Child Health and Development Centre (CHDC), Makerere University

QUARTERLY

Newsletter

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CHILD HEALTH AND DEVELOPMENT CENTRE (CHDC), MAKERERE UNIVERSITY

Driving Excellence in Child Health and Development

Message
from Director

Dear Readers

It is my pleasure to present the April–June 2026 edition of the Child Health and Development Centre (CHDC) Makerere University Newsletter, highlighting the milestones and achievements made over the past quarter.

At CHDC, our mission is to promote the wellbeing of children and women in Uganda through research, training, and partnerships with communities, government, and other stakeholders. Guided by this mission, we continue to generate evidence, strengthen health systems, build local capacity, and develop innovative solutions that address the evolving needs of children and families across the country.

This edition reflects our continued efforts to improve the lives of children, women, and families through research, capacity building, innovation, and strategic partnerships.

During this quarter, CHDC implemented a number of impactful initiatives. We participated in the International Conference on Child and Adolescent Mental Health, launched an educational grant to improve the care of children with kidney disease in Uganda, strengthened community health training through the COBERS Programme, and continued implementing the Cango Lyec Project to advance HIV prevention and care among war-affected communities in Northern Uganda.

We also supported parenting and child protection initiatives, conducted the endline survey for the PfR-Digital Parenting Intervention, and engaged stakeholders in shaping the future of the Families, Parenting and Child Health Programme.

This quarter also marked important progress in innovation and collaboration. We commenced preparations for a new study titled Digital Humanitarianism: Governing Vulnerable Populations in an Age of Technological Innovation in Uganda and oriented members of the Parenting Agenda Consortium on the National Parenting Data Hub.

Assoc. Prof. Godfrey Siu Makerere University CHDC Director

These accomplishments would not have been possible without the dedication of our staff, researchers, partners, funders, government institutions, and the communities we serve. We sincerely thank you for your continued support and collaboration.

Assoc. Prof. Godfrey Siu
Mak-CHDC Director

Parenting Takes Centre Stage as CHDC Participates in NTV People's Parliament

Tororo district officials, parents, local leaders participate in NTV's People's Parliament

On 9th April, CHDC participated in NTV's People's Parliament, held in Tororo District.

Over 100 people from the district and the community participated in the parliamentary proceedings. Among the participants were 25 PfR facilitators and parents from Kwapa, Mella, Lyolwa Town Council, and Lyolwa Sub-county.

The day had many segments, but the first focused on "Parenting and Education," where CHDC made its contribution, followed by discussions on health, infrastructure, tourism, and the environment.

The audience was eager to know how parenting is influencing education outcomes in the district. While a few people commented on education, the majority focused on parenting and requested CHDC to continue its work.

A participant from Kwapa Town Council, who benefited from the programme, informed the parliamentary sitting that, before the programme was introduced in the district, many men did not allow their wives to engage in business activities. He added that things have since changed, and that men are now more involved with their children while also supporting their families through various economic activities.

The importance of emotional presence beyond financial provision was also highlighted.

One participant requested the introduction of the ECD programme in Tororo Town Council.

Hosea Katende, Scale and Capacity Building Specialist presenting during NTV's People's Parliament

CHDC Director Participates in International Conference on Child and Adolescent Mental Health

Participants attend Bold Ideas, Brighter Futures Conference on Child and Adolescent Mental Health in Cape Town, South Africa

The Director of CHDC, Prof. Godfrey Siu, recently participated in the Bold Ideas, Brighter Futures Conference on Child and Adolescent Mental Health in Cape Town, South Africa.

The two-day conference, held from May 19 to 20, brought together more than 300 participants from around the world.

A key outcome of the conference was a strong call for increased financing and accountability to support the mental health of young people.

Representatives from UNICEF highlighted the organisation's work on digital mental health intervention tools, noting that digital platforms are becoming an important part of the development ecosystem for children.

UNICEF is exploring how these technologies can serve as an "invisible infrastructure of care" by expanding access to mental health support. However, concerns were raised about the safety and safeguarding of children using digital tools.

Participants noted that while digital systems are rapidly expanding, many lack adequate protections, creating a major trust gap.

Discussions focused on how digital mental health tools can be scaled responsibly, emphasizing that the challenge is not simply technological but also about ensuring that quality care remains accessible to children.

Participants also examined potential harms associated with digital platforms and explored ways to mitigate risks while maximizing benefits for children's mental health.

A recurring message throughout the conference was that ensuring quality assurance for children engaging with digital technology is not the responsibility of children but caregivers and professionals.

The conference attracted practitioners, researchers, and programme implementers who have embraced evidence generation and were able to share from practical experiences, share lessons from their practical experiences of delivering also documenting impact

The World Health Organization (WHO) also presented its Implementation Guidelines for School Health Services, which aim to transform schools into health-promoting institutions.

They said schools must think of themselves as places of care thriving, protection, moral and inclusivity in developing the well-being of a child.

Another notable presentation was delivered by Tom Osborne of the Shamiri Institute in Kenya, who spoke about the challenges and opportunities of scaling mental health programmes. He urged participants to think critically about what makes stakeholders adopt and support interventions at scale.

Osborne emphasized the importance of designing solutions that meet the needs of different stakeholders, including governments, Non-governmental organisations, and the business sector.

