

Photo credit: *Río, Juego y Aprendo* Project

Early Childhood Development Innovation Case Profiles

Partnering with Governments to Benefit Mothers, Children and Families at Scale

By Patricia Guzman, Jasmine Lam and James Radner, with the Saving Brains Learning Platform Team

November 2022

This work has been made possible by

saving brains™ Unlocking the potential for development.



ABOUT THIS BRIEF

This policy brief is part of a series **exploring practical lessons** from ongoing innovations for early childhood development. **Saving Brains**, a collaboration of **Grand Challenges Canada** and its partner organizations, supports innovations for early childhood development in low- and middle-income countries. Saving Brains seeks bold ideas to enhance three key areas of healthy development that are essential to every child: health and nutrition, enrichment and nurturing, and protection against maltreatment. Saving Brains values effectively integrating solutions for these areas and sustainably delivering them to the highest number of children possible.

The present brief tracks experiences and lessons from two innovators in early childhood development. The work of the two innovators and the preparation of this brief were supported by Grand Challenges Canada (funded in turn by the Government of Canada) and Porticus, together with individual project funders.

Annet Nakintu, an adolescent mother is happy to receive her Mama Kit. BAMA Foundation has impacted the local communities of Rakai and Kyotera Districts through psychosocial support of adolescent mothers and offering Mama Kits for all deliveries performed in BAMA supported facilities.

Photo credit: Jon Wallen

saving brains™

Table of Contents

Introduction 2

Babies and Mothers Alive (BAMA) – Healthcare Innovations in Uganda 3

- Introduction 3
- Developing the Babies and Mothers Alive Program 4
  - Background and Approach 4
  - Early Funding Efforts 6
  - Partnering with the District Health Systems 6
- Implementing BAMA and Related Initiatives 8
  - Putting in Place the BAMA Model 8
  - The Mama Ambassador Program 8
  - Monitoring and Evaluation 11
  - Partnering with Government, Communities and Health Providers Around Shared Goals 11
  - Extending and Scaling Up the Program: Work to Date 13
- The Impact of the BAMA and MAP Programs 15
- Looking Ahead: Sustainable Scaling 16
- Lessons 18

The *Río, Juego y Aprendo* Education Project in Colombia 20

- Executive Summary 20
- Origins: Defining the *Río, Juego y Aprendo* Project 22
- Strategic Context: aeioTU's Scaling Model 23
- Building Partnerships for Improving the Quality of Education in Caquetá 25
- The Design of the *Río, Juego y Aprendo* Project 26
  - Training Early Childhood and Elementary Teachers and Educational Leaders, Through a Capacity Development Model 27
  - Supporting Decision-Makers at the Local and National Level Through an Early Childhood Leadership Program 28
  - Building a Knowledge Management, Impact, and Sustainability Strategy 28
- Implementation 28
- Inclusive Local Partnerships: Building Trustful Relationships with the Teachers, Community and Local Government 31
  - Strengthening Teachers' Confidence in the Program's MEL System 31
  - Listening to Local Stakeholders 32
- Working for System Change: The Role of Learning Through Play 32
- Appendix. Organizational Structure of the *Río, Juego y Aprendo* Project 34

saving brains™

Introduction

This brief provides a window into the strategies of two ECD innovators as they seek to expand their impact through integration with government delivery systems. The **BAMA Foundation** ("Babies and Mothers Alive") works with government health workers to improve birth outcomes and to support adolescent mothers in Uganda, where strong results in two pilot districts will now be extended to neighboring districts, and ultimately across the country. The ***Río, Juego y Aprendo*** initiative ("Laugh, Learn and Play") is working in a rural district in Colombia to pilot an initiative to improve public education for young children by embedding learning through play, once again as a foundation for wide expansion.

Both these programs achieve their impact through public sector workers (health providers or teachers) who serve families and children. Doing this effectively requires developing strong, trustful relationships with government leaders locally and nationally. At the same time, they require high-quality engagement – for example, through training – with local workers in a way that responds to their perspectives and taps into their motivations. The BAMA Foundation has approached this through longstanding collaborative work in their "home" districts, where they have built up trust and developed a model that engages and recognizes front-line providers. *Río, Juego y Aprendo* is a partnership among NGOs in collaboration with the government which is intentionally concentrating its initial efforts, deploying multi-dimensional programming with diverse stakeholders, in a single geographic area.

These programs are still evolving in their scaling work. Their stories to date offer lessons on the challenges innovators face, and the creative strategies they can use, to partner with governments to benefit mothers, children and families at scale. These challenges, in turn, are central for many programs working in low-resource settings to promote maternal and child health and wellbeing or to improve education.

CASE PROFILE

Babies and Mothers Alive (BAMA) – Healthcare Innovations in Uganda

Babies and Mothers Alive

Introduction

The Babies and Mothers Alive (BAMA) program grew out of a partnership between two physicians and their collaboration with government and health providers in the Rakai and Kyotera districts of Uganda. Maternal and infant mortality in the region was high, and resources in the health system were strained; there was little prospect of large new investments. Given these constraints, health authorities in these districts tended to see high maternal and infant mortality rates as inevitable. Yet the BAMA team believed better outcomes were possible for mothers and their babies. Based on years of relationship building and service, BAMA was able to establish a partnership with the government to surmount this challenge together. The BAMA collaboration is a vivid example of how thousands of lives can be saved by building trustful long-lasting relationships and using innovative service models to harness the energies and capacities of people working in community health systems.



BAMA's dedicated Mama and Papa Ambassadors assist pregnant women in rural areas to develop birth preparedness plans, stressing the importance of delivering at a health facility under the care of a skilled birth attendant.

Photo credit: Jon Wallen

saving brains™

Daniel Murokora – a Ugandan obstetrician-gynecologist and former President of the Association of Obstetricians and Gynecologists of Uganda – and Marc Sklar – an American obstetrician-gynecologist working in global women's health – began working together in the early 2000s. Starting with cervical cancer screening, they embarked on a variety of projects to improve the sexual and reproductive health and living conditions of girls and women in Rakai and Kyotera.

After working hand in hand with local communities for more than a decade, in 2015 Murokora and Sklar built on the trustful relationships they had established and formed a larger partnership with the district health systems to directly tackle challenges of maternal and child survival and health. Through this partnership, the BAMA Program has trained and empowered more than 450 government health workers in infant and maternal care. Under their distinctive service model:

- a core of "Mentor Midwives" is the center of a training cascade and an upgraded approach to supporting birth; while
- a larger cadre of "Mama and Papa Ambassadors,"[1] community health workers in the government system, work at the village level to increase utilization of maternal and newborn health services and, in turn, organize peer support groups for adolescent mothers.

This case brief presents the story of the BAMA Foundation[2] with a particular focus on the way the BAMA team effectively partnered with the local government health system to improve vital services for mothers and babies. Evaluation evidence suggests that this work has saved the lives of thousands of babies and mothers in the Rakai and Kyotera districts. For instance, in the last six years, the percentage of women dying at BAMA-partnering facilities due to serious obstetric complications has dropped by over 70%.[3] More than 1,500 newborns have been admitted to the program NICUs, of whom 92% were discharged alive.[4] Based on lessons learned from the program's implementation, the BAMA team plans to build on this success by extending and deepening its work in the two founding districts and scaling the model to neighboring districts and across Uganda.

Developing the Babies and Mothers Alive Program

Background and Approach

Daniel Murokora and Marc Sklar started their joint work in Rakai district as co-investigators on cervical cancer screening. From 2003 to 2015, they worked to improve the infrastructure and sanitation standards of nine rural schools and led an after-school program on sexual and reproductive health serving approximately 5,000 students.

[1] See photograph on the previous page. All photographs and captions were provided by the BAMA team.
[2] Formerly known as "Brick by Brick Uganda." This brief will consistently use "BAMA Foundation."
[3] BAMA (2022). *Building Healthy Communities*. p. 3. Retrieved from: https://7c0ecb75-bfb7-47e4-964f-2798093f233b.usrfiles.com/ugd/7c0ecb_3fef41ee7dd84b5a9ab3f1fea6bb7cf6.pdf
[4] Ibid.

In 2015, recognizing the broader need to improve maternal and child health, and knowing that the most vulnerable people were often outside the education system, Murokora and Sklar decided to develop a more ambitious program. The program **they designed, called Babies and Mothers Alive**, had the following goals:

- Increase the demand for and utilization of institutional maternal, reproductive, newborn and early childhood health services.
- Ensure high-quality obstetric and newborn care, friendly to mothers and babies.
- Address critical needs in adolescent sexual and reproductive health.
- Increase access to cervical cancer screening and early treatment, and expand access to vaccination against human papillomavirus for out-of-school girls.
- Improve district and facility-based health data systems.

