MEETING SUMMARY

Strengthening Child-Caregiver Relationships: Linking Evidence and Practice

December 11–13, 2013

MARCH 2014

This meeting summary was prepared by the United States Agency for International Development (USAID) Applying Science to Strengthen and Improve Systems (ASSIST) Project for review by USAID. The USAID ASSIST Project is managed by University Research Co., LLC (URC) and made possible by the generous support of the American people through USAID’s Office of Health Systems. The parenting meeting was funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).
On the cover:

Children at school in southeastern Nigeria. Photo by University Research Co., LLC.
MEETING SUMMARY

Strengthening Child-Caregiver Relationships: Linking Evidence and Practice

*December 11 – 13, 2013*

March 2014

USAID Applying Science to Strengthen and Improve Systems Project
University Research Co., LLC

**DISCLAIMER**

The contents of this report are the sole responsibility of University Research Co., LLC (URC) and do not necessarily reflect the views of the United States Agency for International Development or the United States Government.
Acknowledgements
This workshop report was developed for the United States Agency for International Development (USAID) under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project.

The ASSIST project wishes to thank all of the meeting participants for sharing their experiences and insights, making it a rich and dynamic event.

The USAID ASSIST Project is made possible by the generous support of the American people through USAID’s Bureau for Global Health, Office of Health Systems. Support for the parenting meeting and the preparation of this report was provided by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

The USAID ASSIST Project is managed by University Research Co., LLC (URC) under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC’s global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard University School of Public Health; HEALTHQUAL International; Institute for Healthcare Improvement; Initiatives Inc.; Johns Hopkins University Center for Communication Programs; and Women Influencing Health Education and Rule of Law (WI-HER), LLC.

For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation
# TABLE OF CONTENTS

Acronyms ...................................................................................................................................................... ii  

I. INTRODUCTION ................................................................................................................................... 1  
   A. What Did We Learn? ............................................................................................................................. 2  

II. DAY ONE ............................................................................................................................................... 3  
   A. Overview and Background: Child-Caregiver Programs and PEPFAR ................................................. 3  
   B. Session 1: Review of the Evidence – A Common Elements Approach ............................................. 3  
   C. Session 1: Expert Panel on Common and Essential Elements ............................................................ 3  
   D. Session 2: Child-Caregiver Relationships Across Ages and Stages: Program Approaches ............... 4  
   E. Session 3: Parenting Programs in Africa – Priority Interventions & Outcomes .................................... 6  
   F. Session 4: Organizations Field Trip – Sharing Resources ................................................................. 12  

III. DAY 2 ................................................................................................................................................... 12  
   A. Reflections on Day 1 ........................................................................................................................... 12  
   B. Session 5: Perspectives on Caregivers .............................................................................................. 12  
   C. Session 6: Culturally Relevant and Competent Parenting Interventions ........................................... 13  
   D. Session 7: Gaps in Research, Policy & Implementation ..................................................................... 14  
   E. Session 8: Recommendations for Moving Forward ............................................................................ 14  

APPENDICES ............................................................................................................................................. 19  
Appendix A: Agenda: Strengthening Child-Caregiver Relationships: Linking Evidence and Practice ...... 19  
Appendix B: Participant List .......................................................................................................................... 21  
Appendix C: Helpful Links ........................................................................................................................... 23  
Appendix D: PowerPoint Presentations ...................................................................................................... 24
**Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST</td>
<td>USAID Applying Science to Strengthen and Improve Systems Project</td>
</tr>
<tr>
<td>CDC</td>
<td>U.S. Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
</tr>
<tr>
<td>ECD</td>
<td>Early childhood development</td>
</tr>
<tr>
<td>HSRC</td>
<td>Human Sciences Research Council</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, gay, bisexual, transsexual</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>NACOSA</td>
<td>Networking HIV/AIDS Community Of South Africa</td>
</tr>
<tr>
<td>OGAC</td>
<td>Office of the U.S. Global AIDS Coordinator</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PAN</td>
<td>Parenting in Africa Network</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>RFA</td>
<td>Request for Application</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Group</td>
</tr>
<tr>
<td>URC</td>
<td>University Research Co., LLC</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>USG</td>
<td>United States Government</td>
</tr>
</tbody>
</table>
I. INTRODUCTION

In 2012, USAID, PEPFAR and the AIDSTAR-One Project commissioned child development experts from the Human Sciences Research Council (HSRC) in South Africa to conduct a review of published literature from 2000 to 2012 and to summarize empirically based recommendations for supporting and strengthening child-caregiver relationships in the context of HIV and poverty.

The resulting document, A Review Of Published Literature On Supporting And Strengthening Child-Caregiver Relationships (Parenting) (Richter & Naicker, 2013), was launched in March 2013 and was followed by a three-day meeting of U.S. Government stakeholders and implementing partners to discuss the implications of these research findings on current and future programming for orphans and vulnerable children (OVC).

The March 2013 Parenting meeting hosted in Washington, DC was a successful first step and much valuable information was shared. While there was some representation from indigenous Africa-based parenting organizations, the meeting was largely comprised of U.S. Government stakeholders and Washington-based implementing partners who share a common interest in expanding the evidence base and promoting the implementation of skilled parenting programs in Africa. The need for an Africa-based meeting was duly acknowledged.

As one of a series of events aimed at gathering and sharing knowledge on parenting practices and effective parenting interventions in Africa, the PEPFAR OVC Technical Working Group (TWG) Co-Chairs sponsored a meeting on supporting and strengthening child-caregiver relationships (parenting) on December 11-13, 2013 in Cape Town, South Africa. The meeting was an opportunity to convene PEPFAR OVC Focal Points, international experts, and practitioners from Africa around how PEPFAR programs currently support activities to strengthen child-caregiver relationships and how these efforts might be expanded and improved to better address the multi-dimensional needs of vulnerable children and their families.

The objectives of the December 2013 meeting were to:

- Share key research findings on child-caregiver relationships (parenting) and explore a elements common to developing parenting programs in low-income, HIV-affected settings
- Share program experiences of existing parenting programs from low-income, HIV-affected settings in Africa, to understand the successful components and common elements of the programs.
- Identify priority child-caregiver strengthening interventions and objectives used to meet needs of families affected by HIV and AIDS
- Examine and assess existing tools and resources used by parenting programs
- Explore the elements of culturally relevant and competent parenting interventions in African cultures
- Identify gaps in program implementation that affect the quality and sustainability of parenting programs and opportunities to build an evidence base and community of practice on parenting interventions.
- Collect recommendations that would inform the creation and implementation of appropriate PEPFAR parenting programs in the future.
This report summarizes the main points discussed in the meeting. Appendix A provides the meeting’s agenda, and Appendix B, the participant list. Appendix C lists links to key resources cited in this report, and Appendix D provides all of the PowerPoint presentations shown at the meeting.

A. What Did We Learn?

The meeting was attended by 35 experts from nine countries, including PEPFAR staff, local and international organizations, and government staff. Key observations from the meeting included:

- There is keen interest in the topic and participants were very eager to connect with colleagues with experience and expertise in the area.

- Participants were pleasantly surprised to learn that there has already been a lot of progress made in the parenting area in Africa and recognized that mechanisms are needed for networking and sharing of knowledge across programs. Examples of interventions across ages and stages were provided, however more information is needed on how to design effective programs according to the specific needs of children at different developmental levels. There are clear challenges unique to the different developmental stages while some interventions apply across the lifespan. Participants contributed to creating a first draft of a framework of interventions according to ages and stages.

- There is a clear recognition that there are many cultural considerations in designing and implementing parenting programs in the African context. Certain practices from western culture (i.e., time outs) are not appropriate for parenting programs in Africa. Many participants expressed a desire to safeguard traditional culture when possible and when they are recognized as healthy practices for the child and family. Understanding the deep cultural roots that affect parenting practices, both positive and negative, requires a great deal more thought and discussion.

- The role of facilitators was often noted as a critical area in implementation of programs. Programs put a lot of resources towards training, supervising and motivating staff and volunteers. Besides technical skills, effective facilitators demonstrate empathy, flexibility and positive role modeling. Training and supervision of facilitators is an essential area of focus.

- Participants generated numerous recommendations for PEPFAR and other donors based on their analyses of gaps in research, policy and programming. Participants suggested research on a number of topics including needs of special populations like grannies, fathers, single parents, children and parents with disabilities, prison inmates, gender based violence, intergenerational parenting, teen parents, integration of parenting in other programs, culturally appropriate discipline, dosage for interventions, health seeking behaviors of parents, etc. Participants are interested in adopting evidence-based programming but the evidence is not often available. Participants also recommended funding for training researchers, developing indicators, supporting government involvement in research, and measuring and analyzing longer term outcomes after the close of programs.

- The groups also had recommendations for improving implementation of programs. Developing standardized parenting materials and guidelines would be useful as would support for communities of practice. Attention to the unique needs of children with disabilities was noted. Training models for in-service trainings are needed. Government at all levels should be involved through funding parent initiatives and awareness-raising of the public. The usefulness of mass media to raise awareness of households and communities was highlighted. There was a repeated request throughout the meeting to promote a platform for sharing and accessing local and international materials on parenting.

- Finally the groups provided recommendations on how PEPFAR could address gaps in policy. Participants suggested that financial and technical support could be given for policy review and
reformulation of current policy. Support could be given to programs that promote operationalization of national policies and frameworks by linking policy to community practice. Consultations with communities are important to allow community issues to inform strategies and programs on parenting. PEPFAR can also include family strengthening as a core strategy in all PEPFAR RFA’s.

II. DAY ONE

A. Overview and Background: Child-Caregiver Programs and PEPFAR

**Presenter: Gretchen Bachman, U.S. Agency for International Development (USAID)**

Ms. Bachman related the history of PEPFAR’s consideration of parenting programs. That journey began six years ago at a meeting in Mozambique with the realization that PEPFAR programs need to strengthen relationships between children and their parents, not between children and program staff. Parents come in all shapes and sizes: young, old, HIV-positive, single, and adoptive. We all know parents and caregiving are important, but we don’t always know the science behind it.


The objectives of this meeting are to share what we know and want to know; look at commonalities between good programs; share what is working and what isn’t; share tools that already exist and what we should be using; discuss culturally relevant pieces of programs; identify gaps in programs; build a community of practice; and collect recommendations for PEPFAR.

B. Session 1: Review of the Evidence – A Common Elements Approach

**Presenter: Dr. Linda Richter, Human Sciences Research Council (http://www.hsrc.ac.za/en)**

The objective of the first session was to share key research findings on child-caregiver relationships (parenting) and explore elements common to developing parenting programs in low-income, HIV-affected settings. Dr. Richter discussed the methodology and findings in the document “Review of Published Literature on Supporting and Strengthening Child-Caregiver Relationships (Parenting).” Parents are deeply committed to the enterprise of parenting. Supporting parents is key to strengthening families. There are many studies in high income countries but very few studies in the context of HIV and poverty. We are often much more skeptical of social interventions but there are grounds for optimism. Existing programs are culture-bound and resource intensive. There are no studies comparing specific programs and many reviews lump different programs together. But research attests to the effectiveness of certain ingredients or common elements from different theories. The goals are usually the same across programs. The basis of many western parenting programs is not necessarily appropriate for the African context (often focused on child behavioral issues which aren’t relevant in Africa).

C. Session 1: Expert Panel on Common and Essential Elements

**Moderator: Dr. Richter, HSRC**

Dr. Richter posed four questions to the panel:

1. Briefly, what parent support activities does your organization currently undertake? Do you run parent programmes? What are the main parent, family and/or child problems you currently aim to address?
2. What, to date, have been the biggest challenges for your organization in running parent programmes?
3. What do you see as the pros and cons of an ‘essential ingredients’ approach as compared to a specific parent programme such as Triple P or Incredible Years?
4. What do you need to expand your parent support activities, in terms of training, materials, M&E capacity, funding etc?

In response to the questions, the three panelists described their programs. Several challenges were noted, including finding and training skilled facilitators (attitude is essential), developing tools, need to raise awareness in the community regarding parenting, poverty as a stressor, trying to balance traditional positive practices and modern culture, attracting men to programs. The three programs represented on the panel have developed materials from a variety of sources rather than a specific defined program like Triple P. A one-fits-all approach was not seen as appropriate for their programs. The fact that most of the packages on parenting are developed and have their evidence base in western settings makes them less suitable for the African context.

“We can learn a lot from these approaches but delivering the same package will not work in countries/contexts with different family structures, traditions, values, gender norms, etc.” (Ms. Ogutu).

The panelists noted a need for more of an evidence-base on parenting program in developing countries; more and better tools to measure parent, child and family outcomes; training materials for facilitators; ways to motivate facilitators; technical support; financial support to scale up programs; support for programs in the external environment; additional information required by parents such as on sexual reproductive health, and nutrition not covered by the existing modules; partnerships with others in these areas. Support is particularly needed for programs that are being newly developed.

D. Session 2: Child-Caregiver Relationships Across Ages and Stages: Program Approaches

Moderator: Brenda Yamba, USAID Lesotho
Presenters: Early years: Fouzia Ryklief, Parent Centre, South Africa (http://www.theparentcentre.org.za/); Middle years: Noreen Huni, Regional Psychosocial Initiative (REPSSI), South Africa (http://www.repssi.org/); Later years: Shannon Senefeld, Catholic Relief Services (CRS), Global (http://crs.org/).

The objective of Session 2 was to establish a life span approach to parents and children and their relationships to guide the meeting.

Early Years: Ms. Ryklief, Parent Centre, Cape Town, presented on two of The Parent Centre’s programs, the Zero to Three Individual Counselling and Parent-Infant Home-visiting Intervention Programme. Any interventions must value parents’ experience and knowledge. They are the experts on their own children. Interventions must also respect their culture, religious practices and beliefs as long as they are not abusive. It is empowering to parents to discuss options for them and to let them choose. In the 0-3 counselling, Ms. Ryklief said they see attachment problems early and they counsel parents to understand symptoms and counsellors observe parent-infant interactions. The purpose of this relatively new program is to help parents understand the difficulties they experience; to bring focus to a child’s developmental
needs while focusing on where parent is at; and to provide knowledge and awareness of infant mental health.

In the Parent-Infant Home-visiting Intervention Programme, at-risk mothers are identified in maternity, and staff ask them if they would like to be visited. Pre and post natal visits are provided. They have found that mothers generally don’t know pre-natal care. They have also found that indigenous counselors from the communities work best since they already know parents’ language, culture, traditions, and religious practices.

**Middle Years:** Ms. Huni of the Regional Psychosocial Support Initiative (REPSSI) spoke about their work focused on children from 6 – 12 years of age. They focus on reaching children in families where they are. The context in which the children are growing is critical, for example, HIV-positive children experience emotional and psychological problems, and we need to understand these better. Key factors influencing program design are age, status, and caregivers. She talked about the developmental stages of children in this age range, definitions of caregivers, and programmatic approaches including their teachers’ diploma program to mainstream psychosocial support in schools. Since this project began, they have seen more children being put back in school and an increase of children who can report and make decisions to protect themselves.

**Later Years:** Dr. Senefeld of CRS spoke about the unique characteristics around parenting of teens 13 – 17. As children mature into young adults, there is a tremendous amount of developmental change happening and often times parents either begin to rely on adolescents as adults or continue to treat them like young children. There are also special considerations for adolescents living with HIV, who sometimes have some developmental delays but continue to compare themselves to their peers, which can enhance or lead to anxiety, depression, and more. Dr. Senefeld presented a training video of an interview with a child. The presentation ended with a discussion of promising approaches to strengthen families and empower adolescent in multiple countries in Africa.

The moderator summarized a number of common themes from the presentations. The programs start from strengths of parents, though there is a need to be careful because not all practices will be free of harm (cultural practices). Addressing parenting goes beyond the household. Issues were raised on adolescents as parents/caregivers, the role of fathers, parenting in the context of HIV, the power of words spoken to children by parents and other adults.

The presenters were asked a number of questions from the audience. One participant asked what has been learned about stigma, what is working?

Ms. Huni responded that we must understand the drivers of stigma. When HIV first emerged, the major stigma was based on the appearance of individuals. Now, stigma is based on circumstances. The burden of care within household shouldn’t be underestimated, the way one looks at life has implications on how they relate to children.

Dr. Senefeld said that the family is often afraid to disclose HIV status to the child. Children who do know their status, however, do better emotionally, because then they can participate in a support group, normalizing their status for the child. The child may self-stigmatize. CRS is working on an adaptation of parent-child interactive therapy to look at teacher child interaction and how teachers can positively interact with children.

