



END-LINE EVALUATION OF DFID GPAF- INNOVATIONS FUNDED PROJECT

August 2015

Submitted to Lively Minds

By

Festus Kibuuka

M& E Capacity Building Consultant

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List of Abbreviations and Acronyms

CAO	Chief Administrative Officer
DFID	Department For International Development
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
EFA	Education Framework for All
FGD	Focus Group Discussion
GPAF	Global Poverty Action Fund
KII	Key Informant interviews
LC	Local Council
LM	Lively Minds
LMU	Lively Minds Uganda
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
NER	Net Enrolment Ratio
NGO	Non -Government Organization
PTA	Parents Teachers Association
SROI	Social Return on Investment
TOC	Theory of change
TOR	Terms of Reference
UBOS	Uganda Bureau of Statistics
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of Children
UPE	Universal Primary Education
VfM	Value for Money

Acknowledgements

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Cover photo: Children at one of the Play Centres in Buwenge Sub county

Photographer: Obedy Niwagaba, co-evaluator

The authors' views expressed in this publication do not necessarily reflect the views of Lively Minds, TripleLine or DFID.

1. Executive Summary

1.1 Introduction

Festus Kibuuka, the lead independent evaluator and Odehy Niwagaba, the co-evaluator have prepared this end of project evaluation report for the GPAF Innovations Project- Improving early years' education & health in rural Uganda through community-run Play Centres. The report provides details of the methodology used in the evaluation, the key findings regarding the relevance, effectiveness, efficiency, sustainability and impact of the project activities on the beneficiaries. At the end of the report are conclusions and recommendations based on the findings of the independent evaluation.

1.2 Purpose of the evaluation

The main objectives of the evaluation were: to independently verify (and supplement where necessary), Lively Minds' record of achievement as reported through its Annual Reports and defined in the project log-frame and to assess the extent to which the project was good value for money, which included considering:

- How well the project met its objectives;
- How well the project applied value for money principles of effectiveness, economy, efficiency in relation to the delivery of its outcome;
- What has happened because of DFID funding that wouldn't have otherwise happened; and
- How well the project aligns with DFID's goals of supporting the delivery of the MDGs.

1.3 Organisation/project context

Expanding ECCD is the first EFA Goal and is critical to achieving UPE and the overarching MDG of reducing poverty. Early year's education has been proven to enhance school readiness and performance and to result in higher adult earnings [The Lancet Series 2007 & 2011]. This project addressed the following obstacles at government, community and home level that prevent children in Uganda achieving their educational potential and plays an important role in the transmission of poverty.

Lack of pre-school provision: Pre-primary NER nationally is just 13.9%. The majority of pre-schools are private fee-paying, which means that the poorest children - those most in need of education - are least likely to access pre-school. The opportunity for these children to catch-up once they are in school is limited due to large classes with an average of 57 students per teacher [EFA 2012 report], lack of resources and lack of teacher training. The EFA report comments "*The Africa student learning index compiled by the World Bank gives Uganda an average score of 52, marginally above the unsatisfactory SSA average, underlining the quality challenge that the system faces.*"

Poor caregiver education and poverty: The lack of parental education means that caregivers are often not aware of important parenting methods and fail to give their children adequate stimulation to nurture their development. Play and reading materials are scarce. In addition, due to the prevalence of HIV/ AIDS there are high numbers of orphans. These orphans are usually looked after by elderly grandparents who are often ill-equipped to bring up their grandchildren. Children with poorly educated, illiterate caregivers are least likely to be prepared for primary school. Mothers and grandmothers are generally the primary caregivers, but are frequently marginalized in their communities, especially if they have not been educated and are not employed. These women routinely have low self-esteem and low aspirations for themselves and their children. This places their children at further risk. The Uganda Poverty Report

comments that “increasing the education of the household head by one standard deviation increases the probability of completing primary school by 7 percent.”

Poor hygiene and health: Only 62% of rural families in Uganda have access to improved sanitation facilities [2010 MDG Report]. Studies have shown that handwashing is the most effective prevention method and can reduce diarrheal diseases by 35% or more [The Lancet 2005]. But there is a lack of awareness of the importance of handwashing and this is not widely practiced, particularly by children. Consequently diarrhea is the second leading cause of child death and sickness in Uganda [World Health Organisation]. This has long-term health impacts for children, results in loss of income for families and delayed or disrupted education for children.

These three problems mean that children are badly prepared for school. Lack of school-readiness lowers school performance which in turn places children at higher risk of dropping out, particularly where their parents are unsupportive of education. The primary school completion rate in Uganda for girls is just 48%, compared to 55% for boys [2010 MDG Report].

Why Eastern Uganda? Eastern Uganda is the second most deprived region in Uganda with 24% people living below the poverty line [UBOS]. The problems identified above are prevalent here, particularly in the rural locations where the project works. There are no government pre-schools in the sub counties the project works and the region has the second lowest female adult literacy rate (56% compared to 63% females nationally).

1.4 Logic and assumptions of the evaluation

The independent final evaluation report that is submitted by Lively Minds will be used to inform the Fund Manager’s understanding of the grantee’s performance at the project level and will also be used to inform the Evaluation Manager’s assessment of performance at the GPAF fund level.

The evaluation will also be used by Lively Minds, in particular; Lively Minds Uganda project staff, local project partners and stakeholders and Lively Minds’ donor network.

The independent final evaluation report is expected to be a substantial document that:

- Answers all the elements of the Terms of Reference (ToR);
- Provides findings and conclusions that are based on robust and transparent evidence; and
- Where necessary supplements the grantee’s own data with independent research.

1.5 Overview of GPAF funded activities

The following model is replicated throughout the project lifetime, to set up 20 Play Centres

Selection

The project works with sub-country officials to identify deprived rural communities using a set of selection criteria.

Training Volunteers

LMU staff hold a community meeting, where they market the project and invite community members to participate, specifically targeting women. A minimum of 30 Volunteer Mothers per community are trained and the training consists of:

- Nine training sessions and a graduation ceremony;
- Includes importance of early childhood development, how to make and teach games, outdoor play, handwashing and discovery-led teaching methodologies; and

- Focuses on confidence and team building.

Support Volunteers to run the Play Centre

The community is provided with collection of games and materials. The 30 Volunteer mothers are divided into four groups, and each group is given a time to run the Play Scheme. The children are also divided into four groups.

The Play Schemes take place in eight sessions throughout the week with six Volunteer mothers and a maximum of 20 children per session (reaching 160 children per week). This is designed to create a fun, interactive & caring environment and overcome the problem of large class sizes and rote-style teaching.

Children participate in six different skill-sets (outdoor play, matching, numeracy, reading/literacy, shapes/sizes/senses, building) using locally-made educational games that can be easily replicated. Teaching uses discovery and play-based learning.



A display of some of the playing materials and games at Igombe child learning centre

Incorporating health practices

Volunteers are trained in the importance of hand washing and children must hand-wash before entering the Play Centres. By associating it with a fun activity, this habituates them to this vital practice so they are less susceptible to diarrheal disease.

Supporting Volunteers

Once Centres are set up, the project provides a package of activities to support the Volunteers, sustain their motivation and develop their skills and capacities. Including: surprise monitoring visits to quality control (24 in year one and 12 in year two); monthly capacity-building workshops on parenting and life skills topics; reward and recognition awards. The project engages community leaders, teachers, PTAs and holds regular community meetings as their support is essential to motivate Volunteers and children.

Providing further opportunities

High performing Volunteers are given the chance to become "Supervisors". They are then trained to monitor neighboring Play Centres. Where possible, the project links communities up with other NGOs.

2. Methodology

2.1 Evaluation plan¹

Development of evaluation work plan and frame work

The evaluation team held a one-day inception meeting with Lively Minds Uganda where the team was supported to identify contact persons in the field, agreed on communication procedures and finalized all the logistical and administrative arrangements.

Preparation

The evaluation team spent two days of the first week organizing the evaluation, designing tools and procedures for the evaluation, recruitment and training of data collectors as well as development of the final evaluation plan.

Field research and interviews

Within the project district of Jinja, the team took four days visiting ten (10) randomly selected Play Centres and conducted ten focus group discussions (FGDs) of at least ten volunteers in each group.

Key informant interviews

Key informant interviews (KII) with stakeholders were held with two project officials, the Chief Executive Officer and Country Manager as well as seven Local Council 1 (LC1) members.

Document review of project data and other existing literature

The evaluation team took ten days to review programme documents which included: LM's original/revised proposal to GPAF, M&E framework, Theory of Change (ToC), annual project performance reports, budgets and financial reports, survey reports and protocols. The list of all documents that the evaluation team reviewed is attached as Annex 7.

Value for Money (VfM) assessment using the Social Return on Investment (SROI) approach

The team did not carry out a full SROI analysis nonetheless the team was able to assess the project's value for money using reliable data gathered from the project's Theory of Change (ToC), log-frame, annual reports, evidence from FGDs, key informant interviews (KII) with stakeholders, health centres and pre-primary schools within the project area.

Data analysis and report writing

In the analysis, to the extent possible the evaluation team compared baseline and end-line results. The team compared baseline information with corresponding subsequent information to show the change that has taken place over time.

Given the amount of time involved in the translation and transcription of information, the analysis of qualitative data was notes-based. Using the thematic approach, with themes derived mainly from the evaluation questions; data was analyzed to address appropriate evaluation questions. Data was then checked for completeness. The next step was to identify, categorize and label the themes based on the evaluation questions and any other themes as provided in the report format. Since analysis was done manually, the team adopted a simple approach of putting all the information addressing a similar sub-question or issue together with a heading that reflects the category they represent, using bullets to separate the different units. Data was then summarized according to

1. Detailed plan matrix is attached as appendix one

themes identified in the TOR. The team took ten days to analyze the data collected using the above-mentioned methods and compiled the results into a draft report.

Submission of first draft and final reports

The first draft report was submitted to LM Management for review and comments on 29th June 2015 while the final draft report was submitted on 6th August 2015.

Submission of supplementary information

The Lead evaluator will submit any supplementary evaluation information to Lively Minds within a period of three months after submission of the final draft report.

2.2 Strengths and Weaknesses of selected design and research methods

Strengths

Literature review

The project documents were of a relatively good quality and readily available. This made the literature review process a smooth one for the evaluators. The project data collecting processes and analysis were thorough and robust which made the evidence provided in the reports to be quite reliable.

Weaknesses

Focus Group Discussions (FGDs)

The evaluation team had initially targeted ten people in each of the ten targeted focus group discussions (FGDs) but due to the high level of enthusiasm among the Volunteers, there was a turn up of an average of thirty people for each group. As a result the time spent on each group was longer than planned.

2.3 Summary of problems and issues encountered

At the sub-county level, local leaders were targeted to be interviewed; however none of the three LC 3 executives where the Play Centres are located were available for the interviews during the scheduled time. Follow up calls that were made to them after the originally scheduled time were fruitless as the calls were never picked at all.

3. Findings

3.1 Overall Results

At the time of the 2014/15 report the project had achieved the following results.

Increased access to Early Childhood Care and Development for 3,019 3-6 year olds (1,655 girls and 1,364 boys) in deprived rural areas of Jinja District

These children have had the opportunity to attend Play Centres on a weekly basis, where they play with educational games that develop their hard and soft skills. Children have made significant progress in semantic knowledge, comprehension of instructions and ability to sort and solve problems.

The above result is evidenced by the outcome of the cognitive assessments using the original and new assessments as described below in the 2014/15 annual report:

Original assessment: Until March 2014, tests measured semantic knowledge (awareness of sizes, shapes, colours, and numbers, same/different.)

123 children from 4 communities were assessed at both baseline and after 6 months (sample size 123/605 children enrolled in the Centres). Mean age 4.3. The mean baseline score was 2.92/8 (36.5% correct answers). The mean 6 month score was 7.23/8 (91.0%). This is a 149.3% increase. These results are statistically significant at $p < .001$.

New assessment: Since March 2014, assessments measured semantic knowledge in more depth (numbers, colours, shapes, sizes and executive functions (matching, sorting, pattern recognition, comprehension of instructions, puzzle/problem solving).

86 children (mean age 4.4) from 10 communities were assessed at both baseline and after 6 months (sample size 88/1481). The mean baseline score was 26.0 /73 (35.6%). The mean score rose to 48.4/73 at 6 months (66.3% correct). This is was an 86.2% increase. These results are statistically significant at $p < .001$.

Improved capacity of 698 volunteer adults (659 female, 39 males) to run Play Centres for their children and to provide home-based childcare: In addition to gaining knowledge and awareness on parenting, female volunteers in particular have reported improvements in their own wellbeing, especially their confidence, status in their community and their interactions with others.

Original assessment: Volunteers were asked to rate their agreement with 7 statements on self-esteem and was administered at baseline for 6 months on 25 Volunteers in one community. Mean baseline score was 11.7/28 (41.9%). Mean 6 months score reduced to 4.1/28 (14.7%) i.e. a 64.8% reduction in low self-esteem. This reduction is statistically significant at $p < .001$.

New assessment

According to the 2014/15 project report, six focus groups with Volunteers gave rich qualitative evidence about wellbeing. All the 6 focus groups discussed improvements in confidence and improved social interactions since joining the project.

The testimonies given by volunteers were triangulated by administering questionnaires to 12 LC1 chairmen. 11 of them reported that the project had brought about "Many positive changes" in the Volunteers at the Play Centres, and 1 reported "some positive changes". They discussed new found confidence/lack of shyness in the women, improved punctuality and improved relationships with children;

Improved health awareness and reduced incidence of disease

659 female and 39 male volunteers were trained in hand washing, malaria prevention and nutrition. The children have been taught to hand wash before each Play Centre session. Reports indicate significant reductions in incidents of childhood diarrhea and malaria from baseline to 6 months evidenced by the following assessment results at baseline and after six months as reported in the 2014/15 annual report.

242 Volunteers from 13 communities were assessed at both baseline and after 6 months (sample size 242/491). At baseline 130 reported at least one incident of childhood diarrhoea in their household in the past month (53.7%). After 6 months 69 Volunteers reported at least one case (28.5%). This is a 46.9% reduction. These results are statistically significant at $p < .001$.

The Evaluation team noted that the project registered commendable progress towards achievement of the desired results in all the key intervention areas. It is however, prudent to mention that it was still early to assess the significant changes of the project in the lives of the target beneficiaries. Nonetheless, significant progress towards attainment of project outcomes is discussed in the section below.

Key positive effects of the project on the target beneficiaries

Enhanced children's thinking and social skills

Evaluation findings revealed that before the project, children were shy and lacked learning opportunities. As a result of the project, children's thinking skills and social skills have greatly improved as evidenced in the quotation below:

"Children from our learning centre relate well with other children. They share playing materials with them and also pass over the social skills we provide them to other children both at their homes and in the neighbourhood." (FGD Respondent, Bugongwe community)

Enhanced capacity of volunteers

Evaluation findings indicate that the project was implemented largely through volunteers/caretakers. Some of the activities conducted by volunteers include training children aged 3-6 years on good manners and respect for each other at both the training centre and at their homes; provision of training on good hygiene and sanitation practices e.g. hand washing before eating and after using the toilet to prevent diseases like diarrhea; teaching numeracy and reading skills e.g. counting from 1-10, differentiating colors and shapes of different objects, differentiating sounds of animals , playing games like bottle top counting and outdoor games.

Volunteers were also trained on importance of good nutrition and preparation of balanced diet to prevent malnutrition, engaging in income generating activities to supplement earnings from subsistence farming (crop production and animal rearing), preparation of organic fertilizers using decomposing rubbish and animal dung and importance of bush clearing, removal of stagnant water around the homestead and use of mosquito nets to prevent Malaria.

Evaluation findings indicate that as a result of the above interventions, volunteers, most of whom were illiterate gained a wide range of knowledge and skills that did not only facilitate their work at the learning Centres but also led to other benefits like harmonious

relationships with spouses as well as recognition and visibility in their communities. This is attested in the following quotation from a FGD respondent:

"Since I became a volunteer with Lively Minds, my life has greatly changed; relationship with my husband has improved. I often quarrelled with my husband especially when I asked for money but now this has stopped. In my village I am called "Madam" by both the children I train and adults and this has enhanced my self-esteem and recognition. I have also learnt to manage my time well to ensure balance between work at the centre and domestic work." (FGD Respondent Igombe-Busige, Parish)



Volunteers attending FGD interview at Bugengwe village

Improved health

It was noted that the health component that was incorporated in the project has led to improved health practices such as hand washing, among the children and other members of their households. It was reported that as a result, the rate of diseases such as diarrhea has drastically reduced among the beneficiaries and the wider community. People were more hygiene conscious than they were before the project.

Provided learning materials and games

Evaluation findings indicate that the project provided high quality learning materials and games to the learning centres to facilitate development of literacy and numeracy skills as well as social skills. These included bottle top counting, object of various shapes and colors, charts. Volunteers were trained in making some of the materials using local materials and these were observed at the centres. However, evaluation findings indicated lack of variety of playing materials that are commonly used by children of the target

age group like dolls and toys. It was further observed that most learning materials were in-door and there was lack of outdoor physical play materials like swings that were important in building motor skills. Volunteers were trained to make their own playing materials using local materials as highlighted in the following quotation.

"Children at our centre can ably differentiate colours as well as weights and lengths of objects using the materials provided by Lively Minds. They can also differentiate sounds e.g. of a drum and shakers. Since we have learnt to make our own playing/learning materials using local materials, we shall be able to replace those provided by Lively Minds when they wear out." (FGD Respondents, Igombe playing centre).



Children performing a play "Wampologoma" at isiri child learning centres.

3.2 Assessment of accuracy of reported results

The evaluation team reviewed all the data collection processes, the qualitative and quantitative instruments the project used to monitor and report progress. For instance, the team established that all assessments were carried out at baseline, midline and endline to compare progress over time on a representative sample of beneficiaries. The team also established that paired and unpaired T-testing was carried out to ensure before/after results are statistically significant and to compare results between the control and intervention groups.

Also, the evaluation visited 10 randomly selected Play Centres and their communities in Jinja District targeting at least 60 volunteers. During the visits the team conducted ten focus group discussions and collected a number of testimonies some of which have been included in this report. The evaluation team found out that the testimonies it collected

were very similar to the ones that the project collected during the monitoring visits. This has led the evaluation team to confirm further the validity of the project data

The team took note of the availability of well collected data and the analysis capability within the project which enhances its capacity to have more comprehensive understanding of the project progress and outcomes.

However the team also noted some data quality issues arising from inconsistent data reporting on the same results across the different reports as may be observed in Table 1 on page 21 showing reporting on the same cognitive assessment results using the original and new assessment methods.