Three types of delays (the "Three Delays Model"[5]) were causing much of the preventable maternal and newborn morbidity and mortality in the district: (1) "delay in deciding to seek care on the part of the individual, the family, or both"; (2) "delay in reaching an adequate health care facility"; and (3) "delay in receiving quality care at the facility."[6] BAMA's approach to overcoming these three delays, and to more comprehensively addressing the underlying health needs of mothers and their babies, was based, from the beginning, on working with and capacitating people in the existing healthcare system.

The BAMA model called for a cascade approach to training. The BAMA Program would select a group of leading and committed midwives and train them in maternal and infant care. With the tools provided by the BAMA Program, these lead health workers – called Mentor Midwives – would tutor a bigger group of midwives working in the Health Centers and District Hospitals, preventing emergencies and complications in childbirth that would

BAMA mentor midwife Olivious Tumusiime provides antenatal care to an adolescent mother in the Rakai District.

Photo credit: Cynthia Rukundo



[5] Collins, V. (2018). The Three Delays Revisited: Barriers to maternal and Infant Health. *Washington University Open Scholarship*, Volume 13, 213, p. 5: https://openscholarship.wustl.edu/cgi/viewcontent.cgi?article=1212&context=wuurd_vol13

[6] Thaddeus, S., & Maine, D. (1994). Too far to walk: maternal mortality in context. *Social Science & Medicine*, 38(8), p. 1092. Quoted in Collins, V. (2018), op. cit., p. 15.

require obstetric services. The Mentor Midwives would be selected according to their performance in the healthcare facilities. They would be the highest performers of their cohort of paid government healthcare workers, contributing with "knowledge and experience to their expanded duties."[7]

To bring this concept to life, the team needed (a) international funding to support their training and capacity-building work and (b) full agreement with the Rakai and Kyotera district governments and health systems for joint implementation.

Early Funding Efforts

In 2015, Brick by Brick Partners, a U.S. 501(c)(3) organization that was the largest and most consistent supporter of the team's work, switched gears in its fundraising efforts from the school program to the new BAMA Program. They provided the BAMA Program with around US $350,000 per year of unrestricted funding and were also key to expanding the program's base of sustaining donors. Also in 2015, with a commitment of US $1.25 million over five years from the US-based Puffin Foundation, the BAMA team performed an extensive baseline survey in all government healthcare facilities providing maternal and newborn care. They used the survey results to engage the Rakai District – later joined by the Kyotera District when the districts split into two – and formed a partnership with the district health system. This partnership would then result in the official launch of the BAMA Program one year later.

Partnering with the District Health Systems

With funding in hand, the biggest challenge the BAMA team faced was sensitizing the government authorities and developing a shared understanding of the value and feasibility of taking concrete steps to improve maternal and newborn health. Initially, health officials viewed postpartum complications and infant and maternal mortality as inevitable consequences of the limited levels of available resources. Partnerships between NGOs and the local health system in Rakai and Kyotera were mostly centered on HIV prevention and care. It was therefore crucial that the Rakai and Kyotera district governments not only viewed infant and maternal mortality as an important problem, but also that they saw that improvement was possible: The district healthcare departments could play a crucial role in saving lives, through a joint effort with the BAMA team to improve access to and utilization of quality care in the government-run health facilities.

Convincing district officials that this was possible, and engaging them to build a joint effort, depended on the trusting relationships the BAMA team had already built with the districts, based on their long history of engagement. As noted above, the team had been present in the districts for over 12 years working on primary education and reproductive and sexual health. During this period, the

[7] Materials provided by GCC and BAMA.

BAMA team built a track record of successful engagement and developed personal relationships that, by 2015, had become deeply rooted. This enabled them to work effectively, with strong mutual communication, on the more complex task of implementing the BAMA Program with the district governments.

> *"There is a level of accountability that is built on close relationships and it is not present in the parachuting model. You do not want to disappoint someone who you actually know, who you might see at church or you might run into in the market. It is really at that granular level, I believe, that the trust is built.*
>
> **Marc Sklar**

Additionally, the BAMA proposal to the district governments was based on strong data that quantified key problems they had to address and enabled the governments and the BAMA team to align their objectives.

Before the BAMA team gathered patient level data on infant and maternal morbidity mortality rates, this information was collected only during the Uganda Demographic and Health Surveys (UDHS). The data available at the start of BAMA was from the UDHS of 2011 and it was not specific to health facilities where BAMA works, so decision-making could not be based on current information.

Working with the 2015 baseline survey results, the BAMA team was able to show the local governments a pathway that they could follow together, by building a partnership, to support maternal and infant health locally and at the same time advance the Ministry of Health's national goals.[8] From the government's perspective, it was important that the new model would not require large amounts of additional government spending. The program met this criterion because the BAMA model was based on building the capacity of people already working for the government to provide healthcare services. BAMA's annual expenditure is between US $350,000 – $400,000 per year, around 10% of the health expenditure in the region.

[8] See, for example, the Ministry of Health of Uganda's 2013 Reproductive Maternal, Newborn and Child Health Sharpened Plan: https://www.healthynewbornnetwork.org/hnn-content/uploads/RMNCH_UG_APR_Nov2013.pdf

> *You have staff, some of them are very senior, passionate, and some of them are already champions in the area of maternal health, so we would like just to provide them with skills so that we have a local solution for the local problems.*
>
> **Daniel Murokora**

Implementing BAMA and Related Initiatives

In 2016, with seed capital from the Puffin Foundation and Brick by Brick Partners, the team in Uganda expanded from eight to 36 staff members and officially launched the BAMA Program. From 2016 to 2021, BAMA "reduced institutional maternal and perinatal mortality by 72% and 44% respectively, increasing demand and utilization of government-funded health services."[9] These results reflect the successful implementation of the original BAMA model along with related programs, such as the "Mama Ambassador Program" (described below).

Putting in Place the BAMA Model

To begin, the Foundation staff trained the first group of 30 government-employed, but newly designated "Mentor Midwives" in obstetric and newborn care. These Mentor Midwives then trained and supervised on a regular basis a bigger group of about 300 practicing midwives in the Rakai and Kyotera districts. In addition, the Foundation established three Neonatal Intensive Care Units and worked with the District Health Systems on improving relevant healthcare management practices and systems, while fostering a mother- and baby-friendly environment. They worked together to build capacity to assure the quality of care, in part by increasing the capacity of health managers to collect and analyze data for action.

The program's structure was based on existing human resources: All the health staff trained were already working with the government. This approach provided a sustainable upgrade to the system without requiring large new monetary investments.

The Mama Ambassador Program

In 2016, the team identified the need to complement the BAMA model with a new program focused on adolescent mothers. These mothers had the highest infant and maternal mortality rates; because of stigma, they were relatively unlikely to access the antenatal, maternal, and

[9] Materials provided by BAMA.

newborn care services that were the core of the BAMA Program.

At that time:

- "[O]ne in four adolescent women between 15 and 19 years old in Uganda were already mothers or were pregnant with their first child."[10]
- "Stillbirths and child deaths are 50% more likely for babies born to mothers younger than 20 than for those aged 20-29 years."[11]
- "Despite the high rate of adolescent pregnancy [and pregnancy complications], the Ugandan Ministry of Health recorded that only 5% of public facilities in the country had youth-friendly maternal, sexual and reproductive health services."[12]

Additionally, "pregnant adolescents are often stigmatized, disowned by their families, [and] more likely to leave school."[13] A study in Wakiso district in Central Uganda found that "adolescent mothers were more likely to have dropped out of school due to pregnancy …. less likely to earn a salary …. and more likely to attend antenatal care visits less than four times [the minimum standard] compared to adult mothers."[14] Moreover, adolescent



The Mama Ambassador Program supports 1,000 adolescent mothers and babies with monthly parenting groups and regular developmental assessments, ensuring healthy babies.

Photo credit: Cynthia Rukundo

[10] Materials provided by BAMA.
[11] Ministry of Health, Uganda (2016). Investment Case for Reproductive, Maternal, Newborn, Child and Adolescent Health Sharpened Plan for Uganda. p. 11. Retrieved from: https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Uganda-Investment-Case.pdf
[12] Materials provided by BAMA.
[13] Ibid.
[14] Atuyambe, L., Mirembe, F., Tumwesigye, N. M., Annika, J., Kirumira, E. K., & Faxelid, E. (2008). Adolescent and adult first time mothers' health seeking practices during pregnancy and early motherhood in Wakiso district, central Uganda. *Reproductive health*, *5*, 13. Retrieved from: https://doi.org/10.1186/1742-4755-5-13

mothers often face challenging circumstances caring for their newborns, contributing to the increased risk of poor health and developmental outcomes for newborns and children.[15]

Therefore, in 2017, with a CAD $250,000 proof of concept grant from Grand Challenges Canada's Saving Brains program, the BAMA team launched the Mama Ambassador Program (MAP). The MAP works with adolescent mothers from 12 to 19 years old from seven months gestation through their children's second year of life. The aim is to empower the mothers through peer support groups – creating a sense of community and cohesion – and to stimulate their infants' brain development.