Ms. Ryklief was asked about the early years work and who are the parents considered to be at high risk. She responded that high risk situations include when the mother has an unwanted pregnancy; no support from father; the mother has a difficult relationship with her own mother; financial issues; trauma; gender-
based violence; addictions; and miscarriage. However, Fouzia said, one could say almost every mother is at risk.

Dr. Richter added that she is looking at data around harsh punishment toward children, which focuses on young children. For such a young child, violent attacks cause extreme toxic stress and diminishes the abusers ability to comfort the child. It’s critical to diminish harsh punishment of very young children.

Connie Kekihembo from the Centre for Disability and Rehabilitation in Uganda brought in a perspective on disability, commenting that we need to imagine a child with a disability who can’t express herself or be understood. Think about how we are engaging a child with HIV who is also disabled.

Dr. Senefeld was asked about specific interventions for adolescents to transition. She said they have used stepping stones, journey of life and more. There are many tools and if they are implemented well in a way that’s meaningful and engaging for adolescents, any can work.

E. Session 3: Parenting Programs in Africa – Priority Interventions & Outcomes

Moderator: Kate Fatta, USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, University Research Co., LLC (URC)

The objective of Session 3 was to identify priority child-caregiver strengthening interventions and objectives used to meet needs of families affected by HIV and AIDS. The session was structured as a knowledge café. Six round tables were arranged in the room - two of the six tables asked one of the three key questions: Three short sessions were held during which participants were asked to visit a table for each of the three key questions:

Question 1: “In your experience, what interventions have successfully strengthened child-caregiver relationships to meet needs of families? What made these interventions successful?”

General Observations

- It is critical to invest in careful selection, training and support of parenting program facilitators and staff
- Some of the best facilitators are graduates of parent training programs. Some training participants stand out – they are natural leaders and just seem to get it.
- It is helpful to recruit facilitators who have parenting experience
- The most successful parenting programs facilitate participants to try out ideas, techniques, lessons, and facilitate a safe space for participants to discuss the results of their efforts. Participants are encouraged to discuss both what worked and what didn’t work, reflecting on why techniques didn’t work, what they struggled with and what might work better in the future.
- The most effective facilitators are those who model disclosure. They share their own experiences in order to encourage others to share honestly.
- It is critical to involve parents in the development of parenting programs and to train and support facilitators to be flexible. Programs should start with what parents understand and know to be true.
- Sometimes it is helpful to present parenting scenarios in addition to talking about personal experiences. Some parents can think less emotionally about a situation that is theoretical.
- The combination of parenting programs and peer support programs are especially effective.
- Parenting programs should support parents to listen to children and then reflect on what they have heard. Programs should help parents to know their children because all children are different and some parenting techniques may not work with some children.
- Parenting programs should help to develop parents as leaders. Parents are the first leaders that children know. Parents can then extend their leadership skills to their household, community, country, etc.
• Interventions shouldn’t be one off – they should be part of a program or process. There should be mentoring and follow up.
• In addition to nurturing the relationship between parents and children, parenting programs should nurture relationships between parents.
• It is helpful to use audio-visual tools in programs.
• Overall the group agreed that the following elements were critical to the success of their programs: Integrated programs that focus on the child as well as the caregivers; family centered approaches; use of an “ages and stages” approach to child wellbeing (i.e. Essential Package); integration of child protection policies at national level and educating caregivers on child protection

**Successful Interventions for parents of very young children**

• Effective parenting programs for parents of young children demonstrate infant capacity. Programs can take parents through capacity assessments. Parents are often surprised by what infants and toddlers can do and what they can’t.
• Parenting programs should give parents an opportunity to practice parenting skills.
• Parenting programs should relieve parental anxiety and give them confidence.
• Programs should use infant feeding and counseling programs as a platform.

**Successful Interventions for parents of primary school age children**

• Transactional exchanges between children and parents become especially important at this age. Parents should be aware of how their behavior affects their children and how their children’s behavior affects them. If the interaction becomes problematic, it is the parent’s responsibility to change the dynamic because the parents are the adults.
• At this age, parents are aware that children know the difference between right and wrong and may think that children are constantly trying to get away with something. Parents need to learn to trust children and give them the space to make mistakes.
• Parents must also understand that primary school age children may be affected by a number of external influences. As they enter school, the new environment may really rock their self esteem. Parents will have to accept that children at this age aren’t a product of their parents. Children are becoming their own people.

**Successful Interventions for parents of adolescents**

• Teen parents can become invisible in a community because they slip through the cracks. However, they are extremely vulnerable. Interventions to support young people at this age should include listening to them and seeking to help them use their capacities and talents to their full potential. Interventions should also seek to reconnect adolescents with their extended families and communities by helping them to return to school and find assistance and support from their families.
• Parents of teen parents are essentially co-parents of their grandchildren. They must address their feelings of guilt, anger and disappointment associated with their children’s pregnancy so that they can truly support their teen parents and model positive parenting rather than blame and shame teen parents.
• At this age, adolescents may be transitioning to adult ART and receive treatment alongside their parents. This is an opportunity to facilitate parents and adolescents to support one another in their treatment.

Some specific examples

• Uganda program focused on 16-25 year old fathers with children 1-3 years of age.
• Focus on couple interaction; engaging men through emotional support; the interventions went beyond parenting but also look at the psychosocial needs of the parents as well as the children, ECD interventions, income generation, job skills. The modules focus on my dreams/family planning/communication and discipline.
• HelpAge reported success with interventions that look at both the child and the caregiver. The program provides health coupons coupled with an OVC grant from the government and food subsidies.
• Challenges they have encountered include: having the right tools to collect data, harmonization at national level; multigenerational and intergenerational approaches (i.e. related to sexual reproductive health they have explored using retired health workers to transmit messages that grandparents are not able to do effectively).
• Ivory Coast reported on their recent use of the Essential Package which is an integrated framework to address the needs of caregivers of young children and the children themselves using an ages and stages approach. It works with families where caregiving is carried out by multiple individuals and not just the biological parents. The team from Cote d’Ivoire stated that they are utilizing the Essential Package to complement the OVC standards which do not have a specific focus on the needs of young children.

Question 2: In your experience, what practice elements/approaches have been counterproductive? How would you change these approaches to improve outcomes?

• Non-culturally sensitive approaches
• Not engaging children in disciplinary action planning
• Adopting western approaches in different interventions
• HIV prevention and communications on sexual and reproductive health/sexuality don’t consider the taboos between parents and families, when parents never communicate
• Tools used to gauge methods of communication are not appropriate to the cultural context
• Focus is on training versus operationalization of skills (applying theory into practice) – training alone isn’t sufficient
• Not using community structures – buy in and solicit support on traditional issues and taboos (influential person)
• Focus on child only as opposed to families and communities.
• Uninformed ‘toys’ with a non-appreciative inquiry approach instead of exploring top-down
• Tools used to gauge development of programs are not contextualized (jigsaw puzzle)
• Focus more on content of materials versus process to facilitate the program/mentoring
• Cascading training approaches whereas more time is allocated to the national level versus the community where things happen
• Short-term interventions
• Wrong targeting
• Who is the right caregiver of the child? Non inclusive parenting
• Name focused approaches without acknowledging gaps
• Lack of reflective learning, review, re-program and coordination
• Non integrated program approaches that don’t lead to sustainability
• Non coordinated family intervention (multiple encounters with families)
• Programs are designed to create demand for services: when referrals don’t work, services are not available. An example: a waiver for health services is announced, but when parents take their child to clinic, they are asked to pay
• Avoid introducing programs without government buy-in (sustainability)
• Be careful with volunteerism if you plan stipends – if stipends are not sustainable; also stipends don’t attract the right level of people. – Need to define the role of community workers

• Avoid prescriptive messaging; avoid merely didactic approaches

How would you change these approaches to improve outcomes?

• Engage parents in developing them

• Use appreciative inquiry materials and approaches

• Use peer models with HIV-positive patients to develop communication materials between parents and communities

• Updated children and youth clubs manuals to integrate prevention messages

• Parenting peer meetings held at communities

• Integrate training into program to provide ‘how to’ and follow up with reflections on what can be done differently, and mentoring to follow up

• Use community champions

• Understand communities more before starting programs

• Contextualize assessment tools so they are culturally appropriate

• Build on existing structures and systems

• Use influential people – authorities to introduce programs

• Identify better way of targeting to be inclusive

• Community involvement in programming and ensure buy-in

• Broaden family engagement and support

• Need to screen community caregivers for background (child protection)

• Avoid implementing programs that are not reflecting national strategies

• Avoid stigmatizing parents for having poor parenting practices

• Avoid one-off training/insufficient dosage

• Don’t come across as the ‘experts’

• Don’t exclude the children when you design your program (compare perceptions by children/caregivers)

• Avoid inconvenient schedules

• Need adequate incentives (refreshment)

• With men especially: don’t touch their ego (rather praise them for having made the right decision to come to the program)

• Avoid culturally insensitive programs/avoid off-the-shelves programs that parents can’t relate to

• Avoid bad facilitation skills (e.g., putting introvert participants on the spot publicly)

• Avoid pushing parents into economic strengthening activities that are not suitable

• You can combine parenting programs with economic strengthening, but easier if group (e.g., savings group) is already formed

• DO NO HARM

Question 3: How do characteristics of children, caregivers and families affect interventions aimed to strengthen child-caregiver relationships? Are there differences in approaches for families affected by HIV/AIDS, and if so, what are the differences?

• Families in rural areas may differ from those in metro areas due to resources.
- Age groups bring unique issues for different interventions.
- Type of household, looking at who is leading it, child headed households, sick parents, grandparents, etc.
- Traditional cultural norms influence interventions
- Gender – ensuring female children’s inclusion
- Prior experiences of parenting influences values and beliefs that may need to be changed.
- Trauma from prior childhood experiences will come up and need to be addressed.
- Political climate influences parenting style due to cultural norms in community and school.
- Family types and structures determine type of intervention.
- Grandparents raising teenagers have complex communication needs that are unique.
- Child caregivers generally are all brought together, but it makes logistics difficult to facilitate.
- Cross-generational groups can pass along guidance from experience (mix model)
- The participants change everything, individual differences require adjustments
- Grandparents do not monitor as well – teens sneak out, homework is not as well monitored.
- Developmental stage of grandparents influences parenting ability.
- Marital/partner conflict – couples counseling is required in some situations
- Cultural role of men as caregivers can be a barrier
- Women do a lot of gatekeeping with men and don’t allow them to interact
- Culture is sometimes used to blame some parenting practices that are not healthy
- Child’s temperament influences interactions
- Family dinners – in the beginning the children thought they must be in trouble for the family to be called together
- Family meetings – always start with something safe
- Fear and shame are characteristics that influence interventions
- Various family structures determine design of services. A more integrated approach is needed to bridge the gaps that exist.
- Economic and employment level of families influence interventions.
- Families in destitution increase the risk of children becoming street children.
- Children with severe challenges such as disabilities.
- Teenagers as parents/child marriage-child protection mechanisms need to be in place.
- Life skills for adolescents and sexual reproductive health education are needed. This can be embedded in teacher training.
- Environment/locations – Post-traumatic stress disorder from war, conflict, etc
- Some work requires people to move constantly, making them difficult to reach.
- Education level.
- Age of children and caregiver
- How much parenting does the childminder do – what are the interventions in place for them
- Creating opportunities for the child minders
- Family religion, economic status
- Children with key populations – LGBT, children of sex workers
- Characteristics of the community is also very important: traditions; norms, especially those around child rearing; views and beliefs about HIV/AIDS
- Peer relations between children and between caregivers
- Age difference between parents and their children – especially in light of technology which may replace face-to-face interactions
- Caregiver well-being is critical in the process of caring for children “you can’t give what you don’t have”
- South Africa has the Thokomelo project which looks at psychosocial well-being of the caregiver
- Family stability has implications for interventions (mobility, change with schooling)
• Disclosure issues for children with HIV need to be built into interventions
• Parental “status” – who is the parent in a household with multiple caregivers; household composition; entry point; step-parents and that dynamic; children with disability; communicating with children with disabilities; disabled parents
• Street children/homeless
• Temperament of the child
• What type of care they’re in: home or institutional?
• Violence, neglect, abuse
• Migrant children
• Medical/health status of those in the house, including mental well-being
• Trust in outreach workers; previous experience with families in dealing with outreach workers
• Teacher training on spotting/early identification for referral services

_Differences in approaches for families with HIV/AIDS_

• Principles would be the same, but other issues may be included such as treatment, stigma, etc.
• Approach is the same
• Stigma can influence implementation, more discretion may be required
• Gender and involvement of men is extremely important.
• More sensitivity is needed for parents who may feel blame
• Not imposing parenting skills is critical
• Self-stigma exists
• Disclosure to children and communication is a priority
• There can be too much focus on HIV – allow them to escape from HIV and focus on typical parenting issues
• The status of parents and children requires specialized support to disclose status.
• Need to include planning for the future of the children if the parent dies.
• Memory book writing brings interventions.
• Support groups can help integrate parenting skills
• Packaging of information should be different for each population
• Address the burden of care for a caregiver caring for a young child with HIV infection
• Address issues of children living positively; orphans
• Disclosure of parent status to children: stigma and discrimination hearing about status from others; family testing – can lead to open discussion in the family
• Not only intervening with the HIV infected individual, but also the entire family
• Households where there has been a death in the family: addressing psychological needs in households that are bereaving; disclosure issues; child headed households
• Must look at the impact of HIV on the family: has a child had to leave school? What social support can we provide?
• Need for holistic interventions
• Integration of services and teams: occupational therapist; palliative care specialists; psychologists; psychosocial workers
• Topics that may need to be covered: pain management, palliative care; treatment; sexual abuse of children infected with HIV
• Specialized facilities don’t really work in low and middle income settings

Strengthening Child-Caregiver Relationships: Linking Evidence and Practice
F. Session 4: Organizations Field Trip – Sharing Resources

Moderator: Diana Chamrad, USAID ASSIST Project, URC

The objective of the session was to examine and assess existing tools and resources used by parenting programs. Participants used the time to share resources from their programs with one another. Additionally, during this time participants were asked to share the interventions they are using in their programs across ages and stages. A timetable was posted on the wall and participants wrote interventions for different ages.

III. DAY 2

A. Reflections on Day 1

It was noted that most programs don’t have a strong parent focus and that the day before had given him the opportunity to learn what a parenting program should entail. What struck with him was the discussion around how we typically tell parents what they should do, while instead we should listen to what they know – that way they will own the interventions and the outcomes.

Josephine Gitonga said there is so much more going on than she knew of. D. commented that people are already doing a lot on good parenting, what we need to do is fine tune it. Linda said she was impressed with how much was already available. Really good evidence of some aspects of parenting (literacy, reduction of punishment), we just need a pipeline to make access available to this knowledge and information.

Levina Kikoyo said thinking of everyone as a parent and thinking beyond the typical to help all have better skills stayed with her from the day before. She also mentioned the video Gretchen shared – Serve and Return – and the impact of toxic stress on children.

Elizabeth Lema commented on shifting from child focus to household focus.

Ms. Huni said there was good discussion around programs and practice but she wanted more conversation around policies.

Connie Kekihembo said there needed to be more emphasis on children with special needs.

Samuel Obara appreciated Linda’s research and also liked the discussion around the cost of parenting.

Dr. Richter said we think of parenting programs as separate but there are many community mechanisms that are persuasive mechanisms to get involved in (existing groups).

B. Session 5: Perspectives on Caregivers

Moderator: Sinu Kurian, USAID South Africa

Presenters: Dickens Ojamuge, Save the Children, REAL Fathers Initiative, Uganda (http://irh.org/projects/real-fathers-initiative/); Connie Kekihembo, Center Disability & Rehabilitation, Uganda (http://cdruganda.org/index.html); Catherine Ward, Sinovuyo Project, South Africa (http://cwbsa.org/sinovuyo)

The objective of Session 5 was to identify priority child-caregiver strengthening interventions and objectives used to meet needs of families affected by HIV and AIDS through a perspective on caregivers.

Mr. Ojamuge of Save the Children presented the REAL Fathers Initiative in Northern Uganda. Focused on young fathers (17-25), this initiative consists of a mentoring program for young fathers to build relationship skills and positive parenting practices; a community message board series to catalyze diffusion of reflection on inequitable gender norms and intimate partner violence; and rigorous evaluation to learn from the experiences. He then shared baseline details and critical themes to address when working with fathers.
Ms. Kekihembo, of the Centre for Disability and Rehabilitation (CDR) in Uganda shared their experience working with grannies as carers. Through their Better Way Care Approach, they are addressing the role of grannies as caregivers as many have stepped up to care for children in the wake of HIV and for children who are abandoned due to disability. Through home-based care, they equip grannies with skills to raise the children. Their approach also includes intensive child-care guidance and therapy; parent support groups for mutual support; family-school community networks; and mass media.

