly

analysing the instruments, the data was recorded and analysed to produce the final results.

Moore, MacArthur, Noble-Carr, and Harcourt (2015) define child safety as defending children from accidents, dangerous items, risks, and injury. Children's safety should be considered both at school and outside school.

In this study, the respondents identified several ideas on how to keep children safe while at school and on their way to school. Some of these included putting safety rules in place both for school and on their way to school and back home. Moore et al. (2015) observed that it is of paramount importance and necessary to provide holistic support for the effective growth and development of the child.

The holistic package includes a child's cognitive, affective and psychomotor domains. This gives him/her a chance to learn and achieve in a safe and secure environment. Hence, it is a safe and secure school with a pleasant and welcoming setting. This would enable the teachers to fulfil their duty in a safe and secure environment. For instance, during interviews, several respondents raised several issues. CMC1-SCH1 stated that,

“Although children come to school to study, they do many things innocently. This sometimes makes them do things carelessly ending up causing injury to themselves. Therefore, it is important that we teachers set school rules. They will help us to make children safe. However, we cannot do it alone. We need other people like parents. Don't you see?”
(CMC1-SCH1).

CMC13-SCH13 guided,

"We can use messages around the school compound and in class. They help. Messages such as: do not pass here, do not run when moving on the veranda, do not fight, do not push your friend, do not stand and jump on the desk. What I am learning is that if we all work together, it is better like if we work together with parents. They are the ones with money. They can help." (CMC13-SCH13).

Due to the respondents' trust in the researcher, they clarified that though they were realising the importance of working as a team, they were not frequently doing it. For instance, children have been moving alone from home to school and from school to home without the accompaniment of any adult.

In addition, according to the information shared, several pre-primary schools in Kira Municipality do not have school rules on child safety and security. During the interviews, LC1 village 1 stated that;

"How I wish we would sit with the nursery teachers and school administration; we would have exchanged ideas on the best ways to ensure all our children are safe. However, even the parents do not care. Even when we call them for village council meetings, they do not come. They say they are looking for money. Hmm! I wonder. Maybe it is your ideas that will help." (LC1 - Village 1).

The second LC1 in the village '2' specified that;

"For me, I feel that the people that can help us with the safety and protection of our children are our police, the parents or other family members who stay with those children, the older children, the teachers and the cooks because they are also part of the school. Nevertheless,

even politicians can help us. We have the Members of Parliament. For sure, the headteachers have betrayed us. They do not want to show us what they do. (Oba) Alternatively, do they think we want their money?" (LCI Village 2).

Several respondents observed that the school headteachers have a significant role to play and that they must ensure that children stay in a safe, secure and peaceful environment to enhance the quality of learning and to promote holistic growth and development. Therefore, this makes the headteacher accountable for the safety and security of the school because he has a right to attract all the various stakeholders that add value to the institution. Some of his/her roles and responsibilities include planning and administering the daily running of the safety and security measures of the school.

The policies used to guide the protection seen on the ground included the 2007 Early Childhood and Development policy, published by the Ministry of Education and Sports. Although headteachers and teachers explained that they were aware of some of ECCE and ECD policies, they were not observed in the schools. This was also discovered during the document analysis. One of the CMC30-SCH30 stated that;

"Our headteacher had promised to bring for us some policies. But for now, we don't have them here. And I don't think my colleagues have ever seen any of them. Madam, is there a possibility for you to get us some? Because of what I see, our children and we ('the HTRS') are missing a lot of important information. What I have seen in our school, only the

Learning Framework and the Caregivers' guide, the rest, no" (CMC30-SCH30).

The Learning Frameworks (LFW) and Caregivers' Guide were the standard documents found in the schools. Almost ninety-five per cent (95%) of the schools had the LFW and were using it to deliver lessons and as a guide to develop teaching and learning materials.

The LFW and Caregivers' guide was used to guide the teachers on the type of materials that were safe and secure for the lives of children. Some of such materials were picked from the local environment and were used as resource materials such as balls, ropes, dolls, picture books, Flashcards, and blocks among others were organised in a way that couldn't harm children. These materials were seen both in the classroom and the outdoor space. However, these were developed by teachers without the involvement of the teachers.

When it came to using policies on child protection agencies' collaboration, the teachers and headteachers clarified that although they did not have the policies and guidelines on child protection, they used other avenues to ensure that they were implemented. For instance, CMC15-SCH15 Stated as reflected below:

"Madam, although we do not have the policies and standards, we use our initiative to ensure children are safe and secure. The headteacher sometimes shares feedback on the standards when she participates in headteachers' meetings organised by the Municipality" (CMC15-SCH15).

The headteachers and teachers suggested that the government should find ways to distribute all the policies and guidelines regarding early childhood. They observed that this would help them protect children and be necessary for their professional development.

The child protection practices attained in the schools obtained through interviews included those directly provided by the schools, through parent collaboration and a few through agencies' collaboration. These were highlighted as follows:

Those that were directly implemented by the schools included fencing the schools, which was done in collaboration with parents, LCs and the police; providing clean water ready for drinking, which was done in collaboration with local government and the water sector; putting security guards at the school gate, having an enclosed kitchen to make sure that children's food is safe, making sure that the school compound is well levelled, having safe and well-protected rubbish disposal areas, putting stagnant water out of the school, slashing the school compound, keeping hazardous materials out of the reach out of children. Safe play materials should be used both in the classroom and in the outdoor space, and they should be checked and spread daily to avoid dangerous animals, such as snakes, that are out of reach of children. However, these practices were not identified as a package in a single school. Several schools had a few areas, whereas others had more than three or four.

Nevertheless, the respondents observed that much as some interventions were seen in the schools, there was no way they would implement effective child protection practices without the involvement of other child protection

agencies, such as the probation officers who are directly in charge of children and their families, parents, local councils, centre management committee members and the parents themselves. For example, one CMC of school '28' (CMC28-SCH28) explained;

"Madam, there is a problem with this road here, you see our school is near the road. However, even when you talk to our people, they have failed to put for us humps. Moreover, when we talk to the parents, they do not want to pick up their children from school. They say they do not have time, and those who try still send either the maids or fellow children. How I wish we had a chance and you come and talk to them."
(CMC28-SCH28).

During the interviews with the probation officers, they clarified that they don't work directly with the pre-primary schools except when cases of violence are reported, that's when they engage with the schools. They outlined that they also come in when accidents occur or when children have not reached their homes. After lengthy engagements the interviews, the probation officers realised a need for them to work closely with the schools most especially in the area of parent sensitization on issues of child protection and well-being. One of the probation officers stated;

"At first, I thought we only need to engage with schools when there is a problem or when children are violated. But I have seen we even need to be part of the meetings to help teachers on educating parents on protection issues for the safety and protection of their children" (PO3).

The probation officers realised that they could even use school-child protection agencies' collaboration opportunities as a vehicle to share information that is under their mandated roles. This could help them on the reduction of the high crime rates. They also observed that children go through a lot of torture and neglect which goes away unnoticed. They emphasized the importance of their involvement.

Similarly, the Local council chairpersons identified a need for them to work closely with the primary schools. They reflected that they were already working with the schools. For instance, they observed that when it comes to the safety and protection of their areas, they are the ones directly in charge. They, therefore, take full responsibility for the school property.

In addition, the LC chairpersons highlighted that the children come from their communities, and they at least know the parents of the children where they stay. Therefore, there was no need for them to act selfishly. However, they highlighted that schools sometimes do not involve them in some of the issues, though they are supposed to know what goes on in their localities.

4.2.5 Objective Three: To assess the relationship between School-Service Providers Collaboration and Health Care Practices in school

In the third objective, the researcher wanted to discover the relationship between school-health care service providers' collaboration and healthcare practices. In this section, a descriptive analysis, correlation, scatter plot, and regression were used to analyse the quantitative data as prescribed below:

4.2.5.1 Quantitative Analysis of the relationship between School-Service Providers Collaboration and Health Care Practices in school

4.2.5.1.1 Descriptive statistics

Our third objective guides the descriptive statistics. The corresponding hypothesis was H_0 : There is no relationship between School health service providers' collaboration and the health care practices in schools. The hypothesis is tested using the correlation results in Table 3. The type of collaboration between the school and health service providers is presented in Table 1, while the health care practices are presented in Table 4.6.

Table 4. 6*The school health service providers' collaboration*

Variable	Obs	Mean	Std.Dev	Min	Max	Decision
1. Collaboration on children's enrolment	108	4.06	0.43	2	5	Agree
2. Collaboration on the provision of TL/Aids	108	4.65	0.55	2	5	Agree
3. Collaboration on safety and protection	108	4.54	0.55	3	5	Agree
4. Collaboration on resource mobilisation	108	3.24	0.88	2	5	Neutral
5. Collaboration on nutritious meals	108	3.93	0.59	2	5	Agree
6. Collaboration on the health and well-being	108	4.3	0.57	2	5	Agree
7. Collaboration with the WASH facilities.	108	4.06	0.30	3	5	Agree
8. Collaboration on enforcement of children's rights.	108	4.02	0.39	3	5	Agree
9. Collaboration on policy implementation	108	4.8	0.45	3	5	Agree
10. Collaboration with LC on the delivery of Health services.	108	3.94	0.80	2	5	Agree
11. Collaboration with HCWs on child health days (immunisation & deworming)	108	4.76	0.56	2	5	Agree
12. Collaboration on the training of staff and parents.	108	4.09	0.73	2	5	Agree
13. Collaboration on cleanliness and hygiene of children.	108	4.44	0.75	2	5	Neutral
14. Collaboration on the creation of linkages	108	2.83	0.95	2	5	Agree
15. Collaboration on feedback sharing and coordination.	108	3.94	0.49	2	5	Agree
Average		4.11	0.27			

Table 4.6 describes the statistics on the type of collaboration between the school and health care service providers. For the collaboration to increase children's enrolment in pre-primary schools, the Mean was 4.06, with a standard

deviation of 0.43. The mean score suggested a high level of collaboration on increasing children's enrolment, with low variability in responses.

Collaboration on the provision of teaching and learning (TL) materials reflected related to health care a mean of 4.65 with a standard deviation of 0.52. The mean score indicated a high level of collaboration on the provision of TL materials in pre-primary schools with low variability in responses.

The collaboration on the safety and protection of children in pre-primary schools as a way of enhancing their rights, the mean was 4.54 with a standard deviation of 0.54. The mean score suggests the existence of a high level of collaboration on safety and protection measures to enhance children's rights, with low variability in responses.

Collaboration on resource mobilization to support the delivery of health care practices, the mean was 3.24 with a standard deviation of 0.89. The mean score indicated a moderate level of collaboration on resource mobilization to support the delivery of healthcare practices, with considerable variability in responses.

The collaboration with health service providers and parents on nutritious meals in pre-primary schools, the mean score was 3.93 with a standard deviation of 0.59. This implies a general agreement among the respondents with limited variability in responses.

