



Final Report

The post-assessment on positive parenting under the Child Sensitive Social Protection (CSSP) program

October, 2021



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Cover image: "As a parent, I hope the abuse of children can end in my community." Martha and her son Patson, 12, both participated in the parenting sessions organized as part of the Child Sensitive Social Protection programme (names changed). Photo: Save the Children



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List of Abbreviations

CSSP	Child Sensitive Social Protection
CWAC	Community Welfare Assistant Committee
FGD	Focus Group Discussion
ICDP	International Child Development Program
IDs	In-depth Interviews
KAP	Knowledge, Attitudes and Practices
PG	Parenting Programme
SCI	Save the Children International
TMSS	Three Minute Speech Sample



EXECUTIVE SUMMARY

This report presents the findings of the post-assessment of the Save the Children Child Sensitive Social Protection (CSSP) positive parenting programme. The purpose of the post-assessment is to assess whether the delivery of the CSSP “parenting package” has been effective in promoting sensitivity towards the needs and rights of children among parents and caregivers in the CSSP program sites of Lufwanyama. The CSSP “parenting package” comprises of a series of parenting and thematic sessions. The parenting sessions are based on the International Child Development Programme (ICDP) principle but contextualised to the local situation. The parenting package aims at improving understanding among parents and caregivers of the positive qualities of care that should and could exist between parents and the child, increased sense of caregiver self-confidence and a better understanding and reaction towards children’s point of view and intentions. The program also aims to ensure that child-to-child and child-to-caregiver relations are more positive and differentiated. Under this package, trained parenting facilitators are responsible for conducting parenting sessions for households in 3 chiefdoms of Lufwanyama district. Combining the cash transfer and the accompanying measures designed to improve parents’ practices and support to children can be a powerful tool to improve child development during the early years. Multiple studies show the positive effect of cash benefits implemented alongside parenting program has resulted in improved food security, the uptake of health services, immunization coverage and school enrolment and attendance.

The main objective of the post-assessment is to determine whether the CSSP parenting package has nurtured positive interactions between caregivers and their children. Specifically, the objectives of the post-assessment are twofold based on each participant;

Parents/Caregivers

- To determine the changes in the knowledge, attitudes and practices among parents, caregivers and communities on parenting and interaction with children,

Children

- Children’s feelings towards caregivers become more positive than before.
- Children become emotionally more secure, open and confident.
- Start to become more imaginative and creative, and seeking explanations, as well as asking questions, more than before.
- They learn how to plan and reflect more before acting.
- They manage to control better their own behaviour, feel respect for others and show better ability for cooperation with others.
- How the back-to-back approach was effective with regard to caregivers / parents working on the home tasks with their children.

The findings presented in this report are based on two waves of the assessment data collected before introducing the ‘parenting package’ intervention and post-implementation.

Methodology

During the pre-assessment, 318 caregivers were interviewed, with 83.6 % of the respondents from the intervention and 16.4% from the comparison group. About 288 children were sampled during the pre-assessment, with 83.7% from the intervention group and 16.3% from the comparison group. To ensure at least a 2 to 1 ratio of respondents in the treatment and comparison groups, the sample of parents and caregivers and children was increased to 388 and 397 respectively, at post-assessment. During the post-assessment, parents and caregivers, and children were randomly



sampled in the study sites in Lufwanyama district. Data collection at post-assessment took six (6) days from 30th July to 4th August 2021, about three years after the preassessment study was done.

Participants for the Focus Groups Discussions (FGDs), observations and In-Depth Interviews (IDIs) were purposively sampled. The intervention group participants were drawn from the chiefdoms (Shimukunami, Lumpuma and Shibuchinga) where the parenting program was implemented. FGDs and observations were conducted with parents and caregivers, children (boys and girls separately) and IDIs were conducted with facilitators of the parenting program working in the chiefdoms implementing the interventions (Lumpuma (Mibenge); Shibuchinga (Milopa and Milulu)). Furthermore, participants from the control group were drawn from Mukutuma chiefdom, where the parenting program was not implemented.

Key findings

Parents and caregivers

Relatively more parents and caregivers in the intervention group showed an improvement in interaction and engaging in activities with their children such as having meals together, praising the child for good behaviour, showing physical affection and talking about the child's personal problems, compared to the comparison group. Notably, the aggregate measure on parent and caregiver interaction was significant, which shows that the parenting programme was effective in improving the caregiver interaction and activities with the child. The qualitative evidence also shows that parents and caregivers benefitted from the parenting program as they were more attentive, patient, caring and responsive to the child's needs.

The evidence suggests that there are still some parents that raise their children based on traditional gender differences. The parents and caregivers felt that as children grow older, the traditional gender roles are more appropriate as these are upheld in their respective homes. The children also confirmed that their mothers are mostly responsible for house chores and the fathers work in the fields and fetch firewood. These findings are largely attributed to the fact that the communities in the selected chiefdoms are rural and conservative; thus shifting some cultural norms or traditions will require more time and effort.

The results show a positive change in parents and caregivers beliefs about corporal punishment, such as belittling, threatening, scaring or ridiculing a child in the intervention group compared to the comparison group. However, the corporal practice regarding corporal punishment seems to differ. The evidence from the parent and caregiver KAP survey shows that there is no significant improvement in disciplinary practices among the parents and caregivers in the intervention group at post-assessment. However, the qualitative evidence suggests that there were some changes in disciplinary practices among the parents and caregivers after participating on the parenting programme. The parents and caregivers reported that they were more patient with their children and no longer screamed or beat up them, which was also confirmed by some children. However, a few parents and caregivers did indicate that they found difficulties in disciplining their children as some tend to be unruly and disobedient, and tend to regard their parents and caregivers as *'old fashioned'*. Some parents also indicated that they scold their children but none admitted to beating them. However, the children did report incidences of being beaten at home by parents and caregivers. Overall, the results seem to suggest some significant change in the disciplinary beliefs, but the changes in the actual practices are still not visible.

The findings relating to parents and caregivers reports on the child's internalising and externalising behaviour are mixed. On the one hand, a significantly higher proportion of parents and caregivers in the intervention group compared to the comparison report that the child's peer connections improved at post-assessment. On the other hand, a higher proportion of parents and caregivers report that bad or negative attributes such as the child often complaining of headaches, stomachaches or sickness (somatization) and having low self-esteem worsened (increased) at post-assessment in the intervention group compared to the comparison group. More so, the aggregate level measure of the parents and caregivers report on child's internalising and externalising behaviour for the negative or bad attributes significantly increased, which suggests that the intervention may not have been effective at addressing



the internalising and externalising behaviour. However, during the qualitative interviews, the parents and caregivers reported that the parenting programme improved the behaviour of their children as they are more cooperative, respectful, and show a sense of responsibility. The parents and caregivers also reported that some alcohol abuse among young and older children and indecent dressing (i.e. wearing revealing and tight clothing for girls and dressing up in sagging jeans/trousers among the boys), has continued or possibly worsened.

Children

In general, the evidence from the child KAP survey shows that there was no significant improvement in the positive relationship between parents and caregivers and the children, care of the child at home, and the child having someone to depend on. However, the qualitative evidence shows that children felt that the parenting program had helped their parents to care for their children, as they were more affectionate and attentive to their needs. Overall, the qualitative evidence seems to suggest that there have been improvements, to some extent, in children's positive feelings towards parents and caregivers.

With regard to the child's experience of corporal punishment, some individual measures such as withholding a meal as a punishment or not explaining when a child does something wrong worsened among the parents and caregivers in the intervention group compared to those in the comparison group. Similarly, the overall measure worsened at post-assessment, which suggests that the parenting intervention was not effective in dealing with issues of corporal punishment. However, the qualitative evidence seems to suggest that some changes did take place, but greater effort may be needed to achieve success that is more significant.

Observation of parent and caregiver-child activities and three-minute speech sample

The results from the observation and Three Minute Speech Sample (TMSS) show that the most occurring ICDP theme ([3 ICDP dialogue themes](#)) in all the intervention chiefdoms was showing positive feelings while the explaining theme had the least improvement. In general, the evidence suggests that the emotional dialogue is more discussed by the various parents and caregivers, followed by the regulative dialogue and meaning dialogue had few discussions. This could suggest a direction for the parenting program.

Back-to-back approach

The “back-to-back session” is an approach where sessions are conducted 3 or 4 days on a roll without skipping a day as opposed to having a session once per week. The weekly sessions were disrupted due to the COVID-19 pandemic, the weekly sessions. The evidence from the KAP survey shows that about two-thirds of the parents and caregivers felt that the back-to-back approach was more effective and more acceptable than the weekly sessions. However, during the qualitative interviews, some parents felt that the weekly approach was more appropriate for their rural context as it allows them to participate in other household and community-related activities, enables them to review the materials with the children and is more appropriate during the rainy season.

In summary, the persistence of the traditional parenting practices even after implementing the parenting program in the intervention groups shows that these practices are deep-seated and require greater efforts to achieve significant changes. This could be partly attributed to the fact that many of the communities are mostly rural and could be conservative; thus, shifting some cultural norms or traditions would require more time and effort. Importantly, the post-parenting assessment was undertaken within 6-9 months of implementing the programme, and it is evident that, this was insufficient time to allow for changes in behaviour. Whereas the parenting programme targets parents and caregivers, largely focussing on women, the idea package also consists of a child resilience or life skills programme for children that targets children from the same households that are targeted by the parenting programme. However, in the case of Zambia, largely due to COVID-19, the child resilience intervention was not implemented prior to the post-assessment.

Also, the qualitative evidence seem to suggest that the parenting programme may have had an impact, but the quantitative changes take much longer to detect. For instance, for issues such as disciplining, whereas there is a

Positive parenting

Child Sensitive Social Protection programme – Zambia



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significant change and improvement in the belief and perception among parents/caregivers, the change in practice is not necessarily visible. In addition, the use of the back-to-back sessions could also possibly be a reason for not seeing a significant change in some elements. The whole idea of having weekly sessions is that a week's time is given to parents to practice what they have learned during the sessions, with children at home, which didn't necessarily happen when undertaking the back-to-back sessions. There is need for more time to allow for changes in the cultural practices that are embedded within these rural and poor communities due to the parenting programme interventions are needed.



1. INTRODUCTION

This report presents the findings of the post-assessment of the Save the Children Child Sensitive Social Protection (CSSP) positive parenting programme. The purpose of the post-assessment is to assess whether the delivery of the CSSP “parenting package” has been effective in promoting sensitivity towards the needs and rights of children among parents and caregivers in the CSSP program sites of Lufwanyama. The CSSP “parenting package” comprises of a series of parenting and thematic sessions. The parenting sessions are based on the International Child Development Programme (ICDP) principle but contextualized to the local situation. Under this package, trained parenting facilitators are responsible for conducting parenting sessions for households in 3 chiefdoms of Lufwanyama district. In general, the parenting package aims at improving understanding among caregivers of the positive qualities of care that should and could exist between parents and the child, increased sense of caregiver self-confidence and a better understanding and reaction towards children’s point of view and intentions. The program also aims to ensure that child-to-child and child-to-caregiver relations are more positive and differentiated. The findings presented in this report are based on two waves of the assessment data collected before the introduction of the ‘parenting package’ intervention and post-implementation.

1.1. Background of the Child Sensitive Social Protection Project (CSSP)

Existing evidence shows that social protection transfers can positively affect the pathways and drivers for achieving breakthroughs for children, particularly those for the survival and healthy growth of all children and for child learning through good quality basic education. The evidence from many contexts consistently shows that social protection transfers to poor households can improve access to and use of education and health services, food intake, dietary diversity, family food security and asset accumulation. There is also widespread evidence that social protection transfers can reduce exposure of children to violence and abuse such as child labour and promotes safer behaviours among boys and girls.

However, evidence also shows that providing cash (as part of social protection transfers) alone brings about limited results on higher level outcomes for children, such as improved learning, health and nutritional status and protection. Such higher-level impacts for children are often additionally dependent on other factors. These factors may include: knowledge and practices of appropriate childcare and parenting among parents, caregivers and communities; the availability and accessibility of local basic services; service quality and accountability to users; and household investments made in children. Complementary actions to address these factors, based on context-specific analysis, can potentially be effective in strengthening the impacts of cash transfers for children in poverty, especially at the outcome level.

The CSSP parenting program is part of the cash plus approach that is layered onto the government social protection cash transfer programme. The CSSP program was being implemented in Lufwanyama district of Zambia. The CSSP project adopted the “cash plus” parenting model where the project aimed to strengthen Community Welfare Assistant Committees (CWACs) to improve parenting practices and mobilise parents/caregivers to prioritise children's rights to education, nutrition and protection. The CSSP key three (3) pillars are:

access for children and their families to social protection programs - both formal, as in national social protection programmes and informal such as community-based support;

capacity of service providers to deliver quality services relevant for social protection; and

child sensitivity of service providers, social protection recipients, their households/families (parents and caregivers) and the community.



Several assessments have been conducted by Save the Children International (SCI) to understand the progress of the CSSP program. The findings from a qualitative pre-assessment of parenting in the CSSP program in Lufwanyama District, Zambia, in 2018 showed a noticeable lack of giving praise to children by the parents/caregivers. Many parents and caregivers were also aware of some of the important qualities of parent/caregiver relevant for good child development. For example, the caregivers reported that they would avoid using bad language, attending church, not coming home late and drunk and beating children, being patient, talking amicably, paying extra attention to children's needs, conversing with children and explaining the consequences of their behaviours. There were still noticeable differences on how boys and girls children should be raised, much of which was influenced by cultural norms. For example, cooking was prescribed for girls while cutting wood for the boys. Negative methods of sanctioning were reported. These included shouting, withholding food, beating and chasing the child away.

Similarly, a Knowledge, Attitudes and Practices (KAP) study commissioned in 2018 by SCI found similar practices among the communities, such as punishments. The study also found positive interactions between children and caregivers in the intervention group or target group than in the control group. This post-assessment is a buildup on the various studies conducted to appreciate the impact of the CSSP parenting program.

Framework for understanding parenting

The ICDP¹ provides a useful framework for understanding and analysing parenting and was used in the current study. ICDP is a parenting programme designed for all parents, focussing on the positive interaction between caregivers and their children. It emphasizes an empowering, empathic approach to encouraging further development of caregivers' parenting skills and is in use in over forty countries worldwide. ICDP describes three interactive dialogues: emotional, meaning, and regulative, further described in Figure 1 below.

Figure 1: The three interaction dialogues in ICDP

Emotional Dialogue	Meaning (enrichment) Dialogue	Regulative Dialogue
<ul style="list-style-type: none">• showing positive feelings• following the child's initiative• communication about more intimate feelings• praising the child	<ul style="list-style-type: none">• Helping child focus• giving meaning to the child's experiences• explanation and expansion of understanding	<ul style="list-style-type: none">• Helping the child to learn self-control• setting limits

These dialogues are important as they prepare and provide the basis for: 1) emotional security and attachment (emotional dialogue); 2) understanding and realistic expectation and knowledge of the world (meaning oriented dialogue) and; 3) self-control and direction in the world (regulative dialogue)².

