



Play to Grow Flex Pilot Evaluation

Oxford MeasurEd



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9 January 2025

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Executive summary

The evaluation report of the Play to Grow Flex (PTG-F) program in Uganda provides a comprehensive assessment of its implementation across the districts of Adjumani and Isingiro. The program, initiated by Right to Play (RTP), focuses on improving parent-child relationships and fostering children's socio-emotional development through play-based activities tailored for crisis-affected communities.

Introduction and background

The PTG-F program, piloted from January to December 2024, aims to address the unique challenges faced by displaced populations in Uganda, particularly refugee families. Uganda is the third-largest refugee-hosting country globally, accommodating 1.6 million refugees, 57% of whom are children¹. In crisis settings where displacement disrupts family dynamics and limits access to play, the PTG-F program serves as a critical intervention to support child development and parental engagement.

Adapted from RTP's original Play to Grow (PTG) intervention, PTG-F integrates Child-Parent Relationship Therapy (CPRT) principles with additional modules focused on trauma and adversity. Key components of PTG-F include 26 weekly parent education sessions, bi-weekly parent support groups, eight home visits per caregiver, and 13 radio broadcasts to reinforce program messages.

Oxford MeasurEd was contracted to evaluate the pilot - focusing on program relevance, implementation quality, and the feasibility of advancing to an effectiveness study. This formative evaluation sought to generate actionable insights for program improvement and to determine readiness for the next phase of research and development.

Program overview and objectives

The PTG-F program is designed to achieve the following outcomes:

1. **Strengthened parent-child relationships** through increased parental understanding of the importance of play, motivation to support their child's development and wellbeing and strengthened peer support system,
2. **Improved social-emotional skills among children** through increased parental motivation and capacity to support their child's development and wellbeing, and through parents making time for playful activities to support their child.

Parent educators, recruited from local communities based on literacy, respect, and community standing, are pivotal to delivering the program. After a six-day training, they facilitate group sessions and conduct home visits with support from parent educator coaches and project coordinators.

¹ UNHCR (2023), Uganda Multi-year Strategy 2023 – 2025.

Evaluation objectives and scope

The evaluation aimed to:

1. Review the program's relevance, contextual appropriateness, and quality of implementation.
2. Identify evidence of promising practices and potential barriers.
3. Assess the program's feasibility and readiness for a rigorous effectiveness study.

Primary data collection took place from June to November 2024 and focused on six Early Childhood Education (ECE) centres (three per district). The evaluation's primary audience includes RTP staff responsible for program design and funders interested in program impact, while secondary stakeholders include policymakers and organizations in the early childhood development sector.

Methodology

The evaluation employed a mixed-methods approach comprising qualitative and quantitative data collection:

- **Desk Review:** Analysis of 16 evidence-based documents and 23 program documents using the OECD Development Assistance Committee (DAC) criteria (relevance, coherence, effectiveness, efficiency, impact, and sustainability).
- **Key Informant Interviews (KIIs):** Conducted with 30 caregivers, 12 parent educators, and 6 RTP staff to gather insights on program implementation and community reception.
- **Caregiver Survey:** Administered to 30 participants to capture quantitative data on program perceptions, needs, and learning outcomes.
- **School Readiness Assessment:** Piloted with 60 children to test the contextual validity of the assessment tool.

Data was triangulated to ensure robust findings, and interviews were coded using a cross-case analytical framework.

Gaps and limitations

Key limitations included translation challenges, interviewer inexperience with qualitative methods, and a small survey sample size. These factors may have affected the depth and generalizability of findings. Selection bias and social desirability bias also posed risks, as participants with stronger ties to the program may have been overrepresented.

Findings

ToC assumptions and evidence

The evaluation finds varying levels of evidence across the key elements of the ToC. These include:

- **Increased understanding of the importance of play:** The fieldwork strongly supports that caregivers who understand the value of play develop stronger bonds

with their children. Caregivers reported shifting from punitive responses to playful, respectful interactions, fostering openness and reducing fear.

- **Strengthened peer support systems:** Partial support was observed. Peer support networks improved parental wellbeing, contributing indirectly to better parent-child relationships. However, these effects were inconsistent, and the role of peer support in the program's outcomes requires further evaluation.
- **Caregiver motivation to support child development:** Evidence is mixed. Most parents demonstrated increased engagement through new parenting practices, but cultural expectations centred on providing material support will sometimes lead to actions that weaken the parent-child bond (e.g., working longer hours), which are not necessarily due to a lack of motivation to support child development.
- **Improved Social-Emotional Learning (SEL) in children:** Insufficient data. Caregivers highlighted improvements in discipline and obedience but did not emphasize SEL outcomes such as empathy or emotional regulation.
- **Strengthened relationships and psychosocial wellbeing:** Partial evidence suggests that reduced corporal punishment and verbal aggression have improved psychosocial wellbeing. However, clearer definitions of psychosocial wellbeing are needed to assess impact comprehensively.

Feasibility, relevance, and appropriateness

The PTG-F program addresses critical parenting challenges and promotes non-violent, nurturing practices. However, economic hardships limit participant engagement, and cultural variations affect program reception.

- **Cultural beliefs about play:** Caregivers have shifted from viewing play as trivial to recognising its developmental importance. Regional differences emerged, with Adjumani favouring structured, educational play while Isingiro embraced more free-form, playful interactions.
- **Program expectations and participant feedback:** Some participants, both among parent participants and among peer educators, perceived program expectations as burdensome due to economic constraints. There is a need for clearer communication about non-material benefits to manage expectations.
- **Parenting support needs:** Participants highly value psychosocial support and parenting guidance but also seek material support. Economic realities pose a significant barrier to sustained engagement.

Program design and implementation

There were three key themes across evaluation findings regarding program design and implementation. These include the core and adaptable components of the programme, peer educators, and session delivery:

- **Core and adaptable components:** While parent education sessions are a core element, other components, such as home visits and radio messages, were inconsistently implemented. Informal adaptations, like savings groups, emerged in response to economic needs but were not formally integrated.
- **Peer Educators:** Peer educators are generally well-regarded, but variations in training and selection criteria have affected program delivery. The one-week training period may be insufficient for complex content.

- **Session delivery:** Group sizes often exceeded the recommended 30 participants, affecting the personal nature of discussions. Some peer educators adjusted role-playing activities due to discomfort or lack of understanding.

Conclusions

The evaluation finds evidence of promise for the PTG-F program in terms of positive impacts on parenting practices. The evidence of promise includes reductions in corporal punishment and improved parent-child communication. However, inconsistencies in implementation and limited data on SEL outcomes highlight the need for program refinement. Economic constraints and unmet expectations for material support pose challenges to feasibility and sustainability.

Recommendations

1. Strengthen ToC and program design

- Develop a behavioural ToC to target specific drivers of parenting behaviours.
- Align program priorities across global, national, and local levels.

2. Enhance Peer Educator training and selection

- Extend training duration to cover complex topics.
- Standardise selection criteria and provide ongoing professional development.

3. Address implementation variability

- Standardise session structure and ensure adherence to core content.
- Clarify roles and delivery formats for home visits and support groups.

4. Improve utilization of monitoring and data management

- Establish processes to guarantee that data on attendance, retention, implementation fidelity and key outcomes is consistently collected, updated, and shared with relevant stakeholders.
- Build capacity and introduce mechanisms to promote this data informing day to day decisions and program adaptations, ensuring there is alignment between systems, staff practices, and program goals.
- Record and analyse program adaptations to ensure intentionality and effectiveness.

5. Manage participant expectations and engagement

- Communicate program goals transparently to manage expectations.
- Increase community leadership in decision-making processes.

6. Address economic barriers and support wellbeing

- Partner with organizations to integrate complementary livelihood support.

- Strengthen support groups to address caregiver mental health.

7. Ensure scalability and sustainability

- Pilot a streamlined version of the program to assess the impact of adjusted session frequency and duration.
- Develop a detailed scale strategy that accounts for resource constraints and contextual needs.

By implementing these recommendations, the PTG-F intervention can enhance its effectiveness, responsiveness, and scalability, ensuring sustained positive outcomes for caregivers and children in diverse contexts.

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Acronyms

CPRT – Child-Parent Relationship Therapy
DAC – Development Assistance Committee
ECE – Early Childhood Education
KII – Key Informant Interviews
OECD – Organisation for Economic Co-operation and Development
PTG – Play to Grow
PTG-F – Play to Grow Flex
RTP – Right to Play
SEL – Social-Emotional Learning
ToC – Theory of Change
UN – United Nations

1. Introduction

This report presents the findings of an evaluation conducted on RTP's Play to Grow Flex (PTG-F) programme across two districts in Uganda. In this section of the report, we provide the background of the programme and a short description of what it entails and outline the focus of the evaluation; (1) to review the relevance, contextual appropriateness, and quality of the programme, (2) identify any evidence of promise, and (3) to give recommendations on next steps. We then describe the evaluation's design and data collection methods, which include a desk review, a co-design workshop, face-to-face interviews with programme implementers and users, remote interviews with programme staff, a user survey, and a trial assessment to assess the contextual validity of a school readiness measure. Finally, the analysis approach, ethical considerations and gaps and limitations are provided.

1.1 Background

Play is essential in early childhood education, providing cognitive, social, emotional, and physical benefits. It is recognized as a fundamental right under the UN Convention on the Rights of the Child, which highlights its importance in a child's development. Recent definitions of play emphasize a multidimensional definition that creates a spectrum of play opportunities. These range from *"free play through guided play to games and then playful direct instruction (a form of direct instruction with minor playful elements to try to keep children engaged)"*.²

RTP's organizational definition further elaborates that *"play is a fun and enjoyable activity that has many characteristics, like being socially interactive, actively engaging, meaningful, and encouraging players to practice their agency and use their imagination."*³ **Despite its importance, opportunities for play, particularly pretend play, have significantly declined in recent decades** (Gray, 2011; Russ, 2011).

This decline is particularly concerning in crisis-affected settings, where displacement, conflict, and marginalization disrupt families and limit children's access to play. In such contexts, play is vital for mitigating the adverse effects of instability, offering essential emotional expression, social interaction, and developmental growth.

As of February 2024, Uganda hosts 1.6 million refugees, ranking it as the third-largest refugee-hosting country globally. Children constitute 57% of the refugee population⁴. The ongoing instability of the situation exacerbates the challenges for children and their families, living in these settings.

To address these needs, Right to Play is piloting the Play to Grow Flex (PTG-F) program in Adjumani and Isingiro districts. Designed for caregivers of children aged 3-6 in crisis contexts, PTG-F aims to enhance parent-child relationships and social-emotional skills through play. The PTG-F adaptation is tailored to conflict-affected and displaced communities.

The PTG-F pilot has been implemented from January to December 2024.

² Zosh, Hirsh-Pasek, Hopkins, Jenson, Liu, Neale, Solis and Whitebread, 2018. Accessing the Inaccessible: Redefining Play as a Spectrum. Psychology. Volume 9.

³ Right To Play (2024), Play-Based Learning at Right To Play: A Guide to Using Play for Learning and Well-Being

⁴ UNHCR (2023), Uganda Multi-year Strategy 2023 – 2025

Oxford MeasurEd has been contracted to conduct an evaluation of the PTG-F pilot in the districts where the programme is taking place to generate learning for intervention improvement. The pilot evaluation will do this by assessing the project's quality, identifying promising practices and barriers, and preparing for future effectiveness studies.

This evaluation focuses on studying the feasibility of PTG-F, by studying its pilot in Uganda to assess its potential transition to implementation. This entails assessing the appropriateness and quality of the pilot implementation to date, generating learning on what works and what does not work, and developing recommendations for adaptation and improvement to both the intervention's design and its implementation in the current context. Answers to the evaluation questions should also inform an evaluative judgement on whether the programme is ready to transition from piloting to broader implementation, where the next stage of R&D would involve conducting an effectiveness study. In this section we briefly describe the timeline of the intervention, the evaluation's objectives and scope, and its primary and secondary audiences.

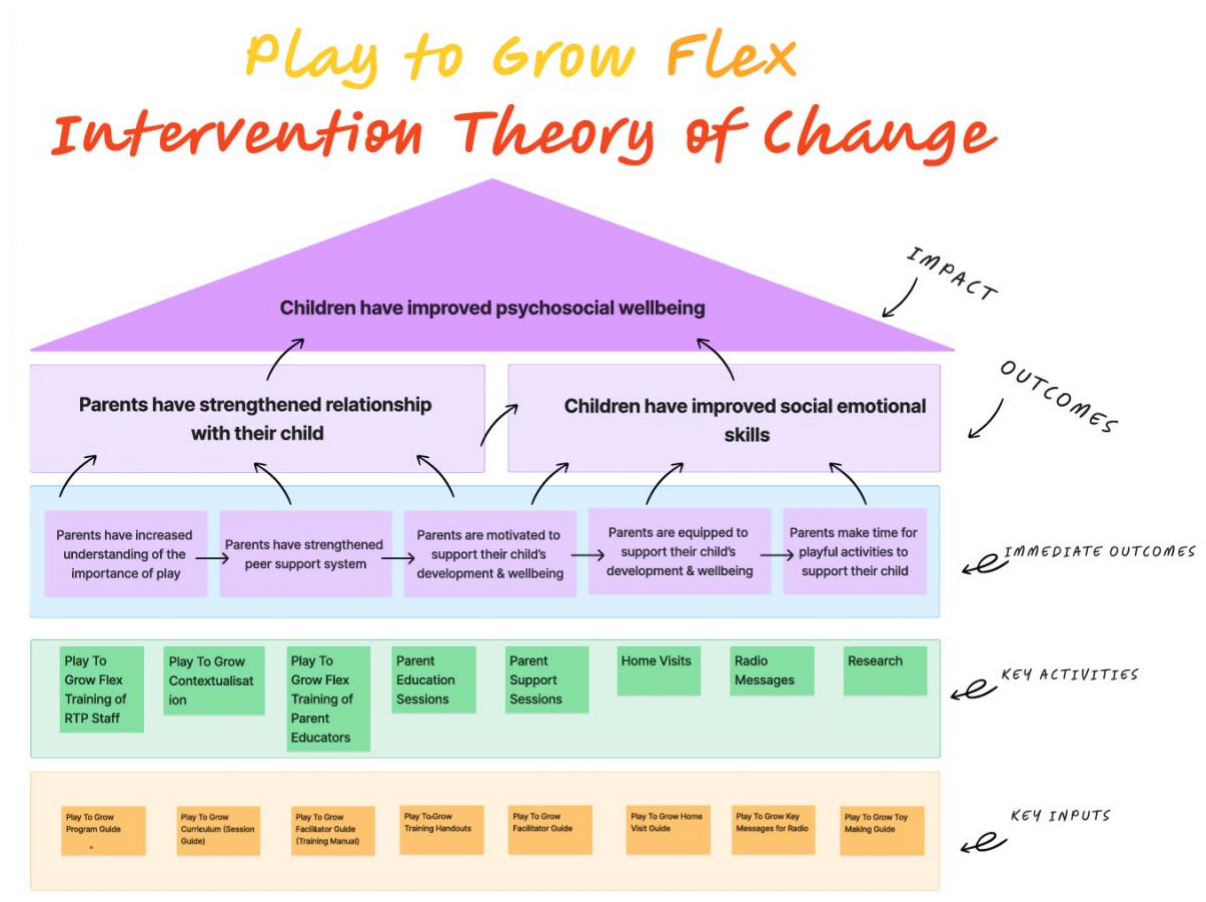
1.2 The PTG-F Program

PTG-F is an intervention designed for **caregivers** of children aged 3-6 in **crisis contexts, to enhance parent-child relationships and social-emotional skills through play.**

PTG-F is an adaptation of an earlier intervention called Play to Grow (PTG), which shares similar objectives and follows the same principles, but without the focus on crisis contexts. PTG was created by RTP drawing on theories that focus on the importance of the Child-Parent Relationship Therapy (CPRT) model, including evidence around attachment principles, interpersonal neurobiology and child-centred play therapy.