"We need to see models for scaling up that can fit the needs of

Director CHDC Prof. Godfrey Sui take a photo moment with other participants after the first session of the conference on Child and Adolescent Mental Health in Cape Town, South Africa

all these different stakeholders if we are to achieve impact at scale," he said.

A South African government minister also shared their philosophy of supporting a successful transition throughout the life course, from the womb to infancy through childhood, adolescence, adulthood, and old age.

He challenged researchers and practitioners to rethink rigid theories of change. According to the minister, complex social systems do not always follow predictable pathways, and outcomes often emerge in ways that cannot be fully anticipated.

He argued that while theories of change are important planning tools, they can become limiting when applied too rigidly. In complex systems, meaningful change often results from continuous learning, adaptation, and responsiveness to real-world experiences.

The minister encouraged researchers to embrace greater flexibility and acknowledge that impact is not always achieved exactly as planned, but often emerges through a combination of evidence, experience, and adaptation.

CHDC Educational Grant Promoting Care of Kidney Disease in Ugandan children

Dr Anthony Batte is a Senior Lecturer and Paediatric Nephrologist at CHDC Makerere University College of Health Sciences

The International Society of Nephrology's (ISN) Sister Renal Centers (SRC) Program awarded a grant to Dr Anthony Batte of Makerere University at the College of Health Science, CHDC, in collaboration with a team from Mulago National Referral Hospital led by Dr Caroline Aujo and Baylor College of medicine, Texas Children's Hospital, USA led by Dr Peace Imani.

These doctors are specialists in management of kidney diseases in children also referred to as Paediatric nephrologists.

Uganda has a population of 50 million people with nearly half of these as children below the age 18 years. However, the country has only three paediatric nephrologists and thus limiting access of children to receiving care when they have kidney disease.

Through this program this team of nephrologists using this collaboration will provide support to health workers through educational activities to improve the care of children with kidney diseases.

The team will also mobilise experts from both the United States and Uganda to raise awareness and improve care for children with kidney disease, as well as support their families.

The program was first awarded funding in the year 2020, and following successful implementation of the activities over the previous years, the team has received renewed funding worth 24000 USD (approximately Sh87,840,000)to run for the next two years.

This educational program uses training exchange to build bridges and increase awareness and knowledge in management of kidney diseases in Ugandan children.

The trainings will be conducted through face to face interactions as well as virtually through zoom lectures and continuing medical education (CMEs).

The lectures will focus on Acute Kidney Injury, Chronic Kidney Disease, Glomerular diseases and dialysis modalities like Peritoneal dialysis in Uganda.

CHDC Strengthens Community for Mak Medical Students Health Training Through COBERS Programme

During this quarter, CHDC, actively participated in the implementation of the Community-Based Education, Research and Service (COBERS) programme.

The programme was conducted in April for Year IV medical students and again in June for Year III medical students. COBERS is the flagship community-based education programme of the Makerere University College of Health Sciences for undergraduate health professional students and is delivered in two interconnected phases.

Dr Arthur Mpimbaza a senior Lecturer said the first phase, undertaken in Year III, focuses on research methods and community diagnosis. The second phase, undertaken in Year IV, builds on the findings from the community diagnosis and involved the implementation of community-based projects designed to address identified health challenges.

At the heart of both phases is the community, where students gain valuable practical learning experiences. Through COBERS, students are exposed to real-world health challenges and acquire the knowledge, skills, and attitudes needed to respond effectively to community health needs while strengthening the link between the university and the communities it serves.

Following the COVID-19 pandemic, which accelerated the adoption of online teaching in 2020, faculty experienced several challenges associated with virtual learning, particularly the limited opportunities for direct interaction with students. In response, CHDC reverted to face-to-face teaching sessions, restoring the interactive learning environment that existed before the pandemic.

The transition back to physical teaching, however, presented a challenge of limited teaching space amid increasing student numbers. To overcome this constraint, students were organised into smaller groups, each facilitated by two faculty members. This approach aligned group sizes with the capacity of available teaching rooms, ensuring effective lecture delivery and meaningful engagement without compromising the quality of training.

The return to physical teaching was warmly received by students, as reflected in consistently high attendance rates and active participation during sessions. The face-to-face interactions fostered a more engaging learning environment and strengthened faculty-student relationships.

For faculty members, it was particularly rewarding to interact with enthusiastic future health professionals and researchers at an early stage of their academic journey. Although the time available for teaching research methods and guiding project implementation was limited, the primary goal was to introduce students to the fundamentals of research and inspire confidence in their ability to contribute to evidence-based health solutions. For many, this marked the beginning of a journey that could lead to careers in research, public health, and community health practice.

To emphasise the significance of community-based learning, students were reminded of the words of Prof Francis Omaswa, cardiovascular surgeon, former Director General of Health Services in the Ministry of Health, and alumnus of Makerere University Medical School: “Health is made at home and only repaired in health facilities.”

Dr. Arthur Mpimbaza during a training of medical students

Playful Parenting Programme Transforms Learning, Family Engagement in Refugee Communities

Research assistants observe children while they are engaged in drawing activities

RELAP has made significant progress since mid-last year, when an action research study was launched to assess the feasibility of implementing a playful parenting intervention in a refugee setting. The initiative aimed at strengthening parent -child relationships while improving children's Early Years Competencies.

