



# **Lively Minds Together: Radio Program Evaluation**

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## List of Acronyms

|                 |                                       |
|-----------------|---------------------------------------|
| <b>ECCE</b>     | Early Childhood Care and Education    |
| <b>FGD</b>      | Focus Group Discussion                |
| <b>FRI</b>      | Farm Radio International              |
| <b>GES</b>      | Ghana Education Service               |
| <b>KG</b>       | Kindergarten                          |
| <b>KII</b>      | Key Informant Interview               |
| <b>LM</b>       | Lively Minds                          |
| <b>LMT</b>      | Lively Minds Together (radio program) |
| <b>PS / PSP</b> | Play Scheme Program                   |
| <b>RCT</b>      | Randomized Controlled Trial           |
| <b>TLM</b>      | Teaching and Learning Materials       |

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## **Executive Summary**

### **Background**

Lively Minds (LM) in partnership with the Ghana Education Service (GES) launched a successful Early Childhood Care and Education program in 2017. The aim of the program is to improve early childhood care and education in rural villages in Northern Ghana by providing parents and primary caregivers the information, skills and confidence needed to support their preschool children's learning at home. The program involves two approaches: the Play Scheme program (PSP) and the Lively Minds Together (LMT) radio program. The PSP involved the training and empowerment of mothers to run informal Play Schemes in the government assisted Kindergarten (KG) schools. However, the Play Scheme program was paused in March 2020, as a result of the onset of the COVID-19 pandemic and the lockdown measures put in place. In response, Lively Minds decided to adapt the program for radio, and created the radio show called "Lively Minds Together" (LMT). As part of the process to ascertain the outcomes of the program, this evaluation was conducted to assess the impact of the LMT radio program on the knowledge, attitude and practice of parents caring for young children.

### **Methodology**

A mix of quantitative and qualitative methods were used for the evaluation, including surveys, focus group discussions, key informant interviews and Uliza telephone polls. Primary and secondary data were employed. The evaluation was conducted across 24 communities in 12 Districts, including Districts implementing the PSP and LMT radio program (2) and Districts implementing only the LMT program (10). Enumerators were trained to proactively search for respondents and enrolled mothers to obtain their views and experiences by asking community members and teachers to direct them to these mothers who participated in the PSP. Structured questionnaires and interview guides were used to collect primary data from September to October 2021, aided by digital tools. A comparison of results among LMT program listeners and non-listeners has been conducted to further understand the impact of the LMT program on parents and primary caregivers that listened to the LMT radio program.

## Results

| Summary of Key Findings   |   |
|---------------------------|---|
| <b>LMT Program Reach</b>  | <ul style="list-style-type: none"> <li>• Of the surveyed respondents, 65.7% reported listening to the LMT radio program. This percentage of listeners can be considered high, particularly as it includes respondents who do not listen to the radio in general and may not have access to a radio or other listening devices.</li> <li>• Using the listenership rate of 65.7% obtained from the survey, we can estimate the number of listeners among parents and caregivers of children ages 3 to 5 to be approximately 917,400. Detailed calculations are provided in the methods section.</li> <li>• The rate of LMT program listenership was also high among radio listeners. Of those who listen to the radio, approximately 80% listened to the LMT program.</li> <li>• A slightly higher percentage of men (85.3%) reported listening to the program as compared to women (75.5%). Nevertheless, the rate of listenership for women is still considered high, particularly given that women have increased barriers to accessing the radio as compared to men.</li> </ul>   |
| <b>LMT Program Impact</b> | <ul style="list-style-type: none"> <li>• Overall, nearly all listeners of the LMT program (N=299, 97.4%) agreed that the radio program helped parents and primary caregivers support their preschool children to learn at home.</li> <li>• Quantitative and qualitative results suggest that the LMT program has had a notable impact on parental knowledge, attitudes and practices, as well as that of their children (as perceived by stakeholders) from applying the lessons learned in the program. Some are summarized below.</li> <li>• Knowledge <ul style="list-style-type: none"> <li>◦ Overall, nearly 90% of surveyed listeners noted that the program helped parents and caregivers learn parenting skills and skills related to teaching children at home (N=263, 88.0%).</li> <li>◦ Many FGD and KII respondents indicated that the LMT program had increased the level of knowledge of parents and caregivers.</li> </ul> </li> <li>• Attitudes <ul style="list-style-type: none"> <li>◦ Qualitative results show that the LMT program helped parents and caregivers better understand the importance of all children having an education, including that of girls, and the value of supporting their child or children's learning at home.</li> <li>◦ FGD results suggest that the LMT program helped parents and caregivers understand that parents and caregivers, even if illiterate, can support children's learning.</li> <li>◦ Parents, caregivers, and children now show more enthusiasm, interest</li> </ul> </li> </ul> |



|  |   |
|--|---|
|  | <p>and dedication to schooling which some key informants note has contributed to increased enrolment and attendance rates since the launch of the PS and LMT programs.</p> <ul style="list-style-type: none"> <li>• Practices <ul style="list-style-type: none"> <li>◦ Most LMT program listeners (76.5%) reported that they had started using new games or activities with their children after listening to the radio program</li> <li>◦ 91.5% of listeners agreed that the LMT program had influenced their decision to start using new practices at home related to early childhood care and education.</li> </ul> </li> <li>• Children <ul style="list-style-type: none"> <li>◦ Nearly all LMT program listeners (94.1%) reported they had observed changes in their children.</li> <li>◦ Of these, 74.7% reported that their children could now follow instructions more easily (N=216), 59.2% noticed that their children could concentrate on a task for a longer period of time (N=171), and 48.8% reported that their children use more and different words to express themselves (N=141).</li> </ul> </li> </ul> |
|--|---|

Outlined below is a summary of other key findings from the evaluation, including related to general radio listenership; LMT program listenership and motivations, LMT program impressions and appreciation, PSP participation, impressions, and implementation, LMT and PSP synergies and opportunities, and LMT program impact. Additional results are provided in the body of the report.

### General Radio Listenership

- Approximately 80% of parent/caregiver respondents reported that they and/or someone in their household listen to the radio.
- A slightly higher percentage of men (N=132, 82.5%) reported listening to the radio as compared to women (N=205, 66.8%).
- While no respondents from the age of 18 to 34 reported never listening to the radio, other age groups did. For instance, 18.1% of respondents ages 35-49 reported never listening to the radio (N=36), while 17.1% of respondents ages 50-64 did (N=12), and 11.8% of respondents ages 65 and over did (N=2).
- Results suggest that when radio is listened to in a household it is often done by many of the household members.
- While 77.3% of respondents overall reported having access to a radio set, a higher percentage of men (73.1%) reported owning a radio set (N=117) as compared to women (N=146, 47.6%).

- A major factor for not listening to the radio included limited to no access to a radio set or other listening devices.
- The most common place to listen to the radio was at home as reported by 77.4% of radio listeners.
- Though 50% of radio listeners reported that they themselves choose what to listen to on the radio (irrespective of gender), a higher percentage of women reported that their husbands made decisions concerning radio. Overall, results show that men would most commonly make the final decisions as reported by both women and men indicating that men may have more decision-making power concerning radio.
- Many of the respondents who listen to radio reported listening to it daily (63.4%). A higher percentage of men reported listening to the radio daily (N=109, 76.2%) as compared to women (N=137, 55.9%).
- Among radio listeners, the most popular times for listening to the radio were during weekday evenings, weekend evenings and weekday mornings.

### **LMT Program Listenership and Motivations**

- Of the surveyed respondents, 65.7% reported listening to the LMT radio program. This percentage of listeners can be considered high, particularly as it includes respondents who do not listen to the radio in general and may not have access to a radio or other listening devices.
- Using the listenership rate of 65.7% obtained from the survey, we can estimate the number of listeners among parents and caregivers of children ages 3 to 5 to be approximately 917,400. Detailed calculations are provided in the methods section (page 9-10).
- The total number of listeners among all adults living within the area covered by the radio stations of the project, including non-parents/caregivers of children 3-5 years old could not be directly estimated from this study. Using different scenarios of listenership rate (10-40%) for that segment of that population, however, we can provide a range of possible values for the total number of listeners that falls between 1,178,400 and 1,961,400.
- The rate of LMT program listenership was also high among radio listeners. Of those who listen to the radio, approximately 80% listened to the LMT program. A slightly higher

percentage of men (N=122, 85.3%) reported listening to the program as compared to women (N=185, 75.5%). However, these similarities are important given that women have increased radio accessibility barriers.

- Approximately 80% of respondents ages 18 to 34 years (N=117, 77.0%), 35 to 49 years (N=135, 82.8%) and 50-64 years (N=47, 81.0%) reported listening to the LMT radio program. Meanwhile, a smaller percentage of respondents ages 65 years and over reported the same (N=8, 53.3%).
- Of those who listened to the LMT program, a little over 50% noted listening to the program, on average, twice a week (56.0%), while 34.9% reported listening to the program, on average, once a week. These results suggest not only that the radio program was widely listened to but that those who did listen did so regularly.
- Major reasons for listening included an interest from parents and caregivers in early childhood care and education, including learning about parenting skills, educational games, and how to support their child's care and development.
- In addition, FGD and KII results found that PSP participants listened to the LMT program as a result of the PSP being put on hold due to the COVID-19 lockdown.
- Of the 72 radio listening respondents (18.6%) who did not listen to the LMT program, being unaware of the LMT radio program was identified by non LMT listeners (N= 57, 79.2%) as the major reason for not listening to the LMT program.
- Qualitative results suggest that women may face additional barriers to listening to the LMT program, and radio more generally, including: (1) lack of time and energy due to heavy household chore burden and other economic activities, (2) lack of control or decision-making power related to radio, and (3) an inability to operate a radio set.
- When non-listeners were asked if they would listen to a radio program about parenting skills and educational games if it were broadcast in their community, 86.1% said yes (N=62). The percentage of respondents that reported they would listen was high among both women and men.

### **LMT Program Impressions and Appreciation**

- Nearly all LMT program listeners (97.7%) enjoyed the LMT program, including the information provided on children's development, the parenting episodes, and learning about educational games to name a few.

- KII respondents affirmed the success of the LMT program among listeners and emphasized the positive effects of the program, including of the live phone in episodes, in changing parental attitudes regarding the importance of all children attending school.
- LMT program listeners found learning about the role of parents in their child's development and the parenting episodes focused on physical development, health and safety the most useful.
- FGD results suggest that program episodes on inclusivity and equality may have helped to demystify certain long held and harmful beliefs surrounding people with disabilities. Some parents/caregivers confessed that the program had helped them understand that disabilities were not a result of family curses.
- Only a few surveyed respondents reported disliking certain components of the LMT program (N=50, 16.3%). Of these respondents, 74% noted disliking certain elements of the parenting episodes (N=37) and 68% noted disliking elements of the program topics and information (N=34). More research is needed to better understand the specific components of the program that listeners dislike.
- Respondents made a few recommendations to help improve the LMT program, including:
  - increasing the time allocated to episodes, in particular, the live phone episodes;
  - offering the program in other local dialects (e.g. Basarle);
  - increasing the frequency of broadcast including more days to broadcast repeat programs;
  - providing more play and learning materials and more variety in the activities and games;
  - hosting parents and caregivers as guest speakers in the program;
  - expanding the program to other Districts;
  - improving radio networks or signals;
  - inviting more experienced panel members on the program;
  - planning more community engagement and sensitization before launching the program;
  - and improving program hosts' facilitation to ensure relevant topics are discussed and gender-responsive language is used.

Most recommendations suggest that listeners appreciate the program and want more of it.

## **PSP Participation, Impressions, and Implementation**

- Nearly all surveyed respondents in the PSP Districts (90.5%) were aware of the Play Scheme program.
- The most common source of information or sensitization related to the PSP was from school staff, teachers and educators followed closely by the LMT program. Though results from men and women were similar, while a slightly higher percentage of men heard of the PSP from the radio, a slightly higher percentage of women heard of the PSP from school staff, teachers or educators.
- Of those who were aware of the PSP (N=143; 90.5%), nearly 80% reported participating in the program. Of these, almost 50% participated in the PSP both before and after the COVID-19 lockdown.
- 93.4% of listeners from the LMT only Districts reported that they would participate in workshops on parenting skills and educational games if they had the opportunity to attend in their communities. Only 5 respondents (2.7%) said they would participate in the workshops but stop listening to the LMT program.
- Implementers of the PSP discussed men's resistance to women participating in the PSP as enrolled mothers and the challenges this has led to for women's engagement.

## **LMT and PSP Synergies and Opportunities**

- Of the LMT listeners from the PSP Districts, nearly all (98.6%) said they would continue listening to the LMT program now that the PSP has resumed.
- Qualitative results indicate that most of the parents and caregivers from the FGDs believe that the PSP and LMT program play a complementary role and prefer having both programs continue as they both bring benefits to parents and the communities.
- Respondents suggested that the LMT program could be used to initiate and roll out the PSP in other communities.
- Respondents highlighted opportunities to share lessons from the PSP in the LMT program for listeners and vice versa.
- The PSP at times was regarded as being more effective, however the LMT program has the benefit of reaching a larger audience.

## **LMT Program Impact**

- Overall, nearly all listeners of the LMT program (N=299, 97.4%) agreed that the radio program helped parents and primary caregivers support their preschool children to learn at home.
- Overall, nearly 90% of surveyed listeners noted that the program helped parents and caregivers learn parenting skills and skills related to teaching children at home (N=263, 88.0%).
- Many FGD and KII respondents indicated that the LMT program had increased the level of knowledge of parents and caregivers. Many of these respondents also noted observing improvements in children's knowledge.
- FGD results suggest that the LMT program helped parents and caregivers understand that parents and caregivers, even if illiterate, can support children's learning.
- Qualitative results show that the LMT program helped parents and caregivers better understand the importance of all children having an education, including that of girls, and the value of supporting their child or children's learning at home.
- Parents, caregivers, and children now show more enthusiasm, interest and dedication to schooling which some key informants note has contributed to increased enrolment and attendance rates since the launch of the PS and LMT programs.
- Most LMT program listeners (76.5%) reported that they had started using new games or activities with their children after listening to the radio program.
- 91.5% of listeners agreed that the LMT program had influenced their decision to start using new practices at home related to early childhood care and education.
- Nearly all LMT program listeners reported they had observed changes in their children (N=289, 94.1%). Of these, 74.7% reported that their children could now follow instructions more easily (N=216), 59.2% noticed that their children could concentrate on a task for a longer period of time (N=171), and 48.8% reported that their children use more and different words to express themselves (N=141).

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# Introduction

## Background

The Lively Minds Play Scheme program (PSP) and the Lively Minds Together (LMT) radio program are designed to improve early childhood care and development in rural communities of Northern Ghana. The PSP, initiated in 2017, aims to get KG children more ‘school-ready’<sup>1</sup>. It does this by improving Early Childhood Care and Education (“ECCE”) in rural villages. The PSP involves training and empowering Mothers (who are generally marginalized and illiterate) to run informal Play Schemes in school Kindergartens. These Mothers are also given monthly group parenting workshops to improve their home-based care practices.

## Randomized Controlled Trial

The PSP approach was initially piloted in 250 schools in 6 districts (Tolon, Bongo, Nabdam, North Gonja, Tatale and Garu) district, and evaluated using a Randomized Controlled Trial (RCT) for a year before scaling up to other districts. Under the RCT 40 schools were selected and introduced to the PSP. The treatment schools were then compared to 40 control schools that did not have the same program and the results were so successful that the Ghana Education Service (GES) decided to adopt the program and replicate it in other parts of the intervention regions.

The RCT assessment showed that children who were part of the Play Scheme had superior cognitive development abilities than those who did not. Additionally, it showed that children who were part of the program had better growth than those who were not. For example, the circumference of the upper arms of children in schools with the Play Scheme was far bigger than the circumference of the upper arm of children in the non-Play Scheme schools.

## Scale-up

Following the RCT demonstrating positive impact on school-readiness, the Government of Ghana decided to adopt the program and scale it 4,000 rural communities in the north of the country over 5 years. This scale up was originally planned from 2020, but as with most programs, plans had to change in 2020 as a result of the COVID-19 outbreak and the lockdown measures put in place to mitigate its spread.

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<sup>1</sup> School readiness is a measure of how prepared a child is to succeed in (primary) school: physically, cognitively, socially and emotionally.

## Lively Minds Together

The longer learners stay out of school, the greater the effects on their learning outcomes, and the higher the risks of learners quitting school. Lively Minds, in collaboration with the GES, therefore introduced the Lively Minds Together (LMT) Radio Program in April 2020, to provide avenues for parents to support preschool children ages 3 to 5 to have continuous learning at home. LMT aligned with the government of Ghana's strategic approaches:

- (i) ensure continuity of learning during the crisis,
- (ii) prepare school systems to reopen once the pandemic subsides, and
- (iii) build resilience for a possible resurgence of the pandemic and other future crises.

The program aimed to be as similar as possible to the PSP, with the mode of delivery changed from in-person to radio. LMT is therefore specifically designed for parents to listen to, rather than children. The main objectives are to give parents the information, skills and confidence needed to provide ECCE for their pre-school children at home.

As with the normal program, Lively Minds is responsible for creating the radio content and providing technical assistance. Scripts are selected and written with input from government officials. GES is responsible for delivery, and GES staff from 18 districts were selected as "Star Presenters" to translate scripts into the local language, pre-record scripts, and participate in live Q&A discussions and phone-ins.

Each broadcast slot is 1 hour long. This comprises:

- ~5 minute introduction (from the radio station host)
- 20-25 minute episode, either:
  - a parenting episode: that uses discussion and stories to share ways for parents and caregivers to support family health, wellbeing, and children's development. Example episode topics include handwashing, nutrition, malaria prevention, wellbeing; or
  - a play episode: teaching parents simple, fun, cost-free games and activities that use available household materials to support development and school-readiness in young children.

- 30-35 minute semi-scripted Q&As and live phone-ins after the episode: giving parents the opportunity to share experiences and ask questions.

Originally, two new episodes (one parenting and one play) were broadcast live (i.e. with a live Q&A and phone-in) each week. Each was recorded in full (including intro, episode, Q&A, phone-in) and repeated later in the week (total time: 4 hours per week, per station).

From March 2021, as Covid restrictions began to lift in Ghana and the PSP resumed, the frequency was reduced on each radio station to one live broadcast (either a parenting or a play episode), with a recording of each episode repeated once later in the week (total time: 2 hours per week per station).

The episodes have been bundled into 16 episode seasons, sometimes between seasons (or half way through the season) there are breaks for the Star Presenter. In these breaks the broadcast schedule is maintained but pre-recorded shows are aired instead of live shows.

## **Evaluation Objectives**

Though the evaluation had a number of objectives, the main aim of this evaluation was to assess the impact of the LMT radio program on the knowledge, attitudes and practices of parents and primary caregivers of preschool children ages 3 to 5.

The evaluation had five key components and corresponding research questions of interest, including:

- Assessing the listenership of the LMT radio program and motivations
  - How many people listen to the LMT radio program?
  - Who listens to the LMT radio program?
  - What are listeners' listening habits?
  - Why are some people not listening?
- Gathering general impressions and appreciation of the LMT radio program
  - What do listeners like/dislike about the program?
  - What are recommendations provided by listeners to improve the LMT program?
- Assessing the synergies and opportunities between the PSP and LMT program

- Are listeners of the LMT radio program more likely to want to participate in the Play Scheme program?
  - Has the LMT radio program created demand for the Play Scheme program?
- Gathering insights and experiences from implementers of the programs
- Identifying some of the impacts of the LMT program on listeners' parental knowledge, attitudes, and practices as well as observed changes in young children
  - Did the program contribute to changes in parents' attitude towards ECCE or changes to their behavior or practices?
  - Are there any changes in children noted by parents?

## **Methodology**

The evaluation of the LMT radio program used a mixed-method approach employing a combination of computerized/digital methods. The primary data collection tools used for this evaluation included: structured surveys, a telephone poll, key informant interviews and focus group discussions. These tools were used to gather both qualitative and quantitative data to triangulate results. This approach promotes a deeper understanding of the thematic areas by comparing quantitative and qualitative results. Triangulation can also help overcome the potential bias resulting from the use of a single method or single source of data in a study.

### **Evaluation Design and Data Collection Tools**

#### ***Survey***

The collection of quantitative data was done in-person through structured surveys with parents and primary caregivers using Digital Tablets. The survey questionnaire was programmed in the Kobo Collect application. The survey was administered in 12 Districts, including 4 Districts implementing the PSP and LMT program and 8 Districts implementing only the LMT program. Two communities and approximately 20 parents/caregivers per community were targeted in each of the Districts. The target was to complete between 480-576 surveys with parents and primary caregivers. Overall, 483 respondents consented to participate in the survey. Although the number of completed surveys targeted was reached, delays in starting the data collection as well as the rainy season presented challenges related to time constraints and the availability and accessibility of certain communities and parents/caregivers during the data collection. Enumerators were trained to proactively search for enrolled mothers to obtain their views by asking community members and teachers to direct them to these mothers who had volunteered to participate in the PSP. For additional information on the survey questionnaire, refer to annex 3 on page 73.

#### ***Focus Group Discussion***

To complement the quantitative results and gather a deeper understanding of the LMT program outcomes, a total of 15 semi-structured FGDs (against a target of 24) were conducted in all 12 Districts (24 communities) with key stakeholders and program beneficiaries including parents/caregivers and enrolled mothers. Purposive sampling strategies that took into consideration gender, were used to select participants. During the FGDs, manual notes using the FGD note-taking template were used, and sessions were recorded using audio when participants consented. Consent was sought from all respondents who participated in the FGDs.

This was part of the training and field instruments/tools used at field level. For more information on the FGD questionnaire, refer to annex 4 on page 85.

### ***Key Informant Interview***

FRI used a purposive sampling strategy to select key informants/stakeholders and beneficiaries who were available for interview on the day of the survey and had participated in the Lively Minds program at the community level. Overall, 17 semi-structured KIIs were conducted with key stakeholders and beneficiaries (against a target of 20 KIIs). The following categories of stakeholders were engaged through KIIs:

- Head teacher at public schools in the community
- LMT regional and district coordinators
- Lively Minds staff
- National GES staff
- Funder and partner staff
- Radio station staff

To view the KII questionnaire, refer to annex 5 on page 95.

### ***Uliza Polls***

Uliza is an internet-based platform that enables interaction between listeners and broadcasters or other intermediaries. The most common use of Uliza is for weekly poll questions, known as Beep2Vote. The FRI Uliza poll service allows listeners to record their answers to poll questions using SMS and voice services, the results of which are displayed using an internet-based platform which is accessible to the radio station. The responses from listeners are then incorporated into radio programs.

For this evaluation, Farm Radio International collaborated with the 7 radio stations to set up the Uliza platform and launch short, structured polls. The aim of the Uliza polls was to collect additional quantitative data from radio program listeners to complement the results from the surveys, FGDs and KIIs. This data provides a wider snapshot of how the radio program was received but is not representative and may present issues of bias. The Uliza polls were

announced on the radio and ran from October 6<sup>th</sup> to 18<sup>th</sup>, 2021. To respond, listeners called a number provided by the radio station to respond to the Uliza poll questions.

The design of the Uliza poll questions was informed by the survey and FGD questionnaires. The audience and respondents of these polls are limited to the listeners of the radio program with access to a mobile phone and a radio listening device (e.g., a radio set). As such, these results may exclude more vulnerable or remote populations with limited access to communication devices. It is important to take into consideration some of the limitations related to the Uliza polls when interpreting the corresponding results.

Overall, 1316 listeners consented to participate in the Uliza poll questionnaire. Though 1,316 listeners agreed to participate and responded to the first question about gender and age, 764 listeners were able to complete the Uliza poll questionnaire in its entirety; others dropped off throughout the survey questions as is typical of Uliza polls. Of the Uliza poll respondents who consented to participate, 45.8% were female (N=603) and 54.2% were male (N=713). More specifically, 30.5% were women ages 35 and over (N=401), 27.5% were men ages 35 and over (N=362), 26.7% were men 34 years and under (N=351), and 15.3% were women 34 years and under (N=202). This can be considered a high response rate for women, particularly given the additional accessibility barriers women face related to radio and the use of other communication devices to call into the radio. For the Uliza poll questionnaire and detailed Uliza poll results, refer to annex 1 on page 63 and annex 2 on page 65 respectively.

## **Sampling Design**

For the survey, a simple random sampling approach was used to select 20 KG learners from school registers. This provided access and the opportunity to engage their parents and primary caregivers. For the KII and the FGD, a purposive sampling strategy was adopted to select key informants/stakeholders and parents/caregivers who were available for interview on the day of the survey and had participated in the Lively Minds Program at the national, regional and community levels. Overall, 483 surveys, 15 FGDs and 17 KIIs were conducted with key stakeholders and beneficiaries across national, regional, district and community levels.

## **Data Collection**

The data collection took place from September to October 2021. Data collection tools for the evaluation were piloted during the enumerator training. The aim of the pilot was to assess the data collection tools for their validity and reliability as well as enable further training or clarification to enumerators where necessary, to ensure quality. It also enabled the team to

predict potential problems that could arise during the main rollout of the evaluation. The pilot exercise also informed the time frame for conducting the data collection tools. Based on the outcome of the pilot, FRI finalized the tools in consultation with the evaluation team.

Field data collection was carried out by trained and experienced enumerators and supervisors. Data was also reviewed in real-time using the KoBoCollect platform. The team supervisors were in the field with the enumerators throughout the data collection period to ensure that the data collection was done according to the tool protocols. In addition, the supervisors ensured quality on a daily basis by reading through and reviewing the quantitative data and qualitative notes to provide feedback to enumerators.

### ***Enumerator Training***

The field enumerators were selected from a pool of researchers across the northern part of the country. The selection process strived to achieve a 50 percent proportion of female researchers. The selection also focused on identifying researchers with the necessary language proficiency and experience. FRI organized a 2-day intensive virtual training for the enumerators. The enumerators were trained on the context of the Lively Minds programs and evaluation objectives, as well as the administration of the data collection tools and probing techniques among others. This included the use of digital tablets preloaded with the survey questionnaire for parents/caregivers. The enumerator training also included issues on ethical considerations relating to obtaining participant consent and ensuring gender-responsive approaches were used during the data collection. Community entry was a very sensitive issue given the current COVID-19 pandemic and fear in some communities of outsiders.

### ***Ethical Considerations, Confidentiality and Consent***

FRI complies with all country-level ethical guidelines and protocols in conducting research and evaluations of this nature. The following protocols were used to comply with the highest ethical standards: access and entry protocols to the district and community with special emphasis on adherence to all COVID-19 protocols; maintaining the confidentiality of respondents' information; voluntary participation/withdrawal; informed consent procedures; gender equality considerations (e.g., timing and locations of consultations) and maintaining anonymity.

