Pathways to Scaling Playful Parenting Programs

Enablers & Barriers to Scale Up

The LEGO Foundation  
ChildFund  
FXB Rwanda  
ECDAN  
unicef
Some housekeeping…

We will be recording the webinar. You will receive a recording link via email. It will also be posted to ECDAN’s website.

Use the chat to introduce yourself with your name, organization, and where you’re calling in from.

Use the Q&A box to ask the presenters questions. Please direct questions to specific presenters where possible. We will have 25 min for Q&A at the end.
Agenda

1. Opening Remarks
2. Implementation Research Overview
3. Playful Parenting Program Presentations
   1. Prescription 2 Play – Bhutan
   2. Playful Parenting Programme (PLP) – Serbia
   3. Sugira Muryango – Rwanda
   4. Care for Child Development (CCD) – Zambia
   5. Juega Conmigo (Come Play With Me) – Guatemala
4. Discussion and Q&A
5. Closing Remarks
Implementation Research Overview

Carina Omoeva, FHI 360
Playful Parenting Implementation Research

**Time Frame:** April 2020-December 2025

- FHI 360 is a **Research & Learning Partner** to the LEGO Foundation on their playful parenting programs in Bhutan, Rwanda, Serbia, and Zambia.
- The research seeks to generate evidence on how parenting programs can be **effectively scaled and sustained**
- Evidence from this study will enable donors and implementing organizations to use empirical evidence in **making decisions** around **scaling up** of effective parenting interventions
Community Learning Members

- Save the Children
- Bhutan
- The LEGO Foundation
- Zambia
- UNICEF
- fhi360
- Serbia
- ChildFund
- Guatemala
- Rwanda
- FXB Rwanda

Donor & Convener
Research & Learning Partner
Implementing Partner
The ExpandNet/WHO Framework for Scaling Up

- Evidence-based intervention implemented by the Resource Team that is SCALABLE
- The individuals or organizations seeking to promote the innovation (implementing partners)
- Resources and capacity within the target system (the “user organization”)
- Enabling policy and institutional environment
- Broad buy-in for the intervention (communities AND policy makers)

Type of scaling up:
- Dissemination and advocacy
- Organizational process
- Costs/resource mobilization
- Monitoring and evaluation

The elements of scaling up
Strategic choice areas
PLAYFUL PARENTING
Implementation
Research

1. Child & Caregiver Outcomes
2. Community Norms & Engagement
3. Workforce
4. Programmatic Factors
5. Enabling Environment
Prescription 2 Play - Bhutan

Karma Dyenka, Save the Children/Bhutan
Prescription to Play:
Scaling a Parenting Program through the Health Sector in Bhutan

Karma Dyenka,
Senior Education Manager,
Save the Children Bhutan

Kinley Wangmo,
ECCD Program Coordinator,
Save the Children Bhutan

Emily Weiss,
ECCD Specialist- Consultant,
Save the Children US
**P2P: The Core Programmatic Activities**

**Prescription to Play**  
In-Service Training of Health Assistants

**P2P Group Sessions**
- 12 Group Sessions covering early stimulation, responsive care, health & nutrition topics, and caregiver wellbeing as well as father’s engagement

**P2P Individual Sessions**
- HA conducts child development screening and prescribes an individualized play plan for the child and caregiver. HA refers child for specialized services, if needed.
P2P: Phases of Implementation

**Pre-Pilot**
- 2016-2017
  - Early Literacy & Maths Project at home- slightly different scope & age range
  - Testing Service Provider (Health Assistants vs Community Health Volunteers) - Decided on HAs

**Pilot**
- (Pre-Playful Parenting Project)
- 2017-2018
  - Overall effectiveness of intervention

**P2P: Phase 1**
- 2019-2021/2
  - 5 Districts
  - Testing of cascade model of training and supervision at scale
  - Evaluating continued effectiveness with scalable model

**P2P: Phase 2**
- 2022-2023
  - 15 districts + original 5 for full national-wide coverage
  - Focus on maintaining quality at scale through quality observations of services
P2P: Adding in Quality Components to the Core Program