The team is of the view that the results for the same method should have been the same in at least two of the presentations (Annual report and its Annex) since the assessments was carried out on the same group and for the same purpose. The team also believes that the data reporting inconsistencies could have come as a result of data transfer from one document to another.

3.3 Relevance

Relevance to national policies, plans and priorities

The project was consistent with the Uganda National Development Plan 11 whose interventions under objective 3 under education sector include: strengthening public-private partnership in the provision of pre-primary education through licensing of more (Early Childhood Development) ECD centres; Instituting measures that discourage under-age enrolment in P1 of children aged five years and below, and over-age children aged above six years); integrating remedial programs into P1 and PTE curricula to target children that enroll in P1 with little or no exposure to reading, pre-reading materials and other readiness skills.²

Project interventions corresponded to Uganda Early Childhood Development Policy objectives that include: increase access to ECD centres by all children so as to attain quality and relevant ECD education services; increase the level of protection and safety of all children in Uganda so that they live in a secure environment for effective growth and development; reduce prevalence of malnutrition levels among children and other care givers and increase food security in all households and increase access to primary health care services by all children in Uganda. The project also subscribes to the key principles of the Uganda Integrated Early Childhood Development Policy that includes: holistic development of the child, equity, family as the first line of response; child participation; rights approach; public-private partnership; building on existing cultural practices; age-appropriate response as well as good governance and accountability.³

Relevancy to international obligations

Globally, the project is in line with among others, the United Nations Convention on the Rights of Children (UNCRC-1986) which was ratified in 1990 by the Government of Uganda, World Declaration on Education for All, 1990; the Dakar Framework for Education for All (EFA) which calls for “expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

2 Uganda National Development Plan 2010/11-2014/15

3 The Uganda Integrated Early Child Development Policy 2013. Ministry of Gender, Labor and Social Development.

To what extent did the grantee support achievement towards the MDGs, specifically off-track MDGs?

The project contributes to the attainment of the following three MDGs which are crucial to ensuring that children get the developmental opportunities they need to thrive and to break the intergenerational transmission of poverty.

Goal 2 – Achieve Universal Primary Education.

Overview

According to the 2010 MDG progress report, progress towards UPE is slow. The introduction of free primary school has dramatically increased the Net Enrolment Ratio (NER) over the past few years (96% for boys and 90% for girls). However, there's an urgent need to improve the quality of education demonstrated by the fact that the primary completion rate is just 55% for boys and 48% for girls. Expanding ECCD is the first EFA Goal and is critical to achieving UPE and improving learning as it lays the foundation for all educational development. But pre-primary NER nationally is just 12.7%, well below the Sub Saharan African average of 28.5% [EFA profile 2012].

Project support towards attaining MDG 2

As evidenced in the project 2014-15 annual report by the evaluation time, the project had increased access to ECCD for 3019, 3-6 years olds 1655 (girls) and 1364 (boys) in deprived rural locations of Jinja District. The report also correctly points out that access to ECCD is crucial to the achievement of UPE (MDG 2) as it provides children with the hard and soft skills that form the foundation for all future learning. During the project time, the children have had the opportunity to attend Play Centres on a weekly basis, where they play with educational games that develop their hard and soft skills. Benefits for the children include significant improvements in semantic knowledge, comprehension of instructions, ability to sort and solve problems. The performance of children who graduate from learning centres supported by Lively Minds is quite satisfactory as reported by FGD respondents from Bugongwe Community:

Graduates from our learning centre perform well in primary schools where they went. For instance last term Henry Mangwa who is in Primary 2 at Nsonzibiri was 5th out of 20 children, Peace Nakafiro aged 7 years who is in primary 1 at the same school was 10th out of 50 pupils while Wambi Sharif aged 7 years who is in primary 2 at Diat Kamwokya was 4th out 30 pupils (FGD Respondents, Bugongwe Village, Buyengo Sub-County)



Graduates at Lwita Makoli child learning centre graduation ceremony

MDG 3. Promote Gender Equality and Empower Women

Overview

The 2010 MDG Progress Report states that Uganda is on track to meet some of their MDGs targets for gender equality and empowering women, particularly those related to educating the current generation. However it's clear a significant percentage of the female population aren't afforded their rights and don't have access to the same opportunities as men. E.g. 59% of married women aged 15 to 49 have experienced some form of physical and/or sexual violence. The share of women in wage employment in the non-agricultural sector has declined from 39% in 2002/03 to 28% in 2005/06.

Project support towards attaining MDG 3

Findings from all projects reports, indicate that the project targets women to become Volunteers and receive the benefit of initial training and monthly capacity-building activities (on topics including health, wellbeing/self-esteem). However starting with the first year of the project male volunteers were also recruited: 659/698 (94%) were women and 39/698 (6%) were men.

Evaluation findings from the 2014/15 annual report indicate that by evaluation time, the project had empowered 698 adults (659 female, 39 males) to run Play Centres as Volunteers for their children and to improve their home-based childcare. As well as gaining increased knowledge and awareness on parenting topics, these individuals have reported improvements in their wellbeing, especially their confidence, status in their community and their interactions with others as evidenced in the following quotation:

"Lively Minds has given us a chance as Volunteers to organize ourselves for self-help activities. We have established a savings and loan scheme that has uplifted our economic status as women. Our SLA comprises of 60 members and each member contributes UGX 2,000 every Sunday to raise UGX 120,000. This money is given to two women every time we meet. From the savings members have established income generating activities of their choice, including chicken, goats and pig rearing. We also use our savings to buy household needs like mattresses, household utensils as well as other basic needs like sugar, salt, paraffin and soap. Gone are the days when we used to kneel before our husbands begging for money to buy these household needs, we can now buy these items ourselves." (FGD Respondent, Bugongwe community)

Goal 7 – MDG 7 Ensure Environmental Sustainability

Overview

According to the 2010 MDG Progress Report, Uganda's progress towards Goal 7 was slow. In rural Uganda only 62% population use improved sanitation facilities. Consequently diarrhea was the second leading cause of child sickness nationally (27%) and morbidity (21%) [UBOS].

The project works in Jinja District in Eastern Uganda - the second most deprived region in Uganda with 24% people living below the poverty line [UBOS]. The Uganda Poverty Status Report 2012 found that a child living in Eastern Uganda was 11% less likely to complete primary school compared to Central region. It also found that rural children were 15% less likely to complete primary school than urban children.

Project performance towards attainment of MDG 7

Evaluation findings from the 2014/15 annual project report indicated that by evaluation time 659 female and 39 male volunteers had been trained in handwashing, malaria prevention and nutrition. The children hand-washed before each Play Centre session. Available research show that as the child matures, interventions that include both the mother/caretaker and the child are important to develop lifelong healthy habits like hand washing, nutritious eating and linguistic development. Mothers/caretakers must experience self-efficacy and be confident that they have the knowledge and skills to intervene to ensure child survival and healthy development⁴

The 2014/15 project report provides the following evidence on the reduction on incidence of diarrhea where 242 Volunteers from 13 communities were assessed at both baseline and after 6 months (sample size 242/491). At baseline 130 reported at least one incident of childhood diarrhoea in their household in the past month (53.7%). After 6 months 69 Volunteers reported at least one case (28.5%). This was a 46.9% reduction. These results are statistically significant at p<.001.

The project's efforts of inculcating the hand washing habits in the target communities are evidenced by the revelation below from Igombe:

Before Lively Minds project, we didn't consider washing hands with soap after coming from the toilet as an important practice. It's only

⁴ Caregivers Don't Forget to Wash Your Hands, It Saves Lives. Health works Collective, February 10, 2013.

me and my husband who used to wash hands though without soap. Now, all my children wash their hands with soap after coming from the toilet. We sometimes run out of soap and when this occurs, we use leaves from pumpkin plants and paw-paw trees to ensure that this habit is continued." (FGD Respondent, Igombe play centre).

To what extent has the project targeted and reached the poor and marginalized?

The project addressed critical needs of project beneficiaries as stated in the project documents and confirmed by the baseline study. The selection process for project beneficiaries was done in consultation with relevant local government authorities and a baseline assessment was made to assess beneficiary needs before starting of the project. By the evaluation time the project had selected 23 communities (21 as treatment centres and 2 as control groups) to participate in this project.

The available project baseline data the evaluation team reviewed showed lack of educational provision or ECD opportunities in these locations; only 6 of the selected 21 communities had a primary school in the village (3 of these were private, 3 were government run) and only 3 communities had a nursery/kindergarten. 155/580 (26.7%) Volunteers reported that their children of school-going age did not attend school. The top reason for non-attendance was their inability to afford fees (43.3%).

Also, project data collected at baseline from 450 Volunteers across 18 communities, confirmed that the project successfully targeted deprived individuals: 71% reported their income source as farming. 98.5% did not have electricity. The project data also confirmed their low levels of parental (especially maternal) education: 61.0% had no education or only some primary school, 15.7% completed primary, 22.4% had some secondary, while only 47.9% were able to read a simple sentence at baseline. The mean age the Volunteers first gave birth was 18.2, with a youngest reported age of 10. The average number of births per Volunteer was 5.8 and 86.1% of Volunteers reported that they had never received any childcare training before and 87.0% had never received any child health training.

To what extent did the project mainstream gender equality in the design and delivery of activities (and or other relevant excluded groups)?

Findings from the project reports indicate the project adopted a two-pronged approach of: empowering women and equalizing the life chances of deprived men, women, boys and girls living in rural communities by giving them access to knowledge, skills and information.

Empowering women

The project targeted women so that they could benefit from the initial training and monthly capacity-building activities (on topics including health, wellbeing/self-esteem). By the evaluation time, 659/698 (94%) Volunteers participating were female and 39/698 (6%) male. Evaluation findings established that as a result of monthly capacity building activities, the Volunteers' self-esteem and confidence was enhanced. For instance, respondents in Igombe FGD reported having attained additional responsibilities in both the community and the church. One respondent said that she was appointed a women leader in Yuuka Seventh Day Adventist church. Another Volunteer disclosed that she was appointed as a branch Chairperson of a microfinance organization covering Yuuka and Buwenge areas while another respondent revealed that she was elected

Vice Chairperson of Kugumikiriza Village Savings and Loan Association.

It is also reported that the project ensured that men benefited from the project because it was important to involve them in the project as it challenged gender stereotypes about parenting and also gave men access to important information on a range of life skills. Further, the reports stated that the husbands of Volunteers were more likely to support their wives volunteering if they benefited too. It was also reported that male involvement was achieved by inviting them to attend several of the monthly capacity-building activities (topics included nutrition, parenting, financial management, disability) as well as community meetings. By the evaluation time, attendance records indicated that 263 men had attended program volunteer activities.



Women volunteers at Lwita Makoli village after the FGD.

Disability among volunteers

In the volunteer household assessment, a number of volunteers were reported to be disabled but on a closer look at the assessment raw data, the evaluation team established that even respondent volunteers who were suffering from diseases like malaria, yellow fever, headache or backache at the time of assessment were recorded as being disabled (other disability). Also, in all the ten play centres the evaluation team sampled and visited there was not a single volunteer who reported disability. According to project's Annual Report, 2014/15, the project capacity-building activities included those that were intended to raise awareness of disability and the project design had provision for practical ways to adapt the project for children and Volunteers with disabilities. For example games were designed to ensure that they were played and taught by people with disabilities and two monthly activities were specifically conducted on disability.

Reducing the perpetuation of gender inequality.

It is reported that in the longer-term, the project was designed to reduce the perpetuation of gender inequality, by giving girls and boys alike access to early years' education through the Play Centre. Through this long term strategy the project envisaged to

contribute to improving the on-time primary completion rate which was just 5% (3% boys, 7% girls) [MDG Report 2013]. Evidence from the monitoring reports revealed that 55% Play Centre beneficiaries were girls and 45% boys. This seemed to be a persistent anomaly since similar ratios were reflected in the previous year's project report. According to the reports no genuine reason for the disparity came out of the discussions of project staff with communities about the issue. The only explanation offered was that this was simply a reflection of the ratio of girls to boys in these communities

In all the ten the centres the evaluation visited for FGDs, the available attendance reports showed that there were more girl children than boy children at the play centres. No reason could be given for this disparity except the un-researched claim the volunteers made: “.... in Busoga mothers give birth to more girls than boys”

Evaluation findings indicate that the project mainstreamed gender equality by giving equal opportunity for both boys and girls to attain social and cognitive skills as attested by the following quotation:

“Girls and boys are given equal treatment at our learning centre. They all take part in all games and learning activities and our playing materials can be used by all children regardless of their sex. Even our story books like “Saving Little Viola” features male and female characters of equal status and as heroes (FGD Respondent, Yuuka community

How well did the project respond to the needs of target beneficiaries, including how these needs evolved over time?

Relevance of project design and approaches

The project design was appropriate since it provided a holistic ECCD training to children 3-6 years that comprises of numeracy, literacy, problem-solving, concentration and social skills through play. Children were also provided training on hygiene and sanitation. This approach was particularly relevant in view of the fact that most of the social-economic problems among the children in poor rural communities were inter-linked and they all had a profound impact on children's learning and well-being. The approach of using mothers as volunteers was noted to be cost effective and sustainable since they have a big stake in the project, live in the community and are well acquainted with cultural child nurturing and rearing practices in the community.

Furthermore, use of play as a platform for learning social and cognitive skills was appropriate to the children of the age bracket that was supported by the project. Available research suggests that young children's play allows them to explore, identify, negotiate, take risks and create meaning. The intellectual and cognitive benefits of playing have been well documented. For instance, it has been established that children who engage in quality play experiences are more likely to have well-developed memory skills, language development, and are able to regulate their behaviour, leading to enhanced school adjustment and academic learning (Bodrova & Leong, 2005)⁵

By putting emphasis on hygiene and sanitation practices such as hand washing after

⁵ Bodrova, E. and Leong, D.J. (2005), High quality preschool programs: what would Vygotsky say? Early Education and Development, 16 (4), 435-444.

visiting the toilet, the project addressed a critical aspect that is important for children's health. For example, it is estimated that washing hands with soap and water could cut diarrheal disease-associated deaths by up to 50%. Since a large percentage of food borne disease outbreaks are spread by contaminated hands, hand washing can cut the risk of respiratory infections by 16%⁶

A study conducted by The Steadman Group in Uganda⁷ revealed the following facts:

- Although 84% of the adults recognized the need to wash hands with soap after using the toilet, only 14% were observed to do so
- Overall 57% washed their hands in some way
- Of the caregivers observed, 19% washed hands with soap after cleaning a baby's bottom. Overall 35% washed their hands in some way
- Although more caregivers washed their hands before eating, (60% all together), only 8% used soap
- From the school observations, 54% of the pupils washed their hands after using the toilet. Only 5% used soap.

Studies show that the simple act of hand-washing with soap and water can reduce the occurrence of diarrhea and other water-borne diseases by half as well as reduce the risk of lower respiratory tract infections like pneumonia by up to 23%.⁸ Despite the above facts, only 28% of Ugandans have access to hand washing facilities. Evaluation findings indicate that the project has led to adoption of hand washing practice after use of toilet among both the Volunteers/caregivers and their families as revealed in the following quotation:

"Lively Minds has brought light to my family. Before the project, I did not take washing hands after using the toilet as an important issue. Now I have learnt that it is important to wash our hands with soap after using the toilet. It has become a family habit and my children remind me to buy soap for hand washing when it gets finished." (FGD Respondent, Yuuka community).

6 Saving Lives, Protecting People: Centre for Disease Control and Prevention (CDC) 24/7/2013

7 Formative and Baseline Survey on Hand washing with Soap. The Steadman Group. Technical support: Hygiene Centre, London School of Hygiene and Tropical Medicine, WSP Water and Sanitation, 2007.

8 The New Vision, March 22, 2013



Bucket with ash for handwashing at Bugengwe child learning centre

3.4 Effectiveness

To what extent are the results that are reported a fair and accurate record of achievement?

The evaluation team reviewed all the data collection processes, the qualitative and quantitative instruments the project used to monitor and report progress. For instance, the team established that all assessments were carried out at baseline, midline and endline to compare progress over time on a representative sample of beneficiaries. The team also established that paired and unpaired T-testing was carried out to ensure before/after results are statistically significant and to compare results between the control and intervention groups.

Also, the evaluation visited 10 randomly selected Play Centres and their communities in Jinja District targeting at least 60 volunteers. During the visits the team conducted ten focus group discussions and collected a number of testimonies some of which have been included in this report. The evaluation team found out that the testimonies it collected were very similar to the ones that the project collected during the monitoring visits. This has led the evaluation team to confirm further the validity of the project data

The team took note of the availability of well collected data and the analysis capability within the project which enhances its capacity to have more comprehensive understanding of the project progress and outcomes.

However the team also noted some data quality issues arising from inconsistent data reporting on the same results across the different reports as may be observed from the table below showing report on the *same* cognitive assessment results using the original and new assessment methods:

Table 1: Cognitive assessment scores as reported in the projects log-frame, 2014/15 annual report and Annex

Source	Method of assessment	Mean Age	Score at baseline	Sample size	Score after 6 months	Sample size	% improvements
Log-frame	Original assessment	4.3	36.50%	72	91.00%	123	149%
	New assessment (Cumulative total)	4.4	35.60%	86	66.30%	88	86%
2014/15 Annual report	Original assessment	4.4	36.50%	123	91.00%	123	149.3%
	New assessment						
	Semantic Knowledge	4.4	43.20%	88	76.00%	88	75.9%
	Comprehension of Instructions	4.4	29.70%	88	59.20%	88	99.3%
	Patterns and sorting	4.4	38.60%	86	60.70%	86	57.3%
	Animal Sorting:	4.4	23.90%	88	76.90%	88	221.8%
	Picture Puzzle solving	4.4	10.20%	88	38.10%	88	273.5%
2014/15 annual report annex	Original assessment	4.3	38.30%	94	91%	94	137.9%
	New assessment						
	Semantic Knowledge	4.4	43.30%	84	75.70%	84	74.8%
	Comprehension of Instructions	4.4	29.90%	85	59.10%	85	97.7%
	Patterns and sorting	4.4	38.70%	82	60.20%	82	55.6%
	Animal Sorting	4.4	24.70%	85	76.50%	85	209.7%
	Picture Puzzle solving	4.4	10.40%	85	37.50%	85	260.6%

The team is of the view that the results for the same method should have been the same in at least two of the presentations (Annual report and its Annex) since the assessments were carried out on the same group and for the same purpose. The team also believes was that above data reporting inconsistencies could have come as a result of data transfer from one document to another.

Lastly, an analysis of the theory of change suggests that its assumptions were to a large extent realistic and the project objectives significantly led to attainment of project outcomes.

