



Findings from Evaluations of a Group Parenting Education Program in 3 Regions of Kenya

EFFECTIVENESS, LESSONS LEARNED AND PROGRAMMATIC IMPLICATIONS

About ChildFund

ChildFund International currently works with more than **21.1** million **children** and their family members in **23 countries** throughout Asia, Africa and the Americas.

ChildFund's Mission

- Help children who experience deprivation, exclusion and vulnerability to build the capacity to improve their lives and become young adults, parents and leaders who bring lasting and positive change in their communities.
- Promote societies whose individuals and institutions participate in valuing, protecting and advancing the worth and rights of children.
- Enrich the lives of donors through their connections with us.

Meeting Children's Evolving Needs through Life Stage (LS) Programming

LS1 - Healthy and Secure Infants (Ages 0 to 5)

LS2 - Educated and Confident Children (Ages 6 to 14)

LS3 - Skilled and Involved Youth (Ages 15 to 24)



AREAS OF OPERATION



ChildFund Kenya

ChildFund has worked in Kenya since early 60's and receives funds through grants and sponsorship.

ChildFund Kenya works through **11** Implementing Partners spread across **26** counties and does direct implementation in 2 program regions.

Country Strategic Plan 2022 - 2026 ***programming and advocacy priorities:***

- Strengthening Early Childhood Development (ECD) and Education
- child protection
- Youth Engagement and Participation
- Disaster Risk Reduction and Climate Change
- Gender and Social Inclusion
- Advocacy

Overview of RPP Program Model

- Target group is **vulnerable caregivers**, and the impact group is **infants and young children (IYC) aged 0-5**.
- Long-term goal is ‘**for infants and young children to have improved age-appropriate development and early learning outcomes, and to be protected at home and in their communities.**’
- Uses a **cascading approach to support capacity strengthening of various stakeholders (Local Implementing Partner staff, relevant County government staff, Community stakeholders (group facilitators), Caregivers)** by enhancing their knowledge and skills on the components of nurturing care, caregiver well-being, and community-based child protection.
- Promotes **community-based group parenting sessions**, utilizing contextualized training manuals, and accompanying job aids (visual guides) **covering the five components of Nurturing Care, caregiver well-being, and community-based child protection.**



Evaluation of Project Outcomes

OVERALL RESEARCH QUESTIONS

1) Does the RPP model help improve development and early learning outcomes of infants and young children (IYC) 0 - 5?

2) Does the RPP model help improve the protection of IYC at home and in their communities?

Tools to evaluate project outcomes

Caregiver Questionnaire	Primary Caregivers
KAP questionnaire	Facilitators/mentors leading group sessions/parenting groups
Key Informant Interview	<ul style="list-style-type: none">• Local Partners• Government Stakeholders• others

Evaluation Methodology

Data used in this presentation are from an evaluation study that was conducted in **5 counties in Kenya - Nyeri, Homabay, Kitui, Machakos, Laikipia** - where RPP-PM is being implemented.

The results are from questionnaire survey discussions with primary caregivers, KII with government officials and local implementing partners staff, and KAP surveys with community support structures (group facilitators).

Study Design:

- A pre-test/post-test one group study design was used to assess quantitative changes in key outcomes from baseline to endline.
- The endline evaluation used a mixed methods data collection approach consisting of both quantitative and qualitative data collection techniques.
- Quantitative data were collected using caregiver survey and knowledge attitude and practice survey. Qualitative data was collected using key Informant Interviews (KIIs) with the government officials and community leaders.

Outcome Evaluation – LPs and Government Officials

RESEARCH QUESTIONS

1) Does the RPP model increase LP's and sub national govt's support for establishing and maintaining a nurturing and protective environment for IYC?

2) Does the RPP model increase LP's and sub national govt's knowledge in nurturing care and caregiver wellbeing?

3) Does the RPP model increase sub national government and local partners' knowledge on reflective supervision?

Sample Distribution for KIIs

Institution	Role	Sample
Department of Childrens Services	Volunteer Children Officer	2
	Sub County Children Officer	4
	Assistant Director	1
Ministry of Education	ECD Teacher	1
	Early Years Education Coordinator	1
	Assistant Education Officer	1
Ministry of Health	Nursing Officer	3
	Sub County Nutrition Coordinator	1
	Public Health Officer	1
	Nutrition Officer	1
Ministry of Interior and National Coordination	Village elder	1
	Senior Assistant chief	3
	Area chief	1
	Village manager	1
	Probation officer	1
Ministry of Labour and Social Protection	Sub county social development officer	1
Teachers Service Commission	Curriculum Support Officer	1
Clergy	Pastor	1
CSO/NGO e.g. Legal Resource Foundation	Paralegal	1
Total		27

Outcome Evaluation Findings - Government Officers Survey

Multisectoral coordination and collaboration in ECD service provision

All respondents mentioned that they work with other government departments/agencies and non-governmental organizations. For instance, Nutrition officer mentioned that they conduct deworming exercise, vitamin A supplementation and growth monitoring with Ministry of Health; partner with ChildFund implementing partners in nurturing care activities; and work closely with children's office to ensure children are protected.

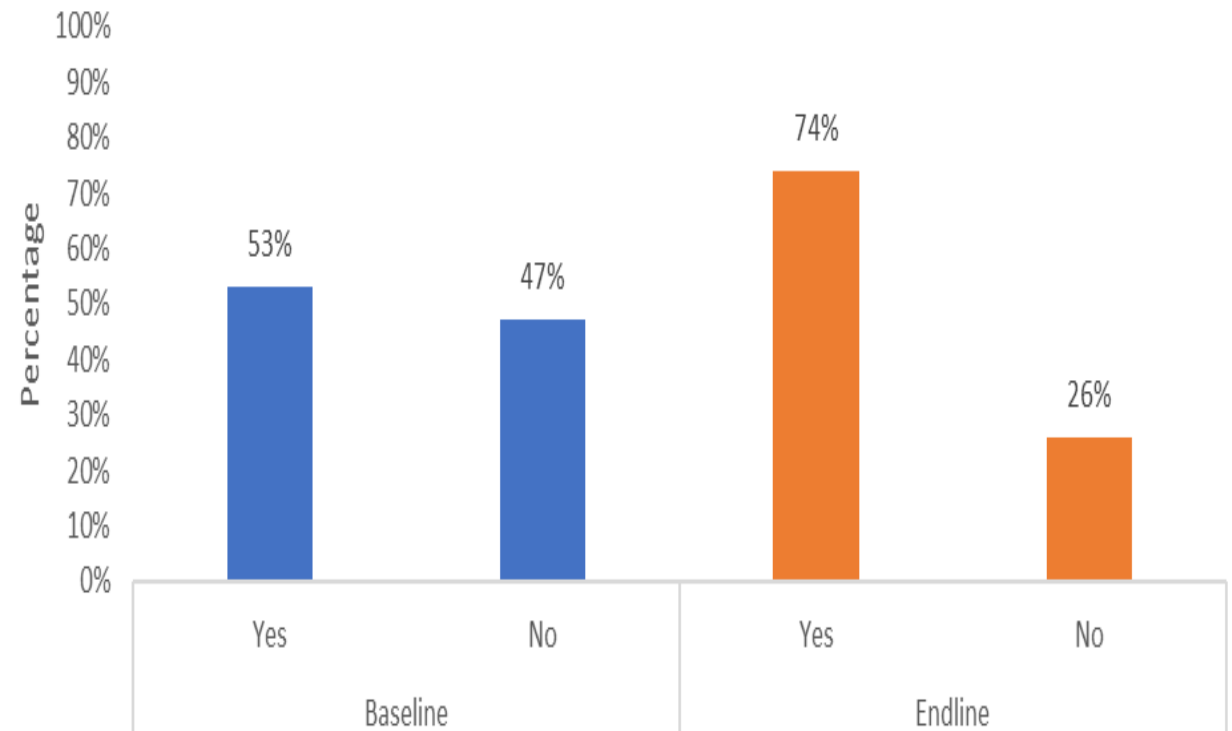
Training on Early Childhood Development Core concepts.

