

# Compendium of African Initiatives to Support Parents & Caregivers

June 2024



# Aim of the Compendium





Showcase evidence-based parenting programmes presented at the African Regional Convening to Support Parents and Caregivers in June 2022

Illustrate the diversity of parenting support programmes across Africa

Inform policymakers, development partners, and civil society about successful implementation strategies and gaps in provision.





# Key Terms and Definitions





## Parenting

the consistent care provided by any biological parent, guardian or any other caregiver to a child (0-18 years of age).

## Caregivers

include:

- Mothers and fathers
- Siblings
- Grandparents
- Other relatives, including nonbiological caregivers such as stepparents or foster parents.
- Adolescents with their own children are parents to their children and possibly other siblings, whilst still needing parenting support from their own parents (UNICEF, 2020).

The term 'parents' is used in the Compendium to encompass all caregivers named above.





## The process of parenting

involves supporting the physical, emotional, social, and cognitive development of a child from infancy to adulthood. This means:

providing nurturing care in a stable environment that is sensitive to children's needs, protects them from threats, provides opportunities for learning, with interactions that are responsive and playful, emotionally supportive, and developmentally stimulating (UNICEF, 2017).

## Parenting programmes

are a set of activities or services aimed at improving how parents' approach and execute their role as parents, specifically their parenting knowledge, attitudes, skills, behaviours, and practices (Daly et al., 2015). The term 'programmes' is used to encompass interventions and initiatives.

# How the Compendium is organised

**Part one:** key themes and lessons learnt from evidence-based parenting programmes presented at the African Regional Convening. Learning and recommendations for policy-makers, research institutions, implementing organisations.

**Part two:** 1-page summaries of parenting programmes, a national strategy, and an implementers network.

**At a Glance Table:** compare key components of the parenting programmes  
**Clickable Map:** countries where programmes are implemented



# Key Themes







## Target Group

- Different target groups = different needs = different programmes  
Parents of young children, parents of children in middle childhood, parents of children of all ages, fathers, adolescent parents, etc.



## Implementation

- Who delivers the programmes  
NGOs, local NGOs, faith-based organisations, research institutions, government ministries, etc.
- How the programme is delivered  
A wide range of delivery methods are used, and often combined.





## Evaluation and Evidence

Development and adaptation of programmes informed by research and evaluation studies.

Large variation in terms of the depth and breath of evaluation.



## Scaling

Programmes are at different stages of scaling-up and there are different approaches to scaling:

- National policies and agendas for parents
- Multi-sectoral approach
- Integration in government systems
- Network of implementers



# Facts and Figures

**26** evidence-based parenting programmes  
**1** national strategy  
**1** implementers network

**20** single-country programmes  
**8** multi-country programmes

## FOCUS AREAS\*



Violence Prevention  
(12)



Early Childhood Development  
(16)



SRHR and HIV  
(6)



General Health  
(8)



Mental Health  
(8)



Men's Engagement  
(5)



Adolescent parents  
(5)



Nutrition  
(5)



Strengthening family relationships  
(4)



Financial Skills  
(3)

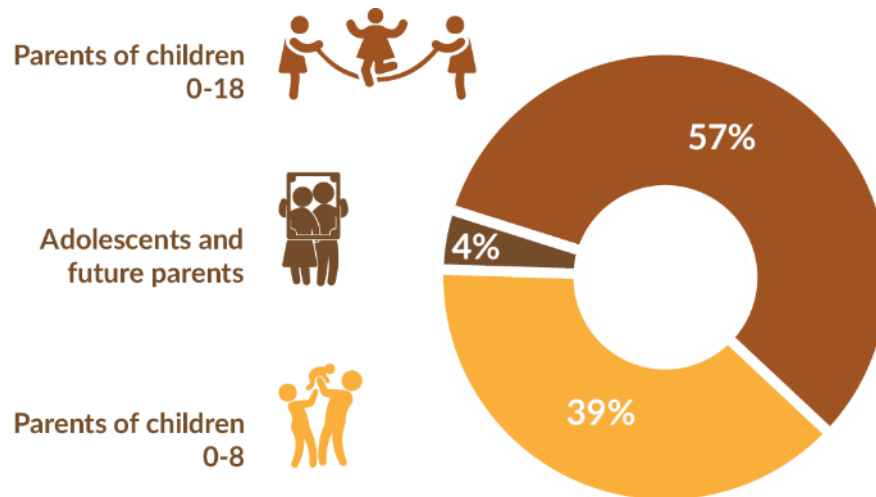
\*Please note that most programmes focused on more than one thematic area.