Based on the above assessments and observations, the evaluation team is convinced beyond doubt that the results that are reported are a true and accurate record of achievements.

To what extent has the project delivered results that are value for money?

As evidenced in the annual project report 2014/2015, the project endeavored to implement the value for money principles of economy, efficiency and effectiveness as follows:

Economy

- Buying inputs of the appropriate quality at the right price
- Finding regular suppliers for repeat purchases and services such as carpentry, project materials, mechanics, and drivers. The suppliers were chosen based on quotations and the quality of their work. This according to the report allowed the project to benefit from discounted prices and to achieve better/bespoke quality
- Strictly following its procurement policy- which includes obtaining competing

- quotations and quality checks (e.g. international flights, independent consultant)
- Buying in bulk in order to gain discounts (e.g. mats for Play Centres, certificates)
- Using games made from local or recycled materials to drive down costs and to contribute to the sustainability of the Centres.

Efficiency

As a way of minimizing costs on the largest expenditure items which happen to be staffing and transport while maximizing the outputs that can be achieved using staff time in the field with beneficiaries, the project applied the following strategies:

- Trained a minimum of 30 Volunteers per community and they each approximately trained 160 children at the Centres. This meant that staff/transport cost was apportioned between large numbers of direct beneficiaries, giving a good unit cost. Where possible, 2 staff travelled to the field on a motorbike to lower transport costs;
- Training experienced Volunteers to monitor newer Play Centres led to a reduction in staff time, and reduced the staffing costs at the same time, building capacity of local Volunteers.
- A large proportion of field work was spent monitoring Play Centres. Staff therefore used these visits, as well as the monthly activities to revise the games with the Volunteers and to solve any problems.
- Instead of providing material incentives to the Volunteers, which overtime would be expensive, unsustainable and would contradict empowerment principles, the project instead provided each community with a monthly capacity building activity. The capacity building activities generally did not require any materials or tools; rather they imparted information and ideas to the Volunteers that they can put in practice. This was therefore a cheap and effective way to build capacities and to incentivise the Volunteers to remain committed to the Schemes.

Effectiveness

Evidence from the annual report 2014/15 indicates that the project had exceeded the anticipated changes in beneficiaries and target groups. The main project outputs were centred on providing information, skills and attitudes, so that parents could provide their own ECCD projects using local materials which lowered costs. It is also evidenced that the total expenditure on the project by evaluation time was £122,656 against direct beneficiaries totaling 3717 which gave a unit cost of £33 per beneficiary.

Social Return on Investment (SROI) analysis

Whereas the above cost benefit analysis obtained from the project 2014/15 annual report regarding project value for money (VfM) is true, it is important to note that many of the benefits generated by this project are social in nature and therefore may be difficult to account for in an analysis of contribution to human well-being.

Amongst many others, the following case study from Igombe-Busige village in Magamaga parish illustrates the journey of change caused by the project on Volunteers and their families.

CASE STUDY: LIFE TRANSFORMED

Nabula Milly aged 40 years, lives in Igombe-Busige village, Magamaga parish in Buwenge Sub-County. She is married with 5 children. Milly disclosed that before she was selected to work as a Volunteer at the child learning centre, life at home was difficult. Communication between her and husband was poor and demand for basic needs like kerosene, soap, food, children's clothes, scholastic materials would lead to bitter exchange of words and in some instances battering. *"The situation became so difficult that at one time I decided to leave my husband for a better life elsewhere but when I thought about the future of my children, I decided to hang on."* Milly disclosed. *"Since I became a Volunteer, life has never been the same. I sit with my husband to discuss issues in our home and he has been more supportive, especially with regard to educating our children. All our children are in school in various grades. Our first child is now at Kampala International University, the second son is in senior 3 at St. Mountain's Johns Kagoma while others are at Pilkington College, Muguluka P.S and Issa Junior Academy in senior one, primary six and primary three respectively.* "She further intimated that the family eats a balanced diet and food is served in time, thanks to the discipline of time management instilled in her-balancing domestic work with work life at the learning centre. Milly said that she has also learnt to make energy stoves and had even started making them for other women for a fee. *"I now cook my food comfortably without the bother of smoke and the regular search for firewood that took a lot of my time."* Milly continued.

Milly has also learnt how to make a fertilizer pit using cow dung and potato leaves. She disclosed that the manure generated from the pit has boosted her banana plantation and hence improved food security at home. *"Our banana plantation is a model in the village; people come to learn from us on how to maintain their banana gardens using natural fertilizers."* She intimated.

Asked how the project has enabled her to have more voice in the community, Milly said that her confidence to articulate her views has been enhanced. She said that she had been appointed as a Senior Woman Teacher at Butangara P.S and she has found the skills of imparting social skills in children gained at the Lively Minds Learning Centre very useful in her new responsibility.

We have not carried out a full SROI analysis. However the team found evidence of financial savings and returns made to society during the project time. They include:

- Savings on daily fee of pre- primary education
- Savings on cost of playing materials
- Saving on cost of treatment of diarrhea & malaria
- Increase in number of volunteers' hours spent on community activities
- Increase in Women Savings

The team also noted that there are other returns on investment that are expected to continue to be generated by these new ECCD interventions after the end of the project including:

- The value attributed to other intangible benefits, such as well-being and improved community and gender relation,
- The long-term multiplier effects generated by the increased household income, such as that arising from children's education, improved social and cognitive skills.

These findings and other reliable evidence within the project reveal that funding was well placed in Lively Minds to Contribute to *Education For All* Goal 1 in Uganda (expanding early childhood care and education), Goal 2 of promoting gender equality and empowering women and Goal 7 of ensuring environmental sustainability.

What happened because of DFID funding that wouldn't have otherwise happened?

Increased access to Early Childhood Care and Development for 3,019 3-6 years olds (1,655 girls and 1,364 boys) in Jinja District.

These children have had the opportunity to attend Play Centres on a weekly basis, where they play with educational games that develop their hard and soft skills. According to the American Academy, play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children. It also offers an ideal opportunity for parents to engage fully with their children. Evaluation findings indicate that children have made significant progress in semantic knowledge, comprehension of instructions and ability to sort and solve problems. This contribution of the project to early child development is important given the fact that over 3 million children 3-5 years in Uganda do not attend pre-primary school⁹

Improved capacity of 698 volunteer adults (659 female, 39 males) to run Play Centres for their children and to provide home-based childcare

As well as gaining knowledge and awareness on parenting, female volunteers in particular have reported improvements in their own wellbeing - especially their confidence, status in their community and their interactions with others

It has been reported that when parents or caregivers observe their children in play or join with them in child-driven play, they are given a unique opportunity to see the world from their child's vantage point as the child navigates a world perfectly created just to fit his or her needs. The interactions that occur through play tell children that parents are fully paying attention to them and help to build enduring relationships.¹⁰

Improved health awareness and reduced incidence of disease:

659 female and 39 male volunteers have been trained in hand washing, malaria prevention and nutrition. The children have been taught to hand wash before each Play Centre session. Project reports indicate significant reductions in incidents of childhood diarrhea and malaria from baseline to 6 months.

During focus group discussions, when asked the most important thing that has happened to them as a result of being volunteers the majority of volunteers provided the following answers:

- Acquired skills in time management; report to the centre for two hours (3pm-5pm) after doing the home chores.

9. UNICEF Situation Analysis of Children in Uganda, 2015

10. Tamis-LeMonda CS, Shannon JD, Cabrera NJ, Lamb ME. Fathers and mothers at play with their 2- and 3-year-olds: contributions to language and cognitive development. *Child Dev.* 2004;75 :1806- 1820

"I have fulfilled my responsibility as a volunteer because I have learnt to manage my time well. Before I come to the centre, I ensure that all the domestic work -cooking for my husband and children washing clothes and cleaning around the homestead is done." (FGD Respondent Igombe Community).

- Acquired knowledge about the importance of good nutrition by preparing balanced meals that prevent kwashiorkor, malnutrition;
- Knowledgeable on the importance of engaging in income generating activities that supplement on home basics (poultry/animal rearing in addition to the existing crop growing);
- Enlightened about the importance of creating good rapport amongst themselves as volunteers as well as the families where they come from, and between volunteers and children;
- Acquired skills on how to make fertilizers using local resources (from decomposing rubbish, cow dung) that will improve on quality and quantity of crop harvests
- Trained on importance of clearing bushes, clearing stagnant water areas and using mosquito nets to prevent malaria.

To what extent has the project used learning to improve delivery?

Key lessons learnt

Teaching quality by volunteers can be variable

In the 2014/15 annual report it is stated that not all volunteers are at the same level of appreciation, capacity and skills to pass on information.

Indeed in some of the play centres the evaluation team visited some of the volunteers were rather old and could barely express themselves.

LM's approach of incorporating short revision sessions and debriefs at the start and end of all monitoring visits and monthly activities to address this short coming was very timely. However the evaluators are of the view that as the project moves into another phase it may be necessary to work with communities at the beginning and design an appropriate selection criteria that would help to identify relatively good quality volunteers.

Use of indigenous knowledge and practices

ECD needs in rural resource constrained communities can be addressed through use of caregivers who have not gone through ECD formal training, but possess wide indigenous knowledge about child -rearing practices. Lively Minds project interventions were a hybrid of indigenous and Western ECD child-rearing practices

Support of husbands is key to the project success

The 2014/5 annual project report highlights support provided by husbands to volunteers as very key in the project implementation. As a result of this in the second year the project team invited men to the monthly volunteer activities. By evaluation time, evidence from project attendance records indicates that 263 men have attended volunteer activities. During the evaluation's FGD meetings the volunteers reported that husbands were extremely happy with volunteer wives because:

- Children and volunteer mothers/wives are clean, well behaved at home and within community;
- Children attending centre can count, sing and play on their own and with fellow children;

- Children and wives are more respectful;
- Volunteer wives more articulate at home and during community meetings;
- Volunteer wives/mothers better time keepers both at home and at centre; and
- Wives prepare well balanced meals for families and do it in time.

Involvement of LC3 chairperson is important for buy-in and sustainability of project interventions

From the reports and interviews with project staff, the evaluation team established that at the beginning of the project; staff carried out the selection process in partnership with the various LC 3 chairmen which was a good beginning in terms of ensuring the community buy-in. Also, the 2014/15 report indicates that the project invited the LC3 chairperson to attend the community graduation meetings, so he could mobilize and motivate the community.

What are the key drivers and barriers affecting the delivery of results for the project?

Drivers

The project staff attributed the success in the delivery of project results to: The carefully structured model that is replicated in staggered phases throughout the project where all components of the model are subject to continuous review and refinement. This ensures that lessons are learnt and that the quality, timeframes and approach are standardized which in turn aids the project management. The local staff were well experienced in delivering this project and in community development. They therefore provided vital support in project management and in technical areas.

Barriers

According to project management staff, the project was frequently interrupted due to adverse weather or burial/funerals in the communities. These events often led to delayed or aborted training sessions.

The staff also revealed that the overall child attendance at Play Centres was slightly lower than had been anticipated, although the project still met its target of 70%. This, they said, was mainly because the overall figures were skewed by the performance of some weaker communities. Common reasons cited for poor attendance included distance of the centre to homes, children being sent to schools or nurseries far away and reluctance of parents (who are not volunteers) to send their children to the play centre. The project addressed these challenges at community level and encouraged parents to prioritize sending their children to the play centres.

Another main challenge that was mentioned, is the project reliance on volunteerism in a country where there is not a rich culture of volunteerism.

The project however put in place various strategies to keep Volunteers committed, including, providing them with monthly capacity building activities, managing expectations/roles and responsibilities from the outset, explaining the benefits of the project as well as emphasizing that parents were responsible for their children's education. This was also explained to the whole community at the initial community and then graduation ceremony.

Key challenges Volunteers face

Below is the list of key challenges as identified by the volunteers during the evaluation's FGDs and their suggestions for addressing them:

- Some of the centres have no seats or mats which make the studying environment very unbecoming. LM will need to be more vigilant in monitoring to ensuring that the worn out mats are timely replaced;
- Some centres were in a bad shape with un-cemented floors. Jiggers will remain a health hazard especially when most of the children and Volunteers have no shoes. This could be solved if LM could support communities to put up model/ standard play centres or making having one (model/ standard play centre) a prerequisite for selection;
- Volunteers lack skills in handling children with disability. Although findings revealed that the number of such children was not significant, it was noted that it was increasing and LM will need to support the community by providing referral services to relevant service providers. Common disabilities mentioned include: eye impairment (squinted eyes), hearing disability and physical and mental disability. In Yuuka Community, for example, 4 children were reported to be disabled;
- Some community members looked down upon volunteers especially the uneducated ones and this in most cases was the main reason why parents could not trust them with their children. A good number of Volunteers proposed LM to provide adult training courses for the volunteers;
- Volunteers could have been more respected in the community if they (Volunteers) had some kind of identification like Uniform or/and badges like Village Health Teams (VHTs) .

3.5 Efficiency

To what extent did the grantee deliver results on time and on budget against agreed plans?

There is overwhelming evidence from the programmatic and technical project reports showing that the project was on track against its deliverables and original timescale. The project contract documents show the project was scheduled to start 01 July 2013 and end on 30 June 2015.

To what extent did the project understand cost drivers and manage these in relation to performance requirements?

As a way of minimizing costs on the largest expenditure items which happen to be staffing and transport while maximizing the outputs that can be achieved using staff time in the field with beneficiaries, the project applied the following strategies:

Training of trainers and supervisors

Trained a minimum of 30 Volunteers per community and they in turn teach approximately trained 160 children at the Centres. This means that staff/transport cost was apportioned between large numbers of direct beneficiaries, giving a good unit cost. Where possible, two staff travelled to the field on a motorbike to lower transport costs;

Training experienced Volunteers to monitor newer Play Centres which frees up staff time, and reduces the staffing costs at the same time, building capacity of local Volunteers. A large proportion of field work was spent monitoring Play Centres. Staff therefore used these visits, as well as the monthly activities to revise the games with the Volunteers and to solve any problems.

Providing capacity building activities

Instead of providing material incentives to the Volunteers, which over time would be

expensive, unsustainable and would contradict empowerment principles, the project provided each community with a monthly capacity building activity. The capacity building activities generally did not require any materials or tools; rather they imparted information and ideas to Volunteers that they could put in practice. This was therefore a cheap and effective way to build capacities and to incentivise the Volunteers to remain committed to the Schemes;

Prudent use of resources

Use of motorcycles as a mode of transport for single staff to the field, contracting regular drivers and use of regular fuel stations, purchase of project inputs in bulk also facilitated cost saving.

Joint planning and Coordination of project activities

Regular joint planning/coordination meetings were held weekly and attended by all staff to enable coordination of activities and ensure optimum use of project resources.

3.6 Sustainability

To what extent has the project leveraged additional resources (financial and in-kind) from other sources?

The project's 2015 financial report indicates that the project budget was £ 107,128 from DFID contribution and £ 58,010 additional funding received from the following sources:

Table 2: Additional funds received and sources

No	Source	Amount
1	Grants (charitable foundations)	30,146
2	Individual donations	13,791
3	Corporate support	2,825
4	Events & Challenges	7,807
5	School fundraising	921
6	International Volunteer Scheme	2,520
	Total	58,010

What effect has the above had on the scale, delivery or sustainability of activities?

Evidence from the 2015 Annual project report indicate that Lively Minds has already identified shortage of funds as one of the anticipated risk to the project sustainability. Lively Minds was therefore in search of funds to enable it move the project to another phase.

To what extent is there evidence that the benefits delivered by the project will be sustained after the project ends?

Project in-built strategies for sustainability of services

The evaluation team established that the project in its design incorporated a number of sustainability strategies to ensure local ownership of the project and continuity of project results and approaches after phase out of the project including the following:

Local ownership of the project

During the evaluation's focus group discussions it was observed that project inculcated a sense of project ownership through voluntary work. Also, beneficiaries were selected

in consultation with the local leaders.

Capacity building

The capacity built among Volunteers in a wide range of areas will enable them to continue with project activities. For instance, Volunteers have developed capacity to make playing /learning materials using local materials like bricks, sticks. The knowledge and skills gained in child care as well as in inculcating social and cognitive skills will be applied with little support from other actors in the community.

Linkage to existing government systems and structures

There has been a close working relationship with LC 3 councils so the project will easily be mainstreamed into existing government structures and systems such as education department and health workers/VHTs. This will ensure continued provision of services provided by Lively Minds. The organization has also enhanced its visibility nationally and internationally. For example, it has been an active member of the Centre for Education Innovations and the Uganda project team attended two conferences on early childhood development.

Leveraging of learning outcomes

The project learning outcomes will be leveraged to attract more funding from prospective donors as well as from government and the private sector. For instance, Lively Minds was one of the 5 finalists out of over 150 nominations in the CEI/UNICEF Partnership for Innovations in Education that sought nominations for innovative education models. This achievement enabled Lively Minds to receive additional funding and support for its interventions for a period of one year. Lively Minds also emerged as one of the 10 champions of Re-imagine Learning Challenge organized by the LEGO Foundation¹¹. This further attracted funding for Lively Minds interventions.

Savings mobilization

Volunteer Women Groups have started saving and have generated funds that can be used to buy playing and learning materials for the children after phase out of the project as well as enable volunteers to improve their home environment. For example, FGD respondents from Bugongwe community reported that through savings, they have been able to provide UGX 60,000 to a member every Sunday and through the cash round, Volunteers buy basic needs such as scholastic materials, clothes, soap, sugar, lanterns and utensils. They have also bought goats, chickens and piglets for rearing in order to generate more income.

3.7 Impact

To what extent and how has the project built the capacity of civil society?

Increased capacity of caregivers to provide quality ECCD at play centres and at home
The project has trained 698 adults (659 female, 39 males) to run Play Centres as Volunteers for their children and to improve their home-based childcare. This achievement is against the planned target of 600 implying that project has exceeded its target by 10%

11. Entries of the Re-Imagine Learning Challenge included innovators, educators, academics and many others that submitted over 630 of the most innovative, impactful and sustainable learning projects. The 10 Champions reflect some of the world's most promising, high-impact, scalable solutions in the field. They are role models for equipping children with the right skills to become creative problem solvers, team players and engaged, lifelong learners

Volunteers have been trained to run Play Centres for their children and to improve their home-based childcare, self-sustain the Play Centres and to identify and solve problems arising themselves using local materials. As well as gaining increased knowledge and awareness on parenting topics, these individuals have reported improvements in their wellbeing especially their confidence, status in their community and their interactions with other.