Prescription to Play
In-Service Training of Health Assistants

P2P Group Sessions

P2P Individual Sessions

In-Service Quality Improvement Training (Virtual PDSA)

In-Service Refresher Training (Quality Domains & PDSA in-person)

Pre-Service Training for Future HAs through Medical University KGUMSB

Development and Launch of 2 P2P Apps: 1 for Caregivers and 1 for HAs

Development of Key Messages & Mass Media Campaign

Launch of Mass Media Campaign through National Radio and Television Broadcast

Formative Evaluation incorporating Experienced-Based Co-Design

Review of monitoring data and FHI 360 data collection

Refined Quality Observation Tool (with support from FHI), with new observation team

Launch of Play Cards (job-aid) to support individual sessions
Results from Formative Evaluation and FHI Data showed that Individual Sessions were an area for strengthening—especially in play components.

At the same time, individual sessions are critical for sustainability as MOH is quite committed to Child Development Screening and likes the low-cost option.

- Strengthened training on Child Development Screening to make it simpler to conduct and reinforce its importance (pre and in-service).
- Made 'Play Plans' part of all health services— even if child has come for vaccination or de-worming, HA should include age and developmentally appropriate play activities.
- Introduced 'Play Cards' as a job aid to HAs to make individual sessions easier to manage. These included age-wise play cards, cards with common questions from caregivers and their answers, and much more!
FHI Workforce Observations showed inconsistent quality, which was consistent with staff experiences on field visits.

Ensuring quality at scale is the main focus of Phase 2.

Developed a Quality Monitoring Framework to help us pinpoint where quality issues were most prevalent (session management, facilitation, or caregiver engagement).

Worked with FHI to adapt their observation tool to our quality framework, plus feedback component for on-going coaching.

Trained local CBO on using the observation tool to monitor quality in each district and provide on-going support. This also helps us increase the number of sites observed since Save, FHI and RENEW are all using the same tool.

Incorporated quality framework and feedback from Phase 1 and first trial into training: adopted into pre-service and in-service refresher training.
P2P: Sustainability and the Way Forward

Already Sustained:
1. FNPH Pre-Service included in university curriculum and classes have started
2. Child Development Screening included in Mother & Child Health Handbook

Way Forward:
1. Play Plans included in MCH Guidebook
2. Strengthen district and national level advocacy to ensure budget and implementation of group & individual sessions
3. Explore MOE as a pathway for further uptake beyond the MOH (Parenting Education Program)
Playful Parenting Programme (PLP) - Serbia

Mila Vukovic Jovanovic, UNICEF/Serbia
Leveraging the Playful Parenting Programme

Programme

Health, Early Childhood Interventions

Violence Against Children

Early Learning

Inclusive Education

Digital Divide

Mental Health

Environmental Health

Child Protection Poverty Reduction

Good Health

Adequate Nutrition

Opportunities for Early Learning

Responsive Caregiving

Security & Safety
Where the Playful Parenting program meets with families

- Prenatal parenting support (HV)
- Home visitation
- Maternity hospital
- Pediatrician
- Foster parenting support
- Adoption
- Parenting support (Child protection services)
- Intensive parenting support
- Early intervention services
- Family counseling services
- Women’s safe house
- ECEC
- Nursery and ECEC

Where the Playful Parenting program meets with families.
“If everything seems to be going well, you obviously don’t know what’s going on.”

Edward Murphy
We learned from the FHI360 Implementation research that strong national efforts are needed to

- Ensure mechanisms for protocols and agreements to be translated into standardized practices;
- Invest in building strong monitoring and supervision of professional work;
- Visiting nurses showcase great knowledge, skills and experience and they evaluate the program positively and see its advantages for the family.
- However, room for improvement has been seen in the following: strengthening behavioral modeling skills; enhancing responsiveness to the family; more space for additional support for families; greater focus on socio-emotional support (not only medical-biological) + more adapted legal framework, reduction of burden, greater incentives
- Bridge the challenge of the lack of human resources to meet the needs of human resources as professionals in all 3 sectors (health care, social welfare, preschool education) face serious burnout and overload
Actions

The training package strengthen with more focus on practical skills of responsive modeling of playful interaction followed by providing constructive feedback to caregivers.