The program trained 150 community health workers already working in the government health system, and already supported by Mentor Midwives, to become Mama and Papa Ambassadors. The Ambassadors were selected based on "their reputation in the community, proximity to the hospital, and knowledge and understanding of RMNCH [Reproductive, Maternal, Newborn, and Child Health] issues."[16] The Ambassadors are experts on women's health and rights and support adolescent mothers in accessing quality care at BAMA-partnering facilities by "developing birth preparedness and complication readiness plans,"[17] providing information on sexual and reproductive health,

In 2016, the BAMA team also received a US Government PEPFAR grant of US $330,000 over three years for the DREAM Innovation Challenge to support the "My Pads" Program. These funds were used to provide sexual and reproductive health education through peer-support groups, and for the construction of gender-sensitive changing rooms and rainwater harvesting systems in 16 government-funded secondary schools.

and facilitating the MAP peer support parenting groups. The Mama and Papa Ambassadors "are well respected role models and champions of RMNCH care in their communities, and have helped to steadily increase the demand for, and utilization of facility based RMNCH services within the government system."[18]

Specifically, the MAP includes three components:

- "Caregiver capacity building: monthly childcare sessions focus on promoting developmentally appropriate communication, play, nutrition, hygiene, child health, growth, development, and improving the relationship between the mother and the infant.
- Improvement of maternal mental well-being: peer support sessions focus on the physical, emotional and

[15] Materials provided by BAMA.
[16] Ibid.
[17] Ibid.
[18] Ibid.

developmental health of adolescent mothers, including a focus on the mother's relationship with herself, her child, the child's father, and extended family.

- Support system sessions: extended family members are invited to participate in activities to learn how to support the adolescent mother during pregnancy and after birth, including how to facilitate maternal well-being, nurture a supportive environment, and protect infant development."[19]

With Mama and Papa Ambassadors as leaders and facilitators, the team created peer-support groups for over 400 adolescent mothers and babies and conducted a prospective cohort study from September 2018 to September 2020 that demonstrated significant improvement in early childhood development and maternal mental health. The MAP leverages the BAMA initiative by better enabling adolescent mothers to take advantage of the services that BAMA provides and by assuring ongoing support in the early childhood years.

Monitoring and Evaluation

Also supported by the Grand Challenges Canada's grant, in 2018, the BAMA team began a significant investment to create robust monitoring and evaluation (M&E) systems and an integrated data warehouse with the aim of strengthening the MAP and BAMA Program. These M&E systems allow the BAMA team and the district health services to continuously track program results and analyze how the program could be adapted in the best way possible. For instance, the team used infant and maternal mortality rates per healthcare facility, as well as obstetric and newborn complication rates, to focus their efforts on regions where improvement was most needed. In 2019, based on M&E tracking data, the team realized they needed to add menstrual health and prevention of sexually transmitted diseases as an explicit part of the MAP model. Insights from tracking data also led to the addition of adolescent-friendly family planning services. The M&E program also included a prospective cohort study to evaluate MAP, with encouraging results presented in the impact section of this brief.

Partnering with Government, Communities and Health Providers Around Shared Goals

Recruiting health workers to take on new, voluntary responsibilities – such as the Midwife Mentor and Ambassador roles – is inherently challenging, since these workers generally already have high workloads. The challenge is especially acute for programs – again like BAMA and MAP – which cannot provide new financial incentives for workers. Nevertheless, the team overcame these challenges and successfully energized workers, in part by assuring they benefited from empowerment and recognition.

[19] Materials provided by GCC and BAMA.

For instance, the BAMA and MAP programs explicitly selected a core of high-potential healthcare workers (midwives and community health workers), recognized them with distinctive, visible titles (Mentor Midwives and Mama and Papa Ambassadors) and supported them through a series of training programs that gave them tools to have a higher impact on their community. The Foundation also gave awards and other non-material incentives to government staff working on its projects, included them on social media, and invited them to international online events – such as webinars hosted by the Saving Brains program – so that their voices could be widely heard.

Relationships with health workers were also embedded in a series of constructive dialogues that the MAP and the BAMA Programs have held, since program inception, with the local community, health workers and local authorities, with the aim of engaging all parts of the system towards a common goal. These include regular coordination meetings at the community level with community healthcare workers and sessions with the district governments and the facilities' staff to engage them in the design and evolution of the BAMA Program. The meetings have also served as a forum for empowering the staff to own and improve their data collection systems, so they could receive timely feedback and use it to improve their services. This has helped the district governments and the facilities staff to take ownership of the MAP and BAMA Programs and take action based on the idea that they could significantly benefit the lives of mothers and babies in their community. The BAMA Program has made significant progress in the integration of its data system innovations into the government's Health Management Information System - for instance, by incorporating BAMA's Maternal Newborn Obstetric and Neonatal Complication Survey (MNOCS).



Robina Nalubega, an adolescent mother, demonstrating to other mothers how to prepare affordable healthy complementary foods for toddlers in their homes.

Photo credit: Cynthia Rukundo

> *If you do not engage the local leadership, the local experts, you will be successful when you are there, but nothing will remain as soon as you are gone.*
>
> **Daniel Murokora**

Extending and Scaling Up the Program: Work to Date

In 2020, the Foundation received a US $1.09 million USAID Partnership Plus Grant for 27 months to scale MAP over two years for 1,000 adolescent mothers and babies. At the same time, MAP has evolved to more fully address male engagement and sexual and gender-based violence prevention.

During the monthly sessions of the MAP with the young mothers, the Mama and Papa Ambassadors noticed that some of the women in the program presented physical evidence of domestic violence, a problem that was aggravated by the confinement and economic stress caused by the Covid-19 pandemic. In 2020, approximately 20% of the women in the program presented physical evidence of domestic violence; some families saw gender violence as a valid way of "correcting" mothers or a "signal of affection" related to jealousy. This sexual and gender-based violence was also affecting the development of the babies in the program since it could make parents less able to provide responsive care, and violence could also expose children to toxic stress.

Therefore, as part of the third component of the MAP – the support system sessions – the BAMA team started to work with extended families and fathers in a sensitization program against sexual and gender-based violence (SGBV), highlighting that violence is always damaging and

In 2019, the BAMA team received a €350,000 three-year grant to launch the Mama Rescue project. This grant was matched with the equivalent of €180,000 from Brick by Brick Partners (a US 501(c)(3) organization that supports BAMA Foundation). The project links women in labour to motorcycle taxis through a mobile phone app and provides emergency transport for mothers who need to be referred from healthcare centers to hospitals in rural areas. From the program's start to October 2022:

- 20,956 women in labour were transported from home to health centers.
- 2,251 women with complications were transported for emergency referrals from health centers to hospitals reducing referral time from 3 1/2 hours at baseline to 35 minutes.
- The facility delivery rate increased from 79.7% to 94%, surpassing the goal of 90% by project end.
- Antenatal Care (ANC) 4 attendance has increased by 54% thanks to the program's Material Requirements Planning incentivizing attendance (women receive their transport voucher at the 4th ANC visit).

In 2020, the BAMA team also received a US $50,000 grant from the Islamic Development Bank to screen 10,000 women for cervical cancer and vaccinate 1,400 out-of-school adolescent girls against the human papillomavirus (HPV):

- "As of the end of 2021, we [BAMA] have screened 15,603 women, surpassing the target of 10,000 reproductive age women in Rakai and Kyotera Districts.
  Through our mother-daughter campaign model, we have also provided HPV vaccine to 8,342 out-of-school adolescent girls, five times our target of 1,650."[20]

never acceptable. MAP also connected young mothers to other resources available for women victims of SGBV. The surveys performed as part of the M&E system showed a decrease in emotional and physical abuse rates, with the portion of women in the MAP reporting SGBV (during the preceding three months) falling from 38.8% to 5.82%.

Currently, "the MAP and BAMA Programs are designed to work together to address both the demand and the supply side of the challenge of transforming outcomes for adolescent mothers and their children."[21] Together, these programs respond directly to the three types of delays causing much of the preventable maternal and newborn mortality in the region: With the MAP's peer-support groups, the BAMA Foundation addresses the delay in deciding to seek care. The BAMA Program approach to supporting birth reduces the delay in reaching an adequate health care facility and the delay in receiving quality care.

The BAMA Program's dependence on its own staff is transitioning, as its model is deeply integrated with the healthcare system to a point where it is difficult to establish where the BAMA Program ends and the health system begins:

- The BAMA team has trained 45 government-employed Mentor Midwives and 248 community health workers in government services to be Mama and Papa Ambassadors.

[20] BAMA (2022). *Building Healthy Communities*. p. 2. Retrieved from: https://7c0ecb75-bfb7-47e4-964f-2798093f233b.usrfiles.com/ugd/7c0ecb_3fef41ee7dd84b5a9ab3f1fea6bb7cf6.pdf

[21] Materials provided by GCC and BAMA.