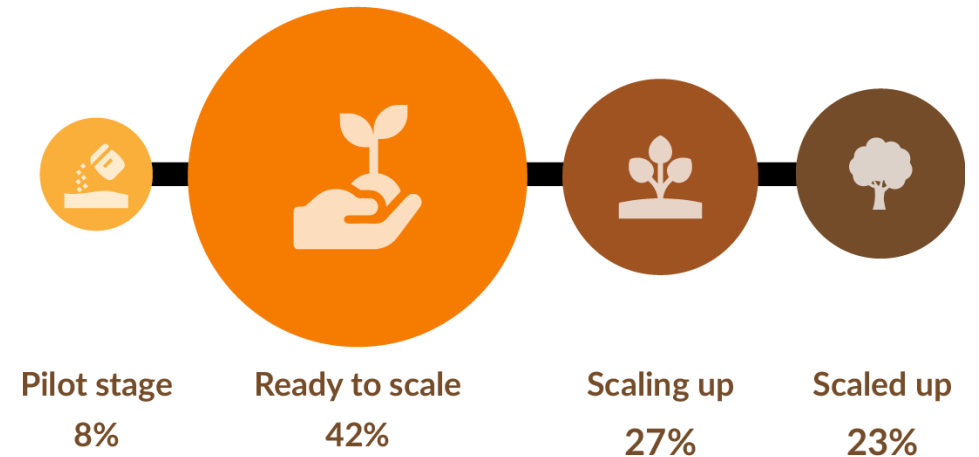
# Facts and Figures



## TARGET GROUP



## SCALING STAGE





# Recommendations





## For Policy Makers



- Parenting support is most effective when delivered in **integrated packages of support**, tailored to meet the needs of the target group and at critical moments, e.g. during pregnancy.
- Integrate parenting support in **government universal health services**
- **Men's and father's engagement** improves the outcomes of parenting programmes.





- Parent support programmes are most likely to be successfully scaled when:
  - they have **political and financial support** from the government
  - they have a continuous **monitoring and evaluation** system
  - different stakeholders and sectors are involved





## For Research Institutions



- **Sufficient and flexible funding** for quality and longitudinal studies is necessary to ensure:
  - Quality
  - Sustainability
  - Scalability
- Equally important to support **small-scale pilot interventions** as well as **multi-country parenting programmes** with cultural adaptations.
- **Participatory research** approaches must be considered





# Designing and Implementing Considerations





## Target Group

- **Assess the needs of children and parents**, with particular attention to:
  - Children in alternative care
  - Street connected parents and their children
  - Parents of children with disabilities
- Consider **multiple caregiver contexts**.
- Base the design on:
  - Needs assessment
  - Research evidence
  - Lessons learned during pilots