On the collaboration of the general health and well-being of children and staff in pre-primary schools, the mean score was 4.3 with a standard deviation of 0.57. The mean score indicated a high level of collaboration on health and

well-being initiatives for children and staff. The responses showed low variability.

For the collaboration on water sanitation and hygiene (WASH) facilities in pre-primary schools, the mean score was 4.06 with a standard deviation of 0.30. The mean score suggested a high level of collaboration on WASH facilities, with low variability in responses.

Collaboration on enforcing children's rights (provision of health care inclusive) for children three to six years' old who attend pre-primary school: The mean was 4.02, with a standard deviation of 0.39. The mean score indicated a high level of collaboration on enforcing children's rights within pre-primary schools, with low variability in responses.

The mean for the collaboration on implementing health policies in pre-primary schools was 4.8, with a standard deviation of 0.45. The mean score suggested a very high level of collaboration on policy implementation. The variation in the responses was low.

Collaboration with the local council (LC) to support the school in mobilising health workers to deliver health care services in pre-primary schools; the mean was 3.94 with a standard deviation of 0.80. The mean score indicated agreement among the respondents in school collaboration with Local Councils (LC) on the delivery of health services. The variation in responses was low.

Collaboration with health care workers (HCWs) to ensure that children are immunised and dewormed during child health days plus within the pre-primary schools; the mean score was 4.76, with a standard deviation of 0.56. The mean score suggested a high level of collaboration between schools and

HCWs on child health days, such as immunisation and deworming programs, with low response variability.

The school's collaboration with health service providers in training staff and parents on healthcare-related issues was measured; the mean was 4.09, with a standard deviation of 0.73. Respondents agreed that there is a high level of collaboration between the school and health care service providers in training staff and parents in pre-primary schools. Response variability was low.

The mean of the collaboration between the school and other stakeholders regarding the cleanliness and hygiene of children in pre-primary schools was 4.44, with a standard deviation of 0.75. The mean score indicated a high level of collaboration in ensuring cleanliness and hygiene for children in pre-primary schools, with low response variability.

The mean for collaboration with stakeholders to create linkages between the school and referral health facilities for staff and children within the pre-primary schools was 2.83, with a standard deviation of 0.952. The mean score suggests that the respondents were neutral regarding the area of collaboration. The variability in responses was low.

In terms of collaboration, feedback sharing, and strengthened coordination amongst stakeholders within pre-primary schools, the mean was 3.94 with a standard deviation of 0.49. The mean score indicated agreement among respondents that collaboration exists in sharing feedback and strengthening coordination amongst stakeholders, with a relatively low variability in responses.

Table 4. 7*Describes the Healthcare Practices Prevalent in Nursery Schools*

Variable	Obs	Mean	Std.Dev	Min	Max	Decision
1. Engagement in developing children's senses.	108	4.74	0.44	4	5	Agree
2. Opportunities for physical exercises.	108	4.77	0.42	4	5	Agree
3. Promotion of creativity & well-being.	108	4.71	0.45	4	5	Agree
4. Engage in role-play & imagination	108	4.69	0.48	3	5	Agree
5. Child participation in drama.	108	4.79	0.41	4	5	Agree
6. Involvement in emergent health.	108	4.31	0.49	3	5	Agree
7. Involvement in life skills and values.	108	4.7	0.46	4	5	Agree
8. Engagement in coordination.	108	3.01	0.90	2	5	Neutral
9. Comprehensive policies on health.	108	3.54	0.84	2	5	Agree
10. Recognise signs of health issues.	108	4.09	0.32	3	5	Agree
11. Regular updates on health care.	108	4.23	0.52	2	5	Agree
12. Physical safety and health protection.	108	4.68	0.47	4	5	Agree
13. Adequate supervision and monitoring.	108	4.72	0.51	2	5	Agree
14. Screening to mitigate the spread of diseases.	108	3.1	0.94	2	5	Neutral
15. Compliance with immunisation	108	3.94	0.38	2	5	Agree
16. Monitoring of sanitation & hygiene	108	4.23	0.42	4	5	Agree
17. Clear policy on child health in school	108	3.95	0.63	2	5	Agree
18. Medication of children with challenges.	108	2.56	0.96	2	5	Neutral
19. Training of staff and families	108	2.55	0.89	2	5	Neutral
20. Priority to health care practices and training.	108	3.89	0.48	3	5	Agree
Average		4.06	0.28			

The mean score was 4.74, with a standard deviation of 0.44. This suggests a high level of engagement in the development of children's senses and low variability in responses.

Collaborations contributed to improving the opportunity for children to carry out a variety of physical exercises, enabling them to grow and develop a healthy body. The mean was 4.77, with a standard deviation of 0.42. The mean score indicates high opportunities for children to carry out physical exercises, with low variability in responses.

Promoting children's creativity and well-being through Art/Craft and play. This was also used to reduce children's stress and mental health issues. In this aspect, the mean was 4.71, with a standard deviation of 0.45. The mean score suggests a high level of promoting children's creativity and well-being through art, craft, and play within pre-primary schools, with low response variability.

Through collaboration, children participated in role-play and imagination activities in which they were able to imitate healthcare practices. In this aspect, the mean was 4.69, with a standard deviation of 0.48. The mean score indicates a high level of engagement in role-play and imagination activities among children, with low variability in responses.

Child participation in drama was observed to enhance healthcare practices in pre-primary schools. The mean was 4.79, with a standard deviation of 0.41. The mean score suggests a high level of child participation in drama activities to enhance healthcare practices, with low variability in responses.

The mean involvement of children in emergent health activities in pre-primary schools was 4.31, with a standard deviation of 0.49. The mean score indicates a relatively high level of involvement of children in emergent health activities, with moderate variability in responses.

The mean score for the involvement of children in critical thinking, problem-solving, and inquiry skills in pre-primary schools to mitigate challenges in healthcare practices was 4.7, with a standard deviation of 0.46. The mean score suggests a high level of involvement of children in critical thinking, problem-solving, and inquiry skills, with low variability in responses.

Engagement of stakeholders in coordination activities to strengthen health care activities and self-expression activities for children in pre-primary schools. In this aspect, there is a mean of 3.01 with a standard deviation of 0.90. The mean score implies a neutral response regarding the level of engagement in coordination and self-expression activities among children. The variability in the responses among the respondents was low.

The school has comprehensive policies on health activities for children, staff and parents, with a mean of 3.54 and a standard deviation of 0.84. The mean score suggests the neutral position taken by respondents on the level of implementation of comprehensive health policies in schools. The variation in responses was low.

Teachers and parents' recognition of signs of child abuse and healthcare practices in pre-primary school had a mean score of 4.09 with a standard deviation of 0.32. The mean score indicates a high level of recognition of signs

of child abuse and health challenges among teachers and parents, with low variability in responses.

The mean score for regular updates to children, staff, and parents on healthcare issues and child well-being in pre-primary schools was 4.23, with a standard deviation of 0.52. The mean score suggests a high level of regular updates on healthcare issues and the well-being of children, staff, and parents. The variability in responses was low.

The mean score for maintaining physical safety and protecting the school environment in pre-primary schools was 4.68, with a standard deviation of 0.47. The mean score indicates a high level of physical safety and protection maintenance in the pre-primary school environment, with low variability in responses.

Children are adequately supervised and monitored to mitigate accidents, conflicts, and incidents of harm in the pre-primary school. The mean score was 4.72, with a standard deviation of 0.51. The mean score suggests a high level of adequate supervision and monitoring of children to prevent accidents, conflicts, and incidents of harm, with low variability in responses.

The mean for screening children to lessen the spread of diseases before they report to school at the beginning of every term was 3.1, with a standard deviation of 0.94. The mean score implies that respondents were neutral in their responses, and the variation in the responses was low.

On compliance with immunization to support the reduction of infectious diseases and to ensure that there is protection of the health of children and staff, there was a mean of 3.94 with a standard deviation of 0.38. The mean score

suggested a high level of compliance with immunisation requirements, with low variability in responses.

The frequency of monitoring sanitation and hygiene within the pre-primary school on issues such as hand washing with water and soap was 4.23, with a standard deviation of 0.42. The mean score indicated a high level of frequent monitoring of sanitation and hygiene practices, with low response variability.

The school has a clear policy on when children should stay out of school due to illness to prevent the spreading of contagious diseases. Its mean score was 3.95, with a standard deviation of 0.63. The mean score suggested a moderate clarity in the policy regarding when children should stay out of school due to illness, with low response variability.

Medication of children under circumstances such as chronic diseases and emergency medications/First Aid had a mean of 2.56 with a standard deviation of 0.96. The mean score indicated a relatively low level of medication management for children with chronic diseases and emergency incidents, with low response variability.

The pre-primary school's staff and parents/guardians' training on managing children with chronic diseases had a mean of 2.55 and a standard deviation of 0.89. The mean score suggests a relatively low level of training in managing chronic diseases, with considerable variability in responses.

The school prioritises working with health service providers to provide health education to children, staff, and parents/guardians on various health topics to foster healthy behaviour and habits, such as lessons on hygiene,

nutrition, dental care, personal safety, and germ prevention. This had a mean of 3.89 with a standard deviation of 0.48. The mean score indicates a high level of priority given to health care training, with low variability in responses.

These statistics provide insights into the central tendency and variability of responses for each variable, which enabled an understanding of the level of collaboration in various aspects, such as healthcare policies, practices, and training priorities in pre-primary schools.

Table 4. 8:

Correlation Matrix

The correlation matrix was run to establish the relationship between SHSP and HCP.

Variable	SHSP	HCP
School Health Service Provider Collaboration (SHSP)	1	
Health Care Practices (HCP)	0.6656**	1

** . Correlation is significant at the 0.05 level

Ho: There is no relationship between SHSP and HCP

The results indicate a significant positive relationship between school health service providers (0.67; $p < 0.05$) and school health care practices. The null hypothesis was rejected.

