Impact Report 2015

Improving early childhood care & education in Uganda through community-run Play Schemes

December 2015
Lively Minds

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

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

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

We have **7 years** of experience delivering our programme in both countries

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Some recent achievements...

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

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

**Funders include UNICEF, DFID & Comic Relief**
The need

Children who receive quality care and education in their early years are proven to have better health, do better and stay longer in school, and have better economic trajectories in adult life\(^1\). But the children in the deprived Ugandan villages where we work do not get these vital opportunities. There are no pre-schools and most parents are poorly educated and haven't been taught simple childcare practices or ways to stimulate learning. As poverty is all they've known they have low aspirations for themselves and their children. These challenges lead to poor health, poor education, lost life opportunities and poverty.

**Situation in Uganda**

- No state-funded school pre-primary provision
- Crisis of early grade reading
- National primary completion rate is just 54% \(^2\)
- Children in rural communities are the most underserved

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\(^1\)The Lancet ECD Series: 2007 & 2011; \(^2\) The World Bank
What we do

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

- Target the poorest rural communities
- Train & empower Mothers...
- ...to run Play Schemes & provide better care at home...
- ...using cheap local materials
**How it works**

We train Mothers in highly deprived communities, who are poorly educated & marginalised, to set-up and run educational Play Schemes where children learn vital skills through play. Health and hygiene activities are incorporated to improve health. Games are made from local materials and Mothers work on a voluntary basis to ensure the Play Schemes are sustainable. To reinforce new behaviours and keep Mothers committed to volunteering, they are monitored regularly and are given monthly capacity-building workshops on parenting, health and life skills topics.

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Who we work with

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

- 60% Mothers did not complete primary school
- 83% are farmers or have no income source
- 97% have no electricity
- 52% cannot read sentences
- 89% incidence of childhood malaria in the month before the Play Scheme opened
- 53% incidence of childhood diarrhoea in the month before the Play Scheme opened

Education & income data from questionnaires administered to 500 Mothers in 22 communities; disease data from 300 Mothers in 20 communities
**Improved parenting**

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

**The Results**

- 83% average attendance at Play Schemes & workshops
- 110% increase in play & stimulation at home after 6 months

Mothers are asked how often they engage in different types of interaction with their children at home (e.g., singing songs together, telling stories). Statistically significant (p<0.001) increases seen in Lively Minds communities; no significant change seen in control communities.

![Graph showing play & stimulation improvements](image)

**I have learnt how to handle children, regardless of whether they are mine or not. I’ve learnt the skills of parenting, and also using child-friendly and simple language with children, and for this reason, whenever they find me along the way, they give me a lot of respect.” Volunteer Mother, Isiri**
Improved wellbeing

How it works: The Mothers are divided into small groups to foster teamwork and provide a peer support network. Several of the monthly workshops are dedicated to wellbeing topics, including self-esteem, family relations and teambuilding. High performing Mothers are given opportunities to support the set up of Play Schemes in neighbouring communities.

The Results

✓ Teamworking
✓ Confidence
✓ Increased knowledge

“We are very very friendly now. We communicate with each other and the community and this wasn’t happening before.” Volunteer Mother, Isiri

“We were very low; people minimised us. But now we can teach, and now we have learnt. I thought I would be useless and was not even recognised...I now have friends. I am very excited; I'm now very powerful.” Volunteer Mother, Isikwe

“I used to think I have no value in the community. Now that is changed, I am a teacher.” Volunteer Mother, Igombe
Health outcomes

How it works: Children have to handwash with soap or ash at the start of every Play Scheme session, habituating them to this vital practice. Mothers are taught how to make simple handwashing devices (tippy-taps) at home and are given a series of health & hygiene training sessions, including malaria prevention, nutrition & home hygiene, as part of the syllabus of monthly workshops.

The Results

✓ 46% reduction in cases of childhood diarrhoea after 6 months
✓ 35% reduction in cases of childhood malaria after 6 months

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

Before Lively Minds project, we didn’t consider washing hands with soap after coming from the toilet as an important practice...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.” Volunteer Mother, Igombe
**Child outcomes**

**How it works:** At the Play Schemes, children aged 3-6 years old learn by playing with a variety of games that strengthen their cognitive, language, socio-emotional and health development, so that they are more school-ready. The Schemes are free and take place in sessions throughout the week to ensure children learn in small groups (maximum 5:1 ratio). Teaching at the Schemes is discovery-based.

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### The Results

- **108% increase in school readiness assessment scores after 6 months**

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**Detailed school-readiness questionnaires are administered to children to assess knowledge (colours, shapes, sizes) and executive functions (problem solving, pattern recognition, following instructions). Statistically significant (p<0.001) increase seen in Lively Minds communities from baseline, to 3 and 6 months; no significant change seen in control communities.**

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“My three children that are at the Play Scheme can now count, they can tell colours, they can name things and above all they do not fear people. They can interact and socialise very well.” **Volunteer Mother, Buwambidi**
Future plans

Having established proof of concept, we now plan to scale by delivering through existing governmental channels. We will switch to a training of trainers model, and will use the network of Village Health Teams (“VHT”) as Trainers. This will enable multiple Play Schemes to be established concurrently, at low cost, whilst simultaneously strengthening the important VHT outreach system. We are already using this delivery method to great success in Ghana, where we implement through the Kindergarten system.

We’ll provide centralised training workshops for VHTs. They will then train the Mothers in their community, supervise the Play Schemes and provide the monthly parenting workshops. High performing VHT and local government officials will participate in replication in neighbouring communities.

“The evaluation team commends and strongly recommends Lively Minds’ proposed idea of delivering the next phase of the project through community health workers as a way of enhancing its sustainability.”

*Independent End-Line Evaluation, Festus Kibuuka*
Roadmap

Our long-term goal is that the Government of Uganda will adopt and scale this project. We have a 3-pronged strategy to achieve this. First, we will optimise the new training of trainers model and test handover strategies. Secondly, we’ll conduct robust evaluation to build the evidenced case for mainstreaming. Finally, these activities will be supported with an advocacy and engagement strategy.

Phase 1: Proof of concept established
- 21 Play Schemes established using direct staff implementation
- 764 Mothers trained
- 3200 children benefitting
- Proof of concept established & endorsed by independent evaluation
- Plan to scale through VHT network encouraged by Independent Evaluation & local government stakeholders

Phase 2: Test, Optimise & Transition
- Open 83 new Play Schemes using training of trainers approach- VHT network to implement
- Test & optimise implementation & handover strategies
- Rigorous evaluation: RCT & cost-modelling
- Advocacy & dissemination with government, practitioners, researchers

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

Phase 4: Scale in new countries
- Dissemination of RCT results internationally
- Scale to new countries
Holistic Activity-based Community Sustainable Local resources Capacity-building Wide-reaching Scalable

www.livelyminds.org
Registered charity 1125512