Almost three quarters (74%) of the respondents mentioned that they had been trained in ECD concepts compared to baseline (53%).

Half of the respondents reported that they had been trained by ChildFund implementing partners.

The content of the training included the importance of brain development, Early childhood development & role of caregivers, Secure attachment, Importance of play & how to support child play, group parenting session and home visits, reflective supervision.

Proportion of government officers trained on ECD Core Concepts



Outcome Evaluation Findings - Government Officers Survey

Knowledge in Nurturing Care and Caregiver Wellbeing

Responsive Caregiving

- More respondents (85%) reported knowledge of responsive caregiving role of the father and mother from baseline (61%).
- At endline, 78 percent of respondents were aware of some of the ways group facilitators could encourage caregivers to play with their children compared to 67 percent at baseline.

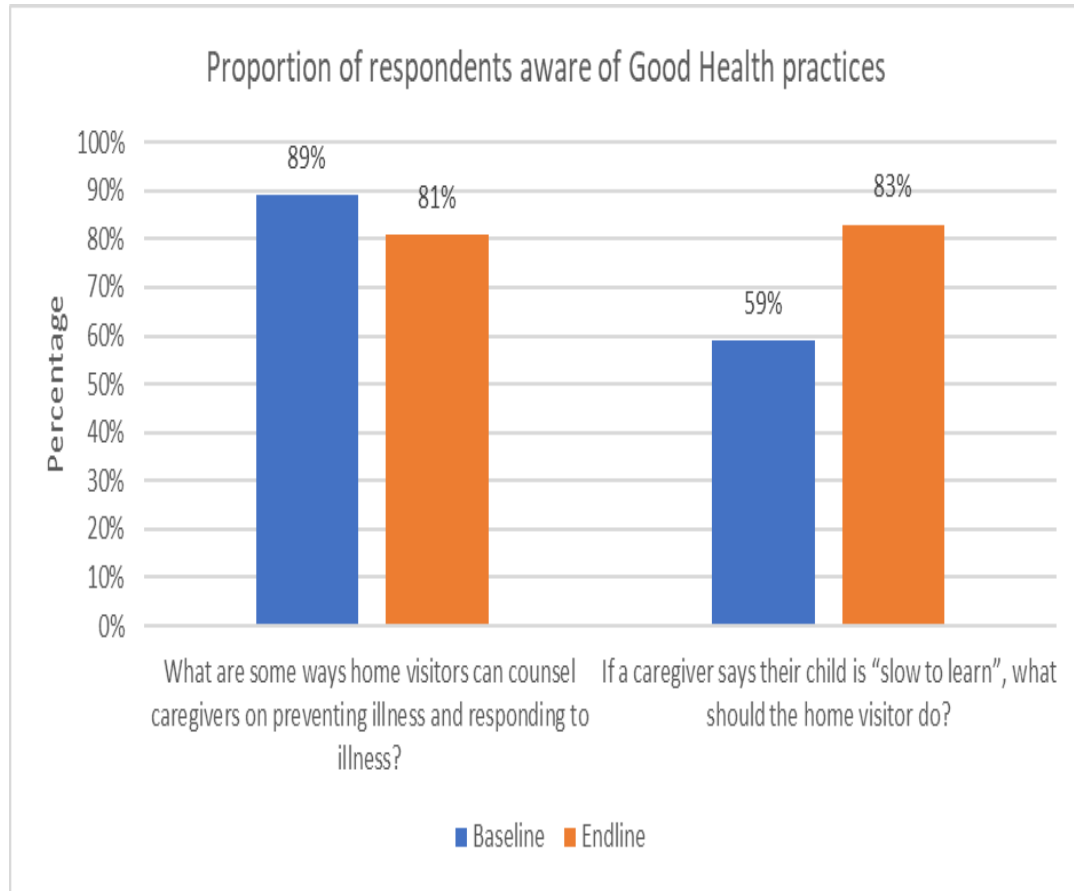
Knowledge of responsive caregiving

Statement	Baseline	Endline
Caring of an infant and young child is solely the responsibility of their mother.	61%	85%
Fathers' only parental responsibility is to financially provide for their family.	100%	93%