Implementation of the CSSP parenting sessions

Training and implementation of the CSSP parenting intervention started in September 2019 and was finalised in October 2020. The aim of the parenting sessions was to increase positive parenting through promoting positive interactions between the caregivers and children. The parenting sessions were conducted with parents and caregivers of children between the ages of 0 to 12 years. The parenting sessions were disrupted due to COVID-19 when Zambia recorded its first two cases of the COVID-19 in March 2020 and came to a stop because of Government's restriction of public gatherings as a way of mitigating COVID-19. The parenting sessions resumed on 26th May, 2020 using a

¹ An Introduction to the ICDP Programme. Karsten Hundeide Available from www.icdp.info
What is ICDP and its strategy of intervention? Prepared by the ICDP international team, 2010 www.icdp.info

² <https://www.icdp.info/wp-content/uploads/2020/12/ICDP-RELATIONAL-ASPECTS-AND-PRINCIPLES-INVOLVED.pdf>



modified approach of conducting back-to-back sessions and with adherence to public health guidelines put in place to prevent the transmission of COVID- 19.

The “back-to-back session” is an approach where sessions are conducted 3 or 4 days on a roll without skipping a day as opposed to having a session once per week. With this modified model of delivering parenting sessions, the project team managed to complete the parenting sessions, including three additional modules on gender transformation, importance of education and the risk of child labour, by 30th November 2020.

1.2. Objectives of this post-assessment

The main objective of the post-assessment is to determine whether the CSSP parenting package has nurtured positive interactions between caregivers and their children. Specifically, the objectives of the post-assessment are twofold based on each participant;

Parents/Caregivers

- To determine the changes in the knowledge, attitudes and practices among parents, caregivers and communities on parenting and interaction with children,

Children

- Children’s feelings towards caregivers become more positive than before.
- Children become emotionally more secure, open and confident.
- Start to become more imaginative and creative, and seeking explanations, as well as asking questions, more than before.
- They learn how to plan and reflect more before acting.
- They manage to control better their own behaviour, feel respect for others and show better ability for cooperation with others.
- How the back-to-back approach was effective with regard to caregivers / parents working on the home tasks with their children.

1.3. Organisation of this report

Section 2 briefly describes the post-assessment methodology; Section 3 presents the findings from the parents and caregivers survey, including qualitative perspectives and Section 4 provides the results from the child survey, including qualitative insights. Section 5 presents the findings from the observation and three-minute speech, Section 6 discusses the findings and concludes, and Section 7 presents the recommendations.

2. METHODOLOGY

2.1. Quantitative Sampling– Knowledge Attitudes and Practice Survey

During the pre-assessment, 318 caregivers were interviewed, with 83.6 % of the respondents from the intervention and 16.4% from the comparison group. About 288 children were sampled during the pre-assessment, with 83.7% from the intervention group and 16.3% from the comparison group. To ensure at least a 2 to 1 ratio of respondents in the treatment and comparison groups, the sample of parents and caregivers and children was increased to 388 and 397, respectively, at post-assessment. During the post-assessment, parents and caregivers, and children were randomly sampled in the study sites in Lufwanyama district. Data collection at post-assessment took six (6) days from 30th July

to 4th August 2021, about three years after the pre-assessment study was done. The research team consisted of eight (8) research assistants, two researchers and the data collection exercise was facilitated by the CSSP facilitator from Save the Children.

2.2. Qualitative Sampling

Participants for the Focus Groups Discussions (FGDs), observations and In-Depth Interviews (IDIs) were purposively sampled. The intervention group participants were drawn from the chiefdoms (Shimukunami, Lumpuma and Shibuchinga) where the parenting program was implemented. FGDs and observations were conducted with parents and caregivers, children (boys and girls separately) and IDIs were conducted with facilitators of the parenting program working in the chiefdoms implementing the interventions (Lumpuma (Mibenge); Shibuchinga (Milopa and Milulu)). Furthermore, participants from the control group were drawn from Mukutuma chiefdom, where the parenting program was not implemented. Table 1 below shows a breakdown of the number of FGDs, observations and IDIs that were conducted at post-assessment.

Table 1: Implementation of the qualitative tools at post-assessment

Qualitative methods	Chiefdom	Groups or areas within chiefdom	Caregivers: No. of male and female participants	Children: Boys and Girls
One FGD in each category: Caregivers; Children (Boys & Girls).	Lumpuma	Mibenge	5 males, 5 females	3 boys; 7 girls
	Lumpuma	Fipokola	2 males, 8 females	5 boys, 5 girls
	Shibuchinga	Milopa	3 males, 6 females	2 boys, 7 girls
	Shibuchinga	Milulu	5 males, 5 females	4 boys, 6 girls
	Shimukunami	Katembula.	4 males, 6 females	2 boys, 8 girls
Observation activity	Lumpuma	Mibenge area	4	1 boy, 3 girls
	Lumpuma	Fipokola area	4	3 boys, 1 girl
	Shibuchinga	Milopa area	4	2 boys, 2 girls
	Shibuchinga	Milulu area	4	1 boy, 3 girls
	Shimukunami	Katembula.	4	2 boys, 2 girls
Three Minute Speech	Lumpuma	Mibenge area	4	-
	Lumpuma	Fipokola area	4	-
	Shibuchinga	Milopa area	4	-
	Shibuchinga	Milulu area	4	-
	Shimukunami	Katembula.	4	-

2.3. Data analysis

All qualitative data were coded and analysed using the NVivo 12 qualitative software program. The team created a preliminary coding outline and structure based on the conceptual framework, research questions, interview protocols, and memos of themes that emerged during data collection. This coding outline 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 and priori codes of expressed emotion. During the data reduction process, researchers characterised the prevalence of responses, examined differences among groups, and identified key findings addressing the research questions. A constant comparative method was used to ensure that the information was complete and accurate.



Quantitative data from the caregiver and child survey was analysed using STATA. The data was clean, and new variables were created. An assessment of the effect of the intervention was done using a difference-in-difference approach. Data collected using the Dual Likert scale was assessed using descriptive statistics and graphical approaches.

2.4. 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. The training sessions included a practical component, wherein the enumerators practiced through role-plays. During the training, ethical considerations were reviewed, including a review of the consent forms and requirements and emphasising the need to allow the potential respondent to decide if they want to participate or not; the need to maintain confidentiality; be open-minded and non-judgemental, and to listen carefully to the participants. Prior to data collection, the team piloted all data collection tools in-house during the training and during the field testing.

2.5. Ethical Considerations

The research team is cognisant of the need for adequate safeguards for any children participating in study activities. Therefore, no one on the research team will ever be permitted to be alone with a child outside the sight or hearing of caregivers. Ethical clearance will be obtained from ERES Converge and national clearance from the National Health Research Authority.

2.6. Limitations

At pre-assessment, very few respondents were interviewed in the comparison sites – 19% compared to 83% in the intervention sites— and this resulted in insufficient observations to compare some categories with the intervention group. Although an attempt was made to increase the proportions at post-assessment, this inadequacy may still affect the results. In addition, the non-availability of other data points does not allow for testing of parallel trends assumption that is necessary for the difference-in-difference analysis. However, considering that the intervention was done in one district, it is assumed that the changes were similar across the interventions and comparison sites at pre- and post-assessment. Furthermore, key characteristics of the households, such as the level of education of the parents and caregivers, were not collected at preassessment.

It is recommended that such studies use the same cohort of respondents at pre- and post-assessment to effectively track the changes in the parenting intervention. However, it was not possible to track the respondents at pre-assessment due to non-availability of the records and identification for the pre-assessment participants.

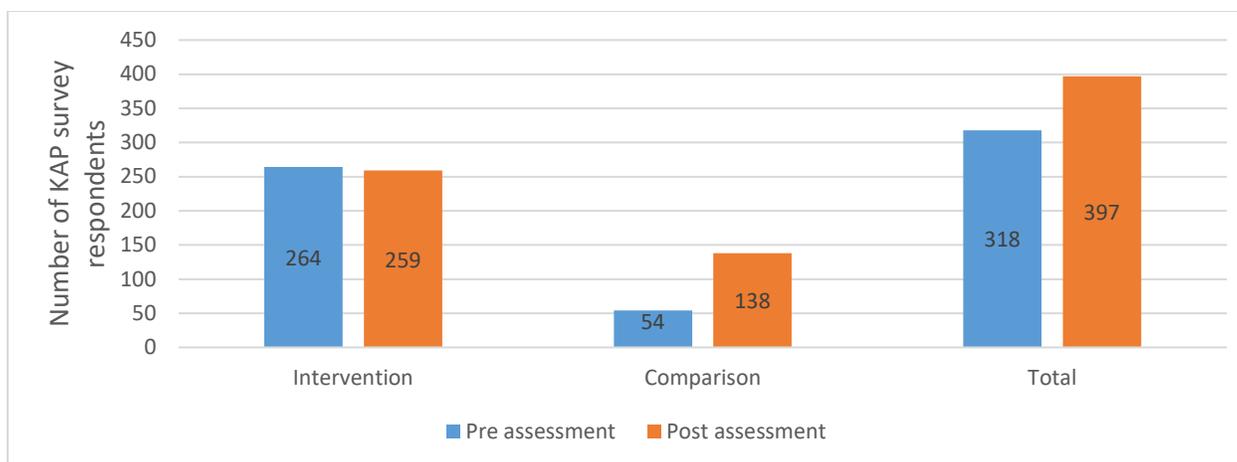
3. FINDINGS-PARENTS AND CAREGIVERS

This section provides findings from the parent and caregiver KAP survey. The first section provides the characteristics of the parent and caregivers, and the qualitative perspectives from KIIs and FGDs are included.

3.1. Characteristics of parents and caregivers

Figure 2 shows the sample distribution of parents and caregivers at pre- and post-assessment in the comparison and intervention groups. At post-assessment, 397 parents and caregivers were interviewed compared to 318 caregivers at pre-assessment. About 69% of the parents and caregivers interviewed at post-assessment were from the intervention site and 31% from the comparison sites. At preassessment, 83% of parents and caregivers were from the intervention site and 17% were from the comparison site.

Figure 2: Sample distribution of parents and caregivers at pre- and post-assessment



The majority of parents and caregivers interviewed at pre- and post-assessment were females, at 72% and 80% respectively. At preassessment, the majority of the respondents in the comparison group were from Shimukunami chiefdom. At the time of the post-assessment, the parenting programme had been rolled out to Shimukunami. As such, all the respondents in the comparison group were from Mukutuma chiefdom, where the parenting program was not implemented (Table 2).

Table 2: Parent and caregiver characteristics for the comparison and intervention groups

Respondent	Baseline		Endline		Baseline Comparison	
	Intervention	Comparison	Intervention	Comparison	Mean Difference	p-value
Gender (%)						
Male	30.7	14.8	22.6	13.8	0.159	0.0179
Female	69.3	85.2	77.4	86.2	-0.159	0.0179
Chiefdom						
Lumpuma	46.2	0.0	20.1	10.9	0.462	0.000
Mkutuma	0.0	0.0	0.0	79.0	.	.
Shibuchinga	48.9	1.9	21.2	0.0	0.47	0.000
Shimukunami	4.9	98.2	58.7	10.1	-0.932	0.000
N	264	54	259	138		

3.2. Activities with the child

The results in Table 3 show that there is a significant overall increase in the parent and caregivers interaction with the child in the intervention group at post-assessment compared to preassessment. Specifically, parents in the intervention group have at least one meal together with the child every day, praise the child for good behaviour, show physical affection to the child, and talk about the child's personal problems. However, there was no significant increase in the proportion of parents and caregivers following up on the child's attainment and achievement at school and talking with the child about things of common interest of things that the child shows interest in.

Notably, the aggregate measure of interaction generated by obtaining the mean across the six (6) variables under the parent and caregiver theme, is significantly higher in the intervention group at post-assessment, which suggests an overall improvement in parent and caregiver interaction and engagement in activities with the child by about 36%.



Table 3: Caregiver's interaction/activities with child

Variable	Mean at Baseline (n=313)		Mean at Endline (n=397)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
I do my best to follow up on the child's attainment and achievement in school?	2.574	2.714	2.493	2.969	0.336	(0.245)
I have at least one meal together with the child every day.	3.185	2.965	3.478	3.625	0.367*	(0.197)
I praise the child when s/he behaves well.	3.019	2.950	3.275	3.548	0.342*	(0.182)
I talk with my child about things that we have in common or things that the child shows an interest in	2.426	2.568	2.841	3.097	0.114	(0.228)
I show physical affection to the child	2.704	2.417	2.978	3.263	0.571**	(0.224)
I talk with the child about her or his personal problems?	2.667	2.544	2.906	3.185	0.402*	(0.218)
Interaction_ mean	2.762	2.693	17.97	19.69	0.355***	(0.126)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0 = Never, 1=Rarely 2 = Sometimes, 3 = Often, 4 = Always.

Many parents and caregivers explained that their parenting has been impacted by the lessons from the parenting program. The caregiver explained that there was a noticeable change in the parenting approach within the community. The parents and caregivers reported being more attentive to their children's school needs. Many parents and caregivers reported that they encouraged and praised their children more often for their good deeds especially on school-related issues.

I never used to pay attention to the schoolwork for the children even when it came to collect the report forms I used to ask the neighbours to help me collect the report forms. But from the time this program started I have started checking the books and also praise them for hard work (Caregiver, FGD Mibenge, Lumpuma Chiefdom).

I have seen that parents now are able to give tasks to the children which are manageable or according to their ages. In the past, we used to have a situation where a child is given maybe a 20litres to carry not according to his age. When we started learning we have seen a difference and we are able to talk to the parents in the community according to the way we are taught (Caregiver, FDG Milopa, Shibuchinga Chiefdom)

The finding suggests an appreciation of the concepts under the parenting program. Many parents and caregivers felt empowered to address issues related to their children at home. Parents and caregivers were elated about the results from applying some of the approaches of the parenting program as was evidenced by the changes in children's attitudes and behaviour.

Gender differences

There were mixed views on gender differences from the various respondent interviewed. Many parents and caregivers explained that they are aware of the challenges relating to gender, especially issues affecting the girl child. Some parents and caregivers are implementing some strategies to mitigate the challenges with the aim to be inclusive such as assigning house chores regardless of their child's gender.

In this program, I have learnt about gender issues. In the past, I used to think that men should only do jobs that are related to men and women should only do those activities traditionally reserved for women. But after learning in this program I have learnt that both boys and girls can do the same work which the other gender can do so currently boys



are able to do chores that were traditionally meant for girls and girls can do the chores which are said to be for girls in the past. So this program has helped me to distribute jobs at home equitably to all the children without segregating them. Boys can cook, sweep and wash dishes just like the girls, this is what I have seen in this program to be important to me (Caregiver, FGD Mibenge, Lumpuma Chiefdom).

In the past, we never knew how to bring up boys and girls together so that they are able to complement each other in doing housework. Only girls used to do all the household activities but after the parenting program we have seen it fit that boys and girls can work together there is no need to segregate the chaos (Caregiver, FGD Fipokola, Lumpuma Chiefdom)

I have four children and I used to think that boys don't wash dishes. But we have learnt that boys can do what the girls do like household chores and also we learnt that girls can do what boys do. I have a lastborn who is a girl and she used to do all the activities at home but after this program, the boys are also able to wash the dishes and clean the house but in the past, we never thought boys can wash dishes as well. I have boys at home and they do all the house household activities (Caregiver, FGD Mibenge, Lumpuma Chiefdom).

Some children we interviewed also confirmed this: *In the past, boys and girls were brought up in different ways. There would be specific chores allocated to boys and to girls. For example, cutting of firewood would be given to boys while cleaning and sweeping to girls but now, either of the sex can do any house chores. (Child, FGD Mibenge, Lumpuma Chiefdom)*

However, a few parents and caregivers explained that there were differences between boys and girls especially as they began to grow up and they should be assigned different roles and responsibilities. One caregiver in an FGD gave the following verbal account: *There is a stage when the boys and girls are able to have different roles and responsibilities as they grow up. There are things which boys can do and things girls can do. Also, they are things a woman would want from the parents which a boy would not need (Caregiver, FGD Milopa, Shibuchinga Chiefdom).* Further, some children attested to being assigned different chores based on their gender. Boys would be assigned chores such as cutting firewood while the girls would be restricted to cleaning and cooking. The children also added that their parents and caregivers also engaged in different chores at the household level, for example, the mothers were mostly the ones doing house chores and the father would mostly do work in the field and fetch firewood.

