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POST PARENTING REPORT FOR THE PARENTING PROGRAMME IN THE CHILD SENSTIVE SOCIAL PROTECTION PROJECT IN SOMALILAND

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1 Research Summary

Background of the study

Save the Children Finland, in partnership with SCI Somaliland has developed a project referred to as Child Sensitive Social Protection (CSSP). The CSSP targets poor and vulnerable children of internally displaced persons (IDP) across three IDP settlements within Hargeisa, Somaliland. CSSP is based in a cash-plus approach and consists of a cash transfer (valued at US$20) alongside a child-sensitive training package[1] which includes training for core parenting skills and is the foundation of five other areas of awareness-raising: child labour; infant and young child feeding; family budgeting; gender; and child education.

The 2022 parenting assessment report is developed by the Economic Policy Research Institute (EPRI), based on the analysis of data collected by the SCI Somaliland data collection team. The purpose is to assess whether the delivery of the CSSP parenting package has effectively promoted sensitivity towards the needs and rights of children among parents and caregivers throughout three IDP settlements within Hargeisa – Sancaani, Mohamed Mooge and Sheikh Omer.

Methodology

Data was collected by the SCI Somaliland data collection team. Qualitative data collection included participatory methods, such as key informant interviews with the parenting programme facilitators and focus group discussions with children and caregivers. Participants were purposively sampled across both intervention (cash-plus beneficiaries i.e. those receiving the cash and the parenting programme) and control groups (those not receiving the parenting programme – this includes cash-only beneficiaries i.e. those receiving only the cash transfer without the parenting programme as well as non-beneficiaries of CSSP).

Quantitative data collection included administering the CSSP-ICDP Caregiver and Child Questionnaires. The SCI Somaliland team collected data about parenting knowledge, attitude and practices among the beneficiaries, along with strengths and difficulties of the child using the quantitative caregiver and child questionnaire. There were 2 iterations of the endline survey. In iteration 1, data for the CSSP-ICDP Caregiver and Child Questionnaires was captured. However, since the data did not distinguish which beneficiaries received the 'cash only' and 'cash-plus' interventions, a second iteration was conducted where the Caregiver Questionnaire was re-administered and the additional data was captured – only for caregivers.

For caregivers, an impact analysis is conducted. However, for children, since there is no distinction between cash and cash-plus beneficiaries, an overall analysis is conducted (without impact attribution for child related indicators). The data analysed for the CSSP-ICDP Child Questionnaire is based on

[1] which is delivered according to the International Child Development Programme (ICDP) concepts.

iteration 1 the data analysed for the CSSP-ICDP Caregiver Questionnaire is based on iteration 2 of the 2022 parenting assessment survey data.

After data collection by the SCI team, the EPRI team analysed the quantitative and qualitative data findings. The qualitative data was coded and analysed using the NVivo 12 qualitative software program using content analysis. Quantitative data from the caregiver and child survey was analysed using STATA. Since the parenting sessions were administered to a random subset of programme beneficiaries, the team was therefore able to measure the impact of these sessions on parenting indicators of interest. This was done by comparing the outcomes of cash only caregivers compared to those of cash-plus caregivers that also benefited from parenting sessions. .

Study limitations and caveats

(1) The study is based on discussions with a limited sample of beneficiaries in each IDP camp. The sampling covered all groups of beneficiaries and vulnerabilities based on the programme's targeting criteria, and the findings are representative of the beneficiary population in the targeted locations. However, the findings, while illustrative of programme effects, they cannot be considered fully statistically representative of the population of the three IDP settlements.

(2) The findings that have emerged from the focus group discussions with children have been limited.

(1) Based on data collection, the qualitative findings are based on discussions with the *intervention group* (those receiving the cash and the parenting programme i.e. cash-plus beneficiaries) and *control group* (those not receiving the parenting programme – this includes cash-only beneficiaries i.e. those receiving only the cash transfer without the parenting programme as well as non-beneficiaries of CSSP). In contrast, the quantitative analysis for caregivers[2] is based on an impact analysis of cash-plus beneficiaries and cash-only beneficiaries. No quantitative data was collected from non-beneficiary caregivers of CSSP. For children, quantitative analysis[3] is based on an overall analysis of results. No disaggregation is made between cash-only, cash-plus and non-beneficiairies for children and no impact is attributed based on child related indicators.

[2] The data analysed for the CSSP-ICDP Caregiver Questionnaire is based on iteration 2

[3] The data analysed for the CSSP-ICDP Child Questionnaire is based on iteration 1

Key Findings

Change in positive parenting/positive activities

Based on qualitative findings, caregivers from the intervention group reported that they have learnt "proper parenting methods" since they participated in the ICDP parenting programme. Children across the three camps also reported that their caregivers talk to them kindly, spend more time with them and they have a more open relationship. Children are reported to be more involved in the household decisions and making rules together with caregivers, giving them a voice in the household. The qualitative findings are corroborated by quantitative data which indicates that overall, caregivers who received the parenting intervention show an improvement in engaging in activities with their children such as having meals together, praising the child for good behaviour, showing physical affection, etc. to caregivers who received the cash-only intervention.

Change in disciplinary practices

Based on qualitative findings, caregivers from the intervention group reported they recognise the negative consequences of violent disciplinary practices, including yelling, shouting, spanking, slapping etc. and are beginning to adopt more positive methods such as guiding children calmly and modelling good behaviour. This is corroborated by facilitators. Quantitative data indicates that caregivers who received the parenting intervention are less likely to adopt negative disciplinary practices compared to caregivers who received the cash-only intervention. The practices of caregivers are also reflected in the beliefs they hold as compared with the caregivers who did not receive the parenting intervention – cash-plus beneficiary caregivers are less likely to hold negative disciplinary beliefs for raising children, such as the need to physically punish, belittle, or threaten the child. Children were similarly asked about the use of corporal punishment and negative disciplinary practices by caregivers- Most children reported that their caregivers "never" used negative discipling and physical punishment.

Gender perspectives on parenting

There is reported to be a change in gender differentiation through parenting among parents from the intervention group. While earlier, the responsibility of household work predominantly would fall on girls/daughters, caregivers from the intervention group reported awareness that household chores need to be distributed equally between boys and girls so that they have enough time to focus on their education. Facilitators corroborated this change in perspective. However many caregivers still hold gendered perspectives. Some caregivers from the intevention group mentioned that boys need more disciplining (than girls) as they are more stubborn. Others caregivers from the control group mentioned that girls need to be more protected as they are more emotional and vulnerable. Hence, there is still a prevelance of gendered differentiation through parenting. Even among facilitators of the parental training programme, two of the three facilitators showed indications of holding gendered views on raising children. Additionally, there appears to be a limited change in how the parenting programme has influenced the roles that caregivers take on themselves and how children perceive parental roles. For instance, when asked about the roles of their caregivers, children report that the

mothers' role is to nurture and give care to the children while the father's role is to bring in income to meet the needs of the family.

One key finding reported by the facilitator in Mohamed Mooge was that reports of domestic violence have decreased among households after caregivers have participated in the ICDP training.

Children's emotional and psycho-social wellbeing

The 'Strengths and Difficulties' questionnaire was analysed which presented the caregivers report on children internalising, externalising and risk behaviour. However, none of the questions were found to have had a statistically significant impact on the beneficiaries, both cash-only and cash-plus, in the given data. Results of the social support children receive based on the analysis of the modified medical outcomes survey show that most children have the required support and have someone who follows them up when they are ill, takes them to the doctor, makes meals etc. When children were asked about the sadness and difficulties they experience, most children reported that they are sad once in a while (compared to more often), are sure things will work out okay, do most things ok, like themselves, feel like crying once in a while (compared to more often), are bothered by things once in a while (compared to more often), do not feel alone, have plenty of friends and are sure that somebody loves them – indicating that overall, a majority of the perspectives are positive.

Mental health of the caregiver

Caregiver's mental health was assessed with the Shona depression scale, reported as binary responses (Yes or No). The 2018 parenting assessment survey data.[4] reported high levels of depression among caregivers. The 2022 results indicate that caregivers from the cash-plus intervention were reported to have better mental health in compared to the cash-only group: they are less likely to lose their temper over trivial matters and less likely to experience moments where their life was so tough, they felt like crying. Hence, the parenting intervention has worked towards improving the mental health of the caregivers within the targeted IDP settlements.

