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Saving Brains

Retrospective



Cross-Cluster Lessons from 15 Years of the Saving Brains Portfolio

This is a highlight brief summarizing early lessons from a retrospective review Grand Challenges Canada has undertaken as a learning and quality improvement project in its work to fund and support innovators' journeys to impact at scale. More comprehensive documentation is forthcoming.

What Is Saving Brains?

An estimated 250 million children in low- and middle-income countries are at risk of not reaching their full developmental potential. [Grand Challenges Canada's](#) Saving Brains portfolio exists to change that. Launched in 2011, Saving Brains invests in bold, evidence-based innovations that nurture healthy brain development and strengthen caregiving in the earliest, most critical years of life — from pregnancy to age five. As one of the world's largest early childhood development (ECD) innovation platforms, it takes ideas through a phased journey from proof-of-concept to transition-to-scale funding, backing the ones that show real promise for government and community-owned impact.

Fifteen years in, Saving Brains asked a harder question of its own portfolio: beyond “does this work?” — how can we best support innovators in their journey as they work with a public system to make an innovation its own, deliver it successfully at scale, and keep it alive? To find out, eight successful innovations across two very different corners of the ECD field were reviewed side by side.

Eight Innovations, One Shared Challenge

From disability and health-worker programmes to preschool and daycare models, the Saving Brains innovators operate in different countries, sectors, and systems but each one has wrestled with the same transition: moving from something an innovator runs to something a public system sustains.

Innovation	Cluster / Focus	What Changed
Amar Seva Sangam (ASSA)	Disability / rehabilitation tech (multi-country)	Tech-supported rehabilitation platform now a government knowledge partner and Center of Excellence — 84K+ children reached directly, 71K+ through government systems.
RWAMREC	Community health / gender & ECD (Rwanda)	Community-based programme now woven into Rwanda's national health and decentralized governance structures.
MRC/UVRI	Community health workers (Uganda/Rwanda)	Baby Ubuntu/Partners in Health model evolving into a "health systems actor," pairing health workers with expert parents.
CEDI	Municipal ECD services (Brazil)	The intervention moved from a municipal pilot to a legally-anchored national service in Brazil the Criança Feliz parental support program.
Lively Minds	Preschool / parenting (Ghana – Uganda)	Ghana model became the government-owned "GES Parenting Course"; government commitment was key to large-scale implementation.
aeioTU	Preschool / daycare quality (Colombia)	Evolved from centre operator to "system architect" shaping Colombia's national ECD quality standards.
Mobile Crèches	Daycare advocacy (India)	Shifted from national advocacy to state-government partnerships where political and funding flexibility were stronger.
SmartStart	Informal daycare (South Africa)	A regulatory shift, with new procedures by the Department of Basic Education, has potential to make informal providers financeable.

How This Was Done

We reviewed aggregate results data and interviewed innovator teams on their experience in the Saving Brains portfolio. We then held joint sense-making sessions to share preliminary lessons with innovators for discussion, challenge, and validation. Insights were then synthesized thematically across both clusters to surface patterns that held across different countries, sectors, and models.

Six Lessons Learned Over Fifteen Years

These don't give a formula to apply the same way everywhere; they're patterns that resurfaced across very different countries, sectors, and models. Each was distinctively reworked to fit context. Read them as questions worth asking, not steps to follow.

1. Scale Means Institutionalization, Not Replication

The destination isn't more sites, it's public ownership. ASSA now delivers most of its reach through government systems rather than directly; MRC/UVRI calls itself a "health systems actor." In Ghana, Lively Minds' parenting model became the government's own "GES Parenting Course"; aeioTU broadened its activities from running centres to work at the system level as well, e.g., work on Colombia's national ECD standards. In every case, success looks less like the innovator doing more, and more like the innovator becoming less central.

2. Government Ownership Is a Journey that Depends on Multi-Level Relationships

A workable model isn't enough. It takes political will, fiscal space, and an accountability structure that can absorb the work and buy-in has to include both ministries and the communities, workers, and families at the frontline, not just one or the other. Lively Minds saw this directly: Ghana had all three conditions, Uganda had feasible delivery but not larger system buy-in, and only Ghana scaled. ASSA had strong state-level backing yet still faced a frontline strike. SmartStart's breakthrough came when a regulatory shift when South Africa's Dept. of Basic Education opened a door that advocacy alone hadn't. Innovators consistently emphasized how central relationships are.

3. Fidelity to Core Principles Means Protecting a Few Non-Negotiables, Not Copying the Whole Model

Every case changed delivery to fit new contexts as scaling advanced — the real capability is knowing what principles must be maintained while implementation flexes and how to embed those principles into a system. aeioTU describes its approach as iterative adaptation, explicitly "not copy-paste." Lively Minds is testing a minimum-viable version of its Ghana model to see how far it can be simplified without losing impact. RWAMREC frames scaling itself as continuous adaptation, not a one-time redesign.

4. Frontline Workers and Families Are Part of the Delivery System, Not Beneficiaries of It

Teachers, health and childcare workers, family members, and grassroots communities are what actually sustain quality at scale, through their agency, motivation, and local knowledge. Lively Minds views parents as an underused ECD resource rather than passive recipients. SmartStart support grassroots women providers with dignity and respect and to make them visible to government and other stakeholders, enabling them to access resources they've historically been excluded from.

5. Evidence Builds Legitimacy But for Value at Scale It Must Fit the System That Will Use It

Evidence and early results helped unlock government adoption across almost every case — but stand-alone monitoring systems built by the innovator often failed to stick once handed over. Lively Minds eventually folded its performance system into government's, concluding that no single programme can single-handedly change how a government reports and manages performance; RWAMREC worked with government to adapt their standard for use with their innovation.

6. The Financing Problem Shifts as Scale Matures

Public money is realistic for funding routine delivery once a model is embedded. It is rarely realistic for funding the work that gets it there — adaptation, technical assistance, and relationship-building across government levels. Mobile Crèches and SmartStart both describe philanthropic funding as catalytic: leveraging much larger public investment, rather than being replaced by it. The clearest funding gap across both clusters sits in that intangible and “invisible” transition work — the space between a project grant and a system that runs without the innovator, where the innovator plays a vital role that isn't short-term and needs support.

What This Means for You

The same eight stories read differently depending on where you sit and no two contexts will apply these lessons the same way. A few starting questions for each seat at the table:

For Innovators What are the capacities of the system that will deliver the intervention at scale? What role will we need to play in some combination of adapting the intervention to the system and supporting the system's capabilities to meet families' needs? How will we fund that ongoing role?	For Funders Does funding cover the transition, including relationship work to institutionalize programs, not just the pilot or scale-up? The gap between a project grant and a self-sustaining system is often where this work falls through.
For Governments	For Researchers & Technical Partners

Worth asking: how can we adapt our supervisory, delivery, and monitoring/evaluation protocols to meet the needs of frontline workers and families in this intervention? The frontline workload, incentives, training, supervision is often where policy either becomes real or stalls.

How to design a data system that supports quality implementation and improvement, and is built for the system that inherits it, rather than as a parallel system? A few indicators government can actually keep using may outlast a stronger parallel platform.

A Question to sit With

“If we designed backward from the desired end-state (e.g., sustainable public-system ownership) what would we fund, measure, and staff differently from day one?”

That is the question fifteen years of the Saving Brains portfolio leaves on the table for innovators, funders, governments, and everyone working to give more children the start in life they deserve.

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