In addition, another parent also expressed that they cannot be close to their girl child because they were a father (male) and so there should be set boundaries between him and his daughter but the son could be taught with no boundaries. The caregiver narrated: *As a man, I cannot be very close to a girl child, but the mother can be close to her. There are things that I can teach her very well without boundaries and others that I cannot teach her because I know that she is a girl. But for a boy child, I can teach him with no boundaries. My son you should not be doing this, we do not do this and that. For a girl, I cannot teach much instead the mother is better placed. There are lessons that can be taught to a girl that cannot be taught to a boy and there are those that can be taught to a boy that cannot be taught to girl (Caregiver, FGD Milulu, Shibuchinga Chiefdom).* The girls and boys we interviewed confirmed this and explained that there are things they could not tell the parent of the opposite sex. One girl explained: *... it is rare for me to chat with my father as I do with my mother.* Another girl added: *When I want something as a girl, I tell my mother while the boys tell the father.*

Similarly, another caregiver explained that the love and the discipline that their child should receive would be the same although there are lessons mother would teach girl and fathers would teach boys: *a boy child can be with the father and get lessons that need to be given to him. Then I should also teach the girl child. However, these two need to receive the same love and discipline (Caregiver, FGD Milulu, Shibuchinga Chiefdom).*

The mixed view obtained from the interviews is consistent with the findings of the pre-assessment. There seems to be some improvement in addressing the gender issues affecting these communities. The parents seem more cognizant of the gender issues and some parents are reported to be assigning chores with little consideration for gender, although some practices have persisted.



3.3. Discipline

3.3.1. Beliefs

The findings in Table 4 show an improvement in parents and caregiver beliefs about non-use of corporal punishment at post-assessment in the intervention group. Specifically, parents and caregivers beliefs on belittling, threatening, scaring or ridiculing a child reduced significantly in the intervention group compared to the comparison group. Although the beliefs in physical punishment such as hitting, slapping, beating or smacking a child reduced in the intervention group, this change was not statistically significant. Notably, the aggregate measure for parent and caregivers belief in non-use of corporal punishment, obtained by getting the mean of the two (2) variables that constitute corporal punishment beliefs, increased by 18% in the intervention group and this result is statistically significant. This finding suggests that there was an overall improvement in parents and caregiver beliefs in non-use of corporal punishment.

Table 4: Caregivers' belief about corporal punishment

Variable	Mean at Baseline (n=313)		Mean at Endline (n=397)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
Belief in physical punished: hitting, slapping, beating, or smacking?	0.667	0.517	0.464	0.197	-0.118	(0.0868)
Belief in: belittling, threatening, scaring or ridiculing a child?	0.407	0.537	0.210	0.100	-0.239***	(0.0838)
Beliefs_mean	0.537	0.527	0.337	0.149	-0.178**	(0.0720)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0=No, 1=Yes

The qualitative evidence also shows positive changes in beliefs on corporal punishment that are attributable to the lessons from the parenting programme, as indicated by some parents during the FGDs:

It has helped us in a lot of things because in a way we never knew how to correct our children. We used to use bad words like telling him/her that you are a dog and such. But from what we were learning, we learnt that you have to call the child and sit him/her down and correct him/her well. This has helped our children and they now listen and understand in good time (Caregivers, FGD Milulu, Shibuchinga Chiefdom).

I am very happy with this program because it has made things better for me because in the past I used to be very angry with the children when teaching them and talking to them. Now from the time the program started in 2020, I have learnt that even if the child has made a mistake I should not be very annoyed, I should be able to control myself and talk to the child in a caring manner and this program has taught us that a parent who does not control his family is not a good parent (Caregiver, FDG Katembula, Shimukunami Chiefdom).

3.3.2. Practices on discipline

The results in Table 5 show that fewer parents and caregivers used a stick, belt, hosepipe, slipper or other hard item to discipline the child; slapped, punched or hit the child on the face, head or ears to discipline the child; and shouted, yelled or screamed at the child as a way to discipline. However, these improvements in practical disciplinary practices are not statistically significant. There was also a significant decline in the proportion of parents and caregivers who explained to the child why something they did was wrong.

Notably, a higher proportion of parents and caregivers in the intervention practiced bad disciplinary approaches compared to those in comparison group, but these changes are not statistically significant. These elements of discipline



practiced by parents and guardians are: hitting or slapping the child on the hand, arm, leg or back; threatening to curse, invoke ghosts or evil spirits, or harmful people against the child; withholding a meal to punish the child; calling the child stupid, lazy, dog or other names like that; taking away privileges; giving the child something else to do; leaving the child home alone; and the caregiver being so pre-occupied, busy with their own problems.

The aggregate measure for disciplinary practices by parents and caregivers, computed as the average of the 16 variables in Table 5, marginally increased in the intervention group by about 2%, suggesting a worsening in disciplinary practices, but this result is not statistically significant.

Table 5: Forms of discipline practiced by caregivers and care provided to child

Variable	Mean at Baseline (n=313)		Mean at Endline (n=397)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
In the past three months, how often have you used a stick, belt, hosepipe, slipper or other hard item to discipline the child?	0.685	0.498	0.428	0.127	-0.113	(0.124)
In the past three months, how often have you slapped, punched or hit the child on his/her face, head or ears to discipline the child?	0.407	0.313	0.145	0.0347	-0.016	(0.0958)
In the past three months, how often have you hit or slapped (him/her) on the hand, arm, leg or back to discipline the child?	0.556	0.402	0.196	0.0502	0.009	(0.110)
In the past three months, how often have you shouted, yelled at or screamed at (him/her) to discipline the child?	0.963	0.965	0.667	0.568	-0.101	(0.135)
In the past three months, how often have you said you would send him/her away or kick him/her out of the house?	0.333	0.251	0.0797	0.0193	0.0220	(0.0903)
In the past three months, how often have you threatened to curse, invoke ghosts or evil spirits, or harmful people against the child?	0.222	0.154	0.0145	0.000	0.0533	(0.0698)
In the past three months, how often have you withheld a meal to punish him or her?	0.370	0.266	0.101	0.0271	0.0296	(0.0921)
In the past three months, how often have you called him or her stupid, lazy, dog or other names like that?	0.222	0.154	0.0145	0.000	0.053	(0.0698)
In the past three months, how often have you explained to the child why something they did was wrong?	1.264	1.359	1.652	1.552	-0.195*	(0.114)
In the past three months, how often have you taken away privileges	0.833	0.687	0.482	0.415	0.079	(0.138)



In the past three months, how often have you given (him/her) something else to do?	1.037	0.973	0.862	1.015	0.217	(0.140)
In the past three months, how often have you had to leave the child home alone,	0.741	0.761	0.399	0.544	0.126	(0.134)
In the past three months, how often have you been so pre-occupied, busy with your own problems?	0.833	0.641	0.544	0.498	0.146	(0.130)
In the past three months, how often have you not been able to make sure the child got the food he/she needed?	0.556	0.708	0.470	0.630	0.008	(0.123)
In the past three months, how often have you not been able to make sure the child got to a doctor or hospital when s/he needed it?	0.574	0.667	0.0507	0.0927	-0.051	(0.112)
Sometimes adults drink much or get high to feel better or calmer. This might leave them with a problem taking care of the child	0.148	0.174	0.0584	0.0778	-0.006	(0.0755)
Discipline_mean	0.609	0.561	0.385	0.353	0.016	(0.0526)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

0=never, 1=less often, 2=monthly or weekly

Many parents and caregivers interviewed indicated that they have changed their discipline approach towards their children. Previously, the caregivers would discipline their children by beating/whipping, scolding, screaming, insulting and punishing them through withholding food or locking them out of the house. After participating in the parenting program, the parents and caregivers explained that they engaged their children more often and explained the consequences of their actions when the children did wrong. When asked how they would react when their child came home late, one caregiver responded:

In the past, we used to close the door and deny them entry into the house and we used to beat them. This time around we allow them to come inside and give them some food to eat and then in the morning we seat them down and talk to them in a caring manner with calmness so that the child is able to get your teachings. The program has helped us because even the anger we used to show towards the children has reduced we are able to handle them with love and care. We have realized that locking the children outside is exposing the children to danger, which can result in harming the children (Caregiver, FGD Mibenge, Lumpuma Chiefdom)

Similarly, many caregivers reported that they no longer scolded, screamed or beat their children but instead they talked to the children calmly and were more patient with their children.

Before I joined this program, I used to beat the children too much even denying them food over a small issue but now this has changed if you ask them they will tell you that our mother has stopped beating us. I seat them down and talk to them in a more caring way as a parent (Caregiver, FGD Mibenge, Lumpuma Chiefdom).

Further, the children have affirmed the change in the way the parent disciplined them since their participation in the program: *From the time they started the parenting program they have stopped insults and harsh language like telling us that you are a dog, you are useless, you are hopeless and other bad things. (Child, FGD Katembula, Shimukunami Chiefdom)*

Parents lack of control on their children



In general, a few parents explained that they had challenges disciplining their children. One parent explained that some children felt that they had grown enough to be responsible and needed not to be corrected. Other children were said to view their parents as ‘old fashioned’ and not everything said was regarded as important. Some parents expressed that some fellow parents have lost control of their children, and nothing they say is obeyed. However, this is a general concern that may not necessarily be related to the parenting programme.

Some parents do not teach their children what not to do. If a child is stealing, they do not stop that child from doing that and it seems as if they are encouraging that behaviour. When a child is insulting, the parents do not stop him/her and they say that their child can insult and he/she does not have respect. Instead of rebuking the child, some parents just watch their children and tell others that their child insults when he/she is rebuked. (FGD, Caregiver, Milulu, Shibuchinga Chiefdom).

...a child is the one teaching the parent... it is now the opposite. The upbringing of our children is not good. They are not respecting their parents. There are many cases where I am seeing that a child has become the father and the father the child. (FGD, Caregiver, Milulu, Shibuchinga Chiefdom).

Discipline through Scolding and whipping/Hitting

There are a few cases reported where parents would beat and scold their children to discipline them. No parents admitted to beating/hitting their children when they did something wrong, although a few parents acknowledge scolding their children: *One child broke my plates I shouted at him but I did not beat him.* The parents could have held back from stating that they did beat/hit their children for fear of victimization. Even though the parents did not admit to hitting their children, some children in the group discussions explained that there were incidences when their parents would hit them when they had erred. It was reported that the mothers would mostly scold while the fathers would beat them when they did something wrong. This difference in approach could partly be attributed to the fact that mothers are the primary beneficiaries of the programme. In addition, in the traditional cultural context, fathers tend to be ‘disciplinarians’ and often feared in the home.

...if she sends you to do something and you refuse, she will discipline you by whipping you (FDG, Children, Milulu, Shibuchinga Chiefdom)

If they tell you lets go to the field and you refuse, dad comes and beats you. (FDG, Children, Milulu, Shibuchinga Chiefdom)

Some parents beat their children and send them away to the streets (FDG, Children, Mibenge, Lumpuma Chiefdom)

If your father finds that you did not do the things, he asked you to do, he will definitely beat you, while your mother might not do that but just scold you or if she beats you, she would be considerate of what age you are. (FDG, Children, Milopa, Shibuchinga Chiefdom)

Your mother would only scold you when you do something wrong but your father will just want to beat you. (FDG, Children, Milopa, Shibuchinga Chiefdom)

Our mother would even forgive us while dad would not and would want to just beat us. (FDG, Children, Milopa, Shibuchinga Chiefdom)

If you have not cleaned the plates, your mother would just scold you while your dad would want to weep you. (FDG, Children, Milopa, Shibuchinga Chiefdom)

Mum would only threaten to weep me if I have not done the house chores while dad would actually just do it. (FDG, Children, Milopa, Shibuchinga Chiefdom)

Dad always beat me if I do not do as asked but mum only scolds me. (FDG, Children, Milopa, Shibuchinga Chiefdom)

Although, the evidence from the quantitative data seems to show no significant improvement in disciplinary practices, the evidence from qualitative interviews during the post-assessment suggest some changes in the disciplining approach



that parents used after the parenting program. During the qualitative interviews, only few parents and caregivers indicated that they discipline their child through harsh methods such as beating and scolding, but they indicated that they counsel their children when they erred. The children also confirmed this shift in the discipline.

3.4. Caregiver report on the child's internalising, externalising and risky behaviour

The results in Table 6 show that the parents and caregivers reports of the child internalising and externalising behaviour did not improve in the intervention group at post-assessment. For instance, significantly more parents and caregivers in the intervention groups report that the child often complains of headaches, stomachaches or sickness (somatisation) and has low self-esteem.

Other 'bad' child attributes that worsened in the intervention group at post-assessment include depression, fighting or bullying and antisocial behaviour. However, these changes were not statistically significant.

On the other hand, some positive or good attributes such as peer connection significantly improved in the intervention group compared to the comparison group at post-assessment. While some positive attributes such as problem solving and life skills improved, others such as being considerate and being obedient worsened. However, none of these changes were statistically significant.

At the aggregate level, the parents and caregivers report on the child's internalising and externalising behaviour for the negative or bad attributes, computed as the average of the 5 variables in Table 6, significantly increased in the intervention group by about 22%. On the other hand, the parents and caregivers report on the child's internalising and externalising behaviour for the positive or good attributes, computed as the average of the 4 variables in Table 7, did not significantly improve in the intervention group at post-assessment.

Table 6: Parent and caregiver's report on child's internalising and externalising behaviour

Variable	Mean at Baseline (n=313)		Mean at Endline (n=397)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
a. Does the child often complain of headaches, stomachaches or sickness (somatization)?	1.481	1.371	0.891	1.124	0.343**	(0.154)
b. Is the child often unhappy, downhearted or tearful (internalizing problems, depression)	1.074	0.915	0.616	0.568	0.111	(0.161)
c. Is the child nervous or clingy in new situations, easily loses confidence. (self-esteem)?	1.019	0.707	0.210	0.305	0.407***	(0.140)
d. Is the child generally obedient, usually does what adults request. (social values)	1.704	1.865	1.826	1.865	-0.122	(0.0968)
e. Does the child often fight with other children, bullies them. (externalizing behaviour)?	0.556	0.351	0.246	0.201	0.159	(0.134)
f. Does the child steals from home, school or elsewhere (externalizing, antisocial)	0.204	0.0772	0.0725	0.0347	0.0888	(0.0892)
g. Has the child got at least one good friend. (peer connection)	1.833	1.691	1.804	1.880	0.218**	(0.0911)



h. The child thinks things out before acting. (problem-solving, life skills)	1.444	1.486	1.551	1.687	0.0945	(0.130)
i. Child is considerate of other people's feelings (e.g. helpful is someone is hurt/upset)	1.833	1.900	1.877	1.849	-0.0937	(0.0790)
+Behaviour_good	0.867	0.684	1.764	1.820	0.0242	(0.0545)
*Behaviour_bad	1.704	1.736	0.407	0.446	0.222***	(0.0725)
Behaviour_mean	1.239	1.151	1.010	1.057	0.134***	(0.0461)

*includes the mean of a,b,c,e,f: +includes the mean of d,g,h,i

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1,

Scale: Not True = 0, Somewhat True =1, Certainly True=2

Characteristics of a good child

The parents and caregivers interviewed expressed many views about the characteristic of a good child such as respect for parents and elders in the community, obedience, being helpful at home and being well disciplined. Similarly, the children also shared views of the characteristics of a good child as explained by one child during an FGD: *A good child listens to what the parents are saying.* Other characteristics of a good child, according to the children, were based on good behaviours and doing the right thing, such as not stealing. One child narrated: *When a good child is sent to buy something, they bring change correctly without stealing part of the change.*

On the other hand, the parents and caregivers and children described a bad child as one who is disrespectful, disobedient and is involved in bad vices such as alcohol abuse, stealing, smoking.