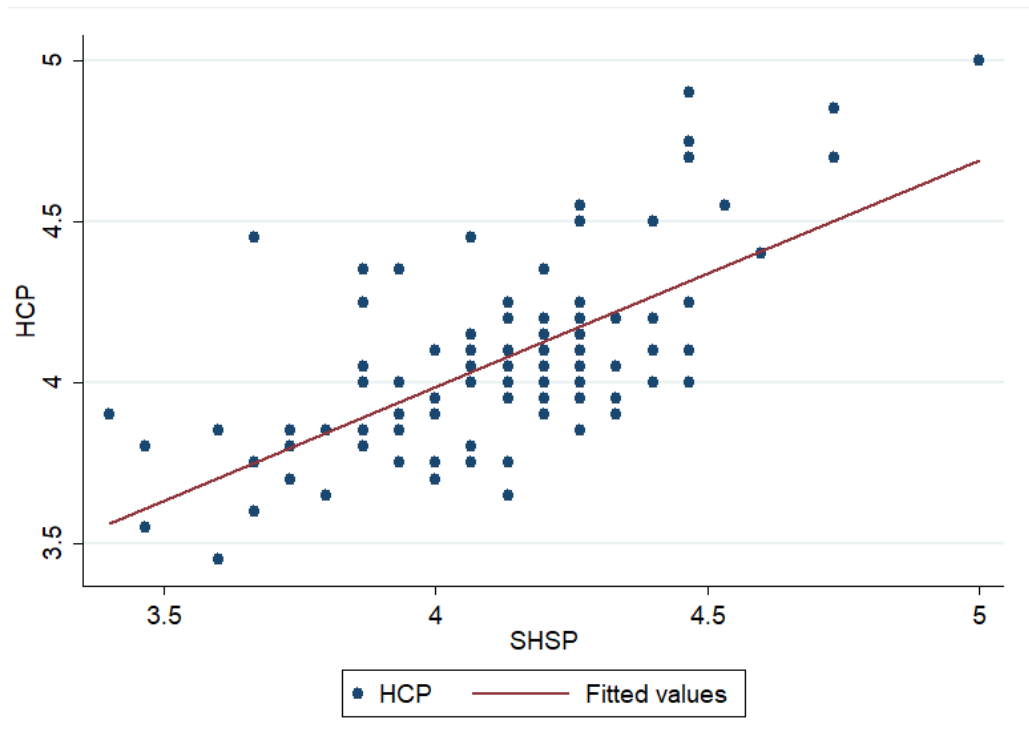


Figure 4. 1

Scatter plot for the relationship between HCP and SHSP

The figure shows that the success of Health care practices (HCP) in schools is positively related to the school health service providers' collaboration.

Table 4. 9

Regression results

The simple regression test was performed to establish the contribution of the IV (SHSP) on the DV (HCP)

Variable	Coef.	Std. Err.	T	P>t	[95% Conf.	Interval]
SHSP	0.940	0.1024	9.18	0.00	0.7370	1.143
Interception	23.33	6.3189	3.69	0.00	10.801	35.856

The estimated equation is given as $Y = 23.33 + 0.94X$. These findings imply that for every one-unit increase in School health service providers' collaboration, school health care practices improve by 0.94 (94%). The SHSP contributes 94 percent to the school's health care practices. Collaboration

between schools and healthcare service providers helps improve school healthcare practices.

Table 4. 10:

Model summary

Source	SS	Df	MS	Number of observations	108
Model	1519.68	1	1519.68	F (1,106)	84.30
Residual	1910.98	106	18.03	Prob>F	0.0000
Total	3430.67	107	32.06	R-Squared	0.4430
				Adj R-squared	0.4377
				Root MSE	4.246

The predictor variable explains 43.8% of the variation in school healthcare practices (Adjusted R-squared 0.4377; $p < 0.00$). The difference between the R-squared and the adjusted R-squared is only 0.01, meaning the model fit is perfect. The F-test is also significant, which implies that our regression equation fits the data set used in the analysis well.

The multicollinearity test was run to determine the model's robustness. Specifically, the research wanted to determine whether the model does not suffer from multicollinearity.

Table 4. 11

Multicollinearity Test

Variable	VIF	1/VIF
SHSP	1.00	1.000
Mean VIF	1.00	

The predictor variable's collinearity tolerance (1/VIF) was greater than 0.1(10%), and the corresponding variable inflation factor (VIF) was equal to

1.00. This falls within the recommended interval of 1 and 10, indicating the non-existence of multicollinearity in our data set.

4.2.5.2 Qualitative Analysis of the relationship between School-Service Providers Collaboration and Health Care Practices in school

In addition to the hypothesis, qualitative data was collected to explain the relationship between the school-service provider collaboration and health care practices. This data was analysed under four themes: Hygiene facilities, access to the health centres, health care services provided, and parent engagement in health care provision. The details are presented below:

The majority of the schools visited indicated that the health centres were far away from the schools. They reported that they were not getting services planned by the government due to the long distances. In some schools, the distances were relatively short, but the age group in pre-primary schools made it difficult for children to access the facility. These are some of the reflections from one of the respondents, as highlighted below:

“We would have loved to work closely with the health service providers, but we only have three government health centres. All the rest are privately owned. This means we cannot receive the service if we don’t have the money (CMC2-SCH2).

Most centres reported not receiving any services from the health centres. They also reported that they are not often visited by the health workers. Nevertheless, they accommodate children who require regular deworming, routine immunisation and provision of vitamin A supplements. These are some of the reactions from two respondents, as highlighted below:

“Much as we have the most vulnerable and youngest children, the health workers do not come to most pre-primary schools that are not attached to primary schools. Meaning that if these children were not taken for the services by their parents earlier, they would miss out on that chance” (CMC24-SCH24).

Respondent Two observed as follows:

"My major challenge is these people just coming in at any time they want. We need always to be aware so that we mobilise all the parents to bring their children to school so that they all receive the service" (CMC7-SCH-7).

Although health workers are supposed to engage parents in providing health care services, the findings show that there was no parent training, and parents were not involved in services such as immunisation, deworming, and the provision of Vitamin A supplements. Neither did they get consent to provide the services to the children, yet they are minors. These are some of the reflections from four respondents as highlighted below:

"You see, the health workers just fall in abruptly without informing us. Yet these are young children, and we need to inform their parents. That is why, at times, we remain in space due to the fear of committing ourselves" (CMC25-SCH25).

The second respondent stated:

"Sometimes, these parents do not want anything done to their children without informing them. Others refuse their children to receive any service while at school. It is the reason that the health workers should tell us before they come" (CMC28-SCH28).

The third respondent reflected that:

“It is better that the health workers help in training the parents so that they understand why their children are immunised, dewormed and given vitamin A supplements. Even when they come to school to give services to the children, they should tell us in time, so that we also inform the parents, instead of them coming any time they want” (CMC15-SCH15).

The fourth respondent highlighted:

“It would be good for us to work with the school, especially in training parents, but the challenge is that they do not involve us in their planning. Sometimes even when we could go to the schools to help them in health care areas, there are very few at the health centres. However, we have health inspectors that are directly in charge of schools. They can help us on issues concerning schools” (HW3).

When it came to using children’s creativity through Arts and Craft, some headteachers reflected that during free activity lessons and arts and crafts where children need to use their thoughts, they observed children trying to imitate what they see in the communities. They imitate their parents, the teachers, doctors, nurses and others. They are seen washing hands, cleaning the house, and covering food all done using play. For example, CMC05-SCH05 stated;

“We usually give our children time to play in the home area during free activity. Sometimes, we see them trying out different roles, such as nurses, doctors, teachers, and others. After they draw pictures of what they have done”.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary of the findings, the discussions, conclusion, recommendations, including significant areas for future research. The study sought to examine the influence of school-parent engagement on stimulation activities for children's development and analyse the data collected through surveys, interviews, and observations to gain insights into the relationship between school-parent engagement and stimulation activities; establish the contribution of school-child protection agencies on child protection practices; and to assess the relationship between school-health service providers collaboration and health care practices in pre-primary schools.

5.1 Summary of the Study

The purpose of this study was to explore school-community partnerships in the implementation of integrated ECCE in pre-primary schools in Uganda, a case of Kira Municipality in Wakiso District in the central region. Although policies and legal frameworks in Uganda advocate for a multi-sectoral approach to integration of ECCE services in pre-primary schools and other service points, this has not been the case. Implementation of integrated ECCE services has remained a challenge, causing an even delivery of a holistic package of services to children (birth to eight) years of age. The objectives of the study were to; examine the influence of school-parent engagement on the provision of stimulation activities, establish the contribution of school-child protection agencies collaboration on integrated child protection practices, and to assess the

relationship between school-health service providers' collaboration and health care practices in pre-primary schools.

The study employed a cross-sectional survey design, targeting 260 participants including 108 headteachers of pre-primary schools, 108 centre management committee chairpersons, 36 Local councils one members, 5 Probation officers and 3 health workers all of Kira Municipality. However, out of the 260 targeted respondents, 166 were sampled. These included; 108 HTRs, 30 CMC chairpersons, 20 LC1 members, 5 POs, and 3 HWs. Questionnaires, document analysis guides and interview guides were administered to HTRs, CMCs chairpersons, LC1 members, POs and HWs respectively; to collect data. This was analysed both qualitatively and quantitatively. The information supported in deriving to the conclusion of the study, as well as creating recommendations.

5.2 Discussion of findings

5.2.1 The Influence of school-parent Engagement on Stimulation Activities in School

The findings on the influence of school-parent engagement on children's learning and holistic development through stimulation activities were explained by; how schools collaborated with parents on children's stimulation both at school and at home. The findings revealed that, while 37.9% of the pre-primary schools in Kira Municipality had evidence of the provision of stimulation activities done together with parents, 62% of the schools did not have any evidence of stimulation activities done together with the parents during the study.

When it came to work plans, which were expected to integrate activities that enhance collaboration between the parents and the pre-primary schools on the stimulation of children's learning, only 20.3% of the schools had included such interventions within their work plans, whereas 79.6% had no evidence at all. This showed lack of clarity to whether parents are engaged or not. An implication that the majority of the pre-primary schools were less concerned on engaging parents on their children's learning and early stimulation.

About 23.1% of the schools encouraged parents and the community to participate in child stimulation activities whenever required, while 76.8% did not pay attention to it. Regarding formal procedures for engagement, such as signing agreements or contracts/roles and responsibilities, only 8.4% created provisions for this, while 91% didn't pay attention to it and didn't know the reason to why it should be done. In that aspect, they did not have any reason to why it should be done.

Regarding the operational standards that provide guidance on appropriate stimulation activities to be given to children, 59.3% of the schools had Learning Frameworks to guide both the teachers and the parents on the category of contents to be given to the learners; whereas 40.7% didn't have the Learning Framework that is provided by the Government. Such schools used materials bought from private vendors or those creatively developed by the teachers using their own initiative. Whereas teachers/schools have to develop schemes of work and daily routine plans to guide on the content or kind of materials to be delivered to children, only 11.1% of the pre-primary schools had evidence of stimulation activities planned for. 88.9% of the pre-primary schools

had not for any stimulation activities for children to be done together with the parents.

The findings from the interviews with headteachers and CMC chairpersons highlighted that parents were generally not involved in developing stimulation materials. Their participation was often limited to financial contributions or attending school events, such as open days, speech days and sports activities. Several headteachers and CMC chairpersons, clarified that much as they knew the importance of working in collaboration with parents in the learning of their children, it was not given much attention. This was evident when CMC22-SCH22, stressed that; *“involving parents in creating stimulation materials is important, but we have not been paying a lot of attention to it”*. However, furthering the discussion with probing questions, it was observed that parents had been involved when their children went with homework to enhance children’s learning while at home.

While some schools engaged parents in stimulating activities such as storytelling, music, or playing with children, many headteachers expressed concern over parents’ low prioritisation of these activities despite their importance in child development. HTR22-SCH22 emphasised that in spite the importance activities such as storytelling, music and play, very few parents engaged in this. Nevertheless, this was not done in many schools. It was only done in a hand full of schools, although it had been recognised to be significant in improving children’s literacy skills.

