Global Initiative to Support Parents
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Sugira Muryango is a play-based, father-engaged home-visiting intervention for early childhood development and playful parenting.

- The Sugira Muryango ("Strengthen the Family") intervention is designed to improve early child development and reduce violence in the home.
- It is a active-coaching based home-visiting intervention delivered by community-based volunteers through a 12-module curriculum.
- It targets vulnerable households with children 0-3 in Rwanda and male and female caregivers.
- It has been shown to improve key child development outcomes including early stimulation/nurturing care and nutrition, as well as reducing violence exposure in the family.¹
Sugira Muryango 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
- **Male caregiver engagement** emphasized in visuals and messaging as well as flexible scheduling (child care, home chores)
  - 70% 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
Sugira Muryango’s **Theory of Change** responds to risk factors in targeted beneficiaries to affect **short and long term positive outcomes**.

### Risk Factors
- Limited information about Children’s Development Needs
- Limited Stimulation & Learning Opportunities
- Lack of Future Orientation and Planning
- Family Social and Economic Stress
- Risk of Family Violence

### Sugira Muryango Components
- Father-engagement, active coaching & learning on nutrition, health, & hygiene
- Coaching in responsive parenting & the importance of play
- Building resilience & coping skills including a family narrative
- Building skills in problem-solving & navigating formal/informal resources
- Building skills in emotion regulation, stress management, alternatives to harsh discipline, & conflict resolution

### Pre-to-Post Intervention Outcomes
- Increase in male & female caregiver engagement in play and other ECD activities
- Improved health-related caregiver behaviors
- Safer home environment
- Reduced violence

### 1 year post-intervention outcomes
- Increased child physical & cognitive development
- Sustained reductions in violence & responsive caregiving

### 3 years post-intervention outcomes
- Improved school readiness
  - Language (vocabulary)
  - Arithmetic (counting)
- Improved emotional health

### Target Beneficiaries
- Vulnerable Families classified as **Ubudehe 1** with children ages **birth-36 months**
A Cluster Randomized Trial (CRT) N=1049 families demonstrated impact on child development and family functioning, children’s cognitive development, harsh discipline of children, dietary diversity and other key outcomes.

More stimulation in the home
Higher scores on the HOME inventory (Cohen’s d =0.78)

Decrease in child exposure to violent child discipline (OR:0.34)

Decrease in mothers & fathers showing depression/ anxiety symptoms (OR: 0.82)

Dietary Diversity:
Consumption of 0.44 extra food groups in last 24 hrs. (Cohen’s d=0.34)

Increased care seeking for diarrhea (OR: 2.2) and fever (OR:3.3)

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

- Sarah KG Jensen,1 Maliso Placencio-Castro,2 Shurina M Murray,1 Robert T Brennan,1,3 Simo Gashay,1 Jordan Farrar,1 Aisha Youssafzai,3 Laura B Rawlings,6 Briana Wilson,6 Emmanuel Habyarimana,7 Vincent Sezibera,6 Theresa S Betancourt1

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Effects on Reduced Violence in both mothers and children were sustained one year later

Gross motor z-score
Higher scores in treatment children (d=0.162)

Significant effects on ASQ Communication z-score
Greater score in treatment children (d=0.081)

Significant effects on ASQ Problem Solving z-score
Greater scores in treatment children (d=0.101)

Significant effects on ASQ Personal-social z-scores
Greater scores in treatment children (d=0.096)
Proven impact led to expansion, further study and strengthened capacity building

Cluster randomized trial demonstrates impact of Sugira Muryango in a study of 1,049 Ubudehe 1 families in 3 districts

**CRT 2018-19**

**Expansion 2020-23**
- More impact: Program expansion brings Sugira Muryango to all eligible Ubudehe 1 and selected Ubudehe 2 families in 3 districts
- More evidence: New research tests an IMPLEMENTATION STRATEGY FOR SCALING OUT Sugira Muryango called the PLAY Collaborative and its impact

**Longitudinal 2022-24**
- More evidence: Longitudinal and spillover study measures the long-term impact on CRT families:
  - Sugira Muryango children now ages 4-7
  - Siblings of Sugira Muryango children who may have experienced spillover effects

**Capacity Building with UoR Ongoing**
- More impact: UoR students, faculty and local researchers gain research & writing skills as well as grant writing skills
- More evidence: UoR students and faculty contribute to Sugira Muryango research & learning
Sugira Muryango PLAY Collaborative Testing at Strategy for Scaling Out an Evidence-Based Intervention With Quality
Through the PLAY Collaborative, Sugira Muryango aims to reach 10,000 families while testing methods for stakeholder engagement and quality improvement.

- Expansion targets 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)
  - Collaboratively created Shared Charter
  - Aimed to promote local ownership, increase program oversight, promote cross-site learning, and evidence-based decision making.
- Embedded study including effectiveness, implementation, and impact of COVID-19.
- Developing a locally hosted digital dashboard for monitoring and real time feedback mechanisms.
The PLAY Collaborative has so far trained 6,285 local officials, and engaged 15,351 government officials during a total of 2,803 meetings.
The PLAY Collaborative has so far trained 2,608 IZUs to deliver Sugira Muryango reaching 9,483 children, and 19,548 caregivers.

Number of Households Reached

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<tr>
<th>Households Enrolled</th>
<th>0.0</th>
<th>100.0</th>
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<tbody>
<tr>
<td>Total N = 10,218</td>
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<tr>
<td>Households which received the Welcome Session</td>
<td>12.9</td>
<td>87.1</td>
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<tr>
<td>Total N = 8,903</td>
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<td>Households which received the 12 Modules</td>
<td>1.5</td>
<td>85.6</td>
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<tr>
<td>Total N = 8,745</td>
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<td>Households which received the 3 Month Booster</td>
<td>1.6</td>
<td>83.9</td>
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<tr>
<td>Total N = 8,577</td>
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<tr>
<td>Households which received the 6 Month Booster</td>
<td>0.5</td>
<td>83.5</td>
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<tr>
<td>Total N = 8,529</td>
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Interventionists (IZU) Trained Per Project Phase (%)

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<thead>
<tr>
<th>Interventionists (IZU) Trained</th>
<th>0.0%</th>
<th>100.0%</th>
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<tbody>
<tr>
<td>IZU Trained in the Foundational [March - May 2021]</td>
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<td>Total N = 2,608</td>
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<td>IZU who delivered SM to families [May - Oct 2021]</td>
<td>5.6%</td>
<td>94.4%</td>
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<td>Total N = 2,461</td>
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<td>IZU who participated within the 3-Month booster training [January 2022]</td>
<td>1.6%</td>
<td>98.4%</td>
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<tr>
<td>Total N = 2,419</td>
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<tr>
<td>IZU who participated within the 6-Month booster training</td>
<td>0.9%</td>
<td>99.1%</td>
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<td>Total N = 2,396</td>
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Longitudinal & Spillover Study aims to provide long-term evidence for ECD intervention in Rwanda

Study design

● Follow up with the 1,029 families in the original CRT: Sugira Muryango families and control families
● Mixed quantitative and qualitative methods

Research questions

● Did Sugira Muryango have effects across the range of outcomes, both new domains and those assessed in the prior CRT?
● Did Sugira Muryango have positive effects on younger and older siblings of children who participated in the intervention compared to siblings in usual care households?