According to most parents and caregivers, the parenting program has resulted in changes in their attitudes and practices and those of the children in the community. The children have been said to be more obedient, cooperative, respectful, disciplined and displayed a sense of responsibility.

For me, I didn't know how to live with the children. So after this program, I started getting what we were being taught and I was also teaching my children and the change slowly started showing and this time I have seen a lot of changes in my children some of whom were very notorious and difficult to control. This time my children have changed and I relate to the children very well even if they make mistakes I am able to talk to them nicely and advise them with care and calmness. So for me, I have benefited a lot (Caregiver, FGD Fipokola, Lumpuma Chiefdom)

Children in the past used to be very afraid to talk to their parents but from the time this program started, we have learnt that children should be brought closer. So these days they are able to tell us if they have any problems at school. For example, my child is now able to bring the school books and show me what he was writing at school and I am able to explain the things he got wrong in class. All this is because I am able to talk to the children now and they feel comfortable to open up to me. This program is good as children are no longer fearing parents as it was in the past (Caregiver, FGD Katembula, Shimukunami Chiefdom)

With me I have seen a change in the children, In the past, my child never used to listen to me she even got pregnant at an early age of about 15 years. But after this program, the siblings are more cooperating and are able to follow what I am telling them compared to the time before the program started (Caregiver, FGD Mibenge, Lumpuma Chiefdom)

After the coming of the project, it has helped our children be morally upright. Why do I say this? When a child errors, what we would do is beat and let him/her be without counselling. But now what we do when a child has erred, we sit down with him/her. We ask the child why they behaved in that way and tell the child that it is wrong and it is not the right way to go. You counsel him/her and he/she will start explaining in bits. So there is now peace at home (Caregivers FGD Milulu, Shibuchinga Chiefdom)



What I can say is that we have learnt through this program because we have seen changes in the way our children are growing and how they are able to obey us as parents. In the past this was not happening so we are grateful to save the children for this program (Caregiver, FGD Fipokola, Lumpuma Chiefdom)

The children are able to do a number of things on their own without being sent. They have changed from the program for Save the Children (Caregiver, FGD Fipokola, Lumpuma Chiefdom)

I have seen change in the children especially girls. When you bring them near you explain to them how they are supposed to dress and behave we have seen that the girls are slowly changing in our villages. Girls used to fall pregnant easily in the past because they were not talking to parents to receive guidance now the program has helped parents to talk to their children and help them to handle different issues in life that is what I have seen happening (Caregivers, FGD Katembula, Shimukunami Chiefdom)

Furthermore, the facilitators also acknowledged the changes in both the children and the parent's and caregivers attitudes and practices towards each other.

After the program, I think we are able to see signs in both the children and the parents that there is change in the community from the time the program started. You find that after learning, the parents have stopped using abusive language such as calling their children dogs, useless and other bad names because this is what the children were also using when talking to other people but now this has stopped. (KII, Facilitator, Shibuchinga Chiefdom)

The findings from the qualitative interviews suggest that the parenting program has effectively contributed to developing a positive dialogue between parents and caregivers and their children about expectations and desired behaviour. The children felt part of the discussions and decisions around their home, especially when they were engaged in different situations.

Children abuse alcohol

Some parents and caregivers lamented about alcohol abuse among the children within the community:

These days a child will only be 11 years and will start drinking beer and when coming back from drinking, he/she will just be insulting in the village without considering that there are parents in the village. For such children when it is too much, you have to sit them down and tell them not to be insulting in that manner where there are parents. If he/she still doesn't change, I have to take him/her to the authorities to help me teach him/her because he/she doesn't have ears and he/she will influence the friends. (FGD, Caregiver, Milulu, Shibuchinga Chiefdom)

Children dress code

Some parents and caregivers also complained about the dress code of the children within the community:

Look at how the world is going. Both the girls and boys are confused. The world has become bad. A girl child is going to buy a pair of trousers, which she is not supposed to put on. What kind of clothes is she supposed to put on? Skirts. She is coming to the father in a pair of trousers. It is embarrassing. For a boy child, the trousers are sagging in here and they call that dressing. That is not good dressing. It is bad dressing. When he sits down, the pants will be showing to his mother and his sisters. Is that being dressed up? No. The devil has got the children and they are not upright (FGD, Caregiver, Milulu, Shibuchinga Chiefdom)

3.5. Parent and caregiver report of child's emotional health (health-seeking behaviour)

The results in Table 7 shows that there is no significant change in the parents and caregivers report of child's emotional health. For instance, although the proportion of parents and caregivers who reported that their children were mentally, spiritually or emotionally troubled and exhibited mental or behavioural health problems in the past three months was higher in the intervention group compared to the control group, these differences were not statistically significant. On the other hand, there was a decline in the proportion of parents reporting that a child had



problems related to physical concerns, those that stayed home from school based on these problems and the number of days out of school, during the last three months. However, these differences were not statistically significant.

At the aggregate level, the parents and caregivers report on whether the child has been troubled computed as the average of the 5 elements in Table 7, increased by about 4%. However, this change is not statistically significant.

Table 7: Parents and caregiver's report on whether child has been troubled

Variable	Mean at Baseline (n=313)		Mean at Endline (n=397)		Difference		N
	Comparison	Intervention	Comparison	Intervention	Estimate	SE	
In the last three months, has the child been so mentally, spiritually or emotionally troubled that you felt you needed to take them to a healer?	0.417	0.407	0.275	0.317	0.0511	(0.0917)	681
Child's health problems exhibited – mental							
Mental concerns	0.100	0.0319	0.000	0.0366	0.105	(0.0731)	234
Physical concerns	0.650	0.698	1.000	0.963	-0.0845	(0.119)	236
Child's health problems exhibited – behavioural							
Behavioural concerns	0.150	0.0526	0.000	0.0122	0.110	(0.0847)	235
Staying out of school due to health problems							
Did the child stay home from school based on these problems during the last three months?	0.500	0.646	0.0507	0.143	-0.0537	(0.126)	513
Days out of school	5.429	7.927	4	3.789	-2.709	(2.776)	72
Child emotional health_mean	0.200	0.200	0.120	0.158	0.038	(0.048)	681

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0=No, 1=Yes

3.6. About parent and caregiver – emotional health

The results in Table 8 suggest that the emotional health of parents and caregivers in the intervention group worsened at post-assessment compared to the comparison group. Specifically, significantly more parents and caregivers in the intervention group found themselves sometimes failing to concentrate; sometimes failed to sleep or lost sleep; had moments when they felt life was so tough that they cried or wanted to cry; felt worn out; were not managing to do all their work, than in the comparison group.

Although there was an improvement in some elements of the emotional health of parents and caregivers in the intervention group compared to those in the comparison group, these changes were not statistically significant. Specifically, relatively fewer parents and caregivers in the intervention group lost their temper or got annoyed over trivial matters; sometimes saw or heard things which others could not see or hear; had the stomach aching; were you frightened by trivial things; felt they had problems in deciding what to do compared to the comparison group. However, these changes were not statistically significant. Notably, the aggregate measure for the emotional health of parents and caregivers, computed as the average of the 12 variables in Table 8 increased by 7%, which suggests that the emotional health of the parents and caregivers in the intervention group worsened at post-assessment.



Table 8: Parent and caregiver's emotional health

Variable	Mean at Baseline (n=313)		Mean at Endline (n=397)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
Did you have times in which you were thinking deeply or thinking about many things?	0.889	0.876	0.696	0.792	0.108	(0.0667)
Did you find yourself sometimes failing to concentrate?	0.741	0.695	0.435	0.494	0.105	(0.0846)
Did you lose your temper or get annoyed over trivial matters?	0.500	0.486	0.210	0.170	-0.0267	(0.0859)
Did you have nightmares or bad dreams?	0.611	0.633	0.145	0.266	0.0994	(0.0836)
Did you sometimes see or hear things, which others could not see or hear?	0.113	0.170	0.00725	0.0232	-0.0408	(0.0509)
Was your stomach aching?	0.426	0.446	0.248	0.207	-0.0610	(0.0868)
Were you frightened by trivial things?	0.315	0.389	0.0438	0.0775	-0.0406	(0.0744)
Did you sometimes fail to sleep or lose sleep?	0.759	0.721	0.406	0.521	0.154*	(0.0832)
Were there moments when you felt life was so tough that you cried or wanted to cry?	0.704	0.641	0.101	0.301	0.262***	(0.0791)
Did you feel worn out?	0.704	0.641	0.101	0.301	0.262***	(0.0791)
Did you at times feel like giving up your life?	0.241	0.225	0.0725	0.116	0.0593	(0.0705)
Were you generally unhappy with things you were doing each day?	0.537	0.571	0.0652	0.112	0.0128	(0.0801)
Were you not managing to do all your work?	0.648	0.598	0.145	0.243	0.148*	(0.0825)
Did you feel you had problems in deciding what to do?	0.556	0.614	0.102	0.155	-0.006	(0.0819)
Caregiver emotional health_mean	0.554	0.551	0.198	0.270	0.0747*	(0.0440)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0=No, 1=Yes

3.7. Back-to-back approach vs. weekly approach

The back-to-back an approach was modified model of delivering parenting sessions, where sessions are conducted 3 or 4 days on a roll without skipping a day as opposed to having a session once per week. Out of the 272 parents and caregivers interviewed in the intervention group, more than half (52%) attended only the weekly sessions. Figure 3 shows that 67% of the parents and caregivers that attended both the back-to-back sessions and the weekly sessions felt that it was somewhat or certainly true that the back-to-back sessions were more effective than the weekly



sessions. Similarly, 65% of the parents and caregivers who attended both sessions felt that the back-to-back sessions were more acceptable than the weekly session. Only a few (5%) indicated that both were acceptable. The majority (99%) of caregivers felt that the back-to-back approach had a positive effect on caregiver knowledge.

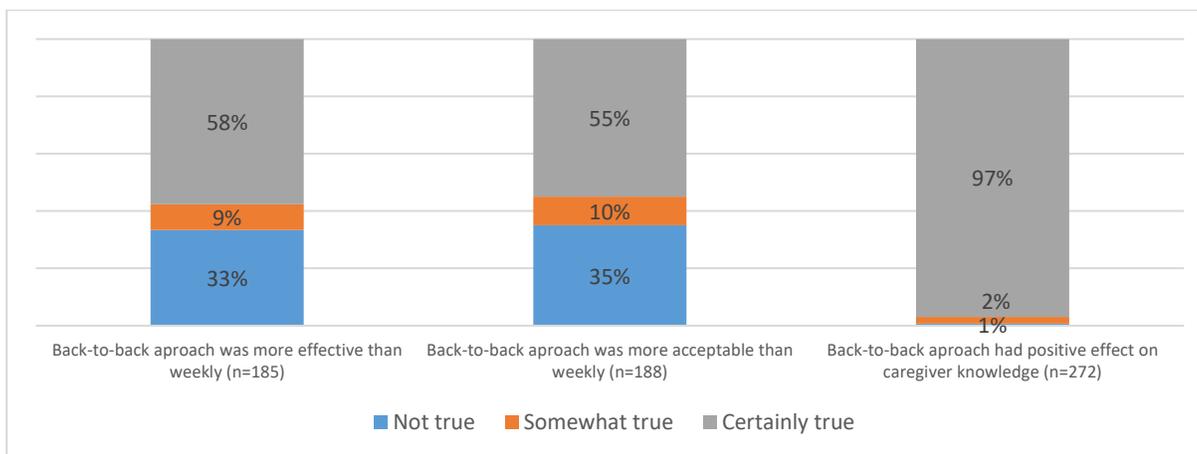
The results from the semi-structured KAP survey questions show that a few respondents felt that weekly sessions gave them some time to review the material and they would sometimes miss the back-to-back sessions to attend to household chores as expressed by some respondents: *“because the weekly session gives me time to go through what we learnt. I used to miss some days in the back to back approach”*; KAP survey, Shimukunani. Others noted that *“back to back was not efficient because of home chores. In terms of remembering weekly was fine”*; KAP survey, Shimukunani. Other parents and caregivers indicated that a lot more people attended the back-to-back sessions than the weekly session, while others felt that the weekly sessions were better during the rainy season, as highlighted by the quotes below:

“ during the back to back approach we had a lot of people attending but when it came to a weekly programme, very few people attended and so many people enjoyed the back to back approach” KAP survey, Shimukunani.

“It depends on the season, during busy seasons weekly is good” KAP survey, Shimukunani.

“some people said they would not be managing during farming seasons” KAP survey, Shimukunani.

Figure 3: Back-to-back approach vs. weekly approach



The qualitative evidence also shows mixed views on the back-to-back approach in comparison to the weekly sessions. Some parents and caregivers indicated that they preferred the back-to-back session because it allows them to remember what they learnt. One caregiver noted the following: *For me I liked the back-to-back because we were able to remember what we learnt previously*. This suggests that the back-to-back approach was effective in enhancing knowledge uptake. The effectiveness of the back-to-back approach was further confirmed by the facilitators:

The sessions were more effective because everyone was coming at the same time and we would learn in an hour then disperse. Then we would make a follow up to check on why some did not come for a session in that week and they would explain why (Facilitator, KII Mibenge, Lumpuma Chiefdom).

The participants received it well because they were able to learn much and were able to remember what they would have covered in the previous sessions before they can completely forget with the passage of time. However, for the weekly sessions, when you ask them, some would not even be able to remember that it was time to meet because they have a longer period before we meet again. Back-to-back was more handy because you meet frequently and they were able to remember what they have been learning compared to weekly meeting, which took a bit more time before meeting for a session (Facilitator, KII Milulu, Shibuchinga Chiefdom)

However, some parents and caregivers preferred the weekly session. This was because the weekly session provided the parents and caregivers with more time to attend to other activities: *I think the weekly program was ok because we have other things to do here in villages there many activities.* Furthermore, other caregivers felt that the weekly session provided a platform for sharing ideas as parents come together with other caregivers within the community: *I was good to come together to learn than following people in the home. I think learning together was better and we used to learn from each other.*

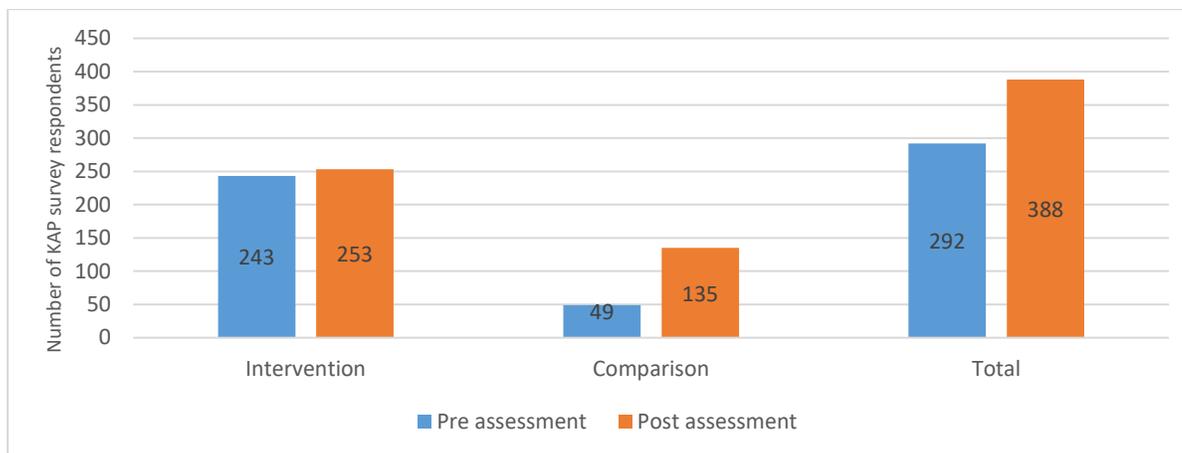
4. FINDINGS - CHILD SURVEY

This section provides the findings from the child survey, including qualitative perspectives from the FGDs with the children.