Conclusion and Recommendations

In summary, the findings indicate that the cash-plus model has nurtured positive interactions between caregivers and their children. The parenting sessions have helped parents and caregivers improve their child sensitivity, build skills and adopt behaviours that promote children's development. However, there are some caregivers who hold conventional, deep-rooted parenting norms that cannot be easily shifted. Thus, to enable lasting improvements in child well-being, regular sensitisation and information-sharing sessions will be critical. Sustained efforts will be required to allow for ample time to enable perceptions and beliefs translate to actual practice.

Some of the key recommendations are:

1. Invest in further training of facilitators:
2. Strengthen the gender component in the parenting sessions:

[4] Findings from the 2018 Parenting Report

3. Introduce a parenting session targeted towards fathers/ male caregivers:
4. Increase follow up and monitoring to ensure positive parenting practices continue and are sustained beyond the lifetime of the parenting sessions:

Report structure

The report is structured as follows. Section (2) provides a brief background of the study. Section (3) provides an introduction to the study and key objectives. The following section (4) outlines the methodological approach, including the approach to the data collection, data analysis, fieldwork and data management. It also lists the ethical considerations, limitations and caveats to be considered in the study design as well as provides a descriptive of the survey population. Section (5) outlines the key findings of the study. Section (6) outlines the concluding remarks and recommendations. This is followed by the references in section (7).

2 Background

Since 1994, Somaliland has made significant strides in strengthening its economy and governance. **Nevertheless, multidimensional and monetary poverty continue to pose barriers for its path towards economic and social development.** Children in particular face several vulnerabilities related to poverty, nutrition, healthcare and child protection. Children in Somaliland have a poverty headcount of 35% and 42% in urban and rural areas respectively.

Further, children are vulnerable to various types of risks such as child marriage, female genital mutilation and child labour. Somaliland has one of the highest rates of female genital mutilation, with a prevalence of 99%.[5] Children are also vulnerable to physical and sexual forms of abuse, with children with disabilities particularly vulnerable to these types of abuse.[6] Children who experience such abuse often end up running away and living on the streets, making them further vulnerable to sexual and physical violence.[7]

Somaliland is also confronted with limited access to social services which are essential for children's wellbeing, and future productivity. Further, due to climatic shocks, Somaliland has also experienced large-scale population displacement. Around 85% of Internally Displaced Persons (IDPs) cited leaving their homes due to drought. Hence, **IDPs and children from IDP households face heightened vulnerability due to the lack of income-generating opportunities and access to essential services such as education, health, and clean water within IDP camps.**

3 Introduction and objectives

Against the backdrop of the heightened vulnerability faced by children from IDP households in Somaliland, Save the Children (SCI) has been implementing a child-sensitive social protection project (CSSP) targeting poor and vulnerable children of IDP households in Hargeisa. The Child-Sensitive Social Protection Pilot (CSSP) was launched in 2017 and consists of a pilot cash transfer operation between 2018 and 2021 throughout three IDP settlements within Hargeisa – Sancaani, Mohamed Mooge and Sheikh Omer. Eligibility for the programme consists of families who care for 2 or more children and are below the age of five years old.

The overarching goal for CSSP is to reduce deprivation and vulnerability among children of IDP households. Furthermore, it recognises the cash-plus approach is an important integrated approach to social protection for child wellbeing.

As part of the 'plus' component, CSSP includes a parenting package that aims at improving the child-rearing practices of parents and caregivers, leading to changes in knowledge, attitudes and practices among parents, caregivers, and communities. The parenting package is based on the International Child Development Programme – ICDP, which is adjusted to the local context. ICDP is a parenting programme designed for all parents and caregivers, focusing on the positive interaction between

[5] (Mohamed, Matanda, & Powell, 2020)
[6] (Save the Children, 2020)
[7] (Mohamoud, Saeed, & Ali, 2022)

caregivers and their children. ICDP recognises that children need a long-term, stable, and caring relationship with the primary caregiver and is based on the idea that the best way to help children is by helping their caregivers.[8] It is based on an empowering, empathic approach to encouraging further development of caregivers' parenting skills. Under this package, trained parenting facilitators are responsible for conducting parenting sessions, including child labour; gender; infant and young child feeding; child and family budgeting; and child education.

The main objective of the 2022 parenting assessment report is to determine whether the CSSP parenting package has nurtured positive interactions between caregivers and their children.

4 Methodology

4.1 Qualitative analysis

4.1.1 Data collection

Data collection was undertaken by the SCI Somaliland team. Qualitative data collection included participatory methods, such as key informant interviews with the parenting programme facilitators and focus group discussions with children and caregivers. The SCI Somaliland team conducted 15 consultations for the study.

The Focus Group Discussions (FGDs) at the camp level involved discussions with children, parents/caregivers, to better understand how the parenting sessions have changed the perspectives of caregivers, children and communities:

Across the 3 camps, out of a total of 12 FGDs:

- 2 were conducted with caregivers from Sheikh Omer – 1 from the intervention and control group each
- 2 were conducted with caregivers from Mohamed Mooge – 1 from the intervention and control group each
- 2 were conducted with caregivers from Sancaani – 1 from the intervention and control group each
- 2 were conducted with children from Sheikh Omer – 1 from the intervention and control group each
- 2 were conducted with children from Mohamed Mooge – 1 from the intervention and control group each
- 2 were conducted with children from Sancaani – 1 from the intervention and control group each

The Key Informant Interviews (KIIs) at the camp level targeted facilitators implementing the parenting sessions. The objective was to understand their experiences in implementing the parenting sessions and the changes they've observed among communities

Across the 3 camps, out of a total of 3 KIIs

[8] (International Child Development Programme, n.d.)

- 1 was conducted with a facilitator of the parenting session for Sheikh Omer
- 1 was conducted with a facilitator of the parenting session for Mohamed Mooge
- 1 was conducted with a facilitator of the parenting session for Sancaani

4.1.2 Data Analysis

The qualitative data was coded and analysed by EPRI using the NVivo 12 qualitative software program. The team created a preliminary coding outline which outline which served as the tool to organise and subsequently analyse the information gathered in FGDs. The team employed content analysis to describe the parent-child interaction and the emergent themes. The findings were triangulated to ensure robustness.

4.2 Quantitative analysis:

4.2.1 Data collection

Quantitative data collection included administering the CSSP-ICDP Caregiver and Child Questionnaires. The SCI Somaliland team collected data about parenting knowledge, attitude and practices among the beneficiaries, along with strengths and difficulties of the child using the quantitative caregiver and child questionnaire.

There were 2 iterations of the endline survey. In iteration 1, data for the CSSP-ICDP Caregiver and Child Questionnaires was captured. However, since the data did not distinguish which beneficiaries received the 'cash-only' and 'cash-plus' interventions, a second iteration was conducted where the Caregiver Questionnaire was re-administered and the additional data was captured – only for caregivers.

For **caregivers, an impact analysis is conducted.** However, **for children, since there is no distinction between cash-only and cash-plus beneficiaries, an overall analysis is conducted (without impact attribution for child related indicators).** The data analysed for the CSSP-ICDP **Child Questionnaire is based on iteration 1** the data analysed for the CSSP-ICDP **Caregiver Questionnaire is based on iteration 2 of the 2022 parenting assessment survey data.**

4.2.2 Data Analysis

Quantitative data from the caregiver and child survey was analysed using STATA. Since the parenting sessions were administered to a random subset of programme beneficiaries, the team was therefore able to measure the impact of these sessions on parenting indicators of interest. This was done by comparing the outcomes of cash-only caregivers compared to those of cash-plus caregivers that also benefited from parenting sessions.

4.3 Data quality assurance measures

All data collectors were trained to ensure a common understanding of interview guides and the general techniques of administering face-to-face interviews.