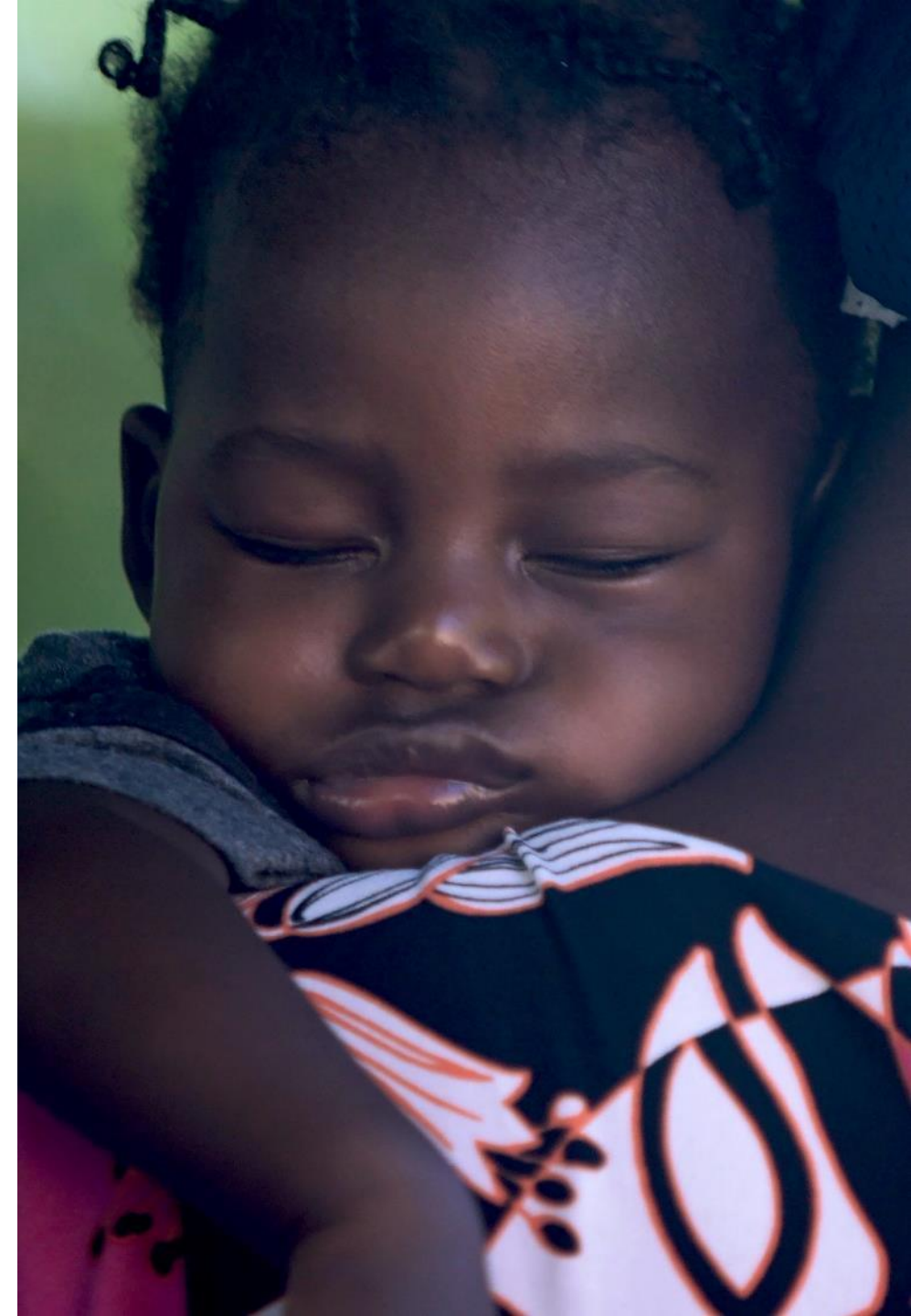
## Implementation

- Successful parenting support packages and curricula combine:
  - **knowledge**, such as about nutrition and mental health;
  - **skill-building**, such as managing stress and resolving conflict;
  - **personal reflection**, such as parenting style.
- Family strengthening interventions benefit from **separate coaching for fathers and mothers**, as well as couple's coaching.
- During planning and delivering, the importance of building **strong social networks** must be kept in mind, be they:
  - within the extended family
  - amongst peers
  - in the (faith) community.




















































## Scaling

- Consider which kind of support is best provided by qualified professionals, and which support can be provided by trained volunteers, paraprofessionals or peers.
- Consider the advantages of **digital delivery** of programmes, but don't ignore the value of **in-person** support.
- Integrate parenting support into **routine contacts** parents have with health and education services.