Several headteachers pointed out that although they were not paying a lot of attention to collaborating with parents, increased parental engagement

could enhance children's cognitive and holistic development. However, the current low level of engagement limits the positive outcomes of such collaboration, which affects children's holistic development and education outcome. These findings revealed that there was inadequate school-parent engagement in stimulation activities.

5.2.2 The Contribution of School-Child Protection Agencies' Collaboration on Child Protection Practices in School

The findings on the contribution of school-child protection agencies collaboration on child protection practices revealed that much as schools are expected to be guided by policies to implement child protection in schools, 21.2% of the pre-primary schools had evidence of having the ECD policy. 78.7% of the schools didn't have policies to inform them on what is supposed to be done in relation to the protection of children both in school and outside school. While 39.8% had formulated school-based policies on the protection of children, 60.1% of the pre-primary schools didn't have any policies to support in the promotion of child protection practices. This made the protection of children difficult since the schools didn't have any policies to consult and to inform them on the categories of people to collaborate with on child protection.

According to the policies such as the NIECD policy (MOGLSD, 2016), birth registration certificates and the National Identification certificates are some of the documents that inform holistic planning for any country, Uganda inclusive. However, only 10.1% of the pre-primary schools had records of birth registration for their learners. 89.8% of the schools did not have any records of Birth registration certificates for their learners.

The findings from interviews and document analysis provided more profound insights into the challenges and practices of collaboration between schools and child protection agencies. Lack of effective collaboration, the disconnect between schools and child protection agencies was a recurring theme during interviews. CMC12-SCH12 pointed out that child protection agencies rarely visited pre-primary schools, which was considered a lower priority than wealthier institutions. This lack of regular engagement hindered the development of a proactive approach to child protection.

The interviews also revealed minimal engagement from probation officers, whose interactions with schools were limited mainly to emergencies, such as abuse or neglect cases. PO1 explained that logistical constraints, such as inadequate facilitation, prevented them from being more involved in routine child protection measures. This led to disjointed child protection practices in pre-primary schools. For instance, during the crossing of the roads, schools would have collaborated with the police. However, this was not the case in all the schools. Schools did it alone either by at teacher, or children themselves.

Although some schools implemented positive child protection practices, such as enforcing school rules, setting up safety measures, and involving parents, these efforts were often inconsistent. Some schools had basic infrastructure for child safety, such as fences and clean water, while others lacked even these fundamental protections. This inconsistency reflects the lack of a comprehensive and unified approach to child protection across schools.

When it came to community and stakeholder involvement into the protection of children both in school and outside school, the local council

leaders and probation officers expressed a desire for more collaboration with schools. They recognised the significance of their involvement to all the pre-primary schools most especially in training parents and staff on child protection to enhance protection practices, but the challenge was that they didn't have enough facilitation. This was evident when PO1 state; *"We would have loved reach out to all the schools, especially to train parents and staff on child safety and protection issues. The challenge is that we lack facilitation..."*. However, schools were often seen as excluding local councils and probation officers from relevant discussions. This lack of collaboration creates a gap between the community and the school system, limiting the potential for shared responsibility in ensuring children's safety.

The findings revealed lack of institutional frameworks. Most schools didn't have any documentation and formal guidelines to guide them on child protection. This indicated a critical need for a more robust institutional framework to support child protection practices in pre-primary schools. A clear indication that schools need clear policies, such as ECCE/ECD policies and birth registration, to support in the protection of children's safety and well-being.

More vital collaboration between schools, local councils, probation officers and parents were observed to be essential for improving child protection. In this aspect, schools must create an inclusive environment where all stakeholders feel involved in decisions related to child safety. This shared responsibility would help ensure a more robust and community-driven approach to child protection. Parents were identified as critical stakeholders in child

protection, but their involvement was often limited. Schools should prioritise educating and involving parents in child protection practices, enabling them to monitor their children's safety more effectively and collaborate with schools on preventive measures.

5.2.3 The Relationship between School-Health Services Providers Collaboration on Health Care Practices in school

This objective was explained by the relationship between school-health service providers' collaboration and healthcare practices. On collaboration to increase children's enrolment in pre-primary schools as a service point, the findings indicated a mean of 4.06, with a standard deviation of 0.43. This reflected a high level of collaboration in ensuring that children enrol in pre-primary schools in Kira Municipality, with less variability in responses. On the other hand, collaboration on the provision of teaching learning materials related to health care such as those in the home corner, scientific reasoning corners scored a mean of 4.65 with a standard deviation of 0.52. This finding showed that schools tried enable children to imitate health related activities so that children understand the value of health services at an early stage.

The collaboration areas with high scores, included; children's enrolment with a mean score of 4.06 whereas the provision of health-related teaching materials had a mean score of 4.65. On safety and protection precautions to mitigate acquisition of diseases, it had a mean score of 4.54, while health and well-being of children in school had a mean of 4.30. On the implementation of health-related policies, the mean score was 4.80, and health initiatives such as immunisation and deworming of children scored a mean of 4.76. These high

scores suggested that schools and healthcare providers worked in collaboration in a number of areas to positively impact on children's health and safety. However, much as there was strong collaboration and partnerships in numerous areas, there were also instances where things didn't work out well.

Resource mobilisation to enhance healthcare practices had a mean score of 3.24, while creating linkages with referral health facilities had a mean score of 2.83. These lower scores indicate that while collaboration is strong in several areas, there are notable gaps in resource mobilisation and establishing linkages with referral health facilities.

Children's sense of growth and development had a mean score of 4.74, whereas engagement in physical exercise had a mean score of 4.77. This implied that teachers involved children physical education activities so that they are physically fit. In relation to child participation in health-related interventions, children participated in health-related drama activities with a mean score of 4.79. High scores in such practices reflected effective integration of health and physical activities in pre-primary schools.

The findings on healthcare practices that needed a lot of attention included, coordination of health-related interventions which had a mean score of 3.01. Disease prevention and screening had a mean score of 3.10, while medication of children with chronic diseases had a mean score of 2.56. Lower scores in these areas highlight gaps in coordination, preventive health measures and chronic disease management.

The correlation matrix showed a significant positive relationship between school-health care service provider collaboration (SHSP) and

healthcare practices (HCP), with a correlation coefficient of 0.67 ($p < 0.05$). This indicates that improved collaboration is associated with better healthcare practices.

Additionally, the findings showed that school-health service provider collaboration has a substantial impact on healthcare practices, with a coefficient of 0.94. This indicated that a one-unit increase in collaboration leads to a 94% improvement in healthcare practices. The adjusted R-squared value of 0.4377 suggested that approximately 43.8% of the variation in healthcare practices can be explained by school-health service provider collaboration, demonstrating a strong model fit.

Interview findings on hygiene facilities and access to health centres indicated that many schools reported difficulties in accessing health centres, particularly those located far away from government facilities or required payment. Government health services were often limited to schools within close proximity, leaving others without regular support. Health services such as immunization and deworming were often inconsistent. Schools reported that health workers frequently arrived without prior notice, complicating efforts to mobilize parents and ensure children's participation.

5.3 Conclusions

Based on the results, it is concluded that pre-primary schools in Kira Municipality didn't actually engage parents in stimulation activities with children, since the respondents including the centre management committee chairpersons and headteachers showed that the only way parents collaborated with the schools was during open days, speech days and open days. There is

need for schools to work in collaboration with parents so that they are able to participate in the stimulation activities for their children's learning. It is imperative that parents engage in partnerships such as Resource mobilization partnerships, Academic events partnerships and Shared learning partnerships.

Under resource mobilization partnerships, activities such as, fundraising, building relationships with stakeholders that can contribute on the capacity of teachers to improve the learning of children, and in-kind contribution of materials to the school can be provided in the pre-primary schools. In line with Academic events partnerships, there can be contribution on training of children during Music, dance and drama (MDD) days, capacity building workshops for teachers and parents themselves, participate in school meetings, and class days to monitor the learning and performance of learners. Shared learning partnerships, teachers can collaborate with parents to support children on homework, mentorship programmes, project work, role plays and during feedback sessions. Failure to comprehend these essentials weakens important findings that encourage school-parent engagement on children's learning and early stimulation.

The findings demonstrate that while efforts are being made to implement child protection practices in pre-primary schools, the current approach is fragmented and reactive, primarily due to a lack of collaboration between schools and child protection agencies. Schools need a more structured, proactive approach to a better safeguard child, with formal policies, improved engagement between schools and agencies, and stronger community involvement. Child protection partnerships such as, Capacity building

partnerships, Security/safety partnerships and Child abuse mitigation partnerships should be emphasized in all the pre-primary schools. Under capacity building partnerships, practices such as training teachers and parents on safety and protection; policy advocacy; and awareness creation should be considered. On security/safety partnerships, pre-primary schools should be provided with a safe environment, child safety committee and child friendly spaces. Whereas under Abuse mitigation partnerships, activities such as empowering children to participate in safety and protection strategies; monitoring and support supervision; and engage children in leadership positions on child protection within the pre-primary schools.

The findings indicated a strong positive relationship between school-service provider collaboration and healthcare practices, suggesting that effective collaboration to enhance child health outcomes in schools. Partnerships such as Health care services partnerships, Planning for health partnerships and Capacity building partnerships. Under health care services partnerships, activities such as immunisation, routine screening, health check-ups, child days plus, and health monitoring. Joint planning health partnerships, activities such as school meetings; communication and collaboration can be implemented. Whereas under capacity building partnerships, activities such as health training for parents and teachers, policy advocacy and awareness creation may be implemented in pre-primary schools.

5.4 Recommendations for the study

Based on the findings of the study, the following recommendations were made:

According to the findings aligned to the first objective, there were partnerships identified that could ably be considered in strengthening children's learning and enhancement of child stimulation in pre-primary schools. In this aspect the study recommends that headteachers, teachers, Centre Management Committee members, school proprietors and policy makers consider advocating for school-community partnerships such as academic events partnerships, shared learning partnerships, and resource mobilization partnerships to enhance children's learning and early stimulation. Additionally, stimulation activities such as in-kind contribution, MDD days, sports days, workshops, speech days, school meetings, class days, homework, mentorship, project works, role plays, and feedback sessions, are recommended.

In relation to partnerships under child safety and protection in pre-primary schools, although a number of partnerships such as capacity building, security/safety partnerships and child abuse mitigation partnerships were identified, out of the three, child abuse mitigation partnerships was found to work better. The study therefore, recommends that child protection agencies, policy makers, headteachers, teachers, parents and all ECCE stakeholders should enforce child abuse mitigation partnerships to enhance the safety and well-being of children. However, its recommended that partnerships such as capacity building and security/safety partnerships could also be improved to support the safety and protection of children both in and out of school.

Additionally, practices such as training of teachers and parents on safety and protection, policy advocacy, awareness creation, provision of a safe environment, establishment of safety and protection committees, creation of child friendly spaces, empowerment of children to participate in safe guarding themselves and others, routine monitoring of children's safety and protection; and engagement of children in leadership positions aligned to their safety and protection; are recommended.