The programme focused on helping parents intentionally engage in play with their children. While play is often taken for granted, the intervention highlighted how play can strengthen parent-child relationships, support foundational learning at home, and build children's social skills.

Many parents in the community previously believed that play was solely for children and required little or no adult involvement. Through the programme, facilitators worked to change this mind-set by encouraging parents to actively participate in their children's learning and development.

At the beginning of the study, children's competencies in mathematics, numeracy, and literacy were assessed to establish a baseline for measuring progress. The Parenting for Respectability manual was then adapted to suit refugee communities, incorporating playful parenting approaches and addressing the realities of raising children in displacement.

Recently, the parenting sessions concluded at the beginning of April, marking an important milestone for the project. By the end of the month, the team conducted end-line data collection to assess the impact of the intervention. Although the findings are yet to be fully analysed, early qualitative feedback from parents, children, community leaders, and officials from the Office of the Prime Minister (OPM) has provided promising insights.

Many parents reported that the programme has transformed the way they raise their children, despite participating for only a few months, between December and March. Parents shared that they are now intentionally making time to play with their children and joining them in learning activities.

According to Dr. Betty Okot, one of the most encouraging outcomes has been the shift in parents' thinking around learning materials. Parents are now creatively making play materials using locally available resources instead of relying solely on buying toys.

"Parents told us they now write letters in the air with their children and even practise writing on the ground. It is both fun and engaging," Okot explained.

These playful learning activities are already helping many children identify letters of the alphabet and strengthen their early literacy skills. While many children can now recite the alphabet, both parents and children are still learning to connect letters with their sounds, a critical step toward reading fluency.

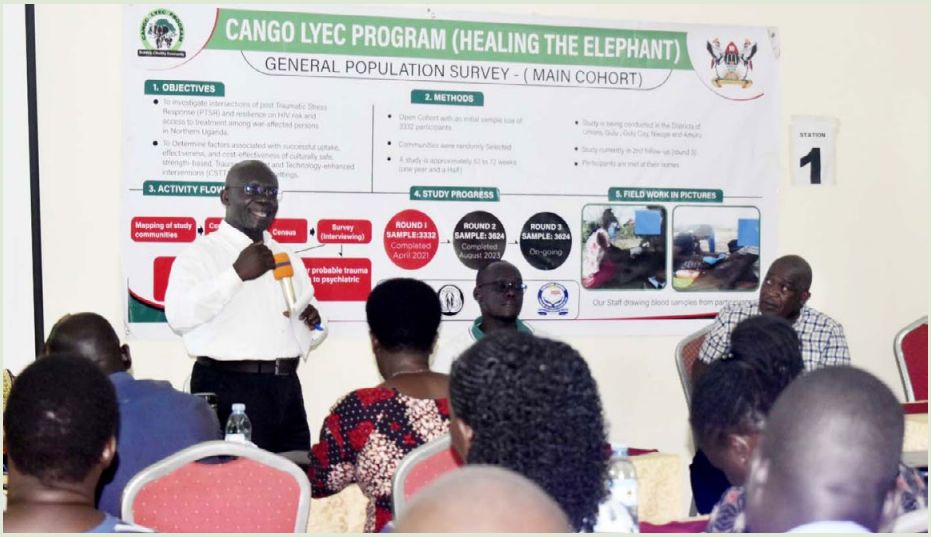
Preliminary observations also indicate improvements in numeracy among participating children. Many are now able to count from 1 to 50 and identify three-digit numbers, suggesting positive progress in foundational learning competencies.

The project has also received strong support from refugee leadership structures and the Office of the Prime Minister, which appreciated the programme's direct involvement of parents in supporting children's learning at home.

Community leaders have expressed interest in seeing the initiative continue beyond the current phase. They particularly value the parenting groups established during the intervention, noting that the groups has strengthened networking among parents and could serve as platforms for future community projects, skills development, and livelihood opportunities.

Research assistants observe children while they are engaged in drawing activities

Cango Lyec (Healing the Elephant) Project – Reducing HIV risk, increasing access to treatment and promoting resilience among War affected populations in Northern Uganda



Dr. Herbert Muyinda delivers a presentation during a workshop in Gulu district.

For seven years (2018–2025/26), the Cango Lyec (Healing the Elephant) Project has been working to improve HIV prevention, treatment, and care among war-affected communities in Northern Uganda.

Led by CHDC, in partnership with the University of British Columbia (Canada), St. Mary's Lacor Hospital, and the Northern Uganda Program on Health Sciences (NUPHS),

The project's overall goal is to develop and evaluate innovative interventions for HIV prevention, treatment, and care, while promoting resilience among war-affected populations in Northern Uganda.

The foundation for this intervention study was laid by the earlier Cango Lyec: Determining HIV Vulnerabilities project, which involved the Acholi communities in Northern Uganda following the prolonged civil war and widespread child abductions.

The findings from the earlier study established a strong link between multigenerational trauma and distress and the increased risk of HIV infection, illness, and death. The research also highlighted how conflict-related trauma contributed to risky behaviours and created significant barriers to accessing effective HIV prevention, treatment, and healthcare services.

At the same time, the UNAIDS 95-95-95 targets call for ending the HIV epidemic by 2030 by ensuring that: 95% of people living with HIV know their HIV status;95% of those diagnosed receive sustained Antiretroviral Therapy (ART); and 95% of those on ART achieve viral suppression.