A supportive supervision module was developed, and training for supervisors implemented.

M&E is strengthening - digital module for home visiting to be integrated into health sector digitalization.

Professional-methodological guidance for home visits developed and adopted by MoH and Training Package accredited by the Chamber of health nurses.
What’s next / Future Iterations / Road to sustainability

- 2-year Workplan is signed with MoH and other line ministries
- Detailed scale up plan with clear pathways to a scale agreed with the Government with timelines and budgets
- Connected Programme with Government priorities (pro-natalist policies, ending violence against children, supporting mental health and wellbeing of children and youths
Sugira Muryango - Rwanda

Grace Umulisa, FXB/Rwanda
Sugira Muryango (“Strengthen the Family”) addresses the needs of both the child and the caregiver through customized and flexible family engagement.

- In-home and active coaching
- Standard content on early stimulation, nutrition, hygiene (WHO Care for Child Development)
- BUT ALSO: problem solving, conflict resolution, stress management to address risk of family violence
- Navigation of formal/non-formal resources & supports
- Flexible for all family types included dual & single caregivers and teen mothers
- Male caregiver engagement emphasized in visuals and messaging (e.g. around child care, home chores) as well as flexible scheduling
  - 75% of fathers completed all modules
  - 15-minute play activity with homemade toys during each visit
  - Complementary to ECD Centers, community sensitization and home-based child care initiatives
  - Strengths-based: focus on capacities, not just deficits
### Evolution of Sugira Muryango

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2007-2012</td>
<td>Family Strengthening Intervention for Families Affected by HIV</td>
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<tr>
<td></td>
<td>Research on mental health of children/adolescents with HIV and on resilience and parenting among families affected by HIV.</td>
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<tr>
<td></td>
<td>Partners: FXB Rwanda</td>
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<td></td>
<td>Funders: World Bank Early Learning Partnership</td>
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<td>2014-2016</td>
<td>Pilot 1 (20 VUP Households)</td>
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<tr>
<td></td>
<td>Partners: FXB Rwanda</td>
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<tr>
<td></td>
<td>Funders: World Bank Early Learning Partnership</td>
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<tr>
<td>2016-2018</td>
<td>Pilot 2 (38 VUP Households)</td>
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<td></td>
<td>Partners: FXB Rwanda</td>
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<tr>
<td></td>
<td>Funders: USAID, World Bank Early Learning Partnership, ELMA Philanthropies, Network of European Foundations</td>
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<tr>
<td></td>
<td>Primary GoR: LODA, MIGEPROF</td>
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<tr>
<td>2018-2023</td>
<td>Cluster Randomized Trial / Longitudinal Follow Up (1049 VUP Households)</td>
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<tr>
<td></td>
<td>Partners: FXB Rwanda</td>
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<tr>
<td></td>
<td>Funders: USAID, World Bank Strategic Impact Evaluation Fund, ELMA Philanthropies, NEF</td>
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<tr>
<td></td>
<td>Primary GoR: NECDP, NCC, LODA, MIGEPROF</td>
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<td>Secondary GoR: MINALOC, MoH</td>
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<tr>
<td>2019-2023</td>
<td>Expansion Study (9500+ Ubudehe 1 Households)</td>
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<td></td>
<td>Partners: FXB Rwanda, Government of Rwanda (NCDA), University of Rwanda</td>
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<tr>
<td></td>
<td>Funders: Grand Challenges Canada, LEGO Foundation, ELMA Philanthropies, Echidna Giving, Oak Foundation/JSI, Wellspring</td>
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<tr>
<td></td>
<td>Primary GoR: NCDA, MIGEPROF, Local Government</td>
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<tr>
<td></td>
<td>Secondary GoR: MINALOC, RBC, MoH</td>
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Adapting and testing Sugira Muryango to focus on parenting and violence prevention in families with young children.
Pre-to-Post Intervention Study