4.1. Characteristics of children

Figure 4 shows the sample distribution of children interviewed at pre- and post-assessment in the comparison and intervention groups. At post-assessment, 388 children were interviewed compared to 292 caregivers at post-assessment. About 65% of the children interviewed at post-assessment were from the intervention site and 35% from the comparison sites. At preassessment, 83% of children were from the intervention site, and 17% were from the comparison site.

Figure 4: Sample distribution of children at pre- and post-assessment



Similar to the parent and caregiver sample composition, the majority of children interviewed at pre- and post-assessment were female, at 72% and 82%, respectively (Table 9). Most of the respondents were in the 10 to 14 age group, followed by the 15 to 19 age group pre- and post-assessment.

Table 9: Child characteristics for the comparison and intervention groups

Respondent	Baseline		Endline		Baseline Comparison	
	Intervention	Comparison	Intervention	Comparison	Mean Difference	p-value
Child Characteristics						
Age group (%)						
5 to 9	23.5	34.7	25.7	39.3	-0.112	0.1000
10 to 14	44.9	36.7	54.2	41.5	0.081	0.2971



15 to 19	31.7	28.6	20.2	19.3	0.031	0.6688
Gender						
Male	49.4	40.8	34.4	39.3	0.086	0.2751
Female	50.6	59.2	65.6	60.7	-0.086	0.2751
N	243	49	253	135		

4.2. Positive relationship with parents and caregivers

The results in Table 10 show that there was an improvement in the positive relationship between child and parents and caregivers in the intervention group on the following attributes: showing the child that they are proud of the child; taking an interest in the child's activities; and talking about the things that really matter. However, these changes are not statistically significant.

On the other hand, attributes such as listening when the child talks and children being comfortable to share their thoughts and feelings with their parents and caregivers showed a decline in the intervention groups compared to the comparison groups at post-assessment, but these were also not statistically significant. Similarly, the aggregate measure for the positive relationships of parents and caregivers towards children, computed as the average of the four variables in Table 10, increased in the intervention group at post-assessment by about 7%, but the result is not statistically significant.

Table 10: Positive relationship with parents and caregivers

Variable	Mean at Baseline (n=278)		Mean at Endline (n=388)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
My caregiver shows me s/he is proud of me	3.200	3.352	3.326	3.696	0.218	(0.195)
My caregiver takes an interest in my activities	3.044	3.099	2.985	3.352	0.312	(0.232)
My caregiver listens to me when I talk to her/him	3.044	3.270	3.348	3.498	-0.0761	(0.208)
My caregiver talks about the things that really matters	2.756	2.991	2.948	3.403	0.219	(0.258)
I am comfortable sharing my thoughts and feelings with my caregiver	2.578	3.107	3.319	3.502	-0.346	(0.264)
Positive relationship_mean	2.924	3.164	3.185	3.490	0.0654	(0.163)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0 = Never, 1=Rarely 2 = Sometimes, 3 = Often, 4 = Always.

Although the quantitative evidence suggests no significant changes, the children interviewed explained that they had observed changes in their parent's and caregivers practices and attitudes toward them and their welfare. One of the children from the FGD explained with gratitude how the program has taught the parents how to care for their children: *We would like to thank you for coming here and for this program because it has really taught our parents a lot and we have seen a change in the way they were keeping us now.* Many of the children explained that the parents are more affectionate and attentive to their children's needs such as playtime/socialization and school needs.

They [parents] now show us that they love us after this program started. Parents used to show us that they love us but not like they do now (Child, FDG Mibenge, Lumpuma Chiefdom).

There is some change because a long time ago when we would go to ask for money for a book, they would shout at us and say go and ask your father but now they are answering just fine, if they do not have, they go to look for some (Child, FDG Mibenge, Lumpuma Chiefdom).



Our parents' behaviour towards us has changed. When they observe that they are acting badly towards us, they are able to control themselves (Child, FGD Milopa, Shibuchinga Chiefdom).

When my friends visit me at home my parents used to chase them that go away I don't want you to be playing with my child but now they don't do that they know I have a right to play. (Child, FGD Katembula, Shimukunami Chiefdom)

4.3. Child and caregiver relationship

The results in Table 11 show that there was no significant change in the child's care in the home in the intervention group at post-assessment. Specifically, although there a decline in the proportion of children who reported getting the same or more food/clothes/school fees/school equipment relative to the other children in the house and the type of treatment in the house compared to other children, these changes were not significant. Similarly, the aggregate measure for the child's care in the home, computed as the average of the 2 variables in Table 11, reduced in the intervention group at post-assessment by about 3%, but this result is not statistically significant.

Table 11: Care of the child in the home

Variable	Mean at Baseline (n=278)		Mean at Endline (n=388)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
Do you get the same food/clothes/school fees/school equipment as the other children in your house?	0.932	0.974	0.970	0.964	-0.0483	(0.0437)
How are you treated compared to other children in your house?	0.977	0.983	0.985	0.988	-0.00245	(0.0272)
Child care_mean	0.955	0.978	0.978	0.976	-0.0254	(0.0315)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: less or worse=0, same or more=1

4.4. Child work and responsibilities

The evidence in Table 12 shows an increase in the proportion of children in the intervention group who stayed out of school due to household chores, but the result is not statistically significant. However, among those that stayed out of school in the intervention group, the duration of stay out of school reduced significantly, which suggests that the parenting programme had a positive effect on reduced absence from school as corroborated by the qualitative findings from the children;

A long time ago, our parents would stop us from going to school so that we could take care of our young ones but now we are encouraged to go to school (Child, FGD Mibenge, Lumpuma Chiefdom).

Table 12: Children staying out of school due to chores and frequency

Variable	Mean at Baseline (n=278)		Mean at Endline (n=388)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
Ever stayed out of school due to household chores?	0.200	0.167	0.0370	0.0672	0.0628	(0.0685)
If yes, how often does this happen?	1.778	1.641	0.600	1.438	-0.974***	(0.345)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0=never, 1=less often, 2=monthly, 3=weekly and 0=No, 1=Yes

4.5. Modified medical outcomes

Overall, the results in Table 13 show no significant improvement in the modified medical child outcomes due to the parenting intervention. Although there is an increase in the proportion of children who report that they have someone to depend on to take them to the health facility, help with the chores or turn to for suggestions about how to deal with a personal problem, these increases are not statistically significant.

On the other hand, the proportion of children in the intervention group who reported a lack of someone to depend on for elements such as having someone to look after the child, or help the child when sick, reduced at post-assessment. Similarly, the aggregate measure for the child having someone to depend on, computed as the average of the 9 variables in Table 13, reduced in the intervention group at post-assessment by about 1%, but this result is not statistically significant.

Table 13: Child having someone on whom to depend

Variable	Mean at Baseline (n=278)		Mean at Endline (n=388)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
To depend on to look after you	0.778	0.790	0.978	0.953	-0.0371	(0.0702)
To depend on to help you if you were too sick to get out of bed?	0.933	0.957	0.978	0.980	-0.0211	(0.0425)
To depend on to take you to the health facility if you need it?	1.000	0.889	0.985	0.980	0.106	(0.106)
To depend on to prepare your meals if you are unable to do it yourself?	0.956	0.978	1.000	0.996	-0.0268	(0.0325)
To depend on to help with daily chores if you were sick?	0.956	0.927	0.985	0.988	0.0318	(0.0374)
To depend on to have a good time with?	0.911	0.922	0.985	0.980	-0.0159	(0.0481)
To depend on to turn to for suggestions about how to deal with a personal problem?	0.889	0.853	0.978	0.980	0.0379	(0.0547)
To depend on who understands your problems?	0.778	0.858	0.978	0.996	-0.0617	(0.0676)
To depend on to love and make you feel wanted?	0.911	0.931	1.000	0.996	-0.0236	(0.0459)
Child helper_mean	0.890	0.902	0.985	0.983	-0.0138	(0.0276)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0=No, 1=Yes

4.6. Corporal punishment

The results in Table 14 show that there is a significant increase in the proportion of children in the intervention group who report that parents and caregivers sent them away or kicked them out of house, withheld a meal as a punishment, or did not explain why something they did was wrong. Only one element of corporal punishment relating



to the parent or caregivers use of a stick, belt, hosepipe or slipper reduced among the children in the intervention group at post-assessment, but this result was not statistically significant. Notably, the aggregate measure for the child's experience of corporal punishment, computed as the average of the 8 'negative' variables in Table 14, increased significantly in the intervention group at post-assessment by about 15%, which suggests that the parenting program did not lead to an improvement in the children's experience of corporal punishment.

Table 14: Child's experience of corporal punishment

Variable	Mean at Baseline (n=278)		Mean at Endline (n=388)		Difference	
	Compariso n	Interventio n	Compariso n	Interventio n	Estimate	SE
How often does your caregiver use a stick, belt, hosepipe, slipper	0.533	0.526	0.400	0.296	-0.0961	(0.125)
How often does your caregiver slap, punch or hit you on your head or face?	0.356	0.186	0.141	0.111	0.139	(0.0961)
How often do your caregivers hit or slap on the hand, arm, leg or back	0.477	0.300	0.252	0.158	0.0835	(0.123)
How often your caregiver said you would be sent away or kicked out of the house?	0.386	0.112	0.0667	0.0158	0.223*	(0.115)
How often your caregiver threatened to curse, call up ghosts or evil spirits, or harmful people?	0.267	0.139	0.00741	0.00791	0.128	(0.0909)
How often does your caregivers withhold a meal to punish you?	0.558	0.134	0.0963	0.0474	0.376***	(0.120)
How often does your caregiver insult you by calling you stupid, lazy, dog or other names like that?	0.600	0.338	0.267	0.146	0.142	(0.133)
How often does your caregiver explain to you why something you did was wrong?	1.000	1.254	1.437	1.308	-0.383***	(0.136)
How often does your caregiver take away privileges or stopped you from going out with friend?	0.667	0.405	0.415	0.344	0.191	(0.139)
Corporal punishment_mean	0.478	0.267	0.206	0.141	0.146*	(0.0804)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0=never, 1=less often, 2=monthly or weekly

However, the qualitative evidence shows that there has been a reduction in the practice where parents and caregivers would punish their children by withholding food because they had gone to play in the community for an extended period. According to the children, things had improved, and food was reserved for them even when they had gone to play: *In previous days if I had gone to play, my parents would not leave any food (Nshima) for me but now they do*. Moreover, the children reported that their parents often bought them gifts as an expression of love. Other children also noted the following;



Previously our parents used to respond to us harshly but not anymore. They also care for us better and correct/scold us without using a weep (Child, FDG Milopa, Shibuchinga Chiefdom).

Our parents have changed their way of doing things especially when it comes to scolding (ukusasuka) us when we do wrong (Child, FDG Milopa, Shibuchinga Chiefdom).

4.7. Internalising problems, self-esteem, future orientation

The results in Table 15 show a significant increase in the proportion of children in the intervention group, who report that they like themselves. Other elements that improved among the children in the intervention group at post-assessment, although not significantly include; doing things ok, suicide ideation, being bothered and feeling that somebody loves them. However, the proportion of children in the intervention group who reported having friends reduced significantly at post-assessment. Other elements that reduced at post-assessment in the intervention group include the child being sure about things, feeling like crying, feeling lonely, although these changes are not statistically significant. Notably, the aggregate measure of internalising problems, self-esteem and future orientation computed as the mean of the 10 variables reduced or worsened, but the change was not statistically significant.

Table 15: Internalizing problems, self-esteem, future orientation

Variable	Mean at Baseline (n=278)		Mean at Endline (n=388)		Difference	
	Comparison	Intervention	Comparison	Intervention	Estimate	SE
Sadness	1.810	1.870	1.911	1.960	-0.0115	(0.0952)
Sure about things	1.689	1.721	1.622	1.735	0.0811	(0.123)
Doing things ok	1.867	1.847	1.881	1.953	0.0909	(0.0745)
Liking myself	2.000	1.960	1.926	1.976	0.0905**	(0.0398)
Suicide ideation	1.933	1.920	1.956	1.964	0.0226	(0.0507)
Feeling like crying	1.711	1.767	1.770	1.787	-0.0401	(0.112)
Being bothered	1.818	1.855	1.889	1.917	-0.00826	(0.0872)
Lonely feeling	1.667	1.750	1.919	1.905	-0.0967	(0.102)
Having friends	1.267	1.489	1.615	1.621	-0.216**	(0.104)
Somebody loves me	1.911	1.919	1.948	1.976	0.0203	(0.0542)
Internalise_mean	1.768	1.810	1.844	1.879	-0.00593	(0.0417)

Robust standard errors in parentheses, *** p<0.01, ** p<0.05, * p<0.1

Scale: 0 = feeling very bad about an issue 1= feeling moderately good to bad 2 = feeling good

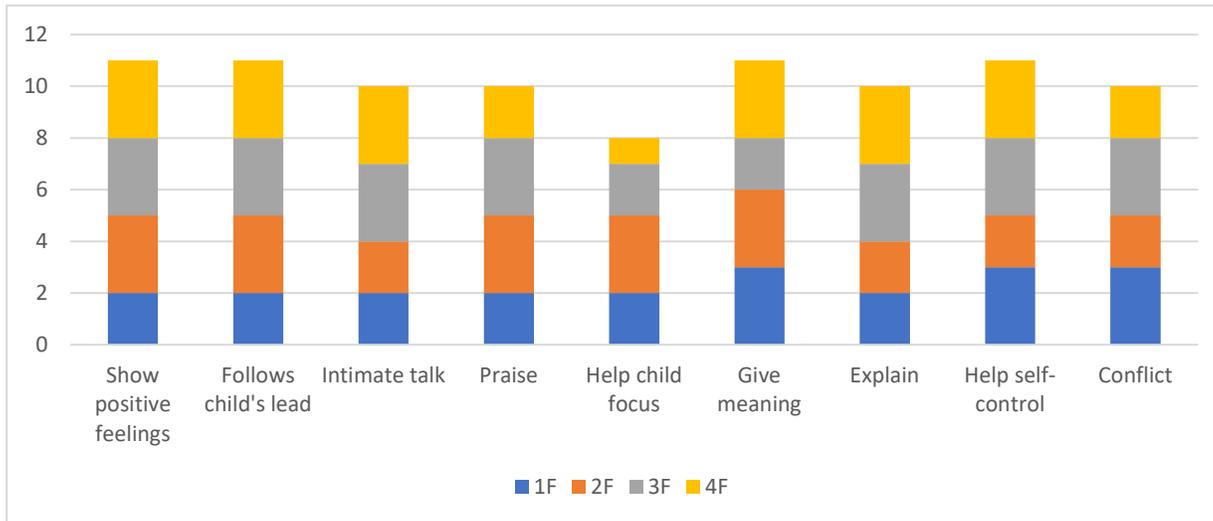
5. OBSERVATIONS AND THREE MINUTE SPEECH

We conducted observational activities while the parent and the child were interacting, and the three-minute speech activity where the parent or caregiver responded to various questions without interruptions. All the activities were scored using the ICDP three interactive dialogues that are based on 8 themes which are scored on a Likert scale of 1 to 5 (where 1 is to a very small extent, 2 is to a small extent, 3 is to a medium extent, 4 to a great extent and 5 is to a very great extent). For this post-assessment, we categorised the scale 1&2 as 1, 3 to 2 and 4&5 to 3 to allow for comparisons with the pre-assessment.