Achieving these ambitious targets requires comprehensive, culturally appropriate, and multi-component interventions that address the barriers preventing vulnerable populations from accessing HIV prevention and lifelong care.

To address these challenges, the Cango Lyec project developed and tested transformative health programmes designed to improve access to HIV prevention services and lifelong HIV care among war-affected communities in Northern Uganda.

The project's research goal was to evaluate Culturally safe, strengths-based, trauma-informed, and technology-enhanced (CSTT) interventions for HIV prevention and engagement in care. Throughout the project, researchers worked closely with community members to ensure that the interventions were culturally relevant, responsive to local needs, and capable of being translated into practice.

The study employed an open cohort design across the districts of Gulu, Amuru, Omoro, and Nwoya. It built on the earlier Cango Lyec cohort that has been in existence since 2011.

Researchers adopted a multi-method approach that combined epidemiological studies, ethnographic research, psychometric assessments, and intervention trials. This comprehensive approach generated the evidence needed to design, implement, and evaluate CSTT interventions for HIV prevention and care.

Preliminary Outcomes

Preliminary findings indicate that the project has successfully developed high-impact HIV prevention and treatment approaches for populations disproportionately affected by HIV and other infectious diseases.

The findings have the potential to reduce health inequities, improve access to quality healthcare, and lessen the burden of disease among war-affected communities in Northern Uganda. They have also strengthened momentum for Indigenous health innovation as a defining feature of the Cango Lyec project, contributing to improved health outcomes and resilience within the affected communities.

Upon completion of the data analysis, the project is expected to produce several peer-reviewed journal articles and other scientific publications. Dissemination of the findings to international, national, and local audiences is expected to further influence health policy and practice while attracting additional funding to support future research and implementation.

CHDC Participates at the Launch of the National ECCE Policy

A pupil from a Kampala school makes a presentation during the launch of ECCE, as former State Minister for Primary Education, Dr. Joyce Moriku Kaducu, and a teacher listen attentively.

CHDC participated in the launch of the National Early Childhood Care and Education (ECCE) Policy, with Dr Betty Okot representing CHDC at the national event.

CHDC participated both as an institution and as a member of the National Early Childhood Development Technical Action and Resource Network (NECTAR), a network that brings together different actors working in early childhood development in Uganda.

NECTAR is organized around different clusters, through which practitioners contribute to strengthening early childhood development services. These include the Parenting Cluster, Research Cluster, Early Childhood Care and Learning Cluster, among others. CHDC belongs to the Parenting Cluster.

The launch was led by the Ministry of Education and Sports, in partnership with several development partners and stakeholders in the education sector, and was officiated by the former minister, Dr. Joyce Kaducu Moriku.

NECTAR was among the key organizers of the event, alongside the Ministry of Education.

During the event, the Ministry officially launched the National ECCE Policy, which will serve as a framework for standardizing how early childhood care and education is managed, implemented, and monitored across Uganda. The policy is expected to guide schools, caregivers, and practitioners in delivering quality early childhood education services.

Stakeholders also highlighted that a curriculum for the early childhood education sector will be developed to guide what schools teach young children.

Among the major issues emphasized in the policy is discouraging the operation of day-care centres within schools for children below the age of three. The Ministry encouraged that children under three years should ideally be cared for at home or in other safe, designated environments, rather than combining day care with preschool settings.

The Ministry also discouraged excessive homework, rote learning, and overloading children with academic work during their early years. Instead, the policy promotes play-based learning, problem-solving, life skills development, creativity, and helping children enjoy learning through stimulation and interaction.

Stakeholders in the early childhood development sector welcomed the policy, describing it as an important step toward improving the well-being and learning experiences of children in Uganda.

Parenting Agenda Consortium Oriented on National Parenting Data Hub

Lucy Otto, the Assistant Commissioner for Family Affairs (center) takes a photo with members of Parenting Agenda Consortium at Piato Restaurant.

Members of the Parenting Consortium for Uganda convened on May 26, 2026, at Piato Restaurant for an engagement aimed at orienting stakeholders on the National Parenting Data Hub, a platform designed to strengthen data collection, reporting, and coordination of parenting interventions across the country.

The meeting provided consortium members with a comprehensive update on the progress of the National Parenting Data Hub, which had not previously been presented to the members. Discussions focused on the development process of the hub and the guidance provided by the Ministry of ICT and the National Information Technology Authority-Uganda (NITA-U) to ensure that the platform complies with national standards for digital systems.

Speaking during the meeting, Paul Opira, CHDC IT Officer, said the team is currently enrolling partners who had not yet registered on the hub.

*"We are now enrolling partners who have not been able to enrol on the hub to start registering on the National Parenting Data Hub and begin sharing data on the different interventions being implemented across the country," **Opira said.***

He explained that the platform will enable the Ministry of Gender, Labour and Social Development to access real-time information on parenting interventions and beneficiaries receiving services related to violence against children, parenting skills, life skills, and other family-focused programmes.

Opira noted that CHDC has been part of the development team for the National Parenting Data Hub since 2019 and expressed excitement over the progress made so far.

The hub was launched in 2025 by the former Minister of State for Gender and Culture, Peace Mutuuzo.