Based on the findings for the third objective, the study identified three major partnerships that relate to health care in pre-primary schools. These included, health care services partnerships, planning for health partnerships and capacity building partnerships. However, amongst the three identified partnerships, the health care services partnerships seemed to be most successful. Therefore, the study recommends that health care service providers, headteachers, teachers, parents, CMCs, LC1s, and policy makers work in collaboration to ensure that health care services partnerships are strengthened to enable children to receive all the health services irrespective where they are. Nevertheless, other partnerships such as; partnerships to plan health services in pre-primary schools and capacity building partnerships should be advocated for. In addition, the study highlighted health care practices such as immunization, routine screening, health check-ups, child days plus, health monitoring, school meetings, communication and collaboration, health trainings for parents and teachers, policy advocacy and awareness creation.

5.5 Contribution to the body of knowledge

Objective	Contribution
1. School-parent engagement on stimulation activities	Full participation of parents into children’s stimulation activities contributes to children’s holistic learning achievement. Parents could engage into partnerships such as resource mobilization partnerships, academic events and shared learning partnerships. Parents could participate in activities like; fundraising, material development, in-kind contributions, MDD days, sports days, speech days, class days, school meetings, workshops, in supporting children’s home work, mentorship, project work, role plays and feedback sessions.
2. School-child protection agencies’ collaboration and child protection practices	Proper safety and child protection practices requires strengthened partnerships and collaboration between the school and child protection agencies. Partnerships such as capacity building, security/safety partnerships, and child abuse mitigation partnership to enhance child safety and protection both in and outside school. Child protection agencies would participate in practices such as; training of teachers and parents on the safety and protection of children and themselves, policy advocacy, awareness creation, provision of safe environments, child friendly spaces, empowering children to participate in the development safety and protection strategies, monitoring and support supervision, and engaging children in child protection leadership positions.
3. The relationship between school-health care services collaboration and health care practices.	There is a positive relationship between the school and health care service providers’ collaboration and health care practices. Children who get proper health care, good nutrition, early stimulation activities and experience proper learning experiences; they are able to achieve in life. Enhancement of health care and health care practices could be done through collaboration and partnerships such as health care services partnerships, health care planning partnerships, and capacity building partnerships. Health care

	service providers could participate in activities such as immunization, routine screening, health check-ups, child days plus, health monitoring, school meetings, health training for parents and teachers, policy advocacy and awareness creation.
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Additionally, the knowledge generated from the study findings supported the researcher to develop a new model. The model developed by the researcher depicts how schools can collaborate with the various stakeholders to ensure that integrated ECCE services are delivered to the children wherever they are. The model can be useful universally to support the implementation of integrated ECCE services. The model is attached below.

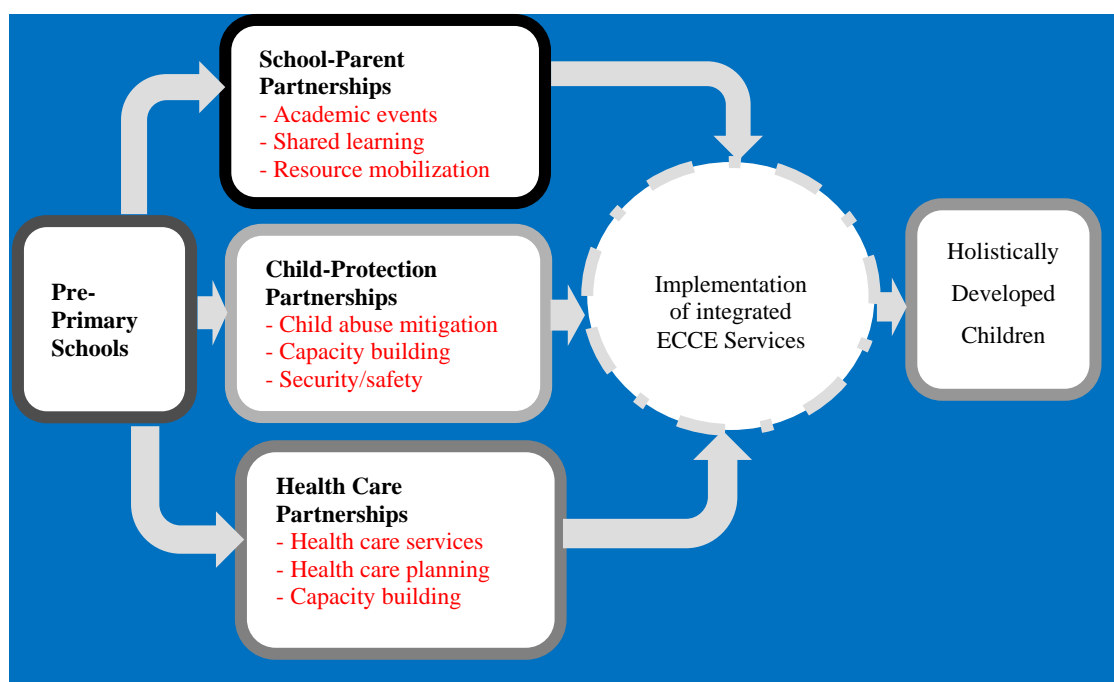


Figure 5. 1

School Community Partnerships Model for the implementation of IECCE services (2024)

5.6 Action for further research

Based on the findings of this study, other insights that provoked ideas for further action include:

School-parent engagement was discussed focussing on partnerships such as resource mobilization partnerships, academic events and shared learning partnerships on stimulation activities. It also identified activities that can enhance parents' participation, including fundraising, materials development, in-kind contributions, MDD days, sports days, speech days, class days, school meetings, workshops and feedback sessions. It remained unclear to whether these were the only partnerships and activities that yielded better outcomes. So, further research was recommended to investigate on aspects of partnerships such as those on financial literacy and how it can impact of the education and stimulation of children both in the early years and other levels of education.

Effective child safety and protection is very crucial in enhancing children's safety and well-being. This study majorly focused on the contribution of school-child protection agencies collaboration on protection practices in pre-primary schools, with very minimal focus on the learners. A study may be conducted to investigate the effect of learners on their own safety and protection to enhance their safety and well-being.

During data collection, this study majorly focused at the partnerships that can enhance collaboration between the pre-primary schools and the health service providers to enhance health care practices for the benefit of children. However, not all parts of management were tapped into. It is therefore, recommended that an exploration on the effects of pre-primary school management leadership styles on health care management is tapped into in Kira Municipality.

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APPENDICES

Appendix A: Ethics Review Commission Information Sheet

Kyambogo University

Title of study: An Exploration of School-Community Partnerships in the implementation of integrated ECCE services in Pre-primary schools in Uganda.

Principal investigator: Mutumba Safina

Institute: Kyambogo University

Introduction:

I am Mutumba Safina a student at Kyambogo University and conducting research on School-Community Partnership and implementation of integrated Early Childhood Care and Education.

Background information:

In Uganda, pre-primary education is the first and recognised level of education. At this level a child is expected to receive integrated ECCE services as a holistic package. However, this has not been the case. Children have been receiving the services in parts.

Purpose of the study:

The study will seek to find out how school-community partnerships can support the implementation of integrated Early Childhood Care and Education services in pre-primary schools.

Procedure

In this study, the researcher will observe, analyse documents, have focus group interviews, individual interviews and use questionnaires.

Possible risks or benefits

There is no risk involved in this study except securing time. There will be access to findings to participants at the end of the study. The results of the study will help in acquiring new knowledge and skills on how to use School-Community Partners to enhance implementation of integrated ECCE services.

Right of refusal to participate and withdrawal

The participants will be free to choose to participate or refuse to participate without any effect. All the participants involved will be treated with respect. Participants may withdraw from the study without any adverse consequence. Participants are free to refuse to answer some or all the questions if they don't feel comfortable.

Confidentiality

The information provided will remain confidential. Nobody except the principal investigator will have access to it. Names and identity will not be disclosed. However, the data may be seen by the Ethical review committee and may be published in the journal and elsewhere without giving your name or disclosing your identity.

Available Sources of Information

For any further questions contact Safina Mutumba a student at Kyambogo University on the following phone number +256772520342/+256701520342.

Authorization

I have read and understand this consent form, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal faults of anyone who is involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal, state, or local laws.

Participant's Name (Printed or Typed):

Date:

Participant's Signature or thumb impression:

Date:

In the unlikely event of a breach of ethics or any other emerging issues, inform the

Chair Ethics Review Committee of the

Kyambogo University

Dr. John S. Maani

Kampala, Uganda

Appendix B: Information Sheet to the Headteacher

Information Sheet for the Headteachers

Mutumba Safina

+256772520342/+256701520342

Kyambogo University

P.O.BOX 1

Kampala, Uganda

The Headteacher

----- (NAME OF THE SCHOOL)

----- (DATE)

Dear Sir/Madam,

RE: REQUEST TO CONDUCT RESEARCH WITH YOUR SCHOOL

I hereby request your office to allow me conduct my research in your school. Currently I am pursuing a Degree of Doctorate of Philosophy in Education specialising in Early Childhood Development in Kyambogo University. My study topic is “An Exploration of School-Community Partnerships in the implementation of integrated ECCE services in Pre-primary schools in Uganda”.

As part of the requirements for the fulfilment of the course, I am expected to carry out a study aimed at finding out whether school-community partnerships enhance implementation of integrated ECCE services. My aim is to establish how school-community partnerships can be used to implement

integrated ECCE services. I request you to allow me carry out the study in your school working closely with the chairperson centre management Committee, parents and the head teacher.

Interview sessions, focus group discussions, document analysis, observations and filling of questionnaires will be held during the study process. With your permission and the consent of the teachers, I will analyse documents in the school that relate to the study and observe displays within the school and other service provision.

This proposed study will be conducted from May and end in November, 2019. Kindly note that information obtained will remain confidential. Nobody except the principal investigator will have access to it. Your name and identity will not be disclosed. However, the data may be seen by my supervisors or the ethical review committee and may be published in the report and elsewhere without giving your name or disclosing your identity. Additionally, I do not intend to disrupt the school programme in any way for I will be flexible.

Ethical guidelines will be followed during this study. The research participants have the right to refuse or withdraw from the study at any time as they may deem fit. I offer reciprocation by sharing the research findings with you.

For more information, please contact:

Dr. John Maani or Sr. Dr. Eva Busingye,

Kyambogo University,

Appendix C: Information Study Sheet

Study Information Sheet

Greetings,

I am Safina Mutumba, a Doctorate Student at Kyambogo University. This study is a partial fulfilment for the completion of my Doctorate of Philosophy in Education.

The purpose of this study is to establish how school-community partnerships can enhance the implementation of integrated ECCE services. My main question is: How do school-community partnerships enhance implementation of integrated ECCE services in pre-primary schools?