4.4 Ethical Considerations

Appropriate oversight of human subjects' research is a legal as well as an ethical imperative. A focus on vulnerable population groups necessitates measures to ensure that participants treated with respect and dignity and protected throughout the process. Accordingly, the key ethical principles upheld throughout the study include:

1. Ensuring **respect** for all persons involved throughout the research process.
2. **Non-maleficence** and avoiding doing harm or injuring persons participating in the research process, both through acts of commission and omission.
3. Ensuring **justice and equitable representation** – ensuring that benefits and the potential burdens of the research are carefully considered and equitably distributed among the potential research subjects.
4. **Honesty, Integrity and Trust** - accurate presentation of procedures, data and findings.
5. **Accountability** for actions and conduct.

4.5 Study limitations and caveats

(2) The study is based on discussions with a limited sample of beneficiaries in each IDP camp. The sampling covered all groups of beneficiaries and vulnerabilities based on the programme's targeting criteria, and the findings are representative of the beneficiary population in the targeted locations. However, the findings, while illustrative of programme effects, they cannot be considered fully statistically representative of the population of the three IDP settlements.

(3) The findings that have emerged from the focus group discussions with children have been limited.

(4) Based on data collection, the qualitative findings are based on discussions with the *intervention group* (those receiving the cash and the parenting programme i.e. cash-plus beneficiaries) and *control group* (those not receiving the parenting programme – this includes cash-only beneficiaries i.e. those receiving only the cash transfer without the parenting programme as well as non-beneficiaries of CSSP). In contrast, the quantitative analysis for caregivers[9] is based on an impact analysis of cash-plus beneficiaries and cash-only beneficiaries. No quantitative data was collected from non-beneficiary caregivers of CSSP. For children, quantitative analysis[10] is based on an overall analysis of results. No disaggregation is made between cash-

[9] The data analysed for the CSSP-ICDP Caregiver Questionnaire is based on iteration 2

[10] The data analysed for the CSSP-ICDP Child Questionnaire is based on iteration 1

only, cash-plus and non-beneficiairies for children and no impact is attributed based on child related indicators.

4.6 Description of the survey population

As shown in Table 1, on average, there were more girls (52.87%) than boys (47.13%) in the survey. This gender difference was largest in Mohamed mooge with 63.83% girls versus 36.17% boys closely followed by Sancaani and Mohamed Mooge. The majority of participants were women (95.09%) and mothers (94.90%). The few participating men were from Sancaani and Sheikh Omer. However, there were no male participants from Mohamed Mooge.

TABLE 1: DESCRIPTION OF POPULATION CHARACTERISTICS, CATEGORICAL CHARACTERISTICS

	Sancaani	Sh. Omer	Mo. Mooge	Total
Gender of child				
Male	33 (61.11%)	24 (42.86%)	17 (36.17%)	74 (47.13%)
Female	21 (38.89%)	32 (57.14%)	30 (63.83%)	83 (52.87%)
Gender of adult				
Male	4 (7.41%)	4 (7.14%)	0	8 (4.91%)
Female	50 (92.59%)	52 (92.86%)	53 (100%)	155 (95.09%)
Relationship to child				
Mother	52 (96.30%)	53 (94.64%)	44 (93.62%)	149 (94.90%)
Father	0	1 (1.79%)	0	1 (0.64%)
Grandparent	1 (1.85%)	1 (1.79%)	3 (6.38%)	5 (3.18%)
Uncle	0	1 (1.79)	1	1 (0.64)
Other	1 (1.85%)	0	0	1 (0.64)
Adult education				
No formal	48 (88.89%)	48 (85.71%)	49 (92.45%)	145 (88.96%)
Primary	6 (11.11%)	7 (12.50%)	4 (7.55%)	17 (10.43%)
Secondary	0	1 (1.79%)	0	1 (0.61%)

The mean age of the child across the three sites was 9.8 years as shown in Table 2. Children from Sancaani were the oldest (average age of 13.38 years), ~6 years on average older than children form Mohamed Mooge (average age of 7.43 years). The mean adult age was 38.73 years, and was similar

across the 3 sites. There were on average more than five children per household in Sancaani and Sh. Omer and less than five children in Mohamed Mooge.

TABLE 2: DESCRIPTION OF POPULATION CHARACTERISTICS, CONTINUOUS CHARACTERISTICS

	Sancaani	Sh. Omer	Mo. Mooge	Total
Child age	13.38	8.15	7.43	9.8
Adult age	38.42	38.07	39.73	38.73
Children under 18 in household	5.64	5.10	4.79	5.18

5 Key findings

5.1 Qualitative findings: Children and caregiver qualities and behaviours

5.1.1 Qualities and behaviours in children

When asked about positive qualities and behaviour in a child, caregivers from both groups (intervention and control) reported respect, obedience, caregiving i.e. taking care of younger siblings and responsibility. On the other hand, caregivers reported that negative qualities and in children include low self-esteem, fear, and bullying. (Box 1)

When children were asked what they considered positive qualities and behaviour, they reported being helpful, sensitive to their caregivers, praying, and being friendly with peers. On the other hand, negative qualities and behaviours included bullying, aggression, and lack of respect. Facilitators reported that positive qualities in children were obedience, respect, honesty and patience. In contrast, negative qualities in children included lying, being fearful and being disrespectful.

BOX 1. QUALITIES AND BEHAVIOURS IN CHILDREN: CAREGIVERS & FACILITATORS

Positive qualities:

"..love, self-esteem, school concentration, respecting, good obedience, how much they provide help to others, social honest, compassion, creativity." – ***FGDs with caregivers, from the intervention group, Mohamed Mooge***

"…he try to provide any kind of support, like guiding his little brother and sisters school home works." – ***FGDs with caregivers from the intervention group, Sancaani***

"We know our child are good child the way they behave when they make mistake, he or she accept the responsibility and the consequence." – ***FGDs with caregivers from the intervention group, Sheikh Omer***

"The way they behave, respect and obey our words." – ***FGDs with caregivers from the control group, Sancaani***

"Behave like adults when they left with younger children." – ***FGDs with caregivers from the intervention group , Sheikh Omer***

"Stops involvement in conflicts and bullying." – ***FGDs with caregivers from the intervention group , Sheikh Omer***

"Honestly, patience, compassion, self-esteem" – ***KIIs with facilitators***

"Good obedience, respecting people" – ***KIIs with facilitators***

Negative qualities:

"Being a part of bulling or conflict, low self-esteem, social anxiety" – ***FGDs with caregivers from the intervention group, Sancaani***

"We wouldn't like our child to develop in many ways like; yelling, shouting, bulling" – ***FGDs with caregivers from the control group, Mohamed Mooge***

"Lies, fear, lack of , self-esteem." – ***KIIs with facilitators***

5.1.2 Qualities and behaviours in caregivers

BOX 2. KEY QUALITIES TO SUPPORT A CHILD'S DEVELOPMENT: CAREGIVERS & FACILITATORS

"To be friends with child so they can share everything with caregiver" – ***FGDs with caregivers from the intervention group, Mohamed Mooge***

"Good communication between caregivers and child, physical and mental support. E.g. giving them good nutrition, showing them how much u love and proud for having a blessing child like him/her, respect caring them. " – ***FGDs with caregivers from the intervention group, Sancaani***

"Caregivers should show their child physical and mental support.. Promote independence and show your child that you have confidence in them to make suitable choices in support of their health and wellbeing, for example respecting their right to choose friends and how they manage their time whilst also being accountable for their actions." – ***FGDs with caregivers from the intervention group, Sheikh Omer***

"To know and provide child's right this upgrade dignity of all children and the urgency of ensuring their well-being and development… Build good friendship and ask what he or she did that day." – ***KIIs with facilitators***

"Caregiver should become friend to child so child can trust and share everything to them." – ***FGDs with caregivers from the control group, Mohamed Mooge***

"Children need to be afraid of their caregiver ." – ***FGDs with caregivers from the control group, Sheikh Omer***

"To control the child so child wouldn't spoil and gain good discipline" – ***FGDs with caregivers from the control group, Mohamed Mooge***

When asked about key qualities and behaviours a caregiver should have to support the development of a child, caregivers from the intervention group reported that being friendly with children, to enable them to share openly is key (Box 2). When children were asked what they considered supportive qualities and behaviours in caregivers, they reported being patient and friendly. Facilitators also indicated that the most important qualities of caregivers included being friendly. Hence, there was an overall consensus that caregivers need to be friendly with children first and foremost to support their development

While there were some similar perspectives about qualities of caregivers among caregivers from the control group, there were also some perspectives that it was important that caregivers "control children" and that children needed to be afraid of their caregiver.