Lucy Otto, the Assistant Commissioner for Family Affairs, emphasized the importance of unified data in promoting evidence-based parenting interventions.

*"As we talk about promoting evidence-based programming, we need enough information on what we are doing. The data hub will help us maintain information on the kind of services being provided, with whom, and where," **she said.***

She added that the data collected through the hub will support planning and evaluation of interventions, from the national level down to the village level.

*"If you are implementing at the national level, how many districts have you reached? What about from the district to the sub-county? Because we want to reach that final parent at the village level," **she noted.***

Carolyn Byekwaso, Program Manager for the Families, Parenting and Child Health Program, said consortium members were oriented on how to use the system and enter data into the platform.

"We believe members are going to visit the Ministry of Gender website and apply. Those organizations whose objectives align with the Department of Family and Culture will be cleared to start populating data on the parenting and family-related interventions they implement," Byekwaso said.

One of the major outcomes from the meeting was the consensus among stakeholders on the need to collect data right from the village level.

Byekwaso further emphasized that the availability of reliable data will strengthen advocacy

for increased funding towards parenting interventions and family support services in Uganda.

During the meeting, MGLSD also presented the Family Unit Strategic Plan, currently under development. It is the first strategic plan for the unit since its establishment in 2006.

According to Lucy, the Family Unit has, for years, operated without a guiding framework, which affected implementation and partnership building.

> *"We didn't have a guiding document to help us implement activities for family strengthening and promoting evidence-based parenting programmes. Even when lobbying for resources, partners would want to see our plan, and we didn't have it,"* ***she said.***

She explained that the strategic plan will provide direction for the ministry, partners, and resource mobilization efforts.

Byekwaso described the Consortium as a platform that provides strategic direction and leadership to optimize the implementation of evidence-based parenting interventions aimed at preventing violence and strengthening family relationships.

The meeting also featured a presentation by Dr. Viola on reproductive health and interventions targeting adolescent girls and boys. Participants described the session as insightful, saying it provided useful knowledge, not only for programming purposes but also for personal parenting experiences.

Lucy Otto, the Assistant Commissioner for Family Affairs speaking during a workshop at Piato Restaurant.

Digital Humanitarianism: Governing Vulnerable Populations in an Age of Technological Innovation in Uganda

The three-year (2026–2029) research project, Digital Humanitarianism: Governing Vulnerable Populations in an Age of Technological Innovation in Uganda, has received ethical clearance and is set to commence in July 2026.

The study is a collaboration between Makerere University and the Geneva Graduate Institute, Switzerland, and is funded by the Foundation for the Graduate Institute of International and Development Studies, Switzerland.

The overall objective of the study is to provide an in-depth understanding of the role of digital innovations in reshaping how humanitarian action is understood, conceived, and practiced.

The qualitative study will employ ethnographic and semi-structured data collection approaches among urban refugees in Kampala and refugees living in the Nakivale Refugee Settlement in western Uganda.

The research findings are expected to address the theoretical, practical, and ethical issues associated with the long-standing and widespread use of digital technologies in disaster management and the governance of vulnerable populations.

Specifically, it will examine how digital technologies are changing the face of humanitarian response in Uganda by influencing conceptions of refugee vulnerability and needs, as well as the solutions developed to address them.

Today, digital technologies play a critical role in the management and prevention of emergency situations. Their application has made new forms of knowledge and practices visible, leading to new ways of identifying humanitarian needs and responses. In refugee settings, digital technological innovations are often viewed as neutral tools that improve the efficiency of humanitarian responses. However, evidence suggests that their implementation is shaped by political, economic, and social factors, resulting in varied experiences among refugees and other humanitarian actors.

Amuru Residents Link Parenting to Better Education Outcomes at NTV People's Parliament

NTV staff, Dr. Betty Okot from CHDC, district officials, parents, local leaders, and religious leaders pose for a group photo after the People's Parliament proceedings in Amuru.

CHDC joined NTV Uganda's People's Parliament in Amuru District to engage communities and leaders on the critical role of parenting in improving children's education and wellbeing.

The event, which took place on 6th May, brought together more than 100 participants, including parents, business owners, district officials, students, and community members, creating a platform for residents to openly discuss the district's most pressing development challenges and opportunities.

One of the major themes was education in Amuru, where participants identified poor parenting and parental neglect as key factors undermining access to quality education. Community members highlighted inadequate parental involvement in children's learning, poor road infrastructure that limits access to schools, structural challenges within schools, shortages of textbooks, and weaknesses in teacher preparation and curriculum implementation.

Participants also expressed concern over the increasing rates of teenage pregnancies and school dropouts, which have resulted in a growing number of young mothers in the district. Child labour on commercial farms was also cited as a challenge that continues to keep many children away from school.

CHDC was given the opportunity to present an overview of the PfR programme, explaining its research journey from the Randomized Control Trial (RCT) to its scale-up and the positive impact it has had on families and communities. The presentation also highlighted the strong collaboration between CHDC and Amuru District in implementing parenting interventions.