Ms. Ward presented on the SINOVUYO Caring Families project in South Africa. Focusing on helping parents build strong, positive relationships with their children, the program content builds on the metaphor of a rondavel (home with a thatched roof) and starts by building a strong foundation for children to thrive in, which include special parent-child time together, building language skills, talking about feelings, and praise and rewards. After the foundation is built, the roof brings focus on giving clear instructions, household rules, and dealing with difficult behavior. Lastly, the sun that shines over the house reminds parents that when our children are receiving positive energy from us, they will thrive and grow into healthy adults. She then shared details of a pilot feasibility study they had conducted.

C. Session 6: Culturally Relevant and Competent Parenting Interventions

Moderator: Elizabeth Lema, USAID Tanzania


The objective of Session 6 was to explore the elements of culturally relevant and competent parenting interventions in African cultures.

Ms. Gitonga of Parenting in Africa Network (PAN) talked about the Triple P trials PAN has been involved in in Africa. The trial has been to understand the efficacy of Triple P in the African context. Initial findings were that parents were open to the new ideas and some concepts (such as time out) could be adapted to be more culturally appropriate. However, a number of potential socio-cultural and contextual barriers were identified. She also shared highlights of their work to integrate parenting into early childhood development (ECD).

Ms. Kikoyo of FHI360 shared the Pamojo Tuwalee program in Tanzania. Pamojo Tuwalee works with grandparents, single parents, child-headed households, children, and both men and women as caregivers. They do everything with a culturally appropriate lens, including talking about death, children’s rights, communication between parents and children through a number of techniques including storytelling, memory books, inheritance and will writing, and more.

Mr. Ole Sanare of Monduli Pastoralist Development Initiative shared his experience working in Maasai communities to increase access to ECD. Through understanding the culture, and using grannies in the communities, they have been able to set-up ECD centres where they hadn’t previously existed and foster them become an integral part of the community. He shared on their achievements, next steps, and recommendations.

During the Q&A session, Mr. Ole Sanare was asked about changing the culture of the Maasai. He said the Maasai are opening up – they are slowly getting them to come along. Additionally, there are other forces in play to force change, like droughts. They have also been intentional in including aspects of Maasai culture into the program – including songs, teaching Maasai behavior, etc.

Ms. Bachman asked all the panelists whether they address violence as discipline and in the family.
Ms. Gitonga said they emphasize positive discipline and conflict management in the home. Ms. Ogutu said in the work with Maasai, they use role models from within the community to demonstrate what is possible. For education, they use grannies in ECD centers.

D. Session 7: Gaps in Research, Policy & Implementation

Moderator: Diana Chamrad, USAID ASSIST Project, URC

The objective of Session 7 was to identify gaps in research, policy and program implementation that affect the quality and sustainability of parenting through. A speed consulting format was used for the session.

E. Session 8: Recommendations for Moving Forward

Moderator: Maury Mendenhall, USAID Washington

The objective of the final Session 8 was to collect recommendations that would inform the creation and implementation of appropriate PEPFAR parenting programs in the future. A Knowledge Café format was used for the session. Recommendations were gathered in three categories: 1) Research, 2) Policy, and 3) Implementation.

1. Research

Gaps in research

Research is needed to:
- Find evidence based interventions for low income countries to both understand parenting in Africa and existing approaches and strengths.
- Understand the impact of HIV/AIDS on parenting
- Understand enabling factors that support families and communities to become involved in parenting
- Develop an ‘essential package’ or guidelines on parenting.
- Understand human capacity (e.g. professionals, etc)
- Understand if service delivery is better at ECD centers or based in the home
- Understand how to motivate and retain participants?
- Fidelity of implementation
- Gather longitudinal data on outcomes of parenting
- Understand special populations and parenting practices (disabilities, prison, gender based violence, etc)
- Understand grannies and HIV infected/affected households
- Know more about intergenerational parenting
- Understand different approaches and outcomes in Africa (comparison)
- Understand the characteristics of families to target
- Understand effective parenting approaches for adolescents/teenagers in Africa
- Implementation research on practices
- Understand sustainability of parenting programs in Africa
- Understand teen parents and practices
- Have data on costs of programs and study cost effectiveness of programs
- Understand integration of parenting within other programs
- Understand parents’ short and long-term goals for their children
- Find positive/culturally appropriate methods for positive discipline
- Understand the frequency/dosage for interventions (e.g., optimal time for home visits to support mothers)
- Understand health seeking behaviors of mothers (especially in terms of compliance); what kind of care are they seeking? Are they going to traditional providers?
- Understand the optimal combination of interventions/programs by target group (essential ingredients/skills and competencies of facilitators) and to understand effective interventions as a whole
- Parenting indicators to measure across programs
- Other aspects of parenting skills that are needed (e.g., communication, sexuality, modernization, rural vs. urban, religion)
- What do you keep/exclude in cultural practices in developing a parenting program
- What does the media portray as family vs. reality and the expectations it creates for children
- Understand how many countries have policies on children/parenting across Africa
- Understand gaps in implementation of policies related to children
- Understand if national budgets include parenting programs

What specific support can PEPFAR and other donors provide to address the gaps in research?

- Fund program activities for specific target groups and conduct evaluations/research on effectiveness of various components
- Train people to conduct/facilitate research programs in various countries/regions
- Conduct research on cost-effective methods/models
- Encourage utilization or fund PhD level students to study social media
- Guidelines for data collection and develop indicators for monitoring programs
- Conduct operations on ECD activities and activities focused on community-level work
- Develop internal essential for parenting and standards
- Advocate for government to conduct research in parenting
- Research on indigenous support strategies/positive parenting methods for discipline
- Fund and provide TA/capacity building for research institutions in African countries and avail opportunities for local research institutions
- Ensure funded organizations conduct operations research, earmarking it in procurements – can even do external matching with TA from research institutions
- Research practicalities and progress on mainstreaming working with people with disabilities in HIV
- Utilization of violence against children (UNICEF) and CDC data/programs to promote the need for parenting programs – can also talk to adults about experiences of violence against them as children
- Explore opportunities to integrate parenting indicators into the DHS
- Influence USG in research parenting in Africa for implementation – can provide science awards with funding and technical assistance
- Minimize or reduce the burden of IRB/ethics review/protocol approval/ could have a strategic research partner or institution in country to liaise with
- Ensure funding is available to disseminate research
- Availability of funding for post exit evaluations and look at long-term outcomes of closed projects

2. Policy

Gaps in policy
- Lack of social protection policies
- Lack of social media policies
- Lack of policies committing funds and support to parenting programs
- There is need for family-friendly policies (supporting a work-life balance)
- There needs to be mandatory reporting
- There is general lack of awareness of policies (child adoption, gender-based violence)
- Need better understanding of family responsibilities and indigenous positive parenting
- Need for policies around integration of parenting education in school curriculum and health
- Policies need to address the fact that ECD/primary education are not accessible to all children
- Policy implementation lacks and by-laws are needed
- Need policy around community health and early detection interventions
- Need for policy to detail that health insurance should include school health and post-natal visits
- Lack of national strategies to define parenting approach (must be aligned with national priorities, policies)
- Lack of national guidelines/standards for parenting education and support (curricula, certification)
- National/regional organizations to promote parenting (especially French speaking countries)
- Gap in consensus among government policy-makers (Ministry of Health vs Ministry of Education)
- Gap in social grants (some countries have them though – child support grants in SA and OVC grants in Kenya)
- Need to include resource allocation as part of policy development (including human resources)
- Need monitoring of policy implementation efforts

**What specific support can PEPFAR and other donors provide to address the gaps in policy?**

- Support advocacy at the national level for policy re-alignment on parenting
- Financial and technical support for policy review and or formulation in relation to parenting
- Support development of national guidelines/frameworks for integration of parenting into sector services
- Support for human resources and technical capacity for ECD scale up policy development
- Support the development of national social protection frameworks and models that include parenting
- Work with private sector to promote family friendly policies or strategies (and monitor policy implementation) – public private partnerships
- Coordinate awareness raising and other advocacy activities relating to parenting domestically (in the US)
- Include family strengthening as a strategy in all PEPFAR RFAs
- Support programs that promote operationalization of policies and frameworks – linking policy to community practice
- Support consultations with communities to allow community issues to inform strategies and programs on parenting

### 3. Implementation

**Gaps in implementation**

- Guidance to integrate parenting into household economic strengthening programs and infant feeding guidelines, PEPFAR prevention outreach activities
- Positive behavior strategies: lack of practical toolkit with focus on increasing positive behavior
- Involvement of all stakeholders (extended family, community leaders/healers, community members, children)
- Effective documentation of best/good practices, lessons learned
- Distribution/dissemination of documented work
- Lack of attention to participants (attitudes) when implementing
- Lack of proper communication channels
- Effective coordination
- Time for reflection on learning
- Lack of commitment of resources to M&E (quality and quantity)
- Linking positive parenting to positive families
- Lack of programs for certain key populations (children of sex workers, same sex marriages)
- Generally not recognizing indigenous positive parenting strategies
- Mass media to promote parenting program
- Expert input/guidance (e.g. psychologists, etc for supervision)
- Adoption and adaptation guidance
- Ongoing operational research
- Peer reviewed quality standards
- Integration of quality standards into parenting programs – operationalization
- Availability of materials in languages spoken in communities we serve
- Private public partnerships are weak
- Leveraging existing platforms
- Lack of regional training opportunities (e.g. e-learning)
- Resource mobilization to scale up and enable parents to implement
- Awareness raising on parenting
- Policy legislation implementation
- Sensitizing stakeholders about existence of policy and legal frameworks (e.g. support families to access their rights in terms of legal support)
- Strengthening sustainability strategies
- Weak referral and monitoring systems
- Child participation in design and implementation

**What specific support can PEPFAR and other donors provide to address the gaps in policy?**

- Provide financial support to address gaps, and document and share learning to create awareness
- Develop standardized parenting materials
- Endorse parenting guidelines (can be one that already exists, such as Family Matters or other guidelines)
- Support specific communities of practice and bring them together at conferences or regional meetings
- Incorporate parenting into next version of OVC guidance
- Pay specific attention to support the unique needs of children with various disabilities within parenting interventions
- Form alliances/relationships with agencies supporting children with special needs or disabilities
- PEPFAR should influence the National Institutes of Health to fund parenting operations research
- Provide technical support for human resources
- Strengthen coordination at national level around issues of parenting (can be linked to existing OVC coordination mechanisms where they exist)
- Introduce parenting training within in-service training for social workers, teachers
- Integration of parenting within existing community services
- Establish mechanisms to fund local community-based organizations implementing parenting programs
- Support implementation of policies and legislation
- Support translation of materials
- Use mass media and strengthen partnerships with other stakeholders
- Continue raising awareness with governments to fund social protection programs (to demonstrate evidence of impact)
- Identify and fund programs that have shown impact already to be scaled-up
- Fund operations research to determine promising indigenous parenting practices
- Provide guidelines/toolkits that promote positive behavior rather than negative practices
- Continue collaborating with other donors to map and strengthen child protection systems
- Fund a platform to share resources (e.g. www.ovcsupport.net)
- Support national forums and community dialogues for parenting
- Use mass media (soap operas) to show different family models
## APPENDICES

### Appendix A: Agenda: Strengthening Child-Caregiver Relationships: Linking Evidence and Practice

**Dinner Meeting – Wednesday, December 11, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:30 – 6:00 pm</td>
<td>Greetings and Registration</td>
</tr>
<tr>
<td>6:00 – 6:45 pm</td>
<td>Dinner Buffet</td>
</tr>
<tr>
<td>6:45 – 7:00 pm</td>
<td>Meeting Welcome and Overview</td>
</tr>
<tr>
<td></td>
<td>Nicole Behnam, Office of U.S. Global AIDS Coordinator (OGAC)</td>
</tr>
<tr>
<td>7:00 – 7:40 pm</td>
<td>Introductions</td>
</tr>
<tr>
<td></td>
<td>Diana Chamrad, USAID ASSIST Project, University Research Co., LLC</td>
</tr>
<tr>
<td>7:40 – 7:45 pm</td>
<td>Housekeeping and Logistics</td>
</tr>
<tr>
<td></td>
<td>Diana Chamrad</td>
</tr>
<tr>
<td>7:45 – 8:30 pm</td>
<td>Connecting with friends, old and new</td>
</tr>
</tbody>
</table>

**Day 1 – Thursday, December 12, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 am</td>
<td>Continental Breakfast</td>
</tr>
<tr>
<td>8:30 – 8:40 am</td>
<td>Workshop Welcome</td>
</tr>
<tr>
<td></td>
<td>Nicole Behnam, OGAC</td>
</tr>
<tr>
<td>8:40 – 9:15 am</td>
<td>Overview and Background: Child-Caregiver Programs and PEPFAR</td>
</tr>
<tr>
<td></td>
<td>Gretchen Bachman, USAID</td>
</tr>
<tr>
<td>9:15 – 9:25 am</td>
<td>Day 1 Objectives</td>
</tr>
<tr>
<td></td>
<td>Diana Chamrad</td>
</tr>
<tr>
<td>9:25 – 10:30 pm</td>
<td>Session 1: Review of the Evidence – A Common Elements Approach</td>
</tr>
<tr>
<td></td>
<td>Presenter: Linda Richter, Human Sciences Research Council</td>
</tr>
<tr>
<td>10:30 – 10:45 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:45 – 12:00 pm</td>
<td>Session 1 continued: Expert Panel on Common and Essential Elements</td>
</tr>
<tr>
<td></td>
<td>Moderator: Linda Richter</td>
</tr>
<tr>
<td></td>
<td>Panelists: Beatrice Ogutu, ICS, Uganda</td>
</tr>
<tr>
<td></td>
<td>Tapfuma Murove, Catholic Relief Services SMILE, Nigeria</td>
</tr>
<tr>
<td></td>
<td>Lisa Jamu, Stepping Stones Intl, Botswana</td>
</tr>
<tr>
<td>12:00 – 1:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 – 2:15 pm</td>
<td>Session 2: Child-Caregiver Relationships Across Ages and Stages: Program Approaches</td>
</tr>
<tr>
<td></td>
<td>Moderator: Brenda Yamba, USAID Lesotho</td>
</tr>
<tr>
<td></td>
<td>Early years: Fouzia Ryklief, Parent Centre, South Africa</td>
</tr>
<tr>
<td></td>
<td>Middle years: Noreen Huni, REPSSI, South Africa</td>
</tr>
<tr>
<td></td>
<td>Later years: Shannon Senefeld, Catholic Relief Services, United States</td>
</tr>
<tr>
<td>2:15 – 2:30 pm</td>
<td>Break</td>
</tr>
<tr>
<td>Time</td>
<td>Session</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 2:30 – 3:30 pm   | **Session 3: Parenting Programs in Africa – Priority Interventions & Outcomes**  
 |                  | Moderator: Kate Fatta, USAID ASSIST  
 |                  | Knowledge Café                                                            |
| 3:30 – 4:15 pm   | **Report Out & Discussion**  
 |                  | Moderator: Kate Fatta                                                    |
| 4:15 – 4:30 pm   | **Parking Lot and Wrap Up**  
 |                  | Diana Chamrad                                                            |
| 4:30 – 6:00 pm   | **Break**                                                                |
| 6:00 – 7:00 pm   | **Session 4: Organizations Field Trip – Sharing Resources**  
 |                  | Moderator: Kate Fatta                                                    |

**Day 2 – Friday, December 13, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 am</td>
<td>Continental Breakfast</td>
</tr>
</tbody>
</table>
| 8:30 – 8:45 am   | **Welcome and Day’s Objectives**  
 |                  | Maury Mendenhall, USAID                                                 |
| 8:45 – 9:15 am   | **Reflections on Day 1**  
 |                  | Moderator: Diana Chamrad                                                |
| 9:15 – 10:30 am  | **Session 5: Perspectives on Caregivers**  
 |                  | Moderator: Sinu Kurian, USAID South Africa                              |
|                  | Presenters: Dickens Ojamuge, STEP, Uganda                               |
|                  | Connie Kekihembo, Center Disability & Rehabilitation, Uganda           |
|                  | Catherine Ward, Sinovuyo Project, South Africa                          |
| 10:30 – 10:45 am | **Break**                                                                |
| 10:45 – 12:00 pm | **Session 6: Culturally relevant and competent parenting interventions**  
 |                  | Moderator: Elizabeth Lema, USAID Tanzania                               |
|                  | Presenters: Josephine Gitonga, Parenting in Africa Network, Kenya;      |
|                  | Erasto Ole Sanare, Monduli Patoralist Development Initiative, Tanzania; |
|                  | Levina Kikoyo, Pamoja Tuwalee Project, FHI360, Tanzania                |
| 12:00 – 1:00 pm  | Lunch                                                                    |
| 1:00 – 1:40 pm   | **Session 7: Gaps in Research, Policy & Implementation**  
 |                  | Moderator: Diana Chamrad                                                |
|                  | Speed consulting                                                         |
| 1:40 – 2:10 pm   | **Report Out & Discussion**  
 |                  | Moderator: Diana Chamrad                                                |
| 2:10 – 2:25 pm   | **Break**                                                                |
| 2:25 – 3:30 pm   | **Session 8: Recommendations for Moving Forward**  
 |                  | Moderator: Maury Mendenhall, USAID  
 |                  | Knowledge Café                                                           |
| 3:30 – 4:15 pm   | **Report Out and Discussion on Recommendations**  
 |                  | Moderator: Maury Mendenhall, USAID                                      |
| 4:15 – 4:30 pm   | **Closing Remarks**  
 |                  | Gretchen Bachman, USAID                                                  |
| 4:30 – 4:45 pm   | **Evaluation Forms Completed & Collected**                              |
## Appendix B: Participant List