Permission to enter the various regions, districts and communities was obtained by Lively Minds. Lively Minds provided a letter of introduction to FRI's evaluation team to facilitate the entry process at all levels including regional and district levels. The FRI team informed the District Education directorate of the evaluation dates. At the community level, permission was sought from the headteachers and the appropriate traditional authorities before entry to the



communities. An ethical protocol was designed to protect the confidentiality of the study respondents at all levels. The evaluation guaranteed the confidentiality of participants provided during the evaluation. In this regard, researchers were trained to conduct interviews with participants respecting their privacy (no other individuals present, unless specifically requested by the respondent). Training of researchers emphasized the importance of keeping all evaluation answers strictly confidential. Written/verbal consent was obtained from respondents participating in the data collection exercise.

The consent of all adult participants in the evaluation was obtained before engaging them in the study. All consent statements contained information the respondent needed to make an informed decision about whether to participate in the evaluation exercise.

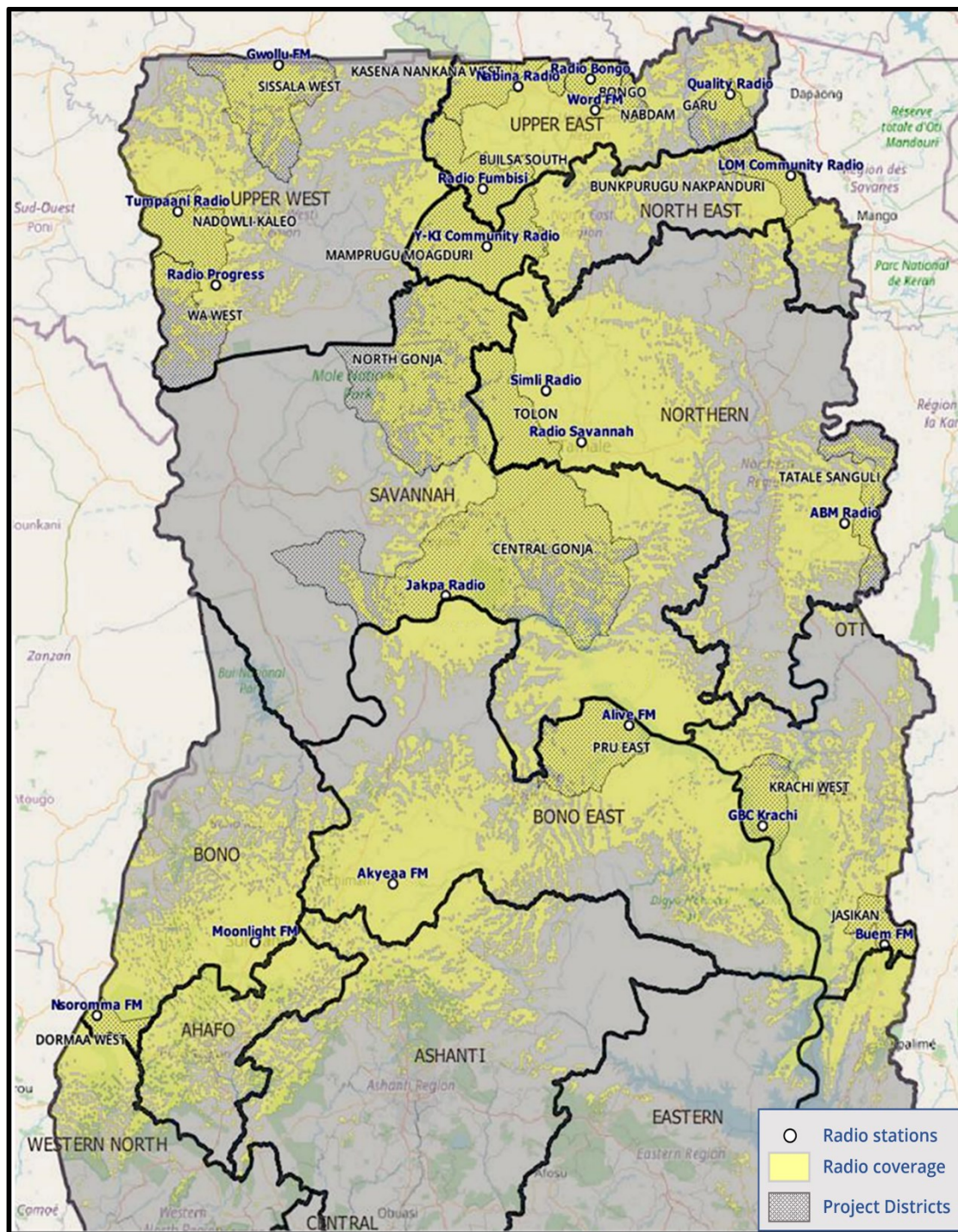
### **Radio Coverage Map and Estimated Population Reach**

An estimation of the total audience potentially reached by the LMT radio program was performed. This estimation was based on an estimation of the geographical coverage of the 20 radio stations, which was done by using a combination of height of the transmission tower, power of the transmitter, gain of the transmitter and topographic geography to create the spatial maps showing the coverage of each station. We then overlaid the most recent population data obtained from <https://www.worldpop.org> to estimate the potential audience within that coverage area.

The total population living within the geographical area reached by the 20 radio stations is about 7,1M people. This estimate accounts for existing overlaps in the coverage areas of the different stations – in other words, individuals are not counted twice. When focusing on the 18 Districts targeted by the LMT radio program, the total population potentially reached by the radio stations is equal to 1,19 M people. Refer to Figure 1 below for the coverage map of the combined 20 radio stations airing the LMT radio program. Additional coverage maps are provided in annex 6 on page 102.

It is important, however, to make a distinction between the potential and the actual audience of the radio program. The population estimates provided here correspond to the people living within the geographical area covered by the stations and can be described as the “potential audience”. The actual audience corresponds to people listening to the LMT radio program. The listenership rate observed in this survey corresponds to approximately 66% and could be interpreted as an estimation of listenership in our target population of parents/caregivers with children 3-5 years enrolled in pre-primary schools in the 18 Districts targeted by the LMT program.

Figure 1. Coverage map of the combined 20 radio stations airing the LMT radio program



Because the targeted audience of the LMT program is parents and caregivers of children 3-5 years old, an estimate of that target population was generated using demographic information about the % of the total population belonging to that group. The total population of

parents/caregivers of children aged 3-5 is not immediately available but can be approximated from available census or large-scale household surveys conducted in Ghana. To do so, we used the data collected in 2017 for the Demographic and Health Survey (DHS) on maternal health funded by USAID (<https://dhsprogram.com/methodology/survey/survey-display-506.cfm>). We excluded the data for the Eastern, Greater Accra and Central Regions (previous administrative boundaries) as these were not reached by the 20 radio stations airing the LMT program.

In this survey administered to 18,810 households in the seven Regions of Ghana included in this analysis, information about the age of each individual household member was collected (for a total 83,385 individuals). From these data, we estimated the number of households with children aged 3-5 (6,084 households). Then, we calculated the total number of adults aged 18 and above living in these households and used this as a proxy of the population of potential parents or caregivers (total = 16,288 or 19,53% of the total population).

Using this proportion of parents/caregivers together with the total potential audience of 7,1M obtained from the coverage maps, we get an estimate of 1,39M potential parents/caregivers. Using the listenership rate of 66% obtained from the LMT survey, we can estimate the number of listeners among parents and caregivers of children 3-5 to be approximately 917,400.

Because our sample included only parents/caregivers of children aged 3-5, we could not directly apply the listenership rate of 66% observed in this study to parents/caregivers of children not aged 3-5 or other adults potentially interested in Early Child Development. For that segment of the population, we could, however, estimate a range of possible values for the total number of listeners based on different rates of listenership. From the population data described above, we know that about 57% of the 7,1M people living within the area covered by the stations are adults (18+ yrs old) - so, about 4M. Subtracting the 1,39M of adults who are parents/caregivers of children 3-5 years old as described above, we remain with 2,61M other adults. It is likely that the listenership rate for adults who are not parents of children 3-5 years old will be lower than that observed for the targeted parents. **Table 1** presents the total number of listeners for different scenarios of listenership rates going from 10-40%. Including the 917,400 estimated above for the targeted parents/caregivers, we estimate the total number of adult listeners to fall within the range of 1,178,400 to 1,961,400.

*Table 1. Total number of adult listeners for different scenarios of listenership rates for adults who are not parents/caregivers of children 3-5 years old*

| <b>Listenership rate scenarios for non-parents/caregivers (3-5 yrs old)</b> | <b>Listeners non-parents or caregivers (3-5 yrs old)</b> | <b>Listeners Parents or caregivers (3-5 yrs old)</b> | <b>Total Listeners</b> |
|---|--|--|------------------------|
| 10%   | 261,000  | 917,400  | 1,178,400              |
| 15%   | 391,500  | 917,400  | 1,308,900              |
| 20%   | 522,000  | 917,400  | 1,439,400              |
| 25%   | 652,500  | 917,400  | 1,569,900              |
| 30%   | 783,000  | 917,400  | 1,700,400              |
| 35%   | 913,500  | 917,400  | 1,830,900              |
| 40%   | 1,044,000  | 917,400  | 1,961,400              |

## **Limitations and Challenges**

As with any study, this evaluation had a number of limitations and challenges that should be taken into consideration. In sum, the limitations and challenges included:

- Difficulties were experienced in reaching appropriate persons who could assist with community entry and mobilization, alerting Districts and communities of the evaluation and the field research team's schedule/movements, as well as preparatory fieldwork for the data collection phase. This led to increased time needed for community introductions, engagement, and respondent identification before beginning the data collection and reduced time for the field research team to conduct surveys, FGDs and interviews.
- The data collection took place during the rainy season in Ghana presenting some considerable challenges in reaching remote and hard to reach rural communities. This period also affected the accessibility and availability of communities and respondents.
- The distance between targeted evaluation Districts and the time taken to reach remote rural communities was considerable, reducing the time available for data collection. For instance, field research teams took on average 4-6 hours to travel to a community site to conduct data collection each day.
- Though health and safety measures were taken to protect visited communities, respondents and the field research teams, the current COVID-19 situation presented some challenges in reaching certain communities and parents/caregivers and at times restricted movements.

- Additional time could be used for training to allow enumerators to further practice conducting the data collection tools in the field.
- Some enumerators had little experience in the language spoken in some of the sample communities and therefore needed more time to practice administering the data collection tools and understanding the dynamics of handling assignments at the field level. To address this, interpreters were employed to support these enumerators during the data collection phase in communities where there were dialectal differences in the language.



## Results

The following section presents the results of the Lively Minds Together (LMT) radio program evaluation. This includes results from the surveys, key informant interviews (KIIs), and focus group discussions (FGDs). Uliza poll results are provided in annex 2 on page 65. These results provide information on general radio listening habits and demonstrate the degree of LMT radio program listenership and Play Scheme Program (PSP) participation. The results presented will also cover listeners' impressions and appreciation of the LMT program, synergies between the LMT and PS programs as well as the impact of the radio program on the knowledge, attitudes and practices of parent and primary caregiver listeners.

Presented below includes a comparison of results among LMT listeners and non-listeners. There are two categories or groups that fall under 'non-listeners': (1) non-listeners of the LMT program (this excludes respondents who do not listen to radio in general) and (2) non-listeners of radio in general and of the LMT program (i.e., non-radio and LMT program listeners). The comparison of results between LMT listeners and the category or group of non-listeners, as noted above, varies by survey result, and is specified in the sections below.

The results in the following sections are presented as follows:

1. Socio-demographic characteristics of respondents
2. Radio listenership and program impressions
3. Play scheme program participation and impressions
4. LMT and Play Scheme Program synergies and opportunities
5. LMT program impact

### **Socio-Demographic Characteristics of Respondents**

#### *Survey*

A total of 483 respondents were surveyed as part of the evaluation. Socio-demographic information was collected, including related to region (Districts), roofing materials, role as parent or primary caregiver, number of children, gender, age, education, and marital status. Detailed socio-demographic results are provided below.

## Parent or Primary Caregiver

Of the 483 respondents who were surveyed, nearly all (96.7%) were either a parent or primary caregiver to a child or children between the ages of 3 and 5 (N=467). Respondents that did not identify as a parent or primary caregiver were excluded from the remainder of the survey.

## Districts

The evaluation targeted 12 Districts in Ghana. As per the survey objectives, approximately 40 surveys were conducted in each of the 12 Districts. Therefore, of the 467 surveyed respondents, there were approximately 8.3% of them that were surveyed in each District. Overall, 309 respondents (66.2%) were surveyed from 8 Districts where only the LMT radio program was implemented, including the Sisaala West, Mamprugu Moaduri, Kasena Nankana West, Bunkurugu, Central Gonja, Pru East, Builsa South, and Wa West. Meanwhile, 158 respondents (33.8%) were surveyed from 4 Districts where both the PSP and LMT program were implemented, including Garu, Tolon-Kumbungu, Tatale, and North Gonja.

## Primary Roofing Material of Household

Information on the primary roofing materials of respondents' homes was collected as a proxy for household wealth. However, due to most respondents having a similar primary household roofing material, it was not useful to conduct statistical testing. Most respondents (71.5%) reported that the primary material used in their household roof were aluminum roofing sheets (N=334). The next most common roof material reported by respondents was thatch roofing (N=105, 22.5%).

## Number of Children

On average, respondents had nearly 2 young children between the ages of 3 and 5 under their care (i.e., 1.7 children on average).

## Gender

An emphasis was placed on conducting surveys with women, as mothers were a primary target of the PSP and LMT program. As a result, more women were surveyed than men with a total of 307 women respondents (65.7%) and 160 men respondents (34.3%). These results were calculated from the 467 respondents who were identified as a parent or primary caregiver.

## Age

Of the 467 respondents identified as a parent or primary caregiver, the majority of respondents (81.4%) were between the ages of 18 and 49 (N=380). More specifically, 42.6% of respondents were between the ages of 35 and 49 (N=199), while 38.8% of respondents were between the ages of 18 and 34 (N=181). Only a small percentage of respondents (18.6%) were 50 years of age or older (N=87).

## Education

Of the 467 respondents, approximately two-thirds (65.7%) have had no schooling (N=307), while 17.1% have some elementary schooling (N=80). Few respondents reported having higher levels of education, including either attending some or completing secondary schooling, college or university, trade/vocational/technical training, or other types of education (N=50, 10.7%). Similar trends were observed among women and men respondents.

## Marital Status

Of the 467 respondents, nearly 90% were married or in a domestic partnership (N=409, 87.6%). Similar trends were observed among women and men respondents, though slightly more women reported being widowed.

## ***Focus Group Discussions***

Overall, 15 FGDs were conducted with a total of 166 participants. The FGDs were conducted with both men and women participants. Most FGDs were conducted with either only women or only men. However, a few FGDs were mixed when the number of participants available in a particular District were limited. Overall, there were 87 women participants and 79 men participants. 33.1% of participants from the FGD were between 18 to 34 years of age (N=55) with 49.4% between the ages of 35 to 49 and only 3.6% ages 65 and older. A higher proportion of the parents and caregivers who participated in the FGDs (93.4%) were predominantly farmers with about 5.4 percent and 1.2 percent in trading activities and schooling respectively.



*Table 2. Age of FGD Respondents (disaggregated by gender).*

| Age               | Total<br>(N=166) |       | Total Women<br>(N=87) |       | Total Men<br>(N=79) |       |
|-------------------|------------------|-------|-----------------------|-------|---------------------|-------|
|                   | #                | %     | #                     | %     | #                   | %     |
| 18-34 years       | 55               | 33.1% | 25                    | 28.7% | 30                  | 38.0% |
| 35-49 years       | 82               | 49.4% | 47                    | 54.0% | 35                  | 44.3% |
| 50-64 years       | 23               | 13.9% | 11                    | 12.6% | 12                  | 15.2% |
| 65 years and over | 6                | 3.6%  | 4                     | 4.6%  | 2                   | 2.5%  |

### *Key Informant Interviews*

A total of 17 KIIs were conducted with LMT program stakeholders. Of these, 4 were conducted with women informants and 13 with men. About 58.8% of the respondents from the KIIs were between 35 to 49 years of age, with 35.3% between the ages of 50 to 64 and only 5.9% between 18 to 34 years. A higher proportion of the KII respondents were Ghana Education Service (GES) district coordinators for the Lively Minds Program. Other respondents included headteachers of the schools that had benefited from the program, some from the Lively Minds Head Office, funder staff, participating radio station staff, and National and Regional Education Directorates.

*Table 3. Age of KII Respondents (disaggregated by gender).*

| Age               | Total<br>(N=17) |       | Total Women<br>(N=4) | Total Men<br>(N=13) |
|-------------------|-----------------|-------|----------------------|---------------------|
|                   | #               | %     | #                    | #                   |
| 18-34 years       | 1               | 5.9%  | 1                    | 0                   |
| 35-49 years       | 10              | 58.8% | 1                    | 9                   |
| 50-64 years       | 6               | 35.3% | 2                    | 4                   |
| 65 years and over | 0               | 0.0%  | 0                    | 0                   |

### *Uliza Polls*

As part of the Uliza poll questions, one question inquired about gender and age. Results show that there were similar numbers of respondents that were women ages 35 and over (N=401, 30.5%), men ages 35 and over (N=362, 27.5%) and men/boys ages 34 and under (N=351, 26.7%). There were fewer women/girl respondents ages 34 and under (N=202, 15.3%). Overall, there were 603 female respondents and 713 male respondents. Though there are more male

respondents, the number of female respondents can be considered high considering the additional accessibility barriers women often face in listening to the radio and calling into the radio stations. For many radio programs, the rate of women participating in polls and calling into the radio station is notably lower than men, particularly if no additional steps or approaches are used to promote women's participation. This could be an indication of the success of the program among women listeners.

## Radio Listenership and Program Impressions

### General Radio Listenership

Of the 467 respondents, overall, 83.1% reported that they *or* someone in their household listens to the radio (N=388). More specifically, 64.7% of respondents reported that they *and* other household members listen to the radio (N=302), while only 7.5% said only themselves and no other household member listened to the radio (N=35). These results could indicate that when radio is listened to in a household it is often done by many of the household members. In general, these trends were similar among men and women respondents. However, A slightly higher percentage of men (N=132, 82.5%) reported listening to the radio as compared to women (N=205, 66.8%).

*Table 4. Number and percentage of respondents that listen to the radio.*

| Do you and other members of this household listen to the radio? | Overall          |       |                        |       |                      |       | LMT Listeners    |       |                  |       |                |       | Non-LMT Listeners |       |                 |       |               |       |
|---|------------------|-------|------------------------|-------|----------------------|-------|------------------|-------|------------------|-------|----------------|-------|-------------------|-------|-----------------|-------|---------------|-------|
|   | Total<br>(N=467) |       | Total Women<br>(N=307) |       | Total Men<br>(N=160) |       | Total<br>(N=307) |       | Women<br>(N=185) |       | Men<br>(N=122) |       | Total<br>(N=72)   |       | Women<br>(N=52) |       | Men<br>(N=20) |       |
|   | #                | %     | #                      | %     | #                    | %     | #                | %     | #                | %     | #              | %     | #                 | %     | #               | %     | #             | %     |
| 1) Yes, but only me   | 35               | 7.5%  | 16                     | 5.2%  | 19                   | 11.9% | 24               | 7.8%  | 12               | 6.5%  | 12             | 9.8%  | 11                | 15.3% | 4               | 7.7%  | 7             | 35.0% |
| 2) Yes, me and other household members                          | 302              | 64.7% | 189                    | 61.6% | 113                  | 70.6% | 263              | 85.7% | 159              | 85.9% | 104            | 85.2% | 33                | 45.8% | 25              | 48.1% | 8             | 40.0% |
| 3) Other household members but not me                           | 51               | 10.9% | 40                     | 13.0% | 11                   | 6.9%  | 20               | 6.5%  | 14               | 7.6%  | 6              | 4.9%  | 28                | 38.9% | 23              | 44.2% | 5             | 25.0% |

|              |    |       |    |       |    |       |   |      |   |      |   |      |   |      |   |      |   |      |
|--------------|----|-------|----|-------|----|-------|---|------|---|------|---|------|---|------|---|------|---|------|
| 4) No, never | 79 | 16.9% | 62 | 20.2% | 17 | 10.6% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
|--------------|----|-------|----|-------|----|-------|---|------|---|------|---|------|---|------|---|------|---|------|

Meanwhile, only 16.9% of respondents overall said they never listen to the radio (N=79). Slight differences between men and women respondents were noted. For instance, a slightly higher percentage of women reported not listening to the radio (N=62, 20.2%) as compared to men (N=17, 10.6%). While no respondents from the age of 18 to 34 reported never listening to the radio, other age groups did.

When asking why respondents did not listen to the radio, overall, 89.1% said it was because they did not have access to a radio set or other listening device (N=147). Though other reasons were considerably less common, this was followed by reasons such as poor signal strength, inconvenient timing of broadcast, and preference for other sources of information. Other reasons rarely noted included disinterest in program topics, dislike of broadcasters or radio stations, and language barriers.

The survey also inquired about radio ownership. Overall, a little over half of respondents (56.3%) noted that they owned a radio set (N=263), while a similar percentage reported that they did not own or have access or did not own but had access (N=106, 22.7% and N=98, 21.0% respectively). Therefore, 77.3% of respondents had access to a radio (N=361), though not all owned a radio set. Differences were observed among women and men respondents. For instance, a higher percentage of men (73.1%) reported owning a radio set (N=117) as compared to women (N=146, 47.6%). Meanwhile, a lower percentage of men (12.5%) reported not owning or having access to a radio set (N=20) as compared to women (N=86, 28.0%). These results indicate that men have a greater access to radio than women.

Perhaps not surprisingly, a higher percentage of LMT program listeners (71.7%) reported owning a radio set (N=220) as compared to non-radio and LMT program listeners (N=40, 26.5%). 55.6% of non-listeners reported not owning a radio set or having access to one (N=84). This reinforces the observation above that suggests that a limited access to a radio set or listening device was a barrier that could have prevented women and men from listening to the LMT program.

Of those who reported listening to the radio, when asked where or with whom they typically listened to the radio, the most common response was at home (N=342, 77.4%). Few mentioned listening to the radio in other situations such as at work, with friends or neighbors in the community, in transit, or at the market. Similar trends were observed among women and men, and listeners and non-listeners of the LMT program.

Decision-making surrounding radio was another area of inquiry covered in the survey. When asked who in the household decides what to listen to on the radio, overall, nearly 50% said they themselves decide what to listen to on the radio. For instance, 19.6% of women respondents reported that they are the ones to decide what to listen to on the radio (N=76), whereas 26.8% of men reported that they are the ones to do so (N=104). Moreover, few reported that they made the decision with their husband or wife (N=25, 6.4%). Results also show that a higher percentage of women reported that their husbands made the decisions concerning radio (N=63, 16.2%) compared to men reporting that their wives made these decisions (N=2, 0.5%). Results from listeners and non-listeners of the LMT program demonstrated similar trends.

*Table 5. Decision-making concerning radio by gender and/or age*

| Who in your household decides what to listen to on the radio? | Overall (N=467) |       | LMT Listeners (N=307) |       | Non-LMT Listeners (N=72) |       |
|---|-----------------|-------|-----------------------|-------|--------------------------|-------|
|   | #               | %     | #                     | %     | #                        | %     |
| 1) Myself (woman)   | 76              | 19.6% | 58                    | 18.9% | 16                       | 22.2% |
| 2) Myself (man)   | 104             | 26.8% | 90                    | 29.3% | 14                       | 19.4% |
| 3) Myself and husband/wife                                    | 25              | 6.4%  | 22                    | 7.2%  | 2                        | 2.8%  |
| 4) My husband   | 63              | 16.2% | 53                    | 17.3% | 10                       | 13.9% |
| 5) My wife  | 2               | 0.5%  | 2                     | 0.7%  | 0                        | 0.0%  |
| 6) My child or children                                       | 37              | 9.5%  | 28                    | 9.1%  | 8                        | 11.1% |
| 7) Myself, children and husband/wife                          | 11              | 2.8%  | 11                    | 3.6%  | 0                        | 0.0%  |
| 8) Other household members                                    | 70              | 18.0% | 43                    | 14.0% | 22                       | 30.6% |

Those who reported that more than one person made decisions around radio were asked who would make the final decision if someone did not agree. Overall, results show that men would most commonly make the final decisions (N=25, 69.4%). Meanwhile, women were seldom reported as being the final decision-maker (N=3, 8.3%). Similar results were found among listeners of the LMT program. That said, it is important to note that a low percentage of overall respondents responded to the question inquiring about final decision-making which could influence results. Nevertheless, the results overall noted above suggest that men have more decision-making power concerning radio as compared to women.

When asked about the frequency of listening to the radio, overall, 63.4% of respondents reported that they typically listen to the radio daily (N=246). This was followed, though not

closely, by twice a week (N=87, 22.4%). Slight differences were observed between men and women. Specifically, while 76.2% of men reported listening to the radio daily (N=109), a lower percentage of women (55.9%) reported the same (N=137). Likewise, this could suggest that men listen to the radio more frequently than women. Results from LMT program listeners were similar to the results and patterns outlined above. Meanwhile, there are slight differences in the results from non LMT program listeners. For instance, a slightly lower percentage of non LMT program listeners reported listening to the radio daily (N=39, 54.2%).

*Table 6. Frequency of radio listening*

| How often do you typically listen to the radio? | Overall       |       |                     |       |                   |       | LMT Listeners |       |               |       |             |       | Non-LMT Listeners |       |              |       |            |       |
|---|---------------|-------|---------------------|-------|-------------------|-------|---------------|-------|---------------|-------|-------------|-------|-------------------|-------|--------------|-------|------------|-------|
|   | Total (N=467) |       | Total Women (N=307) |       | Total Men (N=160) |       | Total (N=307) |       | Women (N=185) |       | Men (N=122) |       | Total (N=72)      |       | Women (N=52) |       | Men (N=20) |       |
|   | #             | %     | #                   | %     | #                 | %     | #             | %     | #             | %     | #           | %     | #                 | %     | #            | %     | #          | %     |
| 1) Daily  | 246           | 63.4% | 137                 | 55.9% | 109               | 76.2% | 205           | 66.8% | 112           | 60.5% | 93          | 76.2% | 39                | 54.2% | 23           | 44.2% | 16         | 80.0% |
| 2) Twice a week                                 | 87            | 22.4% | 66                  | 26.9% | 21                | 14.7% | 78            | 25.4% | 58            | 31.4% | 20          | 16.4% | 7                 | 9.7%  | 6            | 11.5% | 1          | 5.0%  |
| 3) Once a week                                  | 24            | 6.2%  | 14                  | 5.7%  | 10                | 7.0%  | 16            | 5.2%  | 8             | 4.3%  | 8           | 6.6%  | 6                 | 8.3%  | 5            | 9.6%  | 1          | 5.0%  |
| 4) Once every two weeks                         | 4             | 1.0%  | 3                   | 1.2%  | 1                 | 0.7%  | 3             | 1.0%  | 2             | 1.1%  | 1           | 0.8%  | 1                 | 1.4%  | 1            | 1.9%  | 0          | 0.0%  |
| 5) Once a month                                 | 12            | 3.1%  | 12                  | 4.9%  | 0                 | 0.0%  | 3             | 1.0%  | 3             | 1.6%  | 0           | 0.0%  | 8                 | 11.1% | 8            | 15.4% | 0          | 0.0%  |
| 6) Never  | 15            | 3.9%  | 13                  | 5.3%  | 2                 | 1.4%  | 2             | 0.7%  | 2             | 1.1%  | 0           | 0.0%  | 11                | 15.3% | 9            | 17.3% | 2          | 10.0% |

Overall, among surveyed respondents, the most popular times for listening to the radio were during weekday evenings (N=292, 75.3%), weekend evenings (N=238, 61.3%), and weekday mornings (N=183, 47.2%). These results were similar among both women and men respondents, as well as LMT program listeners and non-listeners.