In this study, the researcher will work closely with the pre-primary school leadership, the parents and external community to understand how integrated ECCE services are implemented. This will require the researcher to hold interviews with the target group, and analyse the available documents that show the various procedures that have been used to implement integrated ECCE services. The researchers will also work closely with the schools and communities to enable her to establish how the various partnerships work within the schools.

The assumption is that the school and the community members, who will participate in this study, will gain some new knowledge and skills of implementing integrated ECCE services through partnerships. Additionally, there will be an opportunity for the participants to acquire new skills of working in collaboration with communities in implementing integrated ECCE services.

I will fully keep Kyambogo University informed about all the activities of the study process. All the findings from the study will be made available to the participants.

The information gathered from the study will help the researcher, the community and other service providers to enhance the implementation of integrated ECCE services in pre-primary schools and elsewhere.

In case of any complaints during or after the study, you may contact my supervisors Dr. John Maani and Sr. Dr. Eva Busingye, through the address below:

Kyambogo University,

P.O.BOX 1Kyambogo,

Kampala, Uganda

Appendix D: Document Analysis Guide

Document Analysis Guide

Types of Documents	Objectives	Comments
Policy	To understand whether the school uses it as a guide towards effective implementation of services	
Visitors' Book	To verify the attendance of community members who are part of school meetings and visits	
Minute Files	To identify the various discussions that relate to the implementation of integrated ECCE services	
MOUs	To identify the various stakeholders that have MOUs related to integrated ECCE	
Work Plans	To determine whether implementing integrated ECCE services is catered for in the school and community plans.	

Appendix E: Interview Guide

Interview Guide for Headteachers and Centre Management Committees

(CMCS)

S/N	Item	Headteacher	CMCs
	What collaborations do you have with the parents?		
	What collaborations do you have with healthcare service providers?		
	What collaborations do you have with the probation officers?		
	What collaboration do you have with the Local council 1 system?		
	What collaboration do you have with CMCs/Headteacher?		
	What child stimulation activities do you give		

	children in collaboration with their parents?		
	What child protection practices are done in your schools?		
	What health care practices are done in your schools?		

1. Does the pre-primary school have a work plan that guides implementation of activities? If so, what activities are included?
2. Is implementation of integrated ECCE services catered for in the school work plan? If so, how is it implemented?
3. If not, what opportunities exist in the school for the implementation of integrated ECCE services?
4. What strategies have been implemented to ensure children receive integrated ECCE services?
5. Is there evidence of school-community partnerships in implementing ECCE services?
6. If not, what kind of services are in place to influence the provision of integrated ECCE services?

Appendix F: Interview Guide

Interview Guide for Health Workers, Probation Officers, and Local Councils

Service Provider	Item
Health workers	In which areas do you work in collaboration with the schools?
	How do you implement the activities you have identified?
	What challenges do you experience during the collaboration process?
	What criteria do you use to receive and share feedback with the schools?
Probation officers	In which areas do you work in collaboration with the schools?
	How do you implement the activities you have identified?
	What challenges do you experience during the process?
	What criteria do you use to receive and share feedback with the schools?
Local Councils	In which areas do you work in collaboration with the schools?
	How do you implement the activities you have identified?
	What challenges do you experience during the process?
	What criteria do you use to receive and share feedback with the schools?

Appendix G: Questionnaires for headteachers

Dear respondent,

I am, a student at Kyambogo University pursuing a PhD in Education. I am here to research “An Exploration of School-Community Partnerships in the Implementation of the Integrated ECCE Services in Pre-primary Schools.” Therefore, I kindly request that you answer the questions as honestly as possible.

Any information you write will be treated with high confidentiality and available only for academic purposes.

Demographic information

1. What is your gender? Male () Female ()
2. How old are you? 8-14 () 15-19 () 20-29 () 30-40 () 40-50 () above 50 ()
3. How long have you been in this position? () years
4. What is the level of your education? Certificate () Diploma () Bachelor's degree ()

OBJECTIVE ONE A:

TO ESTABLISH THE INFLUENCE OF PARENTS-SCHOOL ENGAGEMENT ON STIMULATION ACTIVITIES

Use a scale of 1 to 5 where (1= strongly agree, 2= agree, 3= undecided, 4= disagree, 5= strongly disagree).

Statement	1	2	3	4	5
Child stimulation services are well-known to me.					
The school works together with the parents to promote child stimulation services.					
To play with your children is essential.					
Am involved in child stimulation partnerships					
Schools co-parent children with parents.					
Mothers and fathers work together collectively in child upbringing.					
Child stimulation services contribute to children's learning.					
Parents are involved in the development of child stimulation materials					
Parents attend meetings to discuss issues concerning child stimulation					

I understand the strategies that are used to promote child stimulation					
--	--	--	--	--	--

OBJECTIVE TWO A:

TO INVESTIGATE THE CONTRIBUTION OF CHILD PROTECTION AGENCIES' COLLABORATION ON CHILD PROTECTION PRACTICES

1. Does the school have a police centre within walk-able distance?
2. Yes No
3. Does the school work together with the child protection unit to ensure that children are protected? Yes No
4. Do the police possess all mandatory guidelines on its services for children?
Yes No
5. What kind of service does the police provide to ensure the safety of children?
 - a.
 - b.
 - c.
 - d.
6. How many children have received the services above?.....
7. How often does the local council and police visit the school to talk about child safety and

protection?.....
.....

8. How many times in a year do parents and local councils meet at school to discuss safety and security issues?

.....

9. What opportunities do child protection partnerships provide to the school in enhancing the implementation of the IECCE services?

a.

b.

c.

d.

10. Are the parents involved in the provision of the safety and security to the children? If yes how? If no why?

a.

b.

c.

d.

OBJECTIVE TWO B: QUESTIONNAIRE SURVEY TOOL FOR LOCAL COUNCIL 1

LOCAL COUNCILS

To what extent do you agree with the following statements as per the scale below:

Dear respondents

Use a scale of 1 to 5 where (1= strongly disagree, 2= disagree, 3= undecided, 4= agree, 5= strongly agree).

INDEPENDENT VARIABLE

SN	STATEMENT	SCORE				
		1	2	3	4	5
	RATE	1	2	3	4	5
	LOCAL COUNCIL 1 SECRETARY FOR EDUCATION					
	RATE	1	2	3	4	5
	Local Council collaborates with the school to make that parents enrol their children in schools and make sure they attend daily.					
2.	Local Council collaborates with the security to ensure that children are safe while at school.					
	Local Council collaborates with the school on sensitizing parents on health campaigns and safety and protection of the children.					
	Local Council collaborates with the political leadership to support school programmes.					
	Local Council links the school to child protection agencies to ensure that children are safe and well protected in schools.					

OBJECTIVE TWO C: QUESTIONNAIRE SURVEY TOOL FOR HEADTEACHERS

FOR SCHOOL PRACTICES

To what extent do you agree with the following statements as per the scale below:

Dear respondents

Use a scale of 1 to 5 where (1= strongly disagree, 2= disagree, 3= undecided, 4= agree, 5= strongly agree).

INDEPENDENT VARIABLE

SN	STATEMENT	SCORE				
		1	2	3	4	5
	HEADTEACHER					
	RATE					
	Headteacher collaborates with parents on the safety and protection of their children.					
	The headteacher collaborates with the probation officer to ensure the safety and protection of children both in and out of school when they are performing school activities.					
	Headteacher collaborates with the Local Council system to ensure the safety and protection of the school.					
	The headteacher collaborates with relevant external agencies, such as child protective services, to ensure a coordinated response to child protection concerns.					

	Headteacher collaborates with law enforcement and healthcare providers to ensure a coordinated response to child protection concerns.					
--	---	--	--	--	--	--

DEPENDENT VARIABLE

SN	STATEMENT	SCORE				
		1	2	3	4	5
	HEADTEACHER					
	RATE					
	The school has comprehensive child protection policies and procedures.					
	Staff are trained and are aware of how to implement child protection policies.					
	Teachers and parents recognise signs of child abuse or child neglect.					
	There regular updates to children, teachers and parents on child protection issues.					
	School environment is designed in a way that maintains physical safety and protection. E.g. no hazardous materials and equipment.					
	Children are adequately supervised and monitored to prevent accidents, conflict and incidents of harm.					

OBJECTIVE THREE A:

TO ASSESS THE RELATIONSHIP BETWEEN SERVICE PROVIDERS' COLLABORATION AND HEALTHCARE PRACTICES

1. Does the school have a health centre within walking distance?

Yes No

2. Does the school engage the centre in providing health services to children? Yes No

3. Does the health centre possess all mandatory health services for children?

Yes No

4. What kind of service does the health centre provide to the children?

e.

f.

g.

h.

5. How many children have received the services above?

.....

6. What strategies does the school use to ensure that the services reach the children?

a.

b.

c.

d.

7. Which stake holders are involved in the process of providing the services?

a.

b.

c.

d.

8. Are the parents involved in the provision of the health care services at the centre? If yes how? If no why?

a.

b.

c.

d.

OBJECTIVE THREE B: TO ASSESS THE RELATIONSHIP BETWEEN SERVICE PROVIDERS-SCHOOL COLLABORATION AND HEALTH CARE PRACTICES

FOR SCHOOL HEADTEACHERS SURVEY TOOL

Dear respondent, please feel free to complete this tool according to what is happening in your school and community.

The guidance is: to what extent do you agree with the following statements as per the scale below:

Use a scale of 1 to 5 where (1= strongly disagree, 2= disagree, 3= undecided, 4= agree, 5= strongly agree).

INDEPENDENT VARIABLE

SN	STATEMENT	SCORE				
		1	2	3	4	5
	HEADTEACHER					
	RATE					
1.	Headteacher collaborates with the Local Council to mobilise parents to bring their children to school.					
	Headteacher collaborates with the Centre Management Committee members to mobilise for health workers to support on the usage of locally available resource materials to support in the development of health-related teaching/learning aids.					
	Headteacher collaborates with parents on the safety, protection and well-being of their children.					
	Headteacher collaborates with the parents on the provision and development of the health-related teaching/learning materials.					
	Headteacher collaborates with the parent on the provision of nutritious meals.					
	Headteacher collaborates with the parents on health and well-being of the children.					
	Headteacher collaborates with the probation officer and health workers on the safety and protection of children both in the school and out of the school when they are performing school activities.					

	Headteacher collaborates with law enforcement, to ensure a coordinated response to child protection and health concerns.					
	Headteacher collaborates with the ECD Focal Point Officer to make sure that the ECCE/ECD policies are implemented.					
	Headteacher collaborates with the Local Council system to ensure the safety, protection and well-being of the school.					
	Headteacher collaborates with the health officer to make sure that children receive health care services such immunisation, vitamin A supplement, health check-ups etc.					
	Headteacher collaborates with the health officer to train parents and teachers on the health and well-being of children.					
	Headteacher collaborates with parents on the cleanliness and hygiene of their children.					
	Headteacher collaborates with the Local Council to link the school with the political leadership so that the school benefits from government facilities.					
	Headteacher collaborates with healthcare providers, to ensure a coordinated response to children's health and well-beings.					