PTG-F is composed of parent education sessions, parent support sessions, home visits and radio messages, and it is designed around 26 weekly 1-hour parenting sessions. This design adds two sessions to the original program, which focus on adversity's impacts and address topics of trauma to better respond to the specific needs and priorities of communities affected by protracted conflict and/or displacement, such as internally displaced persons and refugees. Parent education sessions are complemented by parent support sessions, which can occur either monthly or bi-weekly depending on the characteristics of the group; eight monthly home visits to each of the caregivers in the group; and thirteen radio messages to reinforce key themes and skills that are broadcasted to the community. These activities are meant to strengthen parental support networks, augment parental understanding of the importance of play, and achieve increased parental motivation, capacity and disposition to set time aside to support their children's well-being. It is expected that these outcomes will lead to stronger parent-child relationships and improve socioemotional skills among children, which jointly will result in improved children psychosocial well-being. Figure 1 shows PTG-F's Theory of Change.

Figure 1 PTG-F Theory of Change



The programme focuses on nine parenting skills⁵, which relate to four broad areas: promoting children’s health and physical well-being, promoting children’s ability to learn, supporting children’s feelings and relationships, and supporting children’s literacy and numeracy skills.

Most of the program’s components are delivered by community-based Parent Educators, who are selected because they come into contact with caregivers or children in the community, or they satisfy selection criteria informed by the community. These parent educators attend a one-off, six-day, in-person training and are then supported by regular meetings with other Parent Educators and a Field Coordinator throughout the duration of the program.

Caregivers are identified through their child’s participation in local community-led early childhood development centres.

1.3 The Evaluation of the PTG-F pilot

1.3.1 Evaluation’s objectives and scope

The purpose of this evaluation is to generate insights that inform programme improvements. Conducted during the early stages of implementation, it seeks to assess whether the

⁵ Letting the Child Lead in Play; Reflecting Feelings; Setting Limits; Giving Choices; Building Self-Esteem; Encouraging Effort; Following Routines; Including Literacy in Everyday Activities; Including Numeracy in Everyday Activities

programme's goals are likely to be achieved and to identify barriers or facilitators that may require adjustments. The key tasks for what an assessment at this stage should include have been defined in alignment with RTP Research and Development (R&D) framework.

Beyond its formative purpose, this evaluation also aims to determine if Play to Grow (PtG) is ready to advance to the next stage of the R&D process: an effectiveness evaluation. This next phase would collect data in a representative sample of centres, to examine whether the programme contributes to its intended outcomes. According to RTP's R&D framework, for PtG to progress, this evaluation must establish whether the early-stage hypotheses outlined in the Theory of Change (TOC) hold true in practice. It should also demonstrate evidence of promise regarding the programme's outcomes, confirm that resources are well contextualised and effectively applied, ensure a clear implementation protocol (including staff training and guidance), and verify that feasibility standards are met. Finally, it should identify what works, what does not, and what adaptations are needed to address challenges.

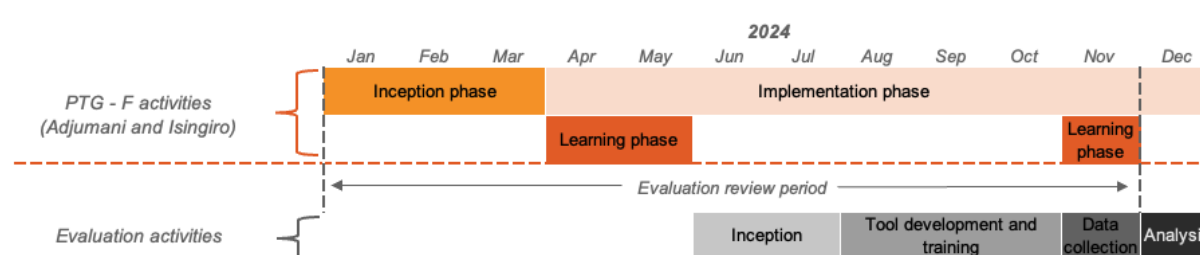
With this evaluation purposes in mind, the objectives of the evaluation are as follows:

1. Review the relevance, contextual appropriateness, and quality of the programme and identify any evidence of promise
2. Make recommendations to RTP on next steps for Play to Grow

The evaluation focused on PTG-F pilot in Uganda, from its inception phase in January 2024 up to November 2024, when the fieldwork for the evaluation took place. It covered Adjumani and Isingiro, the two districts where the pilot is being implemented.

As can be seen in Figure 1, the inception phase of PTG-F activities took place in January to March 2024. The pilot was then implemented between April and December 2024. The inception phase for this evaluation of the pilot took place in June and July 2024, with tool development and training taking place between August and the end of October. Data collection was in November with data analysis and reporting in December 2024.

Figure 2 Pilot intervention and evaluation timeline



1.3.2 Primary and secondary audiences

The primary audience for this report is RTP. This is because the main purpose of this evaluation is to generate learning about the programme to improve programme design and implementation. Key RTP staff will use the evaluation findings to understand how effective programme design and implementation has been and identify areas for improvement. Insights from the evaluation will guide them in making necessary adjustments to increase the likelihood of programme impact and ensure the programme meets its objectives more effectively. Feedback on aspects such as adherence to programme design, quality in

implementation, engagement levels and parental satisfaction will be crucial for assessing the programme content, provision method, and delivery mechanisms.

The secondary audience for the evaluation includes stakeholders such as funders, policymakers, and other organisations involved in early childhood education, play-based learning and parental support. These stakeholders might not be involved in implementation, but they have an interest in the programme's success and sustainability. Current or potential funders might benefit from evidence of the programme's impact to justify continued or increased investment. Policymakers may use the evaluation results to inform decisions about scalability or support for similar initiatives. Additionally, other organisations in the field can benefit from the insights gained, potentially adopting successful strategies or avoiding identified pitfalls in their programmes. Disseminating findings to this secondary audience can also help build broader support and recognition for the intervention.

2. Methodology

The study uses a mixed-methods approach, with a qualitative assessment of the robustness of the program's ToC against available evidence derived from a **desk-review and qualitative and quantitative data collection** in the districts of Adjumani and Isingiro in Uganda.

This section of the report outlines the evaluation questions and sub questions, evaluation indicators for each question and the data sources that answer each evaluation question. The data collection methods employed are outlined and ethical considerations and approvals are presented. Finally, we present the gaps and limitations of the study and describe the structure of findings, conclusions and recommendations of this report.

2.1 Evaluation criteria and questions

The research questions guiding the study are the following:

- RQ1. To what extent is PTG-F feasible, relevant, and appropriate in the communities and contexts for which it is intended?**
- RQ2. Does PTG-F have the characteristics of a quality parenting intervention based on current evidence? Is the programme fit for purpose?**
- RQ3. What adaptations or improvements need to be explored in the PTG-F model and/or its demonstration intervention?**
- RQ4. Should PTG-F advance to the next phase of the RTP R&D process including a rigorous evaluation of effectiveness and impact?**

To support our analysis, we derived sub-questions and established the judgement criteria that would be used to assess each of them.

Table 1 lists our sub-questions alongside the approach we used to address them.

Table 1 Evaluation matrix

Research questions		Indicators (judgement criteria)	Sources		
			Desk-based review	KII	Survey
R Q 1	To what extent is PTG-F feasible, relevant, and appropriate in the communities and contexts for which it is intended?	- Evidence suggests that the PTG-F model design and implemented demonstration exercise are consistent with available evidence and stakeholders' interests, needs and assets - The project considers the local context and environment			
	What do caregivers in the intervention community believe about play?	- Intervention takes into account and engages meaningfully with local community and caregiver beliefs about play and learning in young children. - Stakeholders perceive the intervention to be culturally responsive			
	How do the Parent Educators and caregivers participating in PTG-F view the intervention? Specifically, how do they perceive programme expectations of them?	- Caregivers are involved in planning and implementation and allowed to provide feedback - Parent Educators and caregivers are aware of the goals and aims of the PTG-F programme and can articulate the connection between these aims and their roles within the intervention design logic - Parent Educator and caregiver participation rates are consistently above 75-80% - Overall, Parent Educators and caregivers perceive positively the commitment involved in their participation in the intervention			
	What kind of parenting support do intended participants want? Is there a match between what the programme offers and what caregivers need and prioritise?	- Caregivers are interested in structured/organised parenting support - Programme implementation is adequately consistent to be assessed across sites - Intervention responds to caregiver reported interests regarding parenting support, and reported values related to child outcomes - Stakeholders perceive the intervention is responsive to caregiver needs and wants regarding parenting support			
	To what extent is the project based on a valid ToC?	- The programme's impact statement Specific, Measurable, Achievable, Relevant and Time-bound. The design of the project based on evidence and best practice - Role of causal mechanisms in ToC consistent with evidence - Intervention design and implementation addresses context-based enablers and barriers to service provision - Key assumptions of the TOC appear to be holding in implementation			
R Q 2	Does PTG-F have the characteristics of a quality parenting intervention based on current evidence?	Evidence suggests that the PTG-F model design and the implementation of the demonstration exercise to pilot the model are consistent with evidence on quality in parenting support interventions, and fit for purpose			
	Is the programme fit for purpose?	- The arrangements of the intervention model are designed in ways that are likely to reach the intended outcomes among intended participants and their children in demonstration sites in terms of; - dosage - frequency - intensity - The arrangements of the demonstration exercise are designed and implemented in ways that allow or will allow RTP to examine the internal and external validity of the PTG-F model - Any positive or negative unintended consequences of the programme			

Research questions		Indicators (judgement criteria)	Sources		
			Desk-based review	KII	Survey
	Does implementation adhere to the programme design?	- Timelines, resources and responsibilities are clearly outlined and realistic - Monitoring and evaluation systems are in place - Monitoring and evaluation systems are aligned with the programme's ToC - Implementation is largely consistent with intervention design, and any delays to the planned schedule and documented - Adaptations of the programme design are intentional and support implementation AND are likely to support successful achievement of the intended outcomes			
	Are the recruited Parent Educators right for their role and do they have the competence required to deliver the programme?	- Peer-to-peer parenting support services are acceptable and appropriate among male and female caregivers in participating communities - Most if not all Parent Educators meet the minimum requirements set for their role - Available evidence documents change in Parent Educator's knowledge, awareness, attitudes or skills. - Stakeholders view Parent Educators as influential, competent and supportive in their roles			
R Q 3	What adaptations or improvements need to be explored in the PTG-F model and/or its demonstration intervention?	Evidence suggests that prior adaptation within the intervention has been appropriate and implemented effectively, and that opportunities for design and implementation improvement are available.			
	Which are core aspects of the programme model, and which are adaptable based on context? Have contextual adaptations to the model made so far been intentional and adequate?	- The intervention model arrangements are defined in full and clearly articulated. - Stakeholders hold consistent understandings of the model arrangements - including core and adaptable aspects - Adaptations to the model under implementation in the demonstration exercise are documented, intentional and appropriate - Adaptations to the demonstration exercise have been well-executed and support RTP ability to test the internal and external validity of the PTG-F intervention model - Evidence suggests adaptations to the programme model are likely to better support implementation and lead to the intended outcomes			
	What adaptations need to be explored in the arrangements of the PTG-F service provision model - and/or its demonstration intervention?	DELIBERATELY LEFT BLANK			
R Q 4	Should PTG-F advance to the next phase of the RTP R&D process including a rigorous evaluation of effectiveness and impact?	- There are detailed records of budget allocation and expenditure - Documents provide cost-benefit or cost-effectiveness analyses - Evidence suggests that continuing to the next phase of the RTP R&D process is viable and valuable, with or without reasonable and appropriate adjustment			
	Is there a clear rationale for continuing to test the PTG-F model?	- Benefits of continuing to test PTG-F outweigh challenges/risks - Stakeholders believe that it is valuable to continue to test the PTG-F model			
	Is there enough information to conclude the programme aligns with RTP feasibility standards?	- Adequate evidence of reasonable quality indicates the intervention aligns with RTP feasibility standards - Requirements to meet RTP feasibility standards are within the scope of the programme resources and priorities			

Research questions	Indicators (judgement criteria)	Sources		
		Desk-based review	KII	Survey
Is there enough information to agree on the adaptations and improvements the programme needs on its next phase?	DELIBERATELY LEFT BLANK			

In this report, we evaluate if each of the indicators defined is fulfilled based on the available evidence.

In addition to this, we have adapted a School Readiness play-based assessment we developed for ECE refugee children in Uganda and plan to pilot the measure with a small number of children of a location where it has not been used previously to evaluate its adequacy for future use in a potential Effectiveness Study.

2.2 Data sources

The data sources for the evaluation of PTG-F include the use of secondary and primary data.

2.2.1 Secondary data sources

Desk based review of current literature and programme documentation against the ToC

This activity aimed to evaluate the robustness of the ToC assumptions by examining them against existing scientific evidence and the programme's documentation.

The desk review focused on 16 evidence-based documents, including reports, academic papers and books chapters, and 23 programme documents, including implementation guides, training materials, baseline/endline reports, and session support documents. The methodology comprised two main components:

Theory of Change evaluation

The review assessed the causal mechanisms in the Play to Grow Flex (PtG Flex) Theory of Change (ToC) against peer-reviewed evidence and programme documents.

Peer-reviewed evidence was analysed for strength (quantity of supporting evidence) and robustness (methodological rigor, such as sample size and relevance to specific causal mechanisms). A traffic light system (red, amber, green) was used to rate the evidence.

A challenge that arose during this process was that the intervention's ToC was undergoing a revision process. Some of the programmatic evidence arose from a previous pilot, conducted under an earlier version of the ToC. This resulted in several documents, such as previous endline and baseline evaluation reports, being better suited to the previous ToC, while our revision focused on the revised version. Soon after the process was done, the ToC went through minor adjustments again, that we were not able to consider during our review.

Programmatic Document Review

The documents were assessed using the OECD Development Assistance Committee (DAC) criteria, focusing on relevance, coherence, effectiveness, efficiency, impact, and sustainability/scalability. Each criterion was evaluated based on pre-defined questions and mapped against available evidence to identify strengths and gaps. The following questions were used for the review (OECD DAC, 2011; UNDP, 2013):

1. Is the programme's impact statement Specific, Measurable, Achievable, Relevant and Time-bound?
2. Is the design of the project based on evidence and best practice?
3. Does the project consider the local context and environment?
4. Who are the key stakeholders, and are they involved in planning and implementation and allowed to provide feedback?
5. Are the programme outcomes aligned with the needs of the community?
6. Are timelines, resources and responsibilities clearly outlined and realistic?
7. What monitoring and evaluation systems are in place?
8. Are the monitoring and evaluation systems aligned with the programme's ToC?
9. Are there detailed records of budget allocation and expenditure in the documents?
10. Do the documents provide any cost-benefit or cost-effectiveness analyses?

11. Was the programme implemented according to the planned schedule, and are reasons for any delays documented?
12. Do the documents provide information on the long-term effects of the programme on the target population?
13. Are there specific metrics or data provided that quantify the programme's impact?
14. Do the documents discuss any positive or negative unintended consequences of the programme?
15. Is there potential for the project to be scaled up or replicated?
16. Does it align with national education policies and international frameworks such as the Sustainable Development Goals (SDGs)?

Each of the questions was assessed against available programme documentation, and the strength of the evidence was rated on a traffic light system (red, amber, green).

Co-design workshop

A co-design workshop was conducted with RTP to share preliminary research findings of the desk review, gather staff's priorities and views on the programme, and agree on research questions for the study. Participants were asked to rank different research questions by priority and by how much information they felt they already had about them. While questions about the programme's relevance and design suitability were identified as top priorities, participants also felt they were the questions for which they had the most information.

After this exercise, the evaluation team presented preliminary findings, noting that the programme had strong theoretical foundations and was supported by research, but that programmatic evidence was weaker. Participants acknowledged that stronger evidence of programmatic success would have been desirable but was consistent with the programme's current research and development stage.