### *LMT Program Listenership and Motivations*

Of all surveyed respondents who identified as parents or caregivers, 65.7% reported listening to the LMT radio program. This percentage of listeners can be considered high, particularly as it includes respondents who do not listen to the radio in general and may not have access to a radio or other listening devices. Using the listenership rate of 65.7% obtained from the survey, we can estimate the number of listeners among parents and caregivers of children ages 3 to 5 to be approximately 917,400. Detailed calculations are provided in the methods section. Because the sample only included parents/caregivers of children 3-5 years old, we could not

directly apply the listenership rate of 65.7% to all adults within the area covered by the radio stations. For that segment of the population, we simply estimated the total number of listeners for different scenarios of listenership rates (10-40%), giving us a total number of adult listeners, including both parents/caregivers and non-parents/caregivers of 3-5 years old, falling between 1,178,400 and 1,961,400.

Of the 388 survey respondents who reported listening to the radio, nearly 80% listened to the LMT radio program. More specifically, 79.1% of respondents reported listening to the LMT program (N=307) while only 18.6% did not listen to the program (N=72). Several respondents could not recall (N=9, 2.3%). The higher percentage of respondents reporting to have listened to the LMT program was similar across women and men respondents. However, there were minor differences between their results. For instance, a slightly higher percentage of men respondents (85.3%) reported listening to the LMT program (N=122) as compared to women respondents (N=185, 75.5%). However, these similarities are important given that women have increased radio accessibility barriers. Moreover, approximately 80% of respondents ages 18 to 34 years (N=117, 77.0%), 35 to 49 years (N=135, 82.8%) and 50-64 years (N=47, 81.0%) reported listening to the LMT radio program. Meanwhile, a smaller percentage of respondents ages 65 years and over reported the same (N=8, 53.3%).

This high rate of LMT listenership among radio listeners was reinforced by the KII and FGD results. Most of the KII and FGD respondents (over 85%) mentioned being able to tune into the selected radio stations that broadcast the LMT program and confirmed listening to it since its inception. Moreover, the KII with a radio program manager also gave the impression that many people tune into the program. For instance, this key informant noted that the feedback received from listeners indicated a higher level of listenership in Tamale. They also noted that the number of phone calls and the approach taken by people to express their interest in the program was an indication of high listenership.

The qualitative results also indicated that the live phone in episodes were well patronized by listeners, especially discussions after the drama episodes. For example, KIIs with a radio program manager and GES coordinators revealed that on average about 20 people phone in to the program broadcast on Savannah radio, including listeners outside of the intervention Districts such as Yendi and Salaga. Listeners from the Tolon and Kumbungu Districts were noted as frequently calling in to contribute to the LMT program discussions.

Based on survey results, the major reason for not listening to the LMT program, as identified by non LMT program listeners, was a result of being unaware of the radio program. More

specifically, 79.2% of respondents reported that the reason for not listening was because they were unaware of the LMT program (N=57). This was similar among women and men (N=40, 76.9% and N=17, 85.0% respectively). Moreover, when non-listeners were asked if they would listen to a radio program about parenting skills and educational games if it were broadcast in their community, 86.1% said yes (N=62). The percentage of respondents that reported they would listen was high among both women and men.

Though few, only women respondents noted that no access to radio was a reason for not listening to the LMT program. Few respondents noted a disinterest in the program topics, an inconvenient timing of broadcast, a poor signal strength, language barriers, a dislike of broadcaster or radio stations or having participated in other early childhood care and education programs as reasons for not listening to the LMT program. Several respondents (N=5), mainly women, noted that there were other reasons for not listening to the LMT radio program, including:

- Lack of time and energy linked to a heavy household workload or economic activities
- Lack of control or decision-making power related to operating the radio set and choosing programs to listen to
- Inability to operate a radio set

Overall, the reasons above reflect more barriers to listening to the radio in general than reasons for not listening to the LMT program specifically.

Results from the KIIs and FGDs provide additional information. Similarly to the survey results, qualitative results suggest that an unawareness of the LMT program was a factor contributing to lower listenership among community members. Respondents also noted other factors, including a poor radio network or signal, the program timing, and the peak farming demands which at times made community members forget about the program schedule or were too tired to listen. For example, one FGD respondent shared:

*“This is a farming community and so most of our activities are farm centered. Now we are harvesting our food stuff and so come back mostly tired and cannot listen to the program” (Parent FGD, Female, Bunkpurugu-Nyankpanduri District).*

Survey respondents that did report listening to the LMT program were asked about their reasons for listening. The most commonly reported reason for listening to the LMT program was an interest by respondents in early childhood care and education topics including parenting skills

and educational games. Nearly 90% of LMT program listeners reported that this is why they listened to the program (N=267, 87.0%). This was followed by a desire from listeners to listen to help them support their child's development (N=170, 55.4%). These results were similar among women and men respondents. See **Table 7** below for additional information.

*Table 7. Factors contributing to LMT radio program listenership*

| What are the reasons you decided to listen to the radio program? Select all that apply.                 | LMT Listeners    |       |                  |       |                |       |
|---|------------------|-------|------------------|-------|----------------|-------|
|   | Total<br>(N=307) |       | Women<br>(N=185) |       | Men<br>(N=122) |       |
|   | #                | %     | #                | %     | #              | %     |
| 1) Interested in early childhood care & education topics including parenting skills & educational games | 267              | 87.0% | 157              | 84.9% | 110            | 90.2% |
| 2) Encouraged to listen by others   | 86               | 28.0% | 54               | 29.2% | 32             | 26.2% |
| 3) Already listened to radio station programs   | 105              | 34.2% | 60               | 32.4% | 45             | 36.9% |
| 4) Convenient timing of broadcast   | 50               | 16.3% | 31               | 16.8% | 19             | 15.6% |
| 5) To support child development   | 170              | 55.4% | 98               | 53.0% | 72             | 59.0% |
| 6) Because the Play Scheme Program stopped  | 11               | 3.6%  | 6                | 3.2%  | 5              | 4.1%  |
| 7) Other  | 6                | 2.0%  | 5                | 2.7%  | 1              | 0.8%  |

Few respondents (N=5) noted that there were other reasons for listening to the LMT program, including:

- COVID-19 concerns leading to an increased interest in children's welfare and the passages on COVID-19 were of interest
- An Interest in learning more about play activities
- It was broadcast in local languages
- A fear of their children being illiterate like their parents

Results from the KIIs and FGDs provided additional information on the reasons that contributed to parents and caregivers listening to the LMT program. Among the reasons for listening to the program was the opportunity for parents and caregivers to continue the program as a result of



the COVID-19 pandemic which led to a pause of the PSP as well as parents who never benefited from the PSP who saw it as an opportunity to learn about early childhood care and education.

Overall, parents and caregivers expressed much enthusiasm in gaining a deeper understanding of childcare, nutrition and health issues that are shared in the program. Another reason for listening to the program, as indicated by most of the FGD and KII respondents, was to choose lessons from the program that made it easier for them to support their children's learning at home. Parents in the FGD mentioned lessons on hygiene as one of the key lessons they chose to apply regularly at home. FGD respondents also mentioned applying recommendations from the program to use local food items to make nutritional and healthy meals for their families.

Moreover, respondents also reported listening to the LMT program to acquire basic parenting knowledge to help them take proper care of their children. For example, one KII respondent shared:

*"Many people have approached me not to ever stop the program due to the benefit and therefore must continue. Without the program many parents and caregivers wouldn't have had the level of knowledge and exposure they have now to support the education of their children at home. It is clear that listening to the program has helped parents to adopt strategies for children learning at home, including sitting together with them while they learn and play with their books or play games" (KII, Program Manager, Savannah Radio, Male, Tamale Metropolitan District)*

Moreover, an FGD respondent also noted that the presenter's style and approach, particularly during the live phone in episodes, contributed to either attracting or discouraging parents and caregivers to listen to the LMT program. A few respondents indicated they continued listening to the program as a result of the valuable feedback they received during the live phone in episodes. Nevertheless, according to some of the FGD respondents, while some of the program hosts showed patience in allowing listeners to express their concerns during the live phone in episodes, in some cases parents and caregivers felt rushed by the host due to the limited time available. Other FGD respondents, both men and women, also revealed that they faced challenges in calling into the program during the live phone in episodes. According to these respondents, the phone lines were constantly busy and in most cases were not successful in calling in until the end of the program episode. The limited time for phone ins coupled with the high number of calls helps to explain why the host may have felt the need to respond and move onto the next caller quickly in order to respond to a higher number of callers.

Of those who reported listening to the LMT program, a little over 50% noted listening to the program, on average, twice a week (N=172, 56.0%). Meanwhile, 34.9% reported listening to the program, on average, once a week (N=107). No notable differences were observed among women and men. The results above suggest not only that the radio program was widely listened to but that those who did listen did so frequently and regularly.

### ***LMT Program Impressions and Appreciation***

The survey respondents who listened to the LMT radio program (N=307) were asked a series of questions to better understand their impressions and appreciation of the program. Overall, when asked whether they had enjoyed the LMT program, nearly all respondents said yes (N=300, 97.7%). These results were similar among women and men respondents.

Surveyed respondents that reported enjoying the LMT program were then asked what they enjoyed about the program. What was most commonly noted was related to respondents' interest in the program topics and the information provided in the program on children's development (N=239, 79.7%). This was followed by an enjoyment of the parenting episodes (N=221, 73.7%), learning about educational games in the Play episodes (N=146, 48.7%), learning how to teach their children at home (N=112, 37.3%), and the use of local languages (N=88, 29.3%). These results were similar among women and men respondents. However, while the interactive live phone in episodes providing an opportunity to ask questions was noted by women (N=27, 15.1%), no men respondents selected this option. One respondent also noted that he wanted to encourage his children to go to school as he had never been to school.

Surveyed respondents were also asked about the topics in the parenting episodes that they found useful. Overall, the role of parents was raised by the most respondents, followed closely by parenting episodes focused on physical development, health, and safety. More specifically, 85% of respondents noted that learning about the role of parents was useful (N=261) and 81.1% noted that learning about physical development, health and safety was useful (N=249). In addition, 57.0% of respondents found topics related to socio-emotional development and family wellbeing useful (N=175), while only 28.7% shared that episodes on inclusivity and equality were useful (N=88). That said, the FGD results suggest that episodes or some of the episodes related to inclusivity and equality may have been popular among parents and caregivers. For instance, FGD respondents expressed enjoying a recent program episode discussing children with disabilities, particularly the parts on non-discrimination against children with disabilities.

*Table 8. Topics in parenting episodes that LMT program listeners found useful*

| What topics in the parenting episodes are useful, if any?<br>Select all that apply. | LMT Listeners    |       |                  |       |                |       |
|---|------------------|-------|------------------|-------|----------------|-------|
|   | Total<br>(N=307) |       | Women<br>(N=185) |       | Men<br>(N=122) |       |
|   | #                | %     | #                | %     | #              | %     |
| 1) Physical development, health and safety  | 249              | 81.1% | 146              | 78.9% | 103            | 84.4% |
| 2) Socio-emotional development and family wellbeing                                 | 175              | 57.0% | 100              | 54.1% | 75             | 61.5% |
| 3) Inclusivity and equality   | 88               | 28.7% | 52               | 28.1% | 36             | 29.5% |
| 4) Role of parents  | 261              | 85.0% | 161              | 87.0% | 100            | 82.0% |
| 5) Topics in parenting episodes are not useful                                      | 33               | 10.7% | 20               | 10.8% | 13             | 10.7% |

The popularity and enjoyment of the LMT program highlighted above was reinforced by the results from the key informant interviews (KIIs). According to KII respondents, the radio program has been very successful due to the approach employed by Lively Minds in collaboration with the radio stations. The program approach allows for stakeholder participation which encourages communities, parents/caregivers and even children to participate in discussions. Though fewer surveyed respondents noted that the live phone in episodes were useful as compared to other program components, KII respondents expressed the importance of these episodes. KII respondents indicated that the radio stations do not prescribe solutions to communities, rather they engage listeners in discussion and allow listeners to call in and make suggestions or contribute to discussions. They expressed that this helped to address a number of challenges related to traditions that have been practiced in these communities for a long time. For instance, it was suggested in both the KIIs and FGDs that communities did not value children's education, particularly that of girls. Some parents did not see any direct benefits of a girl's education to the family once a young girl was married off. Others also indicated that they felt it was not necessary to enroll all children. Some respondents also expressed that some children would always have to be available to support farming activities. Nevertheless, KII and FGD respondents noted that the radio program had provided enough sensitization for them to appreciate the need to provide education for all children. More specifically, some FGD respondents stated:

*"Until the education on radio we thought girls' education was not necessary, especially when she was going to be married. We thought the girl was to be in the kitchen to learn how to cook to sustain her in marriage". (Parent FGD, Female, Tolon-Kumbungu District)*

*“Parents here believe that the male child should support the father on the farm so we do not enroll all our children in school so we can get the male child to support the farming activities as an inheritance from the family. This program has now given us a different understanding that all the children have the right to education” (Parent FGD, Male, Tatale District).*

When surveyed respondents were asked if there was anything they disliked about the LMT program, most said no (N=257, 83.7%). Of the 50 respondents (16.3%) who reported that there were components of the program they disliked, 37 of them noted they disliked the parenting episodes and 34 noted they disliked the program topics and information provided on children's development. Few respondents (N=4) noted there were other components of the program they disliked, including the program not always being broadcast in the local dialect and some parents calling into the program suggesting that parents with financial constraints should allow their children to stay home.

Overall, these survey results suggest that the LMT program was enjoyed and appreciated by nearly all listeners. Respondents enjoyed, in particular, the parenting episodes and episodes that focused on providing information on children's development and found episodes that discussed the role of parents and physical development, health and safety the most useful. That said, of the few respondents who noted disliking certain components of the LMT program, their results may suggest that there were elements of the parenting episodes and the information provided on children's development that they did not enjoy.

FGD results also suggest that the LMT radio program was enjoyed by parents and caregivers. Nevertheless, some FGD respondents, mentioned that the duration of the episodes were too short and they would like the episode length to be extended (e.g. to an hour). This was particularly relevant for the live phone in episodes. Results from the KII and FGDs indicated that respondents would like the duration of the live phone in episodes to be increased to allow more listeners to participate. For example, one KII respondent mentioned:

*“It takes only 30 minutes, and the time is inadequate as many phone ins do not get through so it will be good to increase the time” (KII, Head Teacher, Male, North Gonja District)*

FGD respondents also would have liked for the episode broadcast frequency to be increased (e.g. to about 3-4 times per week).

In addition to the recommendations provided by FGD and KII respondents above, , surveyed listeners were asked if they had any suggestions to help improve the LMT program. While some suggestions may be outside of the scope of the program to be addressed directly, they may help

to reveal other actions or approaches the program could take. Refer to the **Table 9** below that outlines some of the suggestions provided by surveyed listeners of the LMT radio program.

*Table 9. Recommendations provided by surveyed LMT radio program listeners to help improve the program grouped by theme*

| <b>LMT Radio Program Recommendations</b>                     |  |
|--|--|
| <b>Program Awareness</b>                                     | <ul style="list-style-type: none"> <li>• More sensitization and awareness raising concerning the LMT program (broadcast schedule) and community engagement before launching program on radio</li> </ul>  |
| <b>Program Frequency and Duration</b>                        | <ul style="list-style-type: none"> <li>• Add an additional day for repeat programs</li> <li>• Increase the frequency of LMT program to help increase listenership</li> <li>• Extend episode duration</li> <li>• More time for call-ins during the interactive live phone-in episodes</li> </ul>  |
| <b>Program Content</b>                                       | <ul style="list-style-type: none"> <li>• Provide more variety in the play activities and games, including more alphabet games</li> <li>• Target children above the age of five</li> <li>• More episodes focused on storytelling and lessons on hygiene</li> <li>• Include English language and science in the program</li> </ul>   |
| <b>Program Delivery</b>                                      | <ul style="list-style-type: none"> <li>• Offer program in more local dialects (e.g., Basarle)</li> <li>• Expand program to other Districts / every part of the country</li> </ul>  |
| <b>Program Facilitation, Hosts and Speakers</b>              | <ul style="list-style-type: none"> <li>• Involve parents and caregivers in the program by inviting them to the radio stations to share their experiences</li> <li>• Bring more experienced panel members on the program</li> <li>• Better facilitation of callers, as some call in to discuss unrelated topics</li> <li>• Some presenters speak ill of female parents not taking care of their kids well - presenters to improve their use of gender-responsive language</li> <li>• Encourage more women to call in</li> </ul> |
| <b>Program Broadcast Quality and Radio Station Selection</b> | <ul style="list-style-type: none"> <li>• Improve radio signal, use Simli Radio station and Zaa Radio which have strong signals</li> </ul>  |

|   |  |
|---|--|
| <b>Supportive Materials and Initiatives</b> | <ul style="list-style-type: none"> <li>● Provide more play and learning materials</li> <li>● Organize regular community durbar on the program</li> <li>● Support listeners with radios</li> <li>● Provide more training, including skills training to empower women</li> </ul> |
|---|--|

## **PSP Participation, Impressions, and Implementation**

Results included in this section related to the Play Scheme Program (PSP) stem from respondents located in the 4 Districts where the PSP was implemented, i.e., the Garu, Tolon-Kumbungu, Tatale, and North Gonja Districts. A total of 158 respondents were surveyed in these Districts.

### ***PSP Participation and Impressions***

Respondents located in the 4 Districts where the PSP was implemented were asked about their awareness of the PS program. Overall, only a small percentage of these respondents (7.6%) stated that they were not aware of the PSP (N=12), while 90.5% said they were aware of the program (N=143). These results indicate that among surveyed respondents, almost all were aware of the program's existence.

Respondents were also asked about how they became aware of the PSP. Overall, the top two sources were from school staff, teachers, or educators (N=75, 47.5%), followed closely by the radio (N=68, 43.0%). Some respondents also reported hearing about the PSP from friends and neighbors, during a community meeting and from their children who attended the Play Scheme. Results from women and men are similar overall. However, these results show that a slightly higher percentage of men heard of the PSP from the radio as compared to women (N=25, 52.1% and N=43, 39.1% respectively). Meanwhile, more women respondents reported hearing of the PSP from school staff, teachers, or educators than men respondents (N=58, 52.7% and N=17, 35.4% respectively). Not surprisingly, if men have better access to radio than women, radio would likely be a better approach of informing men of the PS program while other sources including school staff may be a better information source for women. These trends were similar among the results from listeners of the LMT program, though a slightly higher percentage of LMT program listeners reported hearing of the PSP on the radio.

Table 10. Awareness of PSP and source of sensitization regarding the PSP

| Have you heard of the Lively Minds Play Scheme program led by the Ghana Education Service? Select all that apply. | Overall       |       |                     |       |                  |       | LMT Listeners |       |              |       |            |       | Non-LMT Listeners |       |             |   |           |   |
|---|---------------|-------|---------------------|-------|------------------|-------|---------------|-------|--------------|-------|------------|-------|-------------------|-------|-------------|---|-----------|---|
|   | Total (N=158) |       | Total Women (N=110) |       | Total Men (N=48) |       | Total (N=124) |       | Women (N=82) |       | Men (N=42) |       | Total (N=7)       |       | Women (N=4) |   | Men (N=3) |   |
|   | #             | %     | #                   | %     | #                | %     | #             | %     | #            | %     | #          | %     | #                 | %     | #           | % | #         | % |
| 1) No, I am not aware of the Play Scheme Program  | 12            | 7.6%  | 7                   | 6.4%  | 5                | 10.4% | 0             | 0.0%  | 0            | 0.0%  | 0          | 0.0%  | 2                 | 28.6% | 0           | - | 2         | - |
| 2) Yes, I heard of it from friends and neighbors  | 33            | 20.9% | 22                  | 20.0% | 11               | 22.9% | 26            | 21.0% | 16           | 19.5% | 10         | 23.8% | 2                 | 28.6% | 1           | - | 1         | - |
| 3) Yes, I heard of it on the radio  | 68            | 43.0% | 43                  | 39.1% | 25               | 52.1% | 66            | 53.2% | 41           | 50.0% | 25         | 59.5% | 1                 | 14.3% | 1           | - | 0         | - |
| 4) Yes, I heard of it during a community meeting  | 33            | 20.9% | 25                  | 22.7% | 8                | 16.7% | 22            | 17.7% | 15           | 18.3% | 7          | 16.7% | 5                 | 71.4% | 4           | - | 1         | - |
| 5) Yes, I heard of it from school staff, teachers or educators  | 75            | 47.5% | 58                  | 52.7% | 17               | 35.4% | 61            | 49.2% | 44           | 53.7% | 17         | 40.5% | 2                 | 28.6% | 2           | - | 0         | - |
| 6) Yes, my children attend or attended the Play Scheme  | 16            | 10.1% | 12                  | 10.9% | 4                | 8.3%  | 14            | 11.3% | 10           | 12.2% | 4          | 9.5%  | 0                 | 0.0%  | 0           | - | 0         | - |

Of those who were aware of the PSP (N=143), nearly 80% reported participating in the program (N=114, 79.7%). Of these, almost 50% participated in the PSP both before and after the COVID-19 lockdown (N=67, 46.9%). Less than 20% of respondents did not participate in the PSP (N=26, 18.2%). These trends were similar in the results from LMT program listeners.

Survey respondents from the 8 Districts where the PSP was not implemented and only had access to the LMT radio program were asked about their interest in participating in the PSP activities. More specifically, they were asked if they would participate in workshops on parenting skills and educational games in their community if they had the opportunity to attend. Of the 183 respondents from these Districts that reported listening to the LMT program, 93.4% said they would participate in these workshops and continue listening to the radio program (N=171, 93.4%). Only 5 respondents (2.7%) said they would participate in the workshops but stop listening to the radio program. No notable differences were observed among women and men respondents.

Though the focus of the evaluation was on assessing the LMT program, the PSP was discussed in the FGDs and KIs. Overall, the qualitative results suggest, as indicated by respondents, that

the PSP has been beneficial to the participating schools and communities. For example, a Lively Minds GES Regional Coordinator shares an example of how women mobilized as a result of the PSP, he states:

*“In Tatale in the northern region, women who have volunteered to support the PSP have formed an association to also pursue their own livelihood project to raise resources to support themselves and their children's education. These women meet regularly on their welfare which has resulted in their decision to have a T-shirt for each member volunteer at their own expense for identification purposes.” (KII, GES Early Childhood Coordinator, Female, Northern Region)*

### **PSP Implementation**

The results in this section are informed by the interviewed stakeholders that took part in the implementation of the PSP. The key stakeholders in the implementation of the Play Schemes are the enrolled mothers and the kindergarten teachers, as well as the early childhood education coordinator in the district. The enrolled mothers are provided with technical training on the Play Schemes and these mothers come to the school for a certain number of hours each week to help the kindergarten teacher teach the preschool children. Lessons are taught in the local languages using the Play Scheme approach. During the training of the enrolled mothers, participants are made to discuss the sacrifices mothers make in bringing up children. There are also talks about the long-term benefits mothers' gain from giving greater care to their children. During those workshops parents and caregivers were sensitized on the sacrifices mothers have to make to be able to provide teaching support to the schools and children at home.

Although communities appreciate the benefits the PSP provides for the schools and communities, especially learning educational games, some community members, especially men, have in the past tried to discourage the enrolled mothers from continuing to provide the level of support they exhibit to the PS program and have been advocating for remuneration for the mothers even though the Lively Minds team, as part of the community entry, had indicated the support to be voluntary. The lack of support from most men in the communities has been a challenge to the sustainability of the PS program, even though most respondents from the KII, including both men and women, believe the approach is more cost effective compared to the radio program.

Some women face challenges with their husbands and other women in the communities who are not part of the PSP. Some husbands insist that their wives should stop the program because there is no incentive to compensate them for the lost time on the farm and other domestic



activities and therefore must stop. Women are discouraged from continuing the program due to a lack of incentives. Results from the women FGDs and KIIs with District Coordinators and head teachers revealed that PS mothers are under pressure to demand incentives to continue the program. One KII respondent discussed the need to compensate the enrolled mothers while two others highlight the importance of involving Play Scheme fathers, for instance:

*“Introduce community driven incentives for the volunteer mothers. The community teachers under the complementary basic education got some incentives such as exchange programs for them to learn [in] other places [...] identify the needs of the volunteer mothers and address these.” (KII, Donor Partner, Male, Tamale Metropolitan District)*

*“Currently some districts are recruiting volunteer fathers in addition to the volunteer mothers. This is so because in districts like Garu the Play Scheme training also involves the father of the learners and this has developed the interest of the fathers in the program” (KII, Donor Partner, Male, Tamale Metropolitan District)*

*“The introduction of fathers into the training is a realization of the fact that in the home fathers make decisions on everything including what the baby would eat and what the whole family eats” (KII, Donor Partner, Male, Tamale Metropolitan District)*

The program is currently encouraging men to develop an interest in the PS program by engaging them in the training to facilitate their interest and support to the enrolled mothers in the schools and at home. It has been difficult since its inception to get men to support the process. However, in recent times the program has made efforts to get men in the communities to accept and support their wives as to improve the education of children found in the hard to reach and poverty-stricken zones of Ghana. While engaging with the Lively Minds team, it was discovered that men were not comfortable sitting together with women. This was as a result of men believing they have a certain level of authority and therefore do not need to mingle among women. Lively Minds therefore designed a course content for men to facilitate their commitment and participation. Parents and caregivers have continuously been urged on the importance of their engagement in the program to assist their wards in school, as this is summed up below by key informants:

*“Even the best KG in the world won't be able to provide the best education to your ward if we the parents do not participate in their learning. This is because children spend more time with parents at home.” (KII, GES Regional Coordinator, Female, Northern Region)*

*“They show interest in the education of the children in the community. Parents are happy that they are permitted to sit among teachers and use their local language to instruct in the class and that has boosted their confidence that the education their children are getting.” (KII, Head Teacher, Male, Central Gonja District)*

## **LMT and PSP Synergies and Opportunities**

### ***Continued PSP Participation and LMT Program Listenership***

The respondents from the PSP Districts who listened to the LMT program (N=148) were asked if they would continue listening to the LMT program now that the PSP had resumed. Of these respondents, nearly all (98.6%) said they would continue listening to the LMT program (N=146). No notable differences were observed among women and men respondents.