- "Initially, working in 24 Health Center IIIs and District Hospitals, we [BAMA Foundation] now partner with 67 facilities, including 19 private not-for-profits, outside of the Ugandan Government sector."[22]

The Impact of the BAMA and MAP Programs

Over the last 20 years of work, the BAMA team has built a trusting partnership with the local government and the Ministry of Health allowing it to reach sustainable, efficient and tangible results in maternal and infant wellbeing. The results of the MAP and BAMA Programs show that effective mobilization of the local resources along with small investments in human capital can have a significant impact on people's lives. Examples of results reported by the BAMA Foundation include:

- As part of providing high-risk newborn care, the BAMA Foundation established three Neonatal Intensive Care Units. "1,512 newborns were admitted to the NICUs, of whom 92% (1,391 infants) were discharged alive."[23]
- From 2016 to 2021, perinatal mortality dropped 44.6%.[24]
- "In 2016, 19 women died in government supported health centers and hospitals as a result of complications of pregnancy and labor. In 2020 this number was reduced to 6. The Institutional Maternal Mortality Ratio went from 220 per 100,000 live births to just 62, a 72% decrease....
- Institutional deliveries have increased steadily since 2015, … with the met need for obstetric services rising from 53.3% to [73.2% by the end of 2021]."[25]
- Finally, there was a "28% reduction in 'fresh stillborns,' those babies who likely died in the late antepartum or intrapartum (during labor) periods"[26] from 2019 to 2021.

Regarding MAP in particular, the team conducted a prospective cohort study to assess effects on child development and maternal wellbeing. Comparisons of child outcomes in 2018 and 2020 using the Ages and Stages Questionnaire (ASQ-3) demonstrated statistically significant benefits (compared to a control group) for babies between 2 and 12 months across five domains of child development: gross motor development, fine motor development, language development, cognitive development and social development.[27]

[22] BAMA (2022). *Building Healthy Communities*. p. 3. Retrieved from: https://7c0ecb75-bfb7-47e4-964f-2798093f233b.usrfiles.com/ugd/7c0ecb_3fef41ee7dd84b5a9ab3f1fea6bb7cf6.pdf
[23] Ibid.
[24] Ibid.
[25] Ibid. Bracketed figures represent updated information provided by BAMA Foundation.
[26] Ibid.
[27] Materials provided by GCC and BAMA.

Results for maternal wellbeing included:

- "Using the Self Reporting Questionnaire and Multidimensional Scale of Perceived Sense of Social Support…: [The] mean scores for adolescent mothers who received monthly psychosocial support were above 5 compared to the counter parts whose mean scores was 2.8.
- Mental health: Improved from 54% to 94% in the intervention and dropped from 69% to 52% in the control group….
- Some mothers went back to school, improved interpersonal skills such as communication, [and] increased uptake of FP [family planning] (2.3 times more likely) in the intervention vs control."[28]

"To date, 1,470 mothers and babies have participated in this program [MAP], with 1,037 currently enrolled, representing approximately one third of adolescent mothers in Rakai and Kyotera districts. 90 Peer Support Parenting Groups have been established across 11 health centers and hospitals focusing on maternal and child wellbeing."[29]

In 2021, the BAMA Foundation won an award from John Snow, Inc. (JSI)[30] for the prevention of violence against babies.

Looking Ahead: Sustainable Scaling

BAMA Foundation's ultimate goal is to integrate the BAMA model into the district and national health system across Uganda. This is a major task, and the team recognizes that although the main work of the program is carried out by the local health system, the Foundation's own role will need to continue for a substantial period. In this context, a scaling challenge for the program is that the model depends on high-quality, trusting relationships with district health systems; yet, as BAMA's history itself shows, these can take years to build and require substantial ongoing dialogue to maintain. The team recognized it could not expect to do this on its own across the entire country. To overcome these challenges, the BAMA team has developed a three-tier scaling strategy that envisions: (1) local expansion; and (2) national NGO partnerships; both supporting (3) local and national integration with the health system. BAMA articulates this strategy as follows:

1. Expand the BAMA Program to our Neighboring Districts in the Masaka Region

   Our initial goal (3-years) is to expand to the two adjoining districts of Masaka and Kulungu, followed by scaling to the entire Masaka Region of nine districts serving a total of 2,218,286 people. Directly overseeing this expanded BAMA Program implementation will allow

[28] Materials provided by GCC and BAMA.
[29] Materials provided by BAMA.
[30] For information on JSI, see: https://www.jsi.com/location/uganda/

us to adapt our model to support sustainable integration of our core interventions into the existing government health system, our ultimate goal.

2. Identify Potential NGO Partners in Uganda Working in Maternal, Reproductive, Newborn and Early Childhood Health and Development

   Babies and Mothers Alive has a long history of high impact partnerships with national and international NGOs who are aligned with our mission. The establishment of a network of RMNCAH NGOs will support the dissemination our BAMA's core innovations, and extend and expand the reach of our program. We have begun by partnering with the Adara Group, an Australian foundation working in Central Uganda. Their work focuses on improving newborn care. We envision a learning exchange where both organizations, and the populations they serve, will benefit, Adara, through the adaptation of our program innovations in maternal and reproductive health, and BAMA, through improved newborn and early childhood health outcomes. Through such partnerships, and the establishment of an RMNCAH [Reproductive, Maternal, Newborn, Child and Adolescent Health] Stakeholder network, we will support NGO-government collaboration, promoting BAMA integration into the government health system.

3. Integrate BAMA into the District and National Health System in Building the BAMA Program

   In full partnership with district government and the Ministry of Health, we participate in multiple fora at the national level overseeing maternal, newborn, reproductive, and adolescent health. Our senior staff are respected thought leaders. We will work to leverage our success to date, encouraging the adoption of key components of our program model. For example, we have already seen our Maternal and Newborn Obstetrics Complication Survey (MNOCS) integrated into the government health data system. Our Mentor Midwife and Mama Ambassador models are key to our work improving the quality of care in maternal, reproductive, and newborn health and can easily be adapted for integration into the Ugandan health system.[31]

In 2022, the BAMA Foundation received a grant from Grand Challenges Canada to support its transition to scale. In September, the Foundation received a commitment from USAID to more than match the Grand Challenges Grant over a two-year period.

[31] Materials provided by BAMA, italics added.

Lessons

When the BAMA Program started, the health system in the Rakai and Kyotera Districts faced tight resource constraints, and high infant and mortality rates were seen as inevitable. However, the BAMA Foundation demonstrated that by building alliances with the local authorities and working hand-in-hand with the community through an innovative, participatory service delivery model, it was possible to energize the existing resources to achieve significant changes even in vulnerable settings. BAMA is in the middle of its journey, but the story so far already offers lessons on partnering with existing service providers to achieve major change in low-resource settings.

In the first place, the story illustrates the value of taking time to build truly trusting and meaningful relationships with the local authorities and the communities. The team spent years working with local service providers on small-scale projects, and this work built the trust needed to propose a major joint initiative and effectively overturn the idea that change was not possible.

Second, the model was based on understanding the local system and building on its strengths. BAMA empowers local service providers and families through strategies like training cascades and peer support groups. This enabled the community in effect to better serve itself, supported by a shared, data-rich approach to monitoring and evaluation. To help motivate community members to take on new roles even without additional financial incentives, the team

> *It is really built on this long-term approach that the districts [authorities] can relax and realize, 'Oh! These people are here with us, in the trenches, for a long time. They are not going anywhere.' So, they can see that they do not have to feel threatened when they are confronted because we are working on this together.*
>
> **Marc Sklar**

engaged them through empowerment and public recognition, including assuring their voices were heard. Thus, the BAMA story not only demonstrates that drawing on and energizing local people can help achieve core program goals like improved infant survival; it also shows that empowerment around shared commitment to those goals is an effective way to tap local energy.

The BAMA team reflected that creating a high-impact intervention is never straightforward. They realized that any important change, any proposal to do things differently, could face initial resistance. Their long-standing local relationships, where people realized that the goals of the organization and the community are aligned, put them in a good position to overcome such resistance.

In this context, the story of the BAMA Foundation invites us to see challenges as opportunities and to combat the often-debilitating assumption that significant investments are required to make an impact. The limited economic resources available to BAMA and the local health system – what could be seen as the effort's biggest challenge – ended up being its greatest strength. The BAMA Foundation could not implement the whole program by itself, but it started a collaborative partnership with local service providers that has continued to expand year after year, with sustainable new capacity in the districts. Those providers are at the heart of BAMA's success.



If you ask them who are they, they would say: 'Yes, I am a BAMA Mentor Midwife,' or, 'I am a Mama – or Papa – Ambassador.' They know that even if things are not perfect, there is a group of people called BAMA that appreciate them and that keeps telling them that what they do is important.

Marc Sklar

CASE PROFILE

The *Río, Juego y Aprendo* Education Project in Colombia

Executive Summary

Río, Juego y Aprendo (Laugh, Learn and Play) is an initiative aiming to improve public education, from the early childhood (pregnancy to preschool) years through primary school up to age eight, in rural areas of Colombia. At the heart of the initiative's strategy is integrating a learning-through-play model at each age level. The lead partners in the initiative are aeioTU, the *Fundación Pies Descalzos* (in English, Barefoot Foundation) and the Faculty of Education of the *Universidad de los Andes*, with the National Government as a strategic ally and with the support of the LEGO Foundation. Rural areas in Colombia were selected because they tend to be under high stress – historically, the armed conflict has been concentrated there – and have limited economic resources.