Improved health awareness and reduced incidence of disease

659 female and 39 male volunteers have been trained in hand washing, malaria prevention and nutrition. The children have been taught to hand wash before each Play Centre session. The 2014/15 annual project report indicates significant reductions in incidents of childhood diarrhea and malaria from baseline to 6 months.

During the evaluation's focus group discussions, when asked the most important thing that has happened to them as a result of being volunteers, the majority of volunteers provided the following answers

- Acquired skills in time management ; report to the centre for two hours (3 pm-5pm) after doing home chores;
- Acquired knowledge about the importance of good nutrition by preparing balanced meals that prevent kwashiorkor, malnutrition among children;
- Knowledgeable on the importance of engaging in income generating activities that supplement on home basics (addition of poultry/animal rearing in addition to the existing crop growing);
- Enlightened about the importance of creating good rapport amongst themselves as volunteers as well as the families where they come from, and between volunteers and children;
- Acquired skills on how to make fertilizers using local resources (from decomposing rubbish, cow dung) that will improve on quality and quantity of crop harvests;
- Trained on importance of clearing bushes , clearing stagnant water areas and using mosquito nets to prevent malaria; and
- Acquired skills in making children's games using local materials like bottle tops, for counting.

How many people are receiving support from the project that otherwise would not have received support?

The evaluation established that the project increased access to ECCD for 3019, 3-6 years olds (1655 girls) and 1364 (boys) in a deprived rural location. The project also empowered 698 adults (659 female, 39 males) to run Play Centres as Volunteers for their children and to improve their home-based childcare bringing the total number of people supported by the project to 3717.

To what extent and how has the project affected people in ways that were not originally intended?

The evaluation established that the project provided malaria prevention training to the Volunteer Mothers as one of the capacity-building activities. The project collected data on malaria incidents in children. Volunteers were asked to report how many incidents of childhood malaria there were in their household in the past month. Evidence from the project monitoring reports indicate that when 267 Volunteers from 14 communities

completed assessment at baseline and after 6 months, 243 reported at least one incident (91.0%) at baseline and 170 (63.7%) after 6 months, which is a 30.0% reduction. These results are statistically significant at $p < .001$.

Savings mobilization

Volunteer Women Groups have started saving and have generated funds that can be used to buy playing and learning materials for the children after phase of the project as well as enable volunteers to improve their home environment. For example, FGD respondents from Bugongwe community reported that through savings, they have been able to provide UGX 60,000 to a member every Sunday and through the cash round, Volunteers buy basic needs such as scholastic materials, clothes, soap, sugar, lanterns and utensils. They have also bought IGAs like goats, chicken and piglets.

4. Conclusions

4.1 Summary of achievements against evaluation questions

How well did the project meet its objectives?

Increased access to quality Early Childhood Care and Development (ECCD)

By the evaluation time the project had opened Play Centres in 19 deprived rural locations of Jinja District- Eastern Uganda through which it has increased access to ECCD for 3019 3-6 years olds (1655 girls) and 1364 (boys). Access to ECCD is crucial to the achievement of UPE (MDG 2) as it provides children with the hard and soft skills that form the foundation for all future learning. These children have had the opportunity to attend Play Centres on a weekly basis, where they play with educational games that develop their hard and soft skills. Benefits for the children include significant improvements in semantic knowledge, comprehension of instructions, ability to sort and solve problems.

Increased capacity of other caregivers to provide quality ECCD at play centres and at home

The project has successfully empowered 698 adults (659 female, 39 males) to run Play Centres as Volunteers for their children and to improve their home-based childcare. As well as gaining increased knowledge and awareness on parenting topics, these individuals have reported improvements in their wellbeing especially their confidence, status in their community and their interactions with other.

Improved health awareness and reduced incidence of disease:

659 female and 39 male volunteers were trained in hand washing, malaria prevention and nutrition. The children have to hand wash before each Play Centre session. There is evidence of significant reductions in incidents of childhood diarrhea and malaria as a result of the project from baseline to 6 months.

How well did the project apply value for money principles of effectiveness, economy, and efficiency in relation to the delivery of its outcome?

As evidenced in the annual project report 2014/2015, the project endeavored to implement the value for money principles of economy, efficiency and effectiveness as follows:

Economy

- Buying inputs of the appropriate quality at the right price
- Finding regular suppliers for repeat purchases and services such as carpentry, project materials, mechanics, and drivers. The suppliers were chosen based on quotations and the quality of their work. This according to the report allowed the project to benefit from discounted prices and to achieve better/bespoke quality
- Strictly following its procurement policy- which includes obtaining competing quotations and quality checks (e.g. international flights, independent consultant)
- Buying in bulk in order to gain discounts (e.g. mats for Play Centres, certificates)
- Using games made from local or recycled materials to drive down costs and to contribute to the sustainability of the Centres.

Efficiency

As a way of minimizing of costs on the largest expenditure items which happen to be staffing and transport while maximizing the outputs that can be achieved using staff time in the field with beneficiaries, the project applied the following strategies:

- Trained a minimum of 30 Volunteers per community and they each approximately trained 160 children at the Centres. This means that staff/transport cost is apportioned between large numbers of direct beneficiaries, giving a good unit cost. Where possible, 2 staff travel to the field on a motorbike to lower transport costs;
- Training experienced Volunteers to monitor newer Play Centres which frees up staff time, and reduces the staffing costs at the same time, building capacity of local Volunteers.
- A large proportion of field work is spent monitoring Play Centres. Staff therefore used these visits, as well as the monthly activities to revise the games with the Volunteers and to solve any problems.
- Instead of providing material incentives to the Volunteers, which overtime would be expensive, unsustainable and would contradict empowerment principles, the project instead provides each community with a monthly capacity building activity. The capacity building activities generally do not require any materials or tools; rather they impart information and ideas to the Volunteers that they can put in practice. This is therefore a cheap and effective way to build capacities and to incentivise the Volunteers to remain committed to the Schemes.

Effectiveness

Evidence from the annual report 2014/15 indicates that the project exceeded the anticipated changes in beneficiaries and target groups. The main project outputs were centred on providing information, skills and attitudes, so that parents could provide their own ECCD projects using local materials which lowers costs. It is also evidenced that the total expenditure on the project by the evaluation time was £122,656 against direct beneficiaries totaling 3717 which gave a modest cost of £33 per beneficiary.

What has happened because of DFID funding that wouldn't have otherwise happened?

Increased access to Early Childhood Care and Development for 3,019 3-6 years olds (1,655 girls and 1364 boys) in deprived rural locations: these children have had the opportunity to attend Play Centres on a weekly basis, where they play with educational games that develop their hard and soft skills. Children have made significant progress in semantic knowledge, comprehension of instructions and ability to sort and solve problems.

Improved capacity of 698 volunteer adults (659 female, 39 males) to run Play Centres for their children and to provide home-based childcare: as well as gaining knowledge and awareness on parenting, female volunteers in particular have reported improvements in their own wellbeing - especially their confidence, status in their community and their interactions with others.

4.2 Summary of achievements against rationale for GPAF funding

The project focuses on using community action and participation to deliver ECCD services aligns perfectly with DFID's objectives for working with civil society in Uganda, particularly it helps “*deliver goods and services effectively and efficiently to improve the lives of poor and marginalized people in developing countries*”; “*empower citizens in developing countries to be more effective participants in development decisions and policies that affect their lives*”; and *build and maintain the capacity and space for an active civil society*”.

By giving ***3,019 3-6 years olds (1,655 girls and 1364 boys)*** a better start in life, the project contributes to DFID's wealth creation objective helping “*young people to access*

skills and opportunities to play a productive role in the economy, ensuring that Uganda can capitalize on its growing population".

The project contributes to DFID's Uganda education targets as it decreases the number of primary school dropouts and by promoting the importance of education in the target communities will increase the number of school drop outs returning to school. In addition, the project's work of promoting hand washing will help achieve DFID's goal of helping Uganda to target off-track MDGs in the health sector".

4.3 Overall impact and value for money of GPAF funded activities

Overall impact

The overall impact of the project is created by improving; school readiness, parental & community involvement in children's education, healthy children & families leading to happy & confident children & mothers with good aspirations for the future.

Value for money

The evaluation team found very reliable evidence of financial savings and returns made to society during the project time. They include:

- Savings on daily fee of pre- primary education
- Savings on cost of playing materials
- Saving on cost of treatment of diarrhea & malaria
- Increase in number of volunteers' hours spent on community activities
- Increase in Women Savings

On top of the above, there are also returns on investment that are expected to continue to be generated by the project interventions after the end of the project including:

- The value attributed to intangible benefits, such as well-being and improved community and gender relations, mothers' benefits from improved health and wellbeing and
- The long-term multiplier effects generated by the increased household income, such as that arising from children's education, improved social well-being and cognitive skills.

5. Lessons Learnt

Project level

The project has generated a number of lessons that can be shared with other like-minded organizations and development agencies for possible adoption and replication in future similar projects:

- It is important to pilot innovative approaches with a small target group and in a limited geographical area before replication/scaling up. This provides opportunities for learning and adoption based on tested and evidence based strategies and approaches;
- From the reports and interviews with project staff the evaluation team established that at beginning of the project, staff carried out the selection process in partnership with the various LC 3 chairmen which were a good beginning in terms of ensuring the community buy-in. Building on local community knowledge and practices regarding child rearing provides a strong foundation for introducing innovative ECD interventions;
- Group formation provides an important opportunity for mutual support and solidarity, especially among rural women as exemplified by establishment of self-help and savings mobilization initiatives by Volunteers

6. Recommendations

- There is need to improve the learning environment at the child centres (mainly local churches) by providing them a facelift in terms of provision of basic infrastructure e.g. toilets, forms and benches as well as simple repair of external and internal structures. This is imperative given the well documented impact of a good learning environment on learning outcomes;
- There is need to widen the scope of playing materials and equipment to include swings, toys to ensure that children have access to a variety of playing materials;
- There is need for more serious involvement of LC3 councils and subsequently the district. As of now the good and impressive project results are not captured anywhere in the district or national data bank. As efforts towards involving LC3s and the district in the project continue it should be born in mind that the project's linking up with the sub-counties and District will among other things involve sharing project progress reports to the District level through the LC 3.
- Lively Minds needs to finds ways of improving its reporting to address the minor data quality concerns highlighted in section 3.4 of this report.
- The evaluation team commends and strongly recommends LM's proposed idea of delivering the next phase of the project through community health workers as a way of enhancing its sustainability. The recommendation is made in view of the impressive experiences of using community health workers /village health teams Uganda has had for a long time as may be attested from the following excerpt: "*Uganda adopted the Village Health Teams (VHTs) strategy in 2001 as an entry point to health interventions at community level. VHT's mobilize community members for better health, foster positive health seeking behavior & reduce geographical inaccessibility by bringing health services nearer to the community. Selected by people themselves to deliver basic Health Care services, VHT's promote services that lead to improved child health, maternal Health, HIV/AIDS, malaria control & improved sanitation. Since 2001 in Uganda, there have been a lot of studies done on this approach. Although World Bank studies showed that, low income countries are unlikely to attain MDGs by 2015, Uganda's VHT's strategy seems to have changed this thinking. Studies in Kabarole showed that, VHT's promoted immunization 90%, Child Health Days 81% mobilized pregnant mothers for ANC 89%, mobilized mothers to deliver in health facilities 79%, promoted HIV testing services 83%, & good sanitation 63%. VHT strategy hence becomes Uganda's most cost effective strategy to the attainment of Health MDG's (4, 5, 6 and 7)*¹²

12 Tumwebaze Mathias; Village Health Teams (VHT's) & the Attainment of Health MDG's in Uganda: VHT's accelerating attainment of Health MDG's in Kabarole district, Western Uganda Paperback – June 9, 2011,

7. List of Annexes

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Annex 1 Evaluation schedule

Annex 2

LIVELY MINDS

GPAF Innovations Project- Improving early years education & health in rural Uganda through community-run play centres.

End-line Evaluation of DFID GPAF-Innovations funded project

Position:	Independent End-Line Evaluator
Reports to:	Lively Minds, Monitoring & Evaluation Officer
Salary:	Competitive consultancy fee
Length of contract	18 days consultancy
Location:	Jinja, Uganda
Start date:	June 2015

Summary

Lively Minds is seeking to appoint an independent consultant to conduct an independent evaluation of a project funded by UKAid from the Department for International Development (DFID) through the GPAF-Innovations funding stream. The consultant will be an impact assessment expert with working knowledge of education and community development programmes in a resource-poor context.

The consultancy will take place in June 2015 and will involve participative evaluation including site visits and meetings with project implementers, stakeholders (local councillors) and community members (including community leaders and parents) in a sample of project locations.

The consultant will be required to travel to Jinja district, Uganda, with anticipated field trips to target schools and communities.

The terms of reference that will guide this consultancy are based on the template ToR provided by the GPAF Evaluation Manager appointed by DFID to evaluate the impact of the GPAF programme, which has been appropriated by Lively Minds for this specific project as necessary.

Summary Information

Funder	DFID
Grant type	Global Poverty Action Fund (GPAF) - Innovations
Grantee	Lively Minds
Implementation partner	Lively Minds Uganda
Project Location	Uganda, Eastern Region: Jinja and Buikwe districts
Project Name	Improving early years education & health for 3700 deprived children and empowering 600 vulnerable caregivers in rural Uganda through community-run Play Centres
GPAF Number	INN-023
Total project budget	£ 156,169
Total funding from DFID	£ 107,128
Project Start & End Dates	Start: 01/07/2013 End: 31/06/2015
Project duration	2 years

Background information

DFID provides significant funding to civil society organisations (CSOs) annually in line with its overall strategy to alleviate poverty and promote peace, stability and good governance. The Global Poverty Action Fund (GPAF) is one of DFID's principal funding mechanisms. The current political climate and results-based agenda demand a rigorous assessment of the effectiveness of funds disbursed to ensure that they are managed to provide value for money.

TripleLine is the Fund Manager for the GPAF and is responsible for assessing performance of grantees at the project level. Coffey International Development is the Evaluation Manager and is responsible for assessing the performance of the funding mechanisms as a whole.

Lively Minds is a partnership between Lively Minds UK and Lively Minds Uganda. There is also a branch in Ghana. Lively Minds has been operating since 2008. It is a non-political, non-religious organisation. Lively Minds is a UK registered charity. Lively Minds Uganda is a community-based organisation based in Jinja, Uganda. Both organisations share the same mission, to improve the quality of life for deprived children in rural Uganda through creative education programmes that enliven minds and empower communities to change their lives for the better. Lively Minds Uganda are responsible for implementing the project. They are supported and facilitated by Lively Minds UK.

Lively Minds Uganda currently has 9 local employees, headed up by the Country Manager. The Country Manager is line-managed by and accountable to the CEO of Lively Minds. Lively Minds currently has two full-time employees and a part-time fundraiser, and is governed by a Board of Trustees, comprised of 6 members.

Project background

Expanding Early Childhood Care and Development (“ECCD”) is the first Education For All Goal and is critical to achieving Universal Primary Education (“UPE”) and the overarching Millennium Development Goal (“MDG”) of reducing poverty. Early years education has been proven to enhance school readiness and performance and to result in higher adult earnings [The Lancet Series 2007 & 2011].

This project addresses the following obstacles at government, community and home level that prevent children in Uganda achieving their educational potential and plays an important role in the transmission of poverty.

- 1) **Lack of pre-school provision:** Pre-primary Net Enrolment Ratio nationally is just 13.9%. The majority of pre-schools are private fee-paying, which means that the poorest children – those most in need of education - are least likely to access pre-school.
- 2) **Poor caregiver education and poverty:** The lack of parental education means that caregivers are often not aware of important parenting methods and fail to give their children adequate stimulation to nurture their development. Play and reading materials are scarce. Children with poorly educated, illiterate caregivers are least likely to be prepared for primary school. Mothers and grandmothers are generally the primary caregivers, but are frequently marginalised in their communities - especially if they have not been educated and are not employed. These women routinely have low self-esteem and low aspirations for themselves and their children. This places their children at further risk. The Uganda Poverty Report comments that “increasing the education of the household head by one standard deviation increases the probability of completing primary school by 7 percent.”
- 3) **Poor hygiene and health:** Only 62% rural families in Uganda have access to improved sanitation facilities [2010 MDG Report]. Studies have shown that handwashing is the most effective prevention method and can reduce diarrhoeal diseases by 35% or more [The Lancet 2005]. But there is a lack of awareness of the importance of handwashing and this is not widely practised, particularly by children. Consequently diarrhoea is the second leading cause of child death and sickness in Uganda [World Health Organisation]. This has long-term health impacts for children and results in loss of income for families and delayed or disrupted education for children.

These three problems mean that children are often badly prepared for school. Lack of school-readiness lowers school performance which in turn places children at higher risk of dropping out, particularly where their parents are unsupportive of education. The primary completion rate in Uganda for girls is just 48%, compared to 55% for boys [2010 MDG Report].