These results suggest that despite the PSP resuming, parents and caregivers are still keen on listening to the LMT radio program. Results provided in early sections of the report also indicate that respondents from the LMT only Districts would also be interested in participating in the PSP, and that, if given the opportunity, most would engage in both the PSP and the LMT program. These results may suggest that the PSP and LMT radio program could play complementary roles.

Qualitative results also indicate that most of the parents from the FGDs believe that the PSP and the LMT radio program play a complementary role and prefer having both programs continue as they both bring about benefits to parents, caregivers, and their communities. The parents indicated that both the PSP and the radio program have been considerably beneficial to them and that it should be continued. FGD respondents indicated that parents and communities who are not able to benefit from the PSP have the opportunity to gain valuable information on caring for their children by listening to the LMT program. Meanwhile, the support provided by the enrolled mothers in the schools has served as an incentive for other parents in the community to support their children. The LMT program also brings additional benefits to the schools and communities. For instance, the LMT program emphasizes the importance of mothers being part of the child’s learning process which, qualitative results show, is gradually being embraced by parents.

In terms of synergy, the LMT program has benefited the PSP in some communities, especially communities that are not beneficiaries of the PSP. According to the LMT team, the LMT program could be used to initiate the PSP in other communities. The LMT program could be used as a platform for the PSP to be rolled out in new communities. Moreover, communities who are not beneficiaries of the PSP can rely on the LMT program where lessons from the PSP can be shared

with listeners during the radio program broadcast and vice versa. For example, one key informant notes:

*“There is the need to keep running the two programs as much as possible. The PSP is more effective but the radio covers a wider audience” (KII, GES Regional Coordinator, Female, Northern Region)*

As illustrated above, while both programs have their limitations, respondents also highlighted that both programs have important benefits to the parents, caregivers, and communities they serve. In regards to the LMT program, parents and caregivers do not have the opportunity to go to the schools to provide direct contributions and support to the teachers and children which helps to reduce the burden on the teachers. With the radio program, the only means of getting parents involved is through the phone in segments which can also present its own challenges related to network issues and language barriers.

### ***Experiences Implementing Programs***

The regional and district education offices and LMT teams undertake periodic monitoring visits to provide onsite support to schools and communities. According to the KII respondents the visits provide an avenue for the teams to engage with parents, enrolled mothers and teachers to stay informed on how the program is being managed, including in the schools. This also provides them with adequate information to help address program challenges in the field. According to the regional LMT coordinator, the last monitoring visit revealed that there are instances where women and their husbands listen to the program together when it is aired. Parents, caregivers, and GES officials also confirmed both in the FGDs and KIIs that parents and caregivers are asked to share what they learned in the last LMT program episode during monitoring visits to determine whether parents actually listen and if they do, to assess how they understand the messaging shared in the program. For example, one key informant shares:

*“Anytime I go out on monitoring I ask the caregivers and parents to ascertain as to whether they have been listening to the LMT radio program or not.” (KII, GES Official, Male, North Gonja District)*

Other factors that influenced the LMT outcomes included monitoring from the LMT Regional and District Coordinators across the implementing school-communities and radio stations, as well as training for the PSP volunteers, head teachers and star players. The continuous monitoring of the program by these officials provided the opportunity for them to fine-tune the program delivery.

Although, overall, the KII respondents felt the implementation of the LMT and the PS programs went well, they enumerated a couple of challenges and concerns that would require to be addressed to enhance the benefits of the program. According to respondents, some of the challenges that present themselves during the implementation included:

- Time allocated for radio was adequate but there were some challenges with access and poor reception or clarity.
- There were language challenges according to a few stakeholders interviewed. Some communities expressed their inability to listen to the program due to language barriers. These were observed, in particular, in the Central Gonja, Wa West and the North Gonja Districts where the language broadcast on radio was not understood by many of the communities. For instance, in Wa West most of the communities speak Brifo but the program is mainly broadcasted in Dagaare or Wale.
- There were financial challenges. The GES, who are responsible for the program monitoring, coaching and mentoring support, reported having insufficient resources available to them. It was indicated by respondents that the allocation of GHC 0.50 is inadequate, making it difficult to effectively monitor the program across all communities, districts, and regions.
- The mothers who do not have an educational background found it difficult to design the teaching and learning materials, as reported by key informants including head teachers and GES District Coordinators.
- It was also observed that some of the communities in the various districts had no awareness of the LMT program. Discussions with schools and district officials revealed that little campaigning was done prior to the roll out of the program. It is therefore essential to conduct extensive stakeholder engagement to promote increased awareness of the LMT program at the community level. In addition, teachers could serve to remind parents and caregivers via messages through the children on the LMT program's broadcast schedule and request for feedback during parent teacher assemblies (PTAs) and other community engagements.
- Some are of the opinion that Lively Minds could provide more credit to the funding support received and would like further recognition for their support as donors.

Key informants from the KIIs, including GES Regional and National Officials, suggest that cost concerns related to the LMT program, such as the costs associated with airtime and panelist allowances, may present challenges for the sustainability of the program. That said, many FGD

respondents recommended its continuity. Discussions with key stakeholders in the KIIs indicate that the PSP is perceived to be more sustainable due to its approach of enrolling members of the community, making it less costly as compared to the radio program which requires the acquisition of airtime and other related costs on a weekly basis.

The quantitative and qualitative results provided in the subsections above suggest that the two programs play a complementary role and that there are more benefits of running both the PS and LMT programs simultaneously, despite being more costly. The level of interest expressed by parents and caregivers in participating in both programs was high and suggests that if the programs were continued and/or expanded parents and caregivers would engage in both programs. These respondents, as well as the KII respondents, also mentioned that both programs had distinct benefits and could help mutually reinforce the lessons provided in either program as well as help mitigate some of their limitations, in part, by providing parents and caregivers more learning and engagement options and opportunities through more than one information source. For example, while some KIIs found the PSP to be more effective, the LMT program was determined to have a wider reach. Moreover, despite a few challenges, overall, KIIs expressed that the implementation of both programs went well. For these reasons, FGD and KII respondents agreed that both programs should be implemented simultaneously. Nevertheless, this evaluation focused primarily on the impact of the LMT program, and more research would be required to identify and compare the distinct impacts of the PS and LMT program on parents and caregivers' knowledge, attitudes and practices. That said, initiatives that target behavior change can often be more effective when more than one medium or information source is employed as messaging can be repeated, presented in different ways and reinforced. Using various mediums can also help to reach a wider range of people, including people of different backgrounds that have varying preferences and accessibility barriers.

### **LMT Program Impact**

The following section provides results from the survey, FGDs and KIIs on the impacts of the LMT program on listeners' parental knowledge, attitudes, and practices, as well as observed changes in preschool children.

#### ***Parental Knowledge***

Overall, nearly all listeners of the LMT program (N=299, 97.4%) agreed that the radio program helped parents and primary caregivers support their preschool children to learn at home. Respondents were then asked what the radio program offered parents and caregivers to help them support their preschool children learn at home. Overall, nearly 90% of surveyed listeners

noted that the program helped parents and caregivers learn parenting skills and skills related to teaching children at home (N=263, 88.0%). This was closely followed by information on parenting, child development, and the role of parents in that development (N=245, 81.9%). A little over 50% of listeners also reported that the LMT program helped parents and caregivers gain confidence, belief, and trust in themselves to support children's learning at home (N=156, 52.2%). Additionally, 43.8% of listeners noted that the program helped parents and caregivers support children at home by providing educational games and activities discussed in the Play episodes that could be used at home (N=131). Few listeners reported that the opportunities to share experiences and ask questions during the live phone-in episodes supported parents and caregivers in helping their children learn at home (N=29, 9.7%). No notable differences were observed among results from women and men respondents. When asked if there were other helpful things the program provided parents and caregivers, one respondent shared that the program helped her understand how to support her children with money to buy food in school.

*Table 11. Components of the LMT program that respondents identified as helping them support their preschool children learn at home*

| If yes, what does the radio program offer parents & caregivers to help them support their preschool children to learn at home? Select all that apply. | LMT Listeners    |       |                  |       |                |       |
|---|------------------|-------|------------------|-------|----------------|-------|
|   | Total<br>(N=299) |       | Women<br>(N=177) |       | Men<br>(N=122) |       |
|   | #                | %     | #                | %     | #              | %     |
| 1) Information on parenting, child development, & the role of parents in that development   | 245              | 81.9% | 145              | 81.9% | 100            | 82.0% |
| 2) Parenting skills & skills related to teaching children at home   | 263              | 88.0% | 156              | 88.1% | 107            | 87.7% |
| 3) Confidence, belief and trust in myself to support child's learning at home   | 156              | 52.2% | 91               | 51.4% | 65             | 53.3% |
| 4) Educational games and activities provided in the play episodes that can be used at home  | 131              | 43.8% | 77               | 43.5% | 54             | 44.3% |
| 5) Opportunities to share experiences and ask questions during the live phone-in episodes   | 29               | 9.7%  | 16               | 9.0%  | 13             | 10.7% |
| 6) Other  | 1                | 0.3%  | 1                | 0.6%  | 0              | 0.0%  |

Qualitative results from the FGDs and KIs also suggest that the LMT program has had a positive impact on parents and caregivers' knowledge related to early childhood care and education.

Many FGD and KII respondents indicated that the LMT program had increased the level of knowledge of both parents / caregivers and children. For instance, one parent stated:

*"I have really acquired knowledge as a parent on how to assist the children to study at home." (Parent FGD, Female, Bunkpurugu-Nyankpanduri District)*

### **Parental Attitudes**

Surveyed respondents were presented with a series of attitudinal statements for which they were asked to share the extent to which they agreed or disagreed with each statement. Provided below are the results from LMT program listeners and non-listeners (i.e., respondents who do not listen to the radio in general and respondents who did not listen to the LMT program). A comparison of results from these two groups is provided to help further inform the impacts of the program on parental attitudes.

#### **Attitudinal Statements**

The four statements below do not align with LMT principles or key messaging promoted in the radio program. Therefore, a positive response would be to disagree or strongly disagree with the statements provided below. In order to perform statistical testing, the four agreement scales were converted into scores as follows: Strongly Agree =1, Agree=2, Neither agree nor disagree =3, Disagree = 4, Strongly Disagree = 5. For each attitudinal question, differences between LMT listeners and non-listeners were assessed using a one-tailed non-parametric Mann-Whitney U test. The one-tailed approach was used as we were primarily interested in assessing the potentially 'positive' impact of the LMT program on respondents' attitudes and perceptions against the 'null' hypothesis of no difference between the two groups.

**(1) A preschool child can develop in a healthy way without the support of parents or caregivers at home.**

Overall, approximately 80% of listeners and non-listeners either disagreed or strongly disagreed with the statement: A preschool child can develop in a healthy way without the support of parents or caregivers. More specifically, 77.5% of listeners either disagreed or strongly disagreed with this statement (N=238), while 81.5% of non-listeners did (N=123). According to the Mann-Whitney U test (one-tailed), the difference between LMT listeners and non-listeners is not statistically significant. No notable differences were observed among women and men

respondents. These results show that there is little difference between the attitudes of listeners and non-listeners related to the importance of at home parental or caregiver support in the healthy development of preschool children.

**(2) Parents and caregivers need money to be able to help their children learn at home through play and educational games.**

When asked the extent to which respondents agreed or disagreed with the above statement, slight differences were observed among results from listeners and non-listeners. For instance, more LMT program listeners either disagreed or strongly disagreed that parents and caregivers need money to be able to help their children learn at home through play and educational games. More specifically, 66.1% of listeners either disagreed or strongly disagreed with this statement (N=203), while 56.3% of non-listeners reported the same (N=85). The one-tailed Mann-Whitney U test reveals that listeners are significantly more in disagreement with that statement than non-listeners ( $Z = -1.95$ ,  $p = 0.026$ ). No notable differences were observed among women and men respondents. These results suggest that the program may have helped dispel the myth among some LMT program listeners that parents and caregivers need money to be able to help their children learn at home.

**(3) A parent or caregiver that is unable to read or write cannot help their preschool children learn at home.**

Overall, approximately 75% of listeners and non-listeners either disagreed or strongly disagreed with the statement: A parent or caregiver that is unable to read or write cannot help their preschool children learn at home. More specifically, while 77.5% of listeners either disagreed or strongly disagreed with this statement (N=238), slightly fewer non-listeners did (N=110, 72.8%). The one-tailed Mann-Whitney U test suggests that listeners are more in disagreement with that statement than non-listeners ( $Z = -1.38$ ,  $p = 0.084$ ). The test, however, is only significant at the 10% level suggesting that this result should be interpreted with caution. These results were similar among both women and men respondents. Though there is little difference between the results from listeners and non-listeners, the LMT program may have slightly influenced listeners' belief that parents, or caregivers do not need to be able to read or write to help their preschool children learn at home.

In fact, FGD results suggest that the LMT program did have an impact on parental attitudes including the role of illiterate parents and caregivers in supporting their child or children's learning. For instance, one FGD respondent expressed that before the program she felt that



only teachers could supervise children's learning, particularly when a parent or caregiver had never been to school.

**(4) I worry that I cannot help my preschool child(ren) develop and learn at home.**

When asked the extent to which respondents agreed or disagreed with the above statement, slight differences were observed among results from listeners and non-listeners. For instance, approximately 10% more LMT program listeners either disagreed or strongly disagreed that they worried they could not support their preschool children. More specifically, while 71.7% of listeners either disagreed or strongly disagreed with this statement (N=220), slightly fewer non-listeners (62.9%) reported the same (N=95). The one-tailed Mann-Whitney U test reveals that listeners are significantly more in disagreement with that statement than non-listeners ( $Z = -2.41$ ,  $p = 0.008$ ). No notable differences were observed among results from women and men respondents. These results suggest that the program may have helped some program listeners improve their confidence in their abilities to support their children develop and learn at home.

Overall, though descriptive survey results do not show a considerable difference in responses from listeners and non-listeners, statistical analysis reveals that there are some significant differences in the attitudes of listeners and non-listeners. In particular, significant differences in listener and non-listener attitudes were observed related to the need for parents and caregivers to have money to support their children's learning at home and the confidence they have in their abilities to do so. Qualitative results from the FGD and KIs further reinforce that the LMT radio program influenced listeners' attitudes.

Overall, qualitative results found that the LMT program influenced a change in parents and caregivers' attitude towards children's education. The LMT program helped parents and caregivers better understand the importance of all children having an education, including that of girls, and the value of supporting their child or children's learning at home. Qualitative results suggest that parents and caregivers show more enthusiasm towards their children's education and school issues in general which was related to acquiring knowledge to help themselves and their children. Results also indicate that parents and caregivers are more committed to dedicating part of their income to their children's education. Mothers, in particular, were found to be more aware of their role in supporting and ensuring that their preschool children's basic needs, that are essential for school attendance and success, are met. Overall, the LMT program and the PSP have improved parents and children's interest in school.

In addition, the LMT program had an impact on parents and caregivers' understanding and attitudes towards people with disabilities. After listening to a program episode discussing children with disabilities and non-discrimination, parents confessed the LMT program had enlightened them on issues concerning disabilities as some noted that they believed disabilities were ailments caused by, in some cases, curses in the family. The LMT program helped to demystify some of these harmful and long held misconceptions surrounding people and children with disabilities.

### ***Parental Practices***

Surveyed respondents were asked about their practices related to playing with and supporting their children at home. Provided below are the results from LMT program listeners and non-listeners (i.e., respondents who do not listen to the radio in general and respondents who did not listen to the LMT program). A comparison of results from these two groups is provided to help further inform the impacts of the program on parental practices.

When asked about the frequency of playing with their children at home, approximately 80% of respondents overall reported playing with their children at home more than once per week (N=367). When comparing listeners and non-listeners, results show that a slightly higher percentage of non-listeners reported playing with their children every day. More specifically, while 64.2% of non-listeners reported playing with their children at home every day (N=97), slightly fewer listeners (56.7%) reported the same (N=174). According to the Mann-Whitney U test (one-tailed test), no statistically significant effect of the LMT program on frequency of playing with children at home was detected. Slight differences were observed in the results from women and men respondents. For instance, among both listeners and non-listeners, a slightly higher percentage of women (approximately a 10-percentage point) reported playing with their children at home every day. More specifically, while 60.0% of women listeners reported playing with their children every day (N=111), 51.6% of men listeners reported the same (N=63). Likewise, while 67.5% of women non-listeners reported playing with their children every day (N=77), 54.1% of men non-listeners did the same (N=20).

LMT program listeners were asked if there were any educational games or play activities that they started using only after listening to the program. Most respondents (76.5%) reported that they had started using new games or activities after listening to the program (N=235), while only 20.2% of respondents said they had not (N=62). Results were similar among women and men respondents.

Those who reported starting to use new educational games or play activities (N=235) briefly shared some of the types of games and activities discussed in the program that they started doing at home with their children. Refer to the **Table 12** below for a summary of the responses provided overall.

*Table 12. New games or activities respondents reported starting to use after listening to the LMT radio program.*

| Functional Play or Literacy  | Constructive Play   | Exploratory Play  | Dramatic Play   | Thematic Play  |
|--|---|---|---|--|
| Playing simply to enjoy the experience. It helps children learn about the world through their senses, supports social-emotional development, and strengthens motor skills. | Play that involves constructing, building, drawing, or crafting something. It promotes creativity, problem-solving, and gives children a sense of accomplishment. | When children examine something closely while playing. It helps them learn cognitive and language concepts such as shape, size, and color.  | Play that involves using objects, actions, or ideas to represent other objects, actions, or ideas. Also known as pretend or symbolic play. It supports creativity, language development, and social-emotional skills. | Play that falls within a specific thematic area such as hygiene.   |
| <b>Most Common Responses</b>   |   |   |   |  |
| -  | -   | <ul style="list-style-type: none"> <li>- Object manipulation, identification, and sorting</li> <li>- Color identification</li> <li>- Counters</li> <li>- Reciting the alphabet and other alphabet games</li> <li>- Numeracy games/numerals, counting using stones, number matching</li> </ul> | -   | <ul style="list-style-type: none"> <li>- Handwashing and hygiene games</li> </ul>                          |
| <b>Other Responses</b>   |   |   |   |  |
| <ul style="list-style-type: none"> <li>- Reading</li> <li>- Reciting poems</li> <li>- Singing</li> <li>- Hand clapping and</li> </ul>                                      | <ul style="list-style-type: none"> <li>- Painting and drawing</li> <li>- Jigsaw puzzle</li> <li>- Cardboard cuttings</li> </ul>                                   | <ul style="list-style-type: none"> <li>- Listening and remembering games</li> <li>- Sorting items based on color</li> </ul>   | <ul style="list-style-type: none"> <li>- Play songs</li> <li>- Storytelling with emphasis on names of living things in the</li> </ul>   | <ul style="list-style-type: none"> <li>- Role playing with children including hygiene practices</li> </ul> |

|                            |  |  |  |  |
|----------------------------|--|--|--|--|
| dancing<br>- Hide and seek | - Molding (with clay)<br>- Papers and painted sticks<br>- Using empty tins | - Use of objects for learning<br>- Sorting beans from stones<br>- Rattle boxes<br>- Sound identification using stones and sand | local language and folktales<br>- Role playing with children on polite greetings, including with elders<br>- Animal play (elephant, lion, monkey, and mosquito)<br>- Stones or stone games<br>- Pick and act |  |
|----------------------------|--|--|--|--|

Other games or activities provided in respondents' responses that are not listed in the table above include:

- Dark play
- Adam game
- Calabash
- Sandals
- Pen play
- Toffee and bucket game
- Lengths
- Ampe

When surveyed LMT program listeners were asked if the program had influenced their decision to start using new practices at home related to early childhood care and education, nearly all respondents said it had. More specifically, 91.5% of listeners agreed that the LMT program had influenced their decision to start new practices, while only 5.2% said it had not (N=16, 5.2%). Few respondents were unsure (N=10, 3.3%). No notable differences were observed among women and men respondents.

Of those who reported that the LMT program had influenced their decision to start new practices related to early childhood care and education, 81.5% noted they started encouraging children to use good hygiene practices (N=229). FGD results reinforced this survey finding. For instance, parents and caregivers from the FGDs mentioned lessons on hygiene as one of the key lessons they chose to apply regularly at home. They indicated that, recently, handwashing had become

part of their lifestyle. According to FGD respondents, changes in handwashing behaviors have reduced diseases among children and other community members.

Other practices highly cited by surveyed respondents included spending more time playing with children (N=206, 73.3%) and encouraging children to follow road safety practices (N=169, 60.1%). These results were similar among women and men respondents. For additional information, see Table 13 below.

*Table 13. New practices exercised by LMT program listeners.*

| If yes, what practices were you not doing before the program but started doing after listening to the radio program? Select all that apply. | LMT Listeners    |       |                  |       |                |       |
|---|------------------|-------|------------------|-------|----------------|-------|
|   | Total<br>(N=281) |       | Women<br>(N=170) |       | Men<br>(N=111) |       |
|   | #                | %     | #                | %     | #              | %     |
| 1) Encouraging children to follow road safety practices   | 169              | 60.1% | 105              | 61.8% | 64             | 57.7% |
| 2) Encouraging children to use good hygiene practices   | 229              | 81.5% | 137              | 80.6% | 92             | 82.9% |
| 3) Speaking to other parents/caregivers about ECCE  | 94               | 33.5% | 62               | 36.5% | 32             | 28.8% |
| 4) Spending more time playing with children   | 206              | 73.3% | 129              | 75.9% | 77             | 69.4% |
| 5) Including child(ren) in everyday activities  | 109              | 38.8% | 64               | 37.6% | 45             | 40.5% |
| 6) Encouraging children to practice gratitude   | 86               | 30.6% | 45               | 26.5% | 41             | 36.9% |
| 7) Don't know   | 0                | 0.0%  | 0                | 0.0%  | 0              | 0.0%  |
| 8) Other  | 4                | 1.4%  | 2                | 1.2%  | 2              | 1.8%  |

Few surveyed respondents noted that there were other practices they started to do as a result of the LMT program, including:

- Making time to support children with their homework
- Encouraging children on the need to have an education
- Providing more attention to children with regards to school
- Disciplining their children without beating them
- Providing advice on how their children should behave in school and at home

Qualitative results from the FGDs and KIIs serve to further inform changes in parental practices and other changes as a result of the LMT program. Though more research is required on the

subject, headteachers interviewed during the KIIs reported that there had been an increase in enrolment and attendance in the schools due to the implementation of the PSP and LMT program in the districts. According to respondents, many parents now ensure to send their children to school themselves. Some parents and caregivers in the FGDs also noted that though being illiterate can present challenges in supporting their children with their homework, they now provide proper supervision to ensure that their children complete their homework. Meanwhile, other respondents noted that mothers, in particular, are now able to assist children with their studies at home. Results indicated that parents and caregivers are more motivated and ensure that their children's basic needs, including related to basic health and hygiene, are provided to facilitate their school attendance and retention. For example, one FGD respondent stated:

*"My children used to go to school reluctantly and return at their convenient time. But now I ensure they go early and return at the appropriate time. I sometimes follow up when they delay too much."*  
(Parent FGD, Female, Bunkpurugu-Nyankpanduri District)

In addition, qualitative results from the FGDs suggest that the bond between parents, especially mothers, and their children has improved due to the close relationship that has emerged as a result of the program. For instance, parents in the FGDs indicated that the lessons learned from the program have helped them improve their parenting style which has improved their relationship with their children. Not only did parents report showing more love to their children, but they also reported improving their techniques for disciplining their children. More specifically, respondents mentioned being able to now correct their children without the use of violence. Respondents further noted that the old practice of shouting and beating children had ceased. Additionally, many parents now ensure proper care is provided to their children which may not have always been the case among many families in the communities before the programs. Parents and caregivers expressed that, as a result of changing these practices, children now feel more confident and freer to approach parents.

Moreover, qualitative results also suggest that parents and caregivers who listened to the LMT program started to apply lessons learned from the program on the use of local food items to make healthy nutritious meals for their families. According to respondents, this change in practice related to using more local food items has helped reduce malnutrition and the cost of food at home for families.

### ***Changes Observed in Children***

#### ***LMT Program***

Though the focus of the evaluation was on assessing the impact of the LMT program on parents and primary caregivers, some inquiries were made regarding observed changes in children as perceived by surveyed parents and caregivers, as well as from key informants.

LMT program listeners were asked if they had noticed any changes in their child or children as a result of using the parenting practices and educational games they learned from the LMT program. Nearly all LMT program listeners (N=307) reported that they had observed changes in their children (N=289, 94.1%). No notable differences were observed among women and men respondents.

Of those who reported observing changes in their children, 74.7% reported that their children could now follow instructions more easily (N=216). Moreover, 59.2% reported that their children could now concentrate on a task for longer periods of time (N=171) and 48.8% reported that their children used more and different words to express themselves (N=141). Nearly 40% of respondents also noted that their children had started to:

- Handle objects more easily (N=112, 38.8%)
- Know words for numbers and colors in local languages (N=111, 38.4%)
- Use materials or objects in new and unusual ways (N=109, 37.7%)

*Table 14. Changes observed in children related to LMT program listeners applying new practices and games learned in the program.*

| If yes, what changes have you seen in your child(ren) as a result of using the parenting practices and educational games learned in the Lively Minds Together radio program? Select all that apply. | LMT Listeners    |       |                  |       |                |       |
|---|------------------|-------|------------------|-------|----------------|-------|
|   | Total<br>(N=289) |       | Women<br>(N=172) |       | Men<br>(N=117) |       |
|   | #                | %     | #                | %     | #              | %     |
| 1) They can concentrate on a task for longer  | 171              | 59.2% | 103              | 59.9% | 68             | 58.1% |
| 2) They can now follow instructions more easily   | 216              | 74.7% | 127              | 73.8% | 89             | 76.1% |
| 3) They use more and different words to express themselves  | 141              | 48.8% | 85               | 49.4% | 56             | 47.9% |
| 4) They use materials or objects in new and unusual ways  | 109              | 37.7% | 68               | 39.5% | 41             | 35.0% |
| 5) They can handle objects more easily  | 112              | 38.8% | 70               | 40.7% | 42             | 35.9% |
| 6) They know words for numbers and colors (in local languages)  | 111              | 38.4% | 67               | 39.0% | 44             | 37.6% |

|  |    |       |    |       |    |       |
|--|----|-------|----|-------|----|-------|
| 7) They are able to recite some or all of the alphabet | 95 | 32.9% | 56 | 32.6% | 39 | 33.3% |
| 8) Other   | 4  | 1.4%  | 1  | 0.6%  | 3  | 2.6%  |

Several other surveyed respondents noted other types of changes they had observed in their child or children, including:

- Being able to write
- Improved confidence
- Increased desire and interest to be in school, in part because they enjoy playing games (even when sick)
- Staying at home to play among themselves, their siblings, and friends rather than roaming in the community
- Reminding parents/caregivers of the timing of the LMT program
- Consistently being ready to go to school in the morning and declining request to do errands for fear of being late for school

Additionally, KII results indicate that children are learning from the LMT program. For example, one key informant stated:

*“As broadcasters we judge our listenership per the number of phone calls and the approach by people to express their interest in the program. There are instances that as a host I ask the children basic questions on air and in many of such instances, they get the answer correct.” (KII, Program Manager, LMT Radio Host, Savannah Radio, Male, Tamale Metropolitan District)*

Finally, all respondents were asked to rate their child or children’s readiness to go to school on a 5-point Likert scale from being ‘very ready’ to ‘not at all ready’. Overall, 95.5% of respondents reported that their children were either ‘very ready’ or ‘ready’ to go to school (N=446). More specifically, 63.0% of respondents (N=294) reported that their children were ‘very ready’, while 32.5% reported that their children were ‘ready’ (N=152).