5.2 Qualitative and Quantitative findings: Change in positive parenting/positive activities

5.2.1 Positive parenting qualitative findings

5.2.1.1 Positive relationship between the caregiver and child (Qualitative findings)

Caregivers from the intervention group report that their parenting has changed positively since they participated in the ICDP parenting programme as they learnt "proper parenting methods". According to caregivers, there is positive bonding with children and more open conversation. Caregivers have also reported that this has led to children being more regular and making progress in school (Box 3). Children across the three camps also reported that their caregivers talk to them kindly, spend more time with them and have a more open relationship.

BOX 3.CHANGE IN POSITIVE PARENTING: CAREGIVERS & FACILITATORS

"We noticed great change since we are in parenting group sessions" – ***FGDs with caregivers from the intervention group, Sancaani Camp***

"Became easier because we learnt proper parenting methods." – ***FGDs with caregivers from the intervention group, Mohamed Mooge***

"This changed in many ways: before intervention there was no strong bonds or positive relationship between caregivers and child's, children never admit to being bullied at school or nearby home or playground, they cannot express they feeling, we made the children friends which improves child's self-esteem, we reduced yelling, shouting, curses." – ***FGDs with caregivers from the intervention group, Sheikh Omer***

"Children get [the] ability to express their needs and objections. e.g., in the past, if a child felt threatened or bulled at school, he /she would refuse to attend school without explaining why. But after the intervention everything changed, we talk about daily basis activity." – ***FGDs with caregivers from the intervention group, Sheikh Omer***

"Since we were part to ICDP parenting group we have seen great progress about how are they doing in school and home." – ***FGDs with caregivers from the intervention group, Sheikh Omer***

"Spending quality time together doing things of our child choosing, showing compassion and empathy which improves child's self-confidence." – ***FGDs with caregivers from the intervention group, Sheikh Omer***

"Built strong bonding between child and parents" – ***FGDs with caregivers from the intervention group, Mohamed Mooge***

"Good bond or friendship with kids." – ***KIIs with facilitators***

"Good connection between caregivers and child', child's self-esteem increased." ***– KIIs with facilitators***

"..changed their old ways of talking to them and made them talk and spend time" ***– KIIs with facilitators***

5.2.1.2 Improvement in children's behaviour and involvement in household decision making

Caregivers from the intervention group expressed that children's behaviour has changed positively due to the shift in parenting practices. Children are reported to be more involved in the household decisions and making rules together with caregivers, giving them a voice in the household. KIIs also corroborate this with facilitators who indicate that children and caregivers work collaboratively to set up rules, and their relationship and communication have changed due to the parenting programme (Box 4).

BOX 4.CHANGE IN CHILDREN'S BEHAVIOUR AND INVOLVEMENT IN HOUSEHOLD DECISION MAKING: CAREGIVERS & FACILITATORS

Improvement children behaviour.. Children recognize they have right to express their opinions and that they have rights." ***– FGDs with caregivers from the intervention group, Mohamed Mooge***

"Their self-esteem upgraded; children quietly express their objections they do everything without fear, noticed every kind of abuse against them." ***– FGDs with caregivers from the intervention group*, Sancaani**

"…including them home decisions to show them that their opinion is important which boosts their confidence… Set limited and clear rules together. **" *– FGDs with caregivers from the intervention group, Mohamed Mooge***

"Set rules together and be clear when u set that rules and limits, both of you know the consequences if he/she broke the rule." ***– FGDs with caregivers from the intervention group, Sancaani***

"To make rules together " ***– FGDs with caregivers from the intervention group, Sheikh Omer***

"It changed 90% the children and parents get closer, we begun to consult with the children about their interest and also family interest." ***– FGDs with caregivers from the intervention group, Sheikh Omer***

"Caregivers and children setup clear rules, child's love upgraded, caregivers has learnt child's rights" ***– KIIs with facilitators***

5.2.1.3 Praising and showing love towards children

BOX 5.PRAISING AND SHOWING LOVE TOWARDS CHILDREN: CAREGIVERS

"Hugs and kisses, appreciation telling them how we are so proud of them." ***– FGDs with caregivers from the intervention group, Mohamed Mooge***

"Physical contact hugging, kisses, say them to nice words which encourage them, show and tell them how much you love them, show them happy face." ***– FGDs with caregivers from the control group, Mohamed Mooge***

"We learnt that praises can improve child's self-esteem" ***– FGDs with caregivers from the intervention group, Sancaani***

When asked how caregivers show love and affection towards children, caregivers from both groups (intervention and control) reported hugging, kissing, appreciating and encouraging children. Facilitators reported that caregivers show love and affection towards children by giving them attention and time, making conversation with them and giving them kisses and hugs.

When asked about the importance of praising children, FGDs with caregivers from the intervention group in Sancaani revealed they learned that "praises can improve a child's self-esteem." Caregivers from both groups reported showing praises mainly through rewards. FGDs corroborate this with children and facilitators who indicate that caregivers reward them by buying them what they need and throwing them a house party. (Box 5).

5.2.1.4 Positive parenting quantitative findings

The parenting survey explored caregivers' activities with children. Table 3 presents the mean and standard deviation of different activities caregivers undertake with children based on a 5-point Likert scale ranging from 0 to 4 i.e. Never to Always (Never; Rarely; Sometimes; Often and Always). It presents an analysis of the difference between cash-only (caregivers who received only the cash programme) and cash-plus beneficiaries (caregivers who received both the cash and parenting programme).

The mean represents the average value of the responses. A mean close to 0 suggests that caregivers 'never' report performing the respective activity, a mean close to 1 suggests 'rarely', a mean close to 2 suggests 'sometimes', a mean close to 3 suggests 'often' and a mean close to 5 suggests that caregivers 'always' report performing the respective activity. The standard deviation measures the variation of the responses. A low standard deviation indicates that the values tend to be close to the mean, while a high standard deviation indicates that the values are spread out over a wider range.

The t-value is used to determine if there is a significant difference between the means of the cash-only and cash-plus beneficiaries. A p-value, or probability value, describes how likely it is that the data would have occurred by random chance i.e. that the means of the two samples (cash-only and cash-plus) have no difference. A p-value less than 1% (typically ≤ 0.01), less than 5% (typically ≤ 0.05) or less than 10% (typically ≤ 0.10) is considered to be statistically significant at the 1%, 5% and 10% levels respectively. It indicates that the difference in means between the cash-only and cash-plus beneficiaries are significant (at the respective levels) and can be attributed to the effect of CSSP. Conversely, a large p-value indicates that the difference in means between the two sample is unlikely to be different than zero (i.e. that their means are equal).

Overall, a higher number of cash-plus beneficiaries are reported to practice positive activities with their children as compared to cash-only beneficiaries. Cash-plus beneficiary caregivers are also more likely to have at least one meal together with their child as compared to cash-only beneficiaries (with reported means of 3.17 and 2.73 respectively). Cash-plus beneficiary caregivers as compared to cash-only beneficiaries are also more likely to praise their children for good behaviour (mean of 2.90 and 2.48 respectively), show physical affection such as hugs (mean of 2.82 and 2.25 respectively), talk with their children about topics of common interests (mean of 2.65 and 2.17 respectively), and about their personal problems (mean of 2.74 and 2.16 respectively).

When it comes to following up the child's attainments and achievements at school, the results are found to be insignificant (as the p value is >0.10).

These findings can be compared to the descriptive statistics as reported in the 2018 Parenting Assessment Survey Data,[11] which reported the parenting indicators for a sample of 287 households in the target IDP settlements. At baseline a major share of the caregivers reported that they never have 'atleast 1 meal together' with their children, and that they never or rarely praise their children for good behaviour. Moreover, most of the beneficiary caregivers reported that they never or rarely show physical affection to their children and never talk about personal problems with the children or talk about common interests.