From these discussions, the primary goal for the evaluation was agreed to be to generate learning about feasibility, implementation quality, and potential adaptations. Based on this shared priority, the evaluation team shared the proposed research design for feedback. Participants generally agreed on its appropriateness. Suggestions were made to refine or broaden specific questions and aspects of the methodology. Feedback was categorized into four areas: feasibility and relevance, programme design, adaptations and improvements, and methodology, and integrated into the final study design.

2.3 Primary data sources

Sampling '*is a core design issue because the purposeful sample will determine what you learn about*'.⁶ Through a carefully chosen sampling strategy, the most relevant sample can be selected, and rigour can be ensured. The chosen approach to sampling for this study was designed to generate responses from small numbers of individuals and groups that are representative (though not statistically) of groups relevant to PTG-F, and which allow some identification of heterogeneous contributions and experiences.

Purposive sampling can serve this purpose. Purposive sampling involves selecting a sample of 'typical' and 'extreme' cases based on available data. In essence, the aim is to select centres that cover the range of participating ECE centres.

⁶ Patton, M. Q. (2015). *Qualitative research & evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, CA: Sage.

A total of six ECE centres participating in the PTG-F pilot were selected in consultation with RTP. Three of the sampled ECE centres were in Adjumani and three were in Isingiro. The centres were selected by RTP following guidelines provided by the evaluation team, which required that the centres chosen in each district to be as different from each other as possible, considering variables such as distance from closest city, socioeconomic level of the people who attend, and size of the centre.

We conducted KIIs with both Parent Educators and caregivers in each centre. We also administered a play-based school readiness assessment with a small sample of children in each centre.

Focus	No. per centre	KII/FGD/Survey	No. Per District	Total
ECE centres			3	6
Parent Educators	2	KII 45 minutes	6	12
Caregivers	5	KII 30 minutes Survey 20 minutes	15	30
Child		40-minute Play-Based School Readiness Assessment		5

2.3.1 Key Informant Interviews

This activity aimed to gain a deeper understanding of participants' needs and priorities, their beliefs about play and its role in parenting, and how well the programme's expectations and support aligned with those needs. It also explored perceptions of the programme's quality, including the adequacy of training provided to Parent Educators and caregivers' views on the competencies of the Parent Educators.

We conducted individual interviews with 30 caregivers and 12 parent educators across two districts and 6 ECE centres. Caregivers and participants within each selected centre were chosen randomly from those for whom contact information was available and asked if they were willing to participate. For parent educators, both parent educators at each centre were interviewed.

Role	District		Gender		Population status	
	Adjumani	Isingiro	Female	Male	Host	Refugee
Caregivers	15	15	15	15	12	18
Parent educators	6	6	7	5	5	7

Individual interviews were semi-structured around the research questions. They were conducted face-to-face in the home language of interviewees by data collectors from the districts in which each centre was located. Data collectors were trained on qualitative methods by the research team before the interviews. Interviews were recorded and transcribed, and transcriptions were translated into English for analysis.

After this first set of interviews, we conducted 3 group interviews with a total of 6 RTP staff members, divided between international support staff, project managers and project coordinators. These interviews were also semi-structured around the research questions and tailored to fill data gaps remaining after the initial data collection phase. **They**

were done remotely in English through Microsoft Teams and were automatically transcribed.

The interview schedules are available in 0.

2.3.2 Caregiver Survey

This activity served the purpose of quantifying insights on relevant questions about needs, priorities, and programme alignment with those, and perceptions of quality and appropriateness of the programme's design and implementation, as well as validating and triangulating qualitative findings and identifying patterns that might not have emerged from the interviews.

The survey was conducted in person, with trained data collectors administering the questionnaire and recording responses directly into the Kobo platform. Participants were randomly selected from those with available contact information at the chosen early childhood education (ECE) centres. **A total of 30 caregivers participated in the survey.**

The survey focused on several key topics, including participants' perceived needs, likely sources of support, areas where they feel supported by the programme, evaluation of parent educators, the relative importance of various attributes of parent educators, the relevance and appropriateness of different programme elements, the usefulness of the skills taught, their learning in the programme's key areas, and their overall likelihood of recommending the programme.

The questionnaire primarily consisted of closed-ended questions, most of which used Likert scales to capture participants' perceptions and attitudes. No pilot test was conducted prior to data collection. The questionnaire is available in 0.

2.3.3 School readiness assessment trial

This activity aimed to test a measure of school readiness developed by Oxford MeasurEd, to get insights on its contextual validity and its implementation feasibility, for it to be considered as a possible tool to use in future effectiveness studies.

The school readiness assessment was conducted using a tool designed by the evaluation team to measure key developmental domains, including expressive vocabulary, receptive vocabulary, emergent literacy, emergent numeracy, tolerance to frustration, executive function, theory of mind, and delayed gratification. The tool was tailored for the Ugandan context, aligning its dimensions with the national Early Learning and Development Standards developed by the Ministry of Education.

Assessments were administered one-on-one with children at early childhood education (ECE) centres in a supportive and distraction-free environment. Participants were selected by inviting caregivers who had consented to be interviewed for the evaluation to also allow their children to participate. A total of 60 children were assessed, with each session lasting between 30 and 45 minutes.

During the assessment, children's responses were recorded by data collectors directly into Kobo. Data collectors had been previously trained on implementing the assessment, to ensure they followed a structured protocol to ensure consistency and accuracy.

The assessment tool is available in 0.

2.4 Data analysis

Interview transcriptions were coded into an analytical framework that allowed us to do a cross-case analysis. In the matrix, each row represented an interview, and each column a question. At the end of each interview section, a series of additional columns registered the researcher's assessment of that interview against the evaluation question according to different criteria. The analytical framework used for the coding is available in 0.

Survey data was analysed using Stata 17 to derive insights into caregivers' perceptions, experiences, and evaluations of the programme. Quantitative data from closed-ended questions, primarily Likert scale responses, were analysed using descriptive statistics (e.g., frequencies, means, and standard deviations) to summarize trends and patterns. Where applicable, inferential statistics were employed to explore differences across districts.

For the school readiness assessment, the sample of 60 children allowed us to both trial the appropriateness of the tool and conduct basic psychometric analysis to assess its performance. This included examining item discrimination, calculating internal consistency (e.g., Cronbach's alpha), and looking at scores' distributions. These analyses (see 0) were not used to respond to the evaluation questions, but to give additional insights into the tool's properties to consider its use in eventual effectiveness studies.

We responded to the research questions by triangulating evidence from the desk-based review, qualitative data and quantitative data to determine the extent to which the different evaluation indicators were fulfilled. Additionally, we evaluated all the indicators to determine if the intervention is ready for an effectiveness study and provide recommendations either to bring to intervention to that point, or to decide on the best methodology to carry out such a study.

2.5 Ethics

The study was approved by the Uganda Christian University Research Ethics Committee and the Uganda National Council for Science and Technology. It followed strict ethical guidelines to ensure no harm to participants.

Particular attention was given to the vulnerable populations involved in the study. These included individuals who have been affected by conflict and displacement and children under 12. Displaced people and refugees might face additional challenges such as trauma, power imbalances, and limited access to information. To account for this, participants were ensured informed consent through clear communication, in their local language, about the voluntary nature of their involvement and their right to withdraw without consequences. Recognizing that these groups might feel pressured to participate due to their reliance on aid, the study emphasized that participation would not affect their access to the programme. Cultural sensitivity was prioritized by training local enumerators to engage participants in a way that respected their backgrounds. Safeguarding protocols were implemented to address any distress or safeguarding concerns, with enumerators trained to identify and report any issues, and handle any signs of distress or trauma, ensuring participants had access to appropriate support services when needed.

Informed consent was obtained from participants, with additional consent from parents or guardians for children's participation. Child assent was also required to ensure their autonomy and protection, for which data collectors were trained on children's signs of assent

withdrawal, so they could interrupt the assessment if appropriate. Interviewers were also trained to explain the study's purpose, the voluntary nature of participation, potential risks and benefits and participants' right to withdraw at any time without consequence.

To minimize privacy risks, confidentiality was prioritized, especially given the sensitive nature of the topics discussed, such as parenting.

2.6 Gaps and limitations

The study had limitations that should be considered when interpreting the findings. One key limitation of the study was that the research team did not speak the local languages, requiring interviews to be translated. This may have led to nuances being lost in translation, potentially affecting the accuracy of the data. Another limitation was the lack of experience in qualitative methods among data collectors. A decision needed to be made whether to prioritise recruiting interviewers from the local community to utilise their deep contextual and linguistic knowledge, or recruit interviewers with more experience conducting qualitative research. The evaluation team decided that local contextual, linguistic and cultural knowledge and understanding was more important than experience conducting qualitative research. We provided training to improve capacity for qualitative research, however developing strong qualitative skills is usually achieved over several years, rather than in one study. As a result, some interviews were less deep and rich than expected, limiting the insights that could be gained. Additionally, the small sample size for the survey (30 participants), restricted the ability to make broader inferences and reduced the generalizability of the findings.

There was also the risk of selection bias, as participants were chosen from those with available contact information, which may not have fully represented caregivers for which there is no contact information, that might be less committed to the programme. Social desirability bias could have affected responses, as participants might have answered in ways they believed to be more socially acceptable or in line with expectations, especially regarding sensitive topics.

2.7 Report structure

The findings of the report have been divided across five chapters: the first chapter presents the desk review findings. The next four chapters address each of the research questions: the second chapter addresses RQ1 on the appropriateness and feasibility of the program, the third chapter explores RQ2 on the quality of the program, the fourth chapter evaluates RQ3 on the adequacy of the adaptations made to the program and whether any further changes are needed, and the fifth chapter focuses on RQ4, on whether the program should proceed to the next stage and undergo an effectiveness study. The following section summarizes the main conclusions drawn from the findings, and the final section provides recommendations for the program's next steps.

3. Findings

In this section of the report, we outline the assessment of the programme ToC based on programme documentation and then adjusted to include findings from the field. We then answer the evaluation questions 1-4, providing answers based on the evidence, to overarching evaluation questions and sub-evaluation questions.

3.1 Assessment of the programme ToC

During the inception phase of the evaluation, we conducted a desk review, which evaluated the PTG-F Theory of Change (ToC) by comparing its causal assumptions against peer-reviewed research, and programmatic evidence (namely the project's needs assessment, and the previous pilot endline review). The evidence was assessed based on its **strength** (quantity of evidence supporting causal mechanisms) and **robustness** (quality of evidence, including methodological rigor).

Overall, the review indicated strong empirical support for the ToC's theoretical foundations against peer-reviewed research. We found strong and robust evidence to suggest that when parents understand the importance of play, they are more likely to engage in playful activities with their children, which in turn strengthens the parent-child relationship through fosters enhanced sensitivity, positive interactions, and deeper emotional connections (Parker & Thomson, 2019; Britto et al., 2015).

We also found strong and robust evidence to suggest that stronger peer support systems contribute to the parent-child relationship. Theoretically, the Bioecological Model has a long tradition of highlighting the importance of social contexts such as peer networks in shaping and supporting positive parenting behaviours (Bronfenbrenner & Morris, 2006). Research has also found a significant effect of participation in group sessions in parental responsiveness and engagement with their children (Save the Children, 2023).

We found less evidence to directly link the outcome of parents being motivated to support their child's development and well-being with the intended impacts of strengthened parent-child relationships or improvements in children's socio-emotional skills. However, indirect support for this mechanism can be derived from studies that demonstrate that parents who engage in responsive caregiving and nurturing care tend to foster better attachment and engagement with their children, which positively impacts their relationship and their children's outcomes (Jeong et al., 2021; Britto et al., 2015). It can be argued that engaging in this type of caregiving presupposes parental motivation.

Evidence strongly suggests that when parents have the skills to provide responsive caregiving, children exhibit significant gains in social-emotional skills, such as emotional regulation and cooperation (Guttentag et al., 2014; Jeong et al., 2021). There is also strong evidence to suggest that playful activities supported by parental involvement reinforce social emotional skills by offering children opportunities to navigate social situations and develop relationships (Zosh et al., 2018; Parker & Thomsen, 2019).

There is strong evidence to support that playful activities further support SEL skills, offering children opportunities to develop empathy, self-regulation, and social competence (Zosh et al., 2018; Parker & Thomsen, 2019). Research has also found consistently that a strengthened parent-child relationship amplifies these effects, promoting secure attachments

that enhance children's social-emotional and psychosocial well-being (Aboud & Yousafzai, 2015; UNICEF, 2017).

Finally, there is strong evidence to support that improved social-emotional skills are strongly linked to psychosocial well-being, enabling children to build positive relationships and cope effectively with challenges (Jeong et al., 2021; Lego Foundation, 2022).

These results were summarized using a traffic light system: green (strong), amber (moderate), and red (weak), as shown in Table 2.

Table 2 Theory of Change assessment against desk review evidence

Assumption/ causal mechanism	Peer reviewed evidence		Programmatic evidence	
	Strength of evidence	Robustness of evidence	Strength of evidence	Robustness of evidence
Parents who have increased understanding of the importance of play will have a strengthened relationship with their child	Green	Green	Yellow	Red
Parents who have a strengthened peer support system will have a strengthened relationship with their child	Green	Green	Yellow	Yellow
Parents who are motivated to support their child's development & wellbeing will have a strengthened relationship with their child	Yellow	Green	Red	Red
Parents who are motivated to support their child's development & wellbeing will have children with improved social emotional skills	Yellow	Green	Red	Red
Parents who are equipped to support their child's development & wellbeing will have children with improved social emotional skills	Green	Green	Yellow	Red
Parents who make time for playful activities to support their child will have children with improved social emotional skills	Green	Green	Yellow	Red
Parents who have a strengthened relationship with their child will have children with improved social emotional skills	Green	Green	Yellow	Red
Parents who have a strengthened relationship with their child will have children with improved psychosocial wellbeing	Green	Green	Red	Red
Children who have improved social emotional skills will have improved psychosocial wellbeing	Green	Green	Red	Red

As can also be seen in Table 2, the review of programme documents⁷ did not show solid support for the ToC's assumptions. Most of the evidence was assessed as either weak or moderate in terms of their strength and robustness. At the time of the desk review, challenges arose because the ToC had undergone recent changes intended to improve its clarity and coherence. These reduced alignment between programme documents and the updated ToC, which is likely to have negatively impacted the assessment.

In our review of programme documents we found that some assumptions, such as the link between equipping parents with responsive parenting skills and improvements in children's social-emotional skills, were moderately supported by the findings of the first pilot's endline report. This report found that the programme led to significant improvements in both responsive parenting practices and children's socio-emotional skills. However, in the available documents there is not enough evidence linking these outcomes to support a

⁷ The full list of programme documents reviewed can be found in the inception report (Annex 7)

causal mechanism. The robustness of the evidence was also found to be weak, as there are no direct measurements of children's outcomes, and the data is based on the impressions of caregivers.

Evidence from the pilot report also moderately supports the assumption that strengthened peer support systems contribute to improved parent-child relationships. The report shows that in Tanzania, access to peer networks and the involvement of parent educators led to better parenting practices. However, these findings were not replicated in Uganda. The robustness of the findings was also considered weak given the report's methodological limitations, as it relied on self-reported data that was not triangulated with other sources of information.

For other assumptions the evidence is weaker. Parental motivation was not measured, so the report did not address links between motivation and parent-child bond or children's outcomes. The needs assessment provides some indicative evidence, highlighting that parents do believe play reduces stress and fosters harmony at home, which could be an indirect indication of motivation. However, as mentioned before, the reduced sample size and lack of triangulation reduced the robustness of the evidence.

For assumptions referring to the role of strengthened parent-child bond and children's improved social emotional skills on psychosocial wellbeing the programmatic evidence was assessed as weak. The needs assessment offered insights suggesting parents believe this mechanism exists, and the pilot report provided some indicators that could be tied to psychosocial wellbeing, such as family atmosphere. However, the lack of specific indicators to determine what was to be understood for psychosocial wellbeing meant there was not enough evidence to sustain this link. As explained above, the robustness of the evidence was also reduced by methodological issues with these documents.