Child Outcomes
- Access to more stimulating materials for children in the home (e.g., books)
- Increase in caregiver engagement of playful activities with children
- Increased care seeking for diarrhea and fever
- Increased safe treatment of drinking water

Family Outcomes
- Decrease in child exposure to violent child discipline
- Reduced victimization to intimate partner violence among mothers
- Decrease in mothers & fathers showing depression/anxiety symptoms
- Increased male engagement

12-Month Follow Up Study

Child Outcomes
- Improved children’s motor skill
- Communication skills
- Problem-solving skill
- Personal-social skills (ASQ-3) in children w SM

Family Outcomes
- Continued reduction in child harsh-discipline
- Continued reduction in IPV
- Continued higher male engagement

Promoting parent-child relationships and preventing violence via home-visitng: a pre-post cluster randomised trial among Rwandan families linked to social protection programmes

Theresa S. Betancourt, Sarah K. G. Jensen, Dale A. Barnhart, Robert T. Brennan, Shauna M. Murray, Aisha K. Yousafzai, Jordan Farrar, Kalisa Godfroid, Stephanie M. Bazubagira, Laura B. Rawlings, Brit Wilson, Vincent Sezibera, Alex Kamurace

Effect of a home-visitng parenting program to promote early childhood development and prevent violence: a cluster-randomized trial in Rwanda

Sarah KG Jensen, Matias Placencia-Castro, Shauna M Murray, Robert T Brennan, Simo Gosney, Jordan Farrar, Aisha Yousafzai, Laura B Rawlings, Briana Wilson, Emmanuel Habyarimana, Vincent Sezibera, Theresa S Betancourt
Due to the positive results of the CRT Sugira Muryango expanded to greater scale in the three Districts:

- Using the child protection community volunteers, Inshuti z’Umuryango (IZU)
- Examining the effects of the intervention in very young children, ages birth to 24 months (~20% of the sample, 0 - 6 months)
- Under an evidence-based implementation strategy “the Collaborative Team Approach/PLAY Collaborative” allowing for quality improvement over time
- And changing the Supervision & Delivery structure:
  - For the CRT, sessions were delivered by CBV (Hired volunteers), and SM Coordination team supervised. For the expansion IZUs delivered sessions, and the CMs supervised. SM staff (Seed team) build the capacity of CMs and IZUs
Expansion through the PLAY Collaborative Strategy (Key Ingredients)

- Expansion targeted approximately 10,000 Ubudehe I families with children 0 - 36 months in Ngoma, Nyanza & Rubavu Districts.
- Expansion is testing the P.L.A.Y. Collaborative Strategy for Scale.
  - Based on the Collaborative Team Approach (CTA)
  - A system of stakeholder engagement that aims to promote:
    - Local ownership through a shared common charter committing all leaders at the Cell, Sector, and District to program oversight, quality improvement, and promote cross-site learning and evidence based decision making with the goal to maintain quality and fidelity to implementation at scale.
- Embedded study including effectiveness and implementation
Embedded Study Overview of Results:

- **2,824 IZUs** trained on Sugira Muryango and actively home-visited households
- **195 Cell Mentors** trained on and conducted IZUs supervision, quality monitoring, and continuous training
- **7,125 Government stakeholders** trained on ECD
- **9,750 households** received SM Sessions by trained interventionists
- **18,543 caregivers** completed all SM modules and attended the Welcome and Closing Sessions
- **10,353 children** aged 0-36 Months attended all sessions
- **Over 3,000 PLAY Collaborative meetings** engaged stakeholders from Village to District level to problem-solve challenges around program implementation
Next Steps for Sugira Muryango

• **Continuous enrollment**: As Phase 1 closes, shift to biannual enrollment in the three existing districts with key adaptations

• **New district**: In the first half of 2024, expand to an additional district with an initial enrollment round followed by continuous enrollment, including establishing PLAY Collaboratives and training IZUs