Nearly all listeners reported that their child or children were either ‘very ready’ or ‘ready’ to go to school (N=305, 99.3%). More specifically, 70.0% of respondents (N=215) reported that their children were ‘very ready’, while 29.3% reported that their children were ‘ready’ (N=90). Similarly, nearly 90% of non-listeners reported that their child or children were either ‘very ready’ or ‘ready’ to go to school (N=133, 88.1%). More specifically, while 47.7% of respondents (N=72) reported that their children were ‘very ready’, 40.4% reported that their children were ‘ready’ (N=61).



While over 88% of both listeners and non-listeners reported that their child or children were either 'very ready' or 'ready' to go to school (N=305, 99.3% and N=133, 88.1% respectively), slightly more listeners reported that their child or children were either 'very ready' or 'ready' for school as compared to non-listeners. This is confirmed by the one-tailed Mann-Whitney U test which reveals that listeners of the LMT program perceive that their children are more ready to go to school compared to non-listeners ( $Z = -5.23, p < 0.001$ ). These results were similar among women and men respondents. In addition, a higher percentage of LMT program listeners reported that their child or children were 'very ready' to go to school. For instance, while 70.0% of listeners reported that their child or children were 'very ready' (N=215), 22.3% fewer non-listeners reported the same (N=72, 47.7%).

### **PSP**

Qualitative results from the FGD and KIIs also indicate that positive changes in children have been observed as a result of the PSP. Qualitative results suggest that children are now more enthusiastic about attending school. Among the reasons for this increased enthusiasm for school, is the opportunity the children now have to play with their mothers in school, the availability of teaching and learning materials (TLMs) and the freedom to play with those TLMs in school.

## Conclusion

This report outlines the results of the LMT radio program evaluation, including the impact of the program on the knowledge, attitudes and practices of parents and primary caregivers of preschool children ages 3-5, as well as perceived changes in children. The program has empowered parents, especially mothers in rural communities, to address challenges that hinder early childhood care and education through the use of radio and Play Schemes that allow mothers to have interactive radio sessions and in person engagement at the school level. The evaluation results show that the LMT radio program has had important and noticeable impacts despite a few observed challenges. Results suggest that with continuous program support and collaboration with the state and other non-state actors, the program will be able to achieve the set goals of improving early childhood care and education in rural villages by providing parents and caregivers the information, skills and confidence needed to provide ECCE to their preschool children at home. A summary of the key findings of the evaluation are presented below in response to the evaluation's main objectives and sub-research questions followed by their corresponding recommendation(s).

## Key Findings and Recommendations

### *LMT Program Listenership and Motivations*

#### **How many people listen to the LMT radio program?**

**Finding 1:** Listenership of the LMT radio program is high among parents and primary caregivers in rural communities targeted by the program.

Quantitative results from the survey support this finding. For instance, of the 467 surveyed respondents, 65.7% reported listening to the LMT radio program. This percentage of listeners can be considered high, in particular as it includes respondents who reported not listening to the radio in general and may also not have access to a radio or other listening device that would allow them to listen to the LMT radio program. Using the listenership rate of 65.7% obtained from the LMT survey, we can estimate the number of listeners among parents and caregivers of children 3-5 to be approximately 917,400. Moreover, the rate of LMT radio program listenership was also high among radio listeners. Of those who reported listening to the radio, approximately 80% reported listening to the LMT radio program.

Because the sample only included parents/caregivers of children 3-5 years old, we could not directly apply the listenership rate of 65.7% to all adults within the area covered by the radio stations. For that segment of the population, we simply estimated the total number of listeners for different scenarios of listenership rates (10-40%), giving us a total number of adult listeners, including both parents/caregivers and non-parents/caregivers of 3-5 years old, falling between 1,178,400 and 1,961,400.

This high rate of LMT listenership among radio listeners was reinforced by the KII and FGD results. Most of the KII and FGD respondents (over 85%) mentioned being able to tune into the selected radio stations that broadcast the LMT program and confirmed listening to it since its inception. The qualitative results also indicated that the live phone-in episodes were well patronized by listeners, especially discussions after the drama episodes.

**Recommendation 1:** As the rate of LMT radio program listenership is high among radio listeners, to increase the rate of program listenership, initiatives could be taken to improve the accessibility of radio sets and/or other radio listening devices and communal spaces for listening to the radio to improve parent and caregivers' general access to radio. This would in turn, support the rate of listenership among those with increased radio accessibility barriers. These initiatives could include distributing radio sets or other listening devices to parents and caregivers that want to listen to the program but do not have the equipment to do so. Another example could include creating spaces and organizing and/or facilitating community listening groups. This would allow parents and caregivers that do not own a radio set the possibility of listening to the program by accessing a shared radio.

### **Who listens to the LMT radio program?**

**Finding 2:** Though the listenership rate of the LMT radio program was found to be high among both men and women, a slightly higher percentage of men listened to the LMT radio program. Despite this slight difference, the listenership rate of women is still considered high.

Quantitative results from the survey support this finding. Although the listenership rate of the LMT radio program was high among both men and women, a slightly higher percentage of men (N=122, 85.3%) reported listening to the program as compared to women (N=185, 75.5%). Perhaps this is not surprising, given that a slightly higher percentage of men also reported listening to the radio more generally. The slightly higher listenership rate of the LMT radio

program among men would then align with the trend of slightly more men reporting to listen to the radio in general.

Nevertheless, the similarities in the rates of LMT radio program listenership among men and women are important given that women have increased barriers in accessing radio sets and listening to the radio. For instance, survey results suggest that men have increased ownership and access to radio sets, as well as more decision-making power regarding what is listened to on the radio. Qualitative results also suggest that women may face additional barriers to listening to the LMT program and radio more generally as compared to men. While some of these barriers are similar to those found in survey results, the qualitative results raise additional barriers. Specifically, qualitative results found that women faced additional listening barriers, including: (1) lack of time and energy due to a heavy household chore burden and other economic activities, (2) lack of control or decision-making power related to radio, and (3) an inability to operate a radio set. In addition, women's radio program listenership rate can typically be notably less than that of men.

Therefore, despite these gendered accessibility challenges, the LMT program has successfully promoted the engagement of women in the program resulting in a high radio program listenership rate among rural female parents and caregivers. Though not raised in the FGDs or KIs, similarly to the PSP intervention, there are possibilities that men could present some barriers or influence women's listenership. More research is needed on the topic.

**Recommendation 2.1:** Efforts made by Lively Minds to engage women in the LMT radio program and promote their listening of the program should be continued as these have resulted in a high listenership rate among female parents and caregivers.

**Recommendation 2.2:** Attention could be given to explore the potential impact men may have on women's listenership rate to assess whether specific initiatives should be taken to help overcome any potential barriers, for example surrounding decision-making. For instance, efforts to further target men and their involvement in the LMT radio program may help mitigate some of the barriers they could present to women, similarly to the recent PSP initiatives engaging men. This could be a helpful approach, particularly as survey results show that when radio is listened to in the household it is often done by many household members.

**Recommendation 2.3:** Additional strategies or activities could be undertaken to further promote and maintain women's listenership of the LMT radio program. For instance, in addition to suggestions provided under Recommendation 1, other initiatives could include: (1) providing

training for women on how to operate radio sets, (2) organize and/or facilitate women only listening groups, (3) encourage women listeners in the program to encourage other women to listen to the program, (4) include mothers in the program as guest speakers and ECCE champions to encourage more women to listen and highlight their role in ECCE (for both men and women), and (5) include content and discussions in the program as well as other learning opportunities surrounding gender equitable decision-making and household chore sharing responsibilities.

### **What are listeners' listening habits?**

**Finding 3:** LMT radio program listeners listened to the program frequently and followed the program closely.

Quantitative results from the survey support this finding. Of those who listened to the LMT program, 90.9% of surveyed respondents reported listening to it weekly, on average (N=279). More specifically, a little over 50% noted listening to the program, on average, twice a week (N=172, 56.0%), while 34.9% reported listening to the program, on average, once a week (N=107). These trends were similar among men and women respondents. The results above suggest not only that the radio program was widely listened to but that those who did listen did so regularly, including both men and women. This is important considering that the rate of radio program listenership can often lessen throughout the course of the program. That said, some qualitative results from the KIIs and FGDs indicate that some parents and caregivers can struggle to recall the LMT radio program schedule and broadcast times which could influence how often they listen to the program.

**Recommendation 3:** In addition to or in tandem with existing activities and initiatives used to promote the LMT radio program, the LMT broadcast schedule could be further promoted among listeners. Reminders for listeners of the program schedule could be included in the radio program and/or by shared by broadcasters at the start and the end of each program episode. Reminders of the program broadcast schedule could also be shared during community meetings, listening groups and throughout the PSP among other means and communication channels. This could help maintain the listenership frequency throughout the LMT program.

### Why are some people listening and others not?

**Finding 4:** Rural parents and primary caregivers are interested and keen on learning about ECCE, which has been a key motivating factor for listening to the LMT radio program. This may have been particularly important at the time the PSP was on hold.

Based on survey results, a major reason for listening to the LMT radio program included an interest from parents and primary caregivers in ECCE, including learning about parenting skills, educational games, and how to support their child's care and development. More specifically, nearly 90% of LMT program listeners reported that this is the reason they decided to listen to the LMT program (N=267, 87.0%). This was followed by a desire from listeners to listen to help them support their child's development (N=170, 55.4%). These results were similar among women and men respondents.

Results from the KIIs and FGDs reinforce the survey results above and provided additional information on the reasons that contributed to parents and caregivers listening to the LMT program, including a desire to acquire parenting knowledge that would help them take proper care of their children. Overall, parents and caregivers expressed much enthusiasm in gaining a deeper understanding of childcare, nutrition and health issues that are shared in the program. Another reason for listening to the program, as indicated by most of the FGD and KII respondents, was to choose lessons from the program that made it easier for them to support their children's learning at home. Parents in the FGD mentioned lessons on hygiene as one of the key lessons they chose to apply regularly at home.

Among other reasons for listening to the program was the opportunity for parents and caregivers to continue learning about ECCE while the PSP was paused as a result of the COVID-19 pandemic, as well as parents who never benefited from the PSP who saw it as an opportunity to learn about ECCE.

**Recommendation 4:** Continue and/or further promote the learning objectives and benefits of the LMT radio program for parents and caregivers through different channels and at different stages of the program that focus on the aspects or topics highlighted by respondents as areas of high interest. Similarly to Recommendation 3 above, this could be done through the radio program itself, community meetings, listening groups, and the PSP among other communication and promotional channels.

**Finding 5:** Unawareness of the LMT radio program was a major reason for not listening to the LMT radio program, among other less common reasons.

Of the 72 surveyed respondents who reported listening to the radio but not the LMT radio program (18.6%), being unaware of the program was identified as the major factor for not listening to the LMT program (N=57, 79.2%). This was similar among women and men (N=40, 76.9% and N=17, 85.0% respectively). These survey results are reinforced by the qualitative results. Results from the KIs and FGDs suggest that an unawareness of the LMT program was a factor contributing to lower listenership among community members.

Moreover, when non-listeners were asked if they would listen to a radio program about parenting skills and educational games if it were broadcast in their community, 86.1% said yes (N=62). The percentage of surveyed respondents that reported they would listen to the LMT radio program if it were broadcast in their community was high among both women and men.

Other reported reasons for not listening to the LMT program as suggested by quantitative and qualitative results, though considerably less common, included: (1) no access to radio (reported only by women), (2) disinterest in program topics, (3) inconvenient timing of broadcast, (4) poor signal strength, (5) language barriers, (6) dislike of broadcaster or radio station, and (7) participating in other ECCE programs. It is important to note that some of the contributing factors for not listening to the LMT radio program reflect barriers to listening to the radio more generally.

**Recommendation 5.1:** Additional sensitization efforts could be made to increase the awareness of the LMT radio program among parents, caregivers and rural communities. For instance, before the launch of the LMT radio program within certain Districts awareness raising campaigns at the community level could be conducted. It could be useful to identify, inform and collaborate with religious and community leaders and representatives that can support in relaying information and program updates to parents and caregivers within their communities. They could also serve to remind community members of the program's broadcast schedule, as well as the learning objectives and benefits of the program. The LMT program could also be promoted through the PSP and other common channels for obtaining information.

**Recommendation 5.2:** Conduct formative research with parents and caregivers in targeted Districts to identify their preferred radio stations, broadcast languages, as well as the radio

stations that have strong network signals that reach the targeted communities to ensure a clear audio quality in languages that are well understood and with their preferred stations.

### *LMT Program Impressions and Appreciation*

#### **What do listeners like and/or dislike about the program?**

**Finding 6:** The LMT radio program was highly enjoyed by nearly all program listeners. Listeners enjoyed the program's ECCE topics and the information provided on children's development and found learning about the role of parents in their children's development from the parenting episodes most useful.

Overall, when surveyed respondents who reported listening to the LMT program were asked whether they had enjoyed the radio program, nearly all respondents said yes (N=300, 97.7%). Survey results reveal that listeners enjoyed the program's ECCE topics and the information provided in the program on children's development (N=239, 79.7%). This was followed by an enjoyment of the parenting episodes (N=221, 73.7%), learning about educational games in the Play episodes (N=146, 48.7%), learning how to teach their children at home (N=112, 37.3%), and the use of local languages (N=88, 29.3%). These results were similar among women and men respondents. However, while the interactive live phone in episodes providing an opportunity to ask questions was noted by women (N=27, 15.1%), no men respondents selected this option.

Though few surveyed respondents identified enjoying the interactive live phone in episodes as compared to other LMT program components, qualitative results suggest that these types of program episodes were popular and enjoyed by program listeners. For instance, KII respondents expressed that these episodes were important learning opportunities for listeners and that they were highly listened to with many listeners calling into the stations to ask questions or share their opinions. These respondents indicated that the radio stations do not prescribe solutions to communities, rather they engage listeners in discussion and allow listeners to call in and make suggestions or contribute to discussions.

Survey results also show that listeners found learning about the role of parents in children's development very useful. This component of the program was raised by the most respondents as a topic they found useful in the parenting episodes. More specifically, 85% of respondents noted that learning about the role of parents was useful (N=261) and 81.1% noted that learning about physical development, health and safety was useful (N=249).



**Recommendation 6:** The LMT radio program should continue providing information and content on the topics found by listeners to be enjoyable and useful (as noted above), as well as maintain the 3 distinct episode types, as this has been highly enjoyed by listeners.

**Finding 7:** There were few listeners that reported disliking certain components of the LMT radio program. Of those who did, though not all were specific, listeners reported disliking the duration of the interactive live phone in episodes which they considered to be too short.

Overall, when surveyed respondents were asked if there was anything they disliked about the LMT program, most said no (N=257, 83.7%). Of the 50 respondents (16.3%) who reported that there were components of the program they disliked, 37 of them noted they disliked the parenting episodes and 34 noted they disliked the program topics and information provided on children's development. Though this may contradict the results provided above, this was expressed by only a few respondents. Further research is required to better understand the specific elements of the parenting episodes and topics/information provided on children's development that were disliked by some parents and caregivers.

Qualitative results help to shed light on other aspects of the LMT program that listeners disliked. For instance, some FGD respondents indicated that the duration of the program episodes were too short. This was particularly relevant for the interactive live phone in episodes, as expressed by both KII and FGD respondents. Respondents shared they wished for the live phone in episodes to be longer to allow more listeners to call in and participate in the discussions, as one headteacher noted: *"It takes only 30 minutes, and the time is inadequate as many phone ins do not get through so it will be good to increase the time"* (KII, Head Teacher, Male, North Gonja District).

**Recommendation 7:** The duration of the LMT radio program episodes could be extended, in particular the interactive live phone in episodes as many listeners and KIIs found them beneficial.

#### **What are recommendations provided by listeners to improve the LMT program?**

**Finding 8:** The most common recommendations provided by listeners to improve the LMT program related to the program's broadcast frequency and the duration of the program's episodes.

Similarly to survey results, qualitative results reveal that LMT program listeners want the frequency of the episode's broadcast and the duration of the program episodes to be increased, as expressed by FGD respondents. For instance, some FGD respondents noted that they wanted

the program episodes to be broadcast 3 to 4 times per week, while others noted wanting episodes to be extended to an hour in length, particularly the live phone in episodes (as previously noted).

Other recommendations provided by surveyed respondents (some similar to FGD results) revolved around: (1) program awareness, (2) program frequency and duration, (3) program content, (4) program delivery, (5) program facilitation, hosts and speakers, (6) program broadcast quality and radio station selection, and (7) supportive materials/initiatives. Most importantly, respondents suggested:

- More sensitization and awareness raising of the LMT radio program (including the broadcast schedule), as well as community engagement before airing the program and throughout the program.
- Increase the frequency that the LMT radio program is aired per week, including adding days for repeat programs, and the duration of episodes, particularly for the live phone in episodes, to help increase listenership.
- Provide more variety in the play activities and games, as well as more episodes focused on storytelling and hygiene.
- Extend the LMT radio program to additional districts and broadcast the program in more local dialects to reach a larger audience and make it more accessible to certain rural communities.
- Invite more experienced speakers as well as parents and caregivers to share their experiences and opinions.
- Improve the facilitation techniques and approaches of broadcasters to avoid discussing unrelated topics and to promote the use of gender-responsive or gender-transformative language.
- Select radio stations with strong network signals to increase the number of listeners that can access quality radio.
- Provide radio sets to parents and caregivers without listening devices that want to listen to the LMT radio program.

**Recommendation 8:** Use the suggestions provided by listeners to inform changes to the LMT radio program, including changes related to program awareness, content, delivery, facilitation, and broadcast quality. Listeners' recommendations related to the program frequency and duration, in particular, should be considered.

### *LMT and PSP Synergies and Opportunities*

#### **Are listeners of the LMT radio program more likely to want to participate in the Play Scheme program? Has the LMT radio program created demand for the Play Scheme program?**

**Finding 9:** Nearly all LMT radio program listeners expressed an interest in participating in the PSP if it were available in their community. Most parents and caregivers that have access to both programs want to participate in both and see these programs as complementary.

Overall, when surveyed LMT program listeners were asked if they would participate in workshops on parenting skills and educational games in their community if they had the opportunity to attend, 93.4% said they would participate in these workshops and continue listening to the radio program (N=171, 93.4%). Only 5 respondents (2.7%) said they would participate in the workshops but stop listening to the radio program. No notable differences were observed among women and men respondents. These results reveal that most LMT program listeners are interested in participating in the PSP and would likely participate or listen to both programs. Additional research, particularly in Districts with no LMT or PS programs, would be beneficial to compare the level of interest in participating in the PSP by parents and caregivers with no program exposure and those who listen to the LMT program.

In addition, when surveyed LMT listeners from the PSP Districts where asked if they would continue listening to the LMT program now that the PSP had resumed, nearly all (98.6%) reported they would continue listening to the LMT program (N=146). These results suggest that despite the PSP resuming, parents and caregivers are still keen on listening to the LMT radio program.

These survey results reveal that if given the opportunity, many parents and caregivers would want to take part in both the PSP and LMT program. These results may suggest that the PSP and LMT program could play a complementary role. Qualitative results further support this finding, as most FGD respondents believe that the PSP and LMT program play a complementary role and prefer having both programs continue as each brings about benefits to the parents, caregivers and communities they serve.

**Recommendation 9:** To increase the benefits and reach of the Lively Minds programs across rural communities, the PSP should be implemented alongside the LMT radio program (where possible).

### *LMT and PSP Implementation*

**Finding 10:** Despite challenges linked to costs and the lack of support men provided to women's participation in the PSP, implementers of the PS program have found the implementation to have gone well.

Despite a number of implementation challenges, overall, implementers felt that the implementation of the PSP went well. Some of the challenges expressed by key informants that were experienced throughout the implementation of the PSP were related to costs and community members, particularly men, discouraging the participation of women in the PSP. More specifically, KII results reveal that men have been discouraging enrolled mothers from providing the level of support they exhibit to the PS program and have been advocating for remuneration for participating mothers. Some husbands have insisted that their wives stop the program as there is no incentive to compensate them for the time taken away from farming and household activities. Therefore, participating mothers feel pressured to demand incentives to continue the program. In response, the program has taken additional steps to encourage men to develop an interest in the PS program by engaging them in training and other community initiatives.

**Recommendation 10:** The program should continue taking initiatives to engage men in the PSP.

### *LMT Program Impact*

**Did the program contribute to changes in parents' attitude towards ECCE or changes to their behavior or practices?**

**Finding 11:** The LMT radio program has improved the knowledge and skills of parents and caregivers related to ECCE, including knowledge and skills related to parenting and supporting their children's learning at home.

Survey results found that nearly all LMT program listeners agreed that the radio program helped parents and caregivers support their preschool children learn at home (N=299, 97.4%). For

instance, nearly 90% of surveyed listeners reported that the program helped parents and caregivers learn skills related to parenting and teaching children at home (N=263, 88.0%). Moreover, many FGD and KII respondents indicated that the LMT program had increased the level of knowledge of parents and caregivers related to ECCE. For example, one FGD respondent noted, “I have really acquired knowledge as a parent on how to assist the children to study at home” (Parent FGD, Female, Bunkpurugu-Nyankpanduri District).

**Finding 12:** The LMT radio program has had a positive impact on the attitudes of parents and caregivers towards Early Childhood Care and Education and their role in supporting their children’s care and education at home.

Overall, qualitative results found that the LMT program influenced a change in parents and caregivers’ attitude towards children’s education. The LMT program helped parents and caregivers better understand the importance of all children having an education, including that of girls, and the value of supporting their child or children’s learning at home. Qualitative results suggest that parents and caregivers show more enthusiasm towards their children’s education and school issues in general.

Qualitative results also indicate that parents and caregivers are more committed to dedicating part of their income to their children’s education. Mothers, in particular, were found to be more aware of their role in supporting and ensuring that their preschool children’s basic needs, that are essential for school attendance and success, are met. Overall, the LMT program and the PSP have improved parents and children’s interest in school.

Moreover, the LMT radio program helped dispel certain myths or commonly held beliefs related to ECCE and the role that parents play in children’s development. For example, survey results suggest that the LMT program helped parent and caregiver listeners understand that they do not need money to help their children learn at home. Likewise, FGD results suggest that the program changed parental attitudes regarding the ability of illiterate parents and caregivers to provide support in their children’s learning. For instance, one FGD respondent mentioned that before the program she felt only teachers could supervise children’s learning, particularly when a parent or caregiver had never been to school. In addition, survey results suggest that program listeners have more confidence in their ability to support their preschool children develop and learn at home as they less frequently reported being worried about their ability to do so as compared to non-listeners.

**Finding 13:** The LMT radio program influenced the use of new games and the adoption of new ECCE practices promoted in the program by parents and caregivers.

Survey results indicate that many LMT program listeners (76.5%) started using new games or activities with their children after listening to the radio program. For instance, some of the games surveyed parents and caregivers reported starting to use with their children at home included games related to object manipulation, identification, and sorting, as well as color identification, counters, reciting the alphabet, numeracy, and hygiene.

In addition, 91.5% of listeners agreed that the LMT program had influenced their decision to start using new ECCE practices at home. Of those who reported that the LMT program had influenced their decision to start new practices related to early childhood care and education, 81.5% noted they started encouraging children to use good hygiene practices (N=229). FGD results reinforced this survey finding. For instance, parents and caregivers from the FGDs mentioned lessons on hygiene as one of the key lessons they chose to apply regularly at home. They indicated that, recently, handwashing had become part of their lifestyle. According to FGD respondents, changes in handwashing behaviors have reduced diseases among children and other community members. Other practices highly cited by surveyed respondents included spending more time playing with children (N=206, 73.3%) and encouraging children to follow road safety practices (N=169, 60.1%).

#### **Are there any changes in children noted by parents?**

**Finding 14:** Parents, caregivers and other community members have observed positive changes in their children as a result of their parents applying lessons learned and educational games promoted in the LMT radio program.

Survey results reveal that nearly all LMT program listeners reported observing changes in their children (N=289, 94.1%). Of these respondents, 74.7% reported that their children could now follow instructions more easily (N=216), while 59.2% noticed that their children could concentrate on a task for a longer period of time (N=171), and 48.8% found that their children use more and different words to express themselves (N=141). Nearly 40% of respondents also noted that their children had started to:

- Handle objects more easily (N=112, 38.8%)

- Know words for numbers and colors in local languages (N=111, 38.4%)
- Use materials or objects in new and unusual ways (N=109, 37.7%)

Moreover, when survey respondents were asked about their children's readiness for school, nearly all listeners reported that their child or children were either 'very ready' or 'ready' to go to school (N=305, 99.3%). More specifically, 70.0% of respondents (N=215) reported that their children were 'very ready', while 29.3% reported that their children were 'ready' (N=90). While over 88% of both listeners and non-listeners reported that their child or children were either 'very ready' or 'ready' to go to school (N=305, 99.3% and N=133, 88.1% respectively), slightly more listeners reported that their child or children were either 'very ready' or 'ready' for school as compared to non-listeners. This is confirmed by the one-tailed Mann-Whitney U test which reveals that listeners of the LMT program perceive that their children are more ready to go to school compared to non-listeners ( $Z = -5.23, p < 0.001$ ).

Additionally, KII results indicate that children are learning from the LMT program. For example, one key informant shared, "As broadcasters we judge our listenership per the number of phone calls and the approach by people to express their interest in the program. There are instances that as a host I ask the children basic questions on air and in many of such instances, they get the answer correct" (KII, Program Manager, Savannah Radio, Male, Tamale District).

In addition, qualitative results from the FGD and KIIs also indicate that positive changes in children have been observed as a result of the PSP. Qualitative results suggest that children are now more enthusiastic about attending school. Among the reasons for this increased enthusiasm for school, is the opportunity children now have to play with their mothers in school, the availability of teaching and learning materials (TLMs) and the freedom to play with those TLMs in school.