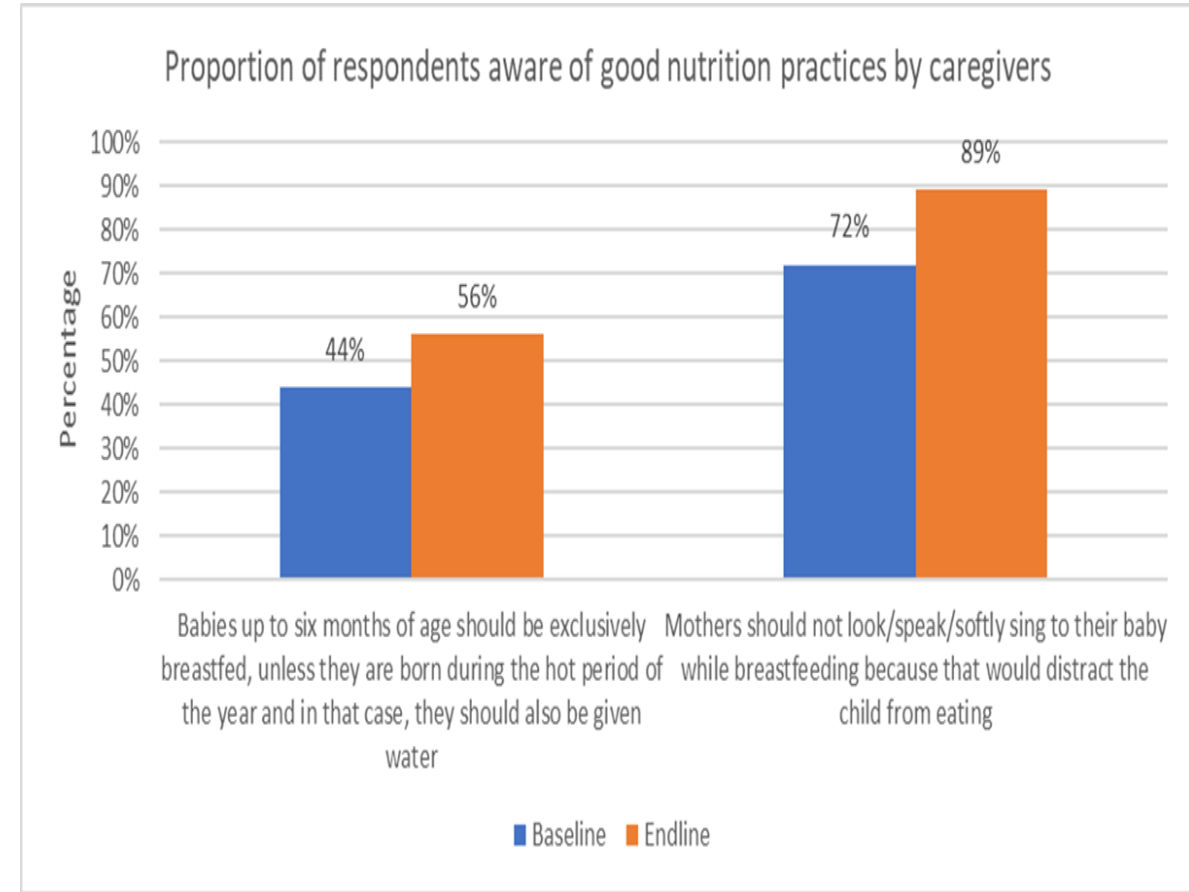
Outcome Evaluation Findings - Government Officers Survey

Knowledge in Nurturing Care and Caregiver Wellbeing.