Planning for *Río, Juego y Aprendo* began in 2020; a pilot implementation will run through mid-2024 in the department[1] of Caquetá, a predominantly rural department that is a priority area for the National Government's peacebuilding programs. The goals of the project are ambitious – structural change across the public education system in Colombia – so the pilot is intentionally taking a

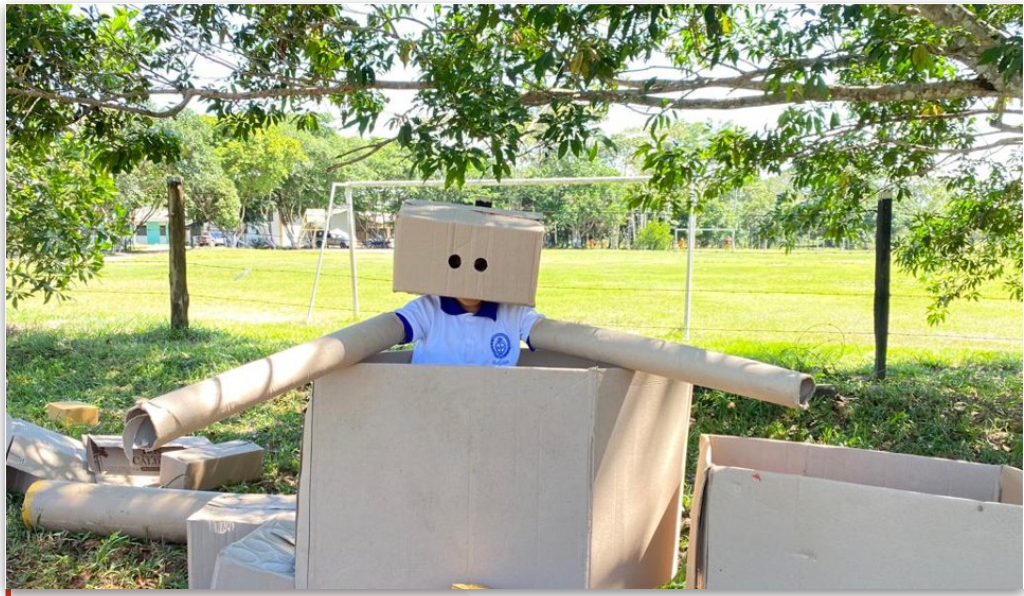


Photo credit: *Río, Juego y Aprendo* Project

[1] Colombia's administrative division is composed of 32 "departments" (*departamentos* in Spanish) and a Capital District (*Distrito Capital*), Bogota. In turn, the departments are divided into municipalities.

system-wide approach in its target region. *Río, Juego y Aprendo*'s activities include: training teachers in the public education system on learning through play; empowering decision-makers at the local and national level through a leadership development program; and advocating for high-quality early childhood education and for embedding the learning-through-play approach at all levels of the education system. So far, the National Government has recognized play as a right of children, based on its recreational and physical benefits. However, *Río, Juego y Aprendo* is advocating for recognizing the value of play in educational contexts and its role in children's learning and development. Through these means, *Río, Juego y Aprendo* seeks to introduce new capabilities into the public system during the pilot phase, capabilities that local civil society partners will continue to support once the pilot is complete.

Going forward, the effectiveness and sustainability of the project will depend on successfully engaging teachers and leaders in the official system so that they own the *Río, Juego y Aprendo* model and make it part of their ongoing practice. With this in mind the *Río, Juego y Aprendo* team is building inclusive partnerships encompassing the local and national government, NGOs, local leaders, and educators. The project's approach to creating trustful relationships includes systematically listening to stakeholders; providing them with practical tools they find valuable in their work; and creating a monitoring, evaluation and learning system that provides evidence stakeholders can use to improve education outcomes.

This case brief will describe *Río, Juego y Aprendo's* collaborative model as an approach to system change. We will review its origins and development as a partnership, its main streams of work, its approach to multi-stakeholder engagement and local adaptation, and how it is addressing implementation and evaluation challenges. While the long-term goal of the project is to embed learning through play





Photo credit: *Río, Juego y Aprendo* Project

across Colombia, the initial strategy involves focusing on the education systems in a defined region. This makes the project a natural fit for its early childhood partner, aeioTU, which has developed a distinctive scaling strategy based on concerted, regionally focused demonstration initiatives. We will sketch this strategy as part of the *Río, Juego y Aprendo* story.

Origins: Defining the *Río, Juego y Aprendo* Project

The origins of the *Río, Juego y Aprendo* Project date to 2019 with a shared commitment between the LEGO Foundation, aeioTU and the National Government of Colombia to improve the quality of education in the country. That year, John Goodwin, CEO of the LEGO Foundation, travelled to Colombia to meet with the country's President and identify how the LEGO Foundation could support early childhood development. In this meeting, the LEGO Foundation committed to improving the quality of education in rural areas of Colombia, as these are generally underserved, and they are also where armed conflict was historically concentrated. The LEGO Foundation and aeioTU, in turn, approached NGO partners (described below) to design a joint program with the National Government that could change the educational conditions of the rural population of the country: the *Río, Juego y Aprendo* Project. As summarized by the Ministry of Education:

> *"Río, Juego y Aprendo" [is] a project that will contribute to the integral development of more than 12 thousand girls and boys from Caquetá, strengthening the capabilities of educators, leaders and decision-makers to promote learning through play. This project is aimed at boys and girls from gestation to eight years old and will be implemented by civil society organizations along with the National Government, and the support of the LEGO Foundation....This seeks to positively impact the development and learning processes of girls and boys served under the framework of the Colombian Family Welfare Institute (ICBF) and the official educational institutions' services, and strengthen their families and communities who have been historically affected by violence [the armed conflict].*[2]

[2] *Mineducación: Ministerio de Educación de Colombia* (2021). Retrieved from "*Río, Juego y Aprendo*": https://www.mineducacion.gov.co/portal/salaprensa/Noticias/408108:Rio-Juego-y-Aprendo-un-proyecto-que-contribuira-al-desarrollo-integral-de-mas-de-12-mil-ninas-y-ninos-de-Caqueta-fortaleciendo-las-capacidades-de-educadores-lideres-y-tomadores-de-decision
Translated from the Spanish by author PG. Original text: *'"Río, Juego y Aprendo" un proyecto que contribuirá al desarrollo integral de más de 12 mil niñas y niños de Caquetá, fortaleciendo las capacidades de educadores, líderes y tomadores de decisión para promover el aprendizaje a través del juego. Este proyecto está dirigido a niños y niñas desde la gestación hasta los ocho años y será implementado por organizaciones de la sociedad civil en conjunto con el Gobierno Nacional, y el apoyo de la Fundación LEGO. … Este busca impactar de manera positiva los procesos de desarrollo y aprendizaje de las niñas y niños atendidos en el marco de los servicios del Instituto Colombiano de Bienestar Familiar (ICBF) y de las instituciones educativas oficiales, así como fortalecer a sus familias y comunidades quienes históricamente se han visto afectadas por la violencia.'*

Thus, *Río, Juego y Aprendo* from its origins aimed for systems change, specifically in public early childhood and primary school education.

The department of Caquetá was selected for the project's pilot. Caquetá was a natural choice given that: (i) it is predominantly rural; (ii) it was historically affected by armed conflict;[3] (iii) local authorities in Caquetá had strong political will to improve the quality of education in the department; (iv) there was good potential to engage all key actors in the local education system in Caquetá; and (v) educational coverage in early childhood was high enough so that the *Río, Juego y Aprendo* program could have a significant impact.

Caquetá has limited physical and digital accessibility. Its roads are generally unpaved, especially in regions far from Florencia, Caquetá's capital. Additionally, internet access and mobile connectivity are generally available only in urban areas. However, Caquetá's labour force has higher educational levels than in other rural areas of Colombia, as several universities – such as the *Universidad del Amazonas* and the *Universidad Nacional Abierta y a Distancia (UNAD)* – offer education services in the department. This proved an advantage for the project when it recruited local staff.