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Organization</th>
<th>Position</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Jamu</td>
<td>Botswana</td>
<td>Stepping Stones Intl</td>
<td>Founder/Executive Director</td>
<td><a href="mailto:Lisa.jamu@steppingstonesintl.org">Lisa.jamu@steppingstonesintl.org</a></td>
</tr>
<tr>
<td>Victoire Tea</td>
<td>Cote d’Ivoire</td>
<td>HOPE CI</td>
<td>Care &amp; Support Manager</td>
<td><a href="mailto:tea_laure@yahoo.fr">tea_laure@yahoo.fr</a></td>
</tr>
<tr>
<td>Marguerite Akissi Zouzou Konan</td>
<td>Cote d’Ivoire</td>
<td>Ministrie of Solidarity, Familien,</td>
<td>Director, National Program Support of OVC</td>
<td><a href="mailto:zmarguerite@ymail.com">zmarguerite@ymail.com</a></td>
</tr>
<tr>
<td>Lucie Dagri N’Zian</td>
<td>Cote d’Ivoire</td>
<td>USAID</td>
<td>Technical Advisor</td>
<td><a href="mailto:dagri@ci.cdc.gov">dagri@ci.cdc.gov</a></td>
</tr>
<tr>
<td>Amon-Ettien Yahn Clarisse</td>
<td>Cote d’Ivoire</td>
<td>CDC</td>
<td>Interim Deputy Branche Chief</td>
<td><a href="mailto:amony@ci.cdc.gov">amony@ci.cdc.gov</a></td>
</tr>
<tr>
<td>Irene Adouko-M’Bahia</td>
<td>Cote d’Ivoire</td>
<td>CDC</td>
<td>OVC Technical Advisor</td>
<td><a href="mailto:mbahiaa@ci.cdc.gov">mbahiaa@ci.cdc.gov</a></td>
</tr>
<tr>
<td>Beatrice Ogutu</td>
<td>Kenya</td>
<td>ICS Africa</td>
<td>Regional Programme Manager</td>
<td><a href="mailto:Beatrice.ogutu@icsafrica.org">Beatrice.ogutu@icsafrica.org</a></td>
</tr>
<tr>
<td>Samuel Obara</td>
<td>Kenya</td>
<td>HelpAge</td>
<td></td>
<td><a href="mailto:sobara@helpage.co.ke">sobara@helpage.co.ke</a></td>
</tr>
<tr>
<td>Tankiso Phori</td>
<td>Lesotho</td>
<td>MSH/BLC Project</td>
<td>Capacity Building Specialist</td>
<td><a href="mailto:tphori@msh.org">tphori@msh.org</a></td>
</tr>
<tr>
<td>Brenda Yamba</td>
<td>Lesotho</td>
<td>USAID</td>
<td>OVC &amp; Community Based Care Specialist</td>
<td><a href="mailto:byamba@USAID.gov">byamba@USAID.gov</a></td>
</tr>
<tr>
<td>Tapfuma Murove</td>
<td>Nigeria</td>
<td>SMILE/CRS</td>
<td>Program Technical Director/DCoP</td>
<td><a href="mailto:tapfuma.murove@crs.org">tapfuma.murove@crs.org</a></td>
</tr>
<tr>
<td>Heather Rothenbuescher</td>
<td>Nigeria</td>
<td>CDC</td>
<td>OVC Program Specialist</td>
<td><a href="mailto:Wym3@cdc.gov">Wym3@cdc.gov</a></td>
</tr>
<tr>
<td>Oluosola Onifade</td>
<td>Nigeria</td>
<td>USAID</td>
<td>Program Manager OVC</td>
<td><a href="mailto:sonifade@usaid.gov">sonifade@usaid.gov</a></td>
</tr>
<tr>
<td>Fouzia Ryklief</td>
<td>South Africa</td>
<td>Parent Centre</td>
<td>Manager</td>
<td><a href="mailto:paces@theparentcentre.org.za">paces@theparentcentre.org.za</a></td>
</tr>
<tr>
<td>Noreen Masiwa Huni</td>
<td>South Africa</td>
<td>REPSSI</td>
<td>CEO</td>
<td><a href="mailto:noreen.huni@repssi.org">noreen.huni@repssi.org</a></td>
</tr>
<tr>
<td>Meneka Jayacody</td>
<td>South Africa</td>
<td>NACOSA</td>
<td>National Manager, OVC</td>
<td><a href="mailto:chain@nacosa.org.za">chain@nacosa.org.za</a></td>
</tr>
<tr>
<td>Hannerie White</td>
<td>South Africa</td>
<td>NACOSA</td>
<td>Manager, Capacity Bldg</td>
<td><a href="mailto:hannerie@nacosa.org.za">hannerie@nacosa.org.za</a></td>
</tr>
<tr>
<td>Name</td>
<td>Country</td>
<td>Organization</td>
<td>Position</td>
<td>Email</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------</td>
<td>--------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Sara Naicker</td>
<td>South Africa</td>
<td>HSRC</td>
<td>Intern</td>
<td><a href="mailto:snaicker@hsrc.ac.za">snaicker@hsrc.ac.za</a></td>
</tr>
<tr>
<td>Linda Richter</td>
<td>South Africa</td>
<td>HSRC</td>
<td>Distinguished Research Fellow</td>
<td><a href="mailto:lrichter@hsrc.ac.za">lrichter@hsrc.ac.za</a></td>
</tr>
<tr>
<td>Sinu Kurian</td>
<td>South Africa</td>
<td>USAID</td>
<td>OVC Advisor</td>
<td><a href="mailto:akurian@usaid.gov">akurian@usaid.gov</a></td>
</tr>
<tr>
<td>Silke Felton</td>
<td>Swaziland</td>
<td>USAID</td>
<td>Impact Mitigation Specialist</td>
<td><a href="mailto:sfelton@usaid.gov">sfelton@usaid.gov</a></td>
</tr>
<tr>
<td>Erasto Ole Sanare</td>
<td>Tanzania</td>
<td>Monduli</td>
<td>Director</td>
<td><a href="mailto:mpdi.ngo@gmail.com">mpdi.ngo@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pastoralist</td>
<td></td>
<td><a href="mailto:sanareole@yahoo.com">sanareole@yahoo.com</a></td>
</tr>
<tr>
<td>Levina Kikoyo</td>
<td>Tanzania</td>
<td>FHI360</td>
<td>Deputy Program Director Pamoja Tuwalee Program</td>
<td>Lkikoyo@fhi360</td>
</tr>
<tr>
<td>Elizabeth Lema</td>
<td>Tanzania</td>
<td>USAID</td>
<td>OVC Advisor</td>
<td><a href="mailto:elema@usaid.gov">elema@usaid.gov</a></td>
</tr>
<tr>
<td>Connie Kekihembo</td>
<td>Uganda</td>
<td>Centre for</td>
<td>Technical Advisor</td>
<td><a href="mailto:conniekekimbo@gmail.com">conniekekimbo@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disability &amp; Rehabilitation Uganda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>George Dickens</td>
<td>Uganda</td>
<td>Save the</td>
<td>Project Specialist</td>
<td><a href="mailto:dicksens.jamuge@savethechildren.org">dicksens.jamuge@savethechildren.org</a></td>
</tr>
<tr>
<td>Ole Ojamuge</td>
<td></td>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shannon Senefeld</td>
<td>United States</td>
<td>CRS</td>
<td>Director of Program Impact &amp; Quality Assurance</td>
<td><a href="mailto:Shannon.senefeld@crs.org">Shannon.senefeld@crs.org</a></td>
</tr>
<tr>
<td>Kendra Blackett-</td>
<td>United States</td>
<td>Save the</td>
<td>Director, Child Protection &amp; HIV and AIDS</td>
<td><a href="mailto:KBlackett@savechildren.org">KBlackett@savechildren.org</a></td>
</tr>
<tr>
<td>Dibinga</td>
<td></td>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diana Chamrad</td>
<td>United States</td>
<td>URC</td>
<td>Senior Technical Advisor</td>
<td><a href="mailto:dchamrad@urc-chs.com">dchamrad@urc-chs.com</a></td>
</tr>
<tr>
<td>Kate Fatta</td>
<td>United States</td>
<td>URC</td>
<td>Knowledge Management Technical Advisor</td>
<td><a href="mailto:kfatta@urc-chs.com">kfatta@urc-chs.com</a></td>
</tr>
<tr>
<td>Lindsey Davis</td>
<td>United States</td>
<td>USAID</td>
<td>Program Analyst</td>
<td><a href="mailto:ldavis@usaid.gov">ldavis@usaid.gov</a></td>
</tr>
<tr>
<td>Maury Mendenhall</td>
<td>United States</td>
<td>USAID</td>
<td>Senior OVC Technical Advisor</td>
<td><a href="mailto:mmendenhall@usaid.gov">mmendenhall@usaid.gov</a></td>
</tr>
<tr>
<td>Gretchen Bachman</td>
<td>United States</td>
<td>USAID</td>
<td>Senior Technical Advisor</td>
<td><a href="mailto:gbachman@usaid.gov">gbachman@usaid.gov</a></td>
</tr>
<tr>
<td>Nicole Behnam</td>
<td>United States</td>
<td>OGAC</td>
<td>Senior Advisor for OVC</td>
<td><a href="mailto:BehnamNR@state.gov">BehnamNR@state.gov</a></td>
</tr>
</tbody>
</table>
Appendix C: Helpful Links

PEPFAR Guidance for Orphans and Vulnerable Children Programming, July 2012

http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit

A Review of Published Literature on Supporting and Strengthening Child-Caregiver Relationships (Parenting), Richter & Naicker, 2013

Richter summary
http://www.ovcsupport.net/s/library.php?id=1239

Report of this meeting and PowerPoint presentation
Appendix D: PowerPoint Presentations

Overview from Bachman, PEPFAR
Review of Evidence from Richter, HSRC
Child-caregiver relationships: Early years from Ryklief, The Parent Centre
Child-caregiver relationships: Middle years from Huni, REPSSI
Child-caregiver relationships: Later years from Senefeld, CRS
Perspectives on caregivers from Ojamuge, STEP
Perspectives on caregivers from Kekihembo, CDR
Perspectives on caregivers from Ward, Sinovuyo Project
Culturally relevant interventions from Gitonga, PAN
Culturally relevant interventions from Ole Sanare, MPDI
Culturally relevant interventions from Kikoyo, FHI 360
Strengthening Child-Caregiver Relationships: Linking Evidence and Practice

Background of Child-Caregiver Programs and PEPFAR & Overview of Workshop Objectives

December 12th, 2013
Gretchen Bachman, USAID OVC Team Lead & Sr. Technical Advisor, PEPFAR OVC TWG Co-chair

Serve and Return

Toxic Stress

Jamaica Study

- Establish family based care as foundation
- Programs that support young children and promote resilience can be integrated with holistic family programming, including parental involvement and home visitation
- Emphasize ages & stages orientation
- Expand priority intervention areas to include social protection

Strengthening Child-Caregiver Relationships: Linking Evidence and Practice
New Evaluation Tools Measure Age Specific Child Well Being Outcomes

- Tools & Manual
- Data analysis guide
- Template protocol with consent/assent forms
- Data collector training materials


Workshop Objectives

- Share key research findings on child-caregiver relationships (parenting) and explore elements common to developing parenting programs in low-income, HIV-affected settings
- Share program experiences of existing parenting programs from low-income, HIV-affected settings in Africa, to understand the successful components and common elements of the programs.

- Identify priority child-caregiver strengthening interventions and objectives used to meet needs of families affected by HIV and AIDS
- Examine and assess existing tools and resources used by parenting programs
- Explore the elements of culturally relevant and competent parenting interventions in African cultures

- Integration of parenting interventions within existing programs
- Report summarized common elements of evidenced-based parenting interventions
Overview from Bachman, PEPFAR December 2013

Workshop Session Overview

- Session 1: Review of the Evidence – A Common Elements Approach
- Session 2: Child Caregiver Relationships Across Ages and Stages: Program Approaches
- Session 3: Parenting Programs in Africa – Priority Interventions & Outcomes
- Session 4: Program and Resource Sharing by Organizations
- Session 5: Perspectives on Caregivers
- Session 6: Culturally relevant and competent parenting interventions
- Session 7: Gaps in Research, Policy and Implementation
- Session 8: Recommendations for Moving Forward

What are the priority parenting interventions at different ages and stages for children affected by HIV and AIDS?

Parenting Interventions

HIV & Health Related Services
HIV prevention, care and treatment as well as parental and child health are important subject areas to address and integrate into parenting interventions.

Community & Institutional Support
Awareness and access to Community & Institutional services provide the improved opportunities for health child development.

Parent to Child
A good parent to child relationship is fundamental to the emotional well-being of a child. Early parent-child relationships have powerful impact on a child’s emotional well-being.

Resilient parents are better able to solve problems, be consistent in managing their children’s behavior, manage stress, and maintain a positive attitude.
A review of published research on supporting and strengthening child-caregiver relationships (parenting)

Linda M. Richter & Sara Naicker

PEPFAR / USAID Strengthening Child-Caregiver Relationships
Cape Town, December 2013

Remit

• Review published studies 2000-2012
• Summarize empirically-based recommendations for strengthening parenting in the context of AIDS and poverty
• Synthesize knowledge to enable policy makers and implementers to better program support for children and families using a strengths-based approach

Organization of the report

• Main report ± 40 pages
• Appendix 1, 2 – Methods and Quality of evidence (7 and 3 pages)
• Appendix 3 – Summaries of overviews, reviews (n=82)
• Appendix 4 – Brief program descriptions (n=101)
• Appendix 5 – References included (n=669)

Start with conclusions - 1

• Supporting parenting is integral to strengthening families, an agreed pillar of the response to children
• There are very few studies on parent support in contexts of AIDS and poverty
• But solid grounds for optimism based on positive results and experience gained in HICs

Conclusions 2

• Existing HIC programs are culture-bound and resource intensive – also little evidence to choose between them
• But research attests to flexibility of program effectiveness – within known parameters (common elements, effective ingredients)
• Conceptual bases of programs are universal – attachment, language acquisition, social learning, etc.

Conclusions 3

• Goals of parenting programs are shared:
  - Improve parent facilitation of child health, development and wellbeing
  - Reduce parenting stress
  - Improve family wellbeing
  - And cope with aspects of child health, development and behaviour of concern (not only “difficult” behaviour)
• Social support is a key component of programs
Conclusions 4

- Public communication & mass media approaches are under-utilised
  - Child development & health, ages & stages
  - Household health and child safety
  - Talking and reading to children
  - Changing social norms about harsh discipline
- Structural enablers for parenting
- Assemble and improve evidence and experience in LMICs

Inclusion criteria

- Papers published in scholarly, peer-reviewed journals
- Empirical literature on supporting/strengthening caregiver-child relationships
- Descriptions and evaluations of interventions
- Factors influencing the success/failure of interventions
- Characteristics of the intervention or the target group, participation/attrition, differential benefit, etc.
- Commentaries/opinions
- Synthetic reviews, overviews, policy discussions, cost-benefit analyses

Exclusion criteria

- Technical reports, unpublished literature
- Specific pathologies, rare and uncommon illnesses, disorders or disabilities e.g. ADDH, autism, etc.
- Specific populations, e.g. imprisoned parents, foster care in welfare placement, divorce and court mediation, etc.
- Child outcomes (e.g. preterms at 5 years, HIV prevention)
- Descriptions of parenting or care environments in the absence of intervention; for example, child caregivers in AIDS-affected families, depressed mothers etc.
- Clinical applications, including PMTCT, psychiatric treatment, individual psychotherapy, etc.