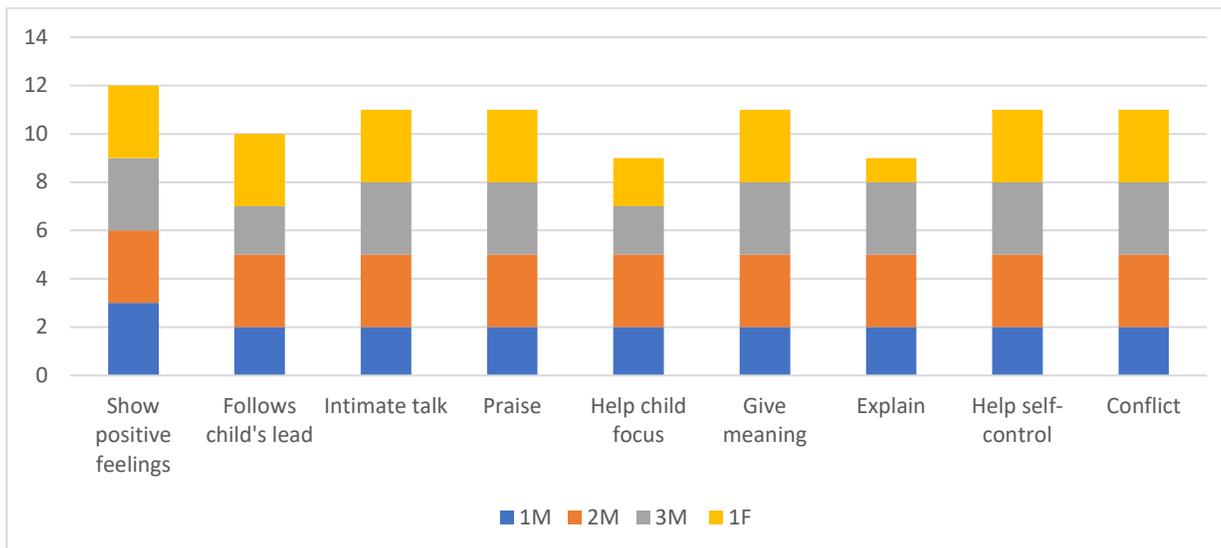
5.1. Observation of activity parent-child

Figure 5: Families in Lumpuma-Mibenge



Parents in Mibenge showed awareness of all the eight ICDP themes in the three interactive dialogues. However, some parents expressed challenges with helping the child focus theme. Overall, there has been an increased awareness of all ICDP themes from the pre-assessment to the post-assessment.

Figure 6: Families in Lumpuma-Fipokola



All the eight ICDP themes in the three interactive dialogues were observed in Fipokola. The most often occurring theme was showing positive feelings. There has been improvement in all the themes, with the themes on conflict and showing positive feelings showing the most significant improvement from pre-assessment, while the explaining theme has improved the least.

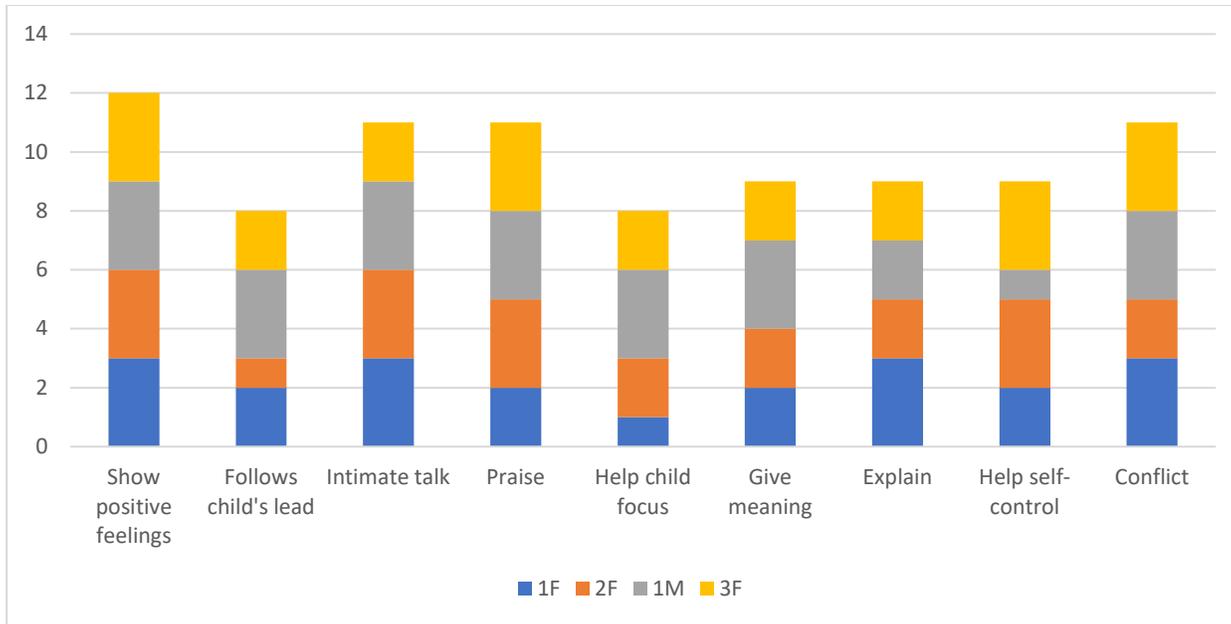
Positive parenting

Child Sensitive Social Protection programme – Zambia



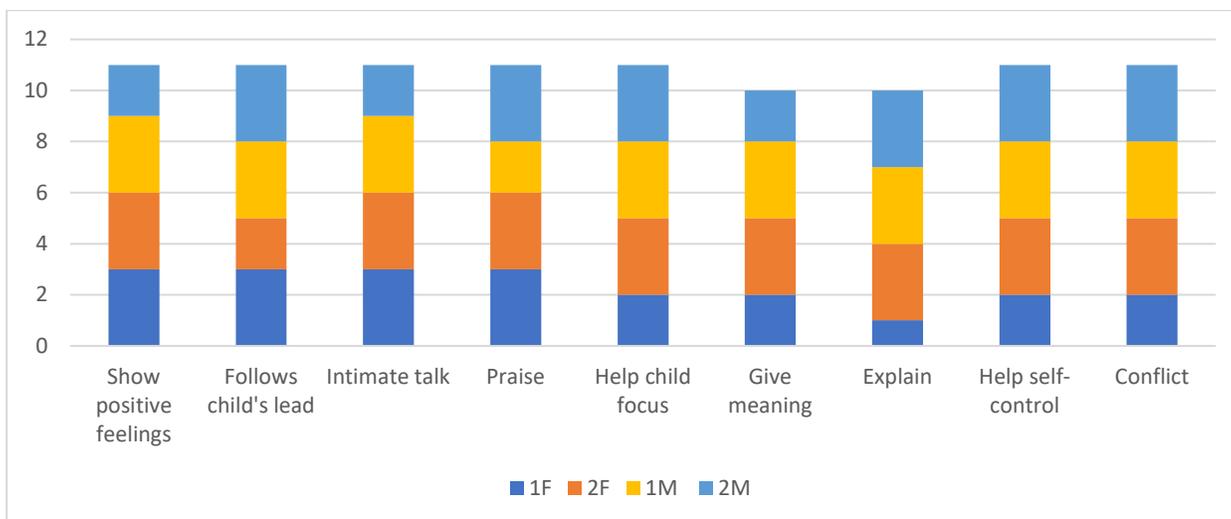
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Figure 7: Families in Shibuchinga-Milopa



At post-assessment, all the eight ICDP themes in the three interactive dialogues were observed in Milopa as compared to the seven themes observed at pre-assessment. The most often occurring theme was showing positive feelings. There was an improvement on the themes of praise, intimate talk, conflict and helping self-control from the pre-assessment ICDP captured data.

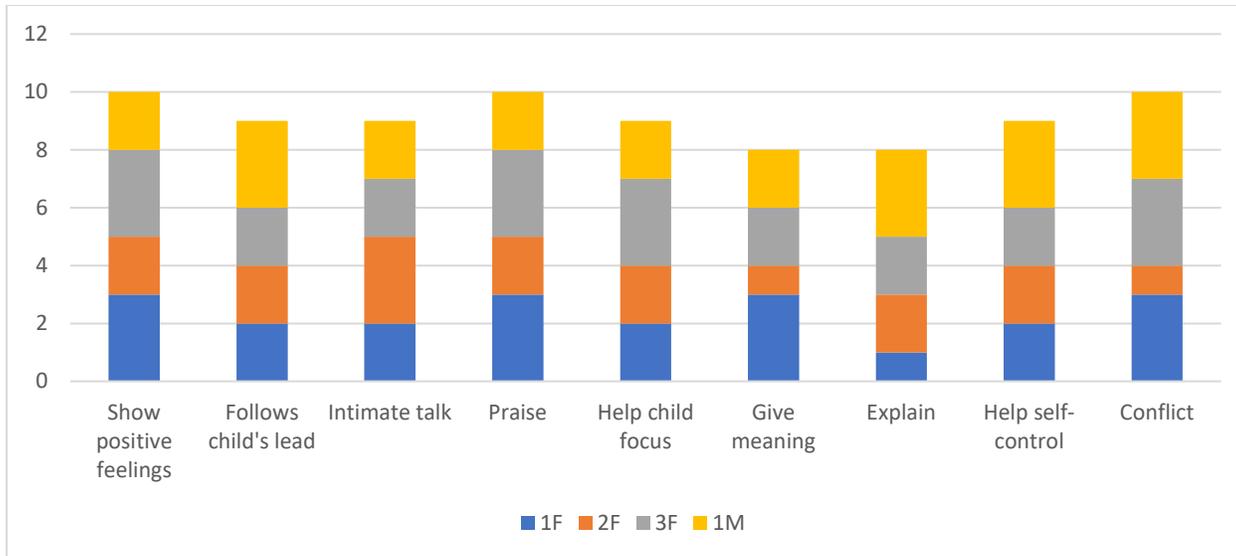
Figure 8: Families in Shibuchinga-Milulu



Examples of all the eight ICDP themes in the three interactive dialogues were observed in Milulu at both the pre- and post-assessment. There has been improvement in all the eight themes from the pre-assessment, with the greatest improvement on the themes of praise, giving meaning, helping self-control and conflict.



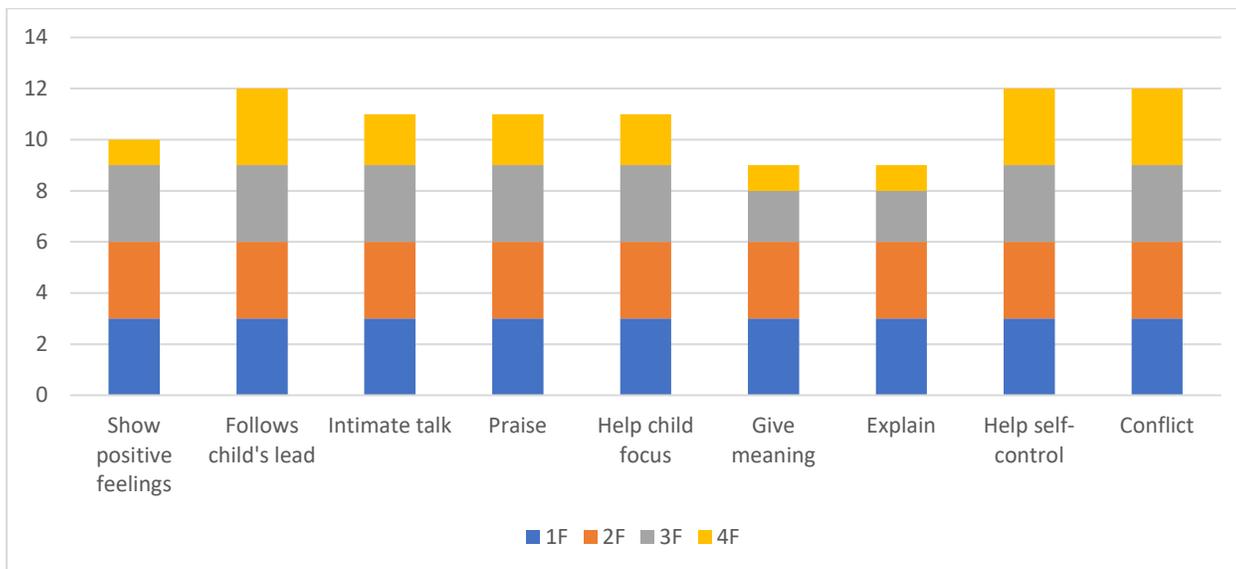
Figure 9: Families in Shimukunami-Katembula



All the eight ICPD themes were expressed in Katembula. The themes showing positive feelings, praise and conflict were the most commonly addressed by the parents, while the theme giving meaning and explain were the least addressed.