Strategic Context: aeioTU's Scaling Model

aeioTU is a Colombian social enterprise aimed at helping children in the early years develop to their full potential. Since 2008, aeioTU has been providing high-quality early childhood services in Latin America inspired by the Reggio Emilia Approach,[4] with learning through play at the core of its educational practice. aeioTU began by applying this approach at a single early childhood center in Bogotá, Colombia. It then expanded by offering direct services at multiple centers. Outcomes were gratifying, so the organization sought broader impact through a multi-faceted scaling model: (i) direct operations; (ii) consulting and special projects to help others implement learning through play; (iii) digital services through the aeioTU online platform Red aeioTU; and (iv) advocacy. Through these four components, they have reached more than 450,000 children, 23,000 teachers, and more than 600,000 caregivers in Colombia, Mexico, and Panama. However, until now aeioTU's model was based on a dispersed approach, with different components operating in different places. This enabled expansion, but aeioTU has concluded that a more concentrated approach, one that brings all four components together within a specific region, may be needed to catalyze system level change. In aeioTU's words: "Keeping the aeioTU business as usual approach will allow us to expand our coverage and produce segmented impact

[3] In Colombia, the municipalities most affected by the armed conflict are categorized as PDET (Development Programs with a Territorial Approach) for priority in territorial and rural planning. All 16 municipalities that make up the department of Caquetá are classified as PDET.
[4] To learn more about the Reggio Emilia Approach, see: https://www.reggiochildren.it/en/reggio-emilia-approach/

… but missing the potential of creating greater impact through … our integrated business model."[5]

Therefore, aeioTU developed a scaling strategy that called for a phase of concentrated work in two localities, in each case mobilizing the organization's full range of capabilities in a coordinated way. This would involve engaging with stakeholders at all levels of the early childhood education system as they relate to those localities. The *Río, Juego y Aprendo* partnership was an ideal context for this strategy. Grand Challenges Canada's Saving Brains program is now supporting aeioTU to carry out its focused transition-to-scale approach both in Caquetá (through *Río, Juego y Aprendo*) and in Cartagena.

Monitoring, evaluation and learning (MEL) are vital to this scaling strategy, as the implementations in Caquetá and Cartagena are intended both to demonstrate the value of the concentrated model and to harvest lessons to enhance impact. Grand Challenges Canada is supporting aeioTU to develop "communities of practice"[6] in both Caquetá and Cartagena and to put in place a MEL system that will support their longer-term plan to embed the learning-through-play model across the country and reach more than 1.6 million children in the next 10 years.

The *Río, Juego y Aprendo* Project, with its partnership model, represents a vital opportunity to carry out this strategy.



Photo credit: *Río, Juego y Aprendo* Project

[5] Materials provided by aeioTU.
[6] According to materials provided by Grand Challenges Canada, the intent is to "[c]atalyze communities of practice composed of ECD practitioners, decision makers, and caregivers to share best practices, mobilize local resources, and promote evidence-informed policy to address gaps to scale and sustainability in local municipalities."

Building Partnerships for Improving the Quality of Education in Caquetá

From the start, aeioTU and the National Government knew they needed to recruit additional core partners into the program to fully realize its goal of developing a systemic intervention through the *Río, Juego y Aprendo* Project. In 2020, they began a partnership with the *Fundación Pies Descalzos* – experts in improving education for children and teenagers – to complement and expand aeioTU's capacities, given aeioTU's focus on early childhood. Robust monitoring, evaluation and learning (MEL) was also a priority for the pilot, so aeioTU and the National Government also engaged the Faculty of Education of the *Universidad de los Andes* as the project's core MEL partner.

National Partners: A Strategic Alliance

Fundación Pies Descalzos

Since 1997, the *Fundación Pies Descalzos* (Barefoot Foundation) has worked "to improve the education and social development of children in Colombia. We [*Fundación Pies Descalzos*] seek to improve teaching and innovation processes, and overcome all educational infrastructure current challenges in Colombia and Latin America."[7] In the *Río, Juego y Aprendo* Project, the *Fundación Pies Descalzos* works to enhance teaching practices of elementary school teachers and educational leaders.

aeioTU

Since 2008, aeioTU has worked "to develop the potential of children, so that they become competent, creative citizens and builders of society."[8] In the *Río, Juego y Aprendo* Project, aeioTU focuses on improving the educational practices of early childhood teachers and on promoting play to enhance children's development.

Faculty of Education of the *Universidad de los Andes*

The *Universidad de los Andes*, founded in 1948, is a top research and teaching institution in Colombia.[9] Currently, the Faculty of Education at the University leads the monitoring, evaluation and learning component of the *Río, Juego y Aprendo* Project. The Faculty of Education also delivers the project's "SUMA" course, a training program for decision-makers on leadership and educational practices.

[7] *Fundación Pies Descalzos* (2020). Retrieved from "Who we are": https://fundacionpiesdescalzos.com/en/who-we-are/
[8] aeioTU (2021). "Our purpose." Retrieved from "Us": https://en.aeiotu.com/nosotros
[9] https://uniandes.edu.co/en/university/about-us

With the support of the National Government, the *Río, Juego y Aprendo* team also built an extensive network at the local level that includes the local government[10] and NGOs.[11] This local network has helped the project's national partners by introducing families and educators to the learning-through-play pedagogical model, by providing valuable advice and feedback, and by boosting social acceptance.

With these alliances formed, aeioTU developed a proposal to the LEGO Foundation for the *Río, Juego y Aprendo* Project. At the end of 2020, the LEGO Foundation financed that proposal with a three-year, US $5 million grant.

The Design of the *Río, Juego y Aprendo* Project

In 2020, aeioTU met regularly with the *Fundación Pies Descalzos*, the Faculty of Education of the *Universidad de los Andes*, and the National Government, to build a joint program and align goals and expectations. Together, they designed the main components of the project.

The *Río, Juego y Aprendo* Project includes three lines of action, all supported by a Monitoring, Evaluation and Learning system (MEL):

i. Training early childhood and elementary teachers and educational leaders, through a Capacity Development Model.

ii. Supporting decision-makers at the local and national level through an Early Childhood Leadership Program.

iii. Building a Knowledge Management, Impact, and Sustainability Strategy.

Once these basic components of the program were defined, the *Río, Juego y Aprendo* partnership focused on designing the capacity-development model they would use to train the educational leaders and adapting educational practices to the local rural context. One key to meeting this goal was hiring local trainers and facilitators for the implementation of the program, as they would provide a source of vital knowledge and feedback for adaptation, a pathway to local acceptability, and an opportunity to build local capacity. In part because of the education levels of workers in the region, the *Río, Juego y Aprendo* team was able to hire most of its staff from Caquetá. Currently, of the 74 people that make up the *Río, Juego y Aprendo* team,[12] 59 were already living in the department before the program started – including the three workshop leaders

[10] Represented by the Departmental Secretariat of Education (*Secretaría De Educación Departamental de Caquetá*), the Secretariat of Government of Caquetá (*Secretaría de Gobierno de Caquetá*), the Secretariat of Education of Florencia (*Secretaría de Educación de Florencia*) and the ICBF's regional office (*Instituto Colombiano de Bienestar Familiar Regional Caquetá*). To facilitate communication among local authorities engaged with the project, the Departmental Secretariat of Education, the Secretariat of Government of Caquetá, the Secretariat of Education of Florencia, and the ICBF's regional office each selected a technical leader. These technical leaders serve as connection points with the *Río, Juego y Aprendo* team and are always invited to the program's strategic meetings.

[11] This includes local NGOs such as *Fundación Casita de los Sueños*, *Fundapre* and *CorHuellas*.

[12] Please refer to the Appendix to find the organizational structure of the *Río, Juego y Aprendo* Project.

and 48 trainers ("pedagogical facilitators") implementing the first line of action.

Line of Action (i): Training Early Childhood and Elementary Teachers and Educational Leaders, Through a Capacity Development Model

This training program was designed to engage more than 780 teachers[13] and 120 education administrators working in Caquetá in the elementary public schools and in early childhood education centers run by the Colombian Family Welfare Institute (ICBF – see box to the right.)

With help and guidance from the local government, the *Río, Juego y Aprendo* team selected 229 early childhood education centers and 160 elementary education centers to participate in the training program. Then, with its local network support – including local government institutions and local NGOs – the *Río, Juego y Aprendo* team contacted leaders of the selected institutions to explain the project and get them involved. Having the support of the local network was key to generating trust with teachers and educational administrators, since the network linked the *Río, Juego y Aprendo* program to organizations that teachers and administrators already knew.

The pedagogical model for the training program, the "Capacity Development Model," was designed to include play as a basic component. This pedagogical model starts from the understanding that teachers already have pedagogical guides that determine the topics that they must teach their students. However, the Capacity Development Model helps them adapt their lesson plans to a learning-through-play structure that has been effective elsewhere in helping children develop. To put the learning-through-play model into practice, the training was designed to be interactive, with a hands-on approach. Motivating teachers to participate in the Capacity Development Model was challenging at first, since it involves new time commitments. According to feedback received through the program's MEL system, this hands-on approach was recognized by the teachers in Caquetá as one of the key conditions for the program's acceptability.

The Colombian Family Welfare Institute (ICBF):

"The Colombian Family Welfare Institute, ICBF, is the entity of the Colombian state that works for the prevention and integral protection of early childhood, childhood, adolescence, youth and the well-being of families in Colombia, giving special attention to those in conditions of threat, non-observance or violation of their rights."[14] As part of its functions, the ICBF provides early childhood education centers for the most vulnerable children in the country.

