Qualitative Post-assessment Study on the Impact of a Parenting Programme linked to the Palanhar Yojana Scheme in Dungarpur, India

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Finally, but not in the least, I would like to thank all the facilitators in the project sites in Dungarpur for their support during the post-assessment, as well as all the caregivers and children, for sharing their personal experiences and views during the discussions and interactions that were held.

20 November, 2018

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EXECUTIVE SUMMARY

This study is a qualitative post assessment of a Save the Children pilot parenting programme implemented in Dungarpur, India, with the objective of improving parenting practices of caregivers who are beneficiaries of the government Palanhar (caregiver) cash transfer scheme.

The study is a follow up of the qualitative pre-assessment conducted in April 2018 and aims to evaluate the impact of the parenting programme which includes 14 sessions. A selection of the programme is based on the International Child Development Programme (ICDP) which is founded on the idea that one of the best ways to develop children is to help caregivers build a better relationship with their children. Fundamental to the approach is to bring the child into the caregiver’s zone of empathy, and enhance the caregiver’s ability to attune with- and respond to the child’s needs and initiatives. The ICDP works with 8 guidelines for good interaction, which connect to three dialogue forms; Emotional, Comprehension (meaning), and Regulative or Behavioural dialogue. Participants were caregivers with at least one child in the age bracket 10 to 15 years old.

The purpose of this study is to evaluate the impact of the ICDP part of the parenting programme. Four methods to collect qualitative data were selected: Observation of parent-child activity using an adapted Dual Likert Scale; Three Minute Speech Sample (TMSS); In-Depth Interviews (IDIs) with caregivers, and Focus Group discussions (FGDs) with caregivers, children and facilitators. The qualitative analysis was focused on extracting stories of change and observing differences in the practices of caregivers in relation to the children relatable to the ICDP.

The findings indicate progress across several parameters related to the ICDP sessions. Overall, the findings from the TMSS show that caregivers are more able to talk about their children and their own role in a loving and supportive way. A number of caregivers have adopted a new perspective towards their children (e.g. being more aware of the fact that children need love and empathy to grow). Some parents still emphasize household work, obedience and academic attainment in their children as an important focus point in the parent-child relationship. Their accounts also reveal a sense of awareness of their children’s specific characteristics, and what their likes and dislikes are. This was quite different from the pre-assessments, where the speeches were shorter, more detached and included mostly references to the daily routines of the family.

Similarly, progression is observed regarding the ICDP guidelines, where some parents learned about ‘emotional dialogue’ (e.g. expressing love, emphasizing, asking and listening more to the child, holding the child close, praise a little bit, etc.), comprehensive dialogue (e.g. expanding and enriching the child’s experiences through imagination, and showing enthusiasm for the child’s learning) and ‘regulative dialogue’ (e.g. explain more and using positive limit setting). Noteworthy from the parent-child activity observations, is the non-verbal communication and connection that seem to exist between caregivers and children, and the harmonized ways of working together on tasks. Some parents also made more effort to make their children happy with small gifts (e.g. a self-made cricket bat) or helping them learn something new, as they learnt that love hunger can be more severe than hunger.

However, the FGDs with children, as well as the other sources of data, also indicate a relative lack of playtime or creative/enriching inputs for children. Role-plays with children show that children are
mostly occupied by school, homework and household chores, and caregivers also talk a lot about quality time in reference to working in-and around the house together. It is therefore suggested that the ICDP sessions could incorporate more examples, and perhaps creative and active exercises with parents, to encourage- and enable them to expand their children’s imagination or spend quality time in other ways than doing housework together.

Finally, it is important to consider the outcomes of this study, as well as the context in which this pilot study was conducted, to understand how the parenting programme can be enhanced in this setting. With regards to the ICDP programme, caregivers felt it was valuable to learn about parenting, and have a joint space where they could share challenges and be listened to. Nonetheless, considering the various contextual challenges (e.g. lack of time, space to conduct the sessions properly as well as logistic issues), there is room for improvement in operationalising the sessions and prepare them better before delivering.
INTRODUCTION

Save the Children has developed projects referred to as Child Sensitive Social Protection (CSSP) in a range of countries to reduce vulnerability and poverty of children by promoting improved sensitivity to children’s needs and rights as part of social protection programmes. In Dungarpur, India, one of the prime objectives of the CSSP project is to strengthen the government of Rajasthan Palanhar Yojana Scheme through a set of interventions that focus on improved parenting skills and improved life skills of children. The initiative is known as ‘Palanhar Plus’. The Palanhar Yojana (caregiver scheme) is a monthly cash transfer programme that aims to nurture, educate and provide health care to orphans and other vulnerable children in a family setting. The programme is available for all children under the age of 18 years who have lost one or both parents, or whose parents fall into any of the following categories: divorced, abandoned, imprisoned for life, or suffering from HIV, leprosy or disability.

The Palanhar Plus initiative is essentially an approach based on the notion that cash or social protection benefits flowing to households is not enough to enhance children’s wellbeing, but that caregivers require sensitization on how to ensure children’s development. Parenting is seen as a key intervention to achieve this and set of 14 parenting sessions have therefore been developed for the caregivers focusing on improving the relationship between the caregivers and their children, family budgeting, gender equity and the value of education.