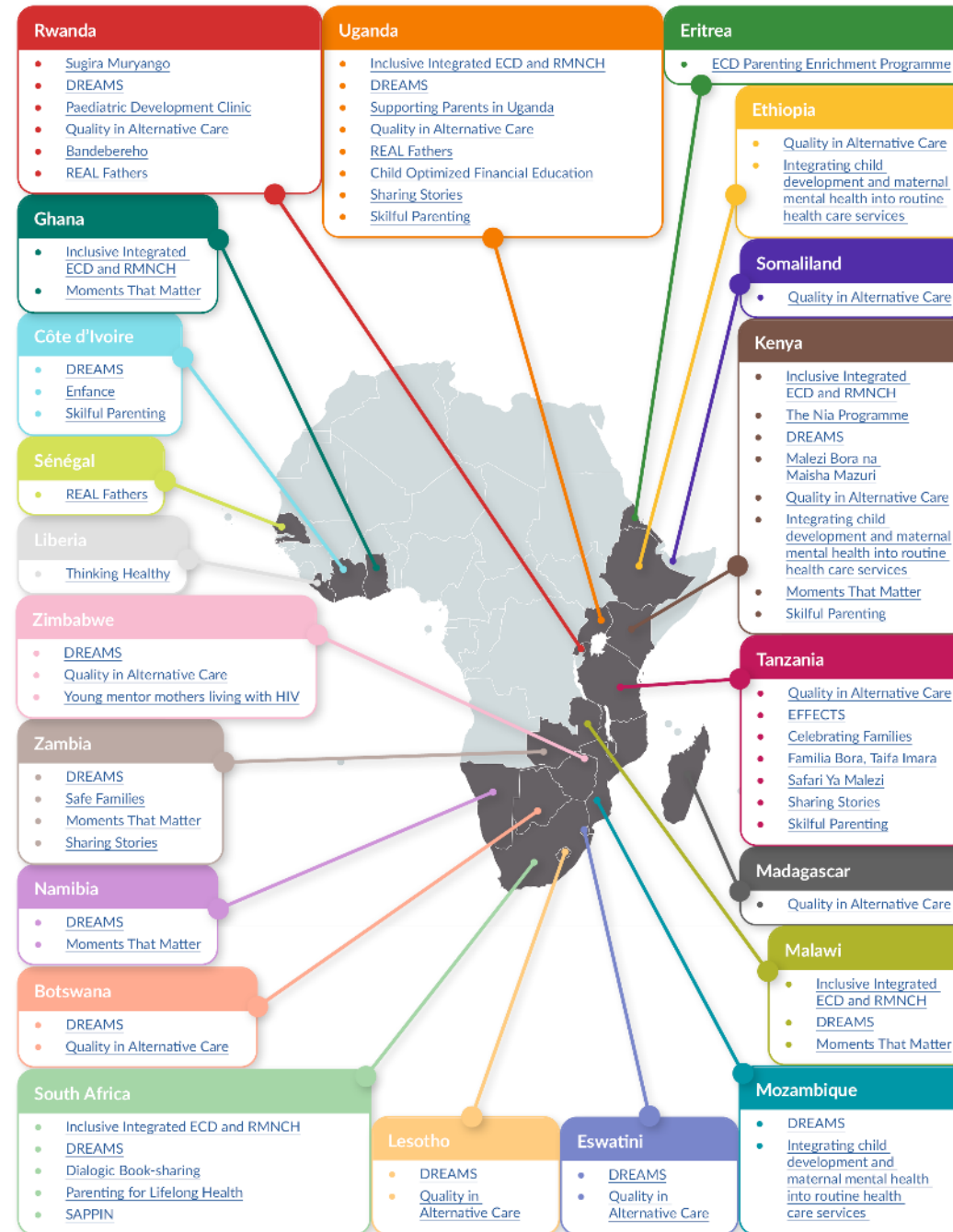




At a Glance

Name	Countries	Parents of children aged:			Focus Area										Scaling Stage			
		0-8 years	9-12 years	13-18 years	Early Childhood Development	Adolescent Parents	Mental Health	General Health	Nutrition	Violence Prevention	Strengthening Family Relationships	Men's Engagement	SRHR and HIV	Financial Skills	Pilot Stage	Ready to Scale	Scaling Up	Scaled- Up
																		
1 <a href="#">Sugira Muryango</a>	Rwanda																	
2 <a href="#">Inclusive Integrated ECD and RMNCH</a>	Ghana, Kenya, Malawi, South Africa, Uganda																	
3 <a href="#">Empowering Young Mothers in Rural Lesotho</a>	Lesotho																	
4 <a href="#">The Nia Programme</a>	Kenya			 *Intended for adolescents and future parents														
5 <a href="#">DREAMS</a>	Botswana, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda, Zambia, Zimbabwe																	
6 <a href="#">Paediatric Development Clinic</a>	Rwanda																	

# Map





# Example of Summary (1)

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## DREAMS

(Determined, Resilient, Empowered, AIDS-free, Mentored and Safe)



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**FOCUS AREA**

Adolescent Parents

**Implementing Organisation**  
PEPFAR

**Location**  
Botswana, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe

**Target group**  
AGYW (Adolescent Girls and Young Women) aged 10-24 and their partners and parents

**Implemented from**  
2015

**Reach**  
2.5-3 million girls and young women per year

**SCALABILITY**

DREAMS cooperates with local governments to integrate the programme into existing systems and to implement policy changes, such as ending restrictions on contraception access and increasing HIV prevention education in schools. There are no plans to implement DREAMS in more countries or more districts within countries for 2024.

**Background**

Social isolation, poverty, discriminatory cultural norms, orphanhood, gender-based violence, and inadequate schooling all contribute to girls' and young women's vulnerability to becoming infected with HIV. The uptake of sexual and reproductive health services by adolescents in sub-Saharan Africa is poor.

