Ghana Impact Report

A pilot study: Using training of trainers approach to improve early childhood care & education in Ghana through community-run Play Schemes

August 2016
Our vision is a world where all children have the opportunities to develop their skills and talents and the chance to reach their full potential.

We work in deprived rural communities in northern Ghana and eastern Uganda.

We’re a single-cause organisation focussing on improving early childhood care & education (“ECCE”) for rural children aged 3-6.

We have 8 years of experience delivering our programme in both countries.

Some recent achievements...

Winners of UNICEF/Results for Development “Innovations in Education” competition

Winners of Lego Foundation/Ashoka “Re-imagine Learning” competition

Funders include UNICEF, DFID & Comic Relief
The need

Children who receive quality care and education in their early years are proven to have better health, do better and stay longer in school, and have better economic trajectories in adult life\(^1\). But the children in the deprived Ghanaian villages where we work do not get these vital opportunities. Kindergarten quality is low due to lack of trained teachers & high rates of absenteeism, large class sizes, lack of materials & rote-based teaching methods. Most parents are poorly educated and haven't been taught simple childcare practices or ways to stimulate learning. As poverty is all they've known they have low aspirations for themselves and their children. These challenges lead to poor health, poor education, lost life opportunities and poverty.

### Situation in Northern & Upper East Ghana\(^2,3,4\)

- Kindergarten pupil to trained teacher ratio 91:1 (Northern region) and 98:1 (Upper East Region)
- 23% average national teacher absenteeism rate
- Less than 20% children in Primary 3 and Primary 6 achieved proficiency in English and Maths

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\(^1\)The Lancet ECD Series: 2007 & 2011; 2 EMIS 2015; 34 Transparency International 2013, 4The 2011 National Education Assessment
What we do

One of the key barriers to healthy child development is that deprived rural Mothers lack the information, skills and aspiration to provide their children with the education and care they need to fulfil their full developmental potential. We use a behaviour-change approach to build the capacities and transform the mindsets of these Mothers so they have the knowledge, skills and drive to give their children a better start in life and better chances for the future, using their own resources.

Target the poorest rural communities

Train & empower Mothers...

...to run Play Schemes & provide better care at home...

...using cheap local materials

Empowered communities

Motivated to change lives

Improved health and hygiene

Increased desire to learn

Better employment prospects

Able to find solutions to local problems

Increased abilities and skills
How it works

We work in partnership with the Ghana Education Service to deliver the programme using a training of trainers approach. We train Kindergarten Teachers from deprived rural communities, who then train Mothers in their communities to run educational Play Schemes in the school kindergarten, where children learn vital skills through play. Health and hygiene activities are incorporated to improve health. Games are made from local materials and Mothers work on a voluntary basis to ensure the Play Schemes are sustainable. To reinforce new behaviours and keep Mothers committed to volunteering, they are supervised and supported regularly and are given monthly capacity-building workshops by the teachers on parenting, health and life skills topics.

Theory of change

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Who we work with

We target the poorest and most remote rural communities where most families live on less than US$2 per day. These communities are generally overlooked and under-served by both governmental and civil society organisations. Most of the women we work with did not complete primary school and literacy levels are low.

- 94% Mothers did not complete primary school
- 75% are farmers or have no income source
- 50% have no electricity
- 85% cannot read sentences
- 43% incidence of childhood malaria in the month before the Play Scheme opened
- 27% incidence of childhood diarrhoea in the month before the Play Scheme opened

Data from questionnaires administered to 1200 Mothers in 31 communities

Average of 4.9 children per Mother
Improved parenting

How it works: Mothers run the Play Schemes on a voluntary basis, using games made from cheap local materials. To reinforce new behaviours and keep Mothers committed to volunteering, they are supervised & supported by the teacher who also gives them monthly capacity-building workshops on parenting, health and life skills topics. Each lesson is carefully designed, using behaviour-change principles, to help the Mothers recognise the importance of changing their practices and give them practical ways to take action using local materials.

The Results

- 89% average attendance at Play Schemes & workshops
- 61% increase in play & stimulation at home after 6 months

Mothers are asked how often they engage in different types of interaction with their children at home (eg singing songs together, telling stories). Statistically significant (p<0.001) increases seen in Lively Minds communities. A statistically significant increase was also seen in control communities, though of only 29%.

“There has been a change because our children share with us what they have learned in school. They even greet us now when they come back from school. They also share their homework. We are more involved in their schoolwork now.”
Improved wellbeing

**How it works:** The Mothers are divided into small groups to foster teamwork and provide a peer support network. Several of the monthly workshops are dedicated to wellbeing topics, including self-esteem, family relations and teambuilding. After 3 months, Play Scheme Committees who are responsible for the smooth running of the Play Scheme are elected by the Mothers with representatives from their group and the wider community.