Project logic

In order to support communities and Government of Uganda to provide good quality education within this context, the project aims to contribute toward the following overall goal:

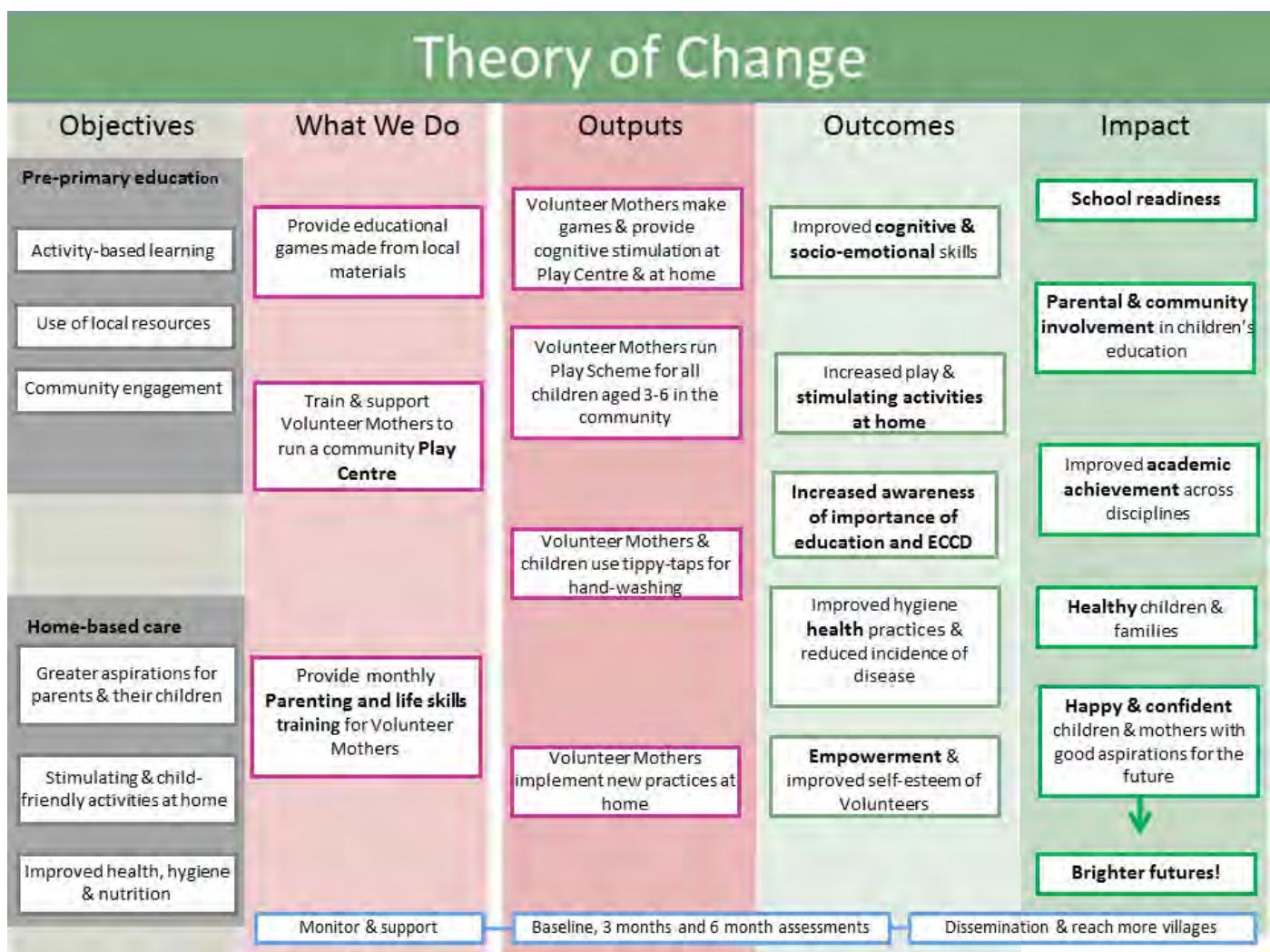
- *Contribution to Education For All Goal 1 in Uganda (expanding early childhood care and education)*

We expect to contribute toward this goal through the achievement of the following outcome:

- *Increased access to quality Early Childhood Care and Development (ECCD) and improved hygiene for pre-school children in 20 locations in Eastern Uganda*

The project is expected to achieve the above outcome by bringing about the following specific outputs:

- *Play centres equipped and organised to provide quality ECCD*
- *Increased capacity of caregivers to provide quality ECCD at play centres and at home*
- *Routine hand-washing established in play centres and in Volunteers' homes*



Target recipients

Our project targets 20 deprived rural communities in Eastern Uganda, where the problems described above are particularly prevalent.

Direct beneficiaries

Children aged 3-6

Volunteers (predominantly women)

Indirect beneficiaries

Additional children of the Volunteer Mothers

Project description

Lively Minds aims to achieve the project outcome by setting up high quality educational Play Centres in 20 rural communities. These Centres give pre-school children access to age-appropriate and interactive games that are designed to improve cognitive skills, school preparedness and health of children.

Importantly, the project also aims to bring about behavioural change in caregivers, so they can provide better ECCD for their children. To achieve this objective Lively Minds trains 30 individuals from each community, targeting marginalised women, to run the Centres themselves as Volunteers so that they have the skills, tools and motivation to run and sustain educational Play Centres and provide better ECCD for their children.

Key innovations in this project are:

- The Play Centres provide a unique child-friendly learning environment. Unlike the rote teaching in formal settings, children enjoy learning and discovering through play, using a variety of stimulating materials, in a caring environment. Children are divided into small groups with 4:1 child/volunteer ratio to benefit from small group work and care.
- The Centres incorporate health practices, in particular handwashing. WASH programmes often find it difficult to reach pre-school children. We are able to reach this group and institute behavioural change, at the age when they are most risk to diarrheal disease.
- Community empowerment: Development projects can inadvertently impact negatively on communities by making them dependent on external aid and “hand-outs”. Our approach relies on volunteerism. We train uneducated caregiver, targeting marginalised and uneducated women, to run the Play Centres on a voluntary basis using local materials. This develops skills, empowers

people to improve their own lives using the resources available to them, ensures sustainability and promotes community participation.

Project delivery method

The project is a highly structured model that is designed to be replicated in staggered phases throughout the project lifespan. We therefore have aimed to standardise the model as far as possible, in order to establish proof of concept and also scalability.

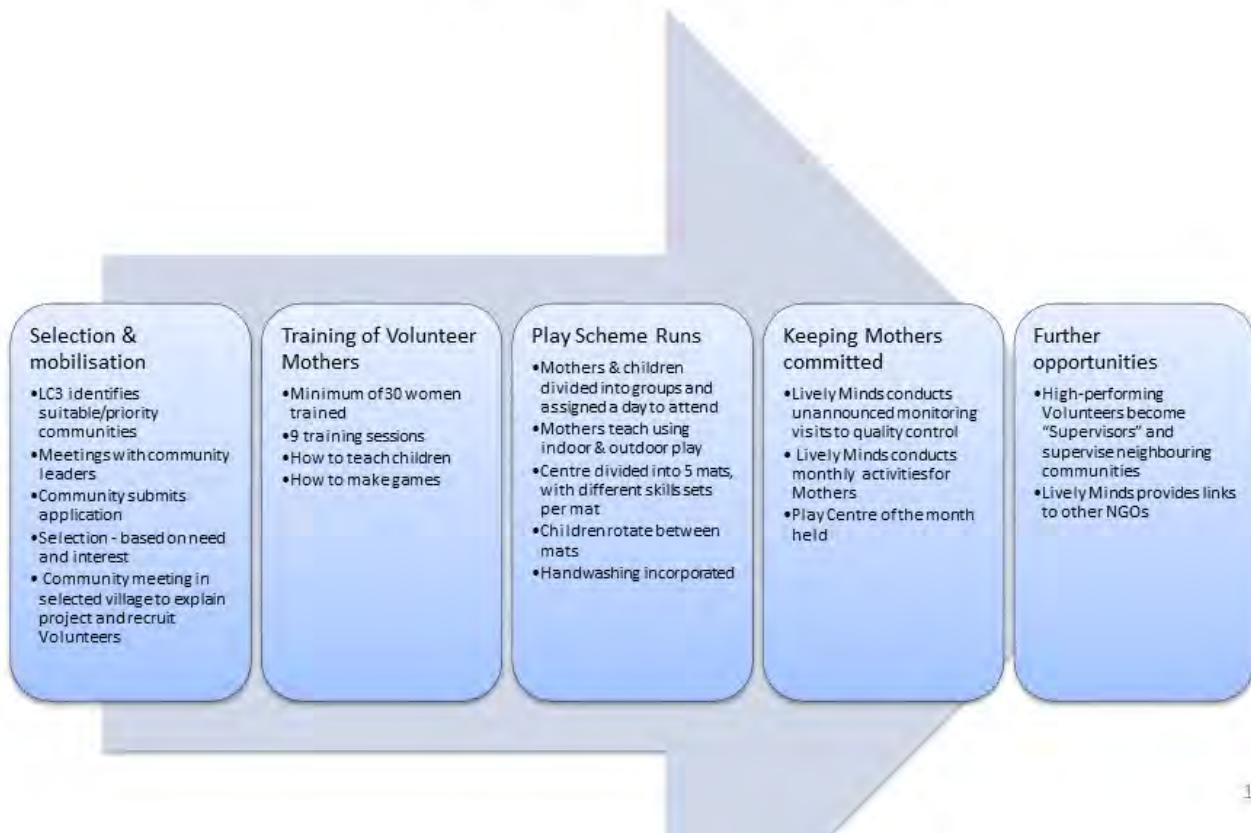
The model consists of the following stages:-

- 1) **Selection:** We work with sub-country officials (LC3) to identify deprived rural communities using a set of selection criteria. We visit and compare villages, engaging with stakeholders to assess their level of need and interest. The communities are tasked to prepare a short presentation (written or oral) to explain why we should select their village. Based on these findings we then select one of the communities.
- 2) **Training Volunteers:** Staff hold a community meeting, where they market the project and invite community members to participate, targeting women. A minimum of 30 Volunteer Mothers per community are trained. Training consists of nine training sessions and a graduation ceremony. Training includes importance of early childhood development, how to make and teach games, outdoor play, handwashing and discovery-led teaching methodologies. Training focuses on confidence and team building.
- 3) **Volunteers run the Play Centre:** The community is provided with collection of games and materials. The 30 Volunteer Mothers are divided into four groups, and each group is given a time to run the Play Scheme. The children are also divided into four groups.
 - The Play Schemes take place in eight sessions throughout the week with six Volunteer Mothers and a maximum of 20 children per session (reaching 160 children per week). This is designed to create a fun, interactive & caring environment and overcome the problem of large class sizes and rote-style teaching.
 - Children participate in six different skill-sets (outdoor play, matching, numeracy, reading/literacy, shapes/sizes/senses, building) using locally-made educational games that can be easily replicated. Teaching uses discovery and play-based learning.
- 4) **Incorporating health practices:** Volunteers are trained in the importance of handwashing and children must handwash before entering the Play Centres. By associating it with a fun activity, this habituates them to this vital practice so they are less susceptible to diarrheal disease.
- 5) **Supporting Volunteers:** Once Centres are set up, we provide a package of activities to support the Volunteers, sustain their motivation and develop their skills and capacities. Including: surprise monitoring visits to quality control (24 in year one and 12 in year two); monthly capacity-building workshops on parenting and lifeskills topics; reward and recognition awards. We engage community

leaders, teachers, PTAs and hold regular community meetings as their support is essential to motivate Volunteers and children.

- 6) **Further opportunities:** High performing Volunteers are given the chance to become "Supervisors". They are then trained to monitor neighbouring Play Centres. Where possible, we try to link communities up with other NGOs.

The programme



Purpose of the independent final evaluation

The independent final evaluation reports that are submitted by grantees will be used to inform the Fund Manager's understanding of the grantee's performance at the project level and will also be used to inform the Evaluation Manager's assessment of performance at the GPAF fund level.

The evaluation will also be used by Lively Minds, in particular

- Lively Minds, Lively Minds Uganda project staff
- Local project partners and stakeholders
- Lively Minds' donor network
- The evaluation will be published on the Lively Minds website

The independent final evaluation report needs to be a substantial document that

- (a) answers all the elements of the Terms of Reference (ToR);
- (b) provides findings and conclusions that are based on robust and transparent evidence; and
- (c) where necessary supplements the grantee's own data with independent research.

Cost and proportionality

The evaluation must be proportionate to the size of the project and the overall project budget. As a general rule, the budget for the evaluation should be 5-7% of the total project budget.

Key objectives of the evaluation

The evaluation has two explicit objectives that are explained below:-

- 1) To independently verify (and supplement where necessary), Lively Minds' record of achievement as reported through its Annual Reports and defined in the project logframe;
- 2) To assess the extent to which the project was good value for money, which includes considering:
 - How well the project met its objectives;
 - How well the project applied value for money principles of effectiveness, economy, efficiency in relation to the delivery of its outcome;
 - What has happened because of DFID funding that wouldn't have otherwise happened; and
 - How well the project aligns with DFID's goals of supporting the delivery of the MDGs.

Verification of grantee reporting

The first task of the final evaluation is to verify Lively Minds' achievement.

The record of achievement has been presented by Lively Minds to TripleLine in Annual Reports and progress against the project logframe. This exercise could include verifying information that was collected by the grantee for reporting purposes and possibly supplementing this data with additional information collected through primary and secondary research. Verifying the results from the project log frame will begin to capture what the project has achieved. However, there will be other activities and results that occur outside of the logframe that may require examination in order to respond to the different evaluation questions. Verifying reporting will also necessarily include a review of the data and systems that were used to populate results.

Assessment of value for money

The evaluation should assess the extent to which the delivery and results of the project are good value for money. Value for money can be defined in different ways, but at minimum the evaluation report should include an assessment against:

- How well the project applied value for money principles of effectiveness, economy, efficiency in relation to delivery of its outcome;
- What has happened because of DFID funding that wouldn't have otherwise happened

Evaluation questions

To ensure comparability across the final evaluation reports, the evaluator(s) should respond to the questions below. Please note that the attention given to each evaluation question may vary depending on the objectives of certain projects and the availability of data, so the independent evaluator(s) should use his/her discretion in the level of effort used to respond to these questions.

All evaluators are encouraged to structure their research questions according to the OECD-DAC criteria of relevance, effectiveness, efficiency, sustainability and impact.

Relevance

- To what extent did the grantee support achievement towards the MDGs, specifically off-track MDGs?
- To what extent did the project target and reach the poor and marginalised?
- To what extent did the project mainstream gender equality in the design and delivery of activities (and or other relevant excluded groups)?
- How well did the project respond to the needs of target beneficiaries, including how these needs evolved over time?

Effectiveness

- To what extent are the results that are reported a fair and accurate record of achievement?
- To what extent has the project delivered results that are value for money? To include but not limited to:
 - How well the project applied value for money principles of effectiveness, economy, efficiency in relation to delivery of its outcome;
 - What has happened because of DFID funding that wouldn't have otherwise happened; and
 - To what extent has the project used learning to improve delivery?
 - What are the key drivers and barriers affecting the delivery of results for the project?

Efficiency

- To what extent did the grantee deliver results on time and on budget against agreed plans?
- To what extent did the project understand cost drivers and manage these in relation to performance requirements?

Sustainability

- To what extent has the project leveraged additional resources (financial and in-kind) from other sources?
- What effect has this had on the scale, delivery or sustainability of activities?

- To what extent is there evidence that the benefits delivered by the project will be sustained after the project ends?

Impact

- To what extent and how has the project built the capacity of civil society?
- How many people are receiving support from the project that otherwise would not have received support?
- To what extent and how has the project affected people in ways that were not originally intended?

Indicative materials to review

The existing evidence base includes:-

- Grant proposal,
- Project logframe;
- Annual report 2013 and 2014 comments provided by the Fund Manager;
- Reports from monitoring visits (raw data and processed reports)
- Assessment results from psycho-social surveys on sample of children conducted at baseline, 3 months and 6 months (raw data and processed reports)
- Assessment results from surveys on Volunteer Mothers conducted at baseline, 3 months and 6 months (raw data and processed reports)
- Transcripts and analysis of focus groups with Volunteer Mothers
- Questionnaires completed by LC1s

In addition staff, beneficiaries and stakeholders will be available for interviews.

Evaluation methods

The consultant or consulting firm commissioned for the independent final evaluation will work alongside Lively Minds to choose the methods that are the most appropriate for the purpose of this evaluation. Evaluation methods should be rigorous yet at all times proportionate and appropriate to the context and budget of the project intervention.

Relevant primary and secondary research may include:

- interviews with staff
- focus group discussions with beneficiaries
- surveys or discussion with relevant stakeholders
- systematic reviews of secondary studies and sources, measuring impact where possible and proportionate through comparison groups and other quantitative methods;
- verifying reported data through back checking and quality control assessments.

Quality assurance of the independent final evaluations

It is imperative that the evidence collected as part of the reporting be robust and reliable. Lively Minds will assure the quality of this report, which will further be reviewed through a quality assurance exercise undertaken by Lively Minds. Where high quality data is not available, the limitations of the data and any conclusions drawn from it must be clearly stated. The following table will be used to appraise the quality of the evaluations that it receives.

End of project independent evaluation quality assurance framework

Appraisal focus	Key appraisal questions	Key quality indicators
FINDINGS	1. How credible are the findings?	<p>Findings/conclusions are supported by data/study evidence.</p> <p>Findings/conclusions ‘make sense’/have a coherent logic.</p> <p>Findings/conclusions are resonant with other knowledge and experience.</p> <p>Use of corroborating evidence to support or refine findings.</p>
	2. How well does the evaluation/evidence address its original aims and purpose?	<p>Clear statement of study aims and objectives (where relevant).</p> <p>Findings clearly linked to the purposes of the study, and to the initiative or policy being studied.</p> <p>Summary of conclusions directed towards aims of study.</p> <p>Discussions of limitations of study in meeting aims.</p>
	3. Scope for drawing wider inference – how well is this explained?	<p>Discussion of what can be generalised to wider beneficiary population</p> <p>Detailed description of the contexts in which the study was conducted to allow applicability to other settings /contextual generalities to be assessed.</p> <p>Discussion of how hypotheses /theories of change may relate to wider theories of change at the policy level.</p> <p>Discussion of limitations on drawing wider inference.</p>

DESIGN	4. How defensible is the research design?	Discussion of how overall evaluation/research strategy was designed to meet the aims of the study. Discussion of the rationale of the study design. Use of different features of design /data sources evident in findings presented. Discussion of limitations of research design and their implications for the study evidence.
DESIGN	5. How well was the data collection carried out?	Discussion of: Who conducted the data collection; Procedures/documents used for collection/reporting; and Checks on origin/status. Description of fieldwork methods and how these may have influenced data collected.
ANALYSIS	6. How well has the approach to and formulation of the analysis been conveyed?	Description of form of original data. Clear rationale for choice of data management method. Discussion, with examples, of how any constructed analytic concepts have been devised and applied.
REPORTING	7. How clear are the links between data, interpretation and conclusions – i.e. how well can the route to any conclusions be seen?	Clear conceptual links between analytic commentary and presentations of original data. Discussion of how/why particular interpretation/significance is assigned to specific aspects of data. Discussion of how explanations/theories/conclusions were derived.
NEUTRALITY	8. How clear are the assumptions /theoretical perspectives /values that have shaped the form and output of the evaluation /evidence submitted?	Discussion/evidence of the main assumptions/hypotheses/theoretical ideas on which the evaluation was based and how these affected the form, coverage, or output of the evaluation. Discussion/evidence of the ideological perspectives/values of the evaluation team and their impact on the methodological or substantive content of the evaluation. Evidence of openness to new/alternative ways of viewing subject /theories /assumptions. Discussion of how error or bias may have arisen in design/data collection/analysis and how it was addressed, if at all. Reflections on the impact of the researcher on the evaluation process.