Use a scale of 1 to 5 where (1= strongly disagree, 2= disagree, 3= undecided, 4= agree, 5= strongly agree).

DEPENDENT VARIABLE

SN	STATEMENT	SCORE				
		1	2	3	4	5
	HEADTEACHER					
	RATE					
1.	Schools gives a chance to children to engage in activities that make use of all their senses (sight, hearing, touching, smelling and taste) during play. E.g. playing with sand, water, clay, painting, bean bags, listening to songs etc.					
	Children are given an opportunity to carryout physical exercises e.g. jumping, skipping, running, climbing, balancing, kicking balls, throwing and catching them, playing hide and seek etc.					
	Children participate in art and craft activities to promote their creativity, and self-expression. For example, drawing, painting, collage making, playing with clay etc.					
	Children are involved in drama to allow children to role-play and engage in imaginative scenarios to support their language development, social skills and emotional appearance.					
	Children are involved in emergent reading, storytelling and several literacy activities to foster their language and pre-reading skills.					
	School involves children in Maths and Science activities to promote their critical thinking, problem-solving and inquiry skills. E.g. sorting objects, exploring patterns and shapes, conducting simple experiments, observing nature, Matching objects etc.					

	Children are given music and movement activities to stimulate their creativity, coordination, and self-expression.					
	The school has comprehensive child protection and health policies and procedures.					
	Staff are trained and are aware on how to implement child protection and health policies.					
	Teachers and parents recognise signs of child abuse or child neglect, and child who have health problems.					
	There regular updates to children, teachers and parents on child protection issues.					
	School environment is designed in a way that maintains physical safety, protection and well-being of staff and children. E.g. no hazardous materials and equipment.					
	Children are adequately supervised and monitored to prevent accidents, conflict and incidents of harm.					
	Children are screened to ensure that they have no sickness when they report to school.					
	Compliance with immunisation supports the reduction of infectious diseases and protects the health of children and staff.					
	The school frequently monitors sanitation and hygiene, such as regular hand washing with water and soap.					
	The school has a clear policy on when children should stay home due to illness to prevent the spread of contagious diseases.					

	Administer medication to children under circumstances such as prescribed medications for chronic conditions or emergency medications/first Aid.					
	Teachers and parents/guardians are trained on the management of children's health and on medicating those with chronic conditions, and to follow strict procedures to ensure safety and accuracy.					
	School prioritizes working with health service providers on providing health education to children, teachers and parents/guardians about the various health topics to foster healthy behaviour and habits. E.g. lessons on hygiene, nutrition, dental care, personal safety and prevention of germs.					

Appendix H: Sampling Table, Krejcie and Morgan (1970)

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Appendix I: Approved Publications

SN: EAJES/8U2K5/001

ISSUED: 11 APRIL, 2024

ENSO

CERTIFICATE of PUBLICATION

AWARDED TO

Safina Mutumba

FOR PUBLISHING A PEER REVIEWED ARTICLE IN THE

EAST AFRICAN JOURNAL OF EDUCATION STUDIES

The title of the article is:
"School-Parent Engagement on Stimulation Activities in Pre-Primary Schools in Kira Municipality in Wakiso District, Uganda"
and is available at <https://ejes.ensso.org>
with the DOI <https://doi.org/10.37284/ejes.7.2.1857>

PUBLISHED ON
APRIL, 11
2024

Jack Simons

SIGNED, Prof. Jack Simons, EDITOR-IN-CHIEF

pISSN: 2707-3939 | eISSN: 2707-3947

EAST AFRICAN
NATURE & SCIENCE
ORGANIZATION
www.ensso.org

To confirm validity and ownership of this certificate, visit tracker.ensso.org and input the code 8U2K5.

OFFICE OF THE EDITOR-IN-CHIEF

REF: EANSO/EIC/P/04/820501

DATE: 11TH APRIL, 2024

Safina Mutumba
 Kyambogo University
 P. O. Box 1, Kyambogo, Kampala – Uganda.



Dear S. Mutumba,

**RE: PUBLICATION OF YOUR PAPER BY THE EAST AFRICAN JOURNAL OF
 EDUCATION STUDIES.**

Your paper titled '*School-Parent Engagement on Stimulation Activities in Pre-Primary Schools in Kira Municipality in Wakiso District, Uganda*' was successfully published by the East African Journal of Education Studies (EAJES). The table below shows the metadata assigned to the paper.

Track ID: 8U2K5
Main Author: <i>Safina Mutumba</i>
Co-Author(s): <i>Dr. Sr. Evangelista Busingye, PhD & Dr. John Samson Maani, PhD</i>
Title: <i>School-Parent Engagement on Stimulation Activities in Pre-Primary Schools in Kira Municipality in Wakiso District, Uganda</i>
Received: <i>Sunday, 17th March, 2024 at 10:29 AM, EAT.</i>
Accepted: <i>Saturday, 30th March, 2024 at 06:45 PM, EAT.</i>
Published: <i>Thursday, 11th April, 2024 at 11:05 AM, EAT.</i>
Journal Title: <i>East African Journal of Education Studies</i>
ISSN: <i>2707-3939 (Print) and 2707-3947 (Online)</i>
Issue: <i>Volume 7, Issue 1, 2024</i>
Pages: <i>44-54</i>
CUE Points: <i>Mutumba: 4, Busingye: 2.67 & Maani: 1.33</i>
Article DOI: https://doi.org/10.37284/eajes.7.2.1857

Your paper has also been optimized for google scholar and other indexing engines for maximum exposure. You should be able to directly access it through search engines within 2 weeks (by Thursday, 25th April, 2024). You must go through the paper just to make sure that no errors were left uncorrected. For more information about your publication, visit <https://tracker.eanso.org> and input the tracking ID 8U2K5 or feel free to contact us any time.

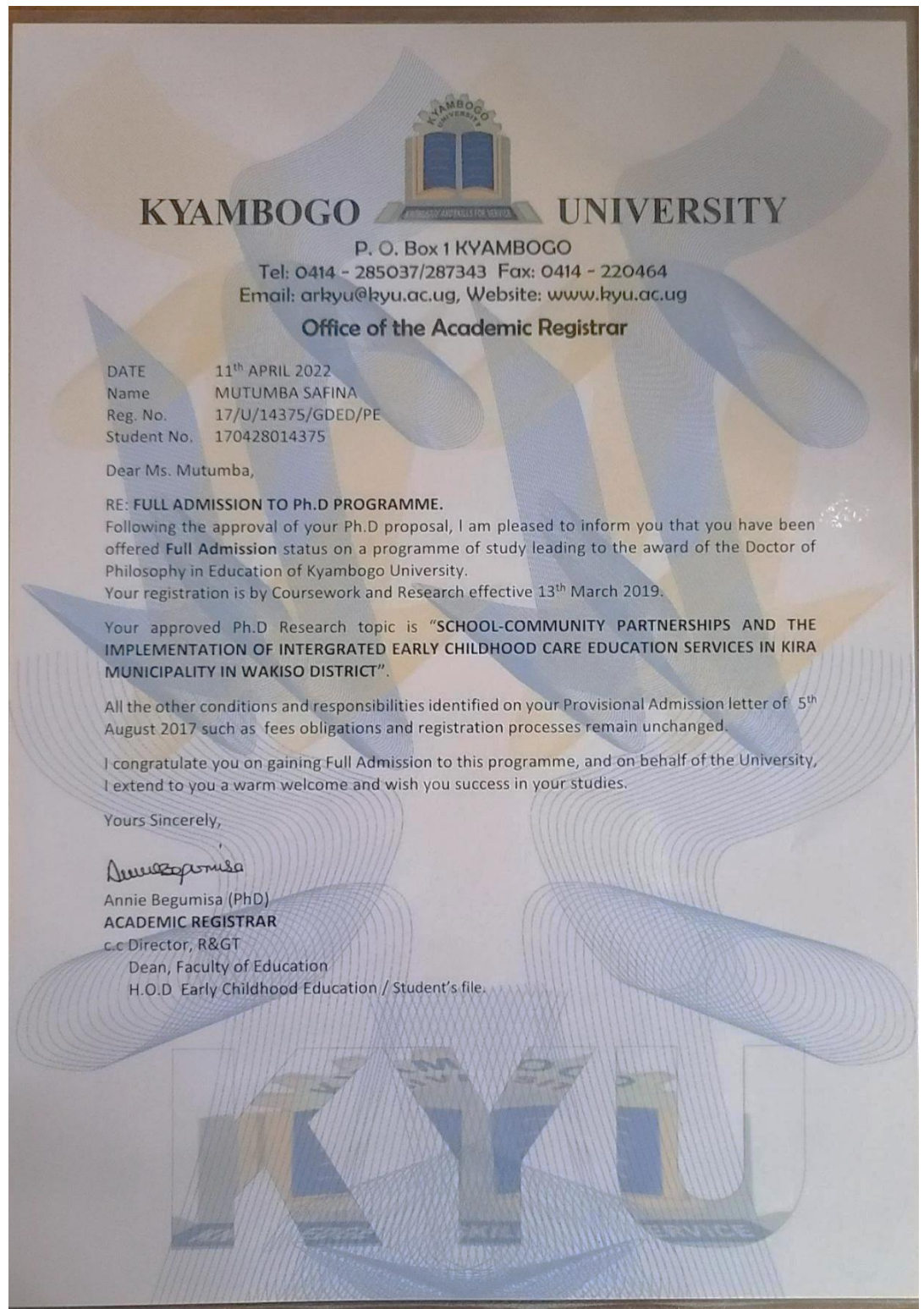
Thank you so much for publishing with us. We really enjoyed working on your paper and look forward to more submissions from you and your colleagues.

Yours Faithfully,

Prof. Jack Simons
EDITOR-IN-CHIEF, EAJES



Appendix J: Approval Documents and Letters of Recommendation





KYAMBOGO UNIVERSITY

P. O. Box 1 KYAMBOGO
Tel: 0414 - 285037/287343 Fax: 0414 - 220464
Email: arkyu@kyu.ac.ug, Website: www.kyu.ac.ug

Office of the Academic Registrar

Date: 5th August 2017

Name: MUTUMBA SAFINA

Reg. No: 17/U/14375/GDED/PE

Student No: 170428014375

Nationality: Ugandan

Hall of Attachment: PEARL

Year of Study: 1

Tuition: 2,800,000/= Per Semester

Dear Student,

GRADUATE ADMISSION 2017/18 ACADEMIC YEAR

I am pleased to inform you that you have been admitted to a programme of study leading to the award of PhD in Education of Kyambogo University.

The duration of the Programme is three years. Your registration is by course work and research dissertation effective 5th August 2017 and expires on 7th August 2020. You will be required to enroll and register every semester upon receipt of satisfactory progress report from the faculty/school/institute. You shall be required to apply for extension of your registration (at a fee as may be applicable), in case you cannot complete in the stipulated time. It is mandatory that extension fees are paid before registering for an extension.

