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4Children
Coordinating Comprehensive Care for Children

Strengthening Caregiver Parenting Skills for Family Reintegration

THE PROJECT

Keeping Children in Healthy and Protective Families (KCHPF) is a project funded by USAID/Displaced Children and Orphans Fund (DCOF) as part of the Coordinating Comprehensive Care for Children (4Children) project designed to contribute to learning in the alternative care and care reform sectors. The KCHPF project supported the reintegration of children living in residential care back into family care in Uganda through the provision of a household-based parenting program, individualized case management support and a reunification cash grant aimed at strengthening the reintegration process. In tandem, KCHPF worked collaboratively with the Government of Uganda to develop guidance in support of their care reform efforts aimed at reunifying children with their families, expanding family-based alternative care options and closing unapproved institutions.

THE ESANYU MU MAKI PARENTING PROGRAM

The KCHPF project engaged Clowns without Borders South Africa to develop its parenting program Esanyu Mu Maka (EMM) "Happiness in the Home" which is an adaptation of the Parenting for Lifelong Health curriculum. The EMM program was designed and culturally adapted specifically to meet the needs of caregivers and children within the context of reintegration in Uganda. Additionally, it was adapted to be delivered at the household level in order to target the specific needs of the reunified families as the families were located in communities distant from each other.

EMM participants had diverse and unique needs for parenting support. Some caregivers participating in the program had been separated from their child for over 10 years; others were extended family members with whom the child had never lived. The EMM program worked to build a solid foundation in positive parenting skills and understanding using collaborative social learning behavioral change techniques. This included group discussions, the use of illustrated stories of parent-child interaction, role-plays to practice parenting skills, home activities assignments, and collective problem-solving. The intent was not only to support the reintegration process but also to strengthen caregiver-child relationships throughout the household.

KEY LEARNING

KCHPF obtained feedback from caregivers and parenting facilitators through a satisfaction survey, interviews and reflective sessions focused on their experience participating in and delivering the EMM program. The forty-seven (47) caregivers who completed all parenting sessions were asked to comment on their overall satisfaction with the content and delivery of the parenting education program.

96% reported having a **very positive relationship** with their child

94% reported that their **goals were achieved** for their family and child

77% reported feeling **very confident** in their ability to manage future behaviour problems in the home

100% would **recommend the program** to a friend or relative

During implementation of the program, key elements of the EMM program were identified as having positively impacted family functioning during the reintegration process based on feedback from caregivers and parenting facilitators. These include:

Building parenting skills through collaborative social learning

- *Age-appropriate Behavior and Development.* An important first step in developing positive parenting skills among caregivers is to help them gain an understanding of age-appropriate behaviour. By being able to identify which behaviour is appropriate for a child's age and which milestones are generally achieved at a certain age, caregivers can determine how best to respond to challenges they experience in child conduct and what areas of learning support they should invest in with the child.
- *Bonding and Attachment.* Most families reported that, prior to participating in the EMM program, they had a very limited bond with the reunified child as well as the other children living in their household. Caregivers indicated that key skills around spending quality time, mirroring and modelling behavior, and talking about emotions helped them build positive relationships with their children as well as with other caregivers in the household.
- *Praise and Reward.* Parenting Facilitators noted how caregivers were able to use praise and (non-material) rewards to help children feel at home in the family and reinforce compliance with instructions. Through content on how to give positive instructions and how to develop joint household rules, caregivers reported that they were able to maintain routines and boundaries, which is particularly important for children coming from institutional care.
- *Non-violent Discipline Strategies.* Despite culturally entrenched norms and practices that reinforce harsh verbal and physical discipline, caregivers appreciated and applied new non-violent discipline strategies that they learned during the EMM program.

Supporting the specific information needs of reunified families

Caregivers indicated that it was important to them to receive information on their child's physical and socio-emotional well-being prior to reunification, including existing health and education challenges. Many EMM participants had very limited understanding of the effects of institutional care on child behavior and child well-being, which affected their expectations and understanding of the reunified child. EMM facilitators helped caregivers to understand information received about their child's well-being and learn about typical behaviors and possible effects of institutionalization on their children. In doing so, some caregivers reported that they were better able to understand and felt equipped to respond to the child's unique needs.

Building a support network

The EMM program was delivered at the household level in order to target the specific needs of the reunified family. However, the program recognized the need for building and engaging social support beyond the household. EMM's approach, therefore, encouraged primary caregivers to identify a support network as part of the reintegration process and invite them to participate in the program. In doing so, caregivers assumed

Feedback from caregivers and facilitators

"I never used to have time, but through [creating] quality time, we started interacting and we opened up our hearts to each other. I now know my children's challenges and can encourage them."

Caregiver from Masaka District

"We learnt from the facilitator to appreciate the background of the children and not to compare them with the ones at home. This helped us to become more patient as we worked towards moulding the desired behaviour in our children."

Caregiver from Mpigi district

"Praise and rewards really helped to develop a sense of belonging and desire to improve in the child."

Facilitator in Masaka District

"Before we could only beat, now we know different and easier ways of discipline."

Caregiver from Masaka District

"With the small group, we easily managed to understand and mobilise each other to come to the sessions and practice."

Caregiver from Masaka District

"Esanyu Mu Maka" ["Happiness in the Home"] realised its goal. It brought happiness not only for the children or the parents, it has brought happiness for our whole family. I understand now it involves the whole family to build a House of Support."

Caregiver from Masaka District

ownership of the process. The small groups subsequently mobilized themselves, resulting in high session attendance and completion of home activities. Caregivers reported that having additional participants from their neighborhood and extended family enhanced their willingness to try out and apply the parenting skills that were introduced. KCHPF anticipated that seeing positive effects of these skills within other caregivers' families would reinforce the skills among the project's primary participants. KCHPF also anticipated that having small caregiver groups would enrich learning for participants, especially in cases where caregivers experienced challenges with literacy and disability.

RECOMMENDATIONS

KCHPF believes that collaborative social learning activities within small support networks facilitated a good understanding among caregivers of age-appropriate behavior and helped them develop positive relationships, clear boundaries, routines, and non-violent discipline strategies as alternatives to socially accepted harsh verbal and physical discipline. Based on feedback from participants, KCHPF believes that the program could be further strengthened through:

- Additional program content as well as further community-wide sensitization on the effects of harsh versus non-violent discipline to address normalization and social approval of "tough" parenting;
- Additional information provided to caregivers to help them understand the psychosocial effects of institutionalization on their children; and
- Community-wide sensitization to encourage community-led advocacy to promote family-based care and prevent family separation.

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