AUDITABILITY	9. How adequately has the research process been documented?	Discussion of strengths and weaknesses. Documentation and reasons for changes in coverage/data collection/analytic approach and implications. Reproduction of main study documents.
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Profile of the Evaluation Team

The Independent Evaluator should be a suitably-qualified and experienced consultant or consulting firm. The consultant profile should include:

- Experience working with or evaluating GPAF projects
- An evaluation specialist with a minimum of seven years' experience in programme/project evaluation in an international development context;
- Experience of results-based monitoring and evaluation;
- Ability to design and plan the evaluation approaches and research methodologies, including quantitative and qualitative research methods. Where feasible and appropriate, the person or team should include skills and expertise required to design, plan and conduct impact evaluation, potentially using experimental or quasi-experimental techniques;
- Informed by relevant subject matter knowledge and experience in the education sector to ensure the evaluation design and research methods are as relevant and meaningful as possible given the aims and objectives of the project and the context in which it is being delivered;
- Ability to manage a potentially complex evaluation and research process from end-to-end, including interpreting data and conducting a final impact evaluation;
- Ability to design, manage and implement primary research. This may include the design of surveys, in-depth interviews, focus group and other research methods;
- Design and manage data and information systems capable of handling large datasets for monitoring and evaluation purposes.
- Experience and knowledge of working in Uganda is desirable
- Good working knowledge of Lusoga or Luganda

Management arrangements

Lively Minds will be the point of contact for the Independent Evaluator for the duration of the evaluation process, and will provide initial briefing to the Independent Evaluator. Lively Minds will also provide logistical and technical support to support required by the Independent Evaluator to conduct meetings and interviews.

Deliverables and timeframe

The main body of the report (draft and final version) must be limited to 40 pages (this can include or exclude annexes). One of the annexes should consist of a table which summarises the findings according

to the OECD-DAC criteria. To ensure consistency across evaluation reports, the following structure should be used for reporting:

Executive Summary

Introduction

Purpose of the evaluation

Organisation context

Logic and assumptions of the evaluation

Overview of GPAF funded activities

Evaluation Methodology

Evaluation plan

Strengths and weaknesses of selected design and research methods

Summary of problems and issues encountered

Findings

Overall Results

Assessment of accuracy of reported results

Relevance

Effectiveness

Efficiency

Sustainability

Impact

Conclusions

Summary of achievements against evaluation questions

Summary of achievements against rationale for GPAF funding

Overall impact and value for money of GPAF funded activities

Lessons learnt (where relevant)

Project level - management, design, implementation

Policy level

Sector level

GPAF management

Recommendations

Annexes (such as)

Independent final evaluation terms of reference

Evaluation research schedule

Evaluation framework

Data collection tools

List of people consulted

List of supporting documentary information

Details of the evaluation team

Grantee management response to report findings and recommendations

Outputs and Deliverables

Deliverable	Timeframes	Approximate number of work days
Workplan and evaluation framework to be finalised in partnership with Lively Minds	20 May	3
Preparation	1 June	2
Field research & staff interviews	Week of 1 June 2015	5
Report writing and data analysis	Week of 8 June 2015	5
Submission of First Draft	15 June 2015	
Submission of Final Draft	26 June 2015	1
Submission of any supplementary information requested by Fund Manager	30 September 2015	2

The exact timetable and report format are to be agreed with the evaluator.

Terms of payment

To be agreed. Payment will only be made for work satisfactorily completed and accepted by Lively Minds.

- The consultant will not work from Lively Minds office, but use his/her own offices and equipment
- Consultants are not paid for weekends or public holidays.
- Consultants are not entitled to payment of overtime. All remuneration must be within the contract agreement.
- No contract may commence unless the contract is signed by both Lively Minds and the consultant.
- Consultants will not have supervisory responsibilities or authority on Lively Minds budget.

Annex 3

Evaluation Framework

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
Relevance	To what extent did the grantee support achieve towards the MDGs, specifically off-track MDGs?	Which MDG's was the project designed to be in line with	MDGs (on track and off track) that the project designed to be in line with, % contribution of the project to each MDG	LM		Annual report
		What are the project achievements towards the MDGs	Project achievement under each of MDG to which the project contributes namely: <ul style="list-style-type: none"> ▪ MDG 2 Achieve Universal Primary Education (slow by 2013). ▪ MDG 3 Promote Gender Equality and empower women (on track by 2013) ▪ MDG7 Ensure Environmental sustainability (on track by 2013) 			Annual Report MDG Report 2013
	To what extent did the project target and reach the poor and marginalized?	Which type of people and how many did the project target?	No and type of people targeted by the project {Type as determined by accessibility to social amenities (water/electricity/school/KG0}	LM		Baseline survey report

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
To what extent did the project mainstream gender equality in the design and delivery of activities (and or other relevant excluded groups)?			provision) Education status of mothers)			
		What type of people and how many did the project reach	No and type of people reached by project evaluation time	LM		Annual Report (2014-15)
		Of the targeted groups (children) how many were boys/ girls? Did the project target any disabled person in the design?	% of boys reached by the project % of girls reached by the project % of disabled children reached	LM		Grant proposal Annual Report (2014-15)
		Of the trained groups how many were women/men?	% of women trained by the project			Grant proposal Annual Report (2014-15)
	How well did the project respond to the needs of target beneficiaries, including how these needs evolved over time?	What were the major needs the beneficiaries at the beginning of the project?	Needs of target beneficiaries at the beginning of project period.			Baseline survey report

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
		How well has the project addressed the beneficiary needs?	Beneficiary satisfaction levels Beneficiary attendance levels Changes in the project design (if any)	Volunteers	Volunteers	Annual Report
Effectiveness	To what extent are the results that are reported a fair and accurate record of achievement?	What are the project reported/document results? How reliable are the project reports.	<ul style="list-style-type: none"> ▪ Project intended results/outcomes ▪ Monitoring and evaluation processes used by the project 			Annual Report M&E reports
		What are the achievements of the project from the community and other stakeholders' perspective?	Project achievements results by May 2015 Project achievements as observed by stakeholders and beneficiaries	Dist. SH	Volunteers LC I & 3	Annual report 2014-2015
	To what extent has the project delivered results that are value for money?	How did project apply value for money principles of <i>effectiveness</i> in relation to delivery of its outcomes How did project apply value for money principles of <i>economy</i> , in relation to delivery of its outcomes;	<ul style="list-style-type: none"> ▪ Total project expenditure ▪ Total number of direct beneficiaries ▪ Sum of all non-monetary project benefits/outcomes ▪ Cost of project inputs (staff, consultants, raw materials and capital), ▪ Relevant unit cost benchmarks 			Financial reports Annual report Financial report

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
Efficiency	To what extent did the grantee deliver results on time and on budget against agreed plans?	How did project apply value for money principles of <i>efficiency</i> in relation to delivery of its outcomes;	<ul style="list-style-type: none"> Relevant cost comparisons at output level. Efficiencies gained from other project efforts 	x		Annual report Financial report
		What has happened because of DFID funding that wouldn't have otherwise happened; and	Project outputs and outcomes by May 2015	LMU/		Annual report
		To what extent has the project used learning to improve delivery?	Key lessons learnt by end of 1 st year. No and type of changes in the project delivery	LM		Annual report
			% of changes in outcomes after one year.	LM		Annual r
		What are the key drivers and barriers affecting the delivery of results for the project?	Key project opportunities and challenges and how they have handled	LM		Annual reports
		<ul style="list-style-type: none"> When was the project planned to start/end? Are there any changes in the planned implementation time schedules?/why 	<ul style="list-style-type: none"> Planned project start and end dates date. Actual project end date Activity plan as per the log frame Activity reports by May 2015 	LM		Annual reports
		<ul style="list-style-type: none"> What was the original project budget What is the actual project expenditure by May 2015 What are the main reasons 	Original Project budget Actual budget expenditure by May 2015 Reasons for over/under expenditure	LM		Original Project budget Financial reports

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
		for over/under expenditure?				
	To what extent did the project understand cost drivers and manage these in relation to performance requirements?	<ul style="list-style-type: none"> ▪ What were the main the cost drivers (the biggest expenditure items) of the project? 	Major project cost items and corresponding budgets Planned budget for the each cost driver?	LM		Annual Report
		<ul style="list-style-type: none"> ▪ How did the project manage the over/under expenditure Vis a Vis project performance requirements 	% change in estimated expenditure for each cost driver (Actual Vs estimated expenditure) Main reason for over/under expenditure for each cost driver if any?	LM		Financial report
Sustainability	To what extent has the project leveraged additional resources (financial and in-kind) from other sources?		<ul style="list-style-type: none"> ▪ Project financial resources estimates and sources at the beginning? ▪ Actual project financial expenditure at the end of the project? ▪ Sources of project financial resources(LM		Original budget

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
			financial and otherwise) by the end of the project			
	What effect has this had on the scale, delivery or sustainability of activities?	What was the planned number and type of services to be delivered by project per beneficiary group? Has the project developed any delivery strategies?	% change in the number services due to additional resources No. and reason of new delivery strategies No of sustainability strategies proposed	LM		Annual report
	To what extent is there evidence that the benefits delivered by the project will be sustained after the project ends?	<i>How has the community embraced the volunteerism aspect of the project?</i>	No of volunteers that have recommitted % change in number husbands that are being registered by May 2015. % of play centers that are self-sustaining No of play centre committees established	LM		Annual report
		Has the project been mainstreamed in the existing relevant government structures?	Number and type of relationships with government community structures	LM LC 3 LC 5		Annual report

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
		Has the project any other donor for continued funding	Number and type with relationship with different donor agencies	LM		Annual report
Impact	To what extent and how has the project built the capacity of civil society?	How would describe the capacity of civil society (local leaders) in the project before the project started?	Major characteristics of the civil society the project at the beginning of the project	LC 3 LM		Baseline survey report Annual reports
		What positive changes if any have been made to the civil society within the project area by the project?	Major characteristics of the civil society at the end of the project.	LM	Volunteers	Annual report
			Changes in characteristics of civil society attributable to the project implementation	LM	Volunteers	Monitoring reports
	How many people are receiving support from the project that otherwise would not have received support?		Total number and categories of people targeted to receive support from the project at the beginning.	LM		Annual report
			Total number and categories of people benefiting from the project by the end of the project period	LM		Annual Report
	To what extent and how has the project affected people in ways that were not		No and effect of documented unintended positive project outcome No and effect of documented	LM Volunteers LC1 & LC 3		Annual reports

Key evaluation issue	Key evaluation question	Sub-question	Indicator	Source of information		
				KIIs	FGD	Docs. Review
	originally intended?		unintended negative outcomes			

Key

Docs. Rev	Documents Review
FGD	Focus Group Discussion
KII	Key Informant Interviews
LC 1	Local Council 1
LC3	Local Council 3
LM	Lively Minds
MDG	Millennium Development Goal
SH	Stake holders

Annex 4.1

End line evaluation of GPAF Innovations project – June 2015

Interview guide

LMU /UK

Introduction

As you know, we are here to help take a look at the GPAF Innovations project and learn about how it has contributed to the effort of *improving of early years' education & health in Jinja District through community-run play centers.*

As a staff of LMU/UK you played an important role in the design and implementation of the project. So your inputs are very valuable. Your comments are confidential, and your name will not be associated with anything stated in the report. This interview should take no more than an hour. Thank you for taking the time to answer our questions. Please let me know if you have any questions before we start.

1. Relevance

Extent the grantee support achieved towards the MDGs,

- Which Millennium Development Goals (MDGs) was the project designed to be in line with?
- Please describe how the project performed under each of the MDG it was in line with

Extent to which the project mainstreamed gender equality in the design and delivery of activities (and or other relevant excluded groups)

- Please explain briefly how gender equality was mainstreamed in the project design?
- Of the targeted groups (children) how many were boys/ girls?
- Of the targeted volunteers how many were women/men?
- Of the reached (trained) volunteers how many are women?
- How many of the people trained by the project were disabled/disadvantaged in other way? (Deaf, dumb, blind etc.)

2. Effectiveness

Extent the project has delivered results that are value for money

- What do you think has happened because of DFID project funding that wouldn't have otherwise happened;
- To what extent has the project used learning to improve delivery?
 - a. What are the major lessons learnt from the project?
 - b. What changes did the project make basing on the lessons learnt?
- What are the key drivers and barriers affecting the delivery of the results for the project?

- a.** What were the major opportunities available and how did the project take advantage of them?
- b.** What were the major challenges and how did the project go around them

3. Efficiency

The extent to which LMU delivered results on time and on budget against agreed plans?

- When was the project planned to start/end?
- Was there any delay in the planned implementation?
- If there was a delay. Can you please give three main reasons for the delay?
- What was the original project budget
- What are the main reasons for over/under expenditure?

The extent to which the project understood cost drivers and manage these in relation to performance requirements (To be answered by the finance person/Director)

- What were the two main cost drivers (biggest budget items) of the project?
- What was planned budget for each cost driver?
- What was the expenditure for each cost driver?
- Main reason for over/under expenditure for each cost driver if any?
- How did the project manage the over/under expenditure Vis a Vis project performance requirements (

4. Sustainability

Extent to which the project leveraged additional resources (financial and in-kind) from other sources?

- What was the project financial resources estimate at the beginning?
- What was the financial expenditure budget at the end of the project?
- What were the sources of extra funds?(If any)

Effect of the above (extra funds) on the scale, delivery or sustainability of activities?

- What was the planned number and quality of services to be delivered by project ((e.g. planned number of children and volunteers to be reached , play Centres to be established)
- Number and quality of services delivered by the evaluation time
- Reason for under/over delivery?
- Has the project developed any new (after end-of –project) delivery strategies which take into consideration the over/under delivery?
- Brief describe these strategies

Extent of evidence that the benefits delivered by the project will be sustained after the project ends?

- In your opinion do you think the communities reached by project have embraced the volunteerism aspect of the project? Why?
- How is the project relating with the existing relevant government structures? (LC1, 3, S/county chiefs etc.)
- Has the project any other income sources for continued funding? Please give source and amount.

5. Impact

Extent and how the project built the capacity of civil society

- How would you describe (characteristics) the capacity of civil society in the project before the project started?
- What positive changes if any have been made to the civil society within the project area by the project?
- How many people are receiving support from the project that otherwise would not have received support?
- In your opinion have there been any unintended positive project outcomes? If yes please describe at least two
- Have there been any unintended negative project outcomes? If yes, describe at least two

6. Any other information

Is there anything else you want to tell me about the project?

Once again thank you for your time!

Annex 4.2

Focus Group Discussion Guide: Play Centre Volunteers

Introduction

As you know, we are here to take a look at the DFID GPAF Innovations project and learn about how it has contributed to the effort of *improving of early years' education & health in Jinja District through community-run play centers.*

As a play center volunteers you play an important role in the implementation of the project. So your inputs are very valuable. Your comments are confidential, and your name will not be associated with anything stated in the report. This discussion should take no more than an hour. Thank you for taking the time to answer our questions. Please let me know if you have any questions before we start.

1. What have been your roles and responsibilities as a volunteer at the Play Centre?
2. How many children have been under your care at the Play Centre?
3. How many of these are boys? How many were girls?
4. What is the main reason for the difference in number of boys and girls at the centre?
5. How regular has been your attendance at the Play Centre (***Confirm, if possible with the attendance register***)
6. What factors have affected your regular attendance at the Play Centre?
7. How regular has been the attendance of children at the Play Centre?
8. How have husbands participated in Play Centre activities?
9. How has their involvement in Play Centre activities affected (negatively or positively) the outcome of the project?
10. What benefits have accrued to men by participating in Play Centre activities?
11. How has the project enabled you to have more voice on issues that affect you in the family and the wide community?
12. What training did you receive from the Play Centre as a Volunteer?
13. How beneficial were these trainings?

14. What have you learnt from your experience of being a volunteer at the Play centre that you didn't know before being a volunteer? (***Probe for educating children, stimulating children, interaction with children***)
15. What have you learnt about **preventing diseases?**
16. How has your knowledge of disease prevention changed since becoming a volunteer?
17. What support did you get from Lively Minds? (***Probe for improved working conditions, access to guidance and support from staff, encouragement and appreciation, orientation, counseling and psychosocial support***)
18. How do you view working outside of the home?
19. How have you involved children with disabilities in Play Centre activities?
20. What changes have occurred to the disabled children that are attributed to project activities at the centre?
21. How do you describe your relationship with other volunteers? (***Probe for acquisition of new friends, feeling as part of the group***)
22. How has your child, or the children you work with, changed since she/he started coming to the play centre? (***Probe for mood or behaviour of the child or what other people-family, neighbors, teachers have noticed in the child, with examples***)
23. How did you see your child's future before they started at the Play Centre? How do you see their future now? Has anything changed? (***Probe for changes such as the years the respondent expected the child to be in education, the child's intellectual potential; the child's future career; the child's social circle, the role of education in a child's life***)
24. What challenges have you faced as a Volunteer?
25. What could be done to change/improve the Play Centre?
26. What do you think is the most important thing to say about your experience of being a Play Centre volunteer?
27. What would you tell a friend or family member who was deciding whether to become a play centre volunteer?
28. How will you continue to put into practice the knowledge and skills you have gained after the project i.e. at home, with other children and in the wider community?

29.What do you have to say about the volunteerism that exists at project (probe for challenges and advantages of Volunteerism) ? How will you continue with the volunteer work after the end of the project?

30 How will you manage to replace the games/playing materials that you have been using at in the project?

31 What about children: do they practice what they have learnt with other children at school/in the community? (Please explain what they put in practice and how)

32 How will you keep the project going after it has ended?

33 Are husbands involved and has inviting husbands to activities helped?

Once gain thank you very much for your time

Annex 4.3

End line evaluation of GPAF Innovations project – June 2015

Stakeholders' Interview guide

LC3 and LC1 level

Introduction

As you know, we are here to take a look at the DFID GPAF Innovations project and learn about how it has contributed to the effort of *improving of early years' education & health in Jinja District through community-run play centers.*

As one of the key stakeholders, you play an important role in the implementation of the project. So your inputs are very valuable. Your comments are confidential, and your name will not be associated with anything stated in the report. This interview should take no more than an hour. Thank you for taking the time to answer our questions. Please let me know if you have any questions before we start.

1. Effectiveness

The extent to which the project results that are reported a fair and accurate record of achievement

- Are you familiar with the activities of the *DFID GPAF Innovations project*?
 - If yes please briefly explain what they are
- Have you noticed any *positive* changes in the pre-school children in your community? (E.g. cognitive skills, school attendance, health, mood, behaviour, social skills, etc.)
 - Please tell me about these changes and give an example:
- Have you noticed any *negative* impact of the project on the pre-school children?
 - Please tell me about these changes and give an example
- Have you noticed any *positive* changes in the Volunteer Mothers? (E.g. *health, mood, self-esteem/confidence, social skills, involvement with school/education, etc.*)
 - Please tell me about these changes and give an example
- Have you noticed any negative impact of the programme on the Volunteer Mothers?
 - Please tell me about these changes or give an example

In your opinion what has happened in your community because of the *DFID GPAF Innovations project* that wouldn't have happened if the project did not come:

2. Sustainability

Evidence that the benefits delivered by the project will be sustained after the project ends

- In your opinion do you think the project beneficiaries like the project? Why?
- Do you think the volunteers can now implement the project by themselves? If not what extra support would they need?
- How would describe the relationship between the project and the existing relevant government structures (LC1, LC3, S/C chiefs etc.)? Good/Bad? Why do you say so?
- Do you think the project can be supported within the existing government structure?
 - If yes please explain how can this be done?