Good Health



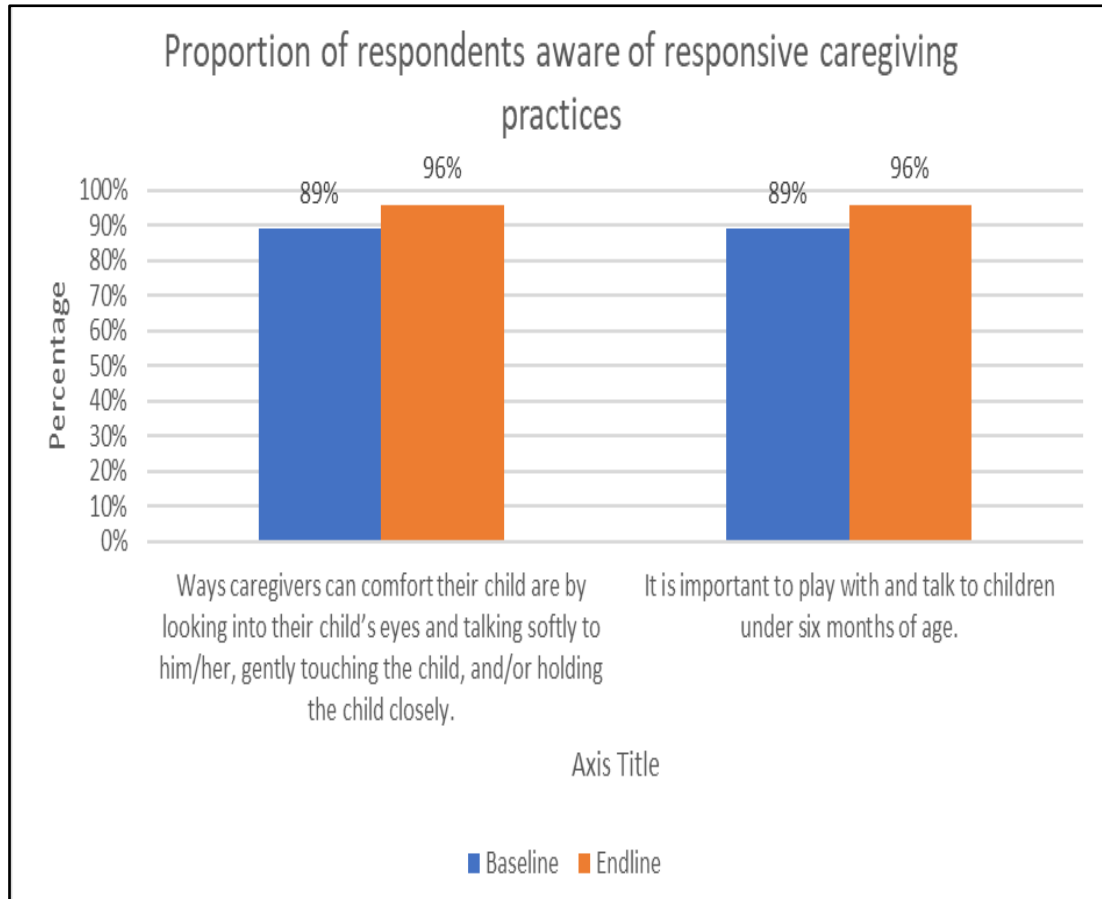
Adequate Nutrition



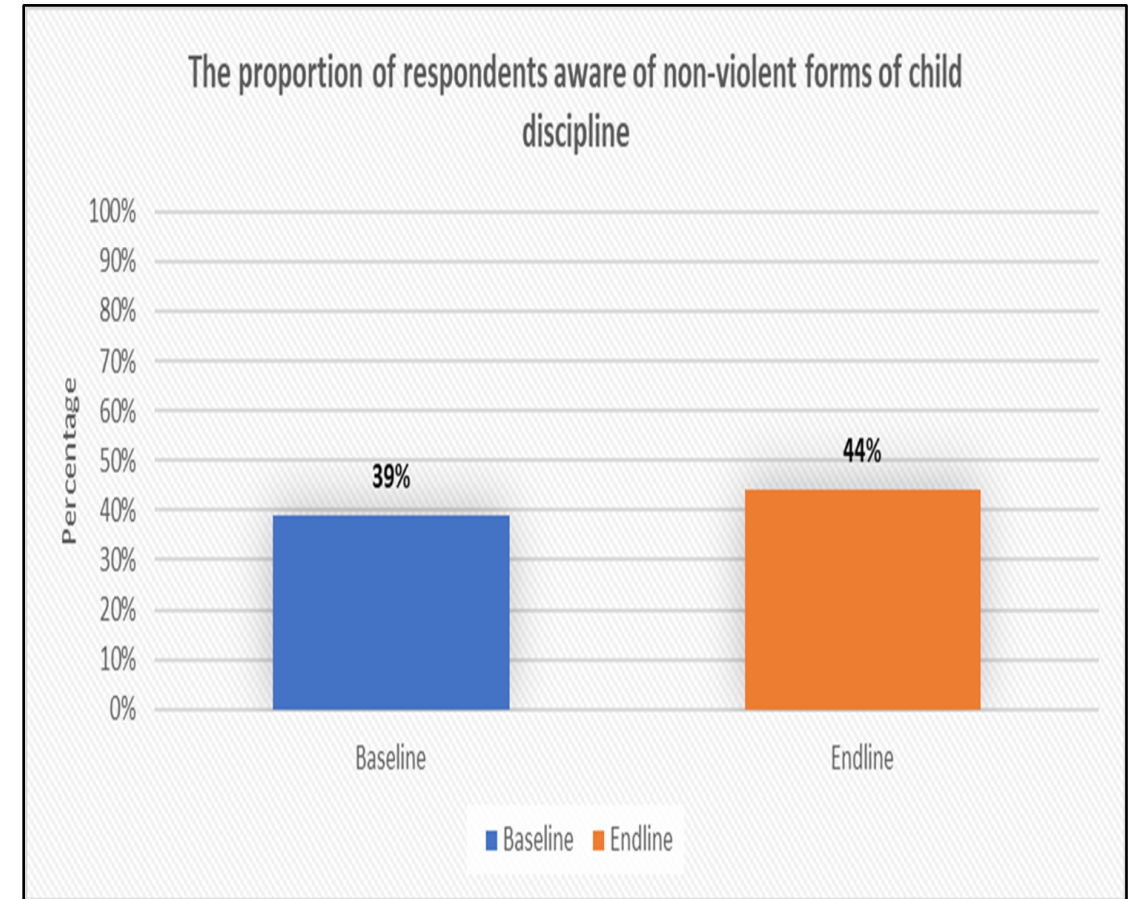
Outcome Evaluation Findings - Government Officers Survey

Knowledge in Nurturing Care and Caregiver Wellbeing

Opportunities for Early Learning



Safety and Security



Outcome Evaluation - Group facilitators Survey

RESEARCH QUESTIONS

1) Does the RPP model increase communities' support for establishing and maintaining a nurturing and protective environment for IYC?

2) Does the RPP model increase mentors' and CSS's knowledge in nurturing care and caregiver wellbeing?

3) Does the RPP model increase mentors' and CSS's knowledge in facilitation parenting session planning, and reflective supervision?

Sample Distribution for KAP Survey

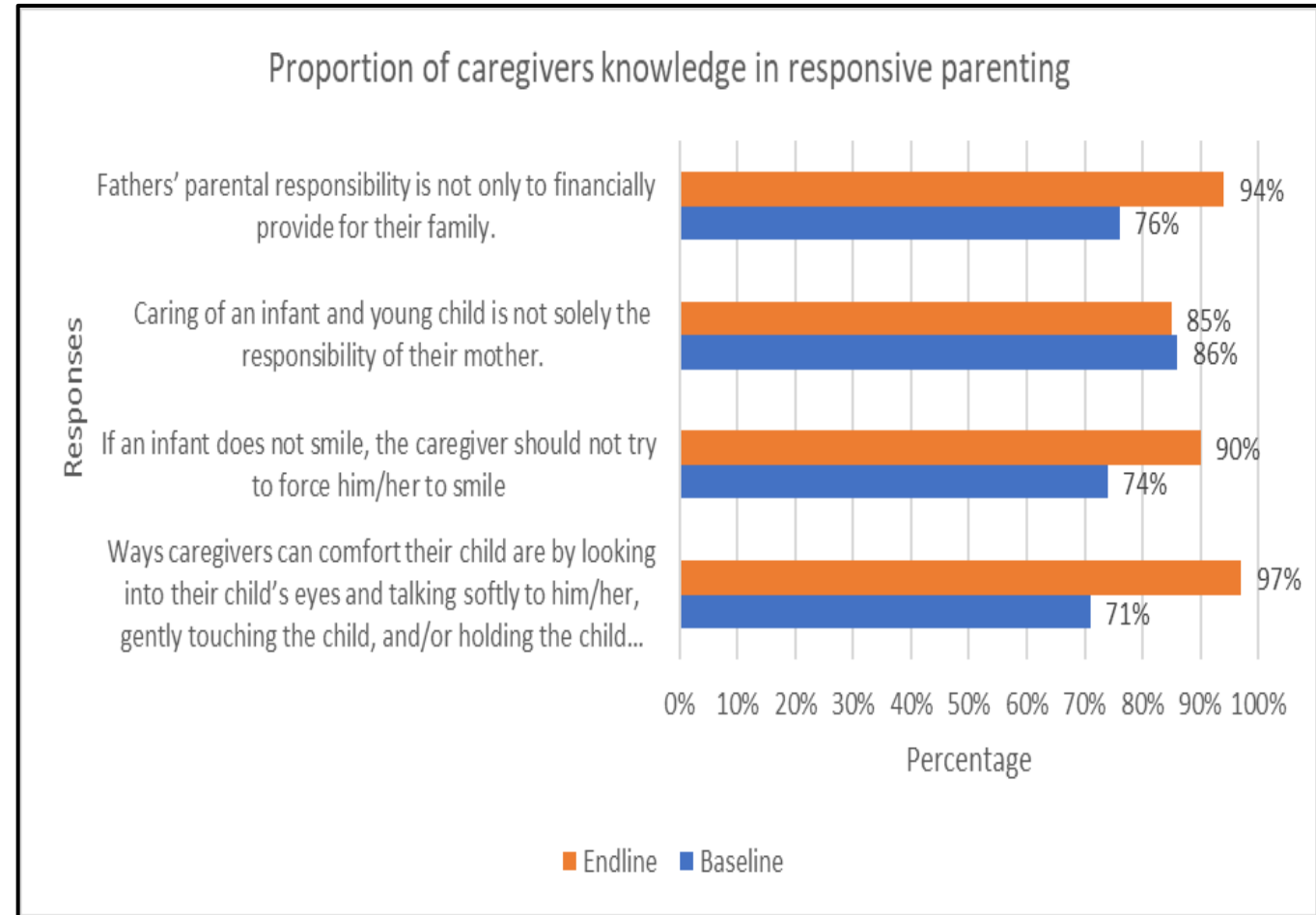
County	Sub County	Sample
Homabay	Suba North	16
Kitui	Kitui Central	13
Kitui	Mwingi West	14
Nyeri	Kieni East	11
Laikipia	Laikipia East	4
Machakos	Machakos Town	12
Machakos	Matungulu	8
Machakos	Mwala	29
Total		107