Hence, overall, there has been a positive change in caregivers' activities with their children at endline due to the parenting sessions.

TABLE 3. PARENTING ACTIVITIES WITH CHILDREN[12]

	Cash-plus		Cash-only		Significance		
	Mean	Standard deviation	Mean	Standard deviation	t value	p value	Standard error
I do my best to follow up the child's attainment and achievements at school.	2.800	1.001	2.548	1.229	1.398	0.163	0.179
I have at least one meal together with the child every day.	3.171	0.900	2.731	1.278	2.458	**0.015****	0.179
I praise the child when s/he behaves well.	2.900	0.725	2.483	0.995	2.954	**0.003*****	0.725
I talk with my child about things that we have in common or things that the child shows an interest in (such as school, friends, leisure etc.)	2.657	0.930	2.172	1.194	2.814	**0.005*****	0.172
I show physical affection to the child (e.g. hugs the child, positive touch).	2.828	0.884	2.225	1.225	3.486	**0.000*****	0.172
I talk with the child about her or his personal problems.	2.742	0.755	2.161	1.163	3.642	**0.000*****	0.159

* 10% **5% ***1% significance
Scale: 0 = Never, 1=Rarely 2 = Sometimes, 3 = Often , 4 = Always.

[11] Findings from the 2018 Parenting Report
[12] Findings from 2022 Parenting Assessment Survey Data – Iteration 2

5.3 Qualitative and Quantitative findings: Change in disciplinary practices

5.3.1 Disciplining qualitative findings

Caregivers from the intervention group reported they recognise the negative consequences of violent disciplinary practices, including yelling, shouting, spanking, slapping etc. and are beginning to adopt more positive methods such as guiding children calmly and modelling good behaviour. This is corroborated by facilitators who indicate that there is a change in violent disciplinary practices such as beating, smacking, slapping, and yelling after the parenting programme (Box 6).

BOX 6. LESS VIOLENT DISCIPLINARY PRACTICES : CAREGIVERS & FACILITATORS

"Caregivers minimized yelling and shouting….Caregivers create friendship approach which allowed the children to share them everything happen or came into their minds, this made it easier for the caregivers to know what is child's feelings and the stage the child going through." ***– FGDs with caregivers from the intervention group, Mohamed Mooge***

"Never torture, yell, neglect or shout with child this can hurt them physically and mentally." ***– FGDs with caregivers from the intervention group, Mohamed Mooge***

"Being good role model, showing them how you feel toward them, listens carefully" ***– FGDs with caregivers from the intervention group, Sancaani***

"We learnt that yelling, shouting, sparking, slapping, increases depression, anxiety, stress, anger, lack of confidence to the child." – ***FGDs with caregivers caregivers from the intervention group, Sancaani***

"Tell them what's wrong and what's right without harassment, abuse or punishment" ***– FGDs with caregivers from the intervention group, Sheikh Omer***

"Showing or guide them what is right and what is wrong with calm situation" ***– FGDs with caregivers from the intervention group, Sheikh Omer***

"Childs self-esteem increased, they can express their feelings easily, no yelling, shouting, curses in the house, set up effective rules…" ***– KIIs with facilitators***

BOX 7. CHILDREN'S INVOLVEMENT IN PHYSICAL WORK: CAREGIVER

"Before the project children were helping as to bring firewood and collect aggregate (jay) from outside camp, so that we could sell and support them. But now we make out that this can hurt them physically and mentally by making them weak, and they were losing school concentration." ***– FGDs with caregivers from the intervention group, Sancaani***

"According to a caregiver in Sancaani camp, there is also more awareness in the perils of involving children in heavy physical work such as collecting firewood etc. as it affects their ability to focus in school (Box 7)

5.3.2 Disciplining quantitative findings

5.3.2.1 Perspectives of caregivers

Quantitative data indicates that caregivers who received the parenting intervention are less likely to adopt negative disciplinary practices compared to caregivers who received the cash-only intervention. Table 4 presents the mean and standard deviation of disciplinary practices caregivers undertake with children based on a 4-point Likert scale ranging from 0 to 3 i.e. Never to Weekly (Never; Less often;

Monthly and Weekly). It presents an analysis of the difference between cash-only (caregivers who received only the cash programme) and cash-plus beneficiaries (caregivers who received both the cash and parenting programme).

The mean represents the average value of the responses. A mean close to 0 suggests that caregivers 'never' report performing the disciplinary measure, a mean close to 1 suggests 'less often', a mean close to 2 suggests 'monhly' and a mean close to 2 suggests that caregivers 'weekly,' report performing the respective disciplinary measure. The standard deviation, t-value and p-value are as described previously.

Compared to the cash-only beneficiaries, caregivers who received the parenting intervention are less likely to report negative disciplinary practices. Cash-plus beneficiaries are less likely to use sticks, toothstick, hairbrush, or other hard items to discipline their children as compared to cash-only beneficiaries (with reported means of 0.37 and 1.15 respectively). They also are less likely to use physically violent disciplinary methods such as punching, or hitting the child on their face, head, ears (means of 0.31 and 0.83 respectively), slap the child on the legs (means of 0.48 and 1.19 respectively) as compared to cash-only beneficiaries. Additionally, the use of psychological aggression such as shouting, yelling, or screaming (means of 0.37 and 1.09 respectively), calling them dumb or lazy (means of 0.21 and 0.81 respectively) is also reported as less likely among cash-plus beneficiary caregivers.

Negative forms of punishments for children, such as threatening them with danger, withholding meals, and keeping the child out of school are also less likely reported for cash-plus beneficiaries as compared to cash-only beneficiaries. Caregivers who received the parenting intervention are found to be less likely to leave their child at home alone without supervision (means of 0.27 and 0.61 respectively).

The practices of caregivers are also reflected in the beliefs they hold as compared with the caregivers who did not receive the parenting intervention – **cash-plus beneficiary caregivers are less likely to hold negative disciplinary practices for raising children, such as the need to physically punish (**means of 0.01 and 0.27 respectively), **belittle, or threaten the child (**means of 0.12 and 0.32 respectively).

When it comes to giving the child something else to do and explaining to the child why something they did was wrong, the results are found to be insignificant (as the p value is >0.10).

These findings can be compared to the descriptive statistics as reported in the 2018 parenting assessment survey data.[13] In 2018, on average caregivers reported high rates of negative discipline which involved hitting children with items, hitting with hands, shouting and yelling, threatening, taking away privileges and holding out of school.

Hence caregivers are less likely to practice violent disciplinary practices, psychological aggression and negative punishment methods due to the parenting sessions

[13] Findings from the 2018 Parenting Report

Table 4 Disciplinary Practices[14]

	Cash-plus		Cash-only		Significance		
	Mean	S.d.	Mean	S.d.	t value	p value	Standard error
Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished: hitting, slapping, beating, or smacking?	0.014	0.119	0.279	0.451	-4.790	**0.000*** **	0.055
Do you believe that doing any one of the following is necessary to bring up, raise or educate a child properly: belittling, threatening, scaring or ridiculing a child?	0.128	0.337	0.322	0.469	-2.931	**0.003*** **	0.066
Used a stick, toothstick, hairbrush, slipper (list cultural relevant objects) or other hard item to discipline the child?	0.371	0.515	1.150	1.072	-5.605	**0.000*** **	0.138
Slapped, punched or hit the child on his/her face, head or ears?	0.314	0.525	0.838	0.981	-4.052	**0.000*** **	0.129
Hit or slapped (him/her) on the hand, arm, or leg.	0.485	0.653	1.193	1.076	-4.867	**0.000*** **	0.145
Shouted, yelled at or screamed at (him/her).	0.371	0.569	1.096	1.133	-4.907	**0.000*** **	0.147
Said you would send him/her away or kick him/her out of the house?	0.142	0.352	0.709	0.995	-4.551	**0.000*** **	0.124
Threatened to invoke ghosts or evil spirits, or harmful people against the child?	0.342	0.656	1.161	1.106	-5.500	**0.000*** **	0.148
Withheld a meal to punish him or her?	0.100	0.346	0.451	0.840	-3.292	**0.001*** **	0.106
Called him or her dumb, lazy or other names like that?	0.214	0.478	0.817	1.062	-4.419	**0.000*** **	0.136
Explained to the child why something they did was wrong?	1.528	1.224	1.795	1.037	-1.505	0.134	0.177
Kept the child out of school (as punishment)?	0.157	0.528	0.548	0.994	-2.987	**0.003*** **	0.130
Took away privileges or stopped him/her from going out with friends, or stopped other activities like playing	0.685	0.808	1.204	1.089	-3.348	**0.001*** **	0.154