[13] In this Brief, the term "teachers" is used to encompass both elementary-school teachers and the ICBF's childhood educational agents (*operadores*).
[14] Innovations for Poverty Action (2018). *Instituto Colombiano de Bienestar Familiar*. Retrieved from Innovations for Poverty Action: https://www.poverty-action.org/organization/instituto-colombiano-de-bienestar-familiar

One of the goals of the project supported by the Capacity Development Model is to smooth the transition of children from early childhood education (the domain of the ICBF) to primary school (the domain of the official institutions). Colombia has made important progress toward this goal – for instance, the government has created a strategy of "educational paths."[15] The *Río, Juego y Aprendo* team is including in the monthly training sessions continuous dialogue between teachers from ICBF and those from the public schools. Near the end of the year, the dialogue focuses on constructing practical solutions to close the gaps between early childhood education and primary school at the local level and allow every child to have a smooth transition.

Line of Action (ii): Supporting Decision-Makers at the Local and National Level Through an Early Childhood Leadership Program

The centerpiece of the Early Childhood Leadership Program is the SUMA course – a training program for decision-makers on leadership and educational practices. This course is provided by the Faculty of Education of the *Universidad de los Andes* and is aimed at public officials, community leaders in the early childhood domain, directors, coordinators and managers of educational programs. The SUMA course will be delivered to around 120 decision-makers from the local and national governments.

Line of Action (iii): Building a Knowledge Management, Impact, and Sustainability Strategy

The *Río, Juego y Aprendo* team advocates for learning through play with all relevant stakeholders. With this goal, they work closely with networks including the national and local governments, NGOs and ICBF's early childhood education centers in Caquetá. The *Río, Juego y Aprendo* team also plans to connect with the universities in Caquetá to develop a program to familiarize pedagogy students with the learning-through-play model so they can implement it when they begin working as teachers.

Implementation

Implementation of the project started in October 2021 with an initial offering of the SUMA course. This early childhood leadership course was delivered by the *Universidad de los Andes* to 35 decision-makers at the national and local levels. In Caquetá, 25 decision-makers and leaders received scholarships from *Río, Juego y Aprendo* to attend the SUMA course in Bogota, Colombia's capital. In 2022 and 2023, the *Río, Juego y Aprendo* team expects to deliver the SUMA course to two more cohorts of 40 decision makers each, to reach a total of 120 over three years. These cohorts will encompass leaders working with the secretaries of education, the ICBF's regional office, and community leaders from local NGOs. These trainings will not only enable short-term implementation of learning

[15] https://ote.mineducacion.gov.co/sites/default/files/otepublic/2022-06/Educacion-inicial.pdf

through play; they will also put in place capacity to continue improving the quality of education in the department of Caquetá in the longer term.

With the longer term in mind, the *Río, Juego y Aprendo* team is also looking for new partnerships that will allow it to extend its training program to include other professionals that influence children's educational outcomes, such as administrative staff, educational leaders and middle managers. Stakeholder engagement will also enable extension beyond the public education sector. For example, with the support of Grand Challenges Canada, *Río, Juego y Aprendo* plans to deliver its capacity-development model to private kindergartens in Caquetá in 2023.

The implementation of the SUMA course is helping build trusting relationships between the *Río, Juego y Aprendo* team and the local authorities by realizing reciprocal benefits for each. On one hand, the local authorities provide advice to the *Río, Juego y Aprendo* and help it connect with local actors and educational institutions and gain public support. On the other hand, *Río, Juego y Aprendo* is training the local government's staff in practical ways and helping the government achieve its educational goals.

In 2022, the *Río, Juego y Aprendo* team started implementing its training course for early childhood and elementary teachers, school principals and educational leaders: the Capacity Development Model (line of action one), which forms the core of the initiative's field operations in Caquetá. The course comprises 14 training cycles (each cycle includes one group training and one follow-up session in the classroom) delivered over 18 months, devoted to practical training on how to integrate concrete learning-through-play tools into day-to-day teaching. The course serves to help close gaps between early childhood and primary education, since teachers at both educational levels attend together. The course introduces trainees to the power of learning through play, the characteristics of play, and the role of adults to promote learning and child development. The course also introduces possibilities to use recycled and in-context materials that are readily available to teachers, to develop play experiences.



Photo credit: *Río, Juego y Aprendo* Project

Regarding the third line of action, the *Río, Juego y Aprendo* team has been advocating with national and local stakeholders to improve the quality of education in rural areas of Colombia and to garner support to sustain the use of learning through play over the long term. In 2022, the *Río, Juego y Aprendo* team participated in a range of activities led by local authorities to promote learning through play and to strengthen the program's relationship with the community. For instance, when the municipal government invited the *Río, Juego y Aprendo* team to participate in a children's day celebration in Florencia, the team designed a series of games to promote the learning-through-play model. The team also participated in a school supplies donation drive promoted by local leaders.

At the national level, the *Río, Juego y Aprendo* team is working with *NiñezYa*, an initiative that coalesces civil society organizations to advocate, with a unified voice, for children's rights as a priority in government programs. In this alliance, the *Río, Juego y Aprendo* team had meetings with the candidates in the recent presidential elections; the focus of the discussions was the early childhood education system's short-, middle- and long-term needs for assuring high-quality delivery. With that as background, the team then began to work with the new government.

Throughout the pilot phase of the *Río, Juego y Aprendo* program, the team will continue its advocacy across the public education system nationally and locally, so that play is recognized as both a right of children and a pedagogical approach that enhances children's development.[16] This advocacy work (line of action three) complements the direct service components of the project (lines of action one and two); as a combined approach to sustainable system

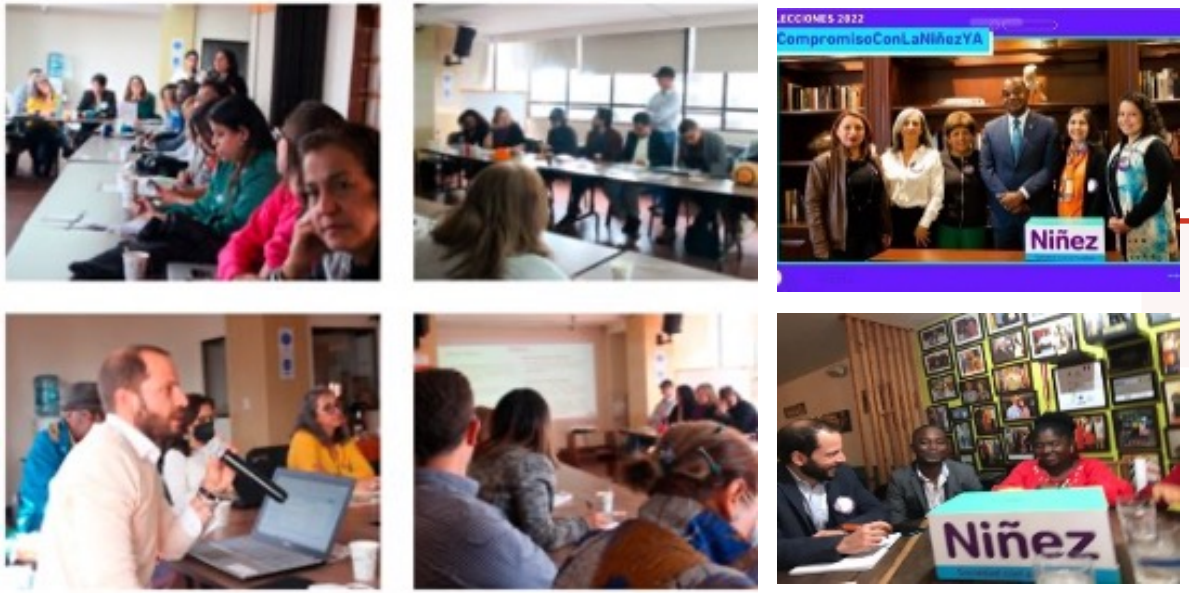


Photo Credit: *NiñezYA*

[16] For more on this theme, please see the final section of this Brief.

change, all three depend crucially on *Río, Juego y Aprendo's* core strategy of establishing and sustaining inclusive partnerships both locally and nationally. The project's major national partnerships were sketched above; we now turn to the local level.

Inclusive Local Partnerships: Building Trustful Relationships with the Teachers, Community and Local Government

Strengthening Teachers' Confidence in the Program's MEL System

Building trustful relationships with the teachers in the region is vital to the success of the project, and it posed challenges, notably because the *Río, Juego y Aprendo* Project includes robust monitoring, evaluation and learning (MEL). Teachers reported feeling uncomfortable with MEL when the project started. Showing that the MEL systems were there to assess the project and not the teachers was key to improving *Río, Juego y Aprendo* team relationships with the instructors. For this purpose, the *Río, Juego y Aprendo* team conducted special sessions before the baseline assessment in which they explained to the teachers, principals and parents the purpose and the format of the program's evaluation.