Outcome Evaluation Findings - Group Facilitators Survey

Knowledge in Nurturing Care and Caregiver Wellbeing

Responsive Caregiving

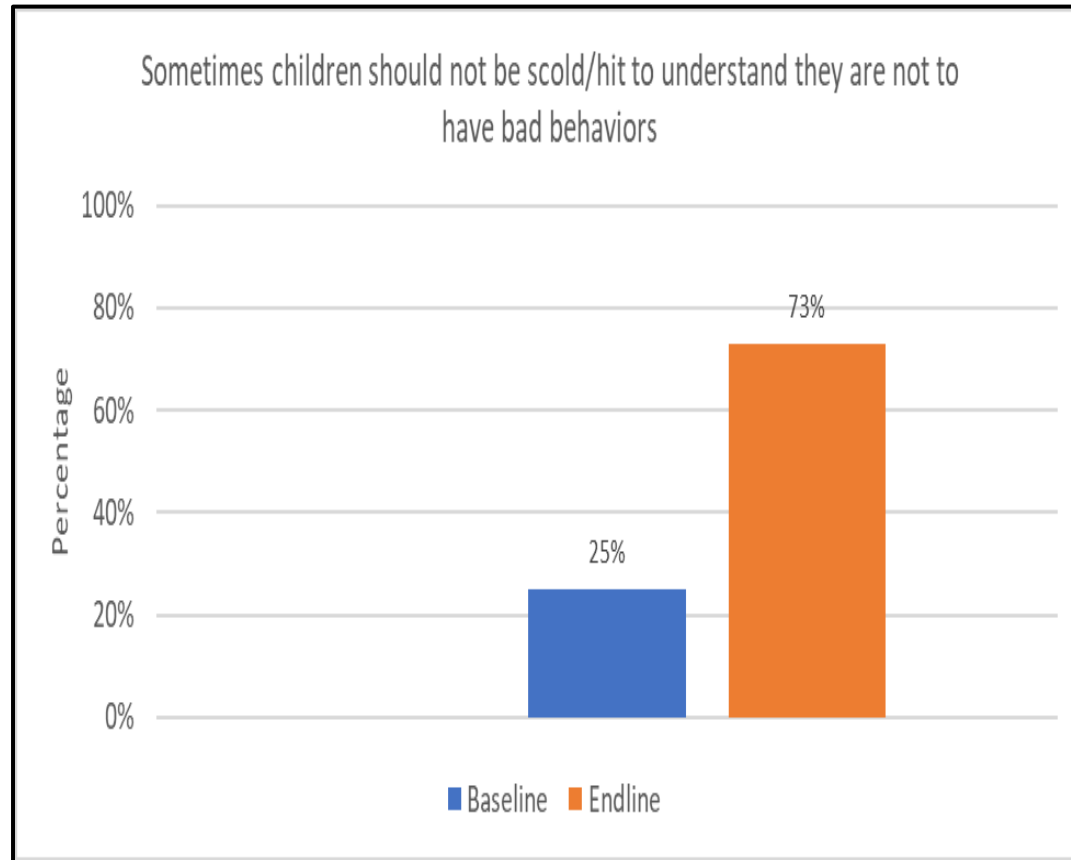
- At endline, 94% of the respondents reported that the father's parental responsibility is not only to provide financially for the family compared to baseline (74%).
- 97% of the respondents were aware of the ways that caregivers can comfort their children including looking into the eyes, talking softly to them, gently touching and holding them closely compared to baseline (69%).
- 90% of the respondents were aware that infants who do not smile should not be forced by their caregivers compared to baseline (72%).
- However, 85% of respondents still reported that the mother's sole responsibility is to care for their infants and young children.



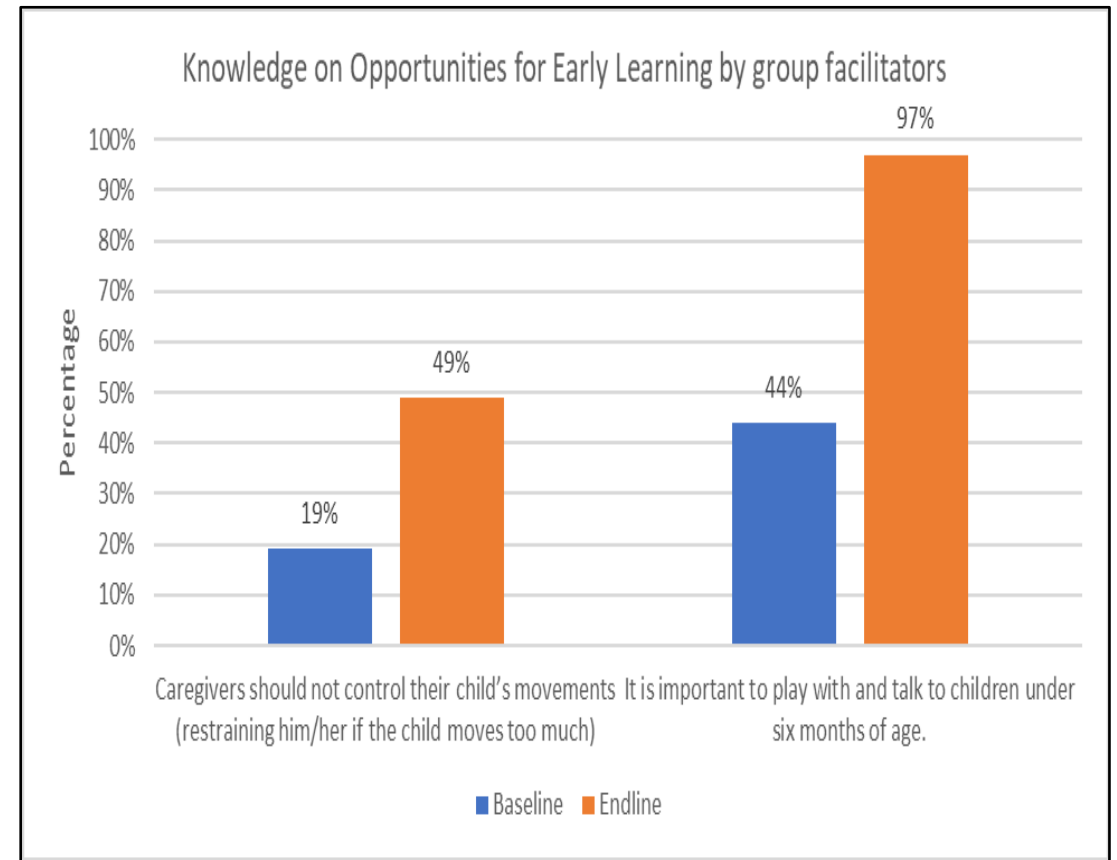
Outcome Evaluation Findings - Group Facilitators Survey