[14] Findings from 2022 Parenting Assessment Survey Data – Iteration 2

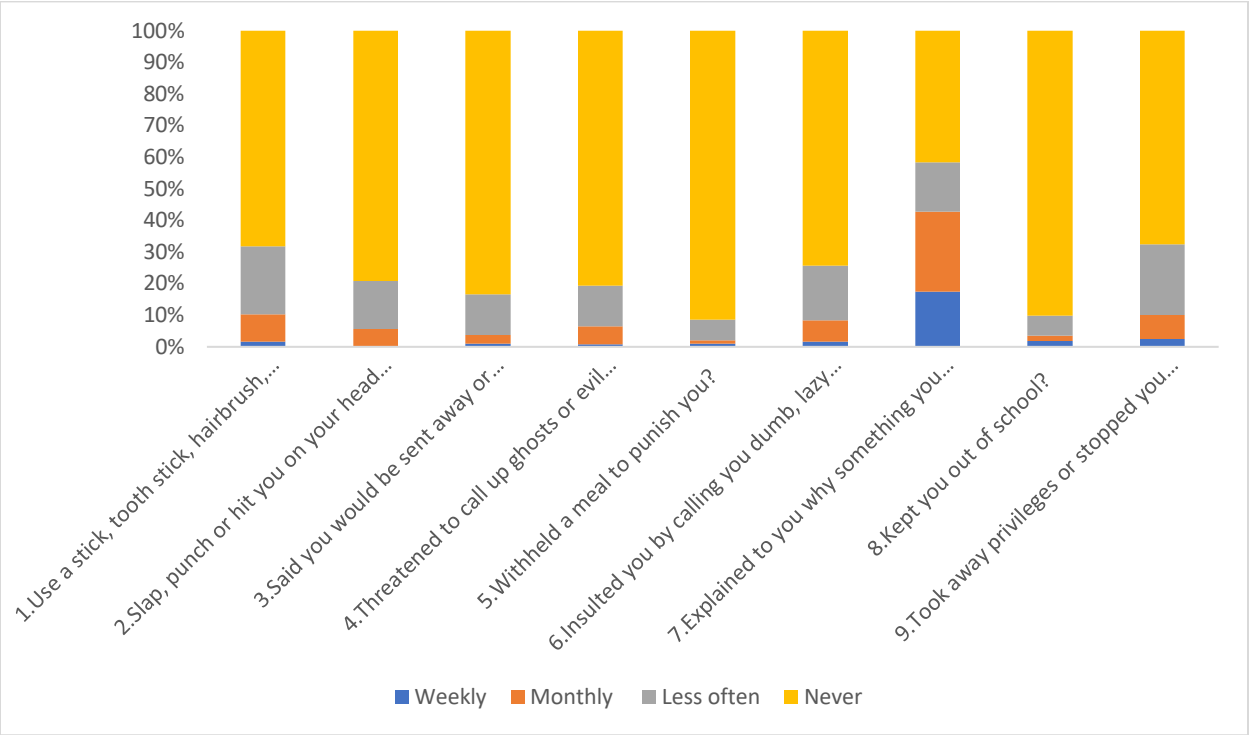
	Cash-plus		Cash-only		Significance		
	Mean	S.d.	Mean	S.d.	t value	p value	Standard error
sport to teach him/her a lesson?							
Gave (him/her) something else to do.	0.942	0.976	1.225	0.968	-1.840	0.067*	0.153
Had to leave the child home alone, even when you thought some adult should be with him/her	0.271	0.635	0.612	0.885	-2.739	**0.006*** **	0.124
Were so pre-occupied, busy with your own problems that you were not able to show or tell the child that you loved him/her.	0.428	0.671	1.139	1.08	-4.814	**0.000*** **	0.147
Were not able to make sure the child got the food he/she needed?	0.514	0.793	0.903	0.989	-2.698	**0.007*** **	0.144
Were not able to make sure the child got to a doctor or hospital when s/he needed it?	0.657	0.796	1.204	0.961	-3.864	**0.000*** **	0.141

* 10% **5% ***1% significance
0=never,1=less often, 2=monthly, 3=weekly

5.3.2.2 Perspectives of children

Children were similarly asked about the use of corporal punishment and negative disciplinary practices by caregivers based on a 4-point Likert scale (Never; Less often; Monthly; Weekly). As shown in Figure 1 below, most children reported that their caregivers "never" used negative discipling and physical punishment. The choice of "weekly" responses was highest in the instance that caregivers explained to children why what they did was wrong (on a weekly basis).

FIGURE 1: CORPORAL PUNISHMENT SURVEY FINDINGS[15]



These results are different from the 2018 parenting assessment survey data[16] where most children reported the use of negative discipline and the use of physical punishment. Most children reported that their caregivers "always/weekly" used negative discipling and physical punishment such as used a stick, hairbrush, slipper, slapped, punched or hit the child on his/her head or face, arm, leg, shouted, yelled or screamed, kicked them out of the house etc. to discipline them.

[15] Findings from 2022 Parenting Assessment Survey Data – Iteration 1
[16] Findings from the 2018 Parenting Report

5.4 Qualitative findings: Gender perspectives on parenting

5.4.1 Awareness of gendered socio-cultural norms

BOX 8. AWARENESS OF GENDERED NORMS: CAREGIVERS & FACILITATORS

"Because if they are sent on home chores daily basis, they believe only girls can do it and that's ashamed to them which is social norms." ***– FGDs with caregivers from the intervention group, Mohamed Mooge***

"No big difference almost the same, unless some of families were used to less educate the girls more than boys, and girls only was doing house hold chores before project…Because we believed that girls education doesn't make sense, only boys education was matter, and girls are more vulnerable than boys so going to faraway schools can be risks to their lives." ***– FGDs with caregivers from the intervention group, Sancaani***

"We learnt that education of girl same as boys and have equal right to learn even we noticed that girls are better educated than boys". ***– FGDs with caregivers from the intervention group, Sancaani***

"Equal educational chance with boys and girls… Equal household chores with both boys and girls." ***– KIIs with facilitators***

There is reported to be a change in gender differentiation through parenting among parents from the intervention group. According to caregivers from the intervention group, there seems to be more awareness that all children (girls and boys) are equal and should be treated likewise. Caregivers have reported that they treat girls and boys equally and have cited the importance of sharing housework evenly between girls and boys to ensure the burden is shared. As an example, there were reports by three caregivers that they are aware that household chores need to be distributed equally between boys and girls so that they have enough time to focus on their education. In contrast, earlier, the responsibility of household work predominantly would fall on girls/daughters. Facilitators corroborated this change in perspective. (Box 8)

5.4.2 Differences in raising girls and boys

However many caregivers still hold gendered perspectives. Some caregivers from the intevention group mentioned that boys need more disciplining (than girls) as they are more stubborn. Others caregivers from the control group mentioned that girls need to be more protected as they are more emotional and vulnerable. A gender dynamic is also prevalent in expressing affection to children among caregivers from the control group. (Box 10). Even among facilitators of the parental training programme, two of the three facilitators showed indications of holding gendered views on raising children (Box 9).