You shall be required to pay all relevant University dues as indicated on the fees structure at the back page. All payments are made through any of the **Stanbic/DFCU/Eco bank** in Uganda using computer auto generated payment slip accessed from Kyambogo University website www.kyu.ac.ug.

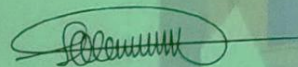
You are expected to report and register within six weeks effective from 5th August 2017. Please **NOTE** that your admission to this programme is provisional and subject to verification of your academic qualifications at the time of registration. Please bring your identity card/Passport and **three** photocopies of **all** your academic documents. The originals of all documents will be required for verification process.

Please also note that cases of impersonation, falsification of documents or giving false or incomplete information whenever discovered either at registration or afterwards, will lead to automatic cancellation of admission and criminal prosecution. Note that fees defaulters shall not be allowed to sit Examinations.

You are required to carefully study the information guide and University Research and Publication Policy and guidelines so as to comply with the provisions therein. Both documents will either be handed to you or downloaded from the Kyambogo University website www.kyu.ac.ug

I congratulate you upon admission to Kyambogo University; I extend my warm welcome and wish you success in your studies.

Yours Sincerely,



Dr. Peter Okello
AG. ACADEMIC REGISTRAR


KYAMBOGO UNIVERSITY

P. O. BOX 1 KYAMBOGO
Tel: 041 - 4286792 Fax: 256-41-220464
Website: www.kyu.ac.ug

Office of the Dean, Graduate School

7th December, 2020

The Chairperson,
Uganda Christianity University, Research Ethics Committee

Dear Sir/Madam,

Re: Approved of Ms. Mutumba Safina Research Proposal.

This is to inform you that the above named person is a PhD student at Kyambogo University pursuing a programme leading to the award of a PhD in Education of Kyambogo University. She has submitted a Research proposal that has been approved at the Departmental and Faculty Higher Degrees Committees. During the 3rd session of the 51st Graduate Board, her request to full admission and subsequently start to collect data for her research was approved.

The purpose of this communication is therefore to request your Research Ethics Committee to consider her request as requirement to enable her conduct the research for her PhD.

Yours sincerely,



Assoc. Prof. Muhamud N. Wambede
PP **DEAN, GRADUATE SCHOOL**





Uganda National Council for Science and Technology

(Established by Act of Parliament of the Republic of Uganda)

Our Ref: SS1104ES

8 February 2022

SAFINA MUTUMBA
KYAMBOGO UNIVERSITY
Kampala

Re: Research Approval: SCHOOL-COMMUNITY PARTNERSHIPS AND IMPLEMENTATION OF INTEGRATED EARLY CHILDHOOD CARE EDUCATION SERVICES IN PRE-PRIMARY SCHOOLS IN KIRA MUNICIPALITY, WAKISO DISTRICT

I am pleased to inform you that on **08/02/2022**, the Uganda National Council for Science and Technology (UNCST) approved the above referenced research project. The Approval of the research project is for the period of **08/02/2022** to **08/02/2023**.

Your research registration number with the UNCST is **SS1104ES**. Please, cite this number in all your future correspondences with UNCST in respect of the above research project. As the Principal Investigator of the research project, you are responsible for fulfilling the following requirements of approval:

1. Keeping all co-investigators informed of the status of the research.
2. Submitting all changes, amendments, and addenda to the research protocol or the consent form (where applicable) to the designated Research Ethics Committee (REC) or Lead Agency for re-review and approval **prior** to the activation of the changes. UNCST must be notified of the approved changes within five working days.
3. For clinical trials, all serious adverse events must be reported promptly to the designated local REC for review with copies to the National Drug Authority and a notification to the UNCST.
4. Unanticipated problems involving risks to research participants or other must be reported promptly to the UNCST. New information that becomes available which could change the risk/benefit ratio must be submitted promptly for UNCST notification after review by the REC.
5. Only approved study procedures are to be implemented. The UNCST may conduct impromptu audits of all study records.
6. An annual progress report and approval letter of continuation from the REC must be submitted electronically to UNCST. Failure to do so may result in termination of the research project.

Please note that this approval includes all study related tools submitted as part of the application as shown below:

No.	Document Title	Language	Version Number	Version Date
1	Data collection tools	English	1	31 July 2020
2	Informed Consent forms	English	1	31 July 2020
3	Project Proposal	English	1	
4	Approval Letter	English		
5	Administrative Clearance	English		
5	Payment Slip for UNCST	English	1	26 March 2021
6	REVISED CV	English	2	23 November 2021
7	REVISED CONSENT FORM FOR TEACHERS	English	2	17 December 2021
8	REVISED CONSENT FORM FOR PARENTS	English	2	17 December 2021
9	TRANSLATED CONSENT FORM FOR PARENTS / FG	Luganda	1	17 December 2021
10	REVISED CONSENT FORM FOR CHILD PROTECTION UNIT/ PROBATION OFFICERS	English	2	17 December 2021
11	APPROVED CONSENT FOR CENTER MANAGEMENT COMMITTEE MEMBERS	English	2	17 December 2021
12	APPROVED CONSENT FOR HEALTH CENTRE HEADS	English	2	17 December 2021
13	APPROVED CONSENT FOR LCs	English	2	17 December 2021
14	APPROVED CONSENT FOR LCs TRANSLATED	Luganda	1	17 December 2021
15	COVID19 RISK MITIGATION PLAN	English	1	17 December 2021

Yours sincerely,



Hellen Opolot

For: Executive Secretary

UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

LOCATION/CORRESPONDENCE

COMMUNICATION



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

28/01/2021

To: SAFINA MUTUMBA

KYAMBOGO UNIVERSITY
+256772520342

Type: Initial Review

Re: UCUREC-2020-64: SCHOOL-COMMUNITY PARTNERSHIPS AND IMPLEMENTATION OF INTEGRATED EARLY CHILDHOOD CARE EDUCATION SERVICES IN PRE-PRIMARY SCHOOLS IN KIRA MUNICIPALITY, WAKISO DISTRICT, 1, 2020-07-31

I am pleased to inform you that the Uganda Christian University REC, through expedited review held on **28/01/2021** approved the above referenced study.

Approval of the research is for the period of **28/01/2021** to **28/01/2022**.

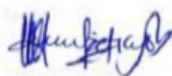
As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the REC for re-review and approval **prior** to the activation of the changes.
3. Reports of unanticipated problems involving risks to participants or any new information which could change the risk benefit: ratio must be submitted to the REC.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by participants and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.
5. Continuing review application must be submitted to the REC **eight weeks** prior to the expiration date of **28/01/2022** in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. You are required to register the research protocol with the Uganda National Council for Science and Technology (UNCST) for final clearance to undertake the study in Uganda.

The following is the list of all documents approved in this application by Uganda Christian University REC:

No.	Document Title	Language	Version Number	Version Date
1	Observation Guide	English	1	2020-07-31
2	Data Analysis Guide	English	1	2020-07-31
3	REC forms	English	1	2020-07-31
4	Personal information Sheet	English	1	2020-07-31
5	Data collection tools	English	1	2020-07-31
6	Protocol	English	1	2020-07-31
7	Informed Consent forms	English	1	2020-07-31

Yours Sincerely



Peter Waiswa
For: Uganda Christian University REC



17th December, 2021

Safina Mutumba
Kyambogo University,
P. O. Box 1, Kyambogo-Kampala
Tel. +256772520342
safinamutu@gmail.com

UG-REC-026 APPROVAL NOTICE

To: Safina Mutumba, Principal Investigator
Re: UCUREC Application titled; *A School-Community Partnerships and Implementation of Integrated Early Childhood Care Education Services in Pre-Primary Schools in Kira Municipality, Wakiso District.*
Application Number: UCUREC-2020-64

Version: 4.0

Type: Initial Review
 Protocol Amendment
 Letter of Amendment (LOA)
 Continuing Review
 Material Transfer Agreement
 Other, Specify: **Renewal of Study**



I am please to inform you that the UG-REC-026; UCUREC approved the renewal of above referenced application.

Following the initial approval which was valid from 28th January, 2021 to 28th January, 2022, the renewal of this research is for the period from 17th December, 2021, to 17th December, 2022.

This research is considered minimal risk category.

As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and additions to the protocol or the consent form must be submitted to the REC for re-review and approval **prior** to the activation of the changes. The REC application number assigned to the research should be cited in any correspondence.



3. Reports of unanticipated problems involving risks to participants or other must be submitted to the REC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for REC review.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits.
5. Regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the REC eight weeks prior to the above expiration date of 17th December, 2022 in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

The following is the list of all documents approved in this application by UG-REC _026:

Document Title	Language	Version	Version Date
1. Research Proposal	English	2.0	17 th December, 2021
2. Informed Consent Form LC Chairperson	English	2.0	17 th December, 2021
3. Informed Consent Form LC Chairperson	Luganda	1.0	17 th December, 2021
4. Observation Guide	English	1.0	17 th December, 2021
5. Data Collection Tools	English	4.0	17 th December, 2021
6. Personal Information Sheet	English	2.0	17 th December, 2021
7. Informed Consent Forms FGD	English	2.0	17 th December, 2021
8. Informed Consent Forms FGDs	Luganda	1.0	17 th December, 2021
9. Informed Consent Form for Head Teachers	English	2.0	17 th December, 2021
10. Informed Consent Form for Teachers	English	2.0	17 th December, 2021
11. Informed Consent Form, Head Health centre	English	2.0	17 th December, 2021
12. Informed Consent Form CMC Chairpersons	English	2.0	17 th December, 2021
13. Informed Consent Form Family Protection	English	2.0	17 th December, 2021
14. Protocol	English	2.0	17 th December, 2021

Signed and Stamped

Prof. Peter Waiswa,
UCUREC Chairperson,
pwaiswa@musph.ac.ug



A Complete Education for a Complete Person

2 of 2



THE REPUBLIC OF UGANDA

OFFICE OF THE PRINCIPAL
EDUCATION OFFICER
P. O. Box 25749,
KAMPALA – UGANDA

Date: 5th August, 2022

Tel: 0788-722951

IN ANY CORRESPONDENCE ON
THIS SUBJECT PLEASE QUOTE
KMG/EDUC/300

**KIRA MUNICIPAL COUNCIL
WAKISO DISTRICT**

Email: kira-meo@securemail.ug

The Executive Secretary
Uganda National Council for Science and Technology
Plot 6 Kimera Road,
P.O. BOX 6884, Kampala

Dear Sir/Madam,

**Re: Acceptance to Conduct Research in Kira Municipality Pre-Primary
Schools**

This serves to permit Safina Mutumba a PhD candidate from Kyambogo University to carry out research in selected Pre-primary schools in Kira Municipality. The topic of her research is "School-Community Partnerships in the Implementation of Integrated Early Childhood Care and Education in Pre-primary schools" in Kira Municipality, Wakiso District'.

Any assistance rendered to me will be highly appreciated.

Yours faithfully,

Kasule Thomson

Principal Education Officer



Appendix K: Map of Kira Municipality in Wakiso District,
Uganda