Knowledge in Nurturing Care and Caregiver Wellbeing.

Safety and Security



Opportunities for Early Learning



Outcome Evaluation Findings - Group Facilitators Survey

Knowledge in Nurturing Care and Caregiver Wellbeing.

Good Health

- At endline, 45% of the respondents were aware of how they could counsel caregivers on preventing and responding to illness compared to baseline (3%).
 - Some of the ways mentioned included giving a balanced diet, keeping the child warm, ensuring the child is in a clean environment, washing hands before and after feeding, full immunization of the child, covering food, deworming, and boiling drinking water.
 - Others mentioned the correlation between caregiver wellbeing and child health thus parents should have enough rest and avoid stress.
- In terms of responding to children with development delays such as being “slow to learn”, 34% of the respondents mentioned they would advise the caregiver to encourage more activity with the child and refer the nearest health facility for additional assessments compared to baseline (23%).

Component	Baseline	Endline
What are some ways facilitators can counsel caregivers on preventing illness and responding to illness?	3%	45%
If a caregiver says their child is “slow to learn”, what should the facilitators do?	23%	34%

Outcome Evaluation Findings - Group Facilitators Survey

Knowledge of planning and facilitating parenting sessions

Component	Baseline	Endline
What are the different components that should be covered during home visits or group sessions? (Name at least three components)	17%	55%
What should home visitors/facilitators bring with them to each home visit/group parenting session? (Name at least two items)	67%	86%
Each group session should be conducted as a stand-alone visit. Topics and key messages addressed in previous visits should not be mentioned during the following visit.	10%	89%
During the group session, the facilitator needs to show visual aid to caregiver(s).	46%	94%
Group facilitator should make sure to explain key messages using nontechnical language to ensure the caregiver understands the messages.	53%	64%
During a group meeting, the facilitator should not be the only person speaking as he/she are the ones sharing knowledge.	79%	96%

Outcome Evaluation – Caregiver Survey

RESEARCH QUESTIONS

1) Does RPP lead caregivers to see their communities as safe places for their children?

2) Does RPP increase caregivers' knowledge in nurturing care and protection of infants and young children?

3) What nurturing care practices (behavior) of caregivers are enhanced by RPP?

4) What child protection practices (behavior) of caregivers are enhanced by RPP?

Sample Distribution for Caregivers Survey

Partner	Community	Ward	Sample
Lake Region Development Program (LRDP)	Rusinga Island	Rusinga Island	240
Pioneer Child Development Program (PCDP)	Naromoru	Tigithi Gakawa Thegu River Naromoru/Kiamathaga	215
Eastern Community Development Program (ECDP)	Wamunyu Maka Migwani Ngwatanio Masaku Mwala	Matungulu East, Matungulu West Migwani Nguutthani Kyome/Thaana Kyaathani Mbiuni Kathama Yathui Muvuti/Kiima Kimwe Kyangwithya East Kyangwithya West Mulango	459
Total			914

Outcome Evaluation—Caregiver Survey Methods

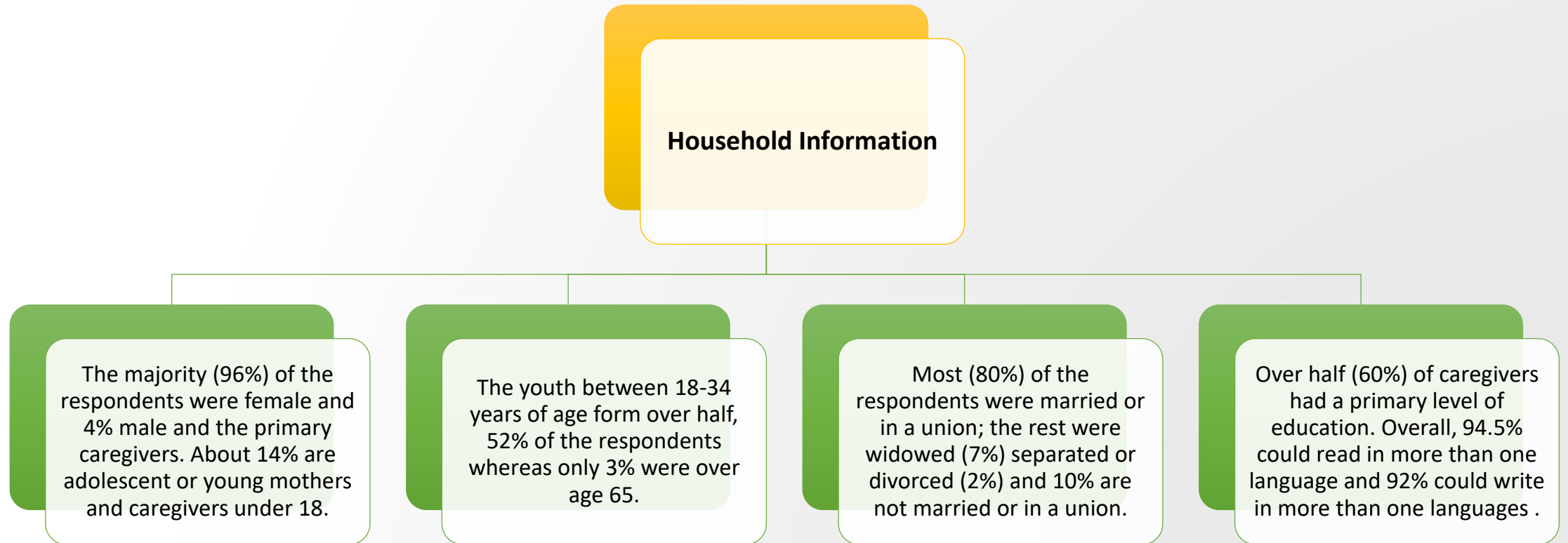
Sampling:

- Sample selected in two stages: community and household.
- The households were sampled using multi-stage clustered random sampling. The first cluster was the community (Naromoru, Wamunyu, Masaku, Maka, Ngwatanio, Migwani, Mwala and Rusinga).
- The household's selection criteria included orphans; child-headed HHs; single-parent HHs; Age (HHs with children 0-5yrs); HHs in difficult to access areas; HHs with children with special needs; high prevalence of malnutrition.
- Of the 914 households with caregivers of children under 5 years eligible for interview, 914 were successfully interviewed, yielding a response rate of 100%.