5.2. Three Minute Speech Sample (TMSS)

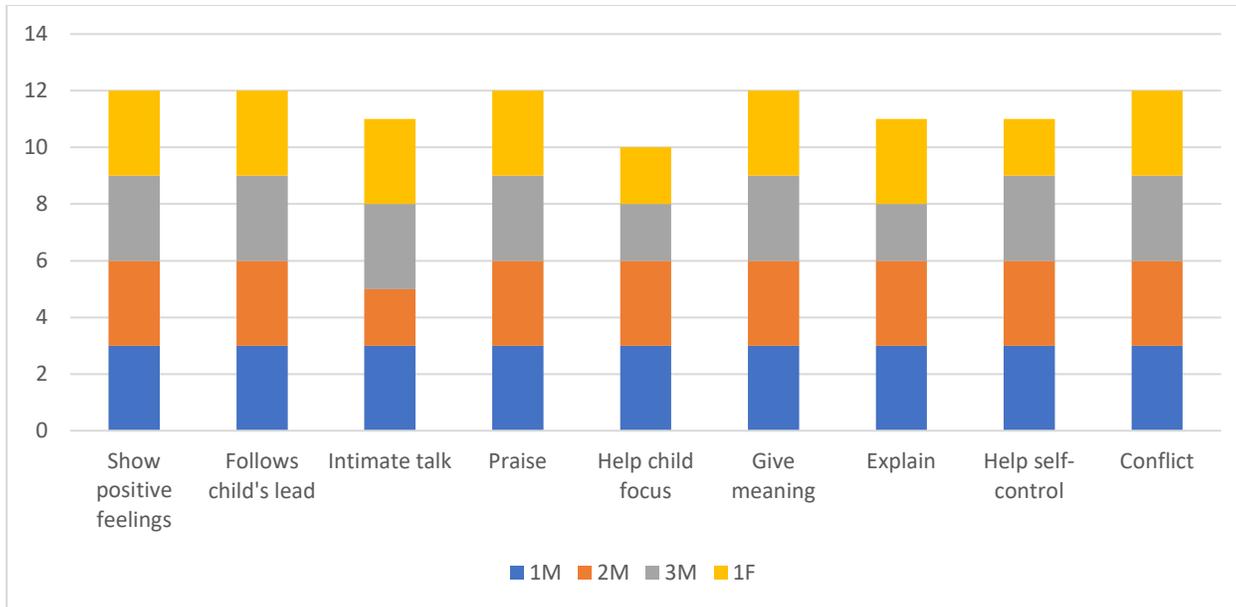
Figure 10: Families in Lumpuma-Mibenge



Examples of all the eight ICPD themes in the three interactive dialogues were noted in Mibenge at both pre- and post-assessment. The most improved themes from the pre-assessment are conflict, help the child focus and helping self-control. The themes giving meaning and praise were the least improved theme from the pre-assessment

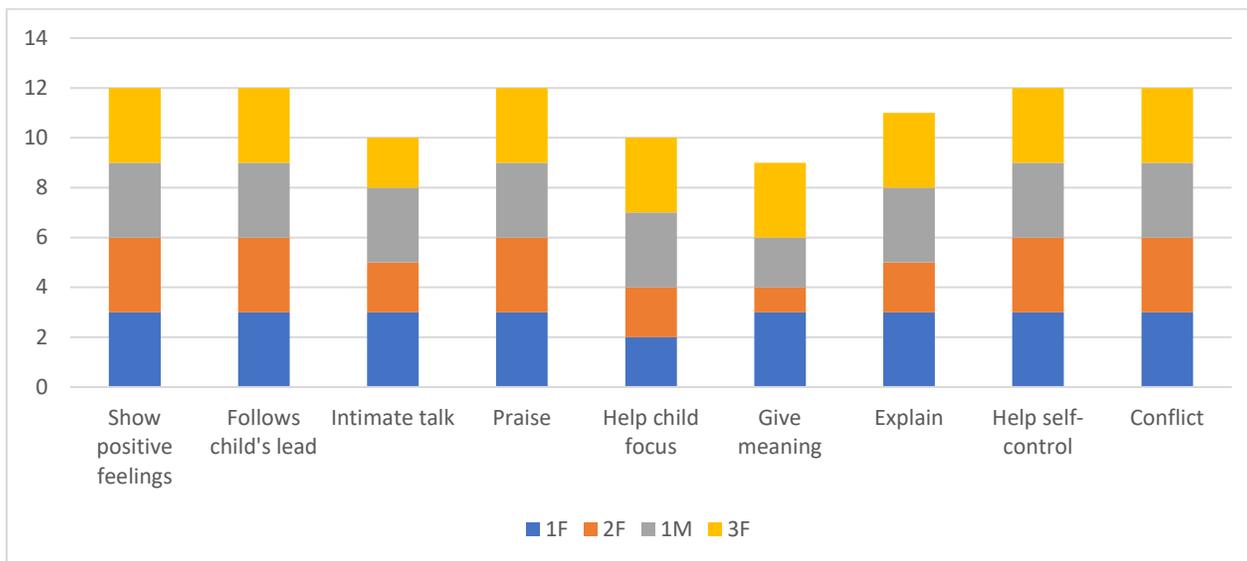


Figure 11: Families in Lumpuma-Fipokola



All the eight ICDP themes in the three interactive dialogues were noted in Fipokola during the three-minute speech activity. All the themes improved from pre-assessment to post-assessment. The most improved themes were conflict and help the child focus, while the theme praise and explain were the least improved themes.

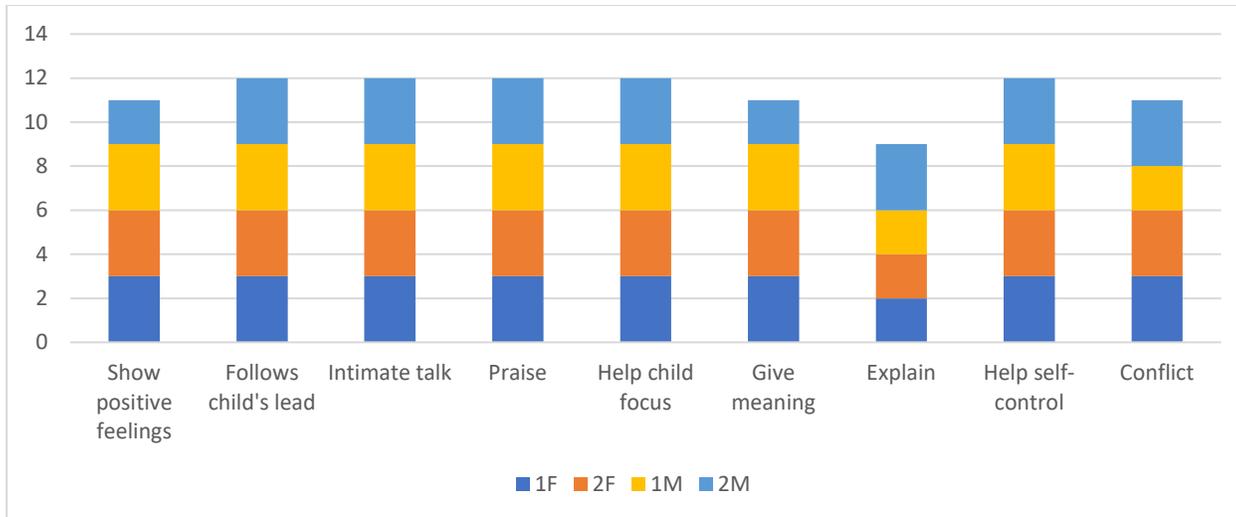
Figure 12: Families in Shibuchinga- Milopa



The eight ICDP themes in the three interactive dialogues were noted during this activity. From the pre-assessment, the least improved theme was explain while the most improved theme was praise and conflict. Overall, all the themes registered high scores, with 5 themes recording a maximum score of 12.

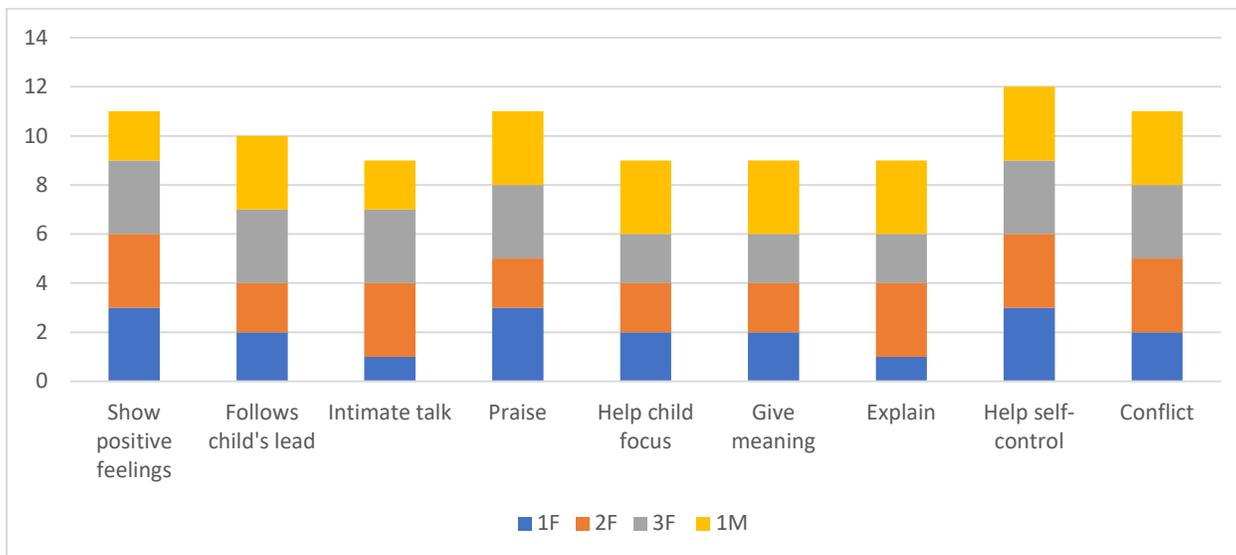


Figure 13: Families in Shibuchinga-Milulu



During the three-minute speech, all the eight ICDP themes in the three interactive dialogues were noted in Milulu. The theme show positive feelings has been the least improved from the pre to the post-assessment. There has been an overall improvement on all the theme with 5 themes having the maximum scores.

Figure 14: Families in Shimukunami-Katembula



All the eight themes of the ICDP dialogue were reported during the three-minute speech activity in Shimukunami. The theme Help self-control recorded the highest scores followed by the theme conflict, praise and show positive feelings.

Overall, data from the TMSS and observation activity show that the meaning dialogue elements such as giving meaning, explaining to the child have scored low. While the emotional dialogue elements has scored high and then followed by the regulative dialogue theme. This entails that more parents and caregivers engaged in activities where they praised their children, showed positive feeling towards them and also helped control their children's behaviour and helped them resolve conflicts.



5.3. The three ICDP dialogues

The qualitative data was analysed based on the 3 ICDP dialogues: Emotional, Meaning and Regulative.

5.3.1. Emotional dialogue

Many parents highlighted that they learnt many aspects of emotional dialogue through their participation in the parenting program. Parents explained that they learnt how to express themselves affectionately towards their children. Parents also expressed that they now praised their children more often.

In the past, many parents just used to say well done. But now we are able to praise the children and hug them and also get for them a small present if you can manage. This can help to encourage the children to even work hard (Caregiver, FGD Mibenge, Lumpuma Chiefdom)

When a child comes with good results I dance and celebrate the results and achievement of the child. When my child got results I even gave him some money K100 (Caregiver, FGD Milopa, Shibuchinga Chiefdom)

It is true in the past we never used to appreciate and praise our children when they do something good but now we do that as parents. (Caregiver, FGD Mibenge, Lumpuma Chiefdom)

They taught us about loving the children and bringing the children closer to as parents I have seen that there is change because we are able to show the children that we love our children (Caregiver, FGD Fipokola, Lumpuma Chiefdom)

Additionally, some children explained that their parents expressed positive feelings by telling them that they love them and praised them for their good deeds. One child gave the following verbal account: *We know that our parents love us because they tell us that they love us and that God should bless us especially when we do what they have asked.* The data from the group discussions suggest that parents are more direct with their expression of love and praise as compared to the data from the pre-assessment where parents were reported to express love and praise indirectly to their children.

Furthermore, some parents explained having intimate conversations with their children to establish any challenges the child was going through: *When the child is moving and he/she seems to be worried about something, you have to talk to him/her. What is bothering you? Some children can have something bothering them even if they are going to school or to play. So you have to call him/her; why are looking like this? What is the problem? He/she tells you. If he/she has what to tell you, you immediately look into his/her issues. You find a way in which to help him/her (Caregiver, FGD Milulu, Shibuchinga Chiefdom)*

Only a few parents and children explained that they had experiences where they shared stories.

What is good about this program is that children in the past used to be very scared of their parents that they could not even sit with them and talk to them, it was not possible. The parents used to chase the children to say move away from here where they are adults. After this program, we are able to sit our children down and begin to tell them stories, folktales and chatting with them and tell them how we used to grow ourselves and they have started following the respect (FGD_Caregivers_Katembula_Shimukunami Chiefdom)

According to the boys and girls, parents expressed positive feelings through buying them gifts such as clothes. Parents were said to show positive feelings when they supported their children to school, when they provided for food and when they cared for the children when they were not well. Based on the children's' and parents account of how praising was done, it can be deduced that parents are giving praise to their children more directly compared to period before the implementation of the parenting programme.

5.3.2. Meaning dialogue

There were very few reports of parents addressing the various aspect of the meaning dialogue. Very few parents reported helping their children with school activities or even helping their child focus their attention or provide an



explanation of the world around them. One example where a parent and caregivers engaged the child to give meaning to the experiences is; *The program is good we have seen ourselves develop new ways of doing things. One day I helped my child how to cook using a small pot and soil from the time my daughter is able to play with those things and she enjoys doing what I demonstrated to her... Our children have changed I even play with them because as parents, we have been taught through this program and we are able to teach our children.* Similarly, the children highlighted very few aspects of the meaning dialogue that they benefited from their interaction with the parents. This was mostly when the child was assigned household chores and the parent would guide the child in certain aspects. This finding is consistent with the pre-assessment.

The data from the FGDs shows that the meaning of dialogue was not prominently discussed by both the parents and children. This could be because the meaning dialogue might require a certain level of cognitive ability and comprehension from the parent. For example, one has to have information and provide certain explanations about concepts that some parents may not provide given the level of education in the rural areas. In addition, there are cultural barriers that may not allow children to ask questions to the adults, as they may be deemed disrespectful.

5.3.3. Regulative dialogue

Regulative dialogue entails a situation demanding regulation of behaviour for something that is not allowed to do, it can involve establishing house rules. Many caregivers have attested that they had various approaches to guide their children. The parents and caregivers have changed their approach to regulating children's goals and behaviours after participation in the parenting program. Parents and caregivers have reported that they talk to their children as opposed to beating, scolding or any other form of punishment. Caregivers highlighted that they would explain to their children the consequences of certain actions that a child has taken especially when they error.

Before the programme came through, we used to teach our children by way of scolding them. However, when the programme began, it has been of help because we now call and sit down with the child if they have erred and give correction by telling him or her that this is not the way it should be but behave in this way. Even when he/she is playing, you can show him/her how we used to play when we were young. If he/she is making a ball, show him or her how to do it (Caregiver; FGD Milulu, Shibuchinga Chiefdom)

Parents and caregivers reported that they are more attentive to their children needs and welfare and narrated the following:

When they start crawling you need to pay attention and ensure they are safe from harm. This also applies to the adolescents who need guidance with regard to their sexuality so that they do not end up having STIs or unwanted pregnancies (Caregiver; FGD Mibenge, Lumpuma Chiefdom)

In the past, we were not paying attention to the children but now we are able to teach them using practical example to prevent the children from bad vices such as fighting, stealing and other things (Caregiver; FGD Fipokola, Lumpuma Chiefdom)

Additionally, the children have also confirmed that their parents have been engaged in ensuring good behaviour mostly through counselling. However, it is unclear how they set boundaries for behaviours, for example, it is unclear what time would be a curfew for the children.

The evidence from the qualitative data on the 3 ICDP themes is consistent with the quantitative data on the ICDP themes. The data shows that the emotional dialogue is more discussed by the various respondents, followed by the regulative dialogue and meaning dialogue had few discussions. This could suggest a direction for the parenting program.



5.4. Lessons from the parenting program

Parents and caregivers explained that they had many lessons from the parenting program. They expressed that they learned how to take care of their children holistically. Caregivers explained that the lessons included the importance of rewarding children's good deeds through praise, expressing love and how to discipline children. Caregivers also highlighted that they had lessons on the necessary child growth and development aspects such as nutrition. The following are a few examples:

We started by learning how we can teach the children and also to praise them when they have done something good for us... we learnt that we need to be polite and caring to all the children and bring them closer to us... we were told not to be beating the children when they make a mistake but to talk to them and correct them according to the issues at home without driving them away from us as parents. We should not deny the children food or chase them from home when they make a mistake because this can push them to go and do bad things such as stealing. Also when a child is growing they need to know the dangers such as fire we should teach them how that when you touch this it will burn you or when you do this what will happen is this and that. So we need to teach and educate our children about different issues (Caregiver, FGD Mibenge, Lumpuma Chiefdom)

The taught us about loving the children and bringing the children closer to as parents (Caregiver, FGD Fipokola, Lumpuma Chiefdom)

What I have learnt and encouraging is that of taking the children to school. Through this program, I have learnt that I need to educate my children so that they can have a bright future (Caregiver, FGD Katembula, Shimukunami Chiefdom)

We also learnt on how to take care of children below six months that they should be given breast milk, which has all the nutrients and food necessary to the body for growth. We also learnt how to care for children after six months when introducing them to solid foods that the food should be introduced gradually to the children like porridge with groundnuts so that children are prevented from malnutrition (Caregiver, FGD Mibenge, Lumpuma Chiefdom).