BOX 9. GENDER IN CHILD REARING: FACILITATORS

"Girls are shyer then boys, they don't demand much, girls are more emotional than boys, whom they needs more love and understanding to grow up positively, while boys are more physical oriented and needs actions to gain good discipline." ***– KIIs with facilitators***

"Boys and girls are raised differently while girls are brought up culturally and religiously. Boys are also encouraged to follow the rules." ***– KIIs with facilitators***

BOX 10. GENDER IN CHILD REARING: CAREGIVER

"Boys are more stubborn than girls, and they need more discipline" ***– FGDs with caregivers from the intervention group, Mohamed Mooge***

"Girls are vulnerable and we protect them from being abused or anybody hurt them, and gives them extra care than boys." ***– FGDs with caregivers from the control group, Sancaani***

"Raising girls is a bit more difficult because they are more vulnerable than boys and need extra care." ***– FGDs with caregivers caregivers from the control group, Mohamed Mooge***

"Girl responsibilities is difficult then boy, because girls is much emotional then boys" ***– FGDs with caregivers caregivers from the control group, Sheikh Omer***

"Girls Always do home chores alone, and give boys more attention and love than girls." ***– FGDs with caregivers from the control group, Sheikh Omer***

In how they would show love and positive feelings to the child, the group mentioned "by hugging and kissing the girl" – ***FGDs with caregivers from the control group, Sheikh Omer***

5.4.3 Gender Differences in Caregiver Roles

There appears to be a limited change in how the parenting programme has influenced the roles that caregivers take on themselves and how children perceive parental roles. For instance, when asked about the roles of their caregivers, children report that the mothers' role is more to do with nurturing and caregiving inclusion educating and taking care of children while the father's role is to bring in income to meet the needs of the family.

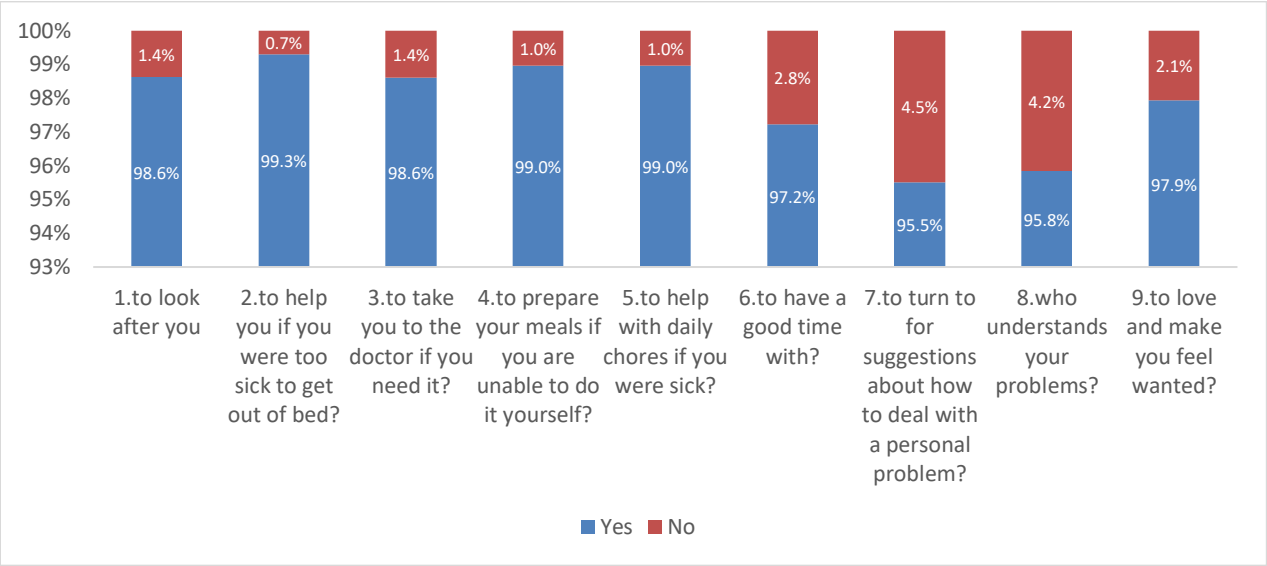
One key finding reported by the facilitator in Mohamed Mooge was that reports of domestic violence have decreased among households after parents have participated in the ICDP training.

5.5 Quantitative findings: Children's emotional and psycho-social wellbeing

5.5.1 Social support from the Modified medical outcomes survey

Figure 2 below shows the social support children receive based on the modified medical outcomes survey reported as binary responses (Yes or No). The results show that most children have the required support and have someone who looks after them, follows them up when they are ill, takes them to the doctor, makes meals, turn to for problems and suggestions and makes them feel wanted.

FIGURE 2: MODIFIED MEDICAL OUTCOMES STUDY SOCIAL SUPPORT SURVEY[17]



These results are different from the 2018 parenting assessment survey data[18] where many more children reported that they did not feel supported – especially having someone to turn to for suggestions, who understood their problems and to take them to a doctor if they needed it.

5.5.2 Psycho somatic changes in children

The 2022 parenting assessment survey data additionally explored psycho-somatic symptoms of the caregivers and children in one of the questionnaire modules. Table 5 presents presents an analysis of the difference between cash-only and cash-plus beneficiaries using the 'Strengths and Difficulties' questionnaire, which presents the caregivers report on child's internalising, externalising and risk behaviour. This is based on a 2-point Likert scale ranging from 0 to 2 i.e. Not True to Certainly True (Not True; Somewhat true and Certainly True).

The mean represents the average value of the responses. A mean close to 0 suggests that caregivers state that it is 'not true' that children have these symptoms, a mean close to 1 suggests 'somewhat true', and a mean close to 2 suggests that caregivers are 'certainly true' that children have these symptoms. The standard deviation, t-value and p-value are as described previously.

Cash-plus beneficiary caregivers report than children are less likely to complain of headaches, stomach-aches or sickness, feel unhappy, nervous in new situations, fight with other children, steal from home, be picked on or bullied. On the other hand, cash-plus beneficiary caregivers report than children are more likely to be obedient, have atleast one good friend, think before activing and be considerate of other people's feelings – However, as seen in Table 5, the effect of the intervention on most of the questions assessed in the study were not found to be statistically significant at the 1%, 5% or 10% level (i.e. p> 0.10) Thus, **no questions from the 'Strength and Difficulties' questionnaire**

[17] Findings from 2022 Parenting Assessment Survey Data – Iteration 1
[18] Findings from the 2018 Parenting Report

had a statistically significant impact on the beneficiaries, both cash-only and cash-plus, in the given data.

TABLE 5.CAREGIVERS REPORT ON CHILD'S INTERNALISING, EXTERNALISING, AND RISK BEHAVIOUR[19]

	Cash-plus		Cash-only		Significance		
	Effect	S.d.	Effect	S.d.	t value	p value	Standard Error
Often complains of headaches, stomach aches or sickness. (somatization)	1.014	0.789	1.096	0.676	-0.716	0.474	0.115
Often unhappy, downhearted or tearful. (internalizing problems, depression)	0.814	0.803	0.967	0.743	-1.259	0.209	0.121
Nervous or clingy in new situations, easily loses confidence. (self-esteem)	0.671	0.793	0.720	0.757	-0.400	0.689	0.122
Generally obedient, usually does what adults request. (social values)	1.171	0.850	1.139	0.745	0.252	0.801	0.125
Often fights with other children, bullies them. (externalizing behavior)	0.657	0.814	0.827	0.685	-1.451	0.148	0.117
Steals from home, school or elsewhere. (externalizing, antisocial)	0.328	0.675	0.387	0.643	-0.562	0.574	0.103
Has at least one good friend. (peer connection)	1.185	0.707	1.118	0.689	0.611	0.541	0.110
Picked on or bullied by other children. (peer connection)	0.685	0.790	0.720	0.697	-0.297	0.766	0.116
Thinks things out before acting. (problem-solving, life skills)	0.857	0.785	0.881	0.673	-0.214	0.830	0.114
Considerate of other people's feelings (e.g. helpful is someone is hurt/upset)	1.085	0.793	0.935	0.656	1.321	0.188	0.113

* 10% **5% ***1% significance
Scale: Not True = 0, Somewhat True =1, Certainly True=2

5.5.3 Internalising Problems, Self-Esteem, Future Orientation among children

Table 6 shows the sadness and difficulties children experience. Children were asked to pick out one statement from each group which best described the way they have been lately. Most children reported that they are sad once in a while, are sure things will work out okay, do most things ok, like themselves, feel like crying once in a while, are bothered by things once in a while, do not feel alone, have plenty

[19] Findings from 2022 Parenting Assessment Data – Iteration 2

of friends and are sure that somebody loves them. The category with the largest share of responses is highlighted.