Selection of papers

Start ± 500 000 → 32,684
minus duplicates

32,684 → 693
Two rounds of manual sorting

669
51 in low- and middle-income countries

Additional resources

- Britto et al (forthcoming) Parenting programs: The next generation. As systematic review of ECD Parenting Program Evaluations (n = 89)
- Growing literature ...

General approach

- Understand context of parenting under conditions of AIDS & poverty
- Identify all programs in papers and summarize
- Use overviews and reviews to condense intervention findings
- Construct an organizational framework for presenting the findings
Context: AIDS & poverty

- Poverty, inequality, social instability – conditions under which HIV has flourished and which, together with HIV, damage children and families
- Children are infected and affected
- Treatment is bringing benefits, and new challenges including to families

Context: Families

- Families – in all shapes and forms – inherent in human social organization
- Families continually change
- Families harbour care and conflict over time, including with respect to individual children
- Families are the appropriate setting for children

Context: Parenting

- Parenting is a generic term for the function of long-term care and protection of a child (caregiving?)
- Parenting is driven by emotions and motivations – human, contextual, in response to the child
- In Africa and elsewhere, parenting is not limited to an individual or even a couple

Context: Parent networks

Context: Ecology

- Social and material environment have direct impact on the child
- Parenting mediates the impact of this environment on the child

Context: HIV & AIDS

- Poverty, destabilization
- Isolation, exclusion, abandonment
- Stress, anxiety, depression
- Further taxing existing parenting challenges
- Imbalance in research
  - Large number of studies on these challenges
  - Relatively few on effective interventions
**Parenting programs**

- Parent education, training
- Parent support, strengthening
- Three main goals, as expresses in literature:
  - Enable parents to better promote their child’s health, development, achievement
  - Assist families to parent children with less stress, fewer problems, more satisfaction with parenting
  - To help parents manage difficult child behaviour
- Context of these goals

**What can be learnt from HICs?**

- Varying context does not mean we cannot learn from the extensive and good quality of research conducted in HICs
- But it does challenge us to adapt this knowledge
- We can’t import programs without carefully considering goals, context, parent needs, etc.

**Theories underlying programs**

All aim to change parental beliefs and practices

To change child, health, development & wellbeing

With the effect of improving
- Parental wellbeing
- Quality of parent-child, couple relationships & family life

To improve nurture & child health & development

**Characteristics of programs**

- In current form, originated in 1920’s
- Have different modalities – groups, outreach eg home visiting, individual sessions, etc.
- High diversity – we identified 101 in the literature, 140 have been identified in UK alone
- Programs may try to change parent behaviour directly or indirectly (through assistance to reduce stress e.g. child care, employment, etc.)

**Characteristics 2**

- Almost all developed and evaluated in urban areas in USA, UK, Australia, Canada
- About ¼ in community settings, ¼ in facilities (e.g. clinics, day care centres)
- Many conducted by professionals or para-professionals, a small number are self-help
- Majority target low income parents, children < 5 years, focus on behaviour problems
- Fewer than ½ include fathers

**Characteristics 3**

- Wide range of objectives
- But social support is key and highly valued by participants
  - Information, guidance & affirmation
  - Opportunity to make friends & share troubles
  - Counter social isolation
- Provided by professionals, families, peers, partners
- Affects many aspects of parenting – self-perception, engagement, mental health, etc.
Home visiting

- Home visiting is not a program, also no theory about mechanisms
- Modality - used as part of outreach
- Frequency & duration vary widely
- As many as 19 interventions are included in home visiting e.g. assessment, encouraging use of services, establishing trust, giving guidance, referral, giving social support, etc.
- 1000s of programs in USA – wide variation

Effectiveness of programs

- How to organize parent support programs?
  - By major programs? e.g. Incredible Years, Triple P, Parent Effectiveness Training (PET) etc
  - Modality? e.g. clinic-based, home visiting, etc.
  - Type of program? e.g. parent education, skill-building, parent-child engagement, etc
  - Target populations? e.g. children, parents, children and parents? Young children, children in middle childhood, adolescents

Outcomes measures

<table>
<thead>
<tr>
<th>Parental knowledge</th>
<th>Parental attitudes &amp; behaviours</th>
<th>Parental self-confidence</th>
<th>Parental wellbeing</th>
<th>Independent ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures provided by independent observers or in case records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child development</th>
<th>Child socio-emotional development</th>
<th>Child language</th>
<th>Parent-child relationship</th>
<th>Home environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures provided by independent observers or in case records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preparation for parenting

- New parents or new challenges (e.g. pre-term, chronic illness, etc.)
- These parents want:
  - To be involved, consulted about care of their child
  - Information they feel they need
  - Practical skills to deal with day-to-day matters
  - Social support from family
  - Help to grow their confidence
  - Meet & share with people in same circumstances
  - Referred to additional services as needed

Overall evaluation

“The most robust findings available show that most parenting programs (if they do more than simply provide information to parents) positively affect at least one child outcome”

- Mbwana et al, 2009; Reeves & Howard, 2013
**Preparation 2**
- Most extensive research - teen parenting USA
  - Teen mothers feel more confident
  - More responsive to their babies
  - Enhance interaction with their children
  - Improve attendance at services for growth & immunization
  - Continue education
- Most robust evidence from home visiting using professional staff

**Preparation 3**
- Little evidence for “free-floating” antenatal education
- Wide range of benefits from parent support beginning antenatally, continuing postnatal
- Very little known about support for parents with mental illness, chronic illness, parent disabilities in LMICs
- Few studies on father involvement – but promising (skills, sensitivity, interaction)

**Preparation - conclusions**
- Universal services to identify high risk groups
- Parent support best targeted with greater intensity and resources to high risk groups
- Support for a range of modalities
- But outreach, including home visiting needed to reach & retain many high risk families

**Promoting development**
- Child growth, health, learning and development, language and literacy, and educational performance
- Few systematic reviews
- Best evidence from large-scale programs –
  - Sure Start, Every Child Matters (UK), Early Head Start, First 5 California (USA), Healthy Child, Toronto First Duty (Canada), Families First, Best Start, Every Chance for Every Child (Australia)

**Development 2**
- JLICA review – home visiting for at risk mothers and ECD for HIV & poverty contexts
- Engle et al (2011) Lancet review – 11 studies examined showed positive effects on enhancing development in LMICs
- Benefits of parent involvement on education, particularly incentives
- And of story telling, conversations, shared book reading on language and literacy

**Development - conclusions**
- Active engagement of parents (not passive - giving information)
- Structured curriculum, program
- Opportunities for parent practice & feedback
- Peer advisors, counselors, mentors (have credibility, engender trust, counter parent’s isolation and self-blame)
- Systematic training of counselors
**Child behaviour management**

- Conduct problems most extensively studied
- Oppositional behaviour, tempers, peer aggression, etc.
- Good evidence for effects for child & parents
  - *Incredible Years, Triple-P*, etc.
- Not much evidence for choosing between programs
- Less support for adolescent programs

**Child behaviour - conclusions**

- Effective elements, for example:
  - Specifying behaviours to be changed
  - Consistency
  - Giving explanations to children
  - Reinforcing desirable behaviours
  - Ignoring undesirable behaviours
  - Time out and other alternatives to beating

**Relationships, child protection**

- Attachment, parent-child relationships, couple relationships, safety, child abuse & neglect
- Usually include clinic-referred groups – parents or children
- Guided facilitation & videotape feedback
- Improved knowledge of child development – e.g. Brazelton
- Kinship vs non-kinship care, with support

**Child protection 2**

- Child and home safety
  - Media, public information
  - Home visiting
- Prevention child maltreatment and neglect
  - Most promising - parent education & home visiting
  - Start at birth, intensive, long duration
  - Delivered by professional staff
  - Not stand-alone, need supplemental services

**Parental wellbeing**

- Good evidence for parent support on:
  - Maternal depression
  - Anxiety, stress & anger
  - Self-esteem
  - Marital adjustment
- Limited data, but also benefits for fathers
- Father involvement important

**Avoid being narrow**

- Compromised parenting only one of several determinants of poor child outcomes
- Parent programs must occur in context where broader issues of poverty, inequality, discrimination, etc. are addressed
- E.g. in context of HIV and poverty – poor child outcomes are not only caused by parental illness, death & bereavement
- Poverty is single major underlying threat to poor parenting and poor child outcomes
**Structural enablers**

- Human rights & protection from discrimination
- Economic support – cash transfers, health insurance, livelihoods
- Training and employment opportunities
- Free or assisted education
- Child care

**Adopt or adapt?**

Adopt an existing program or adapt programs?

Challenges are of 2 main kinds:

- Top down – major concern is fidelity
- Bottom up – responsive to context

Context: Cultural and community concerns, parental values, particular parenting challenges

**For example**

- There is no off-the-shelf program for grannies looking after 1) infants or 2) adolescents
- The same program is not likely to suit rural versus urban parents in S & E Africa
- Parents preparing for parenthood for the first time have different concerns from parents who have a child with a disability, and so on

**Arguments for fidelity**

- The program is designed, tested & found to produce benefits under study conditions
- Not all elements of program have been tested separately, so making changes will result in unknown results
- Which could render the program less effective or ineffective
- Common elements approaches are more complex than set programs

**Arguments for adaptation**

- No one parenting program suits the range of challenges presented by HIV in families
- All programs have to be adapted, either for service or for another cultural context
- Programs have not systematically been tested against each other
- There’s not much to choose between programs – they have many shared features

**Common elements**

- Argument for common elements, deep structure, effective ingredients approach – a set of principles for parenting support rather than a single program
- Which will be easier to integrate into existing HIV platforms than stand-alone programs
- Systematic reviews indicate that many different programs produce much the same results
**Deep structure of programs**

- Parent programs have common elements or deep structure
- Outcome studies identity approaches, rather than specific content or program delivery
- Fair degree of latitude to build context-specific support programs, with a good chance of effectiveness
- Need to be tested and improved where needed

**What common elements?**

- Challenges of HIV and AIDS for families
- Theory underlying parenting support programs
- Logic model of parenting support
- Program and delivery commonalities

**Impacts of HIV and AIDS**

- Reduces resources, material and social
- Increases stresses on parenting
- Increases risks for children (deprivation, labour, education stops, infection etc)
- Increases stigmat and isolation
- Produces new challenges to parenting – ill parents, fostering, re-parenting as older caregivers
- Necessity of economic & family strengthening

**Overarching method**

All use one or both of methods to change parental behaviour
- Directly – eg by giving new information, teaching new skills and/or
- Indirectly by relieving stresses – eg giving social support or material aid, financial assistance etc

**Logic model of programs**

All aim to change parental beliefs and practices

- To change child, health, development & wellbeing
- With the effect of improving
  - Parental wellbeing
  - Quality of parent-child, couple relationships & family life
- To improve nurture & child health & development

**Parents want similar things**

- To be involved, consulted
- Information they feel they need
- Practical skills to deal with day-to-day matters
- Social support from family
- Help to grow their confidence
- Meet & share with people in same circumstances
- Referral to additional services as needed
### Effective approaches

- General approaches identified as effective
  - Respond to parents’ needs, get feedback
  - Assist parents to stay in the program
  - Sensitivity to sociocultural context and support for material deprivation
  - Contextualizing program messages
  - Structured programs, attractive materials, relevant examples
  - Longer running programs (months, not years)

### Program structure

- Respond to parent needs (vary in HIV & poverty)
- Group sessions & outreach (home visiting) when needed
- Social support & reassurance
- Reinforce & build parental competence
- Authoritative simple information, concrete advice & direct in response to parent requests
- Attractive materials
- Chance to practice & get feedback
- Assistance with material needs

### Social support

Identified as a key ingredient of many programs, and also most highly valued by parents
- Information, guidance & affirmation, access to resources
- Opportunity to make friends & share troubles
- Counter social isolation
- Exposed to normative controls eg against beating

### Common elements of programs

- Reassurance and support - build confidence
- Importance of parenting - reinforce role
- Information about children – age, stage, gender, issue etc
- Transactional exchanges
- Skills, practice, feedback – build competence
- Meeting others, befriending, support
- Parental and couple needs
- Practical, material assistance

### Common elements of delivery

- Active engagement of parents
- Assistance with enrolment, attendance
- Contextualized messages, examples
- Peer advisors, mentors, counsellors
- Groups and outreach
- Training and supervision of mentors
- Outreach to marginalized patients
- Structure, materials
- Longer rather than shorter

### Universal to targeted

Principle of narrowing population focus and increasing intensity
eg Triple P framework
- Level 1: Mass media, public information
- Level 2: Information to targeted populations
- Level 3: Group program
- Level 4: Plus individual work
- Level 5: Referral to clinical services
Starting points

- OVC and PMTCT programs
- HIV testing e.g. support & disclosure
- Stigma & discrimination
- Economic challenges & mobility
- Lack of extended family support
- Specific parenting challenges e.g. older caregivers, parental illness etc

What parents find useful!
1. THE PARENT CENTRE

- Established in 1983
- It strives to contribute to a society in which every parent/caregiver is able to raise resilient and well-balanced children in ways in which they can develop their full potential, protected from victimization and abuse in communities free from violence.

Helping Children Through Positive Parenting

2(a). OVERALL PROGRAM APPROACH TO PARENTING

- Parents have an important task in parenting the children in their care.
- Parenting is tough at the best of times and especially difficult when parents are struggling with survival needs and safety concerns.
- The quality of the parent/child relationship will influence the quality of later relationships in the child's life.

2(c) Overall Program approach to parents

- Religion
  - Parent chooses an option
  - A number of options
  - Information Sharing
  - Developmental needs, skills

- Experience
  - Culture
  - Strength based

FOCUS ON IMPORTANCE OF MEETING DEVELOPMENTAL NEEDS OF THE CHILD

"Children become violent when important aspects of their developmental needs, especially their emotional needs, are not met. For example, when caregivers are not sensitive or responsive to children’s feelings or don’t provide children with limits and rules for their behaviour. As a result, the child’s personal and social behaviour can become disturbed, frequently attention-getting, including acts of aggression and violence to get attention."

Professor Linda Richter (2002)
3 PROGRAMS
- Individual Counselling – Zero – 3 Counselling
- Parent-Infant Home-visiting Intervention Programme
- Support groups for mothers with infants and toddlers
- Effective discipline with pre-schoolers
- Teen- Parenting Programme
- The Parenting & Leadership Training of Trainers Programme -
  Mentoring and Support Programme
- Child Behaviour Management, for all those who work with children
- Workshops on various parenting issues
- Support groups for parents of older children
- Fatherhood workshops
- The Positive Parenting Skills Training Programme
- Between Parent & Teenager – closing the gap
- Grand-parenting – parenting second time around

3(A) INDIVIDUAL COUNSELING

...counselling is painstaking work trying to get a balance between supporting the parent and being the voice of the child.” Anita Grant

3(B) PARENT-INFANT HOME-VISITING INTERVENTION
- Support of ‘at risk’ mothers thus improving the chances of a positive attachment between mothers and their newborn infants
- Prenatal and postnatal home visiting to pregnant women who are a high risk for antenatal and postnatal depression, child neglect, abuse and abandonment.
- Early Parenting Talks at Maternity and Obstetric Units which serve such women as well as support groups for them and their infants and older children
- 11 communities
4. **Priority Child Outcomes**
- Children develop secure attachments to primary caregiver
- Children have positive relationships with others in their lives
- Children have healthy self-esteem and care enough about themselves to make healthy choices.
- Children who are resilient—able to face and overcome challenges in their lives.
- Children who will reach their full potential

5. **(A) What we have learnt through experience (what works)**
- Indigenous counselors and facilitators with parenting experience provide an invaluable resource in vulnerable communities
- Knowledge of and Sensitivity to culture, traditions and religious practices

Caring for the Carer

**What we have learnt about workforce through experience (cont)**
- Selection process
- Intensive training
- Supervision & Support: Supervisors professionally qualified: Experts in Infant Mental Health; qualified Social workers, Clinical Psychologists
- Capacity building
- Wellness events

Challenges: Wounded Healers - Striking a balance between the needs of the staff member and job requirements

5(b) **Research**
- **Parent-Infant Home-Visiting**
  - 1995 - 1997
  - “Improving quality of mother-infant relationship and infant attachment in socio-economically deprived community in South Africa: a randomised control trial.”
- Peter Cooper, Mark Tomlinson, Leslie Swartz, Mireille Landman, Chris Molteno, Alan Stein, Kim McPherson, Lynne Murray

British Medical Journal
THE INTERVENTION

Purpose was to promote sensitive and responsive parenting and secure infant attachment to the mother.
- Intervention group 224; control group 229
- Intervention delivered from late pregnancy and for 6 months after birth
- 16 sessions- 2 ante natal and 14 post natal
- Quality of mother-infant relationship was measured at 6 months & 12 months
- Infant attachment security at measured at 18 months

RESULTS

Mother-Infant interaction
- Mothers in intervention program interacted more sensitively to the infants at 6 months postpartum and later at 12 mths follow up, than those in the control group.