Our review of programmatic evidence determined that further research was needed to address gaps in some of the causal mechanisms. The data collected through our fieldwork provided strong evidence for the programme's ability to increase caregiver's understanding of the importance of play, and how this understanding in turn leads to strengthened relationship with their child.

We found partial evidence for assumptions related to support network, caregiver motivation and caregivers being equipped to support their children. For some of these assumptions, we found that the programme partially contributed to its expected outcomes, but differing cultural views on what it means to be a supportive parent as well as existing economic struggles faced by parents got on the way of the expected causal pathways.

Additionally, support networks were found to have a positive effect through an indirect mechanism not explicit in the current ToC: the programme seems to have a positive impact on participants wellbeing by providing them with psychological support and increased emotional management, which in turn contributed to their parenting abilities.

For assumptions related to improved children's SEL skills, we did not find enough information. SEL skills were not mentioned as a relevant and valued outcome by caregivers, as cultural expectations for children emphasize obedience, discipline and respect for elders, so the programme's contributions to children's outcomes were judged in these terms.

Evaluating SEL assumptions might require baseline and endline measures through direct assessment of the children.

The programme's impact statement was difficult to assess due to the lack of a definition for children's improved psychosocial wellbeing. Nonetheless, reduction of corporal punishment and harsh language as accepted ways of disciplining children and improved family relationships serve as partial evidence for the impact statement. More details about the assessment for each assumption can be found in Table 3.

Table 3 Theory of Change assessment against fieldwork evidence

Assumption/ causal mechanism	Does evidence from the fieldwork support the assumption?
Parents who have increased understanding of the importance of play will have a strengthened relationship with their child	Yes. The interviews provide evidence of parents' increased understanding of the ways in which play contributes to child development, learning and the bond between parent and child. Several parents highlight how their new understanding of the importance of play has led them to respect their children's play time and playfulness and create time to play with them. This has had two effects: first, while before a child might have been punished or beaten for playing or being noisy, they are now told off politely, which leads to less fear in the relationship. Second, by spending time playing together, children are more likely to communicate with their parents and develop a friendliness that was not there before. This has resulted in a stronger, more loving bond. "Before we used to beat children, RTP taught us these things, so this made us to become friends with children and we feel good about it." - Adjumani, PG08
Parents who have a strengthened peer support system will have a strengthened relationship with their child	Partially, through an indirect mechanism. Some peer support elements of the programme have helped parents deal with stress and conflict in more constructive ways. The improvement in parent's psychological wellbeing leads to reduced aggression between spouses and towards children, which in turn contributes to a better relationship with the child. "The lessons have helped me because I know a lot because previously, we were enemies with my neighbour, now we are friends, and my heart is cool and calm." "One of the good things is that it made me become a good person. It has made me to be able to associate with other people wherever I go." – Adjumani, PP08 It would be advisable to include parental wellbeing as an immediate outcome, to evaluate if the peer support network contributes to programme outcomes directly, or only indirectly through parental wellbeing.
Parents who are motivated to support their child's development & wellbeing will have a strengthened relationship with their child	Partially. The intervention's understanding of the parent's role is very different to the cultural understanding of the parent's role, which is much more centred in the role of providing. This means that the motivation to support a child's development and wellbeing might translate into actions that are not aligned with what the programme expects. For example, parents might want to work longer hours or go elsewhere to find work to better provide for their children or might even express a desire for an NGO to take one or some of their children from them, as they are not able to support all of them. "We sincerely request that this organization RTP also comes on board and find a way of helping us take care of our children because we have so many children. I have 4 children, [a different NGO] took one. The rest are breaking me as a single parent" – Isingiro, PG07 These actions would be aligned with their perception of supporting their child's development and wellbeing even though it might weaken the parent-child bond. Nonetheless, the programme seems to have presented parents with an additional avenue for supporting their children that gives a new source of motivation, and unlike culturally sanctioned ones does lead to a strengthened relationship. On the one hand, in the traditional model of parenting a parent's ability was judged solely by their ability to provide, while the intervention posits that they have an option to show up for their children and be "a good parent", which can be motivating in itself. On the other hand, most of the culturally sanctioned ways of supporting a child might even require distance between parent and child: working, looking for food, taking care of chores, disciplining. While play time does not replace these priorities, it opens up a way of being a

	good parent and at the same time connecting and bonding that did not exist before.
<i>Parents who are motivated to support their child's development & wellbeing will have children with improved social emotional skills</i>	Not enough information. Parents were interviewed about how they perceive the programme to have affected their child's outcomes, but social emotional skills were not among the outcomes that parents highlighted. Because the cultural understanding of childhood in this context is different, the outcomes that mattered most to parents are associated to a child's obedience, discipline, helpfulness and sometimes academic skills. While participants did perceive these outcomes to have improved, this does not give us enough information to conclude SEL outcomes have improved as well.
<i>Parents who are equipped to support their child's development & wellbeing will have children with improved social emotional skills</i>	Partially/Not enough information. The first aspect of the assumption to consider is whether parents are equipped to support their children. Parents report feeling more equipped in terms of the parenting skills they now possess, which means the programme is partially achieving one of its immediate outcomes. <i>"One of the benefits is that it has made me focus on educating my children so that they can learn, and children also tell me what they learn from school. As parents we learn from it and gain some knowledge. I feel like am also an educator." – Adjumani, PG06</i> Nonetheless, in such a precarious context, where good parenting is primarily understood as the ability to provide for children, parents are not fully equipped to support their child's development and wellbeing while their material needs are not addressed. The interviews show this gap in a couple of ways: we see that there are competing needs, such as attending sessions versus finding food or working. While the program has shown flexibility in attempting to address this tension, which participants value, the nature of available work (e.g., unpredictable or seasonal) makes it challenging. We also see that some parents engage with the programme in hope that their perseverance will be rewarded with material support or a job. Taking a behavioural science lens to these issues could be a useful step forward. The second aspect of the assumption to consider is the causal mechanism, and whether acquired skills that help parents feel better equipped to support their children translate into children having improved SEL. For this, there is not enough information. Same as above, SEL skills are not mentioned by parents as a relevant child outcome.
<i>Parents who make time for playful activities to support their child will have children with improved social emotional skills</i>	Partially/Not enough information. The first aspect of the assumption to consider is whether parents make time for playful activities. Interviews provide partial support for this. Most parents do report having incorporated the play aspects of the programme into their relationship with their children in one way or another. For some, this translates into playing with them and letting them lead in play. For most, it is expressed as teaching games to children or monitoring the "correct way of playing", so that it will lead to learning. There is a closer alignment to play-based learning than to playfulness: play has been incorporated as a separate activity with a set of rules rather than an attitude that permeates day to day activities and relationships. <i>"Yes, they play. Parents have time with their children. Like for me and my child, for instance, I choose every Monday like at 4pm, we play like 30minutes, I give what they use for playing and they select, they then start to play" – Adjumani, PP10</i> The second aspect of the assumption to consider is the causal mechanism, and whether parents making time for playful activities translates into children having improved SEL. For this, there is not enough information. Same as above, SEL skills are not mentioned by parents as a relevant child outcome.
<i>Parents who have a strengthened relationship with their child will have children with improved social emotional skills</i>	Not enough information. As mentioned above, there is evidence to support that the programme does promote a strengthened relationship between parent and child. However, SEL skills are not mentioned by parents as a relevant child outcome, so there is not enough information to determine if this strengthened relationship improves SEL skills.
<i>Parents who have a strengthened relationship with their child will have children with improved psychosocial wellbeing</i>	Partially. The programme has not clearly defined what it understands as improved psychosocial wellbeing, which limits its ability to assess if the desired impact is being achieved. Nonetheless, the participants give abundant evidence about the reduction of corporal punishment and verbal violence as methods for disciplining children, both in the participants' families and in the community as a whole. <i>"Most parents didn't know the rights of children, (...) but when they learnt these sessions, especially those I teach, they have gained a lot. Before parents would beat children anyhow, but since they started learning their behaviours towards children has changed." – Isingiro, PEM2</i>

	This is an outcome that could be reasonably expected to contribute to children psychosocial wellbeing. Additional outcomes for which we found evidence and that could be reasonably expected to contribute to children psychosocial wellbeing are improved relationships and reduced violence between spouses and parents reporting giving their children more time for playing.
<i>Children who have improved social emotional skills will have improved psychosocial wellbeing</i>	Not enough information. As mentioned above, parents do not mention SEL skills as a relevant children outcome, so there is not enough evidence that the programme leads to improvements in this area, that would in turn lead to improved psychosocial wellbeing.

3.2 RQ1: To what extent is PTG-F feasible, relevant, and appropriate in the communities and contexts for which it is intended?

The PTG-F program is a relevant and valuable intervention in the communities where it operates, addressing key parenting challenges and promoting non-violent, nurturing parenting practices. However, its feasibility is constrained by economic hardships that limit participants' ability to fully engage, and its appropriateness could be strengthened by integrating more feedback mechanisms and addressing material needs more directly. By refining its Theory of Change with measurable, context-specific goals and acknowledging the economic realities faced by participants, the program could better support caregivers and sustain its positive outcomes.	
Sub RQs	Assessment
What do caregivers in the intervention community believe about play?	Caregivers in the intervention community have shifted from seeing play as a wasteful activity to viewing it as an opportunity for holistic child development. While the implementation of play varies—Isingiro caregivers adopting a more participatory role and Adjumani caregivers emphasizing structure—the shared understanding is that play is no longer trivial but integral to learning and growth.
How do the Parent Educators and caregivers participating in PTG-F view the intervention? Specifically, how do they perceive programme expectations of them?	While participants generally view the PTG-F intervention as valuable and acknowledge the positive behavioural changes it promotes, their understanding of the program's structure and expectations varies. While parent educators expressed to be content in their roles and did not feel they required too much work, some caregivers perceive the expectations as burdensome due to economic constraints. Both among caregivers and parent educators there were respondents who anticipate future material rewards, indicating a need for clearer communication about the program's goals, structure, and non-material nature of its benefits.
What kind of parenting support do intended participants want? Is there a match between what the programme offers and what caregivers need and prioritise?	While the program largely aligns with participants' evolving priorities by addressing emotional and relational aspects of parenting, the persistent need for material support could potentially challenge sustainability and perceived relevance ⁸ . Caregivers highly value the program's psychosocial support and parenting guidance but continue to grapple with economic constraints that limit their engagement. Therefore, a more holistic approach that acknowledges and mitigates these challenges could enhance the program's overall impact. There is also a less pressing need for the program to facilitate participants' attendance to sessions, as many encounter problems to reach the venue or find about meetings.
To what extent is the project based on a valid ToC?	The program's ToC is based on relevant and meaningful goals. However, its effectiveness is limited by broad and vague impact statements, a lack of monitoring of program outputs throughout its duration, and insufficient integration of economic realities into the intervention's design. By refining its goals with measurable indicators and more systematically addressing economic barriers, the program could strengthen its alignment with participant needs and improve its capacity to achieve sustainable outcomes.

The Play to Grow Flex (PTG-F) program demonstrates strong relevance and value by addressing key parenting challenges and promoting non-violent, nurturing parenting

⁸ This does not necessarily translate to the program directly offering material support, but rather incorporating this reality into the design (e.g. recognising existing challenges and discussing how they affect parenting practices, leveraging coping mechanisms that already exist such as the saving groups, thinking about flexible options such as self-paced activities for participants who are unable to attend or in moments of the year where there is high demand for work (e.g. crop season).

practices. The program's design is consistent with available evidence and aligns with the interests, needs, and assets of stakeholders in the intervention communities. By incorporating locally relevant strategies, such as using community-based Parent Educators, PTG-F effectively considers the cultural and environmental contexts in which it operates.

PTG-F presents a philosophy of parenting, childhood and play that is very different from prevailing cultural ideas among the participants' communities. In both Adjumani and Isingiro, the main role of a parent is to provide and make sure basic needs such as food, health and safety are covered. Children have a secondary role in families, and they are expected to respect their elders and contribute to household tasks. When they fail to do this, it is common to use discipline to correct them, including harsh language and physical violence. Play is an activity children do amongst themselves, and even though data from caregivers suggest it is often perceived as a waste of time, it is also perceived as acceptable as long as it does not disturb adult activities or get in the way of children's chores. We find evidence that through the programme, participants have changed their minds. They have embraced new aspects of parenthood, which allow them to connect with their children in a more reciprocal and communicative way, building a loving and friendly bond. Caregivers believe children deserve to be treated gently and given time to play, and they are more willing to participate in their children's games.

The change of minds achieved by PTG is partly because participants have seen that these methods work with their own children.

"There is a lot of change in my child because before my child would come from school and just bypass me as if he didn't see me, but since we started having these sessions now when he reaches home, he greets and he is even sharp." – Isingiro, PM07

However, responses from caregivers also highlights a risk of participants judging all their previous child rearing practices as wrong and all the new content they are receiving as the "right way".

*"The program has tried to improve life in the home states, **before we had no idea** of taking good care of our children." – Adjumani, PG09*

*"Secondly, I learnt to give my children time to play and learn what he wants. **And they taught us like whites** to support our children in the games they play, and when he grows up and wants to be an engineer, to support him in that area" – Isingiro, PM07*

For the programme to be culturally responsive there should be a meaningful engagement with previous beliefs. Participants should have the chance to reflect on the reasons behind their beliefs, highlight practices and cultural ways of being that are valuable to them. There should be a space for discussing how the new skills and knowledge that are being presented interact with their existing beliefs, identifying points of tension and alignment.

What do caregivers in the intervention community believe about play?

The intervention seems to have challenged caregivers' beliefs about play and learning in young children, but caregivers are happy about their new understanding. Play used to be perceived as something for children only. It is also apparent that while it was understood

children were bound to play, playing had slight negative connotations, either because it was a waste of time, that distracted children from their chores, or a source of risk, possible injury and potential waste (e.g., a child tears their clothes while playing). Now caregivers talk about having changed their minds and discuss how play contributes to child development and to their own bond with their children.

"Children love playing but us parents we refuse them to play. Like when a child goes to play some parents beat them saying they are wasting time and give them many tasks so they be fixed because of work like fetching water, collecting firewood, grazing goats and children fail to get time to play (...) But us who got the chance and came for teachings for PTG and when we were taught that a child grows when playing, and this helped us that when we reach home we give children freedom and time to play" – Isingiro, PG10

Because these ideas of play have come to challenge existing ideas, caregivers' understanding emphasises the "usefulness" of play, and caregivers have found ways to integrate aspects of their traditional parenting roles into their new roles as "playmates".

In Isingiro, caregivers seem to be more willing to make time to play *with* their children but emphasise their responsibility as traditional providers by ensuring children have play materials.

"Like after learning that we should encourage children to play and make things to play with, we are having responsibility to ensure that we look and make things for children to play with." – Isingiro, PG06

In Adjumani, caregivers tend to take on the role of directing their children on how to play, rather than actively participating in play themselves. Caregivers are able to maintain their hierarchical role by monitoring that the rules are followed: the right type of play should contribute to learning, it should be in the right space and at the right time.

"Parents and caregivers could give instructions for the children on how to play and differentiate about colours of some games (...). I have told my neighbours about it, how children should play." – Adjumani, PP08

How do the Parent Educators and caregivers participating in PTG-F view the intervention? Specifically, how do they perceive programme expectations of them?

From the document review and interviews with staff, there is some evidence that there is some involvement of the community in planning, for instance through a needs assessment or through a mapping of existing services. However, more documentation is required to understand how this preparation work shapes how the intervention is implemented in each specific context. There is also little evidence that the participants themselves have opportunities to provide feedback. Participants seem to have a more passive role, where they attend sessions and receive the content, but are not encouraged to question or discuss content.

"Parents mostly get advice from meeting places (...) RTP brought us a program as parents that will enlighten us, which makes us take good care of our children in the community." – Adjumani, PG09

"[T]he teachers used to watch my relationship with my children and realized I need to be taught better ways of relating with my children." – Isingiro PM08

Parent Educators and participants have a broad idea of the goals and aims of PTG-F, and the overarching messages of the intervention come up in most interviews. However, there does not seem to be a detailed understanding of how the different pieces of the intervention fit together. Several components (such as home visits or radio messages) are not mentioned at all, and participants struggle to recall specific skills learned.