• **Workforce sustainment and expansion**: Continued support to the IZUs, IZU Coordinators, and seed team in the existing districts; the existing district geographically closest to the new district will train a seed team and the IZU workforce in the new district

• **Transitioning to local ownership**: Engage the PLAY Collaborative structure to continue program oversight at all levels of government and co-develop a national scaling and sustainment plan for the transitioning of SM to Rwandan government ownership and scale-up beyond the next district
Murakoze Cyane!
(Thank you!)
Care for Child Development - Zambia

Gibson Nchimunya, UNICEF/Zambia
Pathways to Scaling Up the Playful Parenting Program In Zambia

28 June 2023

Presenter: Gibson Nchimunya

Partnership of UNICEF & LEGO Foundation
LEGO Programme Objectives.

To improve playful interactions between primary caregivers and their infants as part of a parenting intervention reaching 50,000 families.

Expected Results by 2024:

Children (prioritized for 0-3 Years) have playful interactions with their primary caregivers as part of nurturing care.
Geographic /Programme Scope:

Geographical Scope

- Katete & Petauke – Target Districts for LEGO PP programme

Programmatic Scope

National level

- Support to government - policy and systems strengthening.
- Embedding NC Playful Parenting/CCD in existing services.
- National multi-sectoral coordination.

Sub-national level

- District multi-sectoral coordination to roll out Nurturing Care and Playful Parenting.
- Strengthen capacity of local structures to deliver ECD/NC services: leveraging routine touch points & reaching caregivers with support.
LEGO Programme Components

- **Enabling environment**: strengthening capacity, systems and policies for ECD NC and Playful Parenting.
- **Strengthening service delivery at community level**: scale up counseling/support services for NC/PP.
- **Communication and visibility campaign**: to promote nurturing care/playful parenting.
Component 1: Strengthening service delivery at community level: Strategies

- Involves establishment of community–managed ECD Parenting Hubs – (called Insakas) in villages: involvement of traditional leadership & community mobilization, ownership & participation
  - Insaka is a community-based mechanism for delivering parenting counselling & support: parenting resource center; mother-baby play sessions; play-park & used for capacity building of the CBVs parenting etc.
  - Uses a network of existing community-based volunteers (CHWs, SMAGs, ECE teachers and community welfare assistants) for parenting counselling – mapping of all CBVs in the area.
  - Parental counselling done through group sessions at the Community Hub & at household level during home visits: equipping of CBVs with counselling skills & tools.

- Home visits by trained CBVs using the care group model of 1 CBV = 10 HHs = supervisor: details of counselling and well-being of child recorded in home visit report cards.

- Training of CBVs (mentorship & supervision) is key: training delivered through a core team of CCD trainers. Training has practicals.

- Behavior change communication (communication plan, materials & tools: gender and culturally relevant materials and tools. SBCC Consultancy)
## Programme Strategies

### Component 2 & 3: Enabling environment: strengthening capacity, systems and policies for NC and Playful Parenting.

| Strengthening ECD **policy environment**, data and M&E systems. | **Standards setting/guidelines for delivery of** NC/PP **through existing service delivery platforms** U-5, ante-natal, nutrition & education services. | **Capacity building** of workforce across (health, education, and social protection sectors in ECD). | National **NC/PP Public Campaign** - advocacy and promotion of playful parenting |
Iterations on the Playful Parenting Programme in Zambia

• Development of a National Multi-Sectoral Policy & Strategic Framework underway.

• Mechanism in place for multi-sectoral coordination

• ECD/PP indicators included in the HMIS (CHMIS) & LEGO supporting roll out.