PfR participants shared testimonies of how the programme has transformed their lives and strengthened their parenting skills. Facilitators explained that the knowledge gained through the programme has enabled them to continue supporting families even beyond the project. One participant noted, *"I have been called upon several times to mediate and resolve family conflicts, and I have successfully done so using the skills acquired through PfR."*

The Senior District Community Development Officer commended the programme for its impact and the strong partnership it has built with the district, noting that *"communities in the sub-counties of Amuru, Lamogi, Opara, and Pabbo that benefited from PfR are experiencing positive social change."*

Beyond parenting and education, the People's Parliament also discussed Amuru's enormous potential to serve as a major food basket for Northern Uganda, emphasizing the need to harness the district's agricultural opportunities for economic growth.

The event attracted a wide range of stakeholders, including PfR participants from both the RCT and Scale phases, district technical officials from the health, education, planning, roads and works, gender, child and probation departments, Community Development Officers, the Resident District Commissioner and his team, the outgoing LCV leadership, and students from primary and secondary schools.

The discussions reinforced the message that *"strengthening parenting is fundamental to better education outcomes and sustainable community development."*

Students, local leaders, and parents participate in the People's Parliament proceedings in Amuru.

CHDC Joins the GPI Africa Convening to Reflect on Parenting Programmes and Advocacy Efforts

CHDC participated in a one day learning and collaboration meeting on June 21 that brought together African study teams implementing parenting projects in South Africa, Tanzania, and Uganda under the Global Parenting Initiative (GPI).

The meeting was attended by CHDC Director and Programme Lead for Families, Parenting and Child Health, Assoc. Prof. Siu, Prof Jamie M. Lachman, principal investigator GPI, Prof. Catherine L. Ward, University of Cape Town, South Africa, and Prof Mark Tomlinson, Stellenbosch University, and provided a platform for participants to reflect on their experiences implementing parenting programmes in diverse settings.

The teams shared practical lessons, innovations, successes, and challenges encountered during programme delivery while exploring ways to strengthen advocacy and communication efforts.

Discussions focused on adapting parenting programmes to local contexts and community needs, monitoring programme fidelity and quality, and addressing challenges associated with digital and hybrid delivery models.

Participants also worked on developing clear, evidence informed advocacy messages emerging from their studies. The session examined how findings from parenting interventions can be effectively communicated to policymakers, funders, practitioners, and communities.

Among the key issues discussed were the most important lessons and findings that decision-makers should hear, the evidence most likely to influence policymakers and funders, and how parenting interventions can be positioned within broader child well-being and violence prevention agendas.

The meeting further explored common advocacy themes emerging across participating countries and supported teams in drafting compelling narratives that demonstrate the value, impact, and relevance of parenting programmes.

Participants agreed that stronger collaboration and coordinated advocacy could help elevate parenting interventions as a critical investment in child development and family well-being across countries.

CHDC, Stakeholders Plan Strategic Direction for the Families, Parenting and Child Health Programme

On April 29, 2026, CHDC convened a one-day stakeholder workshop in Kampala as part of the strategic planning process for its Families, Parenting and Child Health Programme.

The workshop brought together about 30 participants, including CHDC leadership, government representatives, advisory group members, and technical facilitators. The meeting provided a platform to review emerging evidence, validate the programme's situational and institutional analysis, and refine the draft for the Programme Strategic Plan.

The meeting was guided by four key objectives: validating the Programme situational and institutional analysis; reviewing and refining elements of the

Lucy Otto, the Assistant Commissioner for Family Affairs and Prof. Siu (center) take a photo moment with participants after the closing of a one-day stakeholder workshop in Kampala.

draft strategy; stress-testing strategic priorities related to scale, targeting, and cross-cutting issues; and generating recommendations to strengthen the final strategic plan.

Participants highlighted the importance of evidence generation to inform policy and practice, positioning the Programme as a centre of excellence, leveraging strategic partnerships, strengthening alignment with government priorities, embracing digital innovations, securing sustainable financing, ensuring leadership continuity, and integrating parenting interventions within local government, health, and community systems.

The Programme is one of the thematic programmes under the CHDC. The programme focuses on parenting interventions, child protection, and family-centred approaches to improving child wellbeing.

Discussions took place against a backdrop of growing concern over violence against children, child abuse, intimate partner violence, youth risk behaviours, mental health challenges, weakening social support systems, and evolving family dynamics.

Participants agreed that these challenges make parenting and family-strengthening interventions increasingly urgent and critical to Uganda's social and development agenda.

Speaking during the workshop, Programme Manager Carolyn Byekwaso underscored the importance of stakeholder engagement and reflection in strengthening the programme's strategic direction.

The Programme Lead Prof. Godfrey Siu emphasized the value of the diverse expertise represented at the meeting and encouraged participants to share their experiences, insights, and recommendations to support informed decision-making and foster meaningful collaborations.

Prof. Siu recognised the participation of government representatives, academic leaders, practitioners, clergy, and regional stakeholders, noting that strong partnerships are essential to advancing CHDC's mission.

The workshop was officiated by a Commissioner from the Ministry of Gender, Labour and Social Development, who reaffirmed the government's appreciation of CHDC as a credible and valued partner in promoting child and family wellbeing.

Prof. Siu also highlighted the family as the primary institution of socialisation and expressed concern over the increasing prevalence of violence against children in Uganda. He called for practical and sustainable solutions, including evidence-based manuals, programmes, partnerships, and community-focused systems that promote positive parenting and prevent violence.