We learnt about loving our children and how to treat them in that even if the children pass or does not do well in school how do we handle it? We were told to encourage the children so that in future they will learn to love school and work hard. We were also told to praise the child when they perform well like hugging them to show love to them so that they continue working hard. Also buying for them some presents to encourage them. For the small children, we need to teach them about the dangers around them like fire so that they are not injured or get burnt from the fire (Caregiver, FGD Mibenge, Lumpuma Chiefdom).

Quality of parenting

Many qualities of parenting that parents and caregivers considered as important to guide good child development were reported during the interviews. These included that parents need to be caring, loving, patient and avoiding the use of harsh words on children when they have erred. The findings suggest that there is a clear understanding of what qualities and the parenting program helped to emphasize these qualities through the learning sessions. Further, the parenting qualities are consistent with the findings in the pre-assessment. Other qualities included humility and friendliness to children.

A parent should be caring because if he/she is caring, the children cannot be avoiding him/her. A parent should bring a child close to him/herself. He/she should not be talkative. Such a parent lacks care and cannot guide the children well (Caregivers FGD Milulu, Shibuchinga Chiefdom).

A parent who should care for the children should be friendly to everyone like what has been said. He/she should be friendly to everyone including the youth and should not be an upset individual but a happy person. When you tell a child to say go to that one so he/she teaches you, a parent should be free and should not be harsh. Why did you do this? No.



A parent should be a free person. That is how I see it. He/she should be friendly (Caregivers, FGD Milulu, Shibuchinga Chiefdom).

Similarly, the children expressed that some of the qualities of parents included taking care of their needs and welfare, such as and providing food and taking them to school. *When you go to school and you come, back good parents should be able to check what you are doing in school by checking your schoolwork it means they care about you and they treat you well.* Other qualities of parenting as reported by the children are teaching children the word of God and good behaviour when they are still young. Other children also reported that teaching them to be hardworking and household chores was one important quality of parenting. *Parents need to teach children hard work because that will help them to survive and to sustain themselves.*

This post-assessment highlights some reports of bad qualities of parenting. Although parenting qualities or practices such as harshness, use of insults, beating were not reported by the parents, some children expressed that they were sometimes beaten/hit when they did something wrong. Further, some respondents in the program reported that some elements of bad parenting practices are still present in the general community.

6. DISCUSSION AND CONCLUSION

The KAP survey was conducted in Lufwanyama district in four chiefdoms namely: Lumpuma, Shimukunami, Mukutuma and Shibuchinga. At post-assessment, the survey covered 397 parents and caregivers and 388 children in the intervention and comparison groups. The KAP survey collected data on parents and caregiver's interaction and activities with the child, attitudes and practices towards discipline, perceptions on child's behaviours and mental health. Data on relationships with parents and caregivers, work and responsibilities, social support, corporal punishment and feelings about self and the future was obtained from the children. Qualitative evidence based on parent and caregivers interaction using the observations and three-minute speech was generated.

Parents and caregivers

In general, the evidence suggests that the parenting package has, to some extent, been effective at promoting the needs and rights of children among parents and caregivers in the intervention sites in Lufwanyama district. Relatively more parents and caregivers in the intervention group showed an improvement in interaction and engaging in activities with their children such as having meals together, praising the child for good behaviour, showing physical affection and talking about the child's personal problems, compared to the comparison group. Notably, the aggregate measure on parent and caregiver interaction was significant, which shows that, overall, the parenting programme was effective in improving the caregiver interaction and activities with the child.

Furthermore, the qualitative evidence also shows that parents and caregivers benefitted from the parenting program as they were more attentive, patient, caring and responsive to the child's needs. The parents and caregivers also indicated that the parenting program had enlightened them on issues relating to gender roles, thus enabling them to allocate tasks that were traditionally given to male children to their females and vice versa. These views were also confirmed by some children, who indicated that house chores were allocated to them without consideration of gender. During the qualitative interviews, the parents and caregivers explained that interaction between the male parents and caregivers and the female child is generally limited as there are other cultural teachings that the female parents and caregivers better handle. The female children also confirmed that there are issues that they felt more comfortable discussing with their female parents and caregivers rather than the male, and the same applies to the male children.

The evidence suggests that some parents still raise their children based on traditional gender differences. The parents and caregivers felt that as children grow older, the traditional gender roles are more appropriate as these are upheld in their respective homes. The children also confirmed that their mothers are mostly responsible for house chores, and the fathers work in the fields and fetch firewood. These findings are primarily attributed to the fact that the



communities in the selected chiefdoms are rural and conservative; thus, shifting some cultural norms or traditions will require more time and effort.

The results show a positive change in parents and caregivers beliefs about corporal punishment, such as belittling, threatening, scaring or ridiculing a child in the intervention group compared to the comparison group. However, the practice regarding corporal punishment seems to differ. The evidence from the parent and caregiver KAP survey shows that there is no significant improvement in disciplinary practices among the parents and caregivers in the intervention group at post-assessment. However, the qualitative evidence suggests that there were some changes in disciplinary practices among the parents and caregivers after participating in the parenting programme. The parents and caregivers reported that they were more patient with their children and no longer screamed or beat up them, which was also confirmed by some children. However, a few parents and caregivers did indicate that they found difficulties in disciplining their children as some tend to be unruly and disobedient and tend to regard their parents and caregivers as *'old fashioned'*. Some parents also indicated that they scold their children, but none admitted to beating them. However, the children did report incidences of being beaten at home by parents and caregivers. Overall, the results seem to suggest some significant change in the disciplinary beliefs, but the changes in the actual practices are still not visible.

The findings relating to parents and caregivers reports on the child's internalising and externalising behaviour are mixed. On the one hand, a significantly higher proportion of parents and caregivers in the intervention group compared to the comparison report that the child's peer connections improved at post-assessment. On the other hand, a higher proportion of parents and caregivers report that bad or negative attributes such as the child often complaining of headaches, stomachaches or sickness (somatization) and having low self-esteem worsened (increased) at post-assessment in the intervention group compared to the comparison group. More so, the aggregate level measure of the parents and caregivers report on a child's internalising and externalising behaviour for the negative or bad attributes significantly increased, which suggests that the intervention may not have been effective at addressing the internalising and externalising behaviour. However, during the qualitative interviews, the parents and caregivers reported that the parenting programme improved the behaviour of their children as they are more cooperative, respectful, and show a sense of responsibility. The parents and caregivers also reported that some children alcohol abuse and indecent dressing among the children, has continued or possibly worsened.

In general, the evidence shows that a higher proportion of parents and caregivers report negative or bad emotional health at post-assessment in the intervention group relative to the comparison group. For instance, a significantly higher proportion of parents and caregivers in the intervention group reported having times when they were thinking deeply about many things, failing to concentrate and feeling worn out. The evidence suggests that the parenting program did not improve the parents and caregivers emotional health.

Children

In general, the evidence from the child KAP survey shows that there was no significant improvement in the positive relationship between parents and caregivers and the children, care of the child at home, and the child having someone to depend on. However, the qualitative evidence shows that children felt that the parenting program had helped their parents to care for their children, as they were more affectionate and attentive to their needs. Overall, the qualitative evidence seems to suggest that there have been improvements, to some extent, in children's positive feelings towards parents and caregivers.

With regard to the child's experience of corporal punishment, some individual measures such as withholding a meal as a punishment or not explaining when a child does something wrong worsened among the parents and caregivers in the intervention group compared to those in the comparison group. Similarly, the overall measure worsened at post-assessment, which suggests that the parenting intervention was not effective in dealing with issues of corporal punishment. However, the qualitative evidence seems to suggest that some changes did take place; the more effort may be needed to achieve significant success.



Although there was no significant effect of the parenting programme on the child staying out of school due to household chores, the frequency of doing the staying away significantly reduced, which suggests that the parenting programme was effective. The qualitative findings also lend support to this finding. Overall, the evidence shows that the parenting intervention had no significant effect on the child internalising problems, self-esteem and future orientation. However, specific elements such as the child liking him or herself improved while others, such as having friends, reduced in the intervention group at post-assessment.

In general, even in cases where the quantitative evidence shows no significant change in some elements due to the parenting programme, the qualitative evidence suggests that the intervention is having some impact—albeit not detected using the quantitative data. This is partly due to the fact that quantitative changes take time much longer to detect. Interestingly in some places where ICDP parenting programmes have been implemented, the evidence, especially with respect to externalizing and internalizing behaviour, is that the results are worse off at post-assessment stage than during pre-assessment as parents and caregivers start to understand these aspects better and respond to it with better.

Observation of parent and caregiver-child activities and TMSS

The observation and TMSS results show that the most occurring theme in all the intervention chiefdoms was showing positive feelings while the explaining theme had the least improvement. In general, the evidence suggests that the emotional dialogue is more discussed by the various parents and caregivers, followed by the regulative dialogue and meaning dialogue had few discussions. This could suggest a direction for the parenting program.

Back-to-back approach

The evidence from the KAP survey shows that about two-thirds of the parents and caregivers felt that the back-to-back approach was more effective and more acceptable than the weekly sessions. However, during the qualitative interviews, some parents felt that the weekly approach was more appropriate for their rural context as it allows them to participate in other household and community-related activities, enables them to review the materials with the children and is more appropriate during the rainy season.

In summary, the persistence of the traditional parenting practices even after implementing the parenting program in the intervention groups shows that these practices are deep-seated and require greater efforts to achieve significant changes. This could be partly attributed to the fact that many of the communities are mostly rural and could be conservative; thus, shifting some cultural norms or traditions would require more time and effort. Importantly, the post-parenting assessment was undertaken within 6-9 months of implementing the programme, and it is evident that, this was insufficient time to allow for changes in behaviour. Whereas the parenting programme targets parents and caregivers, largely focussing on women, the idea package also consists of a child resilience or life skills programme for children that targets children from the same households that are targeted by the parenting programme. However, in the case of Zambia, largely due to COVID-19, the child resilience intervention was not implemented prior to the post-assessment.

Also, the qualitative evidence seem to suggest that the parenting programme may have had an impact, but the quantitative changes take much longer to detect. For instance, for issues such as disciplining, whereas there is a significant change and improvement in the belief and perception among parents/caregivers, the change in practice is not necessarily visible. In addition, the use of the back-to-back sessions could also possibly be a reason for not seeing a significant change in some elements. The whole idea of having weekly sessions is that a week's time is given to parents to practice what they have learned during the sessions, with children at home, which didn't necessarily happen when undertaking the back-to-back sessions. There is need for more time to allow for changes in the cultural practices that are embedded within these rural and poor communities due to the parenting programme interventions are needed.



7. RECOMMENDATIONS

- The parenting program needs to strengthen the components on gender roles
- The books that are being used to teach the parents and caregivers are in English. It takes the facilitators a long time to translate to the local language. It is recommended that the materials be translated to the local languages such as Lamba or Bemba to ease communication. Current efforts are aimed at ensuring that the CSSP parenting handbook for the facilitator is translated to the local language by the end of 2021.
- There is a need for a targeted approach as the current teachings seem less beneficial for the older parents and caregivers, as they tend not to be actively involved. However, the younger parents and caregivers are more willing and actively participate. It may be useful to adapt the parenting programme for particular age groups, which also includes the older caregivers and grandparents. Considering that some of the most vulnerable and deprived children who really need parenting and caregiving support the most, are more often living with the grandparents and caregivers, it is imperative that separate sessions be held for older categories of parents and caregivers, so as to derive maximum benefits from the sessions.
- The evidence also shows that facilitators face difficulties in managing the large number of parents and caregivers who are keen to participate in the programme. It is recommended that more facilitators be engaged to ensure wider and more effective coverage of the parenting programme in the target communities.
- The evidence suggests that parents and caregivers are aware of the best practices relating to punishment for the child. However, the actual disciplinary practices seem to be different. There is a need to allow for ample time to see perceptions and beliefs translate to actual practice.
- There is a need for more emphasis on the components of the parenting package that focuses on ensuring that children's feelings to parents and caregivers become more positive. The parenting programme needs to strengthen the focus on the children relating to; becoming more emotionally secure, open and confident, start becoming more imaginative and creative, and seeking explanations, learning how to plan and reflect more before acting and being able to control better their own behaviour, feel respect for others and show better ability for cooperation with others. There is a need to place more emphasis on the elements relating to regulative and meaning dialogues. It is envisaged that the notable gaps in implementing the parenting package, such as the temporary exclusion of the child resilience or life skills components due to COVID-19, will be addressed in the next phase.
- The decision on the appropriate approach to use (back-to-back vs. weekly approach) needs to consider the approach which will lead to parents and caregivers internalizing and practicing the learnings better. Focussing more on the convenience point of view, although important, might not be the most effective approach— that is, some parents and caregivers felt that the back-to-back approach was not convenient for the rural setting, considering that they had to participate in other activities, but this approach was useful in enabling parents to remember what they learnt. The use of a blended programme, depending on the time of the year, may be considered to improve the effectiveness of the parenting program intervention.



8. REFERENCES

Akapelwa, M. 2019. KAP Child sensitive social protection, Save the Children International, Lusaka, Zambia.

Arriagada, Ana-Maria; Perry, Jonathan; Rawlings, Laura; Trias, Julieta; Zumaeta, Melissa. 2018. Promoting Early Childhood Development through Combining Cash Transfers and Parenting Programs. Policy Research Working Paper; No. 8670. World Bank, Washington, DC. © World Bank.

<https://openknowledge.worldbank.org/handle/10986/30992> License: CC BY 3.0 IGO.

GRZ 2018. Ministry of National Development Planning. Child Poverty in Zambia. A Multiple Overlapping Deprivation Analysis

ICDP. 2010. About the evaluation of the ICDP program, ICDP international working group.

O'Loughlin P. 2018. A Qualitative Pre-Assessment Parenting In The Child Sensitive Social Protection (CSSP) Project In Lufwanyama District, Zambia. Save the Children International, Lusaka, Zambia.

Pia R Britto, Stephen J Lye, Kerrie Proulx, Aisha K Yousafzai, Stephen G Matthews, Tyler Vaivada, Rafael Perez-Escamilla, Nirmala Rao, Patrick Ip, Lia C H Fernald, Harriet MacMillan, Mark Hanson, Theodore D Wachs, Haogen Yao, Hirokazu Yoshikawa, Adrian Cerezo, James F Leckman, Zulfiqar A Bhutta, Nurturing care: promoting early childhood development, The Lancet, Volume 389, Issue 10064, 2017, Pages 91-102, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(16\)31390-3](https://doi.org/10.1016/S0140-6736(16)31390-3). (<https://www.sciencedirect.com/science/article/pii/S0140673616313903>)

9. ANNEXES-TOOLS

ANNEX I: CSSP-ICDP CHILD QUESTIONNAIRE, ZAMBIA

ANNEX II : CSSP-ICDP CAREGIVER QUESTIONNAIRE, ZAMBIA

ANNEX III : QUALITATIVE TOOLS