SCALING INCLUSIVE HOMEBASED EARLY CHILDHOOD INNITIATIVE (SIHELI)
LIST OF OUTPUTS FOR GHANA

	PRODUCTS	SUMMARY	LINK
1	SIHELI CONCEPT NOTE	The Scaling Inclusive Home-based Early Learning Initiative (SIHELI) is a 33-month hybrid early childhood education model combining home-based and centre-based approaches across Uganda, Ghana, and Liberia. In Ghana, the project establishes five community-managed learning centres (Moya, Chahiyili, Kparigulanyili, Gushei, and Zali) in the Nanton District of the Northern Region, integrating health services, disability screening, parent education sessions, and livelihoods support including a Savings and Credit Cooperative Organisation (SACCO) for parents and livelihood training to address household economic constraints affecting childcare.	
2	LITERATURE REVIEW: Understanding How Community Engagement, Play-Based Learning And Home-Based Early Learing Initiatives Affect Early Childhood Education And Development: A	This comprehensive review synthesises global evidence on community engagement, play-based learning (particularly indigenous games), and home-based early learning interventions. It demonstrates that stakeholder participation and culturally grounded play pedagogies significantly enhance children's cognitive, social, emotional, and physical development while identifying critical gaps in teacher training and integration of indigenous approaches within formal ECE systems.	

3	SIHELI BASELINE STUDY: POLICY BRIEF	The policy brief documents that children aged 3-6 in Ghana's Ekumfi and Nanton districts travel over 2km daily to access schooling or remain at home exposed to risks. Key findings reveal widespread community support for home-based learning centres, strong parental use of indigenous pedagogies, and a clear preference for mother-tongue instruction. It recommends allocating 15% of the ECE budget to community-based centres and integrating culturally relevant pedagogies into national curricula.
4	SIHELI BASELINE STUDY: SUMMARY OF KEY FINDINGS	This document summarises the key findings of the baseline study with a bit more details. It reveals strong community readiness to establish home-based ECE centres, with parents already engaging in informal play-based learning using locally sourced materials. Significant challenges persist including gendered caregiving roles, exclusion of children with disabilities due to stigma, and substantial teacher training gaps. It recommends community-driven solutions, structured teacher training, peer learning, and inclusive practices.
5	SIHELI GENDER REPORT - Gender Equity in Early Childhood Care and Development: Insights From the SIHELI Project in Northern Ghana	This report examines gender dynamics in parental involvement in childcare across five rural communities in Northern Ghana (SIHELI communities). It reveals deeply entrenched social norms that restrict men's childcare roles to provision and discipline while stigmatising direct nurturing as weakness. The SIHELI centres have shown promise in engaging men by reframing early learning as cultural preservation, creating legitimate spaces for father-child bonding and shifting community attitudes toward more equitable parenting.

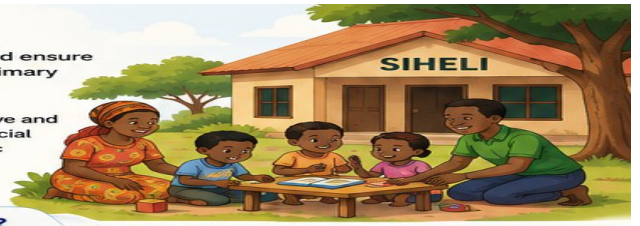
6	PUBLISHED RESEARCH ARTICLE - Parents and community agency in early childhood education and development in rural Ghana: towards an indigenous home-based early learning model	This peer-reviewed study explores how parents in 12 rural Ghanaian communities leverage indigenous play pedagogies—using local materials, traditional games, and storytelling—to foster children's holistic development despite lacking formal ECE access. Findings demonstrate parents' pedagogical agency in creating child-centred, cost-effective learning experiences that develop cognitive, linguistic, and socioemotional skills while preserving cultural identity, challenging deficit narratives about rural communities' capacity to educate young children.
7	HEALTH ASSESSMENT REPORT	This report details the comprehensive health assessment conducted as a core component of the SIHELI project in the Nanton District of Northern Ghana. The primary objective was to systematically identify children with disabilities, special needs, or underlying health conditions that could adversely impact their educational participation and developmental trajectories. A multidisciplinary team screened approximately 150 children across five communities (Moya, Chahiyili, Kparigulanyili, Gushei, and Zali) in the areas of general pediatric health, vision, and hearing. While the screening confirmed that the majority of children are in good health, it successfully identified a significant subset requiring further specialist intervention, support, or assistive devices. The exercise highlights the critical need for integrated health and education services in rural Ghana and provides a clear roadmap for targeted follow-up actions to ensure all children can thrive in the SIHELI learning environment.