Parent Educators are slightly more informed about the program than other parents, but they still struggle to provide a clear, cohesive description of their roles or the program itself. When asked to explain the program, Parent Educator responses are often scattered, and do not mention specific components, timelines, content, or goals. Responses convey a general understanding of the intervention's theme—playing with children and learning better ways to raise them—but the language and emphasis vary considerably from one educator to another, even those at the same centre. The quotes below provide an example:

"The goals include seeing, identifying, and helping a struggling child, a parent not doing well. Even in character, even in the way one does things, they make sure they improve you. They ensure that children grow up fully in all aspects. Giving children, as well as their parents, their due rights, and importantly, to ensure that the child makes a good nation tomorrow." – Isingiro, PEG1

"I know that the goals of this project are geared towards upbringing children well and with good life. I know very well that the project cares so much about young children. The help they have given them is training to help them sustain themselves. But there is nothing in kind that they have been given. They have been given knowledge and skills to help them care for and up bring their children well." – Isingiro, PEG2

Many are unable to explain how or why they were selected, which is likely to contribute to a broader lack of understanding about what their role truly entails. Without a clear sense of how they were qualified for the position, they may not feel empowered to perform it effectively.

"I was called by RTP that I should come to the office. For me, I don't know, I thought we were coming for a short, for a brief meeting. When we reached here in the office, then we are called for getting this knowledge. Then we really have a lot of knowledge in it, toy making and some of the other things, a lot of things, they have learned about it, even to take care of children" – Adjumani, PEG1

Ideally, the role of Parent Educator should bridge the gap between RTP's objectives and parents' needs. Parent Educators are to be trusted peers who can address sensitive topics as well as qualified facilitators capable of relaying program content effectively. However, responses reflect a perception of the role closer to that of messengers—tasked with repeating information they received during training—rather than facilitators who deeply understand the program's overarching approach. This limits their ability to prioritize and emphasize key messages during sessions, as their understanding of the program's goals and structure remains fragmented. Consequently, their delivery often reflects what personally resonated with them during training, rather than a consistent focus on the session's intended outcomes. Establishing clear, consistent messaging as part of training and ongoing support is essential for empowering Parent Educators to fulfil their role effectively.

Parent Educators value the support and coaching they receive:

"The officers who visit us empower us and continue managing." – Isingiro, PEK2

These coaching opportunities could encourage reflection on how specific activities and messages align with the broader objectives of PTG-F. By linking each session to its overall purpose, coaches can help Parent Educators internalize the program's approach, ensuring they are better equipped to engage parents with a coherent and impactful message.

In terms of expectations, participants perceive that the programme expects them to put in the work of attending sessions, learn the content, and "change their ways".

"The meeting and the training made us to change our wrongful acts and adopted the good ones." – Adjumani, PP09

One of the most salient aspects of this change in both districts is the abstain from violence towards children, both physical and verbal.

"Parents learnt it was not right [to beat a child], you instead guide them in doing the right thing, politely asking them to do what you want them to do without using a harsh language or beating them." – Isingiro, PEK1

Attending weekly sessions is perceived as a demanding expectation by some caregivers. In contexts where there is a lot of scarcity, an hour in training is an hour not working.

"Yeah, another challenge is on the economic way. Someone said this one hour they are going to spend at school, if they had spent it on their motorcycle carrying passengers, they would be earning money and in the programme there's no money." – Staff 01

We did not receive data on attendance and dropout rates from RTP. According to self-reported data from the survey, attendance is relatively high: all respondents had attended to at least half the sessions, and across both districts 63% had attended more than half⁹. Evidence from interviews on this point is mixed. Most participants say that the time they are investing is worth it, so they attend most sessions, but several interviews also mention the issue of dropouts, or disappointment because more people should attend the meetings. As mentioned above, it might be the case that people who agreed to participate in the evaluation are those more involved in the programme, and those dropping out or not attending are also not agreeing to be interviewed.

In addition, there seems to be an expectation that the programme will eventually reward participants, especially in Isingiro. Several interviews suggest that participants expect that their commitment to the programme will translate into a material aid of some sort, such as goods, education fees for their children or jobs for themselves. This does not imply that they fail to see the benefits the programme offers for their children, but their economic struggles may lead them to prioritize potential material gains over the programme's non-material outcomes.

"So, my question is since you have taught us, and we have learnt, but what do they have for our children? So, I don't know if you have such a plan of taking our children and offering them education. And we have spent a year learning" – Isingiro, PG09

⁹ For more details, the survey report is in Annex 6.

This is consistent with the social desirability bias we noticed in Isingiro surveys, where we noticed responses were extremely positive except where questions were reversed, which suggests participants were rating everything well, without listening to the questions¹⁰.

What kind of parenting support do intended participants want? Is there a match between what the programme offers and what caregivers need and prioritise?

Participants do not seem to have wanted parenting support before the programme. There is an understanding of parenting mainly from a role of provision, and the context is extremely harsh, so the main support sought by the participants is material. However, after participating in the intervention they have become very interested in the parenting support they receive and want it to continue.

"For this program to improve, I would say or suggest that the number of parents attending should be increased so that many will benefit from it." – Adjumani PG10

Child outcomes sought by the intervention are not central in the caregiver's discourse of what they want for their children. When asked about their expectations for their children caregivers highlight their contributions to the collective (e.g. being obedient, disciplined, helpful, respectful to their elders) and basic aspects of survival (safety, health) more than characteristics such as SEL skills and psychosocial wellbeing. However, both views come together as caregivers have observed that the programme's skills have also contributed to the outcomes they value: for example, they see that now they have a closer bond with their children, they communicate with them more, which helps with their safety, or that now they do not use violence or harsh language and children are still obedient and respectful.

"The program has helped me so much. These days I can't chase my child away from home. I have learnt that it is very bad to chase the child away from home. (...) My children now listen to me well. My children can now write very well. My children now like studying. They can now play very well even reminding me that it's time to play. My children these days do not fear me. For us we used to fear our parents. Anything they see not going well, they tell me 'Mother this is not going on well.'" – Isingiro, PK07

Another source of support that is hugely valued by participants is its contribution to caregiver wellbeing. In Adjumani, the sense of community and peer support fostered by the network of caregivers, and in Isingiro, the lessons on managing stress, emotions, and conflict, have brought psychological relief to caregivers. This has contributed to their mental health and to their ability to relate to their children, spouses and neighbours.

"I have learnt to control my anger. If someone annoys me, I feel like I confront her, but I have learnt how I can control myself. I have my child here in Primary 4, this child didn't know anything and was very complicated but after learning here I can now handle him very carefully and I normally counsel him (...) I have realized many changes in our family. I used to quarrel with my husband but now these days I feel changed and we are living in peace." – Isingiro PK09

"These parenting skills (...) it has been able to solve very many problems, even between the spouse, the parents themselves, something could be stressing them, but they are able to sort it out" – Adjumani, PEP1

¹⁰ For more details, see the survey report, in Annex 6.

All this being said, the issue of material needs is very pressing as it affects the capacity of caregivers to engage meaningfully with the intervention. While economic support is beyond the scope of the programme, it is an issue that should be addressed, as without accounting for the reality of this, the programme might be perceived as out of touch with the programme context.

"It pleases us if they support us. Teaching us how to play with our children is good, but not enough. (...) most importantly, I ask you that when you go back to see your bosses, tell them that you have found people who are also needy. If they can get some help, please tell them we are needy." – Isingiro, PG07

Although there seems to be enough consistency that the programme's key messages come across in all sites, there is also some evidence suggesting that specifics vary by site. Thematic emphases change across districts and sites (e.g. in Adjumani play seems to be focused on learning literacy and numeracy, which is not as salient in Isingiro), and there is evidence from interviews that specific aspects of implementation such as frequency of sessions and number of participants change as well.

"We were many, like 100 at that first meeting, but with time some failed and they were dropping out." – Isingiro, PM10

"In this program it's not weekly, but every four days. We come at the ECD and we give sessions for the parents. In a month it is six times in a month" – Adjumani, PEG2

There have also been ad hoc adjustments made on sites based on perceived needs, such as saving groups emerging in response to the economic needs mentioned above. This is not necessarily problematic, but it should be better documented, to consider how these initiatives interact with the core aspects of the programme.

To what extent is the project based on a valid ToC?

A pilot intervention is not a small-scale intervention; it is a study to understand how a theory or intentional adjustment operates in application in a particular context to inform decision-making processes often related to services at a larger scale. Accordingly, the ToC of a pilot or demonstration exercise typically contains two separate logic chains referencing two separate change mechanisms: the first-order change mechanisms (change to the individuals participating in the intervention – children and/or adults) and the second-order change mechanisms (change in systemic terms – at national or organisational level). This ToC includes a logic-chain for how the pilot intervention is expected to bring about change in the lives of the adults and children who participate in the intervention, but the logic chain identifying how the pilot intervention expects to achieve change in systemic terms is not available. For example, the current impact statement references first-order change – "Children have improved psychosocial wellbeing" which seems more appropriate for a regular intervention, not a pilot or demonstration exercise which would necessarily include an impact statement referencing how the demonstration will be implemented in ways to inform larger decision-making processes at national or organisational level. For example, if the intervention is expected to demonstrate the viability of the model as a national tool for realising the new caregiver-support guidelines, the process through which this is achieved would be suggested. Similarly, if the intervention is expected to demonstrate the viability of the model as a component of RTP global service offer in other conflict-affected settings, then the process through which this is expected to unfold might also be detailed.

The lack of clarity on the second-order change mechanism seems to have contributed to blurring of the purpose and parameters of the demonstration (demonstrating what exactly, for and with whom, for which reason or to what end). Interview data indicates that local-level implementing staff, country-level management and global staff hold relatively different perspectives on the design and purpose of the model and demonstration exercise.

*"I guess it comes with a couple of different things because part of what we're trying to do is to test the intervention, the design, in the real world. So for a large degree, **what we're trying to encourage is for it to be implemented in connection to the kind of the manual and the guidance that we've developed** and the revised theory of change. That said, I think I'm aware that there's different aspects of it that maybe have looked a little bit different in practise, or maybe there have been things that maybe have been delivered slightly differently. Which is again a little bit of a challenge in terms of documenting any of this." – Staff 06*

*"Taking decisions depends on what exactly we want to decide on, because if it is in terms of **any modification of a product or an innovation**, I think it depends on who has come up with that (...). Then we discuss it in a detail as a team and see if it will work, and the decision that has been taken and give justifications. **And we are lucky that whatever we feel would work and we provide appropriate justification, we'll be able to approve it.**" – Staff 02*

For the PTG-F programme, the 'study' or 'demonstration' aspect of the intervention is not particularly salient. There lacks a focus on systematic data collection, analysis and reflection processes and activities, partnership strategies and supports necessary to demonstrate impact. This suggests that it is important for RTP to review the overarching vision for this pilot or demonstration exercise and go about articulating a clear initial logic chain related to the operational or systemic change it seeks to bring about, before reflecting on the implications for the programme itself.

The programme impact statement has been changed often, which might explain some of the slight misalignments mentioned in the previous section. For example, interviews that convey a more play-based learning understanding of play are likely responding to previous school readiness impact goals.

"Yeah, because this play is not only play, most people take play for granted. But as you said, this is the play that is helping the child to improve in their literacy and numeracy skills." – Staff 02

This highlights the potential tension and different understandings about the relationship between play and child development and learning, and perhaps some confusion about the ways in which child literacy and numeracy develop, and what supporting play and school-readiness might mean. Play is a thing in itself – it exists and supports child development beyond the framework of play-based learning as a pedagogical approach. For example, child literacy development is rooted in oral language and relies on decontextualised talk – both of which can be supported by facilitating or making space for pretend play – which is also found to support child wellbeing. Prioritizing broader developmental outcomes might the potential for unhelpful separation of child development processes, reduce these misalignments and foster a more cohesive understanding of the programme's goals.

While the desired impact is certainly relevant, psychosocial wellbeing is a broad concept. The programme currently has a set of indicators to measure psychosocial well-being. However, developing a clearer theoretical definition of psychosocial well-being would help ensure these indicators are accurately and fairly assessing the concept. This definition could also foster a commitment to consistently using the same indicators in future assessments, allowing the programme to track progress over time and ensuring continuity and comparability. It would also be important to determine if any follow up should be done to see if the impact is durable. Considering how different the perspective of the programme is to the prevailing cultural perspective it would be important to see if the positive outcomes found remain once continued support is over.

In terms of how the ToC has addressed barriers and enablers, the programme has done relevant work to address barriers and take advantage of enablers. Translation of materials to deal with the barrier of language diversity is one example that is really valued by staff and participants.

“The content is not too bulky to start with. The content the parent educators and the lead caregivers are supporting to deliver to the parents is not bulky, it is understandable and there has been an effort to further break it down into the local language. So, it is easy, to comprehend and understand” – Staff 03

The programme has also taken advantage of existing social structures to gain trust, for example by operating through existing ECD centres, and getting the support of community leaders and elders. It should be noted though that some staff think this is an element that could be strengthened further.

“Another opportunity is that you have the resources within the society, the members of the community that can read and write, that can interpret content, that have taken a step to join the teaching system. I see new teachers and new caregivers. And then the fact that there's a social structure that has been put in place in terms of leadership. You have the local council, the religious leaders, the influential people. We have their support for the project, so we should be able to deliver the project activity.” – Staff 01

The most prominent barrier is economic. This is superficially addressed by the programme, for example with the toy-making workshop, which aims to show caregivers they do not need to spend money to provide play materials but has also unexpectedly been perceived as a skill that can be used for an income.

“Because you might move to another country and ask yourself, ‘Now that nobody knows me here what can I do to earn a living?’ Then you get what we learnt and make some crafts such as toys and then you are paid.” – Isingiro, PG09

As mentioned in previous sections, ad hoc adaptations have also introduced saving groups to face this issue. However, the core of the programme shows little recognition of the very pressing needs these communities have and how they prevent them from fulfilling the caregiver role the programme prescribes.

“And us teachers of parents we visit them and teach them that even those who can't sustain themselves we encourage them not to give up, maybe someone would come and help them, and if they were thinking of negative things about

themselves, we teach them that such conditions are not permanent and any time things can turn up well." – Isingiro, PEM1

More details on the specific assumptions of the ToC were discussed in section **Error!**
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3.3 RQ2: Does PTG-F have the characteristics of a quality parenting intervention based on current evidence? Is the programme fit for purpose?

The PTG-F model incorporates many features that research indicates support quality in parenting interventions, such as a clear structure, and focus on responsive caregiving, play-based learning and peer support. This study also finds opportunities to strengthen the model through exploring the application of behaviour science theory. This could be used to identify protective caregiving practices as well as undesirable care practices and better understand the drivers of care practices among caregivers at the pilot sites. This might include individual variables like knowledge and attitudes or caregivers own experiences of care, but also social variables like cultural beliefs or norms and metanorms, as well as environmental variables including structural barriers and institutional entities. This could also be useful to tailor the intervention to best address the multifaceted profiles of caregivers as service users.

Similarly, while data gaps limit our visibility, it is clear that the pilot intervention is functioning somewhat as expected; that the teams in question are learning more about their work and are experimenting with the model in-situ. However, the pilot is not yet fully fit for purpose as a demonstration exercise; inconsistencies in implementation, and insufficient data collection, or use of data collected, and operational structures limit its effectiveness and scalability. To enhance its fitness for purpose, the program must address these gaps by refining its theory of change, strengthening data management and monitoring systems, and ensuring consistent delivery through improved training and operational support. These adaptations will be crucial for demonstrating the model's validity and informing decisions about its broader implementation.