## Annex 1 - Uliza Poll Questionnaire

| # | Question   | Response Options   | Skip Logic / Applicable Respondents                         |
|---|--|--|---|
| 1 | What is your gender and age?<br>Select one.  | 1) Woman (35+)<br>2) Girl (34 and under)<br>3) Man (35+)<br>4) Boy (34 and under)  | All respondents.  |
| 2 | What best describes you? I am a:<br>Select all that apply.   | 1) Parent / caregiver with children <b>ages 0-2</b><br>2) Parent / caregiver with children <b>ages 3-5</b><br>3) Parent / caregiver with children <b>ages 6-12</b><br>4) Parent / caregiver with children <b>ages 13 and over</b><br>5) I do not have children | All respondents.  |
| 3 | How often do you listen to the Lively Minds Together radio program?<br>Select one.   | 1) Twice a week<br>2) Once a week<br>3) Once every two weeks<br>4) Once a month<br>5) Never  | All respondents.  |
| 4 | Parents and caregivers need to be able to read and write to help their preschool children learn at home. Do you:<br>Select one.                                  | 1) Strongly disagree<br>2) Disagree<br>3) Neither agree or disagree<br>4) Agree<br>5) Strongly agree   | All respondents   |
| 5 | If the Lively Minds Together radio program on parenting skills and educational games is useful, what is most useful?<br>Select one.                              | 1) The radio program is not useful<br>2) Information in parenting episodes and children's development<br>3) Play episodes and educational games<br>4) Opportunity to ask questions in phone-in episodes  | All respondents, except those that answer Q3 with 5) Never. |
| 6 | The Lively Minds Together radio program gave me the information, abilities and belief in myself to help preschool children learn at home. Do you:<br>Select one. | 1) Strongly disagree<br>2) Disagree<br>3) Neither agree or disagree<br>4) Agree<br>5) Strongly agree   | All respondents, except those that answer Q3 with 5) Never. |
| 7 | How often do you play with your children at home using the games and activities provided in the radio program?<br>Select one.                                    | 1) Never<br>2) 1 time every 2 weeks<br>3) 1 time every week<br>4) 2 times per week<br>5) Every day   | All respondents, except those that answer Q3 with 5) Never. |



|   |  |   |  |
|---|--|---|--|
| 8 | <p>Have you noticed any positive changes in your child as a result of using the practices recommended in the radio program?</p> <p>Select one.</p> | <p>1) Yes, small changes<br/> 2) Yes, big changes<br/> 3) No changes<br/> 4) Don't know</p> | <p>All respondents, except those that answer Q3 with 5) Never.</p> |
|---|--|---|--|

## Annex 2 - Uliza Poll Results

Table 15. Number and percentage of women, men, girl and boy respondents in Uliza poll

| 1. Gender and Age   | Total<br>(N=1316) |       | Total Women<br>(N=603) |       | Total Men<br>(N=713) |       |
|---------------------|-------------------|-------|------------------------|-------|----------------------|-------|
|                     | #                 | %     | #                      | %     | #                    | %     |
| Woman (35+)         | 401               | 30.5% | 603                    | 45.8% | -                    | -     |
| Girl (34 and under) | 202               | 15.3% |                        |       |                      |       |
| Man (35+)           | 362               | 27.5% | -                      | -     | 713                  | 54.2% |
| Boy (34 and under)  | 351               | 26.7% |                        |       |                      |       |

Table 16. Number and percentage of women, men, girl and boy respondents in Uliza poll (disaggregated by listenership frequency).

| 1. Gender and Age   | Total<br>(N=1077) |       | Weekly or more<br>(N=692) |       | Occasional<br>(N=175) |       | Never<br>(N=210) |       |
|---------------------|-------------------|-------|---------------------------|-------|-----------------------|-------|------------------|-------|
|                     | #                 | %     | #                         | %     | #                     | %     | #                | %     |
| Woman (35+)         | 294               | 27.3% | 206                       | 29.8% | 49                    | 28.0% | 39               | 18.6% |
| Girl (34 and under) | 147               | 13.6% | 100                       | 14.5% | 22                    | 12.6% | 25               | 11.9% |
| Man (35+)           | 322               | 29.9% | 204                       | 29.5% | 58                    | 33.1% | 60               | 28.6% |
| Boy (34 and under)  | 314               | 29.2% | 182                       | 26.3% | 46                    | 26.3% | 86               | 41.0% |

Table 17. Number and percentage of respondents in Uliza poll who are parents or caregivers of children of varying ages (disaggregated by gender and age)

| 2. What best describes you? I am a:<br>(Select all that apply) | Total<br>(N=1183) |       | Total Women<br>(N=505) |       | Total Men<br>(N=678) |       | Women (35+)<br>(N=335) |       | Men (35+)<br>(N=344) |       | Women (34 & under)<br>(N=170) |       | Men (34 & under)<br>(N=334) |       |
|--|-------------------|-------|------------------------|-------|----------------------|-------|------------------------|-------|----------------------|-------|-------------------------------|-------|-----------------------------|-------|
|  | #                 | %     | #                      | %     | #                    | %     | #                      | %     | #                    | %     | #                             | %     | #                           | %     |
| Parent / caregiver with children ages 0-2                      | 343               | 29.0% | 187                    | 37.0% | 156                  | 23.0% | 135                    | 40.3% | 52                   | 30.6% | 77                            | 22.4% | 79                          | 23.7% |
| Parent / caregiver with children ages 3-5                      | 263               | 22.2% | 134                    | 26.5% | 129                  | 19.0% | 89                     | 26.6% | 45                   | 26.5% | 65                            | 18.9% | 64                          | 19.2% |
| Parent / caregiver with children ages 6-12                     | 205               | 17.3% | 73                     | 14.5% | 132                  | 19.5% | 42                     | 12.5% | 31                   | 18.2% | 108                           | 31.4% | 24                          | 7.2%  |
| Parent / caregiver with children ages 13 and over              | 125               | 10.6% | 37                     | 7.3%  | 88                   | 13.0% | 27                     | 8.1%  | 10                   | 5.9%  | 60                            | 17.4% | 28                          | 8.4%  |
| I do not have children   | 247               | 20.9% | 74                     | 14.7% | 173                  | 25.5% | 42                     | 12.5% | 32                   | 18.8% | 34                            | 9.9%  | 139                         | 41.6% |

Table 18. Number and percentage of respondents in Uliza poll who are parents or caregivers of children of varying ages (disaggregated by listenership frequency)

| 2. What best describes you? I am a:<br>(Select all that apply) | Total<br>(N=1077) |       | Weekly or more<br>(N=692) |       | Occasional<br>(N=175) |       | Never<br>(N=210) |       |
|--|-------------------|-------|---------------------------|-------|-----------------------|-------|------------------|-------|
|  | #                 | %     | #                         | %     | #                     | %     | #                | %     |
| Parent / caregiver with children ages 0-2                      | 320               | 29.7% | 236                       | 34.1% | 42                    | 24.0% | 42               | 20.0% |
| Parent / caregiver with children ages 3-5                      | 227               | 21.1% | 154                       | 22.3% | 38                    | 21.7% | 35               | 16.7% |
| Parent / caregiver with children ages 6-12                     | 184               | 17.1% | 116                       | 16.8% | 38                    | 21.7% | 30               | 14.3% |

|   |     |       |     |       |    |       |    |       |
|---|-----|-------|-----|-------|----|-------|----|-------|
| Parent / caregiver with children ages 13 and over | 111 | 10.3% | 57  | 8.2%  | 28 | 16.0% | 26 | 12.4% |
| I do not have children                            | 235 | 21.8% | 129 | 18.6% | 29 | 16.6% | 77 | 36.7% |

Table 19. Number and percentage of respondents in Uliza poll who listened to the LMT radio program (disaggregated by gender and age)

| 3. How often do you listen to the Lively Minds Together radio program? | Total<br>(N=1070) |       | Total Women<br>(N=441) |       | Total Men<br>(N=636) |       | Women (35+)<br>(N=294) |       | Men (35+)<br>(N=322) |       | Women (34 & under)<br>(N=147) |       | Men (34 & under)<br>(N=314) |       |
|--|-------------------|-------|------------------------|-------|----------------------|-------|------------------------|-------|----------------------|-------|-------------------------------|-------|-----------------------------|-------|
|  | #                 | %     | #                      | %     | #                    | %     | #                      | %     | #                    | %     | #                             | %     | #                           | %     |
| 1) Twice a week  | 401               | 37.5% | 190                    | 43.1% | 211                  | 33.2% | 128                    | 43.5% | 62                   | 42.2% | 119                           | 37.0% | 92                          | 29.3% |
| 2) Once a week   | 291               | 27.2% | 116                    | 26.3% | 175                  | 27.5% | 78                     | 26.5% | 38                   | 25.9% | 85                            | 26.4% | 90                          | 28.7% |
| 3) Once every two weeks  | 95                | 8.9%  | 38                     | 8.6%  | 57                   | 9.0%  | 25                     | 8.5%  | 13                   | 8.8%  | 32                            | 9.9%  | 25                          | 8.0%  |
| 4) Once a month  | 80                | 7.5%  | 33                     | 7.5%  | 47                   | 7.4%  | 24                     | 8.2%  | 9                    | 6.1%  | 26                            | 8.1%  | 21                          | 6.7%  |
| 5) Never   | 210               | 19.6% | 64                     | 14.5% | 146                  | 23.0% | 39                     | 13.3% | 25                   | 17.0% | 60                            | 18.6% | 86                          | 27.4% |

Table 20. Number and percentage of respondents in Uliza poll agreeing or disagreeing with the statement: Parents and caregivers need to be able to read and write to help their preschool children learn at home (disaggregated by gender and age).

| 4. Parents and caregivers need to be able to read and write to help their preschool children learn at home. Do you: | Total<br>(N=1124) |       | Total Women<br>(N=470) |       | Total Men<br>(N=654) |       | Women (35+)<br>(N=311) |       | Men (35+)<br>(N=329) |       | Women (34 & under)<br>(N=159) |       | Men (34 & under)<br>(N=325) |       |
|---|-------------------|-------|------------------------|-------|----------------------|-------|------------------------|-------|----------------------|-------|-------------------------------|-------|-----------------------------|-------|
|   | #                 | %     | #                      | %     | #                    | %     | #                      | %     | #                    | %     | #                             | %     | #                           | %     |
| 1) Strongly disagree  | 309               | 27.5% | 170                    | 36.2% | 139                  | 21.3% | 134                    | 43.1% | 36                   | 22.6% | 65                            | 19.8% | 74                          | 22.8% |
| 2) Disagree   | 74                | 6.6%  | 43                     | 9.1%  | 31                   | 4.7%  | 27                     | 8.7%  | 16                   | 10.1% | 19                            | 5.8%  | 12                          | 3.7%  |
| 3) Neither agree or disagree  | 132               | 11.7% | 71                     | 15.1% | 61                   | 9.3%  | 44                     | 14.1% | 27                   | 17.0% | 37                            | 11.2% | 24                          | 7.4%  |
| 4) Agree  | 306               | 27.2% | 97                     | 20.6% | 209                  | 32.0% | 51                     | 16.4% | 46                   | 28.9% | 100                           | 30.4% | 109                         | 33.5% |

|                   |     |       |    |       |     |       |    |       |    |       |     |       |     |       |
|-------------------|-----|-------|----|-------|-----|-------|----|-------|----|-------|-----|-------|-----|-------|
| 5) Strongly agree | 303 | 27.0% | 89 | 18.9% | 214 | 32.7% | 55 | 17.7% | 34 | 21.4% | 108 | 32.8% | 106 | 32.6% |
|-------------------|-----|-------|----|-------|-----|-------|----|-------|----|-------|-----|-------|-----|-------|

Table 21. Number and percentage of respondents in Uliza poll agreeing or disagreeing with the statement: Parents and caregivers need to be able to read and write to help their preschool children learn at home (disaggregated by listenership frequency).

| 4. Parents and caregivers need to be able to read and write to help their preschool children learn at home. Do you: | Total<br>(N=1077) |       | Weekly or more<br>(N=692) |       | Occasional<br>(N=175) |       | Never<br>(N=210) |       |
|---|-------------------|-------|---------------------------|-------|-----------------------|-------|------------------|-------|
|   | #                 | %     | #                         | %     | #                     | %     | #                | %     |
| 1) Strongly disagree  | 297               | 27.6% | 237                       | 34.2% | 34                    | 19.4% | 26               | 12.4% |
| 2) Disagree   | 67                | 6.2%  | 41                        | 5.9%  | 14                    | 8.0%  | 12               | 5.7%  |
| 3) Neither agree or disagree  | 122               | 11.3% | 67                        | 9.7%  | 33                    | 18.9% | 22               | 10.5% |
| 4) Agree  | 297               | 27.6% | 178                       | 25.7% | 43                    | 24.6% | 76               | 36.2% |
| 5) Strongly agree   | 294               | 27.3% | 169                       | 24.4% | 51                    | 29.1% | 74               | 35.2% |

Table 22. Number and percentage of respondents in Uliza poll who identified what was the most useful segment or episode of the LMT radio program (disaggregated by gender and age).

| 5. If the Lively Mind Together radio program on parenting skills and educational games is useful, what is most useful? | Total<br>(N=821) |       | Total Women<br>(N=347) |       | Total Men<br>(N=474) |       | Women (35+)<br>(N=234) |       | Men (35+)<br>(N=253) |       | Women (34 & under)<br>(N=113) |       | Men (34 & under)<br>(N=221) |       |
|--|------------------|-------|------------------------|-------|----------------------|-------|------------------------|-------|----------------------|-------|-------------------------------|-------|-----------------------------|-------|
|  | #                | %     | #                      | %     | #                    | %     | #                      | %     | #                    | %     | #                             | %     | #                           | %     |
| 1) The radio program is not useful   | 194              | 23.6% | 120                    | 34.6% | 74                   | 15.6% | 92                     | 39.3% | 28                   | 24.8% | 34                            | 13.4% | 40                          | 18.1% |
| 2) Information in parenting  | 273              | 33.3% | 105                    | 30.3% | 168                  | 35.4% | 68                     | 29.1% | 37                   | 32.7% | 91                            | 36.0% | 77                          | 34.8% |

|  |     |       |    |       |     |       |    |       |    |       |    |       |    |       |
|--|-----|-------|----|-------|-----|-------|----|-------|----|-------|----|-------|----|-------|
| episodes and children's development                  |     |       |    |       |     |       |    |       |    |       |    |       |    |       |
| 3) Play episodes and educational games               | 200 | 24.4% | 72 | 20.7% | 128 | 27.0% | 45 | 19.2% | 27 | 23.9% | 74 | 29.2% | 54 | 24.4% |
| 4) Opportunity to ask questions in phone-in episodes | 154 | 18.8% | 50 | 14.4% | 104 | 21.9% | 29 | 12.4% | 21 | 18.6% | 54 | 21.3% | 50 | 22.6% |

*Table 23. Number and percentage of respondents in Uliza poll who identified what was the most useful segment or episode of the LMT radio program (disaggregated by listenership frequency).*

| 5. If the Lively Mind Together radio program on parenting skills and educational games is useful, what is most useful? | Total<br>(N=821) |       | Weekly or more<br>(N=665) |       | Occasional<br>(N=156) |       |
|--|------------------|-------|---------------------------|-------|-----------------------|-------|
|  | #                | %     | #                         | %     | #                     | %     |
| 1) The radio program is not useful   | 194              | 23.6% | 162                       | 24.4% | 32                    | 20.5% |
| 2) Information in parenting episodes and children's development  | 273              | 33.3% | 238                       | 35.8% | 35                    | 22.4% |
| 3) Play episodes and educational games   | 200              | 24.4% | 154                       | 23.2% | 46                    | 29.5% |
| 4) Opportunity to ask questions in phone-in episodes   | 154              | 18.8% | 111                       | 16.7% | 43                    | 27.6% |

*Table 23 - Number and percentage of respondents agreeing or disagreeing that the LMT radio program provided parents and caregivers with the information, skills and confidence to help preschool children learn at home (disaggregated by gender and age).*

Table 24. Number and percentage of respondents agreeing or disagreeing that the LMT radio program provided parents and caregivers with the information, skills and confidence to help preschool children learn at home (disaggregated by gender and age).

| 6. The Lively Minds Together radio program gave me the information, abilities and belief in myself to help preschool children learn at home. Do you: | Total<br>(N=802) |       | Total Women<br>(N=335) |       | Total Men<br>(N=467) |       | Women (35+)<br>(N=225) |       | Men (35+)<br>(N=250) |       | Women (34 & under)<br>(N=110) |       | Men (34 & under)<br>(N=217) |       |
|--|------------------|-------|------------------------|-------|----------------------|-------|------------------------|-------|----------------------|-------|-------------------------------|-------|-----------------------------|-------|
|  | #                | %     | #                      | %     | #                    | %     | #                      | %     | #                    | %     | #                             | %     | #                           | %     |
| 1) Strongly disagree   | 189              | 23.6% | 103                    | 30.7% | 86                   | 18.4% | 83                     | 36.9% | 20                   | 18.2% | 40                            | 16.0% | 46                          | 21.2% |
| 2) Disagree  | 37               | 4.6%  | 18                     | 5.4%  | 19                   | 4.1%  | 10                     | 4.4%  | 8                    | 7.3%  | 10                            | 4.0%  | 9                           | 4.1%  |
| 3) Neither agree or disagree   | 84               | 10.5% | 38                     | 11.3% | 46                   | 9.9%  | 23                     | 10.2% | 15                   | 13.6% | 29                            | 11.6% | 17                          | 7.8%  |
| 4) Agree   | 203              | 25.3% | 71                     | 21.2% | 132                  | 28.3% | 48                     | 21.3% | 23                   | 20.9% | 70                            | 28.0% | 62                          | 28.6% |
| 5) Strongly agree  | 289              | 36.0% | 105                    | 31.3% | 184                  | 39.4% | 61                     | 27.1% | 44                   | 40.0% | 101                           | 40.4% | 83                          | 38.2% |

Table 25. Number and percentage of respondents in Uliza poll agreeing or disagreeing that the LMT radio program provided parents and caregivers with the information, skills and confidence to help preschool children learn at home (disaggregated by listenership frequency).

| 6. The Lively Minds Together radio program gave me the information, abilities and belief in myself to help preschool children learn at home. Do you: | Total<br>(N=802) |       | Weekly or more<br>(N=653) |       | Occasional<br>(N=149) |       |
|--|------------------|-------|---------------------------|-------|-----------------------|-------|
|  | #                | %     | #                         | %     | #                     | %     |
| 1) Strongly disagree   | 189              | 23.6% | 156                       | 23.9% | 33                    | 22.1% |
| 2) Disagree  | 37               | 4.6%  | 30                        | 4.6%  | 7                     | 4.7%  |
| 3) Neither agree or disagree   | 84               | 10.5% | 73                        | 11.2% | 11                    | 7.4%  |
| 4) Agree   | 203              | 25.3% | 168                       | 25.7% | 35                    | 23.5% |

|                   |     |       |     |       |    |       |
|-------------------|-----|-------|-----|-------|----|-------|
| 5) Strongly agree | 289 | 36.0% | 226 | 34.6% | 63 | 42.3% |
|-------------------|-----|-------|-----|-------|----|-------|

Table 26. The frequency of respondents (# & %) in Uliza poll who play with their children at home using the games and activities provided in the LMT radio program (disaggregated by gender and age).

| 7. How often do you play with your children at home using the games and activities provided in the radio program? | Total<br>(N=785) |       | Total Women<br>(N=324) |       | Total Men<br>(N=461) |       | Women (35+)<br>(N=218) |       | Men (35+)<br>(N=246) |       | Women (34 & under)<br>(N=106) |       | Men (34 & under)<br>(N=215) |       |
|---|------------------|-------|------------------------|-------|----------------------|-------|------------------------|-------|----------------------|-------|-------------------------------|-------|-----------------------------|-------|
|   | #                | %     | #                      | %     | #                    | %     | #                      | %     | #                    | %     | #                             | %     | #                           | %     |
| 1) Never  | 161              | 20.5% | 82                     | 25.3% | 79                   | 17.1% | 62                     | 28.4% | 20                   | 18.9% | 36                            | 14.6% | 43                          | 20.0% |
| 2) 1 time every 2 weeks   | 137              | 17.5% | 66                     | 20.4% | 71                   | 15.4% | 42                     | 19.3% | 24                   | 22.6% | 38                            | 15.4% | 33                          | 15.3% |
| 3) 1 time every week  | 115              | 14.6% | 42                     | 13.0% | 73                   | 15.8% | 27                     | 12.4% | 15                   | 14.2% | 45                            | 18.3% | 28                          | 13.0% |
| 4) 2 times per week   | 143              | 18.2% | 45                     | 13.9% | 98                   | 21.3% | 31                     | 14.2% | 14                   | 13.2% | 55                            | 22.4% | 43                          | 20.0% |
| 5) Every day  | 229              | 29.2% | 89                     | 27.5% | 140                  | 30.4% | 56                     | 25.7% | 33                   | 31.1% | 72                            | 29.3% | 68                          | 31.6% |

Table 27. The frequency of respondents (# & %) in Uliza poll who play with their children at home using the games and activities provided in the LMT radio program (disaggregated by listenership frequency).

| 7. How often do you play with your children at home using the games and activities provided in the radio program? | Total<br>(N=785) |       | Weekly or more<br>(N=641) |       | Occasional<br>(N=144) |       |
|---|------------------|-------|---------------------------|-------|-----------------------|-------|
|   | #                | %     | #                         | %     | #                     | %     |
| 1) Never  | 161              | 20.5% | 140                       | 21.8% | 21                    | 14.6% |
| 2) 1 time every 2 weeks   | 137              | 17.5% | 109                       | 17.0% | 28                    | 19.4% |
| 3) 1 time every week  | 115              | 14.6% | 89                        | 13.9% | 26                    | 18.1% |
| 4) 2 times per week   | 143              | 18.2% | 119                       | 18.6% | 24                    | 16.7% |



|              |     |       |     |       |    |       |
|--------------|-----|-------|-----|-------|----|-------|
| 5) Every day | 229 | 29.2% | 184 | 28.7% | 45 | 31.3% |
|--------------|-----|-------|-----|-------|----|-------|

Table 28. Number and percentage of respondents in Uliza poll who have observed changes in their children as a result of using the practices recommended in the LMT radio program (disaggregated by gender and age).

| 8. Have you noticed any positive changes in your child as a result of using the practices recommended in the radio program? | Total<br>(N=764) |       | Total Women<br>(N=313) |       | Total Men<br>(N=451) |       | Women (35+)<br>(N=211) |       | Men (35+)<br>(N=240) |       | Women (34 & under)<br>(N=102) |       | Men (34 & under)<br>(N=211) |       |
|---|------------------|-------|------------------------|-------|----------------------|-------|------------------------|-------|----------------------|-------|-------------------------------|-------|-----------------------------|-------|
|   | #                | %     | #                      | %     | #                    | %     | #                      | %     | #                    | %     | #                             | %     | #                           | %     |
| Yes, big changes  | 371              | 48.6% | 132                    | 42.2% | 239                  | 53.0% | 82                     | 38.9% | 50                   | 49.0% | 131                           | 54.6% | 108                         | 51.2% |
| Yes, small changes  | 248              | 32.5% | 128                    | 40.9% | 120                  | 26.6% | 94                     | 44.5% | 34                   | 33.3% | 52                            | 21.7% | 68                          | 32.2% |
| No changes  | 105              | 13.7% | 39                     | 12.5% | 66                   | 14.6% | 27                     | 12.8% | 12                   | 11.8% | 40                            | 16.7% | 26                          | 12.3% |
| Don't know  | 40               | 5.2%  | 14                     | 4.5%  | 26                   | 5.8%  | 8                      | 3.8%  | 6                    | 5.9%  | 17                            | 7.1%  | 9                           | 4.3%  |

Table 29. Number and percentage of respondents in Uliza poll who have observed changes in their children as a result of using the practices recommended in the LMT radio program (disaggregated by listenership frequency).

| 8. Have you noticed any positive changes in your child as a result of using the practices recommended in the radio program? | Total<br>(N=764) |       | Weekly or more<br>(N=626) |       | Occasional<br>(N=138) |       |
|---|------------------|-------|---------------------------|-------|-----------------------|-------|
|   | #                | %     | #                         | %     | #                     | %     |
| Yes, big changes  | 371              | 48.6% | 317                       | 50.6% | 54                    | 39.1% |
| Yes, small changes  | 248              | 32.5% | 206                       | 32.9% | 42                    | 30.4% |
| No changes  | 105              | 13.7% | 75                        | 12.0% | 30                    | 21.7% |
| Don't know  | 40               | 5.2%  | 28                        | 4.5%  | 12                    | 8.7%  |

## Annex 3 - Survey Questionnaire

| #   | Question   | Response Options   | Skip Logic |
|---|--|--|------------|
| <b>SECTION 1: INTRODUCTION &amp; CONSENT</b>  |  |  |            |
| 1.1   | Enter the number of the survey completed and the first and last initial of enumerator's name, e.g. AT1, AT2, AT3, etc. |  |            |
| 1.2   | Enter the date (dd/mm/yyyy) the survey was completed, e.g. 15/08/2020.   |  |            |
| 1.3   | Enter the first and last name of the enumerator.   |  |            |
| 1.4   | Enter name of District   | 1) Sisaala West<br>2) Mamprugu Moaduri<br>3) Kasena Nankana West<br>4) Bunkurugu<br>5) Central Gonja<br>6) Pru East<br>7) Builsa South<br>8) Wa West<br>9) Garu<br>10) Tolon-Kumbungu<br>11) Tatale<br>12) North Gonja |            |
| 1.5   | Enter name of community  |  |            |
| 1.6   | What is the primary roofing material used for this home?   | 1) Thatch roofing<br>2) Aluminum sheet roofing<br>3) Concrete or clay tile roofing<br>4) Other   |            |
| 1.6.1   | If other, what is the primary roofing material used for this home?   | Open-ended   |            |
| <p><b><u>For LMT only Districts:</u></b><br/>           Hello, my name is _____ and I have been hired by the Ghana Education Service, Lively Minds, and Farm Radio International to have a conversation with you today. It is in relation to a radio program called Lively Minds Together on the topic of Early Childhood Care and Education (ECCE), more specifically about parenting skills and educational games. Today I want to ask you some questions about any changes you might have experienced in your knowledge, attitude and practices as a result of listening to the Lively Minds Together radio program related to early childhood development, and any changes you may have observed in your child or children. I will also ask some questions about your radio listening habits and your impressions of the radio program. We are doing this study to better understand radio listening habits and the effects/outcomes of the radio program on parents and caregivers like yourself, as well as children.</p> <p><b><u>For LMT &amp; PSP Districts:</u></b><br/>           Hello, my name is _____ and I have been hired by the Ghana Education Service, Lively Minds, and Farm Radio International to have a conversation with you today. It is in relation to a GES in-school Play Scheme</p> |  |  |            |

Program and radio program called Lively Minds Together on the topic of Early Childhood Care and Education (ECCE), more specifically about parenting skills and educational games. Today I want to ask you some questions about any changes you might have experienced in your knowledge, attitude and practices as a result of listening to the Lively Minds Together radio program related to early childhood development, and any changes you may have observed in your child or children. I will also ask some questions about your radio listening habits and your impressions of the radio program. We are doing this study to better understand radio listening habits and the effects/outcomes of the radio program on parents and caregivers like yourself, as well as children.