Infant attachment
- Greater proportion of infants of these mothers were rated as securely attached.

Maternal depression
- Although lower but not significantly

RESULTS

A home-based mother-infant intervention, delivered by trained lay therapists in the context of socio-economic disadvantage, has positive benefits for both maternal responsiveness and children’s emotional development.

OUR RESPONSE TO THE RESEARCH

This intervention, while regarded as quite costly and labour intensive, in our experience is very necessary with the most at risk families who do not approach social services for help.
- Started implementing in 1998 and rolled out the program to 11 communities -as we could already see positive results.
- Made adjustments to intervention
  - 2 antenatal visits → 5
  - 14 postnatal visits →15

THANK YOU
Understanding the mental health of youth living with perinatal HIV infection: lessons learned and current challenges

Quade A McIlroy¹ and Kathleen M Mabey²

¹Quade A McIlroy is a research fellow in the School of Public Health, Faculty of Medicine and Health Sciences, University of the Witwatersrand and is a Doctor of Philosophy (PhD) in Psychology.
²Kathleen M Mabey is a professor and head of the Department of Psychology at the University of the Witwatersrand.

Abstract

The mental health of youth living with perinatal HIV infection is often overlooked and is a neglected area of research. The purpose of this review is to provide an overview of the current state of research on the mental health of youth living with perinatal HIV infection. The review focuses on the psychological, social, and behavioral outcomes of youth living with perinatal HIV infection. The review also highlights the importance of early intervention and the need for research on the mental health of youth living with perinatal HIV infection.

Key words: mental health, youth, perinatal HIV infection, psychological, social, behavioral outcomes.

Review articles

Understanding the mental health of youth living with perinatal HIV infection: lessons learned and current challenges

Quade A McIlroy¹ and Kathleen M Mabey²

¹Quade A McIlroy is a research fellow in the School of Public Health, Faculty of Medicine and Health Sciences, University of the Witwatersrand and is a Doctor of Philosophy (PhD) in Psychology.
²Kathleen M Mabey is a professor and head of the Department of Psychology at the University of the Witwatersrand.

Abstract

The mental health of youth living with perinatal HIV infection is often overlooked and is a neglected area of research. The purpose of this review is to provide an overview of the current state of research on the mental health of youth living with perinatal HIV infection. The review focuses on the psychological, social, and behavioral outcomes of youth living with perinatal HIV infection. The review also highlights the importance of early intervention and the need for research on the mental health of youth living with perinatal HIV infection.

Key words: mental health, youth, perinatal HIV infection, psychological, social, behavioral outcomes.
**THE ‘LIFESPAN’ OF CHILDHOOD**

- Transition from stage to stage is not always clear or agreed
- Influenced by:
  - Life experiences and resulting physical, social and emotional demands
  - Social & Cultural norms
- Middle years = 6 to 12 (presentation)
- Children between 6 & 12:
  - Begin to master complex concepts
  - Make sense of the world through social interactions – feedback & perception
  - Strong correlation between belonging, identity and wellbeing

**AGES 6/7-12**

- **Concrete Operations**
  - Perform logical operations (i.e. basic math skills, categorical, thinking), but only in relation to concrete objects, not abstract ideas.
  - Able to understand a situation from another person’s perspective.

- **Competence Vs Inferiority**
  - School is a central part of life at this stage. Children learn to master basic social and academic skills.
  - Peers are the key social agent and they begin to compare themselves to other children.

**PROGRAMMATIC DEFINITION OF CAREGIVER**

- Caregiver = any person giving care to a child in the home environment
- Daily parental care, community members and professionals who interact with a child in the community or visit a child at home but do not necessarily live with the child

**COMMUNITY & FAMILY-CENTRED APPROACH**

- Interventions that are strengthen care and protection for ALL children in a household
  - Example: KZN Project – Strengthening the Social Workforce (Quality Education, Mentorship & Supervision for Community Caregivers) - 386 learners (community caregivers) in 7 districts
- Additional gender-sensitive interventions for girls & boys
  - Example: Malawi Child Protection & Child Safety Project:
    1. Empowering Girls - Self-protection, assertiveness and adolescent sexual and reproductive health
    2. Peace is a Decision – Boys reflect on gender norms and prevailing messages, definitions and expectations of male identity
    3. Community Conversation – Community improves safety and protection for children within their community

**FOCUS ON THE MIDDLE YEARS (PRIMARY SCHOOL)**

- 5 Modules designed to systemically mainstream PSS within schools:
  1. Building Blocks for a Caring School
  2. Realizing Your Potential as a Champion for Chn
  3. Realizing the Potential of Children & Youth
  4. Realizing the Potential of Your School
  5. School & Community Partnerships to Realize Children's Full Potential

**WHAT IS THE TEACHER’S DIPLOMA**

- 5 Modules designed to systematically mainstream PSS within schools:
  1. Building Blocks for a Caring School
  2. Realizing Your Potential as a Champion for Chn
  3. Realizing the Potential of Children & Youth
  4. Realizing the Potential of Your School
  5. School & Community Partnerships to Realize Children's Full Potential

- Skills and knowledge to make school a safe and protective environment.
- ‘Network of Care’

**Development Partners:**
- MiE Africa
- UNICEF
- Children’s Institute (UCT)
- Min. of Education
- Teacher Training Institutions: Lesotho, Swaziland, Tanzania, Zambia & Zimbabwe

**Capacity Mobilization**

- Teachers’ Diploma: Psychosocial Care, Support & Protection
- Certificate: Community Based Work with Children & Youth

**Delivery of Learning Program**

- Government (MoE)
- Academic Institution
- NGO/Community
- Families & Children

- Research Protocol
- Financial Resources
- Material Development
- Training

**Focus on the Middle Years (Primary School)**

- Education
- Social Services
- Household with Child
- Protection & Safety
- Health Care

**Focus on the Middle Years (Primary School)**

- Government (MoE)
- Academic Institution
- NGO/Community
- Families & Children

- Research Protocol
- Financial Resources
- Material Development
- Training

**Focus on the Middle Years (Primary School)**

- Teachers’ Diploma: Psychosocial Care, Support & Protection
- Certificate: Community Based Work with Children & Youth

**Focus on the Middle Years (Primary School)**

- Skills and knowledge to make school a safe and protective environment.
- ‘Network of Care’

**Focus on the Middle Years (Primary School)**

- Development Partners:
- MiE Africa
- UNICEF
- Children’s Institute (UCT)
- Min. of Education
- Teacher Training Institutions: Lesotho, Swaziland, Tanzania, Zambia & Zimbabwe

**Focus on the Middle Years (Primary School)**

- Skills and knowledge to make school a safe and protective environment.
- ‘Network of Care’

**Focus on the Middle Years (Primary School)**

- Development Partners:
- MiE Africa
- UNICEF
- Children’s Institute (UCT)
- Min. of Education
- Teacher Training Institutions: Lesotho, Swaziland, Tanzania, Zambia & Zimbabwe

**Focus on the Middle Years (Primary School)**

- Skills and knowledge to make school a safe and protective environment.
- ‘Network of Care’

**Focus on the Middle Years (Primary School)**

- Development Partners:
- MiE Africa
- UNICEF
- Children’s Institute (UCT)
- Min. of Education
- Teacher Training Institutions: Lesotho, Swaziland, Tanzania, Zambia & Zimbabwe

**Focus on the Middle Years (Primary School)**

- Skills and knowledge to make school a safe and protective environment.
- ‘Network of Care’
HIGHLIGHTS OF THE PROGRAMME

- Randomized Control Trial
  - Significant potential contribution to evidence base
- Regional relevance
  - Implementation in Zambia
- Conceptualization, Quality Management & Learning ESA (13 Countries)

“Instead of punishing students coming late to class, I now find out what problems they find at home which may be affecting school performance”

PRIORITY OUTCOMES

- Enhanced access, retention & performance in schools
- Strong, effective systems of care & protection for children
- Healthy, supportive relationships between children & caregivers – teachers, guardians, community leaders, primary health care workers, faith leaders
- Informed and supported families
- Healthy, non-stigmatizing relationships for children
- Caregivers (teachers) sensitive to protection and support needs of children
- Adolescents making healthy, self-preserving life choices

CALLS TO ACTION

- Specific focus on the ‘middle years’ in prevention strategies
- Plan for psychosocial wellbeing outcomes for children:
  - Children living with HIV are motivated and confident to take responsibility for their health care management
  - Children make informed decisions that protect themselves and others from infection
  - Children have support to effectively negotiate grief, fear and anger
  - Children feel included and protected within their communities. Grow with hope & dignity

CONCLUSION

No HIV elimination without strengthened PARENTING for effective Child Care & PROTECTION

No HIV Elimination without quality Psychosocial Support for families, parents and their children!

THANK YOU

MILESTONES ACCOMPLISHED

- Strategic partnerships established
- 218 Schools Participating
- 2 Holiday residential sessions (Dec 2012 & April 2013)
- 36 Communities of Practice (CoP) groups formed
- Monthly CoP meetings held
- Baseline data collected
- National launch of the MPES project by Minister of Education
Pupils being reached by teachers on the diploma programme

129,590

Male
Female
Ages & Stages: The Teen Years
Shannon Senefeld, Psy.D.

Key Questions
- What do children need from their primary caregiver at this age range to reach their developmental potential?
- How are those needs different for girls and boys in that age range?
- For this age group, what child outcomes from parent-child interventions do you think are of highest priority given the HIV context?

Definition of Adolescence
- A person who is no longer a child and not yet an adult
- The period in between the beginning of puberty and adulthood
- Stages of Adolescence
  - Early adolescence (10-13 years)
  - Mid-adolescence (14-16 years)
  - Late adolescence (>17 years)

Adolescent Development Period
- Physical and sexual maturation
- Movement toward social and economic independence
- Development of identity
- The acquisition of skills needed to carry out adult relationships and roles
- The capacity for abstract reasoning. Considerable risk during which social contexts exert powerful influences.
- Pressures to engage in high risk behavior
- Not fully capable of understanding complex concepts, or the relationship between behavior and consequences, or the degree of control they have or can have over health decision making including that related to sexual behavior.
- This inability may make them particularly vulnerable to sexual exploitation and high-risk behaviors.
- Family and community are key supports

Physical Development
- Growth of pubic hair and arm pit hair
- Profuse sweating and body odor
- Acne on the face
- Physical attraction to others
- Boys
  - Deepening of voice
  - Muscle development
  - Wet dreams
  - Growth of facial hair
- Girls
  - Enlargement of breasts
  - Menstruation begins (menarche)
  - Widening of hips

Emotional Development
<table>
<thead>
<tr>
<th>Period</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (10-13 years)</td>
<td>Wide mood swings, Intense feelings, Low impulse control</td>
</tr>
<tr>
<td>Mid (14-16 years)</td>
<td>Sense of invulnerability: risk-taking behavior peaks</td>
</tr>
<tr>
<td>Late (&gt;17 years)</td>
<td>Sense of responsibility for one's health, increasing sense of vulnerability, able to think of others and suppress one's needs, less risk-taking</td>
</tr>
</tbody>
</table>
**Cognitive Development**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early (10-13 years)</td>
<td>Concrete thinking. Little ability to anticipate long-term consequences of their actions. Literal interpretation of ideas.</td>
</tr>
<tr>
<td>Mid (14-16 years)</td>
<td>Able to conceptualize abstract ideas such as love, justice, truth, and spirituality.</td>
</tr>
<tr>
<td>Late (≥ 17 years)</td>
<td>Formal operational thought. Decision-making tree can be made. Essential to understanding the consequences of various actions. Ability to understand and set limits. Can understand others' thoughts and feelings.</td>
</tr>
</tbody>
</table>

**Relationship with Peers**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Adolescence (10-13 years)</td>
<td>Increased importance and intensity of same sex relationships.</td>
</tr>
<tr>
<td>Mid Adolescence (14-16 years)</td>
<td>Peak of peer conformity increased sexual relations.</td>
</tr>
<tr>
<td>Late Adolescence (≥ 17 years)</td>
<td>Peers decrease in importance Begin to develop mutually supportive, mature, intimate relationships.</td>
</tr>
</tbody>
</table>

**Relationship with Family**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Adolescence (10-13 years)</td>
<td>May be strained Increased desire for privacy/independence.</td>
</tr>
<tr>
<td>Mid Adolescence (14-16 years)</td>
<td>Peak of parental conflict Possible rejection of parental values as adolescent searches for her own values and identity.</td>
</tr>
<tr>
<td>Late adolescence (≥ 17 years)</td>
<td>Improved communication Acceptance of parental values.</td>
</tr>
</tbody>
</table>

**Special Considerations for Adolescents Living with HIV**

- Possible delayed achievement of developmental milestones (especially if perinatally infected)—at a time when peer comparison is highest
- Possible increased psychiatric disorders (most commonly cited are anxiety, depression, attention disorders)
- Increased risk of non-compliance to medication
- Increased likelihood of additional responsibility and caretaking at home with additional stressors in the home.

**Living with HIV**

- VIDEO

**Example: Counseling and Psychosocial Support**

[Image: Example of counseling and psychosocial support for adolescents living with HIV]
Pediatric Counseling and Psychosocial Support

- AIDSRelief developed a TOT for counseling of children and adolescents affected by HIV.
- Rolled out in 10+ countries and continues to be used by many agencies today.
- Endorsed by the Ministry of Health in Zambia as a national curriculum.
- Focuses on individual and family support to children and adolescents living with HIV and those affected by HIV.

Holistic Response: Applying a Socio-Ecological Framework

- Recognition that individuals are part of a larger system
- Addressing child/adolescent-caregiver relationships requires attention on all of these levels
- Vital to address not only the child and/or caregiver but also larger social/cultural norms, laws, etc.

Example: Adolescent Girls in Ethiopia

Social Opportunity: Transforming Gatekeepers

- Engage multiple levels of stakeholders
- Plan for gradual change
- Adapt exist structures
- Use complimentary strategies e.g., community conversations and role models

Abushu Gudeta

Project Results

<table>
<thead>
<tr>
<th>Percentage of Girls Who...</th>
<th>Baseline</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrolled in school</td>
<td>72</td>
<td>85</td>
</tr>
<tr>
<td>Used fuel-efficient stoves</td>
<td>11</td>
<td>47</td>
</tr>
<tr>
<td>Performed household work for more than 4 hours per day</td>
<td>100</td>
<td>39</td>
</tr>
<tr>
<td>Had a source of income</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Had personal savings</td>
<td>14</td>
<td>34</td>
</tr>
<tr>
<td>Understand laws around who is entitled to make marriage decisions for a girl</td>
<td>19</td>
<td>58</td>
</tr>
<tr>
<td>Families who had asked girls opinions on decisions to be made regarding girls lives</td>
<td>39</td>
<td>47</td>
</tr>
<tr>
<td>Felt they had equal chance to express their opinions with boys</td>
<td>50</td>
<td>76</td>
</tr>
<tr>
<td>Participated in community forums and plans</td>
<td>2</td>
<td>7</td>
</tr>
</tbody>
</table>

Example 2: Family Strengthening
Family Strengthening

- Builds on the premise that communities’ values are a factor in development.
- Culturally sensitive program designed to strengthen family relationships—initially designed for HIV prevention as The Faithful House under PEPFAR, but now expanded to focus on family strengthening.
- Groups of 10-15 couples complete sessions together & as couples in 3-days:
  - Drama, role plays, pictures to evoke discussion
  - Provides skills building activities, positive peer mentoring, safe environment for couples dialogue
  - Couples invited to participate in support groups
  - Parents are coached on how to talk to their children about issues adolescents are facing (e.g. sex, gender roles, etc.)
- Reached > 81,000 beneficiaries in 11 Sub-Saharan countries

% IPV in the Past 3 Months

Example: SILC in Zimbabwe

Study Purpose

To assess whether adolescent participation in savings and lending groups affects key psychological variables, namely self-esteem, self-efficacy, and hope in rural Zimbabwe.

Self-esteem
- A person’s overall sense of self-worth and personal value.

Self-efficacy
- A person’s judgment or belief of her ability to succeed in accomplishing a task.

Hope
- An overall perception that one’s goals can be met.