SIHELI IN GHANA

Scaling Inclusive Home-Based Early Learning Initiative

Key Lessons & Evidence from Implementation

GOAL:
Contextualise, scale and ensure smooth transition to primary school for all.



4 QUALITY EDUCATION

SDG 4.2 – Inclusive and quality ECE is crucial for socioeconomic development.

THE CHALLENGE

- Parents are absent in formal ECE delivery
- Lack access to formal ECE due to infrastructure deficits
- Gender disparities exist and Children with special needs are affected mostly
- Children walk 2 km or more to access ECE

INTRODUCTION

Home-based ECE approaches help to address early learning needs.

To generate evidence to:

- ✓ Contextualise, and
- ✓ Scale the impact of inclusive early learning.

The ultimate goal is to ensure a smooth transition from pre-primary to primary school for all children.

WHAT IS SIHELI?

SIHELI is a community-driven model focusing on early learning.

- Scaling a model – IHELP piloted in Eastern Africa (Uganda, Kenya and Zimbabwe)
- A hybrid model that combines aspects of home-based and center-based approaches to mitigate their individual weaknesses.
- Centers are placed under parental management and involvement.

SIHELI OVERVIEW: A HYBRID COMMUNITY-DRIVEN MODEL WITH ACTIVE PARENTAL INVOLVEMENT

MONDAYS & THURSDAYS

Parents volunteer to tell stories about their culture, sing cultural songs, say riddles, poems and tongue twisters. They also teach home chore activities, project work and self-care activities.

TUESDAYS & FRIDAYS

Trained ECE teachers engage children in literacy and numeracy activities.

WEDNESDAYS

It is a day for free play, with no academic work. Parents volunteer to supervise play for safety.

Children aged 3–6 years including children with special needs (CWSNs)

CWSNs will join based on how they adapt; this will inform Individualised Education Plan (IEP).

Economic empowerment of parents

- Establish a Savings and Credit Cooperative Organization (SACCO)
- Providing livelihood training and skilling

Children aged 3 to 6 years, and/or with impairments are taught by parents and volunteer teachers on a weekly basis (9:00am – 12:00pm).

SIHELI IN PRACTICE

Hybrid model: home-based and center-based learning

Community driven approach

Inclusion of children with special needs

Structured weekly learning and play schedule

PRE-START UP ACTIVITIES

STAKEHOLDER ENGAGEMENT

- Ministry of Education (MoE)
- Ghana Education Service (GES)
- Ghana Health Service
- NGOs (School for Life, Lively Minds, Sabre)
- AFC with GES National ECE Director
- AFC with GES Nanton District Director
- AFC with GPE Focal Person at MoE

COMMUNITY VALIDATION

After the baseline study, community durbars were organized to validate the findings and enhance data validity.

All communities endorsed the baseline findings.

Identification of volunteer parent teachers (12 from each community) & Community volunteer teachers (2 per community)

Gender sensitive selection

Curriculum co-development

Communities provided learning spaces voluntarily

Community Entry and Ownership

Community validation and sensitization

Formation of Centre Management Committees (CMCs)

Registration of 150 children (30 in each community)

TRAINING

- Center Management Committees
- Parents
- Volunteer Teachers
- Training of Trainers

ESTABLISHED SIHELI CENTERS

- Five (5) centers established: community-based.
- Total enrollment of 152 children (73 boys, 79 girls and 8 children with special needs)
- Parents cook daily for the learners at the centers.
- Weekly monitoring: GES officers visit each community twice a week for monitoring, coaching, and demonstration teaching.

INCLUSION OF CHILDREN WITH SPECIAL NEEDS

Health and disability screening conducted:
151 children screened in 5 SIHELI communities
(Multidisciplinary team: Pediatrics, Vision, Hearing)

KEY RESULTS

- Majority in good general health
- High prevalence of treatable conditions (anaemia, infections, ear wax, eye allergies) which were referred.
- Identified 1 child with serious visual–neurological condition (nystagmus) and 7 others with other special needs (physical impairments & epilepsy cases)

Consultation with Action for Disability and Development (ADD)

ADD

ECONOMIC EMPOWERMENT

Savings and Credit Cooperative Organization (SACCO):

- 5 SACCOs formed across SIHELI communities (33–35 members each)
- Funds mobilized: Social, education, and loan funds established in every group

Livelihood training provided:

- Soap making
- Bead making
- Tie and dye
- Hairdressing and more

Income from ventures supports household needs and children's learning.

KEY IMPACT

- Increased access to inclusive, quality ECE
- Stronger parental involvement in early learning
- Improved school readiness and smooth transition to primary school
- Inclusion of children with special needs
- Community ownership and sustainability

"Empowered communities. Engaged parents. Confident children. A stronger start for every child."