Data collection tool:

- Survey was administered to the household primary caregiver for all children under 5 years of age.
- Tool adopted UNICEF Multiple Indicator Cluster Surveys (MICS) questions, demographic and health survey(DHS) questions, poverty probability index (PPI)questions and ChildFund M&E indicators for children ages 0 to 5.
- Included the following modules: child background, household information, birth registration, child functioning, child development, early childhood development index, child discipline, child immunizations, breastfeeding/feeding, childhood illness, access to services, child wellbeing, child protection, child rights, child participation, caregiver wellbeing and a poverty probability index.

Outcome Evaluation Findings – Caregiver Survey





Outcome Evaluation Findings – Caregiver Survey

RESPONSIVE CAREGIVING:

- 41% increase in the proportion of respondents who reported knowing about child development compared to the baseline (51%).
- Two-thirds (66%) of children aged below 5 years had two or more types of play items to play with in their homes compared to 58% at baseline. 80% played with homemade toys compared to the baseline (68%).
- 88% of children under 5 years were reported to have been registered at endline. Only 4% of children had caregivers who do not know where to register from baseline (50%).
- Under health,
 - ✓ there was an increase in the proportion of children covered by health insurance. Most children accessed health services through public insurance (67%) and private insurance schemes (25%).
 - ✓ Most births had been reported to occur at a health facility (94%) from baseline (88%) and births at home have decreased from 11% at baseline to 5% at endline.
 - ✓ 89% of children below 11 months had been fully vaccinated. The percentage of children 12-23 months of age who had been fully vaccinated by their first birthday was high at 93 percent.
- Approximately 94% of children aged less than six months were exclusively breastfed.
- Proportion of children aged below 5 years who lived in households with at least three children's books present for the child increased from 19% at baseline to 48% at endline.
- Growth in the proportion of children who accessed and remained in early childhood education programs at 42% from baseline (23%).
- About 42% of children aged 24-48 months engaged with an adult household member in four or more activities that promoted learning and school readiness during the last three days compared to 36% at baseline.
 - ✓ A caregiver aged 18-34 years was more likely to engage a child compared to those over 65 years.

Outcome Evaluation Findings – Caregiver Survey

Child Discipline

- The endline caregiver survey findings show that children were still experiencing severe physical punishment. However, there was a 30% reduction in the proportion of those who experienced psychological aggression.
- In addition, there was a 5% reduction in the children who received any form of physical punishment from baseline.
- There was a significant increase in the proportion of caregivers who utilized non-violent methods from 23% at baseline to 81% at endline.

Attitudes towards discipline

- There was a reduction in the proportion of caregivers (from 59% baseline to 42% at endline) who believe that physical punishment is a necessary part of child-rearing.

Inadequate Care

- 18% of children aged 0-59 months experienced inadequate care from baseline (12%).
- A child is more likely to be left with inadequate care as they grow older.
- A youth headed household is more likely to leave a child unsupervised compared to the elderly.
- However, inadequate care is less prevalent among children whose mothers had university education than children whose mothers had primary education.

Outcome Evaluation Findings – Caregiver Survey

Childhood illness

- Overall, there was a 24% reduction from baseline to endline in the proportion of children who had been sick/unwell.
- As part of the endline caregiver survey, respondents were asked whether they sought advice or treatment for the child's illness and where they sought it. There was a 64% increase in caregivers who sought care from a health facility or clinic compared to 15% at baseline.

Reported disease episodes												
Percentage of children aged 0-59 months for whom the mother/caretaker reported an episode of diarrhoea, symptoms of acute respiratory infection (ARI), and/or fever in the last two weeks												
	Percentage of children who in the last two weeks had:											
	An episode of diarrhoea		Symptoms of ARI		An episode of fever		Presumed Malaria		Number of children who have been ill		Number of children	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Total	48.8%	21.4%	35.7%	80.8%	71.1%	70.1%	42.9%	8.1%	790	234	1569	726
Sex												
Male	26.1%	18.6%	19.2%	78.8%	70.9%	69.5%	41.6%	9.3%	406	118	778	350
Female	22.7%	24.1%	16.5%	82.8%	71.5%	70.7%	44.4%	6.9%	383	116	791	376
Community												
Rusinga	33.0%	0.0%	31.6%	0.0%	78.3%	0.0%	35.4%	0.0%	212	0	212	144
Eastern	23.6%	25.3%	11.6%	77.2%	72.1%	71.0%	47.8%	9.3%	492	162	492	409
Naromoru	9.3%	12.5%	19.8%	88.9%	47.7%	68.1%	33.7%	5.6%	86	72	86	173
Age (in months)												
0-11	35.2%	32.3%	13.1%	80.6%	70.3%	67.7%	39.3%	3.2%	145	31	145	89
12-23	36.0%	31.4%	22.8%	82.4%	70.4%	72.5%	35.5%	9.8%	189	51	189	115
24-35	24.2%	23.1%	18.2%	73.1%	71.5%	69.2%	40.6%	9.6%	165	52	165	168
36-47	13.0%	13.5%	17.3%	80.8%	66.7%	71.2%	48.2%	11.5%	139	52	139	186
48-59	10.9%	10.4%	17.0%	87.5%	75.5%	68.8%	52.4%	4.2%	147	48	147	168
Caregivers' edu.												
Primary	25.8%	0.0%	18.2%	92.9%	72.6%	71.4%	43.5%	7.1%	457	14	457	45
Secondary	23.8%	21.5%	18.3%	74.6%	71.1%	68.5%	42.9%	10.0%	273	130	273	423
Tertiary/university	19.6%	24.7%	10.7%	87.6%	60.7%	73.0%	39.3%	5.6%	56	89	56	254

Outcome Evaluation Findings – Caregiver Survey

Availability of services:

- *Health* - 86% of caregivers were aware of existing health services in their communities compared to 14% at baseline. According to respondents, these services were provided by government (96%) and non-governmental organizations (11%). Additionally, 97% of the respondents utilized health services compared to 64% at baseline in their community.
- *Psychosocial Support services* - 22% of the caregivers were aware of existing psychosocial support services, such as peer counsellors, support groups and professional counsellors in their communities. Over half (52%) of the respondents identified the government as service provider and NGOs (36%). From the survey, 60% of the respondents have utilized the services. Over a fifth, 23% of respondents faced difficulties accessing these services.
- *Parenting/Caregiver wellbeing* - Majority 91% of respondents were aware of existing caregiver wellbeing services in their communities. Most of the respondents identified non-governmental organizations (70%) and the government (27%) as the service providers. 91% had used the services, of these, only 8% reported having faced challenges in accessing them.