• Integration of NC & PP in national programmes:
  - PP incorporated in nurses training curriculum and Lecturers trained;
  - PP included in MCH Handbook & LEGO supporting roll out.
  - Integration of Playful Parenting in under-five activities in the health facilities through group counselling.
  - Development of ECD Service quality assessment tools (SQA) in MOH
Opportunities/Next steps for Upscaling Playful Parenting in Zambia

- Availability of the 8th National Development Plan and the corresponding financing frameworks.
- Finalization of ECD Multisectoral Policy and Strategic framework
- Supporting the revision of National ECE Teachers training Curriculum to incorporate Playful Parenting
- Continuous engagements with parliamentarians and cabinet office to scale-up PP in their constituencies and increase ECD financing
Thank You
Come Play with Me - Guatemala

Linda García Arenas, ChildFund/Guatemala
Geographic area

Quiché, Totonicapán, San Marcos, Sololá, Alta Verapaz and Chiquimula

+19,000 children
+31,000 caregivers
<table>
<thead>
<tr>
<th>Contents</th>
<th>24 radio programs</th>
<th>24 videos</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Content dosage</td>
<td>• The programs were interpreted into the four Mayan languages.</td>
<td>• The videos were recorded in Spanish and in Mayan languages.</td>
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<tr>
<td>• Radio scripts with different formats, such as: serial radio drama, informative capsules, interviews, storytelling and original songs.</td>
<td>• The radio programs were recorded by the technical staff.</td>
<td>• The purpose was to reinforce the radio programs.</td>
</tr>
<tr>
<td>• The scripts were translated into four Mayan languages: Kiche’, Mam, Q’eqchi’ and Kaqchikel.</td>
<td>• The programs are contextualized and offer activities that can be done at home.</td>
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*24 radio programs were interpreted into the four Mayan languages. The scripts were translated into four Mayan languages: Kiche’, Mam, Q’eqchi’ and Kaqchikel. The programs are contextualized and offer activities that can be done at home. The videos were recorded in Spanish and in Mayan languages. The purpose was to reinforce the radio programs.*
Broadcasting

Radio

Mobile speakers

Videos
They know how to use storytelling as a mean of learning.

They recognize the importance of loving and caring relationships between children and family members.

They correctly pronounce words when communicating with their daughters or sons.
Knowledge
Attitude
Practice
SURVEYS
Tool prepared based on the contents corresponding to each cycle (6 programs)

Technical team was trained in KoBo Toolbox

4 cycles to gather information through phone calls

September 2022
November 2022
February 2023
April 2023
Communication channels

Comparison of the scope of communication channels used to broadcast the programs and their information.

- **Mobile speaker**
  - KAP1: 32%
  - KAP2: 54%
  - KAP3: 51%
  - KAP4: 53%

- **WhatsApp**
  - KAP1: 36%
  - KAP2: 48%
  - KAP3: 60%
  - KAP4: 56%

- **Radio**
  - KAP1: 43%
  - KAP2: 55%
  - KAP3: 47%
  - KAP4: 49%

- **Video**
  - KAP1: 54%
  - KAP2: 53%
  - KAP3: 72%
  - KAP4: 74%
Topics identified by participants

- Caring for girls and boys
- Playing with girls and boys
- Chatting with girls and boys
- Tell girls and boys tales and stories
- Devote time to girls and boys
RESULTS

<table>
<thead>
<tr>
<th></th>
<th>KAP 1</th>
<th>KAP 2</th>
<th>KAP 3</th>
<th>KAP 4</th>
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<tbody>
<tr>
<td>Knowledge</td>
<td>99%</td>
<td>96%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Attitude</td>
<td>66%</td>
<td>76%</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Practice</td>
<td>29%</td>
<td>31%</td>
<td>85%</td>
<td>94%</td>
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Come Play with Me

www.juegaconmigo.org
Q&A and Discussion
Frances Aboud, FHI 360 Consultant
Discussion Questions

1. What changes have you made to your workforce training, delivery, and supervision in moving to scale? What evidence was this based on? – Rwanda, Zambia

2. How have you adjusted your way of working with the government to facilitate a smooth transfer of the program? What evidence was this based on? - Serbia

3. How have you adapted your monitoring and information systems in going to scale in order to track participants? What evidence was this based on? - Bhutan

4. How have you expanded your advocacy strategy to raise demand at the community and/or national level? What evidence was this based on? - Guatemala
Thank You!

Questions about the Playful Parenting Community?

Please reach out to Tanya Smith-Sreen tsmith-sreen@fhi360.org for more details or to be connected to specific presenters.