Sub RQs	Assessment
Is the programme fit for purpose?	The findings suggest that the PTG-F, in its current form, the model is not performing as well as it could to support caregivers in the pilot locations. The program has strengths in its alignment with international frameworks and evidence-based principles, but it struggles to operationalize these in ways that are consistent, context-responsive, and measurable. Separately, the pilot itself is functioning as a demonstration or learning exercise however there are several gaps in its design, implementation, and documentation that limit its ability to efficiently document the model's application on the ground and inform future decision-making processes..
Does implementation adhere to the programme design?	There is insufficient data to confirm whether the implementation of the PTG-F program fully adheres to its design. Available interview data suggests inconsistencies in how the program is delivered across different sites, particularly regarding the size and frequency of parent education sessions. While central themes such as the importance of play and positive parenting are consistent, the specific emphasis and implementation vary significantly by location. These discrepancies suggest that while the core content is generally present, the delivery and focus are adapted in ways that may deviate from the original program design. This variability underscores the need for clearer implementation guidelines and enhanced monitoring to ensure consistent adherence to the model across sites, as well as thoughtful reflection on deviations from the model and their implications for design.
Are the recruited Parent Educators right for their role and do they have the competence required to deliver the programme?	The available evidence suggests that the recruited Parent Educators are generally appropriate for their roles and possess the competence required to deliver the PTG-F program, though there may still be areas for further development. Areas include community acceptance and appropriateness, meeting role requirements, evidence of skill development and perception of competence and influence.

The PTG-F model demonstrates key characteristics of a quality intervention, such as a structured, evidence-informed approach and community-based implementation.

However, it is operated However, to be fully fit for purpose and ready for a rigorous effectiveness study, the program must address inconsistencies in implementation, strengthen data collection systems, and enhance support for Parent Educators. By refining these areas, PTG-F can improve its scalability and overall effectiveness.

Is the programme fit for purpose?

There is currently no global consensus on what constitutes 'quality' in ECD parenting support interventions. Accordingly, in responding to this question, the team references UNICEF's (2014) Standards for ECD Parenting Programmes in Low- and Middle-Income Countries supplemented with available evidence from research on parenting support interventions, particularly in conflict-affected settings. In this way, the team reflected on the dosage of the intervention; the extent to which design of the intervention model and its arrangements appear to be *evidence-informed*; its *responsiveness* to the participating

caregivers and their context; and the extent to which it seems *likely to meet the intended purpose*.

Against these parameters, the team reflected on both the PTG-F intervention model and its arrangements as well as, separately, the pilot exercise to demonstrate this model. The findings of this study indicate that the arrangements of the *intervention model* are designed in ways that may partially support the intended outcomes among intended participants and their children in demonstration sites - but more could be done to support this possibility. The findings also indicate that this *pilot study* is struggling to fulfil its intended purpose as a demonstration of the model under implementation for a variety of reasons, explored below in more detail.

Dosage. In terms of dosage, available research indicates that mixed modality parenting support interventions (group + home-visit) implemented in Low- and Middle-Income Country settings (LMIC) typically involve an average of 19 sessions of about 1.5 hours each, implemented fortnightly (Ahun et al., 2024). By comparison, the PTG-F is considerably longer in duration; with some variation in frequency reported. PTG-F involves 26 weekly sessions of 1 hour each, alternating between parent education sessions and parent group discussions as well as 8 home-visits per participating caregiver. Some participants suggest twice-weekly sessions to make up for delays or fit sessions around caregiver requirements.

Conclusive research on the effectiveness of different dosage amounts and modalities of ECD parenting support interventions is not yet available. However, recent studies with multi-arm groups operating different modalities of implementation (group, home-visit, mixed model) find that while there are significant differences between treatment and control groups, there is no significant difference across modalities of implementation (Ahun et al., 2024). Given the diversity of profiles of caregivers and the variables in participation it is worth exploring if every profile of caregiver is best served by participating in every modality – or if a differentiated or proportionate universalist model might be worth considering. Separately, the intervention dosage is considerably larger than other interventions in countries of any income-band. It is critical to consider scalability requirements – human, financial and other resources required for service provision as well as potential levels of demand and retention.

Evidence selection and use. The team notes the design of the intervention model is informed by certain kinds of evidence. For example, the intervention design is aligned with international framework for ECD – the 2018 *Nurturing Care Framework* – and related evidence concerning young child development and the importance of the caregiver-child relationship, particularly in conflict-affected settings as outlined in WHO's 2020 guidance on *Improving Early Childhood Development*. The intervention also appears aligned with international research documenting the role of play and playfulness in child development and wellbeing (such as Whitebread et al., 2017 or 2020). However, there are gaps in terms of the extent to which the model is informed by other kinds of evidence – particularly evidence related to parenting support intervention design. For example, while research on the importance of behavioural science in parenting support model development is fresh (e.g. Ahun & Bacon 2024), research supporting the use of behavioural science in parenting support intervention design has featured in policy and programming guidance for more than two decades (e.g. Moran et al., 2004 or more recently Petit, 2019). However, the team did not find evidence that the model has referenced behavioural science concepts or approaches.

Research indicates that a theory of behaviour change represents a key programmatic component of parenting support interventions (Ahun et al., 2024). Programme materials and interview data indicate the use of several behaviour change strategies. For example, sharing information with caregivers through in-person group meetings and home-visits; reminders by radio. However, the intervention ToC includes a generic and universalised theory of how the intervention model expects to change caregiver behaviours and does not reference key variables in caregiver profiles: male and female caregivers, single parents and non-parental guardians including extended family or siblings - nor does it reference social norms, cultural beliefs and practices or environmental factors and behaviours, as well as preferences for using a parenting support service – logistical or otherwise.

Responsiveness. The findings from this study suggest that articulating and testing an explicit and evidence-informed behavioural theory of change may offer RTP an opportunity to adjust the model arrangements to be more responsive to caregivers and the variables in existing caregiving practises in participating communities – including those related to play.

The model and its intervention are somewhat responsive to service users and their contexts. The process of development – including the nature of the evidence-base used to develop the model – appears to have supported and also limited the responsiveness of the intervention. Intervention documentation and interview data suggests that PTG-F was designed as a revised iteration of the original Play-to-Grow package – itself produced with an external US-based consulting firm using a therapeutic play approach and an existing package designed for licensed mental health workers in the United States, adapted to the context of Uganda. This frames the intervention within a model of (externalised) professionalised child mental health care rather than a play-based education intervention or a ECD parenting support intervention – such as, for example, IRC's *Families Make the Difference* (0-6 years) or WHO-UNICEF's *Care for Child Development*.

In positive terms, interview data indicates that participating caregivers embrace several key messages of the intervention specifically that child engagement in learning is supported prior to entry in primary school, that play is important for child development and wellbeing – and caregivers can support child development by facilitating and engaging in play.

“I never used to create time to play with my children because I would see them playing with their friends and never felt bothered at all - for as long as I have provided food and maybe school fees, that was all for me. But after getting the teachings [from this intervention] I have learnt to be close to my children and know how they are doing. If they are unhappy I ask them the problem and help to make them happy again through games and talking to them well. This project has helped me to be friendly with my children unlike before.” - Isingiro, PM08.

It is also clear that the intervention has managed to successfully harness many of the available contextual assets to mitigate the challenges of service provision. For example, the use of peer educators leverages the fact that many people in the participating communities are not working outside the home in paid employment and seek meaningful community engagement opportunities. The intervention also operates on the high community acceptability of paraprofessionals in addressing intimate personal practices such as childrearing and family relations. However, there is also evidence that in the absence of a theory of behaviour change, the teams implementing the model through the demonstration exercise in Uganda are attempting through trial-and-error to segment groups or particular

profiles of caregivers on an ad hoc basis across sites and then stretch the model arrangements to be more responsive to each profile. This is particularly evident in relation to engaging fathers and other male caregivers; participants consistently highlight the challenges of recruiting and engaging with men throughout the intervention.

"We encouraged the parents to form saving groups because men are normally encouraged by... they are motivated by a monetary kind of thing. Being a parenting program, we never thought of having a monetary something, for example, a savings group. So we encourage the groups to form savings so that's going to attract the men, to be able to come. So as they come to attend the parenting sessions, they also attend to the other business of saving. So those are some of the strategies we have been able to put in place." – Staff 04

Specifically, several aspects of the front-end of the model and its arrangements – in terms of content, emphasis and delivery modality – do not appear to be intentional or responsive to the profiles of intended service or programme users and their contexts.

For example, participants indicate that some caregivers face additional challenges to participation in terms of financial access. Participants indicate that some caregivers forego income-generating activities to participate – despite severe livelihoods challenges while others indicate that because the intervention does not offer childcare during group sessions, and other groups of caregivers face additional barriers to attend.

"So I live there with a hard life. I prepared myself to come here and I can see like the day is gone when I have not worked for what to eat." – Isingiro, PG06

"Sincerely, people encounter problems in attending meetings. These are mostly hindered by farming activities. Some bad weather like heavy downpours of rain also affects the time of attendance." – Adjumani, PC06

Beyond the design of the model and its ability to respond to segmented population groups, the team notes that the absence of a behavioural theory of change and related preparatory work means the intervention is not explicitly organised to address what may be key variables in caregiver behaviours. For example, study participants also indicate that caregiver mental health is a significant variable that influences caregiving practices in the participating communities.

"I become annoyed with my husband and I failed to go somewhere. I tend to sleep the whole day because if I come out, it will be visible to everyone that I am going through something or have a stress. So when you ask what is going on, I tend to cry" – Adjumani, PP10

"Of course, we also look at frustration and depression. There have been some issues related to suicidal thoughts. However, suicidal thoughts is also another diverse kind of thing that has other aspects in it, but also the economic system can contribute. – Staff 01

Caregiver mental health is a known determinant of caregivers' parenting practices and sense of self-efficacy (Goodman et al., 2020). In addition, while there is limited research on the effects of exposure to conflict and forced migration on caregiver mental health and caregiving practises, studies suggest higher rates of common mental health difficulties (e.g.

depression, anxiety), which can lead to difficulties in self-regulation and harsher parenting practises (Miller et al., 2020). It is also notable that caregivers in conflict-affected settings have also been found to hold a strong sense of compassion and connection to people around them and report appreciation for their own strengths in overcoming adversity (Taku et al., 2008, cited in Eltanamly et al., 2019). Finally, one study also suggests that there is a complex interplay between parent and child mental health in conflict-affected settings; interventions to support one member of the family or household may have positive effects for other members (Eltanamly et al., 2019).

While clearly light-touch and insufficiently powered for conclusive results, the findings of this study suggest that many caregivers in the participating communities have low sense of wellbeing – 43.3% of caregivers scored below the WHO-5 threshold for mental well-being, despite reporting they do not feel overwhelmed by their caregiving duties. It is possible that this affects the ability of caregivers to engage with the intervention and adapt their caregiving practises as intended. Similarly, one of the unintended outcomes of the intervention appears to be that the PTG-F model supports stronger recognition of the importance of care, and caregivers to feel better connected to each other and their child.

Finally, there are questions about the extent to which the intervention is culturally responsive. In the previous chapter of this report, we cite several positive changes in perspectives from caregivers regarding play and also highlight potential risks around devaluing previously held parenting knowledge or failing to link new knowledge with valuable previous knowledge. Below we unpack this to a greater extent to consider the cultural responsiveness of the programme.

Critical scholarship on ECD parenting support interventions highlight the risk of imposing external values, norms and practices in ways that undermine or endanger local heritage, knowledge and indigenous protective parenting practices (Morelli et al., 2017). Exploring cultural appropriateness and responsiveness is not clear cut. As one RTP staff member reflected,

“[w]ho gets to decide what is appropriate for the community? Because the community is not one group as you could have seen maybe in 1990 or 1985. So, it is the parent that decides what is good for their child and what is not good for them. On the other hand, the community centres, the schools and the churches also get to decide what is good for the community. And in places where we have traditional and cultural leaders, they are there in deciding what is good for the community. But we are looking at shifts in society that have been brought about by globalisation, the movement of people from one side to the other or things like this. So we have this oppression, somebody is coming and we adopt their [ideas] without even knowing that we are doing. So, of course, every idea that comes up gets its criticism.” – Staff 01

Similarly, interview data with RTP staff located in Uganda confirm that the idea of adults as children’s playmate is something “unique in the African context” - that “people do not expect children and parents to play together and do not understand the benefit of that”. In their words, the question of agency and adult-child power dynamics are important to this issue.

“[I]t is an African setting and now telling the parents that have been used to directing what the child does at home - now you're asking them that your child will tell you to put this bowl on your head and you have to do the same. So it is a little

bit tricky. Even in the home, parents find it hard to adjust to it. But once they do, the stories of change are very, very encouraging and interesting.” – Staff 04

In analysing the interview data, the team notes a pervasive idea among participating caregivers that the intervention “brings knowledge from outside” to “teach parents how to raise their children”. This suggests that while it is not inappropriate to provide caregivers with valuable scientific knowledge related to the value of play and playfulness within nurturing caregiving, the intervention may not be culturally responsive in the extent to which it has sought out and valorised existing and indigenous childrearing values (e.g. obedience, dutiful participation in household chores). Similarly, it is unclear the extent to which the intervention has identified and promoted indigenous protective caregiving behaviours while seeking to reduce or eliminate harmful behaviours. This offers a point of reflection for next steps within forthcoming iterations of intervention design and testing.

Likely to fulfil its purpose. As a pilot or demonstration exercise, this intervention is primarily a research project – a study of how and how well the intervention performs in application and what that might mean for defined decision-making processes. Available data suggests that the intervention is struggling to meet this purpose. Interview data indicates that different actors within RTP hold different views on the priorities of the demonstration exercise and reference different decision-making processes¹¹.

The arrangements of the demonstration exercise are not adequately tailored to allow RTP to examine the internal and external validity of the PTG-F model. With the available data and level of coherence across teams, it can be suggested that the pilot is not currently able to demonstrate if the model is performing as expected, and/or it might operate similarly in other settings. Besides the lack of clarity in some aspects of the model under demonstration, there is a lack of emphasis on and availability of monitoring and evaluation data and reporting.

Does implementation adhere to the programme design?

Currently, there is insufficient data on intervention implementation to confirm the extent to which implementation is adherent to programme design. Data such as number of participating caregivers and retention rates or number and kind of sessions implemented are not available. Data related to the coaching and supervision of paraprofessional peer educators and quality of session delivery are also not available.

There is some evidence from interview data to suggest considerable variance in implementation of the model across sites in the demonstration exercise. For example, the extent to which the different elements of the intervention modality – parent education session, parent group session and home visits – are being implemented consistent with the model is unclear. For example, interview data with peer educators and RTP staff highlights several challenges with the implementation of home visits, while just one of the 30

¹¹ For example, at global level there is an interest to develop a scalable model for ECD parenting support that can be used in other settings outside Uganda. While the original results architecture prioritised school-readiness with an emphasis on literacy and numeracy, the intervention ToC was revised to reflect child social and emotional development – however data on adjustment in implementation and related outcomes in this regard are yet to be fully realised. At the national level, RTP staff understand the intervention as one of many initiatives woven together to support play-based learning and development in partnership with the Ministry of Education, local councils and community leaders as well as ECD centres. At this national level, there is an interest to develop a scalable model that coheres with recent guidelines on parenting support in Uganda. To achieve this, however, the team requires funding to better engage the Ministry of Education – which is currently not available. Besides the fundamental differences in these perspectives, it remains an open question if the model under demonstration is ripe for global scale consideration when it has not yet demonstrated individual effectiveness or scalability or institutionalisation in context in Uganda.

interviewed caregivers mentions home visits at all, despite the model requiring that each participant receives 8 home visits. Available interview data also indicates that the size and nature of delivery of the parent education sessions are sometimes not aligned with the model design. For example, one interview participant suggests an initial number of more than 100 caregivers – well above the ceiling of 30 caregivers. Another interview participant indicates that the scheduling of two sessions per week to make up for delays in implementation was challenging for caregivers to achieve meaningfully. Finally, there is some interview data that paraprofessional peer educators skip elements of sessions that are sensitive or that they feel uncomfortable about (e.g child-led action in play, or role-play activities).