**Description**

DREAMS provides a comprehensive, multi-sectoral package of core programmes to address key factors that make girls and young women particularly vulnerable to HIV. The core package has four categories of programmes: programmes that empower AGYW and reduce their risk, programmes that strengthen families, programmes that mobilize communities for change, and programmes that reduce the risk of sexual partners of AGYW. Parenting programmes are part of the 'strengthen families' category and aim to increase parents' abilities to talk to their children about sexual health and promote safe sexual behaviours.

### Implementation

DREAMS uses a layered approach to address different needs at once by offering a variety of programmes. The girls and women in DREAMS get a mix of programmes tailored to them depending on their age and specific needs. The duration, frequency, and type of delivery depend on the specific programme. As an example, the 'Families Matter!' parenting programme is delivered in small groups with two trained facilitators, and occurs in 3-hour sessions, once a week, for 7 weeks.

### Evaluations and Evidence

[Literature Review, 2022](#)

### Outcomes

- Programs involving parents have shown to be very effective in changing HIV-related sexual behaviours among all youth (e.g., use of male and female condoms, delayed sexual debut, as well as decreased exposure to negative outcomes such as violence and abuse).

### Additional Information

[USAID DREAMS website](#)

[DREAMS core package of interventions](#)

[Modelling DREAMS impact](#)

DREAMS parenting programmes include:

- [Families Matter!](#)
- [Sinovuyo Teen and Parenting for Lifelong Health](#)

# Example of Summary (2)

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## Bandebereho (Role Model)

Gender-transformative couples' programme



Photo by TopSphere Media

### Background

There is growing evidence of the promise and potential of gender-transformative programmes with fathers to promote the health and well-being of their partners, children, and the men themselves. There is a need for programmes that provide concrete strategies to engage men in active fatherhood from prenatal care through delivery, childhood, and their children's early years.

### Description

Bandebereho engages men in maternal and new-born health, violence prevention, caregiving, and healthier couple relations. The programme uses fatherhood as an entry point to work with men and couples to promote men's active, non-violent, and equitable involvement in their children's lives. Takes a gender transformative approach, i.e., participants critically question and reflect on gender norms, or the social expectations for women and men, and their impact on their roles as parents and partners.

### Implementation

There are 15-17 weekly facilitated group sessions, between 2 and 2.5 hours each. Eight sessions are for couples together, the remaining are for fathers only. The groups are composed of the same peer groups from their own community. Each session focuses on a different theme and consists of critical reflection, activities, and discussion to transform gender attitudes and build relationship skills. Sessions are led by trained peer facilitators. Bandebereho is implemented in collaboration with the Government of Rwanda and the Ministry of Health.

### FOCUS AREAS

- Violence Prevention
- Strengthening Family Relationships
- Men's Engagement

**Implementing Organisations**  
Rwanda Men's Resource Centre (RWAMREC), Equimundo

**Location**  
Rwanda

**Target group**  
Expectant and current parents (fathers) of children under 5 years.

**Implemented from**  
2013

**Reach**  
As of 2023, the programme has reached more than 35,000 parents

### SCALABILITY



By 2025, Bandebereho, together with RWAMREC, RBC and Equimundo, will have reached 80,000 couples with at least 35,000 children under five years in three Districts of Rwanda by integrating the programme into the existing government health system.

### Evidence and Evaluation

Randomised controlled trial, 2018 Data was collected at baseline, 9 months, 21 months, and 76 months.

### Outcomes

The programme has prac At 21- months (16 months after the end of programme):

- Greater attendance and male accompaniment at antenatal care
- Women report less past-year physical and sexual inter-partner violence
- Less child physical punishment
- Greater contraceptive use
- Higher levels of men's participation in childcare and household tasks
- Less dominance of men in decision-making.

### Six year follow-up of initial RCT, 2023 :

- Women report less past-year physical, sexual, economic, and moderate or severe emotional inter-partner violence.
- Couples report less child physical punishment, fewer depressive symptoms and less harmful alcohol use.
- Improved mental health seeking, father engagement and division of household labour and decision-making.

### Additional Information

[RAMREC's website](#)

[Fact sheet on initial impact](#)

[Programme P \(on which Bandebereho is based\)](#)

[Research protocol: six year follow up study](#)

[Facilitators Manual \(2021\)](#)



# THANK YOU

[afecn.org](https://afecn.org)

[support-parents.org](https://support-parents.org)



- AfECN can include their contact information here.