Savings and Internal Lending Community

- 5-10 self-selected members
- Meet regularly to save, borrow & repay
- The “Box”
- User-owned and self-managed
- Independent of rigid structures/outside investments
- Participants also received standardized Life Skills Education curriculum (Journey of Life)
Results: Respondent Characteristics

- 160 adolescents (average age 15)
- Average household size: 7 members
- Who decides how money is spent?
  - SILC Monies
    - 33% adolescents decided
    - 45% caregivers decided
  - General household income
    - 75% caregivers decided
- Hope scale scores positively correlated with increased spending decision power

Results: Psychological Variables

- As compared to the control group, SILC members reported higher:
  - Self-efficacy (p<.001)
  - Self-esteem (p<.01)
  - Hope (p<.01)

Results: Additional Successes?

- Helped girls stay in school; reinforced math skills
- Important platform for other services
- Improved problem-solving skills
  - Complemented education in school
  - Youth successfully managed finances during periods of hyperinflation in Zimbabwe

Results: Other Noteworthy Efforts Underway

- Family strengthening curriculum is currently being evaluated in order to further assess the impact of the intervention to reduce the level of child and adolescent exposure to IPV and direct physical violence inflicted by parents.
- Zambia study (PEPFAR) with Futures on the impact of SILC on the wellbeing of caregivers and OVC.
- Zambia study with JHU (NIH) on Trauma-Focused CBT compared to AIDSRelief Psychosocial Counseling Curriculum.

Other Noteworthy Efforts Underway: THRIVE

- THRIVE: 3 country (Kenya, Malawi, and Tanzania) ECD project funded by Hilton Foundation
  - Focus on early childhood development
  - Developed a standardized curriculum that can be adapted to cultural contexts
  - Will be further developed this fiscal year in Nigeria under SMILE to also look at parenting of adolescents

THRIVE

- Sample results from one country sample’s baseline (average age of child was 20 months; sample was 0-36 months):
  - Interaction with the child (caregiver self-reported):
    - 57% of households reported having homemade toys at home
    - 51% of HHs said no one told stories to the child and 37.8% reported no one named, counted or drew things with or for the child.
    - 32.6% of caregivers sang to the child and 42% played with the child.
Sample continued

• Behavior management (caregiver self-reported):
  – 41.3% took away privileges for something, while 50% explained why the child’s behavior was wrong. 42% used redirection and gave the child something else to do.
  – 31.3% shook the child, 42% shouted or screamed at child, 19% called the child names, 46% spanked or hit the child on the bottom with their bare hand.
  – 25.6% hit the child with some object (belt, hairbrush, stick), 14% hit the child above the shoulders (face, head, ears), 40% hit or slapped child on the extremities, and 7.5% beat the child (hit the child over and over as hard as one could).

Sample continued

• 60% of caregivers kissed or cuddled the child during the visit.
• 94.4% of caregivers were in the poor social support range on standardized measure (Oslo).
• 57.9% of respondents had elevated anxiety levels, and 66.1% had elevated depression on HSCL-25.
• **Importance for adolescents**: modeling, social and family norms. Important to use this data to shape our adaptations of parenting curricula for adolescents, so caregivers also understand how their actions shape the beliefs of their adolescents, who often are taking care of younger siblings when parents are not available.

Thank you
Project Snapshot

- **Partners**: Georgetown University’s Institute for Reproductive Health (IRH) and Save the Children
- **Purpose**: Develop and test a set of father-centered interventions that reduce Inter Personal Violence and physical child punishment
- **Duration**: Oct 2012 to Sept 2014
- **Location**: Post-conflict northern Uganda
- **Beneficiaries**: Young fathers (ages 16-25) who are parenting toddlers

Participant Characteristics

- Age: 17-25
- Education: 24% completed primary school
- Employment: 15% engaged in paid work
- Relationship:
  - 74% with partner 1-3 years
  - 64% partially paid bride price
  - Companionship, economic benefit,
- Wife age: 15-25
  (Data for Cohort 1 of 340)

Rationale

Global evidence indicates:

- Childhood physical punishment and witnessing IPV is an important risk factor for later IPV
- Importance of reaching young men before their expectations, attitudes, and behaviors related to relationships are set.
- Involving men more effective than exclusive focus on women.
- Fatherhood promising avenue for promoting positive masculinity

Theoretical Perspectives

- Ecological model
- Positive masculinity
- Influence principles

Project Design

1. Develop an evidence-based intervention:
   - Mentoring program for young fathers to build relationship skills and positive parenting practices;
   - Community message board series to catalyze diffusion of reflection on inequitable gender norms and intimate partner violence.

2. Test the effectiveness and feasibility of the intervention through:
   - Rigorous evaluation using pretest-posttest control experimental design, including randomization and focus group discussion with both the young fathers and project staff.
   - Monitoring and Learning agenda to reflect and document on lessons learned.
Perspectives on caregivers from Ojamuge, STEP

December 2013

Experimental Design

Expected Outcomes: Short-term

Parenting
• Fathers increase their knowledge of child development
• Fathers gain positive parenting skills

Violence
• Fathers report decreased acceptance of intimate partner violence
• Fathers report decreased support for harsh child discipline
• Fathers gain skills in non-violent conflict resolution

Gender / fatherhood norms
• Fathers hold more gender-equitable attitudes toward parenting roles
• Fathers report equal support for their boy and girl children’s hopes and dreams

Expected Outcomes: Intermediate

Parenting
• Fathers report using positive parenting techniques
• Fathers demonstrate positive and nurturing parenting styles
• Fathers spend more time positively interacting with children
• Fathers report increased self-efficacy related to fatherhood role
• Fathers gain skills in non-violent conflict resolution

Violence
• Fathers report decreased incidence of IPV
• Fathers report decreased utilization of harm child discipline

Gender / fatherhood norms
• Fathers hold more gender-equitable attitudes toward parenting roles

Key Baseline Findings
• Overall, over 30% of the respondents were violent against their partners in the past three months.
• About 50% of the fathers administered some form of physical punishment to their children.
• 60% of the respondents ever witnessed a woman (including their mother) being beaten by a man (including their father) during the course of their childhood period.
• 35% of the respondents believe that there are justifiable grounds upon which a woman can be beaten by the husband, for example, when she neglects the children or argues with the husband.

Key Baseline Findings...contd
• 66% of the respondents believe that physical punishment is a good method to instill discipline in the children. About 68% somehow believe that their wives have no right to disagree with you about raising the child.
• 50% of the fathers believe it is hard to raise a child without some form of physical punishment.
• However, for both IPV against their wives and physical punishment against their children, the respondents seem to have first attempted to resolve the situation calmly before becoming violent.
• 68% of the fathers acknowledged that they are not very confident to handle a young child without physical punishment.

Intervention: Mentoring Program
• The project has identified and will train 64 (44 already trained) men to serve as mentors to young fathers
• Each mentor will advise/guide/support 4-5 young fathers using a structured protocol
• Mentors will have 12 points of contact with each young father:
  - 6 individual home visits
  - 6 group meetings
Intervention: Community Posters

- 6 large poster will be placed at community meeting points
- Boards will have images and emotion-based messages to catalyze diffusion of reflection on inequitable gender norms and intimate partner violence

Critical enablers for your population of caregivers?
- Supportive partner/wife who is involved throughout the project.
- Skillful and committed guide/mentors.
- Supportive social environment extended family/clan and community (ecological framework).
- Existence of young father who are just “beginners” in parenting and committed to improve their parenting skills.
- Availability of the curriculum and resource materials for the mentors.
- Existence of government structures both at National and local government levels (both district and sub county level).
- Tapping input of both the stakeholders i.e. young fathers, mentors community leaders, the wives etc in guiding the intervention.

How can we do a better job of engaging fathers?
- Re-cognizing the existing parenting support structures and strengthening them.
- Equipping mentors with appropriate knowledge and skills for effective mentoring.
- Evidence based programming is essential for success.
- Targeting young fathers before development of parenting attitudes.
- Use the people who are experienced in parenting and trusted by the young to offer mentoring to the young fathers.

Engaging religious and traditional leaders
- Sensitized on the project, for their buy in.
- Spearheading identification of the target group.
- Some trained as mentors
- As part of the local leaders/community make commitment during community celebrations.
- Use of the traditional bone fire; wang-oos as one of the approaches during mentors training.

Poster Themes

1. “My son is a REAL father!”
2. “My dad is a REAL father!”
3. “My friend is a REAL father!”
4. “I am a REAL father!”
5. “My husband is a REAL father!”
6. “REAL fathers bring our community hope.” (Public pledging)
Thank you
Dickens Ojamuge
Project Specialist REAL Fathers Project Uganda
dickens.ojamuge@savechildren.org
CDR- Uganda

Strengthening Child- Care Relationships:
Linking evidence and Practice

Presented by
Connie Kekihembo
CDR Technical Advisor

Centre for Disability
and Rehabilitation (CDR)

- CDR is parents organization established in 2007 to empower families caring for children with disabilities in Uganda.
- Since its inception we have recruited 30000 members majority being women and grand mothers.

Working with grannies

The Better Way Concept

- Through: The Better way concept
- We believe child care giving starts at home with the full participation of the family as a better way for meaningful rehabilitation.
- Through this concept we address stigma and encourage social learning using the human rights approach.

Strengthening child - caregiver relationship

- Childcare is primarily the role of caregivers; (parents) who spend more time with the child than anyone else.
- Family is the first and best institution for childcare, development, survival and participation (fulfillment of child rights)

Ctd...

- The concept is implemented through;
- Siblings connection
- Parents connections
- Grannies connection
- Community connection
  Generally engaged in tailored activities and peer to peer support.
Grannies at the centre of care-giving

- Although child care is considered a primary role of parents, many grand mothers are giving primary care due increasing orphan hood due to HIV, family breakdown resulting from domestic violence among others.
- CDR has 200 grandmothers caring for grand children with disabilities abandoned to their care.

Bridge the gap

- All child care efforts should bridge and not widen the child- caregiver gap; because all efforts can only complement parenting, will never replace it.
- All services tailored to meet the needs of the child (fulfill the rights of a child should therefore focus on strengthening the child – caregiver relationship.)

This should include;

- Equipping caregivers with intended care skills for continuity; e.g Health service providers should take time to explain to the parent the child’s condition, treatment plan and instructions (parent’s role in continuing the plan).
- This is done best through home based care model which enables all family members to be involved in child care. (Make the family the first line of operation)

Cont....

- Empowering parents and grannies to enable them provide appropriate child care; with skills, support to generate income, food security support, psychosocial support, etc depending on their varied needs.
- Peer to peer learning is the best approach to empower parents; parents engaging, shared learning, mentoring and coaching each other.

Lessons learnt

- Through child caregivers CDR established Parent Mutual Networks, to support the grannies.
- It is done through;
  - Experience sharing and counseling
  - Visiting them and providing communal labour
  - Providing material support

Case study:

- Desire a 10 yr old boy with a hearing difficulty lives in Kasangati village with his mother Margaret (both HIV positive).
- Desire dropped out of school due to communication challenges at school as he has difficulty hearing.
Perspectives on caregivers from Kekihembo, CDR

December 2013

Cont...

• Margaret was deserted by husband as he could not cope fathering a child with disability

• Desire and mother were linked to CDR by Teddy, also parent who mothered a child with disability.

Cont....

• Through the peer counseling, Desire and Margaret accessed HIV/AIDS services including ART for Margaret and Contrimoxazole for Desire.

• CDR has trained Desire and mother in sign language to ease communication and prepare Desire to restart school.

Cont......

• Margaret has also been empowered to counsel other parents, and to generate income to meet their own needs.

• Margaret makes and sells cosmetics, is a member of Kasangati Parents’ Mutual Network and a representative on the parents coordination committee.

Interventions for child care strengthening

• Intensive child-care guidance and therapy.
• Parent support groups for mutual support.
• Family- school community networks.
• Mass Media.

Successful intervention must be...

• Community driven
• Cost effective
• Sustainable
• Holistic and integrated approaches
• Right based.

Case story:

Strengthening Child-Caregiver Relationships: Linking Evidence and Practice
Perspectives on caregivers from Kekihembo, CDR

December 2013

Josephine is a 13 year old girl with severe cerebral palsy and epilepsy. She lives with her grandmother, 89 yrs old, whose health is deteriorating due to hypertension, cancer, diabetes and duodenal ulcers. They both reside in Luteete village, Wakiso district. Josephine’s mother abandoned her when she was three years old to this 89 yr old, after she was rejected by her husband her for delivering a child with disability.

The old woman despite struggling with her own health has to also provide for herself & for the granddaughter as well and very few relatives do give a helping hand. Josephine was identified by another caregiver during one of the outreach programmes. She was found weak, pale, malnourished and could not stand independently because the Cerebral palsy and epilepsy.

The grandmother is too old & doesn’t have any source of income to cater for herself and Josephine as well as. She lives on handouts from well wishers, some relatives & generous neighbors, CDR supported caregivers regularly visit to clean up the home, fetch water and cook for Josephine and the grandmother.

CDR’s Intervention

She was started on rehabilitation, nutritional therapy & psychosocial support was given to the grandmother by the CDR team. Josephine was given a cerebral palsy chair, a standing frame, an adopted wheel chair to ease sitting posture & strengthen her legs.

As a result of continuous therapy Josephine can now sit and stand with support, stretch her hands & legs, smile, make a joyful sound and signal when needs more food during feeding by using her legs/ hands to the person feeding her.

CDR social worker

Josephine attending sibling connection day
Social Workers Visit the Grannies

Thank you
Perspectives on caregivers from Ward, Sinovuyo Project

December 2013

The Sinovuyo Caring Families Programme – PLH for Young Children 2-9

Jamie M. Lachman, Catherine L. Ward, Lucie Cluver, Judy Hutchings and Frances Gardner

Project Phases

• Phase 1: Intervention Development (2012)

• Phase 2: Feasibility Pilot Randomised Controlled Trial (2013)

• Phase 3: Larger Randomised Controlled Trial (2014-2015)

• Phase 4: Dissemination and Scale-Up (2015 and beyond)

Phases 1 - 3: Programme development based on what works and what is being done

Need to balance evidence w/ local cultural, economic realities!

Building a Rondavel of Support

COMPONENTS (AND) DELIVERIES

• Group based in school setting
• Individual w/ fieldworker
• Integration of school and preschool
• Increased activities
• Life skills training
• Social support
• Parenting sessions

EVIDENCE BASED PARENTING PROGRAMMES

ADULT OUTCOMES

Improved maternal parenting (hemoglobin and stress)
Improved parental supervision (of children)
Increased self worth
Increased social functioning

CHILD OUTCOMES

Reduced child behavior problems
Reduced risk of HIV maternal transmission

SUNSHINE OF POSITIVE ATTENTION

PRAISE AND REWARDS

SPEAKING ABOUT FEELINGS

BUILDING LANGUAGE SKILLS

SPECIAL TIME WITH YOUR CHILD

Strengthening Child-Caregiver Relationships: Linking Evidence and Practice

64
Results: Programme feasibility

- Attendance/Retention: Mean = 9 sessions (75%)
  - Programme support boosts attendance
  - Barriers:
    - Employment => need to offer weekend sessions!
    - Childcare cost and logistics
    - Resistance from family
- Participant satisfaction
  - High rates of weekly and overall satisfaction
  - Positive feedback on content and approach
  - Sinovuyo buddies

Recommendations for future

- Lunch helped!
- Weekend sessions for employed parents
- Target men’s groups and utilize male facilitators
- Additional materials and support increase participation and engagement
- Cultural specific programme content supports behavioural change model
- Some evidence-based behavioural principles may require additional sessions and time
- What about child care?

THANK YOU!!!

The John Fell Fund and the Clarendon Fund

And all the research assistants, volunteers, group facilitators, project managers, and other unsung heroes!
Culturally relevant interventions from Gitonga, PAN

December 2013

PARENTING IN AFRICA NETWORK

Culturally Relevant Parenting Education Interventions

Strengthening Child-Caregiver Relationships: Linking Evidence and Practice”,
December 11 – 13th, Cape Town SA.

Josephine Gitonga
Program Manager PAN secretariat

WHO WE ARE

The PARENTING IN AFRICA NETWORK (PAN) is a pan-African network of member organisations with a focus on promoting parenting in Africa.

PAN is non-partisan, and seeks to collaborate with organisations and individuals that support skilful parenting in Africa.

PAN draws its mandate from the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on Rights and Welfare of the Child (ACRWC) to advocate for the rights of children by focusing on specific issues that affect African families.

Strategies/programs

• Legal and advocacy - promote family friendly laws and policies
• Education and training - to promote training and support to parents and caregivers
• Research and documentation - to build a knowledge base for parenting programs in Africa
• Psychosocial support - in partnership with members implement good parenting models that improve parent and child outcomes.