During the meeting, Prof Siu presented the programme's mandate, achievements, and rationale for undertaking a strategic review. He explained that over the previous seven to eight months, CHDC had engaged a wide range of stakeholders through consultations aimed at shaping the programme's future direction.

Byekwaso and Malcolm Mpamizo led the presentation of the PESTEL and SWOT analyses, highlighting the programme's strengths, opportunities, and strategic positioning within the child and family wellbeing landscape.

Prof. Siu, Malcolm Mpamizo and Carolyn Byekwaso interact after the first session of the workshop

The workshop brought together about 30 participants, including CHDC leadership

Researchers Conduct Endline Survey to Assess Impact of PfR-Digital Parenting Intervention

A focus group discussion of parents who participated in the PfR digital intervention.

CHDC successfully completed an endline evaluation of PfR-Digital intervention in Wakiso and Amuru districts, generating evidence on the effectiveness of digital parenting support in Uganda.

The endline data collection exercise was conducted in Wakiso District from 18 to 30 May 2026 and in Amuru district from 24 to 31 May 2026.

The survey followed the implementation of 16 digital parenting sessions delivered between May and December 2025 through three approaches: self-paced learning, facilitator-supported learning, and group-based facilitator-supported learning.

In Wakiso district, the intervention reached 155 parents across six sub-counties and town councils, including Kira, Kakiri, Katabi, and Wakiso Town Councils, as well as Gombe and Makindye-Ssabagabo sub-counties. During the endline survey, researchers successfully interviewed 118 participants, representing a response rate of 76.1 percent.

The success of the exercise was largely attributed to the dedication and commitment of staff from CHDC and the Centre for Transformative Parenting (CTP), as well as the cooperation of participating parents. Field researchers scheduled appointments with parents, met them at convenient times and locations, and mobilised them to participate at centrally located venues such as churches, schools, and health centres.

However, 37 participants could not be reached despite repeated follow-up efforts. Reasons included migration from the study area, hospitalization, caring for sick family members, death, and other unknown factors.

In Amuru District, the endline evaluation was conducted in Pabbo, Lamogi, Opara, and Amuru sub-counties. A team of six research assistants, led by Senior Researcher Dr. Betty Okot, carried out the data collection exercise among parents who had been enrolled on the PfR Parenting mobile application during the intervention period.

The evaluation sought to determine the outcomes and effectiveness of the PfR-Digital intervention by assessing changes in parenting knowledge, attitudes, behaviours, and practices among participants. The study also aimed to generate evidence on the effectiveness of digital delivery models and provide insights for future programming and potential scale-up.

Out of 154 participants targeted in Amuru, the research team successfully interviewed 124, achieving a response rate of 80.5 percent. Thirty participants could not be reached due to migration, unavailable or non-functional telephone contacts, and death.

The completion of the endline survey marks an important milestone in assessing the potential of digital parenting interventions to strengthen parenting practices and improve child wellbeing.

Research Assistant interviewing a parent

CHDC Supports MGLSD to Conduct Capacity Building Training on Parenting and Child Protection in Northern Uganda

CHDC partnered with MGLSD and the Adventist Development and Relief Agency (ADRA) Uganda to strengthen parenting and child protection systems in Northern Uganda through the TOGETHER Project.

ADRA engaged MGLSD to provide technical support to the TOGETHER Project, a six-year initiative (2021–2027) funded by the Government of Canada through Global Affairs Canada and managed by ADRA Canada. The project is being implemented in Uganda by ADRA Uganda in collaboration with government structures, civil society organisations, and community-based actors.

The project aims to improve the health, rights, and well-being of adolescent girls, women, and other vulnerable populations through gender-transformative and community-led approaches.

Its key focus areas include strengthening community systems, promoting gender equality, preventing sexual and gender-based violence (SGBV), reducing child marriage and teenage pregnancy, and improving access to sexual and reproductive health and rights (SRHR) information and services.

As part of the initiative, MGLSD, with support from CHDC, conducted a capacity-building training for Grassroots Women's Organizations (GWOs) and Refugee-Led Organizations (RLOs). The training was designed to address existing capacity gaps in governance, leadership, advocacy, child protection, and parenting support systems.

Participants received training on the National Parenting Guidelines, positive parenting and adolescent development, child protection systems and referral pathways, prevention of child marriage and violence against children, parent-adolescent communication and family strengthening, as well as community-based child protection mechanisms.

Lucy Otto, the Assistant Commissioner for Family Affairs presenting during a meeting in Northern Uganda

According to the organisers, evidence from project implementation areas highlighted the need to strengthen parenting skills and child protection systems to address challenges such as child marriage, teenage pregnancy, violence against children, and neglect.

In addition to the training, MGLSD and CHDC participated in a community radio talk show on Radio Tembo organised by ADRA. The programme focused on parenting and brought together representatives Assistant Commissioner from Department of Family Affairs MGLSD Ms Lucy Otto, ADRA Uganda Opiyo Alfred Okeny, Kitgum District Local Government Gaudencio Ogal, and Dr. Betty Okot from CHDC.

During the discussion, panellists explored key issues including the meaning of parenting, the roles and responsibilities of parents, common parenting challenges faced by families in the region, and practical parenting skills that can help improve child wellbeing and family relationships.