**For all Districts:**

This survey will take about 30 to 45 minutes to complete. I will be recording your responses using a tablet. No information shared from this survey will identify you. Any results from this study which will be shared or published will be the combined results of all participants. That means it will be reported for the whole group, not for individual persons.

**Voluntary participation:**

- Your participation in this survey is voluntary.
- You can decide to stop at any time, even part-way through the survey for whatever reason.
- If you decide to stop participating, there will be no consequences to you.
- If you decide to stop we will ask you how you would like us to handle the information collected up to that point. This could include returning it to you, destroying it or using the information collected up to that point.
- If you do not want to answer some of the questions you do not have to, but you can still be in the study.
- If you have any questions about this study or would like more information you can contact us at *[insert phone number]*

**Consent:**

- Do you have any questions or would you like any additional information? *[Answer questions.]*
- Do you agree to participate in this survey knowing that you can withdraw at any point with no consequences to you? *[If yes, log their consent below in Question #1.7.] [If no, thank the respondent for his/her time and end the survey.]*

|     |   |                 |   |
|-----|---|-----------------|---|
| 1.7 | Did the respondent agree to participate?<br><i>Select one option.</i> | 1) Yes<br>2) No | If no, thank respondent and end survey. |
|-----|---|-----------------|---|

**SECTION 2: SOCIO-DEMOGRAPHIC CHARACTERISTICS & GENERAL RADIO LISTENING HABITS** (max 13 questions per respondent)

Enumerators: *To begin, I will ask you a few basic questions about yourself and the other members of this household, as well as some questions about general radio listening habits to better understand your situation and your household.*

**Socio-Demographic Characteristics** (6 questions)

|     |  |                      |   |
|-----|--|----------------------|---|
| 2.1 | Are you a parent or primary caregiver to a child 3-5 years of age in this community? (one or more children ages 3-5) | 1) Yes<br>2) No      | If no, thank respondent and end survey. |
| 2.2 | If yes, how many children between the ages of 3-5 do you have or care for?   | Open-ended           |   |
| 2.3 | Please enter the gender of the respondent. <i>Select one option.</i>   | 1) Female<br>2) Male |   |

|  |   |   |   |
|--|---|---|---|
| 2.4  | What is your age? <i>Select one option.</i><br><br><i>Please select the corresponding age range of the respondent.</i>              | 1) 18-34 years<br>2) 35-49 years<br>3) 50-64 years<br>4) 65 years and over  |   |
| 2.5  | What is the highest degree or level of education completed by you or the other parent/caregiver to your children in this household? | 1) No schooling<br>2) Some elementary school<br>3) Elementary school, completed<br>4) Some secondary school<br>5) Secondary school, completed<br>6) Some college or University<br>7) College or University, completed<br>8) Trade/ Vocational/ Technical training or certificate, completed<br>9) Other |   |
| 2.6  | What is your marital status?  | 1) Single / never married<br>2) Married / domestic partnership<br>3) Divorced<br>4) Widowed<br>5) Separated   |   |
| <b>General Radio Listening Habits</b> (max 7 questions per respondent) |   |   |   |
| 2.7  | Do you and other members of this household listen to the radio?   | 1) Yes, but only me<br>2) Yes, me and other household members<br>3) Other household members but not me<br>4) No, never  | If 2), skip 2.7.1, and continue to 2.8.<br><br>If 4), skip 2.8.1, 2.9, 2.9.1, 2.10, 2.11 & 3.2 (+3.2 skip logic). |
| 2.7.1  | If no, what are the reasons you and/or other members of this household do not listen to the radio?                                  | 1) No access to radio set or listening device<br>2) Poor signal strength<br>3) Uninterested in program topics<br>4) Dislike broadcasters or radio stations<br>5) Language barrier<br>6) Prefer other sources of information<br>7) Inconvenient timing of broadcast                                      | Continue to 2.8. If 1), note 1) for 2.8 (do not ask question to respondent).                                      |
| 2.8  | Do you or someone in your household own a radio set?  | 1) No, do not own or have access<br>2) No, do not own but have  |   |

|  |   |  |   |
|--|---|--|---|
|  |   | access<br>3) Yes, own radio set  |   |
| 2.8.<br>1  | Where or with whom do you listen to the radio?  | 1) With friends or neighbors in the community<br>2) At work<br>3) In transit<br>4) At the market<br>5) At home<br>6) Other<br>7) Not applicable  |   |
| 2.9  | Who in your household decides what to listen to on the radio?   | 1) Myself (woman)<br>2) Myself (man)<br>3) Myself and husband/wife<br>4) My husband<br>5) My wife<br>6) My child or children<br>7) Myself, children and husband/wife<br>8) Other household members | If 3) or 7), continue to 2.9.1.<br><br>If 1), 2), 4), 5), 6), or 8), skip 2.9.1 & continue to 2.10. |
| 2.9.<br>1  | If someone does not agree, who would make the final decision on what to listen to on the radio?                   | 1) Myself (woman)<br>2) Myself (man)<br>3) My husband<br>4) My wife<br>5) My child or children<br>6) Other household members   |   |
| 2.1<br>0   | How often do you typically listen to the radio?   | 1) Daily<br>2) Twice a week<br>3) Once a week<br>4) Once every two weeks<br>5) Once a month<br>6) Never  |   |
| 2.1<br>1   | When do you typically listen to the radio? Select all that apply.   | 1) Weekday morning<br>2) Weekday afternoon<br>3) Weekday evening<br>4) Weekend morning<br>5) Weekend afternoon<br>6) Weekend evening<br>7) Never   |   |
| <b>SECTION 3: PSP PARTICIPATION &amp; LMT PROGRAM LISTENERSHIP</b> (max 7 questions per respondent)  |   |  |   |
| Enumerators: <i>Next, I will ask you some questions about your experience with the Lively Minds Together radio program as well as your radio listening habits regarding this specific radio program.</i> |   |  |   |
| 3.0  | Have you heard of the Lively Minds Play Scheme program led by the Ghana Education Service? Select all that apply. | 1) No, I am not aware of the Play Scheme Program<br>2) Yes, I heard of it from friends and neighbours<br>3) Yes, I heard of it on the radio  | *Only applicable for respondents in PSP districts (Q1.4).   |

|     |  |  |   |
|-----|--|--|---|
|     |  | 4) Yes, I heard of it during a community meeting<br>5) Yes, I heard of it from school staff, teachers or educators<br>6) Yes, my children attend or attended the Play Scheme                             | If 1), skip 3.1 and continue to 3.2.  |
| 3.1 | <p>If yes, did you participate in the Lively Minds Play Scheme Program led by the Ghana Education Service as a Play Scheme mother?</p> <p><i>Enumerators: Describe PSP to respondents, mothers that attended workshops for parenting skills &amp; led in-school activities. Organized by the GES.</i></p>  | 1) Yes, participated before lockdown but not since<br>2) Yes, participated since lockdown but not before<br>3) Yes, participated before and after lockdown<br>4) No, never participated<br>5) Don't know | *Only applicable for respondents in PSP districts (Q1.4).   |
| 3.2 | <p>Have you listened to the Lively Minds Together radio program about parenting skills and educational games broadcasted on X radio station?</p> <p><i>Enumerator: Explain the radio program as needed to help respondents recall the program (e.g. referring to Ghana Education Service (GES) Lively Minds Program).</i></p> <p><i>Refer to the list of radio stations provided per District and note the appropriate radio station when asking the question.</i></p> | 1) Yes<br>2) No<br>3) Don't know   | <p>If 2) or 3), continue to 3.3 &amp; skip 3.5, 3.5.1, 3.6, 4.0, 4.1, 4.1.1, 4.2, 4.3, 4.3.1, 4.3.2, 4.6, 5.0.5.1, 5.1.1, 5.9, 5.9.1, 5.10, 5.11, 5.11.1, 5.12, 5.12.1, 5.12.2, 6.1.</p> <p>If 1), skip to 3.5.</p>   |
| 3.3 | <p>If no, is there another parent or caregiver that listened to the Lively Minds Together radio program that would be available to speak with us today?</p>  | 1) No<br>2) Yes, and they are available<br>3) Yes, but they are not available<br>4) Don't know   | <p>If 1) or 4), continue to 3.4.</p> <p>If 3), continue to 3.4 and ask if can come back at a convenient time to conduct survey with other parent / caregiver.</p> <p>If 2), ask to continue the survey with this parent/ caregiver and re-enter respondent information for section 2.</p> |

|   |  |   |   |
|---|--|---|---|
| 3.4   | <p>What are some of the reasons you did not listen to the Lively Minds Together radio program? Select all that apply.</p> <p><i>Enumerator: Let respondent respond first before explaining the response options. Select response options based on respondent's response.</i></p> | 1) Unaware of radio program<br>2) Uninterested in topics<br>3) Inconvenient timing of broadcast<br>4) Poor signal strength<br>5) No access to radio<br>6) Participated in other early childhood care and education programs<br>7) Disliked broadcaster or radio station<br>8) Language barrier<br>9) Other                      | If 9), continue to 3.4.1.   |
| 3.4.1   | If other, what are the other reasons you did not listen to the Lively Minds Together radio program?  | Open-ended response   |   |
| 3.5   | <p>What are the reasons you decided to listen to the radio program? Select all that apply.</p> <p><i>Enumerator: Let respondent respond first before explaining the response options. Select response options based on respondent's response.</i></p>                            | 1) Interested in early childhood care & education topics including parenting skills & educational games<br>2) Encouraged to listen by others<br>3) Already listened to radio station programs<br>4) Convenient timing of broadcast<br>5) To support child development<br>6) Because the Play Scheme Program stopped<br>7) Other | If 1) - 6), skip 3.5.1 & continue to 3.6.<br><br>If 7), continue to 3.5.1.  |
| 3.5.1   | If other, what are the other reasons you listened to the Lively Minds Together radio program?  | Open-ended response   |   |
| 3.6   | If yes, on average, how often did you listen to the Lively Minds Together radio program?   | 1) Twice a week<br>2) Once a week<br>3) Once every two weeks<br>4) Once a month<br>5) Never   | If 5), skip 3.5, 3.5.1, 3.6, 4.0, 4.1, 4.1.1, 4.2, 4.3, 4.3.1, 4.3.2, 4.6, 5.0.5.1, 5.1.1, 5.9, 5.9.1, 5.10, 5.11, 5.11.1, 5.12, 5.12.1, 5.12.2, 6.1. |
| <b>SECTION 4: PSP &amp; LMT PROGRAM APPRECIATION</b> (max 8 questions per respondent)   |  |   |   |
| Enumerators: <i>Next, I will ask you some questions about your motivations for listening and your impressions of the Lively Minds Together radio program.</i> |  |   |   |
| 4.0   | Do you enjoy the Lively Minds Together radio program?  | 1) Yes<br>2) No   | If 2), skip 4.1, 4.1.1, 4.2 &   |

|       |   |   |  |
|-------|---|---|--|
|       |   |   | continue to 4.3.   |
| 4.1   | <p>If yes, what do you enjoy about the Lively Minds Together radio program? Select all that apply.</p> <p><i>Enumerator: Let respondent respond first before explaining the response options. Select response options based on respondent's response. Then share other response options.</i></p>                    | <p>1) Program topics &amp; information provided on children's development</p> <p>2) Parenting episodes</p> <p>3) Learning educational games in the Play episodes</p> <p>4) Interactive live phone in episodes (opportunity to ask questions)</p> <p>5) Use of local languages</p> <p>6) Broadcasters, star presenters &amp; guest speakers</p> <p>7) Timing of broadcast</p> <p>8) Balance of male &amp; female voices</p> <p>9) Learning how to teach my children at home</p> <p>10) Other</p> | <p>If 1) - 9) (except 2), skip 4.1.1 &amp; continue to 4.3.</p> <p>If 10), continue to 4.1.1.</p> <p>If 2) not selected, skip 4.2 &amp; continue to 4.3.</p> |
| 4.1.1 | If other, what are other things you enjoy about the Lively Minds Together radio program?  | Open-ended response   |  |
| 4.2   | <p>What topics in the parenting episodes are useful, if any? Select all that apply.</p> <p><i>Enumerator: Let respondent respond first before explaining the response options. Provide examples of sub-topics that fall under each response option. Select response options based on respondent's response.</i></p> | <p>1) Physical development, health and safety</p> <p>2) Socio-emotional development and family wellbeing</p> <p>3) Inclusivity and equality</p> <p>4) Role of parents</p> <p>5) Topics in parenting episodes are not useful</p>   |  |
| 4.3   | Is there anything you dislike about the Lively Minds Together radio program?  | <p>1) Yes</p> <p>2) No</p>  | If 2), skip 4.3.1  |
| 4.3.1 | <p>If yes, what do you dislike about the Lively Minds Together radio program? Select all that apply.</p> <p><i>Enumerator: Let respondent respond first before explaining the response options. Select response options based on respondent's response.</i></p>   | <p>1) Program topics &amp; information provided on children's development</p> <p>2) Parenting episodes</p> <p>3) Learning educational games in the Play episodes</p> <p>4) Interactive live phone in episodes (opportunity to ask questions)</p> <p>5) Use of local languages</p> <p>6) Broadcasters, star presenters &amp; guest speakers</p> <p>7) Timing of broadcast</p> <p>8) Balance of male &amp; female voices</p> <p>9) Learning how to teach my children at home</p> <p>10) Other</p> | <p>If 1) - 9), skip 4.3.2 &amp; continue to 4.4.</p> <p>If 10), continue to 4.3.2.</p>   |



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| 4.3.2   | If other, what other things did you dislike about the Lively Minds Together radio program?   | Open-ended response  |  |
| 4.4   | <i>Enumerator: Before asking question describe PSP and what participation would include (both for mother &amp; children).</i><br><br>If you had an opportunity to attend workshops on parenting skills and educational games in your community, would you participate? | 1) Yes, I would participate and continue listening to the radio program<br>2) Yes, but I would stop listening to the radio program<br>3) Maybe<br>4) No, I do not have time<br>5) No, I am not interested<br>6) Don't know | *Only applicable for respondents in LMT only districts.  |
| 4.5   | Would you listen to a radio program about parenting skills and educational games to play with children if it were broadcast in your community?   | 1) Yes<br>2) No<br>3) Maybe<br>4) Don't know   | *Only applicable for non-listener respondents (responded 2)-3) for 3.2 &/or responded 5) for 3.6.  |
| 4.6   | Now that the in-school Play Scheme Program has re-started, will you continue listening to the Lively Minds Together radio program?   | 1) Yes<br>2) No<br>3) Maybe<br>4) Don't know   | *Only applicable for respondents in PSP Districts that participated in PSP & listened to radio program (responded 1)-3) for 3.1 & 1) for 3.2). |
| <b>SECTION 5: EFFECTS ON PARENTAL KNOWLEDGE, ATTITUDES &amp; PRACTICES</b> (max 17 questions per respondent)  |  |  |  |
| <p>Enumerators: <i>Now, I will ask you some questions about your knowledge, attitude and practices related to early childhood care and education, including parenting skills and educational games, and any changes you may have experienced as a result of listening to the Lively Minds Together radio program.</i></p> <p>Encourage respondents to answer openly and honestly. Remind them that there are no right or wrong answers, we only want to learn from them. Let them know that it is best to say they don't know if they are unsure of their response to a question.</p> |  |  |  |
| 5.0   | Does the radio program help parents & caregivers support their preschool children to learn at home?  | 1) Yes<br>2) No<br>3) Don't know   | If 2) or 3), skip 5.1 & 5.1.1 & continue to 5.2.   |
| 5.1   | If yes, what does the radio program offer parents & caregivers to help them support their preschool children to learn at home? Select all that apply.  | 1) Information on parenting, child development, & the role of parents in that development<br>2) Parenting skills & skills  | If 1) - 5), skip 5.1.1 & continue to 5.2.  |

|       |   |   |   |
|-------|---|---|---|
|       | <p><i>Enumerators: When listing response options, describe options and provide examples (if needed).</i></p> <p><i>E.g. child development includes physical, social/emotional, intellectual and language development.</i></p> <p><i>E.g. Teaching children at home can be activities that are discovery based; see, hear, do, &amp; related to child safety, hygiene, role modelling, wellbeing at home, etc.</i></p> | <p>related to teaching children at home</p> <p>3) Confidence, belief and trust in myself to support child's learning at home</p> <p>4) Educational games and activities provided in the play episodes that can be used at home</p> <p>5) Opportunities to share experiences and ask questions during the live phone-in episodes</p> <p>6) Other</p> | If 6), continue to 5.1.1.                   |
| 5.1.1 | If other, what other helpful things does the radio program offer to help parents/caregivers to help their preschool children learn at home?   | Open-ended response   |   |
| 5.2   | To what extent do you agree or disagree with the following statement: A preschool child can develop in a healthy way without the support of parents or caregivers at home. Do you:  | <p>1) Strongly agree</p> <p>2) Agree</p> <p>3) Neither agree nor disagree</p> <p>4) Disagree</p> <p>5) Strongly disagree</p>  |   |
| 5.3   | To what extent do you agree or disagree with the following statement: Parents and caregivers need money to be able to help their children learn at home through play and educational games. Do you:   | <p>1) Strongly agree</p> <p>2) Agree</p> <p>3) Neither agree nor disagree</p> <p>4) Disagree</p> <p>5) Strongly disagree</p>  |   |
| 5.4   | To what extent do you agree or disagree with the following statement: A parent or caregiver that is unable to read or write cannot help their preschool children learn at home. Do you:   | <p>1) Strongly agree</p> <p>2) Agree</p> <p>3) Neither agree nor disagree</p> <p>4) Disagree</p> <p>5) Strongly disagree</p>  |   |
| 5.5   | To what extent do you agree or disagree with the following statement: I worry that I cannot help my preschool child(ren) develop and learn at home. Do you:   | <p>1) Strongly agree</p> <p>2) Agree</p> <p>3) Neither agree nor disagree</p> <p>4) Disagree</p> <p>5) Strongly disagree</p>  |   |
| 5.6   | How often do you play with your child(ren) at home?   | <p>1) Never</p> <p>2) Once every two weeks</p> <p>3) Once a week</p> <p>4) Twice a week</p> <p>5) Every day</p> <p>6) Don't know</p>  |   |
| 5.7   | Are there any educational games or play activities that you were not using before the radio program but started using at home with your children after listening to the radio program?  | <p>1) Yes</p> <p>2) No</p> <p>3) Don't know</p>   | *Only applicable for LMT program listeners. |

|        |   |   |   |
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|        |   |   | If 2) or 3), skip 5.7.1 & continue to 5.8.  |
| 5.7.1  | If yes, what educational games and/or play activities discussed in the radio program did you start doing at home with your child(ren) after listening to the radio program?                         | Open-ended  |   |
| 5.8    | Did the Lively Minds Together radio program influence your decision to start using new practices at home related to early childhood care and education?   | 1) Yes<br>2) No<br>3) Don't know  | *Only application for LMT program listeners.<br><br>If 2) or 3), skip 5.9 & continue to 5.10. |
| 5.9    | If yes, what practices were you not doing before the program but started doing after listening to the radio program? Select all that apply.   | 1) Encouraging children to follow road safety practices<br>2) Encouraging children to use good hygiene practices<br>3) Speaking to other parents/caregivers about ECCE<br>4) Spending more time playing with children<br>5) Including child(ren) in everyday activities<br>6) Encouraging children to practice gratitude<br>7) Don't know<br>8) Other | If 1) - 7), skip 5.9.1 & continue to 5.10.<br><br>If 8), continue to 5.9.1.                   |
| 5.9.1  | If other, what other practices have you started doing at home after listening to the radio program?   | Open-ended response   |   |
| 5.10   | Have you noticed any changes in your child(ren) as a result of using the parenting practices and educational games learned in the Lively Minds Together radio program?                              | 1) Yes<br>2) No<br>3) Don't know  | If 2) or 3), skip 5.10.1, 5.10.2 & continue to 5.11.  |
| 5.10.1 | If yes, what changes have you seen in your child(ren) as a result of using the parenting practices and educational games learned in the Lively Minds Together radio program? Select all that apply. | 1) They can concentrate on a task for longer<br>2) They can now follow instructions more easily<br>3) They use more and different words to express themselves<br>4) They use materials or objects in new and unusual ways<br>5) They can handle objects more easily<br>6) They know words for numbers and colours (in local languages)                | If 1) - 7), skip 5.10.2 & continue to 5.11.<br><br>If 8), continue to 5.10.2.                 |

|  |  |   |  |
|--|--|---|--|
|  |  | 7) They are able to recite some or all of the alphabet<br>8) Other  |  |
| 5.1<br>0.2                                     | If other, please describe the other changes you have seen in your child(ren).  | Open-ended response   |  |
| 5.1<br>1                                       | <p>On a scale from 1 to 5, how ready is/are your child(ren) to go to school?</p> <p>Enumerators: Describe school readiness to respondents. Six vital skills for school readiness includes:</p> <ol style="list-style-type: none"> <li>1. <b>Social skills</b> (child gets along with other children, demonstrate basic manners, assert themselves and can play alone or with other children)</li> <li>2. <b>Emotional maturity</b> (child can manage their emotions, focus on tasks, follow direction and instructions, cope with unfamiliar settings)</li> <li>3. <b>Independence</b> (manage own needs without adult supervision, e.g. going to the toilet, dressing themselves, and managing their belongings)</li> <li>4. <b>Language skills</b> (communicates clearly and is able to listen to others; children begin to understand some letters and sounds to make connections between spoken sounds and written sounds)</li> <li>5. <b>Physical health and coordination</b> (basic motor skills such as being able to grip a pencil and turn pages in a book; ability to run, jump, climb and play with a ball)</li> <li>6. <b>Cognitive skills</b> (understands numbers, asks questions and understands importance of waiting and taking turns)</li> </ol> | 1) Very ready<br>2) Ready<br>3) Somewhat ready<br>4) Not very ready<br>5) Not at all ready<br>6) Don't know |  |
| <b>SECTION 6: RECOMMENDATIONS</b> (1 question) |  |   |  |
| 6.1  | <p>If you could change one thing to improve the Lively Minds Together radio program, what would you suggest?</p> <p><i>Enumerator: Briefly explain to respondent the objectives of the program to help inform their response. A recommendation could be about addressing accessibility barriers or radio program preferences to increase listenership; program structure or style to maximize engagement and learning, etc.</i></p>  | Open-ended response   | Only applicable for radio program listeners. |

This concludes the survey. Thank respondent for their participation and reiterate the consent information. End survey.

## Annex 4 - FGD Questionnaire

### FGD Participant List

| No. | Name | Gender<br>(M/F) | Age | Occupation | Participated in<br>PSP and/or<br>listened to LMT<br>radio program? | Oral<br>consent<br>given? |
|-----|------|-----------------|-----|------------|--|---------------------------|
| 1   |      |                 |     |            |  |                           |
| 2   |      |                 |     |            |  |                           |
| 3   |      |                 |     |            |  |                           |
| 4   |      |                 |     |            |  |                           |
| 5   |      |                 |     |            |  |                           |
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## FGD Questionnaire

| #  | Primary Question  | Probing Questions / Response Options | Guidance |
|--|---|--------------------------------------|----------|
| <b>SECTION 1: INTRODUCTION &amp; CONSENT</b>   |   |                                      |          |
| 1.1  | Enter the number of the FGD conducted.                              |                                      |          |
| 1.2  | Enter the date (dd/mm/yyyy) the FGD was conducted, e.g. 15/08/2020. |                                      |          |
| 1.3  | Enter the first and last name of the facilitator.                   |                                      |          |
| 1.4  | Enter the first and last name of the note-taker.                    |                                      |          |
| 1.5  | Enter the name of the District.                                     |                                      |          |
| 1.6  | Enter the name of the community.                                    |                                      |          |
| <p>Hello, my name is _____ and this is _____. We have been hired by the Ghana Education Service, Lively Minds, and Farm Radio International to have a conversation with you today. It is in relation to a GES in-school Play Scheme Program and radio program called Lively Minds Together on the topic of Early Childhood Care and Education (ECCE), more specifically about parenting skills and educational games. Today I want to ask you some questions about any changes you might have experienced in your knowledge, attitude and practices as a result of listening to the Lively Minds Together radio program. I will also ask some questions about your radio listening habits and your impressions of the radio program. We are doing this study to better understand the effects/outcomes of the radio program on parents and caregivers like yourself, including any changes observed in children.</p> <p>The focus group discussion will take about 60 to 90 minutes. We will be taking notes and if you consent, we will record this discussion using an audio recording device. No information shared from this discussion will identify you. Any results from these discussions which will be shared or published will be the combined results of all participants. That means it will be reported for the whole group, not for individual persons.</p> <p><b>Voluntary participation:</b></p> |   |                                      |          |

- Your participation in this discussion is voluntary.
- You can decide to stop at any time, even part-way through the discussion for whatever reason.
- If you decide to stop participating, there will be no consequences to you.
- If you decide to stop we will ask you how you would like us to handle the information collected up to that point. This could include returning it to you, destroying it or using the information collected up to that point.
- If you do not want to answer some of the questions you do not have to, but you can still be in the study.
- If you have any questions about this study or would like more information you can contact us at *[insert phone number]*

**Consent:**

- Do you have any questions or would you like any additional information? *[Answer questions.]*
- Do you agree to participate in this focus group discussion knowing that you can withdraw at any point with no consequences to you? [If yes, log their consent in the FGD participant list] [If no, thank the participant for his/her time.]
- Do you consent to having our discussions recorded using an audio recording device? Ensure consent is obtained by all participants. If not obtained, do not record the group discussion.