Outcome Evaluation Findings – Caregiver Survey

Child Wellbeing:

- According to the endline survey, 86% of respondents were aware of child abuse, an increase from baseline (70%). Most caregivers cited physical injuries as one of the signs of child abuse (66%) followed by changes in behavior of the child (43%).
- The overwhelming majority of respondents were aware of what to do when a child is harmed or abused (97%) from baseline (61%). Consequently, would report to the police (69%), the children's department (57%), the hospital (48%), the government (e.g. chiefs, administrators (42%)), would solve internally (15%), would report to a religious institution (13%), to a children's home (8%) and would use traditional structures such as a council of elders (7%).

Child Wellbeing																
	Awareness of child abuse (%)		Awareness of what to do		Signs of Child Abuse											
					Injuries		Behavior changes		Reaction to strangers		Sexual assault		Illness		Plays in dangerous environments	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Total	70%	86%	61%	97%	35%	66%	23%	43%	11%	17%	10%	28%	9%	15%	9%	12%
Sex																
Male	2%	97%	2%	100%	1%	75%	1%	41%	0%	9%	0%	34%	0%	9%	0%	16%
Female	68%	86%	59%	97%	34%	66%	22%	43%	11%	18%	10%	27%	9%	15%	9%	12%
Community																
Eastern	48%	84%	42%	97%	24%	69%	16%	43%	8%	24%	7%	20%	7%	14%	6%	9%
Rusinga	14%	97%	12%	100%	8%	70%	5%	27%	2%	9%	3%	53%	2%	21%	2%	21%
Naromoru	7%	80%	6%	96%	4%	57%	2%	60%	1%	13%	1%	15%	1%	12%	1%	8%

Outcome Evaluation Findings – Caregiver Survey

Child Protection:

- At endline, there were more child protection services reported by the respondents compared to baseline. These services/structures include children's department (52%), police/law enforcement (39%), NGOs (41%), ECD (32%), children's charitable institutions (31%), religious institutions (24%) and CSOs (14%).
- Overwhelming 91% of respondents feel that their children were safe from danger and violence in the neighborhood or community all or most of the time compared to 65% at baseline.

Child Rights:

- 95% of respondents were aware of children's rights at endline compared to 40% at baseline.
- Among the most mentioned rights were the right to parental care (67%), right to education (67%), right to healthcare (60%) and the right to life (51%).
- The least known rights were the right to protection from drugs (7%), the right to protection from sexual exploitation (8%), the right to protection from child abuse (8%), right for children with disability to be treated with dignity (8%), the right to privacy (8%).

	Awareness of children's rights	
	Baseline	Endline
Total	80%	95%
Sex		
Male	3%	97%
Female	77%	95%
Community		
Eastern	55%	95%
Rusinga	17%	99%
Naromoru	8%	90%

Outcome Evaluation Findings – Caregiver Survey

Child Participation

More parents/caregivers 68% allow their children to make their own choices (clothes to wear, games to play, toys, hairstyle...) compared to baseline (53%). More male caregivers allowed children to make own decisions compared to female.

Caregiver Wellbeing

- The endline survey established that over the previous two weeks prior to the data collection 66% of caregivers reported to have experienced some challenges when caring for their children.
- The challenges reported by most respondents were financial strain (98%), lack of support from partner (14%), inability to make decisions in the household (13%) and intimate partner violence (5%).
- Some of the ways they have been overcoming challenges include scheduling leisure time to relax, singing, visiting friends, spirituality and faith, support from partner and other relatives, medical checkups, planning tasks, proper diet and hygiene, avoiding negative company.

CONCLUSIONS

Summary of Results

- ✓ Overall, there has been increased knowledge and skills on the components of nurturing care, caregiver well-being, and community-based child protection the various stakeholders (Local Implementing Partner staff, relevant County government staff, community stakeholders (group facilitators), Caregivers).
- ✓ Improvements from baseline were seen when looking at the different components of nurturing care (responsive caregiving, safety and security, opportunities for early learning, good health, adequate nutrition).

Responsive caregiving - fewer caregivers reported to have left their children under age 5 alone or under the supervision of another child younger than 10 years of age for more than one hour at least once during the past week. Additionally, more caregivers engaged in four or more activities to provide early stimulation and responsive care in the last 3 days compared to baseline.

Health - more caregivers at endline reported their child had a birth certificate and that their child was completely up to date on immunizations as compared to caregivers at baseline.

Nutrition - improvements were seen in the provision of adequate nutrition for IYC. Nearly all caregivers at endline with children under six months of age said their child was currently being exclusively breastfed, which was an increase from baseline.

- Dietary diversity of meals for children older than six months also increased, with more caregivers at endline reporting their child had more than 5 food groups daily as compared to caregivers at baseline.

Opportunities for early learning - at endline, slightly more caregivers engaged in activities that promote learning and school readiness during the last three days. More fathers engaged in these activities at endline compared to baseline.

Safety and security – growth in caregiver knowledge regarding child abuse and knowledge of children’s rights. 86% of caregivers at endline were able to provide a definition of child abuse. Almost all caregivers were aware of what to do in instances of child harm or abuse. Similarly, almost all caregivers said they were aware of children’s rights at endline.

What We Have Learned/Best practices



- ✓ Continuous capacity strengthening of caregivers and community support structures (group facilitators and mentors) through refresher trainings, mentorship and coaching contributes to enhanced child development outcomes.
- ✓ Multi-sectoral coordination and collaboration among key stakeholders (government, civil society, individuals...) at community, county, and national levels enhances efficiency and effectiveness in provision of nurturing care services.
- ✓ Caregivers need continuous support and linkage to services for psychosocial support and their wellbeing.
- ✓ Strengthening existing and/or establishing partnerships for joint advocacy and program implementation to influencing policies and practices in ECD service provision.

For more information contact dkwambua@childfund.org



Because we need each other.