It is important for RTP to understand how many of the participating caregivers are and are not accessing the full intervention, what trends appear across sites and profiles of caregivers in this regard and what that means for the model and separately what that means for the demonstration exercise. The pilot does not appear to have a set or agreed appetite for experimentation – it is not clear if the pilot is expected to implement the intervention with total fidelity to the model design, or it is expected to adjust intentionally and responsively to the unfolding conditions and contexts. In either case, it is important to capture carefully the model in application in real-world settings, and review different interpretations of deviance and related implications for model design.

The team also notes that across the interview dataset, there is considerable variation in perceived priorities of the intervention. When asked about the purpose of the intervention, caregivers and peer educators suggest a variety of topics such as;

- Training to know how to raise children so they grow fully
- Training on how to play with our children so they learn, and how to manage stress
- Training to live with their children, play with a focus on attachment and reducing fear
- Learning about children's needs through play, conflict resolution in the community
- Play helping brain development, routines around play, making toys
- Playing with children, learning through play, living in peace with neighbours.

While many of these responses reference similar themes consistent with the central aspects of the intervention, they also indicate that aspects of implementation and emphasis may vary according to the centre and the district. In positive terms, this suggests that the intervention is being used flexibly to respond to the priorities of the different groups of caregivers across sites. However, this also suggests that the intervention core-content may not be given enough emphasis and that teams implementing the intervention with caregivers may need further guidance on what is core/essential and where there is room for flexibility.

Are the recruited Parent Educators right for their role and do they have the competence required to deliver the programme?

Overall, the recruited Parent Educators are well-suited to their current roles and are perceived as sufficiently competent and effective. However, additional training and targeted support may be required to ensure consistent delivery, and to better address more complex topics or sensitive discussions. More transparency regarding the criteria used to select parent educators, the expected continuity of their role and the extent of their responsibilities would help align expectations of current parent educators, caregivers and staff.

The available evidence suggests that the recruited Parent Educators are generally appropriate for their roles and possess the competence required to fulfil their duties on PTG-F. Staff highlights the relevance of their role for the programme:

"We are looking at a scenario where we have a group of 30. If the parent educator, lets them down, does not come, does not show up to attend, does not encourage the team. So, I feel parent educators are very key in this programme."
– Staff 01

Parent educators feel comfortable in their roles. They feel the training and support they have received has enable them to fulfil their duties and express a desire to continue.

"The trainings we received were helpful to give us enough confidence in teaching. (...) the officers who visit us empower us and continue managing." – Isingiro, PEK2

If the demonstration were to continue, capitalising on this desire would be advisable, as it is likely that the experience gained through this iteration will contribute to their future performance. This is commendable considering it is voluntary work over a long period of time and can be demanding. Their commitment is partly explained by the sense of purpose they get from what they do.

"Truly, I have gained a lot. I never knew I can stand before people and talk. Now I do.(...) Even the parents I train are very grateful for the training. This is what continues to encourage me." – Isingiro, PEG2

However, it should also be considered that the same expectations participants have of possible rewards in the future also apply for parent educators, and some of them express hopes of their role turning into a job or receiving compensation.

"With time I will one day also be a trainer somewhere, I will be hired, so I am so grateful about the program, so that's why am so happy about it." – Adjumani, PEG2

Both parent educators themselves and participants express that the role is not characterised by the parent educator being more knowledgeable or more respected than the rest of the group. Rather it seems they are seen as representatives that go to receive the content RTP provides and then bring it back to the group.

"They invited me to attend two days a week but I first ignored them, claiming I wouldn't get time. But later on I realized they were using books to teach us meaning what we were learning was not created by them, I gave it time and found everything interesting." – Isingiro, PM08

This is consistent with findings from survey data, where respondents rated teaching skills as the most important attribute for parent educators to have, and scored them highly, with a 3.4 average out of 4. When asked to rate statements about their parent educators such as "My PE is clear when explaining" and "I have learned from my PE", respondents also gave very high scores, with an average of 3.7 out of 4 in both of them.

In line with this view, most participants mention they would like to be parent educators themselves, and think they have the capabilities to do so. This signals the current model

fosters relatability between parents and parent educators, which can be a key factor for the success of the programme.

"Yes, on the level I am at I can manage [to be a parent educator] Yes, I feel I have the knowledge to teach others because the lessons have helped me and I can encourage others to participate and also gain what I gained." – Isingiro, PM07

While the level of ability described above is appropriate to deliver sessions for which close guidance from the manual is available, it might be insufficient for parent educators to provide more tailored support, for example during home visits. This component requires parent educators to observe participants as they apply the skills they have learned in the programme in their own homes, and provide support and advise. While observation tools provide guidance, knowledge and experience are needed to translate the theoretical content of the session to the specific situation in each home. The visits also require an added level of trust from participants to the parent educators, as they let them enter their homes, confide in them about the issues that are facing and agree to listen to their input.

Survey data shows that in these attributes the scores received by parent educators are lower: in theoretical knowledge they averaged 2.5 out of 4, and in people skills 2.8 out of 4. For the statement "I can come to my PE for support", they scored 3.1 out of 4. In the case of Adjumani in particular, people skills and respect from the community also receive lower scores, with 2.1 out of 4 and 2.9 out of 4 respectively. While these scores are not worryingly low, it should also be considered that the respondent profile tend to give very high scores across the instrument, so they do stand out in relation to other variables.

Across 30 participant interviews, we found only one mention of home visits. Administrative data can provide more insights on whether this is because the home visits are not taking place, they are not being effective or they are seen as less instrumental to the programme than the group sessions. Depending on what is the case, parent educators might need additional support and training to be able to deliver this component according to programme design.

3.4 RQ3: What adaptations or improvements need to be explored in the PTG-F model and/or its demonstration intervention?

The PTG-F program model incorporates both core and adaptable elements, but many contextual adaptations have emerged informally rather than through intentional design. While some adaptations, such as savings groups, have proven beneficial, others, such as deviations in group size and session frequency, may dilute the program's intended impact. By clarifying the core components, improving documentation, and addressing economic barriers, the program can better balance flexibility with fidelity, ensuring that it remains both relevant and effective in the communities it serves.	
Sub RQs	Assessment
Which are core aspects of the programme model, and which are adaptable based on context? Have contextual adaptations to the model made so far been intentional and adequate?	The PTG-F program includes well-defined core components, such as the parent education sessions, but its broader model lacks consistency in the implementation of additional elements. Contextual adaptations, while often appropriate, are not always intentional or well-documented, which affects the program's ability to evaluate its effectiveness as a demonstration intervention. By refining its documentation processes, enhancing training for peer educators, and addressing participants' economic challenges, the program can better balance flexibility with fidelity, ensuring that it remains impactful and scalable in diverse contexts.
What adaptations need to be explored in the arrangements of the PTG-F service provision model - and/or its demonstration intervention?	To strengthen the PTG-F service provision model and its demonstration intervention, an essential adaptation to explore is the inclusion of components that address participants' economic challenges. While livelihood support currently lies outside the formal scope of the program, it is the most frequently requested form of assistance by participants. As reflected earlier in the report, a clear and consistent definition of play and Play-Based Learning can ensure pilot delivery reflects the priorities of PTG-F accurately. Adaptation for participants affected by crisis can also be explored. While PTG-F is not a specialist program for adversity and trauma, it can still achieve its aims with people affected by adversity integrating changes to the intervention on this basis.

The PTG-F program incorporates both core and adaptable elements; however, many contextual adaptations have emerged informally rather than through intentional design. While some of these adaptations, such as the introduction of savings groups, have proven beneficial, others, such as deviations in group sizes and session frequency, risk diluting the program's intended impact. By clarifying core components, enhancing documentation, and addressing economic barriers, the program can better balance flexibility with fidelity to remain effective and relevant.

Which are core aspects of the programme model, and which are adaptable based on context? Have contextual adaptations to the model made so far been intentional and adequate?

The intervention model arrangements are partially defined and articulated in programme documentation, but several aspects are implemented differently in the field, often disregarding the original documentation. Adaptations include:

1. What is understood by play and the goal of play
2. Adaptations for participants affected by crisis
3. Criteria for selecting parent educators
4. Standardisation of Parent Education Sessions as core to the programme
5. Savings groups

There are nuances on what is understood by play that have not been clearly defined. PTG-F is based on Child-Parent Relationship Therapy (CPRT), whose goal is to strengthen the parent-child bond. While the current impact statement reflects this, different iterations of the

ToC have included improved literacy and numeracy skills or improved school readiness outcomes. While these goals can be complimentary, with abundant research showing how emotional well-being contributes to academic outcomes (Kaya & Erdem, 2021), more clarity is needed on how the programme prioritises these goals. Several interviews convey a view of play that is more aligned with Play-Based Learning, which while allowing children agency is still structured towards learning goals (Pyle & Daniels, 2016), than with CPRT play, which focuses on relationship building and communication between parent and child (Bratton & Landreth, 2006). Both types of play can coexist, but the lack of a clear and consistent definition might lead to changes in emphasis that prioritise one goal over another, making it difficult to correctly assess the programme's impact. For example, mentions of teaching "the right way of play" suggest that some participants have only incorporated play that is clearly conducive to learning as valuable, which might be detrimental to the overall programme's goal.

"In our community before we knew about the RTP programme, our children used to play rough games, like using sticks that injure them. But after the RTP programme, when our children come back from school, we gather them and ask them what was taught in school and we also tell them not to play in the bush, you might get injury. Play from home and use these materials for playing." – Adjumani, PG09

In a similar line, the original CPRT is a structured therapeutic intervention that is meant to be delivered by licensed professionals. While its adaptation for PTG-F was always meant to be delivered by peer educators, ideally the programme should document the rationale behind this adaptation, including how and why a peer educator model with a brief training period is enough to deliver the tailored version. While survey information suggests parent educators are relatively well evaluated in areas that are most valued by participants, their theoretical knowledge could be improved. This is consistent with interviews indicating that the one-week training might be too brief.

"What I would advise is that the delivery of the trainings... we have trainings that need time for staff to internalize and then also be able to support the current educator. Trained educators support the training. So I feel that one week is not enough. (...) So for me it's the issue of on the model." – Staff 04

Adaptations for participants affected by crisis: Another issue that needs to be considered at this stage is that PTG-F originated as an adaptation meant for people who had been affected by crisis. Because of this specific purpose, components addressing difficulties faced by this specific group of interest would be expected to be part of the core model of PTG-F. To do this, the programme has added two sessions focusing on adversity and trauma to the original lesson plan. However, conflict and displacement are likely to affect every aspect of individual's lives, both materially and psychologically, and greatly impact their ability to parent. Giving more space for participants to share the ways in which their experiences have affected them as individuals and as caregivers would allow RTP to interweave these perspectives into the programme's overall approach. Once again, this might require RTP to develop and strengthen partnerships with other service providers for a more holistic approach. Additional sessions might not be enough, especially since these are heavy topics, and the programme is content heavy.

“Like, for example, one parenting skill or concept that was drilled down was, you know, ‘I’m giving the choices. Big choices should be given for big children, small choices for small children, and those choices should be developmentally appropriate.’ So while it was easy to say it, it was, you know, kind of challenging for the participants to fully understand it, that’s why [the trainer] would provide several examples, she would even do some role play just to illustrate the point. So because there was so much focus on the basic, there was less time to really highlight the trauma. I mean, the trauma is there, the focus on the trauma. But again, as I said she had to provide basics on child psychology and play therapy just for people to really understand the concept, so there was not enough time.” – Staff 06

The criteria for selecting peer educators also needs to be more clearly defined. The program guide does include a set of criteria, but interviews are inconsistent regarding if these are incorporated during recruitment. For example, most parent educators are not able to describe why they were selected beyond the fact that they knew how to read and write. While some interviews mention that the role is nominated by the programme’s participants, others suggest it is suggested by community leaders. Contextual limitations, such as low literacy rates or extreme language variability might reduce the pool of eligible candidates, forcing the programme to be more lenient regarding selection criteria.

“We select them with the help of the caregivers, someone who can read and write.” – Staff 05

If this is the case, the model should more clearly define what are the key requisites that are central for the model to work, and which are adaptable.

It would be advisable to evaluate to what extent are all current programme components considered part of the core model, and whether they are adaptable or expendable. Evidence from the fieldwork on this point is mixed. Programme staff seem to have a clearer view of all the components that make up the intervention, and most mention them in their descriptions. On the other hand, parent educators and participants’ descriptions focus most on parent education sessions. Participants’ interviews indicate parent support groups do not seem to be understood as a separate type of session, while home visits and radio messages are not mentioned at all by most participants. Most parent educators do not mention home visits as part of their duties either, even though it is a task one would expect to take up a considerable amount of time. Despite this, survey data suggests parent education sessions, parent support group and home visits are considered essential by between 93% and 100% of respondents. In the case of radio messages though, this number dropped to 53%. The programme does incorporate a variety of observation tools that could provide insights into how specific components are working. It would be advisable to look at this administrative data to get a better assess their contributions to the core model.

Standardisation the delivery of Parent Education Sessions as core to the programme:

Given the centrality of parent education sessions to the programme, the content and mode of delivery throughout the 26 sessions should be understood as part of the core of the model. Nonetheless, there is evidence that the delivery of the sessions has been adapted. For example, the need for a reduced number of caregivers (no more than 30) is established in programme guidance, because it is argued that larger numbers might prevent caregivers from sharing on a very personal issue such as parenting. However, as was mentioned

above, some interviews indicate the groups often receive more than 30 participants. The frequency of sessions is also established in programme documentation to allow for caregivers to practice new skills, but the frequency is not always maintained.

"Sometimes you have been having two sessions a week, for the time I know. So, I feel sometimes content can be overwhelming. As you're planning to practice letting the child lead in play, something else is being introduced to you. I think more time and space between the sessions [is needed], to allow parents time to practice, not one tiny bit. And allowing time for more community engagement." – Staff 01

There are also mentions of the mode of delivery being adapted, for example by parent educators who explain role playing exercises rather than act them out because they do not understand them or do not feel comfortable with that type of activity.

"Sometimes the content does not come out well and how we would have expected it to come out. An example would be in a session, (...) maybe but a small aspect, maybe an activity that is supposed to, you know, bring out the... For example, in a session like letting the child lead in play and, there's a role play. Someone could just explain the role play and not do it. Describe it, not do it." – Staff 01

Savings groups: A different type of adaptation that is mentioned in several interviews and seems to have been successful at attracting and retaining participants is saving groups. These were established in some centres by the participants, who nominate someone to be a treasurer who collects savings from the group to contribute to school fees. The adaptation seems like an adequate response for the economic struggles the communities face when providing for children. It might also explain why survey data indicates that 100% of Isingiro respondents considered that the programme has provided support with their livelihood. It is advisable that the programme collects information on these initiatives and analyses how they interact with the original goals of the programme. Given how pressing economic issues are for the target communities, incorporating components that tackle the issue of livelihood might be relevant to achieving the desired impact.

*"They came together to learn but to them, they felt like 'Yes, we came to learn and we love it, **but learning is not enough**. If we could save 500 or 1000 each sitting we come here, we could stay close to become much more solid' So the content is very good and important, but we need another factor that keeps these groups together. So I feel if there is an aspect of this it would be much better, and maybe tailor in a bit of financial literacy." – Staff 03*

While adaptations are bound to happen and are often appropriate given the issues on the ground with which participants and staff are facing, they affect RTP's capacity to use the pilot as a demonstration exercise. A demonstration exercise requires testing the internal and external validity of the model as faithfully as possible, because otherwise it is unclear if the results are because of the model or because of the ad hoc way in which it was implemented.

In early-stage piloting, the focus should be on delivering the intervention model as designed, rather than making modifications in response to perceived shortcomings. If adjustments are

necessary, they should be thoroughly documented. Proper documentation on where and when these adaptations were made or how the decisions to make them were taken would provide insight into these issues and help reach a clear understanding of what aspects of the model cannot be changed and which of them should be flexible and context dependent.