Moreover, the evaluation methodology of the Faculty of Education of the *Universidad de los Andes* facilitated the acceptance of the MEL system, making that Faculty an ideal evaluation partner. In the first place, one of the guiding principles of the Faculty of Education is to make teachers part of the evaluation process, not its object. Under this approach, the *Río, Juego y Aprendo* evaluation system analyzes pedagogical practices and situates them in their social context. The evaluators do gather information about teachers, parents, and school principals, but this is part of painting a broader picture of the education system, rather than a way to assess individual teachers. The results of the evaluations are also given back to the teachers and educational leaders in aggregated terms, so they can reflect on what is happening overall and consider their own practices without feeling judged. The evaluators present their results to teachers in discussion sessions, where instructors can share their comments and be heard directly. One of the challenges for the *Río, Juego y Aprendo* team going forward is how to have the teachers and principals take ownership of evaluation results and use them to improve their practices.

The monitoring component of the MEL system, with its regular user surveys, has already helped the *Río, Juego y Aprendo* team adapt the teacher training program based on user experience. For example, the team used early feedback to adapt the language used in the training to the local context; they also simplified the monitoring instruments used by the *Río, Juego y Aprendo* trainers.

Listening to Local Stakeholders

Attending to the local authorities' priorities, the *Río, Juego y Aprendo* team decided to modify the coverage area of its program, even if this implied some challenges at first. The *Río, Juego y Aprendo* team had planned to restrict its initial operations to the north of Caquetá – an area close to the capital of the department (Florencia) with relatively good physical and digital connectivity. In this digitally connected region, the program could take advantage of aeioTU's free online platform *Red aeioTU* to deliver some of the teacher training virtually, as envisioned in the original proposal.



Photo credit: *Río, Juego y Aprendo* Project

However, the local government was very interested in expanding the project to the south of the department, its least-resourced zone. To overcome connectivity challenges in the south, the team is adapting the online training resources for distribution via USB. They will use this mechanism to share selected videos from the *Red aeioTU* platform and to invite teachers with internet access to be part of aeioTU's online community.

Moreover, as Colombia has been phasing out Covid-19 restrictions, teachers expressed interest in returning to in-person activities. Therefore, the *Río, Juego y Aprendo* team decided to modify the structure of the originally proposed online training to incorporate an in-person component in every session. After each training cycle, lessons gleaned from the monitoring, evaluation and learning system are used to improve implementation in the next cycle but one (e.g., lessons from cycle 1 are incorporated in cycle 3).

Working for System Change: The Role of Learning Through Play

The Caquetá intervention was designed as a pilot of a systemic approach for improving children's learning by embedding a learning-through-play pedagogical model in public education from early childhood through age eight. On the one hand, the pilot provides a geographic focus for full implementation of the model in a defined region; at the

same time, it lays the groundwork for expansion across Colombia. With this broader aim in mind, the *Río, Juego y Aprendo* Project is committed to a partnership model that engages local and national stakeholders, including government, in ongoing dialogue, both in Caquetá and more broadly, around the role of play in public education.

Consider, for example, the work with teachers. The baseline assessment performed in Caquetá as part of the program's MEL showed that most of the teachers surveyed do recognize the importance of play, but play is not generally explicitly incorporated into their teaching practices. Rather, play is seen as something that should be free and "not instrumentalized." This points to an opportunity but also a challenge for the *Río, Juego y Aprendo* team: to help teachers see how "non-free play" can also have its place in the educational context.

At the policy level, as part of the civil society initiative *NiñezYa*, the *Río, Juego y Aprendo* team wants to reconceive the role of play in the national educational framework. Until now, play has been recognized by the government as a right of children. However, its relevance in educational settings has been based only on its recreational and physical benefits. The *Río, Juego y Aprendo* team is advocating for acknowledging the importance of guided play as a learning activity and highlighting its value for child development.

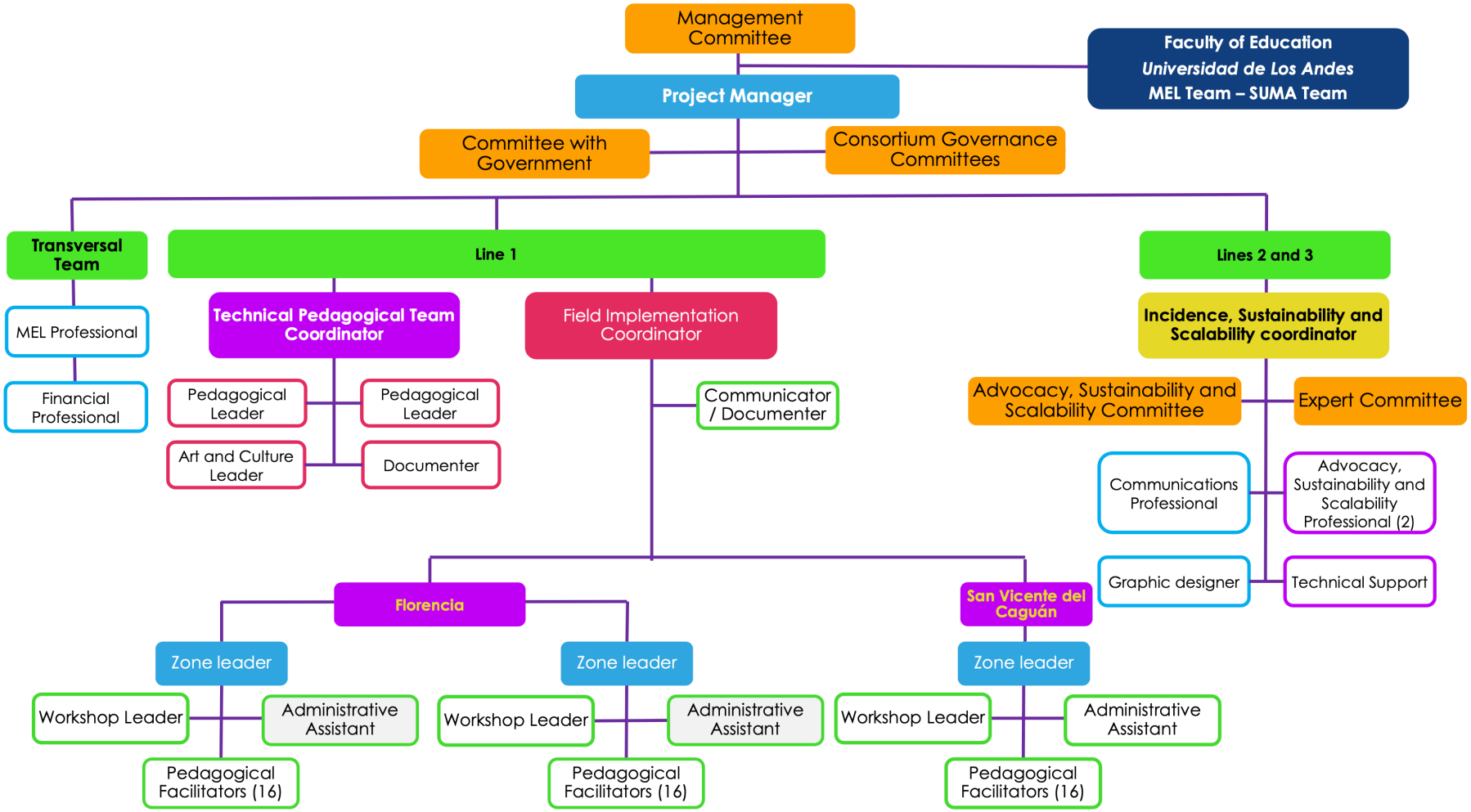
In sum, as expressed by Angy Mateus Segura, Project Manager of the *Río, Juego y Aprendo* initiative:

> *The* Río, Juego y Aprendo *Project is a multi-level strategy in which international cooperation, the national and local government and civil society are working together to improve the educational ecosystem. With the joint efforts of different agents of change, it is expected that, in the next years, Caquetá can become a living lab of how to transform the educational quality of the country in a sustainable and long-lasting manner.*



Photo credit: *Río, Juego y Aprendo* Project

Appendix. Organizational Structure of the *Río, Juego y Aprendo* Project[17]



[17] Materials provided by *Río, Juego y Aprendo*.

The work of the Saving Brains Learning Platform Team to engage with these innovations and prepare these profiles was made possible by the support of Grand Challenges Canada (funded by the Government of Canada), Porticus, and the Saving Brains Partnership.

saving brains™ Unlocking the potential for development.

For more information about **Saving Brains and Grand Challenges Canada**, please visit: www.grandchallenges.ca

For more information about **Porticus**, please visit: https://www.porticus.com/

PORTICUS

We extend a thank you to the profiled innovators and their partners for their work and for sharing their stories with us.

Babies and Mothers Alive

For more information about **BAMA Foundation**, please visit their website: https://babiesandmothersalive.org/

Río, juego y aprendo

For more information about ***Río, Juego y Aprendo***, please visit their website: https://www.aeiotu.com/riojuegoyaprendo