**SECTION 2: RADIO PROGRAM LISTENERSHIP** (4 questions)

Enumerators: *To begin, I will ask you a few questions about your radio listening habits.*

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| 2.1 | When do you typically listen to the radio?   | <ol style="list-style-type: none"> <li>1. Do other parents/caregivers listen to the radio?</li> <li>2. If so, when do other parents/caregivers in this community typically listen to the radio?</li> </ol>   | Optional Activity: Each participant circles on a clock drawn on flip chart paper when they typically listen to the radio. |
| 2.2 | On average, how often did you listen to the Lively Minds Together radio program?       | <ol style="list-style-type: none"> <li>1. What factors may have affected or influenced how often you listened to the radio program?</li> <li>2. Is there anything that could be done to help parents/caregivers like yourself listen to the radio program more frequently or regularly?</li> </ol> |   |
| 2.3 | What are the reasons you decided to listen to the Lively Minds Together radio program? | <ol style="list-style-type: none"> <li>1. What interested you the most?</li> </ol>   | Facilitator: Summarize reasons raised after discussing question and ask each participant to indicate if                   |



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|  |   | <ol style="list-style-type: none"> <li>2. What were you trying to learn or gain from the radio program?</li> <li>3. Why might other parents/caregivers have listened to the radio program?</li> </ol>   | <p>this was a relevant reason for them.</p> <p>Note-taker: Note the # of participants who expressed each reason summarized.</p>  |
| 2.4  | Can you tell us why other parents/caregivers in this community did not listen to the Lively Minds Together radio program? | <ol style="list-style-type: none"> <li>1. Are other parents/caregivers interested in learning about early childhood care and education? Why or why not?</li> <li>2. What barriers might certain parents/caregivers face in listening to the radio? (e.g. access to or control over radio set or listening device, decision-making power in choosing radio programs/radio stations to listen to, timing of broadcast, level of interest in topics, language, broadcaster/host style preferences, episode structure, etc.).</li> <li>3. Who in this community might experience the most barriers or challenges to listening to the radio?</li> <li>4. Are there any differences between mothers and fathers that should be taken into account?</li> </ol> |  |
| <b>SECTION 3: PROGRAM IMPRESSIONS &amp; APPRECIATION (2 questions)</b>   |   |   |  |
| Enumerators: Next, I will ask you a few questions about your impressions of the Lively Minds Together radio program and any recommendations you may have to improve the program. |   |   |  |
| 3.1  | What are your overall impressions of the Lively Minds Together radio program?   | <ol style="list-style-type: none"> <li>1. What was most useful for you? What did you enjoy the most? What would you have liked to see more of?</li> <li>2. What was the least useful or not useful? What did you enjoy the least?</li> <li>3. What is your opinion of the frequency, timing and length of the radio program as a whole and it's individual episodes? Was it</li> </ol>  | <p>Activity: Using props, each participant will rate their level of satisfaction with the radio program on a scale from 1-5 after having discussed this question.</p> <p>Note-taker: In addition to taking detailed notes of all</p> |

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|     |   | <p>broadcast at convenient times? Why?</p> <ol style="list-style-type: none"> <li>Did it provide information that was informative, clear, useful, timely and relevant? How does this source of information (from the radio program) compare to other sources of information on similar topics? What do you think is the most important source of this information? How important is radio in giving this information to parents/caregivers? What is the best source of this information and why?</li> <li>Was there anything that was missing from the program?</li> <li>Did the radio program and the broadcaster / star presenters value and respect the opinions of listeners, including both men and women equally? Can you please explain why or why not?</li> <li>Did the radio program provide an opportunity for listeners to express themselves and be heard on the radio or by the broadcaster?</li> <li>Were any interactive features used throughout the radio program? Was the radio program engaging for parents/caregivers? Can you please explain?</li> <li>Was the radio program suitable for both mothers and fathers? Please explain why or why not.</li> <li>What have other parents/caregivers said about this?</li> </ol> | <p>responses, make note of the most common or agreed upon impressions of participants. What were the top 1-5 things expressed most often by participants overall.</p>  |
| 3.2 | What are your overall impressions of the Ghana Education Service in-school Play Scheme Program? | <ol style="list-style-type: none"> <li>What was most useful for you? What did you enjoy the most? What would you have liked to see more of?</li> <li>What was the least useful or not useful? What did you enjoy the least?</li> <li>Was there anything that was missing from the program?</li> <li>What have other parents/caregivers said about this?</li> </ol>  | <p>Activity: Using props, each participant will rate their level of satisfaction with the PSP on a scale from 1-5 after having discussed this question.</p> <p>Note-taker: In addition to taking detailed notes of all responses, make note of the</p> |

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|   |  |   | most common or agreed upon impressions of participants. What were the top 1-5 things expressed most often by participants overall.   |
| <b>SECTION 4: EFFECTS ON KNOWLEDGE, ATTITUDES &amp; PRACTICES</b> (4 questions) |  |   |  |
| 4.1   | What changes have you experienced and/or observed among parents/caregivers in this community <b>as a result of the radio program</b> , if any? | <ol style="list-style-type: none"> <li>1. Have you observed any changes in parental <b>knowledge</b>? If so, please describe the changes.</li> <li>2. Have you observed any changes in parental <b>attitudes</b>? If so, please describe the changes.</li> <li>3. Have you observed any changes in parental <b>practices/behaviours</b>? If so, please describe the changes. What are you doing now that you were not doing before listening to the radio program?</li> <li>4. What are the important differences between women and men that should be taken into account?</li> <li>5. If not, have you heard others speak about observed changes? If so, what are they saying?</li> <li>6. Were there changes you were expecting or hoping for that did not happen? Please explain.</li> <li>7. Were there any impacts or changes you experienced or observed in this community that you were not expecting? What were they and why do you think this happened?</li> <li>8. What have others been saying about this? Have you seen any other changes in your community?</li> </ol> | <p>***Ask participants to provide concrete examples.</p> <p>Facilitator: Summarize changes or impacts raised (related to knowledge, attitudes &amp; practices) after discussing question and ask each participant to indicate if this was a relevant change or impact for them.</p> <p>Note-taker: Note the # of participants who expressed each change/impact summarized.</p> |
| 4.2   | What changes have you experienced and/or observed  | <ol style="list-style-type: none"> <li>1. Have you observed any changes in parental <b>knowledge</b>? If so,</li> </ol>   | Only for participants from the PSP districts.  |

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|     | among parents/caregivers in this community <b>as a result of the in-school Play Scheme Program</b> , if any?  | <p>please describe the changes.</p> <ol style="list-style-type: none"> <li>Have you observed any changes in parental <b>attitudes</b>? If so, please describe the changes.</li> <li>Have you observed any changes in parental <b>practices/behaviours</b>? If so, please describe the changes. What are you doing now that you were not doing before participating in the PSP?</li> <li>What are the important differences between women and men that should be taken into account?</li> <li>If not, have you heard others speak about observed changes? If so, what are they saying?</li> <li>Were there changes you were expecting or hoping for that did not happen? Please explain.</li> <li>Were there any impacts or changes you experienced or observed in this community that you were not expecting? What were they and why do you think this happened?</li> <li>What have others been saying about this? Have you seen any other changes in your community?</li> </ol> | <p>***Ask participants to provide concrete examples.</p> <p>Facilitator: Summarize changes or impacts raised (related to knowledge, attitudes &amp; practices) after discussing question and ask each participant to indicate if this was a relevant change or impact for them.</p> <p>Note-taker: Note the # of participants who expressed each change/impact summarized.</p> |
| 4.3 | For those who expressed experiencing changes to your knowledge, attitudes and practices/behaviours, have you observed any changes in your children as a result of doing things differently? | <ol style="list-style-type: none"> <li>What are you doing differently after having listened to the radio program or participating in the PSP that you were not doing before? Of these, what do you think has led to the biggest impact on your child(ren)? Please explain why.</li> <li>What types of changes have you observed in your children?</li> <li>Of these, what has been the most significant change?</li> <li>What have other parents/caregivers been saying about this?</li> </ol>   | <p>Prob participants, in particular, who expressed experiencing changes in their knowledge, attitudes and practices/behaviours.</p>  |

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| 4.4   | Of all the changes and impacts discussed so far, what is the most significant change you've experienced and/or observed?  | <ol style="list-style-type: none"> <li>1. This can be changes/impacts related to parental knowledge, attitude and/or practices/behaviours; changes observed in children and changes observed in the community as a whole.</li> <li>2. What has been the most important change for you as a parent/caregiver? Please explain why.</li> </ol> <p>*** Ask participants to provide concrete examples.</p>  | <p>Most Significant Change (MSC) activity: Using flipchart paper, ask participants to discuss their responses and come to an agreement on the top 1-5 most significant changes.</p> <p>Facilitator: Summarize &amp; note the MSCs discussed by participants on the flipchart paper. Review with participants after discussion to confirm what has been noted on the flipchart paper is accurate.</p> |
| <b>SECTION 5: RECOMMENDATIONS &amp; PROGRAM SYNERGIES</b> (4 questions) |   |  |  |
| 5.1   | The radio program's main goal was to improve early childhood care and education in rural villages by providing parents/caregivers the information, skills and confidence needed to provide ECCE to their preschool children at home. In your opinion, to what extent did the radio program achieve this goal? | <ol style="list-style-type: none"> <li>1. Do you think the radio program was effective in achieving this goal? Please explain why or why not.</li> <li>2. If effective, was it as effective with women as it was with men? Please explain.</li> <li>3. Were there any shortcomings?</li> <li>4. In what ways has the radio program helped parents/caregivers, their children and/or their community?</li> <li>5. Are there any problems that the radio program may have helped parents/caregivers and their children overcome or address? If so, what problems and how?</li> </ol> | <p>Facilitator: May need to provide additional explanation of program objectives.</p> <p>Activity: Using props, each participant will rate the extent to which they think the radio program attained its objective on a scale from 1-5 after having discussed this question.</p>   |
| 5.2   | What would you recommend to improve the Lively Minds Together radio program?  | <ol style="list-style-type: none"> <li>1. What would make the program more effective?</li> <li>2. How could we improve listenership among parents/caregivers in</li> </ol>   | Facilitator: Summarize top 1-5 recommendations.  |

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|     |  | <p>rural communities?</p> <ol style="list-style-type: none"> <li>3. What could be done to help overcome or address some of the barriers and challenges to listening to the radio program? How could we make the radio program more accessible?</li> <li>4. How could we improve the program content, the structure/style of the episodes and/or the delivery?</li> <li>5. What could be done to increase the impact of the radio program? (e.g. on parental knowledge, attitudes and practices/behaviours, and children)</li> <li>6. Are there distinctions between women and men that should be taken into consideration?</li> <li>7. Are there any other changes you suggest?</li> </ol>  |  |
| 5.3 | How would a radio program and in-school Play Scheme Program complement one another, if at all? | <ol style="list-style-type: none"> <li>1. <b>FOR PSP PARTICIPANTS:</b> Should the Lively Minds Together radio program be maintained alongside the Play Scheme Program? <ol style="list-style-type: none"> <li>a. Would you participate in both if available? Please explain why or why not.</li> <li>b. If only one, which program would you prefer? Please explain why or why not.</li> </ol> </li> <li>2. <b>FOR LMT (only) PARTICIPANTS:</b> If there was an in-school Play Scheme Program delivered in your community, would you participate as a volunteer? Please explain why or why not. <ol style="list-style-type: none"> <li>a. Would you participate in both a radio program and Play Scheme Program if available? Please explain why or why not.</li> <li>b. If only one, which program would you prefer? Please explain why or why not.</li> </ol> </li> </ol> |  |

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|  |   | <p>3. Are there limitations to one program that the other helps to address?</p> <p>4. Does participation in one program encourage you in participating in other programs?</p> <p>5. What are other parents/caregivers in your community saying about this?</p> <p>6. Would the impact or changes on parental knowledge, attitudes and practices/behaviors be more significant if the two programs were delivered together or separately? Please explain why.</p> <p>7. What would be the benefits and/or drawbacks of maintaining the LMT radio program alongside the normal Play Scheme Program?</p> |  |
| 5.4  | Do you have anything else you would like to share with us or would like us to know about the Lively Minds Together radio program and your experience? |   |  |
| This concludes the focus group discussion. Thank the respondent for their participation and reiterate the consent information. Answer any questions the participant may have, then end the focus group discussion. |   |   |  |

## Annex 5 - KII Questionnaire

| #  | Primary Question  | Probing Questions / Response Options |
|--|---|--------------------------------------|
| <b>SECTION 1: INTRODUCTION &amp; CONSENT</b>   |   |                                      |
| 1.1  | Enter the number of the interview.  |                                      |
| 1.2  | Enter the date (dd/mm/yyyy) the interview was completed, e.g. 15/08/2020. |                                      |
| 1.3  | Enter the first and last name of the enumerator.                          |                                      |
| 1.4  | Enter the name of the district.   |                                      |
| <p>Hello, my name is _____ and I have been hired by the Ghana Education Service, Lively Minds, and Farm Radio International to have a conversation with you today. It is in relation to an in-school Play Scheme Program and radio program called Lively Minds Together on the topic of Early Childhood Care and Education (ECCE), more specifically about parenting skills and educational games. Today I want to ask you some questions about your involvement and experience implementing the Lively Minds Together radio program and the in-school Play Scheme Program. I will also ask some questions about your impressions of the Lively Minds Together radio program and its effectiveness. We are doing this study to better understand the complementarities and synergies between the radio program and the in-school Play Scheme Program.</p> <p>The interview will take about 30 to 45 minutes. I will be taking notes and if you consent, I will record our discussion using an audio recording device. No information shared from this interview will identify you. Any results from this study which will be shared or published will be the combined results of all participants. That means it will be reported for the whole group, not for individual persons.</p> <p><b>Voluntary participation:</b></p> <ul style="list-style-type: none"> <li>- Your participation in this interview is voluntary.</li> <li>- You can decide to stop at any time, even part-way through the interview for whatever reason.</li> <li>- If you decide to stop participating, there will be no consequences to you.</li> </ul> |   |                                      |



- If you decide to stop we will ask you how you would like us to handle the information collected up to that point. This could include returning it to you, destroying it or using the information collected up to that point.
- If you do not want to answer some of the questions you do not have to, but you can still be in the study.
- If you have any questions about this study or would like more information you can contact us at [*insert phone number*]

**Consent:**

- Do you have any questions, or would you like any additional information? [*Answer questions.*]
- Do you agree to participate in this study knowing that you can withdraw at any point with no consequences to you? [If yes, log their consent below in Question #1.6.] [If no, thank the participant for his/her time and end the interview.]
- Do you consent to having our discussions recorded using an audio recording device?

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| 1.5 | Did the respondent agree to participate?<br><i>Select one option.</i> | 1) Yes<br>2) No |
|-----|---|-----------------|

**SECTION 2: SOCIO-DEMOGRAPHIC CHARACTERISTICS** (4 questions)

Enumerators: *To begin, I will ask you a few basic questions about yourself to better understand your situation.*

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|-------|---|--|
| 2.1   | What is your role / position in this community?   |  |
| 2.1.1 | Please describe your role and involvement in the Play Scheme Program and Lively Minds Together radio program. | 1. Have you participated in the implementation of the PSP and the LMT radio program?<br>2. What activities did you participate in and what did you do?<br>3. When did you participate in these activities?<br>4. Have you had the opportunity to discuss the program(s) with parents/caregivers? |
| 2.2   | Note the respondent's gender.   | 1) Male<br>2) Female   |
| 2.3   | What is your age?   | 1) 18-34 years<br>2) 35-49 years   |

|  |   |  |
|--|---|--|
|  |   | 3) 50-64 years<br>4) 65 years and over   |
| <b>SECTION 3: PROGRAM IMPRESSIONS, EFFECTIVENESS &amp; RECOMMENDATIONS</b> (5 questions) |   |  |
| 3.1  | Can you tell us why parents/caregivers may or may not have listened to the radio program? | <ol style="list-style-type: none"> <li>1. What are the reasons parents/caregivers may have decided to listen to the radio program? What may have interested them the most? What were they trying to learn or gain from the radio program?</li> <li>2. What are some of the reasons parents/caregivers may not have listened to the radio program (or in its entirety)? Were there any challenges or barriers to listening to the radio program? (e.g., timing of broadcast, accessibility of listening devices, level of interest in topics, language, radio program broadcaster/star presenter style preferences etc.)</li> <li>3. What are the important differences between women and men that should be taken into account, if any?</li> </ol>   |
| 3.2  | What are your overall impressions of the Lively Minds Together radio program?             | <ol style="list-style-type: none"> <li>1. What was most useful for parents/caregivers? What do you think they enjoyed the most? What would you have liked to see more of?</li> <li>2. What was the least useful or not useful? What do you think parents/caregivers enjoyed the least or disliked, if anything?</li> <li>3. What is your opinion of the frequency, timing, and length of the radio program as a whole and its individual episodes? Was it broadcast at convenient times for parents/caregivers? Why?</li> <li>4. Did it provide information that was informative, clear, useful, timely and relevant? How does this source of information (from the radio program) compare to other sources of information on similar topics? What do you think is the most important source of this information? How important is radio in giving this information to parents/caregivers? What is the best source of this information and why?</li> <li>5. Was there anything that was missing from the radio program?</li> </ol> |

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|     |  | <ol style="list-style-type: none"> <li>6. Did the radio program and the broadcaster value and respect the opinions of listeners, including both men and women equally? Can you please explain?</li> <li>7. Did the radio program provide an opportunity for listeners to express themselves and be heard on the radio or by the broadcaster?</li> <li>8. Were any interactive features used throughout the radio program? Was the radio program engaging for parents/caregivers? Can you please explain?</li> <li>9. Was the radio program suitable for both men and women? Please explain why or why not.</li> <li>10. What might others say about this? What are the impressions of others?</li> </ol>  |
| 3.3 | What changes have you observed among parents/caregivers and their children as a result of the radio program, if any? | <ol style="list-style-type: none"> <li>1. Have you observed any changes in parental knowledge, attitudes and/or practices/behaviors among parents/caregivers that listened to the radio program? If so, please describe the changes observed.</li> <li>2. If so, what has been the most significant change that you have observed?</li> <li>3. What are the important differences between women and men that should be taken into account, if any?</li> <li>4. If not, have you heard others speak about observed changes? If so, what are they saying?</li> <li>5. Were there changes you were expecting or hoping for that did not happen? Please explain.</li> <li>6. Were there any outcomes of the radio program that were not intended? If so, why did the unintended outcomes occur &amp; what were their impacts?</li> <li>7. What might others say about this? Have others noticed any changes? If so, what are they?</li> </ol> |
| 3.4 | The radio program's main goal was  | <ol style="list-style-type: none"> <li>1. Do you think the radio program was effective in achieving this goal? Please explain</li> </ol>  |

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|  | to improve early childhood care and education in rural villages by providing parents/caregivers the information, skills and confidence needed to provide ECCE to their preschool children at home. In your opinion, to what extent did the radio program achieve this goal? | <p>why or why not.</p> <ol style="list-style-type: none"> <li>2. If effective, was it as effective with women as it was with men? Please explain.</li> <li>3. Were there any shortcomings?</li> <li>4. In what ways has the radio program helped parents/caregivers and their children?</li> <li>5. Are there any problems that the radio program may have helped parents/caregivers and their children overcome or alleviate? If so, what problems and how?</li> </ol>  |
| 3.5  | What would you recommend to improve the Lively Minds Together radio program?  | <ol style="list-style-type: none"> <li>1. What could make the radio program more effective?</li> <li>2. How could we improve listenership among parents/caregivers in rural communities?</li> <li>3. What could be done to help overcome or address some of the barriers and challenges to listening to the radio program? How could we make the radio program more accessible?</li> <li>4. How could we improve the program content, the structure/style of the episodes and/or the delivery?</li> <li>5. What could be done to increase the effect of the radio program? (e.g., on parental knowledge, attitudes and practices/behaviors, and children)</li> <li>6. Are there distinctions between women and men that should be taken into consideration? If yes, please explain.</li> <li>7. Are there any other changes or recommendations you suggest?</li> </ol> |
| <b>SECTION 4: PSP &amp; LMT PROGRAM EXPERIENCE &amp; SYNERGIES</b> (6 questions) |   |  |
| 4.1  | Can you tell us about your experience participating or implementing the LMT radio program?  | <ol style="list-style-type: none"> <li>1. Have you enjoyed your experience? If so, please explain why or why not.</li> <li>2. Have you found implementing the LMT radio program interesting? Why or why not?</li> </ol>  |

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|     |  | <ol style="list-style-type: none"> <li>3. Have you found implementing the LMT radio program challenging or difficult? Why or why not?</li> <li>4. Have you disliked your experience? If so, please explain why or why not.</li> <li>5. Have you found implementing the LMT radio program worthwhile? Why or why not?</li> <li>6. Would you want to continue implementing the LMT radio program? Why or why not?</li> </ol>  |
| 4.2 | Can you tell us about your experience participating or implementing the in-school Play Scheme Program?                               | <ol style="list-style-type: none"> <li>1. Have you enjoyed your experience? If so, please explain why or why not.</li> <li>2. Have you found implementing the PSP interesting? Why or why not?</li> <li>3. Have you found implementing the PSP challenging or difficult? Why or why not?</li> <li>4. Have you disliked your experience? If so, please explain why or why not.</li> <li>5. Have you found implementing the PSP worthwhile? Why or why not?</li> <li>6. Would you want to continue implementing the PSP? Why or why not?</li> </ol>   |
| 4.3 | What changes have you observed among parents/caregivers and their children as a result of the in-school Play Scheme Program, if any? | <ol style="list-style-type: none"> <li>1. Have you observed any changes in parental knowledge, attitudes and/or practices/behaviors among parents/caregivers that participated in the PSP? If so, please describe the changes observed.</li> <li>2. If so, what has been the most significant impact that you have observed?</li> <li>3. What are the important differences between women and men that should be taken into account?</li> <li>4. If not, have you heard others speak about observed changes? If so, what are they saying?</li> <li>5. Were there changes you were expecting or hoping for that did not happen? Please explain.</li> </ol> |

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|     |  | <ol style="list-style-type: none"> <li>Were there any outcomes of the PSP that were not intended? If so, why did the unintended outcomes occur &amp; what were their impacts?</li> <li>What might others say about this?</li> </ol>  |
| 4.4 | Did the LMT radio program and the in-school Play Scheme Program have different effects/impacts on parents/caregivers and their children? Please explain. | <ol style="list-style-type: none"> <li>What are the differences between the effects/impacts of the PSP and the LMT radio program? E.g., on parental knowledge, attitudes, and practices/behaviors?</li> <li>Is one program more effective than the other in changing parental knowledge? How so?</li> <li>Is one program more effective than the other in changing parental attitudes? How so?</li> <li>Is one program more effective than the other in changing parental practices/behaviours? How so?</li> </ol>   |
| 4.5 | Should the Lively Minds Together radio program be maintained alongside the Play Scheme Program? Please explain.  | <ol style="list-style-type: none"> <li>Is one program more effective in achieving the desired goals of the overall program? Please explain.</li> <li>How do the two programs complement one another? Are there limitations to one program that the other helps to address? Would participation of parents/caregivers in one program help promote their participation in the other? Please explain.</li> <li>Has the LMT radio program created demand for the PSP?</li> <li>Would parents/caregivers participate in both programs if they had the opportunity? Why might they participate in both? Why might they only participate in one? If only in one, which would they prefer to participate in and why?</li> <li>Would the effect on parental knowledge, attitudes and practices/behaviors be more significant if the two programs were delivered together or separately? Please explain why.</li> <li>Would it be challenging for implementers to implement both programs simultaneously? Please explain these challenges. Would these challenges affect the quality of the</li> </ol> |

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|---|---|---|
|   |   | <p>programs?</p> <p>7. What would be the benefits and/or drawbacks of maintaining the LMT radio program alongside the normal Play Scheme Program?</p> |
| 4.6   | Do you have anything else you would like to share with us or would like us to know about the Lively Minds Together radio program and your experience? |   |
| This concludes the interview. Thank participant for their participation and reiterate the consent information. Answer any questions the participant may have, then end the interview. |   |   |

## Annex 6 - Additional Radio Coverage Maps

Figure 2. Coverage map of some of the individual radio stations airing the LMT radio program, including Tumpaani Radio, Nabina Radio, Word FM, Y-KI Community Radio, LOM Community Radio, Radio Savannah, ABM Radio, GBC Krachi, Akyeaa FM, and Nsoromma FM.

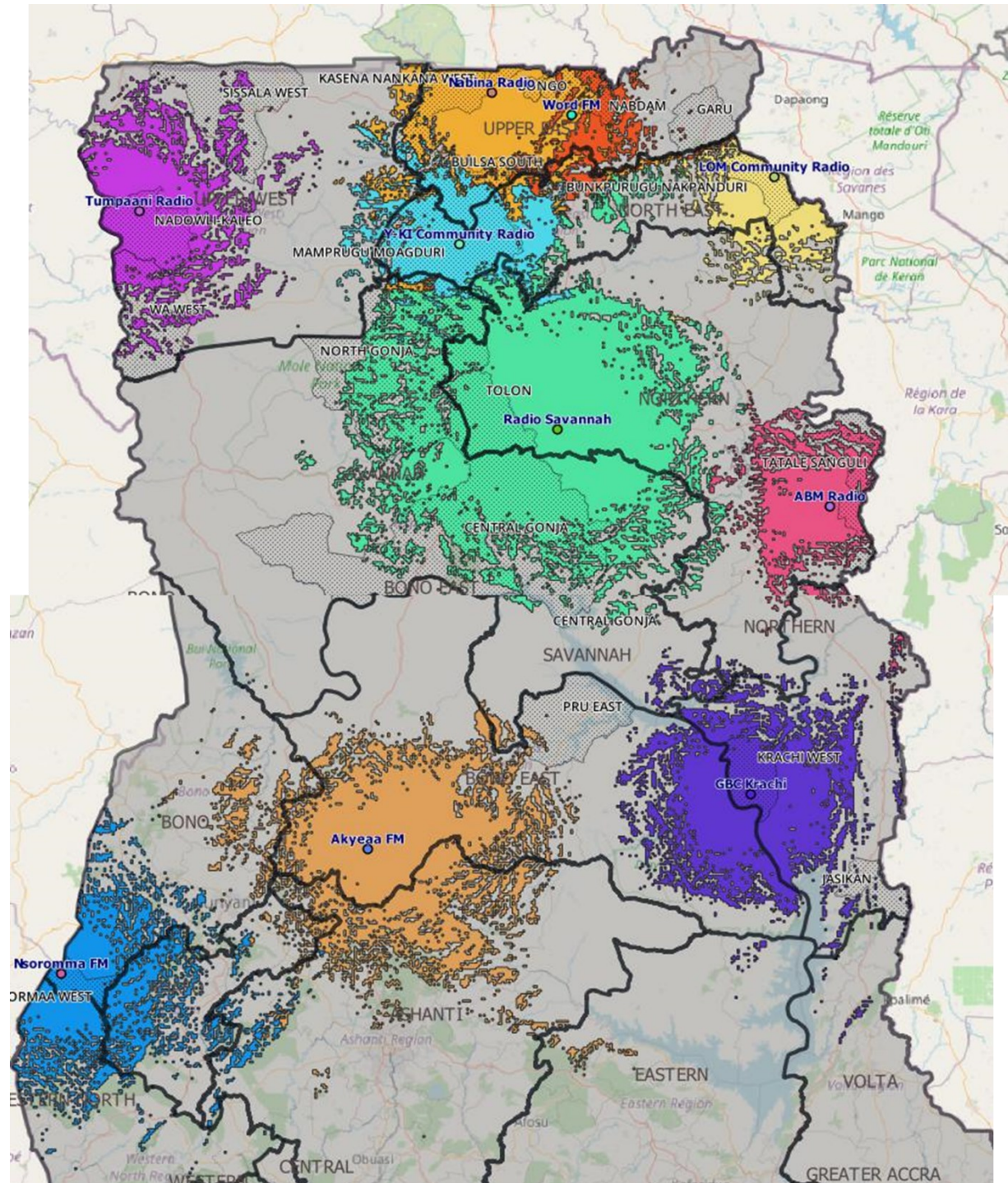




Figure 3. Coverage map of some of the individual radio stations airing the LMT radio program, including Radio Bongo, Quality Radio, Radio Fumbisi, Gwollu FM, Radio Progress, Simli Radio, Jakpa Radio, Alive FM, Moonlight FM, and Buem FM.