Important aspects of culture

• Family composition
• Gender roles and responsibilities
• Socialisation process - language acquisition, teaching children important aspects of their culture - how and why
• Language
• Economic status
• Values, beliefs and religion
• Traditional/community leadership

Towards cultural relevance in parenting programs

Current programs

1. Group Triple P trials in African context
2. Early Learning and Family support model
3. Documentation of indigenous knowledge/practices from several African cultures that inform positive parenting and strengthen families

Group Triple P

Aim
To assess the efficacy of Group Triple P as a parent training approach in the African context.

1. Would the strategies be culturally acceptable and relevant to parents in Africa?
2. What aspects of the program would require changes to be relevant to the needs and context of local parents?
3. What resources would be required?
Culturally relevant interventions from Gitonga, PAN

December 2013

Components

**Initial trials:**
Kenya
- 30 parents (Fathers and Mothers) participate in 2 pilot deliveries of group Triple P
- 51 Parents (Fathers and Mothers) participate in a cultural assessment exercise

Namibia
- 45 Parents (Fathers and Mothers) participate in cultural assessment exercise

**Initial Indications**
- Parents were receptive to access help and motivated to learn new skills
- The strategies for parenting skills were perceived as relevant and useful to parents
- Most of the strategies were culturally acceptable to the parents with suggestions for adaptation of some of them according to culture and context: demonstrating affection, time out, quiet time.
- Follow up through questionnaire and group

Challenges noted
- Low attendance by parents in focus groups, thus limited qualitative analysis - Namibia
- A number of potential socio-cultural and contextual barriers that may impact ability to implement positive parenting strategies were identified - Both Kenya and Namibia
- Relevance of tool to identify cultural barriers for semi-literate audience - Both Kenya and Namibia
- No observation for kinship caregivers was done – a very common occurrence in Namibia

Concerns for onward programming
1. Knowledge gained, new/positive parenting practices and behavior change.
   - Did the parents learn new skills in relating with their children?
   - Did they feel confident to practice each of the interventions learnt?
   - Are these new skills easy to work with in raising their children?

2. Methods and approaches of training: the strategies are delivered through video clips, discussion and an accompanying parent’s workbook.
   - What is the potential of the method of delivery vis a vis the obvious differentiation in levels of literacy that characterize many families in Africa?
   - Should PAN and partners consider an alternative training approach as an adaptation?
   - How could we adapt certain aspects of the program but still maintain the quality and intended outcome of the training program?

3. Sustainability for continued implementation to benefit as many parents as possible
   - The program has very expensive components to sustain (parent’s workbooks, use of video clips, practitioner training program, follow up strategy) vis a vis the number of parents that would finally benefit.
   - Referral for complex issues identified requires support from trained psychologists.
This was an intervention after outcomes of a 2012 research that explored parental involvement and participation in early formative years of children—observations:

1. Although parents knew what it means to parent skilfully, majority lacked time to learn and practice this within their families.
2. Teachers were regarded as having valuable responsibility in nurturing children since they spend a lot of time in school with them.

With these observations, PAN in collaboration with one of its member (ACDT) sort to involve parents and teachers in design of a culturally relevant family support program

### Integration of Parenting education and ECD:

1. Parents, Caregivers and ECD teachers acquire skills in raising children of ages 0-8.
2. Parents, Caregivers and ECD teachers work together in learning and socialisation for child wellbeing

**Highlights**

- Parents have contributed to the program by making learning and play materials for children from locally available materials recognised as part of the community
- Contribute to curriculum by teaching traditional crafts, songs, games, proverbs and stories
- Parents visit the centre on a regular basis to observe and participate in children’s learning and play activities-enhancing attachment.
- Parents sharing personal experiences with peers and forming support groups.
- Voluntarily attending education sessions where they learn the importance of parent-child attachment aspects of child development, needs along each stage, how to enhance interaction at each stage, importance of play, toy making, reading to children, health and safety.
- Linking the centres to other providers through a referral mechanism.
For the ultimate protection of children

Thank you!
**Culturally relevant interventions from Ole Sanare, MPDI**

December 2013

Collaborative Action To Improve Young Pastoralist Children’s Early Care and Education and In cooperate Parenting Education

Presented by:-
Monduli Pastoralist Development Initiative, Tanzania.

Contacts:
Box 176, Monduli- Tanzania
Cell phone: +255784476035
E-mail: mpdi.ngo@gmail.com

Dec, 2013, Cape Town - South Africa.

Who is MPDI?

- MPDI is an NGO supporting Maasai pastoralist communities in northern Tanzania, to improve parenting knowledge for pastoralist community parents and their young children’s on:-
  - Early Care and Education
  - Children access, retention and completion of primary education
  - Strengthening skillful parenting knowledge among maasai parents

MPDI values Maasai community culture, and supports pastoralist’s development by starting from who they are, acknowledging what they know and experience, and respecting what they want.

Why MPDI focuses on Maasai children’s Early Care & Education and Parenting Education?

1. During community participatory research before started the programme, Community and District stakeholders identified:-
   a. Significant challenges
   b. Important opportunities for improving Maasai children’s ECCE in the families and communities and to ensure their smooth transition to formal school
   c. An opportunity of using elders as resources people to inheriting and strengthening acceptable traditionally parenting knowledge among Maasai communities.

MPDI also focuses on ECCE and Parenting Education because …

2. Early Childhood is included in Tanzania’s National Strategy for Growth & Reduction of Poverty.

3. The government of Tanzania committed to the six EFA goals, including Goal No. 1 for ECCE …
   - “expand and improve comprehensive ECCE, especially for the most vulnerable and disadvantaged children” 0 - 8 years of age.

4. In some communities, there is no enough grandparents who act as resource people to guide young teenagers on good and acceptable traditionally parenting education

What steps have we taken?

- At the launch of the participatory community research, a large number of stakeholders from community to national level, including the Director of Primary Education, endorsed communities’ call for different stakeholders to work together to “… bring formal and informal education together to develop a person who is confident in both”

- As a result, MPDI developed different proposals and share with development partners such as BvLF, GFC, ICS to mention few that aimed to …
   - Improve pastoralist community parenting knowledge and improving as well the quality of ECCE for young pastoralist children, through nurturing a collaborative commitment between families, communities, and cross-sectoral service providers.

For example,

- Women explained that “…we know how to care for our children, but we have no time!”
- Elders admitted that children’s informal education is declining, and government agreed that, informal education is also an important foundation for formal education.
- In some communities, there is no grandparents who can guide young teenagers on good and acceptable traditionally parenting education
- We learned that communities ARE interested in formal education for their children, but schools are far, and the syllabus is not relevant to their culture.
- Hearing the research findings, different stakeholders began to realise the importance of their learning to working together.
**What have we achieved?**

1. When we started ECD programme on 2005, there were 5 pre-school programmes in the Ward, with a total of 180 children. Today there are:
   - 40 Community ECD centers involving 3,200 children, aged 3 – 10 years;
   - More than 2,300 children have passed ECD centres and joined formal schools today;
   - We have one Skilful Parenting centre which serving more than 500 parents and community is using it as multipurpose centre. It serve as a community centre and uses as adult education class, HIV awareness raising centre, livestock upgrading training centre etc.;
   - We have 30 trained Community Facilitators working in the community;
   - We have managed to form 40 parents groups and provide initiate parenting training while waiting the finalization of parenting manual with ICS. Community have been responsible for designing, constructing, managing, staffing and resourcing their ECD Centres, therefore their sense of ownership is very strong.

---

2. Community ECD Centers are an integral part of community culture, therefore programmes are locally informed and resourced. For example,
   - The centres have community nominated teachers, as well as male and female elders as resource people;
   - The centres use the Maasai language, with Swahili introduced to prepare children for formal school;
   - Organization use the centres on providing training for traditional / opinion leaders, community facilitators etc.

---

3. Documentation of community knowledge, about traditional care and education practices has been ongoing, and phase I is collated in a DVD.

4. MPDI started documenting acceptable traditional parenting knowledge which is in the process of reviewing by opinion leaders and TBAs for approval to be collated in a DVD and shared widely.

---

5. Community ECD centres have become important meeting points for Community members, Opinion leaders, Clinic and School staff, and Ward officials.

For example,
   - Staff from dispensaries attend Community ECD centres on a regular basis to monitor children’s health, and provide health education services. This including providing mobile clinics services. Nurses now report that they are reaching more young children than ever before.
   - Primary school teachers act as resource people for the centres. This helps building stronger links between primary schools and communities, and contributes to young children's smoother transition to school.
   - Teachers are enrolling children to start school easily compared to previous where parents nominate one child to be enrolled even if he have many who are school age.

---

6. There has been a significant increase in the enrolment of 7 - 8 year old children in primary school compared to when we started a programme.

7. Following to programme lobbying and Advocacy, Village, Ward and District leaders have agreed to include ECD issues in their plans.

8. Monduli District Council, and the neighbouring Longido District, have called on MPDI to take the lead in expanding ECD and Skilful Parenting programme across both districts.

9. For the recognition of MPDI ECD initiative in Monduli District targeting marginalized pastoralist community, government have appointed Monduli District to be one of the eight nominated districts to pilot National Integrated ECD Initiative.

---

**Key Challenges:-**

1. Communities have shown their commitment to establishing, resourcing and managing their ECD Centres. However, they are asking the District Council and others services to …
   - Contribute to paying regular allowances for community-nominated ECD centre teachers, to assure the sustainability of the programmes.
   - Support training of community ECD centre teachers and committees.
   - Support in-service training for Standard 1 & 2 primary school teachers, to ensure children's smooth transition to school.
   - Contribute to providing food and water at the centres when circumstances are difficult.
   - To pay for adult education teachers allowances to continuing teaching adult class. Illiterate rate in this Maasai community is over 80%.
Culturally relevant interventions from Ole Sanare, MPDI

December 2013

Key Challenges...

2. Funding limitations...
   - Have limited our progress in the ongoing documentation of community knowledge, beliefs and practices regarding ECD issues.
   - Have limited our progress on inviting traditional/opinion leaders, elders and TBAs to review the documented acceptable traditionally parenting education and collate in the DVD and share widely.
   - Are blocking opportunities for expansion these programmes (ECD and Skilful Parenting) to other Wards and Districts.

Forward Plans:

1. To work in partnership with resource people from communities level, Village and Ward officials, District Council and others stakeholders to:
   - Review and do necessary amendments to the developed locally–appropriate ECD Curriculum and teachers guidelines.
   - Organizing ECD teachers and committees training to be able to manage and run their centres.
   - With ICS, to finalize the development of Skilful Parenting manual to be used by community facilitators on organizing training for parent groups.
   - Organizing training for community facilitators to be able to lead parents groups and traditional leaders to do community sensitization.

…Key Challenges...

2. To support family and community capacity development in Early Care and Education through locally-developed …

Forward Plans.

- Parenting Education programmes targeting families and communities.
  - “There are resource people in the community available now for documenting our traditional parenting and child rearing knowledge, but with time, changes occur and we may not have old people for very long who knows the details of these education.”
  - Says Mzee Lemomo.
- Adult Education (tailor made training).
- ECD centre committee training.

Recommendations:

The 2007 EFA Global Monitoring Report highlights that …

EFA means education for all, not just for some. It means all six goals, not just those related to primary school.

In order to realise EFA Goal No 1, we fully support the recommendations of this report that call for …

1. A high level political endorsement of ECCE.
2. An increase in national financing for ECCE, targeting the disadvantaged, including pastoralist children; and …
3. Donors to prioritise ECCE as the foundation to achieve EFA.

Conclusion:

As Mzee Lemobi who is one of the Maasai traditional elder highlighted during community research that:-

“We have discussed and agreed that it is important to bring formal and informal education together, to care for and bring up our children;…”

Let us then do it today and not wait till tomorrow because we don’t know what will happen tomorrow and things are changing quickly.

Our role is to take immediate action.”

Our experiences have convinced us that, collaborative action led by communities themselves, is the way forward for ECCE and Parenting Education programme.

We invite others to join hands with MPDI and the Monduli District Council, as we continue to work with communities, other service providers and planners to improve young pastoralist children’s early care and education and Parenting Education.

Asanteni Sana / Thank You Very Much.
In Tanzania like elsewhere in Africa, OVC traditionally were cared for by close relatives and neighbors without government intervention or support. In recent decades, this traditional community safety net has been stretched beyond its capacity by the HIV/AIDS pandemic, chronic poverty and social/family disintegration. Among OVC households, more than half are headed by aging grandparents who struggle to make ends meet. Twelve percent of OVC live in child-headed households.

INTRODUCTION: PAMOJA TUWALEE PROGRAM/FHI360

The Pamoja Tuwalee program is a five year USAID OVC program implemented by four partners in four zones. FHI360 implement the program in Coast Zone. Pamoja Tuwalee program/FHI360 was designed to respond to the needs of OVC and restore some of the traditional elements in OVC caring.

GOAL

1: Increase the capacity of communities and local governments to meet the needs of OVC and their households in an innovative, efficient and sustainable manner.
2: Increase the capacity of households to protect, care for and meet the basic needs of OVC in a sustained way by improving their care-taking, livelihood and health-seeking skills.
3: Increase OVC household access to comprehensive, high-quality, age-appropriate and gender-sensitive services by creating integrated community-level referral networks that strengthen the continuum of care.
4: Empower OVC, particularly females, to contribute to their own well-being by improving their resilience, as well as their livelihood and self-care skills.

Apart from the government and community members, we specifically work with:

- Grandparents, Single parents, Child headed households;
- Children
- Both men and women

Addressing cultural issues is part of the program design. Our strategic approach: Empowerment and Integration (strength Based Approach).
### SPECIFIC METHODS/INTERVENTIONS RELATED TO CULTURAL RELEVANT AND COMPETENT PARENTING

- Caretaking skills training to caretakers/caregivers
  **Cultural issues:** talking about death
- Reactions of orphans after death of their parents per age category
- What might happen if not assisted during that period
- How to build the attachment: listening and talking to distressed children
- Coping mechanism between the caretakers and the child

### SPECIFIC METHODS/INTERVENTIONS RELATED TO CULTURAL RELEVANT AND COMPETENT PARENTING

- Use of children clubs forum
  **Cultural issues:** Rights of the child, communication between the caretakers and the children
- Equal rights of children
- Child Protection - the importance of reporting child abuse even if by a close family member
- Development stages of children: eg how to assist youth during their adolescent stages
- Life skills for youth

### SPECIFIC METHODS/INTERVENTIONS RELATED TO CULTURAL RELEVANT AND COMPETENT PARENTING

- Memory Work
  **Cultural issues:** Rights of inheritance, will writing, talking about death
- Story telling: family background, cultural beliefs,
- HIV/AIDS status disclosing if relevant
- Wishes of parents/wishes of children - under hero books
- Inheritance and Will writing
- Attachment Building
Culturally relevant interventions from Kikuyo, FHI 360

December 2013

SPECIFIC METHODS/INTERVENTIONS RELATED TO CULTURAL RELEVANT AND COMPETENT PARENTING

- Provision of equal opportunity to both women and men on issues related to different cultural beliefs
- Empowering both men and women but providing more opportunity and support to vulnerable group - women/girls
- Entrepreneurship skills building
- Saving groups: opportunities for women to increase their income
- Enforcing partnership in decision making
- Education support

SPECIFIC METHODS/INTERVENTIONS RELATED TO CULTURAL RELEVANT AND COMPETENT PARENTING

- Modelling: using vivid examples to build the case and challenge some negative cultural beliefs: Examples:
  - Rights to education between girls and boys,
  - Beliefs that boys are good in studying science or difficult subject than girls
  - Boys have the right to family inheritance unlike girls

SPECIFIC METHODS/INTERVENTIONS RELATED TO CULTURAL RELEVANT AND COMPETENT PARENTING

- Meetings/discussions forum, Example
  - Bringing men and women together to discuss issues of development
  - Providing equal opportunity to provide inputs on the plan or decision
  - Targeting directly the weak group to contribute on certain issues

SPECIFIC METHODS/INTERVENTIONS RELATED TO CULTURAL RELEVANT AND COMPETENT PARENTING

- Open minded: How to balance the program target and the new learning
- Program Flexibility to accommodate the new proposal
- The time it takes to change the mind-set of the individuals
- In some cases you need experts not just volunteers

Challenges

- Open minded: How to balance the program target and the new learning
- Program Flexibility to accommodate the new proposal
- The time it takes to change the mind-set of the individuals
- In some cases you need experts not just volunteers
RECOMMENDATIONS

• Let caretakers/caregivers know that behaviour and character of an individual is a direct product of the manner in which children are nurtured and socialized from the early stage
• Be open minded: be ready to learn from the community
• Start where they are to build the case
• Be creative and make sense when proposing some changes

THANK YOU

ASANTE SANA
USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

University Research Co., LLC
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Tel: (301) 654-8338
Fax: (301) 941-8427
www.usaidassist.org