TABLE 6: CHILDREN INTERNALISING PROBLEMS, SELF-ESTEEM AND FUTURE ORIENTATION[20]

1.	**I am sad once in a while 264 (91.3%)**	I am sad many times 19 (6.6%)	I am sad all the time. 6 (2.1%)
2.	Nothing will ever work out for me 34 (11.7%)	I am not sure if things will work out for me 52 (17.9%)	**Things will work out for me OK 204 (70.3%)**
3.	**I do most things OK 230 (79.3%)**	I do many things wrong 54 (18.4%)	I do everything wrong 6 (2.1%)
4.	I hate myself 7 (2.4%)	I do not like myself 10 (3.4%)	**I like myself 273 (94.1%)**
5.	I feel like crying everyday 2 (0.7%)	I feel like crying many days 41 (14.2%)	**I feel like crying once in a while 246 (85.1%)**
6.	Things bother me all the time 23 (8.0%)	Things bother me many times 58 (20.2%)	**Things bother me once in a while 206 (71.8%)**
7.	**I do not feel alone 244 (84.4%)**	I feel alone many times 24 (8.3%)	I feel alone all the time 21 (7.3%)
8.	**I have plenty of friends 175 (60.3%)**	I have some friends but wish I had more 99 (34.1%)	I don´t have friends 16 (5.5%)
9.	Nobody really loves me 10 (3.4%)	I am not sure if anybody loves me 29 (10.0%)	**I am sure that somebody loves me 251 (86.6%)**

These numbers vary from the 2018 parenting assessment survey data[21] in which most children reported that they are sad many times (reported by 117 children) , are sure things will work out okay (145), do many things wrong (117), like themselves (196), feel like crying once in a while (122), are bothered by things once in a while (157), do not feel alone (119), wish they had more friends (88) and are sure that somebody loves them (169).

5.6 Quantitative findings: Mental health of the caregiver

Table 7 present an analysis of the difference between cash-only and cash-plus beneficiaries based on the caregiver's mental health, assessed with the Shona depression scale, reported as binary responses (Yes or No).

The mean represents the average value of the responses. A mean close to 0 suggests that caregivers report 'no' and a mean close to 1 suggests that caregivers report 'yes'. The standard deviation, t-value and p-value are as described previously.

From the results, it can be inferred that caregivers from the cash-plus intervention were reported to have better mental health in some indicators compared to the cash-only group. They are less likely to lose their temper over trivial matters as compared to cash-only beneficiaries (with reported means of

[20] Findings from 2022 Parenting Assessment Survey Data – Iteration 1
[21] Findings from the 2018 Parenting Report

0.25 and 0.51 respectively). They are less likely to experience moments where their life was so tough, they felt like crying (mean of 0.21 and 0.40 respectively). Moreover, cash-plus beneficiary caregivers as compared to cash-only beneficiaries are less likely to lose sleep (mean of 0.40 and 0.53 respectively), feel like giving up their life (mean of 0.18 and 0.31 respectively) , experience general unhappiness (mean of 0.25 and 0.39 respectively) and are less likely to not manage their work (mean of 0.32 and 0.46 respectively).

When it comes to thinking deeply, failing to concentrate, having nightmares, seeing things others did not, having stomach aches, being frightened by trivial things, feeling tired and having difficulties deciding what to do, the results are found to be insignificant (as the p value is >0.10).

These findings can be compared to the descriptive statistics as reported in the 2018 parenting assessment survey data.[22] The 2018 survey data reported high levels of depression among caregivers.

Based on the results of the 2022 parenting assessment survey data, **it can be inferred that the parenting intervention has worked towards improving the mental health of the caregivers within the targeted IDP settlements.**

TABLE 7. MENTAL HEALTH OF CAREGIVERS[23]

	Cash-plus		Cash-only		Significance		
	Effect	S.d.	Effect	S.d.	t value	p value	Standard Error
Did you have times in which you were thinking deeply or thinking about many things?	0.642	0.482	0.709	0.456	-0.902	0.368	0.074
Did you find yourself sometimes failing to concentrate?	0.600	0.493	0.634	0.484	-0.445	0.656	0.077
Did you lose your temper or get annoyed over trivial matters?	0.257	0.440	0.516	0.502	-3.432	**0.000*** **	0.075
Did you have nightmares or bad dreams?	0.142	0.352	0.204	0.405	-1.012	0.312	0.060
Did you sometimes see or hear things which others could not see or hear?	0.185	0.391	0.247	0.433	-0.935	0.351	0.065
Was your stomach aching?	0.157	0.366	0.139	0.348	0.307	0.758	0.056
Were you frightened by trivial things?	0.285	0.455	0.215	0.413	1.034	0.302	0.068
Did you sometimes fail to sleep or lose sleep?	0.400	0.493	0.537	0.501	-1.746	**0.082***	0.078
Were there moments when you felt life was so tough that you cried or wanted to cry?	0.214	0.413	0.408	0.494	-2.662	**0.008*** **	0.072
Did you feel tired?	0.571	0.498	0.688	0.465	-1.536	0.126	0.075

[22] Findings from the 2018 Parenting Report

[23] Findings from 2022 Parenting Assessment Data – Iteration 2

Did you at times feel like giving up your life?	0.185	0.391	0.311	0.465	-1.829	**0.069****	0.068
Were you generally unhappy with things you were doing each day?	0.257	0.440	0.397	0.492	-1.889	**0.060****	0.074
Were you not managing to do all your work?	0.328	0.473	0.462	0.501	-1.727	**0.085****	0.077
Did you feel you had problems in deciding what to do?	0.428	0.498	0.537	0.501	-1.378	0.170	0.079

* 10% **5% ***1% significance
Scale: No = 0, Yes=1

6 Conclusion and Recommendations

6.1 Conclusion

In summary, the findings indicate that the cash-plus model has nurtured positive interactions between caregivers and their children. The parenting sessions have helped parents and caregivers improve their child sensitivity, build skills and adopt behaviours that promote children's development. However, there are some caregivers who hold conventional, deep-rooted parenting norms that cannot be easily shifted. Thus, to enable lasting improvements in child well-being, regular sensitisation and information-sharing sessions will be critical. Sustained efforts will be required to allow for ample time to enable perceptions and beliefs translate to actual practice.

6.2 Recommendations

Based on the results of the endline study, the key recommendations include:

1. **Invest in further training of facilitators:** Evidence indicates that some of the facilitators themselves continue to hold gendered views on parenting. Hence, an important consideration will be to ensure that facilitators are well-trained and understand gender transformative approaches to parenting to ensure that they do not inadvertently transfer biases to caregivers.

2. **Strengthen the gender component in the parenting sessions:** Evidence indicates that there is some reduced gender differentiation in parenting (though limited). Currently, the parenting sessions have a two trainings dedicated to gender transformative parenting. There is scope to build on and strengthen this. As supported by research though Brookings,[24] **engaging teachers in training sessions** can be powerful as notions of gender inequality often develop based on interactions in the interconnected spaces of home *and school*. Engaging teachers not only ensures that teachers are empowered so they do not show gendered expectations of children in the classroom, it also enable them to question gender stereotypical assumptions with children and gendered expectations with caregivers.

[24] (Subramanian, 2019)

3. **Introduce a parenting session targeted towards fathers/ male caregivers:** Approximately 95% of the caregivers who were reached through the quantitative endline survey were female. There is a need to increase the involvement of male caregivers in the parenting sessions. Considering lessons from CSSP Nepal,[25] the introduction of a condensed parenting session targeted towards fathers/ male caregivers focused on emotional attachment, engagement with the child, and the important role of fathers/ male caregivers in promoting children's development can be powerful means to increase the engagement of male caregivers while also rewiring gender norms.

4. **Increase follow up and monitoring to ensure positive parenting practices continue and are sustained beyond the lifetime of the parenting sessions:** Sustained practice of positive parenting requires ongoing messaging, intermittent check-in by the programme facilitator, and peer support provided by programme participants. Hence there is a need to put follow up mechanisms in place (such as visits by facilitators, Community welfare committee member etc.) to enable this.

[25] (Pun, Ratna, Sjöblom, & Disa, 2019)

7 References

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