**The Results**

- Teamworking
- Confidence
- Increased knowledge

“Before we joined the play scheme we were a bit lonely and mostly in our homes. We didn’t interact much with other people. But now we have joined the Play Centre this has changed. We interact more with others and we feel free to say things.” *Volunteer Mother, Jegbo*

“We used not to be part of the school system. Our children used to come home from school and we used to not mind them or ask about school. But now as we are part of the school, each morning we are in a hurry to get the children ready for school and even when they come back from school, we have an idea of what they have been doing.”

“We are now family. We support each other when the need comes. If someone in a group has a problem, we all go and support.” *Volunteer Mother, Kpegu*
How it works: Children have to handwash with soap or ash at the start of every Play Scheme session, habituating them to this vital practice. Mothers are taught how to make simple handwashing devices (tippy-taps) at home and are given a series of health & hygiene training sessions, including malaria prevention, nutrition & home hygiene, as part of the syllabus of monthly workshops.

Mothers are asked to report any incidence of childhood malaria or diarrhoea in the previous month. The reductions seen in Lively Minds communities were statistically significant (p<0.001), and were not seasonally affected. No statistically significant change was seen in control communities over 6 months.

**The Results**

- **57% reduction** in cases of childhood diarrhoea after 6 months
- **49% reduction** in cases of childhood malaria after 6 months

**“The scheme taught us to clean our surroundings before cooking and our to wash hands when we come from going to the toilet. We have also taught this to our compound members and now no one cooks in dirty environment. We have also educated the non-volunteer women.”** Volunteer Mother, Voggu
Child outcomes

How it works: At the Play Schemes, kindergarten children aged 4-6 years old learn by playing with a variety of games that strengthen their cognitive, language, socio-emotional and health development, so that they are more school-ready. The Schemes are free and take place in sessions throughout the week to ensure children learn in small groups (maximum 5:1 ratio). Teaching at the Schemes is discovery-based.

The Results

- **38% increase in school readiness assessment scores after 6 months (vs 30% increase in Control communities)**

Detailed school-readiness questionnaires are administered to children to assess knowledge (colours, shapes, sizes) and executive functions (problem solving, pattern recognition, following instructions). Statistically significant (p<0.001) increase seen in Lively Minds communities from baseline, to 3 and 6 months. Control communities saw a smaller increase.

“Before we started the play scheme, when the children were asked questions they use not to talk (they were silent) and they took that behaviour to the next class and it affected their performance. The KG children we started the play scheme with can answer questions they are asked.” Volunteer Mother in Tibung
Teacher outcomes

How it works: 2 Kindergarten Teachers per school are responsible for setting up and running their Scheme. They receive start-up training which covers the importance of education and play, classroom management, how to use and make games, and how to train Mothers. Teachers are given regular support by Lively Minds and Ghana Education Service officials to train the Mothers & supervise the Schemes. Regular “top-up” training sessions are held for teachers where they discuss problems, share successes and also are trained to provide the Mothers with monthly skills workshops. High performing teachers are given advanced training to help set-up Play Schemes in neighbouring communities.

The Results

✓ 96% attendance rate by teachers (compared to a national average of 77%)

Participating teachers were surveyed before their initial training and again after they had set up the Play Schemes in their communities. The results from these surveys show a marked increase in motivation to come to work, which is reflected in their high attendance rates. Additionally, their use of play-based teaching methods (such as outdoor games, creative play and small group work) has greatly increased.

“The Kindergarten teachers are now better than their peers at handling children. When you bring other teachers to Kindergarten you can see the difference.” (A Head Teacher)
Our long-term goal is that the Government of Ghana will adopt and scale this project. We have a 3 year Test & Optimisation Strategy that will see us rolling out to 250 new communities testing scaling and handover strategies. Secondly, we’ll conduct robust evaluation so that we fully understand the outcomes and mechanisms that feed in to these. Finally, these activities will be supported with an advocacy and engagement strategy.

**Phase 1: Proof of concept established**
- 31 Play Schemes established using training of trainers approach
- Proof of concept established & endorsed by independent evaluation

**Phase 2: Test, Optimise & Transition**
- Open **250** new Play Schemes using training of trainers approach
- Test & optimise implementation & **handover** strategies
- **Rigorous evaluation:** RCT & cost-modelling
- **Advocacy &** dissemination with government, practitioners, researchers

**Phase 3: Government adoption**
- Government funded project roll-out through existing GES channels
- Lively Minds to provide ongoing technical assistance

**Phase 4: Scale in new countries**
- Dissemination of RCT results internationally
- Scale to new countries
www.livelyminds.org
Registered charity 1125512

* Holistic * Activity-based * Community * Sustainable * Local resources * Capacity-building * Wide-reaching * Scalable *