The radio programme generated interest among listeners, many of whom called in to share their experiences and concerns. Several listeners acknowledged that they were facing parenting challenges and welcomed the discussion. Others requested more radio programmes on parenting and family wellbeing, noting that such engagements provide valuable guidance to parents and caregivers.

Listeners also expressed appreciation to CHDC, MGLSD, Kitgum district Local Government, and ADRA Uganda for organising the programme. Some callers further appealed to cultural leaders to play a more active role in supporting parents and strengthening parenting practices within communities.

MGLSD commended CHDC for its contribution to the training and community engagement activities, particularly recognising the support provided by Dr. Betty Okot in facilitating the capacity-building sessions alongside the

Assistant Commissioner Ms Lucy Otto Assistant Commissioner for Family Affairs at the Ministry of Gender, Labour and Social Development.

Dr. Betty Okot facilitates during a capacity-building session in Northern Uganda.

CHDC Director Appointed Associate Professor at Makerere University

The Director of CHDC, Prof. Siu, was appointed an Associate Professor at Makerere University, marking a major milestone in his academic career.

His appointment was approved by the Makerere University Appointments Board during the continuation of its 795th meeting held on 5 June 2026. He was among 13 academics promoted to the rank of Associate Professor, alongside 16 others who were appointed Senior Lecturers.

Prof. Siu joined Makerere University in 2003 and has since made outstanding contributions to teaching, research, mentorship, and child health. His promotion reflects his dedication to academic excellence and leadership, at the University.

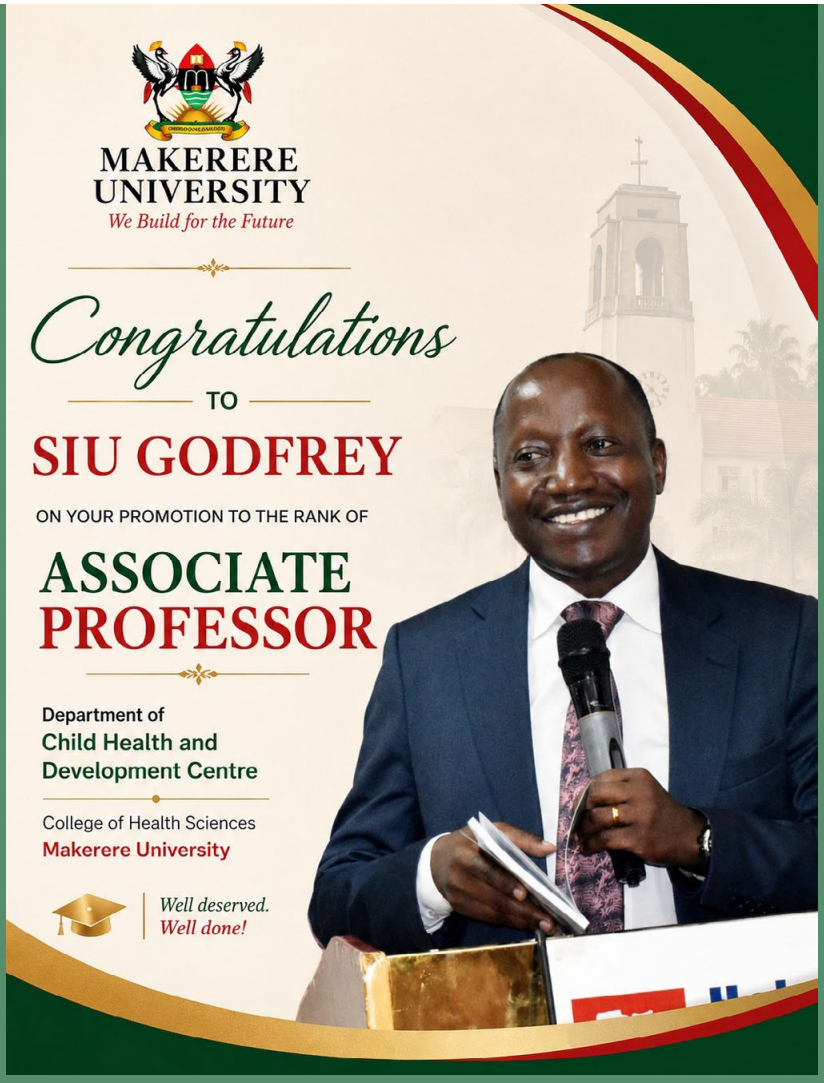


Photo Gallery

Dr. Herbert Muyinda handing over a flower and a balloon bearing the message "Congratulations, Prof to Prof. Siu

(L-R) Support staff of CHDC Mercy Ala, Immaculate Ainembabazi, Hosea Lutaaya, and Robinah Nakacwa during a surprise celebration for Prof. Siu.

Prof. Siu holds a flower and a balloon bearing the message "Congratulations, Prof." presented by colleagues after his promotion to the rank of Associate Professor.

Programme Manager Carolyn Byekwaso delivers a speech during a surprise celebration for Prof. Siu at CHDC following his promotion to the rank of Associate Professor by Makerere University. From left are Dr. David Kyadondo, Dr. Herbert Muyinda, Dr. Anthony Batte, and Dr. Harriet Babikako.

CHDC staff during a surprise celebration for Prof. Siu

Dr. Herbert Muyinda hugs aProf. Siu during a surprise celebration at CHDC

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