What adaptations need to be explored in the arrangements of the PTG-F service provision model - and/or its demonstration intervention?

The inclusion of programme components that address issues of livelihood is the most frequent adaptation requested by participants. Under the current model, this adaptation would go beyond the programme's scope. However, it is worth considering if caregivers can be reasonably expected to engage with the programme and preserve adequate mental health while facing severe economic struggles. As was mentioned above, when discussing the ToC assumptions, it might be worth it to consider caregivers' mental health as an intermediate programme outcome to which the parent support group currently contributes, and to which livelihood support would eventually contribute as well. Part of the programme setup includes a mapping of available protection services and suggests reflecting on existing platforms for integration of the intervention. These activities could set the ground for an adaptation such as this, which could be done through partnerships with other organizations or by strengthening initiatives that have naturally emerged such as the saving groups. Regardless of how it is done, given that for participants providing seems to be the most salient characteristic of a good caregiver, the topic needs to be approached in a meaningful way.

3.5 RQ4: Should PTG-F advance to the next phase of the RTP R&D process including a rigorous evaluation of effectiveness and impact?

Although PTG-F has shown promising impacts, advancing to the next phase of the R&D process requires addressing key gaps in documentation, feasibility, and participant expectations. Prior to pursuing a rigorous evaluation of effectiveness and impact several improvements need to be made. These include improved data collection and accessibility, enhanced peer educator training, and clearer communication about the program's goals and limitations. By addressing these challenges, RTP can ensure that the program's positive outcomes are sustained and that it remains both scalable and culturally responsive.

Sub RQs	Assessment
Is there a clear rationale for continuing to test the PTG-F model?	There is a strong rationale for continuing to test and refine the PTG-F model, given it demonstrated positive impact on participants and the wider community. However, several risks and challenges need to be addressed to ensure the sustainability and cultural responsiveness of the intervention.
Is there enough information to conclude the programme aligns with RTP feasibility standards?	While the PTG-F program shows promise in terms of community demand and potential for expansion, the lack of documentation and clarity around adaptations raises questions about its feasibility. The absence of data on budget and expenditure limits the evaluation team's ability to determine if the programme's approach is cost-effective enough to be feasible. Addressing these gaps—through improved documentation, clearer processes, and an analysis of financial feasibility—would provide a stronger basis for concluding whether the program aligns with RTP's feasibility standards.
Is there enough information to agree on the adaptations and improvements the programme needs on its next phase?	At present, the weakness of some success metrics, the lack of process indicators to monitor quality and consistency in implementation, and the limited use of collected data to inform the pilot hinders the ability to agree on the necessary adaptations and improvements for the next phase of the PTG-F program. Addressing these issues by defining clear benchmarks and strengthening data management processes will be crucial for guiding the program's evolution and ensuring its continued relevance and effectiveness.

PTG-F demonstrates strong potential and positive community impacts but requires targeted improvements before advancing to a rigorous effectiveness study. By addressing gaps in implementation, data management, and participant support, RTP can ensure the program's scalability and sustained impact. If these areas are strengthened, PTG-F would be well-positioned for the next phase of research and development.

Is there a clear rationale for continuing to test the PTG-F model?

This evaluation has found evidence of promise including relevant and positive perceptions of impact where it is being implemented, shifts towards positive parenting practices and reduction of violence, both in terms of corporal punishment and harsh languages and the inclusion of time for playing in adult-child relationships, leading to closer relationships with children. Baseline and endline data capturing self-reported measures for outcomes also indicate clear positive impacts. For instance, the percentage of parents regularly engaging in playful activities with their children went from 12% to 98% in the course of the programme. Similarly, the proportion of parents who report having a positive relationship with their child went from 27% to 79%, while the proportion of parents who do not use harsh or physical discipline went from 66% to 79%.

However, there remain several areas where further programme adaptations or further evidence are required. This includes the need to build on previous parenting knowledge and link new knowledge to existing indigenous knowledge, explore caregiver perceptions post-programme and address economic struggles.

In addition, two major gaps need to be filled to properly test the PTG-F model. First, operational data is required – for example, caregiver participation and attendance rates are

unavailable and so retention and drop-out are not possible to calculate. This makes it difficult to examine and explore consistency in implementation against the model. Second, there are gaps in how RTP has documented the arrangements of the model. The intervention documentation articulates how the front-end of the model is expected to operate, but there is limited definition of the back-end of the model – the intended operational, management and governance arrangements. Interview data indicates several activities and outputs are required to implement the intervention successfully (e.g. establishment and maintenance of partnerships with local actors, local service mapping and mutual referral mechanisms), however these are not explicitly articulated in the model.

It also remains unclear how RTP is costing of the intervention including both front-end costs (e.g. training or materials for paraprofessional peer educators, snacks for parent sessions) and back-end costs (e.g. staffing and related costs to supervise and coach paraprofessionals). Interviews suggest that the pilot intervention is designed to inform decisions related to different national and organisational scale strategies, as such it is essential that these issues are addressed for the pilot to meet its intended purpose.

Is there enough information to conclude the programme aligns with RTP feasibility standards?

Issues mentioned above about adaptations without proper documentation, or a clear rationale raise concerns about whether these might be because of feasibility issues. For example, if the sessions' content and mode of delivery are considered a core aspect of the model, failures to deliver accordingly might be because there is a lack of parent educators that fulfil the necessary criteria or because the current training is too short.

There is also a lack of clarity regarding how RTP would approach a potential scaling of the programme. Participants are interested in continuing with the programme, and they also ask for it to be expanded within the current communities, so that it reaches more of their neighbours. This approach might be more feasible, as it would build on capacities that have been developed on previous iterations, and local teams would have an in-house understanding of how well their own adaptations have worked. However, scaling the programme to new communities without strengthening current processes would likely mean new adaptations and emphases, that might further confuse what is part of the core model and what is open to contextual adaptations.

Is there enough information to agree on the adaptations and improvements the programme needs on its next phase?

With the information that the evaluation team has been able to access so far, there is not enough evidence of the adaptations and improvements the programme needs to move on to its next phase. There is a lack of clarity of what the current demonstration needs to deliver to be considered a successful implementation of the model, and what it needs to achieve in terms of impact to determine there is evidence of promise. Interviews suggest that a lot of information is being gathered, through relevant tools that are used by parent educators and team staff, but this does not seem to be readily available in a way that allows RTP to make decisions based on it.

4. Conclusions

The PTG-F program's feasibility, relevance, and appropriateness in its intended communities and contexts can be assessed by examining how well it aligns with participants' needs, cultural perspectives, and contextual realities.

In terms of feasibility, the program has demonstrated some strengths in its implementation but also faces notable challenges. It has effectively translated materials into local languages, addressing linguistic barriers that could otherwise hinder participation. Additionally, the program has leveraged existing social structures, such as community leaders and ECD centres, to foster local support and legitimacy. However, the economic hardships faced by many participants significantly influence their motivations and expectations. Since the intervention aims to change behaviours, failing to consider these challenges in the design impact the feasibility of the intervention. While toy-making workshops are designed to demonstrate that play materials can be cost-free, some participants see this as a potential income-generating activity rather than a simple parenting practice. Ad hoc adaptations, such as the emergence of savings groups, indicate a grassroots response to economic realities that the program itself does not adequately address. Moreover, unspoken expectations among many participants suggest they hope for material rewards for their participation, and the impact of this expectation on attendance and retention should not be ignored. Overall, economic constraints exist that limit caregivers' ability to engage fully, highlighting a gap between the program's expectations and participants' capacity to implement what they have learned.

The program's goals are broadly relevant, as it addresses important parenting challenges such as harsh discipline, lack of communication, and caregiver stress. Initially, caregivers viewed parenting as primarily a role of provision, but after participating in the intervention, they have come to value parenting guidance related to child development and psychosocial support. The program's promotion of non-violent parenting and play-based interaction has resonated with participants, who report improved parent-child bonds, increased communication, and the continuation of key cultural values, such as respect and obedience. However, the intervention's psychosocial wellbeing goals do not always align perfectly with participants' priorities, which tend to focus more on safety, health, and social contribution rather than abstract concepts like SEL (social-emotional learning). Still, caregivers have observed that program outcomes, such as improved communication and reduced violence, contribute positively to the outcomes they prioritize.

The program's approach to parenting support has proven to be appropriate in many ways, particularly in its focus on reducing physical and verbal violence, promoting communication, and fostering parental emotional wellbeing. Participants in Adjumani and Isingiro have expressed appreciation for the support networks the program has created, with the emotional support and guidance on managing stress that they provide being especially impactful. However, there are contextual differences in how the program is perceived and implemented. For instance, in Adjumani, there is an emphasis on structured, learning-focused play, while in Isingiro, there is more emphasis on free play and providing play materials. This variability suggests that the program's core messages are generally consistent but are adapted informally based on local needs.

Despite its strengths, the program's cultural appropriateness could be improved by better addressing participants' expectations and economic realities. For example, in Isingiro, many participants expect material rewards for their commitment, reflecting a misunderstanding of the program's purpose and a possible perception that the program is out of touch with their daily struggles. Additionally, the lack of mechanisms for participant feedback limits opportunities to refine the program in response to community needs and experiences.

The PTG-F program model includes both core aspects that define its structure and adaptable components that vary based on local context. However, there are areas where improvements are necessary to ensure intentional and adequate adaptations while maintaining the program's integrity and meeting the communities' needs. In summary:

- Some elements that are theoretically part of the core model are inconsistently implemented or misunderstood.
- The program includes several areas of flexibility to accommodate contextual needs. However, adaptations may undermine the program's effectiveness.
- The informal nature of many adaptations, such as adjusting session formats or incorporating savings groups, makes it difficult to assess whether observed outcomes result from the program model itself or from ad hoc changes.

The PTG-F program demonstrates some characteristics of a quality parenting intervention but faces significant gaps that limit its ability to fully meet its intended purpose. While the intervention is aligned with key international standards and frameworks, it struggles with inconsistencies in design, implementation, and data collection that affect its effectiveness and scalability. In summary:

- The PTG-F program aligns with UNICEF's (2014) Standards for ECD Parenting Programs and the Nurturing Care Framework (2018).
- Despite its strengths, the program is not fully informed by behavioural science principles, which are essential for tailoring interventions to caregiver needs and influencing behaviour change.
- As mentioned above, there are notable inconsistencies in program delivery across sites.

- The demonstration exercise lacks robust operational structures and while it has data collection processes in place, these do not seem to be systematically used for decision-making.
- The program's dosage raises concerns about feasibility and scalability, particularly in resource-constrained contexts.
- The program lacks a coherent vision among stakeholders at the global, national, and local levels. This divergence undermines the program's ability to function as a unified demonstration of a scalable ECD intervention.

The PTG-F model has strong core components that support positive parenting and child development, but its effectiveness is limited by inconsistent implementation and insufficient documentation of adaptations. By refining the distinction between core and adaptable elements, enhancing peer educator training, and addressing economic barriers through strategic partnerships, the program can improve its responsiveness and scalability while maintaining fidelity to its core objectives.

PTG-F shows promise as a scalable and impactful parenting intervention. However, targeted improvements in implementation fidelity, data management, and participant engagement are necessary before advancing to the next phase. By addressing these areas, RTP can strengthen the program's foundation, ensuring it is well-prepared for a rigorous evaluation of effectiveness and long-term impact.

Scaling the program to new communities without addressing these issues could exacerbate inconsistencies and blur the line between core and adaptable program elements. Local teams may have the capacity to expand the program within existing communities where they have built experience, but broader scaling efforts would require stronger processes, clearer guidance, and robust resource planning.

A great deal of the lexicon and culture of innovation focuses on going fast, including concepts such as "failing fast" and undertaking "sprints". However, there is also value in slowing down, to get further in the long run (known as "Go slow, to go fast").

"Go slow, to go fast" means investing in the things that matter long term and that take time to develop, so that we can move quickly and become successful over the long haul. To use a well-known quote, Abraham Lincoln once stated "*Give me six hours to chop down a tree and I will spend the first four sharpening the axe.*"

Focusing on the learning aspects that are central to a pilot, rather than rushing to replicate the programme in new settings, to achieve innovation, implementation and institutionalisation within the programme period, could result in more strategic thinking and decision making. This could result in achieving more overall in the long term, including scaling goals.

5. Recommendations

To strengthen the PTG-F program and ensure its readiness for scaling and rigorous evaluation, RTP should address several key areas related to program design, implementation, and monitoring. The following recommendations aim to enhance the program's effectiveness, sustainability, and scalability:

1. Strengthen the Theory of Change and program design

- **Develop a behavioural Theory of Change:** Incorporate behavioural science principles to tailor the intervention to diverse caregiver profiles and target specific behavioural drivers. This will improve the program's ability to address caregiver needs, particularly in conflict-affected settings.
- **Clarify program priorities:** Resolve inconsistencies between the program's focus areas (e.g., school readiness vs. emotional development) to create a unified vision across global, national, and local levels.

2. Improve Peer Educator training and selection

- **Extend and enhance training:** Increase the duration and content of peer educator training to cover complex topics such as child-led play and emotional regulation techniques.
- **Standardise selection criteria:** Ensure clear and consistent criteria for recruiting peer educators, with an emphasis on literacy, community leadership, and ability to manage sensitive topics.
- **Ongoing professional development:** Provide regular coaching and refresher training to build confidence and consistency in program delivery.

3. Address implementation variability

- **Monitor session structure and delivery:** Standardize group sizes and session frequency to align with the intended program design (e.g., no more than 30 participants per session, weekly sessions only).
- **Encourage fidelity to core content:** Ensure that key activities, such as role-playing exercises, are implemented as intended and not skipped due to discomfort or lack of understanding.
- **Refine home visits and support groups:** Clarify the role and format of home visits and parent support groups to ensure they are consistently delivered as distinct and impactful components.

4. Improve utilization of monitoring and data management

- **Establish processes to guarantee use of data** on attendance, retention, implementation fidelity and key outcomes, ensuring it is consistently collected, updated, and shared with relevant stakeholders.
- **Build capacity and introduce mechanisms to promote that collected data informs day to day decisions and program adaptations**, ensuring there is alignment between systems, staff practices, and program goals.

- **Enhance documentation of adaptations:** Record where, when, and why program adaptations are made to distinguish between necessary contextual adjustments and deviations caused by feasibility constraints.
- **Conduct regular feedback sessions:** Institutionalize periodic reviews with participants and peer educators to gather insights and refine program components based on their experiences.

5. Manage participant expectations and strengthen community engagement

- **Transparent communication:** Clearly communicate the program's non-material goals to participants to manage expectations and prevent disappointment related to anticipated material rewards.
- **Increase community leadership:** Involve participants, including fathers and refugee caregivers, in decision-making processes to foster ownership and responsiveness to community needs.

6. Address economic barriers and support caregiver wellbeing

- **Leverage partnerships:** Collaborate with local organisations to integrate complementary livelihood support, such as savings groups or vocational training, without overextending the program's scope.
- **Incorporate mental health support:** Strengthen the parent support groups to explicitly address caregiver mental health, recognising its critical role in effective parenting.

7. Ensure Scalability and Sustainability

- **Pilot a streamlined version:** Test a more resource-efficient version of the program with fewer sessions and mixed modalities (e.g., group sessions and home visits) to assess the impact of dosage adjustments.
- **Develop a scaling strategy:** Create a comprehensive strategy for scaling the program that accounts for local resource availability, staffing, and contextual needs.

8. Align stakeholder priorities and build a coherent vision

- **Facilitate cross-level alignment:** Hold strategic planning sessions to align priorities across RTP's global, national, and local teams and ensure a shared understanding of the program's objectives.
- **Clarify decision-making processes:** Define and document the decision-making processes for the demonstration exercise to ensure consistency and transparency.

Annex 1. Interview schedules

Annex 2. Questionnaire

Annex 3. School readiness assessment tool

Annex 4. Analytical framework for qualitative data

Annex 5. Psychometric analysis of school readiness assessment tool

Annex 6. Survey report

Annex 7. Inception report