3. Impact

Extent and how the project has built the capacity of civil society?

- Have you noticed any *positive* changes in any other members of the community (e.g. teachers, older children, fathers/husbands, etc.) or the community as a whole (e.g. community spirit/mood, health, support networks, etc.)?
 - Please tell me about these changes here:
- Have you noticed any *negative* impact of the programme on any other members of the community or the community as a whole?
 - Please explain

Once again thank you very much for your time

Annex 5

List of people consulted

A. Lively Minds staff

- 1.** Alison Naftalin Chief Executive Officer Lively Minds
- 2.** Joshua Buluke Uganda Country Office Manager

B. Volunteers and LC 1 officials that attended the FGDs

No	Village	No of people that attended FGDs
1	Bukasami	20
2	Mpambwe	24
3	Kanama	23
4	Kisasi	21
5	Igombe	21
6	Yuuka	14
7	Isiri	07
8	Bugongwe	06
9	Lwita-Makoli	07
10	Lubira	10
	Total	153

Annex 8.1

CURRICULUM VITAE

NAME: *FESTUS KIBUUKA*
CITIZENSHIP: *UGANDAN*
CONTACT: *Tel:+256/772/120420, e-mail: festuskibuuka@gmail.com,kibuukaf@hotmail.com*
PROPOSED POSITION: *Lead Consultant*

SUMMARY

A statistician by profession, Festus is a seasoned monitoring and evaluation (M&E) capacity building specialist with more than 25 years of experience in strengthening capacity of organizations and institutions. Provides M&E systems strengthening and training support to various institutions in Uganda and the African Region including, donor funded programs, government ministries, civil society organizations, local governments and community based programs focused on efficient and effective service delivery. Conducts baseline, mid-term and end of project evaluations for USAID and other donor funded projects and programs. Supported several projects and programs to develop strategic plans, design and implement performance monitoring plans (PMPs), define performance indicators, track performance progress and ensured that project annual work plans, and progress reports are prepared and submitted in a timely fashion to the respective funding authorities. Trained organizations how to effectively implement Monitoring Evaluation and Reporting (ME&R) systems and to manage the annual project cycle, including project start-up, baseline assessments, implementation and close-out. Conversant with USAID, EU, World Bank and other donor regulations. Festus is also conversant with coordination and supervision of external technical assistance, strategic frameworks and work-plan development, professional staff supervision, and development of M&E management systems.

COUNTRIES OF INTERNATIONAL WORK EXPERIENCE

Botswana, Ghana, South Sudan, Uganda

PROFESSIONAL EXPERIENCE

Work History

Capacity building specialist <i>PADRI/National Planning Authority (Uganda)</i>	06/01 to Nov 2014
National Capacity Development Expert <i>Stop Malaria Project (SMP) USAID/Uganda</i>	09-11/2013
Capacity Development Consultant <i>AFFORD project USAID/Uganda</i>	07-09/2013
Senior M&E Consultant <i>Grath and Gregor (G&G) Associates</i>	02/2011-present
Evaluation Specialist <i>United Deaf Women (UDEWO) Uganda</i>	07/2012
Institutional Development Specialist <i>Ka Tutandike Uganda</i>	03/2012
Organizational Development Specialist <i>Health Alert Northern Uganda</i>	11-12/2011
Mid-term Evaluation of <i>RHEDY Project Ka Tutandike Uganda</i>	07/2011
Consultant <i>Deaf World Wide Bushenyi Uganda</i>	03/2011
Consultant <i>Electoral Disputes System Human Rights and Good Gov. Office Uganda</i>	12/2010-01-2011
Editor in Chief <i>UgaSport Magazine Uganda</i>	12/2009-01/2011
M&E Consultant <i>Christian Health Associates of Sudan (CHAS) Sudan</i>	09-11/2010
Manager M&E Capacity Building <i>AIDS Capacity Enhancement Project USAID/Uganda</i>	2006-2009
Technical Advisor <i>NGO Sector Capacity Building for Repr. Health Pathfinder Int. Uganda</i>	03-12/2005
Technical Advisor Institutional Capacity Building <i>African Youth Alliance program</i>	03/2002-02/ 2005
M&E Consultant Grath and Gregor Associates Ltd. Uganda	2001-2002
Technical Manager Capacity Building <i>Micro Projects Program/ European Development Fund</i>	2000-2001
MIS Consultant <i>Ministry of Health/Pathfinder International Uganda</i>	1999
Resident Health Finance Specialist <i>USAID/ DISH Project /Uganda</i>	1995-1998

Senior Statistician <i>Ministry of Local Government Uganda</i>	1988-1995
Statistician/Planner <i>Jinja District Uganda</i>	1982-1988

Relevant Work Experience

Capacity Development Specialist. June to September 2014, Policy Analysis and Development Research Institute (PADRI)

Was part of the team that implemented the National Planning Authority assignment {funded by the United Nations Development Programs (UNDP) and United Nations Human Rights Commission (UNHRC)} of compiling the Local Government strategic issues paper that fed into the National Development Plan (NDP) II of the Uganda Vision 2040.

Local capacity development consultant Stop Malaria Project (SMP) September to October, 2013 USAID/Uganda.

As part of a three-person international team of consultants, successfully conducted the external end-of-project evaluation of the 2008-2013 STOP Malaria Project

Local capacity development consultant for AFFORD Project July to September 2013, USAID Uganda

As part of a four-person international team of consultants successfully conducted the external end -of- project evaluation of the 2005-2013 USAID/AFFORD project.

Senior M&E consultant Grath and Gregor (G&G) Associates. February 2011 to date. Kampala Uganda

- Responsible for building the capacity of G&G staff and client organizations for improved program outcomes and sustained capacity to deliver results in regard to their social development programs.
- Provides technical assistance and training to G&G' staff and clients to prepare concept papers, project proposals, and to define project results/deliverables, provide descriptions for indicators, plans for data acquisition, data analysis, review and reporting and anticipated data quality issues.
- Trains the G&G clients in designing performance monitoring plans (PMPs) as the main guiding instruments for collection and reporting of performance data, results oriented management of project implementation and project planning.
- Provides Technical Assistance to G&G clients to conduct baseline, midterm and end-line surveys.

M&E consultant, July 2012, United Deaf Women Organisation (UDEWO)/Mama Cash International Kampala Uganda.

Funded by Mama Cash International, was team leader of two-person team that supported United Deaf Women (UDEWO) a Ugandan local civil society organization (CSO) to conduct the final evaluation of its project for promoting social acceptance and productive engagement of Deaf women and girls.

M&E capacity development consultant Ka Tutandike Uganda (KTU)/ Ka Tutandike Trust United Kingdom (UK) March 2012.

- Supported the leadership, management and staff of Ka Tutandike Uganda (KTU) a local Ugandan NGO in the development of its 2012-15, strategic plan and the ensuing performance monitoring plan (PMP)
- Conducted mid-term participatory evaluation of the KTUs Reproductive Health Education for Deaf Youth (RHEDY) Project implemented by funded by Deaf Child Worldwide.

Capacity Development Consultant HelpAge International November-December 2011

Gulu District -Northern Uganda

Facilitated the development of the 2012-2016 strategic plan for Health Alert in Gulu District

M&E capacity development consultant RHEDY Project

July 2011

- Reviewed the RHEDY, outcome indicators, work plans and other relevant documents including annual and quarterly progress reports
- Drafted the inception report detailing my interpretation of the assignment
- Developed evaluation design and methodology, analytical plans, sampling design, interview tools, field visits plans and work schedule
- Conducted interviews and analyzed the collected data accordingly.
- Prepared and presented draft report to the project management team

M&E capacity development consultant MDTF HIV/AIDS project September - November 2010, Christian Health Association of Sudan (CHAS), South Sudan Juba

Provided technical leadership to a multicultural and disciplinary team in the implementation of the start-up activities for the Christian Association of Sudan (CHAS)/World Bank funded MDTF HIV/AIDS project which included: *i*) conducted organisational capacity needs assessments using a modified organisational capacity assessment tool (OCAT) for over 20 project implementing partners (IPs), *ii*) analysed the capacity needs assessment results and developed appropriate capacity building plans *iii*) identified leadership and management capacities required to manage the identified project interventions and conducted training in the relevant areas, *iv*) assisted the project team to develop the project performance management plan (PMP), its related M&E frame work and indicators, the first annual work plan and budget, *v*) supported the project staff to conduct pre-award grant assessments for over twenty implementing partners (IPs),

December 2009- January 2011 Director/Editor in Chief, UgaSport Magazine

Coordinated a diversified team of professionals including production, editorial, sales/marketing and circulation to deliver on a monthly basis a top quality sports magazine.

Manager Capacity Building Uganda USAID-ACE project December 2005- September 2009

USAID/ Kampala Uganda

- Spearheaded the refinement of organizational capacity assessment tools and supervised baseline capacity assessments for the six USAID-ACE project client organizations which included *i*) the Uganda AIDS Commission, *ii*) the Inter-Religious Council of Uganda (IRCU) and its network of over eighty implementing partners, *iii*) the Ministry of Health Resource Centre, *iv*) the Joint Clinic Research Council (JCRC), *v*) Hospice Africa Uganda (HAU) and *vi*) Uganda Women Efforts to Save Orphans (UWESO).
- Spearheaded the development of the technical assistance plans for the above-mentioned USAID/ACE project client organizations and the subsequent recruitment of OD, M&E and other consultants that provided technical assistance in the execution of the capacity building plans.
- Supported the USAID/ACE project management team to review and revise the project's performance monitoring plan (PMP) and to integrate it with the project's annual work plans and strategic frameworks.
- Supported the project management team to align the project PMP to the USAID/Uganda Strategic Objective 8 (SO8) to which the USAID/ACE project contributed.
- As the ACE/USAID project institutional capacity development expert, supported five of the six project client organizations to improve the functioning their corporate governance systems and structures to support successful program implementation. Due to this improvement, the respective Executive Boards increased their effectiveness in performing their roles of organizational

oversight and the staffs within these organizations were able to work under streamlined organizational structures with clear lines of authority and reporting channels.

- Directed, coordinated and supervised teams of consultants that provided technical assistance to two of the ACE client organizations; *the Inter-Religious Council of Uganda (IRCU) and its network of faith-based civil society organizations and Hospice Africa Uganda (HAU)* to strengthen their capacities to deliver on a sustainable basis, quality HIV/AIDS prevention, care and support services. The support to these organizations was in the areas of strengthening quality of care improvement, M&E, management information systems and dissemination of best practices that helped these organizations to become more sustainable donor-funded organizations.
- Supported the above-mentioned two organizations to review and revise their HIV/AIDS program performance monitoring plans (PMPs) and to redefine indicators and put them in sync with the then USAID/UGANDA strategic objective 7 (SO7) to which their HIV/AIDS programs contributed.
- At IRCU, oversaw and supervised the development and implementation of the M&E data collection tools, structured query language (SQL) databases and reporting formats that were designed for improved accurate and timely reporting for its (IRCU) US \$15m three-year USAID/PEPFAR-funded program. IRCU successfully used these tools and technologies and improved the monitoring and evaluation of its implementing partners' (IPs) activities, and reporting to its different stakeholders including USAID/PEPFAR.
- As a result of the above-mentioned improvements, IRCU and HAU expanded their PEPFAR-funded HIV/AIDS service delivery. IRCU, with its faith-based implementing partners throughout the country, acquired additional funding from USAID and expanded faith-based programming in HIV prevention, care and treatment and social support to orphans and other vulnerable children (OVCs). HAU, the model for palliative care in Africa, also acquired additional funding and pushed palliative care down from the referral hospitals to Health-Centres thereby expanding access to desperately needed palliative care, particularly in rural areas

Technical Advisor Institutional Capacity Building (ICB) for Uganda, Botswana and Ghana, under the African Youth Alliance (AYA) program funded by Bill and Melinda Gates Foundation. March 2002 to Feb 2005.

- Supported the program team to design and refine the AYA program goals, strategic objectives and their indicators as well as strategic frameworks.
- Provided technical support to AYA program implementing partners (IPs) to conduct organizational capacity assessments, baseline surveys and to develop and implement the monitoring and evaluation (M&E) systems which included indicators, data collection tools and reporting formats for their projects.
- Supported other AYA project staff to identify best practices and state-of-the art approaches to the program activities and how to evaluate them.
- Supervised M&E/MIS consultant teams that provided Technical Assistance to a total of 30 implementing partners (IPs) which included civil society, community based and youth-led organizations in Botswana (6), Ghana (4) and Uganda (20) in order to increase their institutional capacities to plan, manage, monitor and evaluate their Adolescent Sexual Reproductive Health (ASRH) Programs.
- Supervised the teams that provided technical assistance and training in: program design, monitoring and evaluation (M&E) and management information systems (MIS). The consultant teams also supported the CSOs in the development and installation of effective and efficient management information systems for their improved efficient and accurate reporting.

M&E consultant, Grath and Gregor Associates Ltd. (Specialists in Development Management and Planning) Kampala, Uganda, 2001-2002.

- Guided the team to develop training curricular, materials and conducted M&E training for mainstreaming data collection and reporting technical proposal preparation for the Directorate of the Ethics and Integrity of the Uganda Government. The process encouraged policy makers and implementers at the Directorate to assess their needs and to develop strategies for successful projects.
- Was the lead consultant for the three-person team that developed a marketing strategy for the organization and trained the management and staff in the preparation of technical and financial proposals including results frame-works to increase the competitiveness of the firm.

Technical Manager Capacity Building, EU/EDF Micro Projects Program, 2000-2002 European Union (EU) Kampala, Uganda

Was the Senior Manager for a multi-disciplinary six-person team of experts that contracted and supervised international and local consultant companies which provided capacity building support in the areas of organisational development (OD), MIS, M&E, investment planning to 20 district local governments, lower local governments (LLG) and communities with the goal of strengthening their capacities to develop, manage and maintain social infrastructure facilities in water and environment sanitation (WES), health and education under *Uganda's decentralised local government system*. The support helped these institutions to track the progress and pace of the project in order to meet project goals.

Resident Health Finance Specialist, Ministry of Health/USAID/Delivery of Improved Services for Health (DISH) project 1995-1998.

- Leader of the team that developed and upon approval installed Fee-for-Service and Health Management Information System (HMIS) modules and guidelines and conducted Training of Trainer (TOT) programs in lower health units. The team also trained the management and staff in finance management and Health Management Information System (HMIS) in all the then 55 government hospitals in Uganda.
- Supported the development and implementation of the DISH project M&E system according to Pathfinder standards and practices.
- Worked with USAID, MOH and other stakeholders to establish a transparent, reliable, and valid M&E system that was easily track-able and verifiable.
- Documented project achievements and created regular reports. Provided updates against targets using monitoring data and worked with project staff to document the factors behind gaps and over achievements. Ensured that the M&E system was cost-effective, results-oriented system that provided USAID and the program with necessary information to assess the progress, effectiveness, and outcome of activities.

Senior Statistician /Planner, Ministry of Local Government (MOLG) Uganda 1988-1995

- Was part of the pioneer MLOG staff seconded to the Decentralization Secretariat where I designed training materials and conducted training of district staff in decentralized district planning
- Identified, prepared, monitored and evaluated development projects and programs implemented by the Ministry.
- Collected and analyzed data on Ministry activities to be used by the Permanent Secretary and Management Team.
- Disseminated information on project evaluations through written reports and publications, and supported other Ministry staff to do likewise.
- Trained Ministry staff in the preparation of the Recurrent and Development budget estimates as well as coordinated the external donor assistance to the Ministry.

Statistician /Planner **1982-1988.**

Jinja District Local Government, Uganda

Appraised potential development projects in the district, as well as provided TA to the District Local Council to support the follow-up of decisions made. Established the first district database in the country

EDUCATION

M.S. School of Public Policy, Birmingham University, United Kingdom, 1992.
B.S. (Statistics) Makerere University, Kampala, Uganda, 1981.

LANGUAGES AND FSI RATINGS

Luganda – native; English – excellent; Swahili – fair

REFERENCES

Dr. Daniel Kraushaar (PhD)
Senior Principal Technical Advisor
Management Science for Health (MSH)
Email: DKraushaar@msh.org

Christine Sempebwa Semambo
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xtinesemambo@yahoo.co.ug, csemambosempebwa@gmail.com
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Dr. Fred Matovu (PhD)
Policy Analysis and Development Research Institute (PADRI)
Email: fmatov2000@yahoo.co.uk
Tel: +256-752643796

Niwagaba Obedy Yahya – Curriculum Vitae

1. Particulars

Name:	Niwagaba Obedy Yahya
Occupation/Area of Specialization	Organizational Development and Training Specialist
Nationality	Ugandan
Contact Address	P.O Box 8817, Kampala Mobile: 0772881763/0706701682 Email: obedyiwagaba@yahoo.co.uk
Professional Membership	Member of British Management Forum

2. Languages Skills (1 - excellent; 2 Good, 3 Fair, 4- basic).

Language	Spoken	Written	Reading	Originality
English	1	1	1	National language
Runyankore/Rukiga	1	1	1	Mother tongue
Luganda	3	3	2	Language commonly used in Buganda region and in many other areas in the country
Swahili	4	3	4	Language commonly spoken in East Africa region

3. Summary of Relevant Assignments Conducted

Obedy has facilitated operational and strategic planning for local NGOs and international NGOs /development agencies. He has also conducted a number of organizational diagnostic assessments using assessment tools such as organizational capacity assessment tool (OCAT), Participatory Capacity Assessment Tool (PCAT), Participatory Organizational Needs Assessment Tool (PONAT), the Star Model, SWOT as well as PESTEL. The following is a summary of the relevant assignments undertaken in the aforementioned areas:

A: STRATEGIC PLANNING		
Nature of Service Provided	Client	Period/Year
Facilitated Strategic planning development workshop for CHISOM	Children Support Organization Mpigi (CHISOM)	2013
Facilitated development of strategic plan for Rural Action Community Based Organization (RACOBAO) in Lyantonde district.	Rural Action Community Based Organization(RACOBAO)	2012
Facilitated strategic plan development for Uganda Environmental Protection Forum (UEPF) in Kampala	Uganda Environmental Protection Forum (UEPF) in Kampala	2010
Facilitated strategic plan development for Sembabule Agribusiness Farmers Enterprise (SAFE) in Sembabule district under the auspices of Lutheran World Relief.	Sembabule Agribusiness Farmers Enterprise (SAFE	2010

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Facilitated strategic plan development for Bakusekamajja Women's Development Association in Iganga district under the auspices of Lutheran World Relief	Bakusekamajja Women's Development Association	2009
Produced Integrated Operational Plan and budget for International HIV/AIDS Alliance South Sudan.	International HIV/AIDS Alliance South Sudan.	2009
Facilitated strategic planning for Community Initiative for Prevention of HIV/AIDS (CIPA) in Rakai district.	Community Initiative for Prevention of HIV/AIDS (CIPA)	2008
Produced strategic plan for Community Enterprise Development Organization Ltd (CEDO) in Rakai district.	Community Enterprise Development Organization Ltd (CEDO)	2008
Facilitated strategic planning for Uganda Muslim Supreme Council Medical Bureau	Uganda Muslim Supreme Council	2007
Facilitated 5-year OVC strategic plans for Pathfinder International district partners. (Lira, Kitgum and Pader districts).	Pathfinder International	2007
Facilitated strategic planning for four Concern Worldwide partners in Mpigi district implementing HIV/AIDS projects (BUSTIHA, MPACCO, GASCO and NAWA)	Concern Worldwide	2006
B: ORGNIZATIONAL DIAGNOSTIC ASSESSMENT		
Organizational capacity assessment of RACOBAD	Rural Action Community Based Organization	2014
Performance assessment of ActionAid International Governance Board	ActionAid International Uganda	2013
Conducted Organizational Diagnostic Assessment of Joint Clinical Research Centre (JCR) - Under the auspices of USAID / ACE Project.	JCRC/USAID/Chemonics International Inc.	2006
Conducted Organizational Capacity Assessment of Inter-religious Council of Uganda (IRCU) Sub-grantees and Implementing Partners (IPs) under the auspices of USAID / ACE Project	IRCU/USAID/Chemonics International Inc.	2006
Conducted organizational Capacity Assessment for Concern Worldwide (Kampala, Katakwi and Rakai).	Concern Worldwide	2002

4. Assignment Conducted Since 2002

S/N	Description of Service Provided	Client/Organization	Methodology	Period/Year
1	Conducted operation & maintenance training for production infrastructure for district staff and political leaders in Acholi region (Gulu, Amuru, Kitgum, Pader, Agago, Lamwo, and Nwoya), Lango region (Lira, Apac, Oyam and Kole) , Teso region (Alebtong, Katakwi and Amuria) and Karamoja region (Kotido, Kaabong, Moroto, Abim, Nakapiripirit, Napak and Amudat).	ALREP/KALIP Programme, Prime Minister's Office	Participatory/ Action training	2014
2	Conducted operation & maintenance training for production and infrastructure facilities for district appointed and elected leaders, PDCs, Project Management Committees and district staff	GOAL/Karamoja Livelihood Programme (KALIP)	Participatory action training	2014
3	Child results study in Kasese, Bundibugyo, Moroto, Nakapiripirit, Amuru, Gulu, Pader and Nakasongola	Save the Children Norway/Save the Children Uganda	Qualitative Research	2014
4	Conducted leadership and management training for Clinical officers, Mid-wives and nurses from the districts of Kampala, Wakiso, Bukomansimbi, Lwengo, Kanungu, Lyantonde, Mityana and Butambala districts	Uganda Muslim Medical Bureau/Mildmay	Participatory action training	2014
5	Conducted Health care quality improvement training for Clinical officers, Mid-wives and nurses from the districts of Kampala, Wakiso, Bukomansimbi, Lwengo,	Uganda Muslim Medical Bureau/Mildmay	Participatory action training	2013

Niwagaba Obedy Yahya – Curriculum Vitae

S/N	Description of Service Provided	Client/Organization	Methodology	Period/Year
	Kanungu, Lyantonde, Mityana and Butambala districts			
6	Conducted end of project evaluation for LWF Sembabule Community Based AIDS Project (SECOBAP)	Lutheran World Federation	Quantitative and qualitative survey	2013
7	Performance assessment of ActionAid International Governance Board	ActionAid International Uganda	Qualitative survey	2013
8	Facilitated Strategic planning development workshop for CHISOM	Children Support Organization Mpigi (CHISOM)	Participatory strategic planning/Desk study	2013
9	Facilitated resource mobilization workshop for Liliane Foundation partners in Uganda	Liliane Foundation/Katalemwa Cheshire Hone	Participatory training	2013
10	End of project evaluation of Behaviour Change Communication Interventions – country wide (112 districts in Uganda).	Program for Accessible Health, Communication and Education (PACE)	Quantitative and qualitative survey	2013
11	End of project evaluation of Civil Society Fund (CSF) Decentralized Capacity Building Models in Bugiri, Busia, Pallisa and Rakai and Masaka districts.	USAID/Chemonics International Inc.	Qualitative survey	2013
12	Review of the Child Rights Situation in Uganda	Save the Children International	Qualitative survey	2012
13	End of project evaluation of Linking Relief, Rehabilitation and Development (LRRD) project in Pader and Agago.	Lutheran World Federation	Quantitative and qualitative survey	2012
14	Evaluation of performance of Postal Service Delivery in Uganda (Country-wide study)	Uganda Communication Commission	Quantitative and qualitative survey	2012
15	Facilitated youth leadership and management skills development course in Mubende district	Seventh Day Adventist Union, Uganda and United Nations Population Fund.	Participatory training	2012
16	Facilitated youth leadership and management skills development course in Kanungu district	Seventh Day Adventist Union, Uganda and United Nations Population Fund	Participatory training	2012

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S/N	Description of Service Provided	Client/Organization	Methodology	Period/Year
17	Conducted end of project evaluation for Community Enterprise Development Organization (CEDO) under the auspices of Lutheran World Relief	CEDO/Lutheran World Relief	Quantitative and qualitative survey	2012
18	Facilitated reproductive health communication workshop for youths in Kanungu, Katakwi, Yumbe and Mubende	Uganda Muslim Supreme Council (UMSC)/United Nations Population Fund	Participatory action training	2012
19	Produced a reproductive health communication guide for UMSC Population Committee	Uganda Muslim Supreme Council (UMSC)/United Nations Population Fund	Documentation /desk study	2012
20	Produced an integrated module on prevention of violence against women and children for Uganda Muslim Supreme Council	Uganda Muslim Supreme Council (UMSC)/UNICEF	Documentation /desk study	2012
21	Study on tobacco farmers' perceptions on BAT's service delivery in Kihiihi (Kanungu district)	BAT	Qualitative survey	2012
22	End of project evaluation of Disaster Risk Reduction for Improvement of Child Nutrition in Karamoja (DRRICNK) Project in Kalong, Audit and Nakapiripirit districts.	Save the Children International	Quantitative and qualitative survey	2012
23	End of project evaluation for Community Enterprise Development Organization (CEDO) -Lwankoni, Malongo and Kaliro Sub-counties in Kyotera, Lyantonde and Lwengo districts.	CEDO/ Lutheran World Relief	Quantitative and qualitative survey	2012
24	End of project evaluation of Gumutindo Coffee Cooperative Enterprise.	GCCE/Lutheran World Relief	Quantitative and qualitative survey	2012
25	Project review of Katine Community Partnership Project, Soroti.	African Medical Research Foundation (AMREF)	Qualitative survey	2011

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S/N	Description of Service Provided	Client/Organization	Methodology	Period/Year
26	End of project evaluation for Bakusekamajja Women Farmers Development Association (BWFDA).	BWFDA/Lutheran World Relief	Quantitative and qualitative survey	2011
27	End of Project Evaluation for Sembabule Agribusiness Association (SAFE).	SAFE/Lutheran World Relief	Quantitative and qualitative survey	2011
28	End of project evaluation for Northern Uganda StockAid Extension Program (NUSEP) in Teso, Lango and West Nile Regions.	Send a Cow Uganda/Comic Relief	Quantitative and qualitative survey	2010
29	Conducted evaluation of Lutheran World Federation (LWF) / ACTogether Partnership	ACTogether/Lutheran World Federation	Qualitative survey	2011
30	Conducted end of project review of AMREF Katine Community Partnership Project, Soroti.	African Medical Research Foundation (AMREF)	Qualitative survey	2011
31	Conducted end of project evaluation for Bakusekamajja Women Farmers Development Association (BWFDA), Iganga	BWFDA/ Lutheran World Relief	Quantitative and qualitative survey	2011
32	Developing Electoral Disputes/Complaints System for Uganda Electoral Commission	Uganda Electoral Commission/ Deepening Democracy in Uganda Program	Qualitative survey	2010
33	Facilitated strategic plan development	Uganda Environmental Protection Forum (UEPF).	Participatory strategic planning /Desk study	2010
34	Facilitated strategic plan development for Sembabule Agribusiness Farmers Enterprise (SAFE), Sembabule.	SAFE/Lutheran World Relief	Participatory strategic planning /Desk study	2010

Niwagaba Obedy Yahya – Curriculum Vitae

S/N	Description of Service Provided	Client/Organization	Methodology	Period/Year
35	Conducted Annual Project Evaluation for Gumutindo Coffee Cooperative Enterprise Ltd in Mbale, Sironko and Bududa districts	GCCE/Lutheran World Relief	Quantitative and qualitative survey	2010
36	Provided Operation and Maintenance backstopping training support of Community Water, Health and School Management Committees in the districts of Moyo, Adjumani, Moroto, Kotido, Kitgum and Pader	9th EDF Support to Decentralization Program (SDP)	Participatory action training	2010
37	Conducted web-based data entry training for CSOs	USAID/Chemonics International Inc.	Participatory action training	2010
38	Produced Integrated Operational Plan and Budget for International HIV/AIDS Alliance -South Sudan, Juba.	International HIV/AIDS Alliance Sudan	Documentation /Desk study	2009
39	Provided training and capacity building support to 9th EDF Civil Society Capacity Building Program grantees in Uganda in the districts of Kamwengye, Kasese, Hoima and Bundibugyo	9th EDF Civil Society Capacity Building Program	Short-term Capacity building support (training, coaching and mentoring)	2008
40	Developed Project Planning and Management Training Module for Inter-religious Council of Uganda (IRCU) Sub-grantees and Implementing Partners (IPs)	USAID/Chemonics International Inc.	Documentation /Desk study	2007
41	Facilitated 5-year OVC strategic plans for Lira, Kitgum and Pader districts	Pathfinder International	Participatory strategic planning	2007
42	Facilitated Management and Leadership Development Course for Inter-religious Council of Uganda (IRCU) Sub-	USAID/Chemonics International Inc.	Participatory action training	2006

Niwagaba Obedy Yahya – Curriculum Vitae

S/N	Description of Service Provided	Client/Organization	Methodology	Period/Year
	grantees			
43	Conducted organizational needs assessment of inter-religious Council of Uganda Sub-grantees and Implementing Partners (IPs)and developed capacity development plan	USAID/Chemonics International Inc.	Participatory organizational needs assessment	2006
44	Conducted Organizational Capacity Assessment of Joint Clinical Research Centre (JCR)	USAID/Chemonics International Inc.	Participatory organizational needs assessment	2006
45	Facilitated Training of Trainers Course (TOT) for Karamoja Project Implementation Unit staff	8th EDF Micro Projects Program	Participatory action training	2004
46	Conducted organizational capacity assessment for Concern Worldwide (Kampala, Katakwi and Rakai).	Concern Worldwide	Participatory organizational needs assessment	2002

5. Employment Record

S/N	Period	Work Description	Employer
1	2006-to-date	Training/Organizational Development Specialist, Development Planning Consultants Associates (U) Ltd <ul style="list-style-type: none"> • Provision of consultancy services in Organizational Development and Training • Coordination and quality control of research assignments 	Development Planning Consultants Associates (U) Ltd (DEPLANCO)
2	2003-2005	Technical Manager-Capacity Building, European Development Fund Microprojects Program: <ul style="list-style-type: none"> • Successfully planned, co-ordinated and supervised capacity building interventions in Adjumani, Moyo, Nebbi, Apac, Nakasongola, Busia, Pallisa and Bugiri districts. 	European Union

Niwagabba Obedy Yahya – Curriculum Vitae

S/N	Period	Work Description	Employer
3	2000-2003	Capacity Building Advisor, Concern Worldwide Uganda, Rakai Capacity Building Programme: • Provided technical advisory support to the project team in planning and implementation of capacity building interventions in Rakai district.	Concern Worldwide
4	1998 - 1999	Programme Co-coordinator, European Development Fund Microprojects Programme, Rwanda Border Rehabilitation Programme (Kabale, Ntungamo and Kisoro districts): • Provided overall management of program personnel, finance and program assets.	European Union
6	1996 - 1998	Training and Monitoring Officer, European Union Microprojects Program- Rwanda Border Rehabilitation Program(Kabale, Ntungamo and Kisoro districts): • Designed the monitoring system and managed the training function	European Union
5	1995-1996	Training Officer, Action Aid Mityana Project: • Designed and implemented the training program for the project in liaison with the District Joint Training Committee and other stakeholders	ActionAid International Uganda
6	1994 - 1995	Program Manager-Community Training, World Bank/Action Aid-PAPSCA Project: • Planned and managed the community training unit of the project,	ActionAid International Uganda
7	1991-1994	Field Worker-Community Training, World-Bank -Action Aid/PAPSCA Project; • Community mobilization, sensitization and training of rural community structures and local governments	ActionAid International Uganda

Niwagaba Obedy Yahya – Curriculum Vitae

6. Education

S/N	Institution	Degree(s) or Certificate(s) obtained	Year of Award
1	Ndejje University	Masters of Arts in Community Participation and Strategic Management (MA CPSM).	2008
2	Makerere University, Kampala.	Bachelor's degree in Social Work and Social Administration (Honours), Makerere University, Kampala.	1989
3	St. George's College T.T.C	Certificate in Education, St. George's College T.T.C	1979

7. Other Training

S/N	Institute/Organization	Certificate	Year
1	Concern Worldwide -Uganda/eXtuition, Kampala	Certificate in Management Skills for Participatory Development	2002
2	New Horizons Computer Learning Centre, Kampala.	Certificate in Advanced MS Excel 2000	2003
3	New Horizons Computer Learning Centre, Kampala.	Certificate in Advanced MS Excel 2000	2003
4	Uganda Management Institute, Kampala.	Certificate in Strategic Planning and Management	2002
5	International Institute of Rural Reconstruction (IIR), Nairobi, Kenya.	Certificate in Organizational Development and Capacity Building for Local NGOs/CBOs,	2001
6	Concern Worldwide -Uganda/ Agency for Integrated Development, Kampala	Certificate in Project Planning and Management	2001
7	Uganda Management Institute, Kampala	Certificate in Project Monitoring and Evaluation	1997
8	Mildmay International AIDS Programme, UK	Certificate Training of Trainers (TOT)-Care/Management and Counseling of People with AIDS	1993

8. IT Forte

Microsoft Office Suite: Microsoft Word 2003-2007, Microsoft Excel, Microsoft PowerPoint, Microsoft Project, Internet Applications

9. References

Niwagaba Obedy Yahya – Curriculum Vitae

	Name	Title/Designation	Address
1	Dr. Patrick Wakida	Executive Director, Research World International Ltd	P.O Box 10150 Phone: +256 – 776642764 Office: +256 312290569, +256 790912641 E-mail: Patrick.wakida@researchworld-int.net
2	Daniel Ekude	Monitoring & Evaluation Specialist, Send a Cow-Uganda	P.O Box 23627 Tel: +256-392-700627/8, Mob: 256-0712326240 Email: Daniel.ekude@sendacowuganda.org
3	Arthur Larok	Country Director, ActionAid International Uganda	Tel:+256 510258/256782385818 Email:Arthur.Larok@actionaid.org
4	Banana Nswa Isaac	Executive Director, Uganda Environmental Protection Forum (UEPF)	P.O Box 9427 Tel: 07726559113/0704307602 Email: banswaisaac@yahoo.com

Certification:

I, Niwagaba Obedy Yahya the undersigned, certify that to the best of my knowledge and belief that this data correctly describes my qualifications, my experience and me.

Signature

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Date:

September 15, 2014

No	Document
1	Annexes to the project annual report 2014-15
2	Annual Report Annexes 2013/14 August 2014
3	Annual Report 2014/15 May 2015
4	Bodrava, E. and Leong, D.J. (2005), High quality preschool programs: what would Vygotsky say? Early Education and Development, 16 (4), 435–444.
5	<u>BOND VFM Guidelines</u>
6	Caregivers Don't Forget to Wash Your Hands, It Saves Lives. Health works Collective, February 10, 2013.
7	Child Assessment New (booklet) March 2014
8	Child Assessment Old 2013
9	Child assessment record form March 2014
10	Consolidated focus group analysis
11	Consolidated LC1 responses
12	Consolidated list of capacity-building activities
13	Consolidated monitoring summary
14	Consolidated questionnaire data (exc analysis)
15	Consolidated questionnaire data (inc analysis)
16	Control communities data
17	Demographic & Health Survey: Uganda 2012
18	DFID strategy for Uganda 2011
19	DFID VFM Guidelines
20	Education for All: Uganda profile 2012
21	Example monitoring data entry form
22	Example questionnaire data entry form
23	Explanation of data processing systems
24	Financial Management Policy Jan 2014
25	Financial Report May 2015
26	Financial Report and Revised Budget 2013/ 2014
27	Focus group script
28	Formative and Baseline Survey on Hand washing with Soap. The Steadman Group. Technical support: Hygiene Centre, London School of Hygiene and Tropical Medicine, WSP Water and Sanitation, 2007
29	Games checklist
30	GPAF-Tripline - 2014/15 annual report feedback
31	Grant Agreement June 2013
32	Grant Proposal September 2012
33	LC1 Questionnaire
34	List of play centres & beneficiaries
35	Log frame May 2015
36	M&E Framework
37	MDG progress report 2011 & 2013
38	MOESS Strategic Plan 2012
39	Monitoring Form (Year 1) 2013
40	Monitoring Form (Year 2) From March 2014
41	Original Budget Sept 2013
42	Project Annual report 2014-2015
43	Project approach
44	Project Financial Report 2015
45	Revised Annual Report 2013/14

No	Document
46	Revised Grant Agreement April 2014
47	Risk Matrix August 2014
48	Saving Lives, Protecting People: Centre for Disease Control and Prevention (CDC) 24/7/2013
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