A cooperation was formed with the International Child Development Programme (ICDP) which was introduced as the cornerstone for the parenting intervention. The ICDP is a universal parenting programme focused on positive interaction between caregivers and children. It emphasizes an empowering approach to encouraging further development of caregivers’ parenting skills. It is in use in over forty countries worldwide and has been shown to be easily adapted to different cultural contexts. Research studies indicate many positive effects for caregivers who participate in the ICDP interventions, including the development of more positive parenting strategies, improved self-confidence as parents, improved familial relationships, better psychosocial and general health and life quality.\(^1\)

Fundamental to the ICDP approach is to bring the child into the caregiver’s zone of empathy, and enhance the caregiver’s ability to attune with- and respond to the child’s needs and initiatives. The ICDP works with 8 guidelines for good interaction, connected to three dialogue forms; Emotional, Comprehension (meaning), and Regulative dialogue (see table 1).

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### Table 1. ICDP dialogues and guidelines

<table>
<thead>
<tr>
<th>ICDP dialogues</th>
<th>ICDP guidelines *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Dialogue</td>
<td>1. how do you express love to your child?</td>
</tr>
<tr>
<td></td>
<td>2. how do you follow and respond to your child’s initiative?</td>
</tr>
<tr>
<td></td>
<td>3. how do you establish close communication with and without words?</td>
</tr>
<tr>
<td></td>
<td>4. how do you show appreciation and praise your child’s efforts and achievements?</td>
</tr>
<tr>
<td>Comprehension Dialogue</td>
<td>5. how do you help your child focus on things/ situations in the environment?</td>
</tr>
<tr>
<td></td>
<td>6. how do you convey meaning and enthusiasm to your child’s experiences?</td>
</tr>
<tr>
<td></td>
<td>7. how do you expand and enrich your children’s experiences through explanations,</td>
</tr>
<tr>
<td></td>
<td>comparisons and fantasy?</td>
</tr>
<tr>
<td>Regulative Dialogue</td>
<td>8a. how do you help your child learn rules and values? Do you set limits in a</td>
</tr>
<tr>
<td></td>
<td>positive way?</td>
</tr>
<tr>
<td></td>
<td>8b. how do you help your child plan and carry out activities and projects, step by</td>
</tr>
<tr>
<td></td>
<td>step?</td>
</tr>
</tbody>
</table>

*ICDP guidelines are used as questions for caregivers to explore in everyday interactive situations.

As the ICDP sessions are built around learning and practicing these skills, the current study focuses on understanding how these lessons have been integrated into the parenting practices of caregivers in relation to their children. In Dungarpur, ten facilitators were trained on the ICDP programme. For the current pilot parenting programme, caregivers of children aged 10 to 15 years old were recruited into parent groups. A qualitative and quantitative baseline study was conducted in March 2018. Subsequently the parenting programme was rolled out between April and August. Some 100 caregivers were enrolled in groups of approximately 10 members, following a total of 14 weekly sessions of which the last 7 sessions are based on the ICDP content and hence form the main focus of this post-assessment.

In understanding the impact of the ICDP in Dungarpur, a tribal district in Rajasthan, it is important to consider the ongoing challenges that are experienced at community level due to low economic growth and sparse livelihood opportunities. In this context of comparatively poor economic conditions, stress and trauma (e.g. ill health, death and marital break down) is abundantly experienced by poor households. In addition, the pre-assessment signified a lack of dialogue and (positive) interaction between caregivers and children. For this study, FGDs, IDIs and observations were used to comprehend and sensitively grasp how the ICDP actually works to support caregiver’s in relating positively to their children.

Objective: the purpose of this qualitative study is to understand the impact of the ICDP on the parenting practices of caregivers, as well as the positive relationship between caregivers and children, in Dungarpur, India.
**Methodology**

The Save the Children research team in India consisted of one external, independent research consultant and six trained ICDP facilitators who are also otherwise part of the SC team. As there was some familiarity with the tools already, the methods were discussed among the team members and adjusted to include questions focused on lessons learned from the ICDP. The six ICDP facilitators were involved in the data collection process to ensure enough rapport and trust while visiting the households. The interviews were conducted by the external researcher, and translated by the local staff. The same number of caregivers as involved in the pre-assessment were followed up in the post-study. All participants were asked to give their consent to participating in this research after having been instructed about the process. All the research activities were recorded on video and audiotape, and also transcribed. The analysis of the data was done through a semi-open coding process, looking for relevant themes and categories to understand the changes that could be linked back to the ICDP principles.

Triangulation through the cross referencing of various data sources, as well as the use of different methodologies, helped to validate the data. The following research tools were used in the post-assessment; all of them the same as in the pre-assessment study, apart from the added In-Depth Interviews (IDIs):

- 3-Minute Speech Sample (TMSS) with 8 caregivers.
- Parent-child activity with 12 caregivers (minus two who dropped out from the parenting programme)
- In-depth interviews (IDIs) as follow-up on the 3-minute speech or parent-child activity with 4 caregivers.
- 2 FGDs with approximately 7 caregivers in Panchayat Surata and Khempur.
- 2 FGDs with approximately 6-8 children in Panchayat Mandela Upli and Khempur
- 1 FGD with 6 facilitators at the SC office in Dungarpur.

**3-Minute Speech Sample**

The TMSS tool has been adapted from the original Five-Minute Speech Sample, which is a method used to assess caregivers’ expressed emotion with respect to a member of the family with mental illness. Subsequently it evolved to investigate parent-child relationships and interactions in a broader sense. The tool is described by Sher-Censor (2016) as holding strong potential as a brief and richly informative tool for indexing parent-child dynamics, and particularly affective dimensions of the parent-child relationships, in both research and clinical settings. The tool also helps to start the research with an open, inductive approach, allowing any sort of relevant data to come up without steering it towards any expected outcome parameters (such as those formulated by the ICDP). The TMSS was therefore chosen to, first, gain insights into the general perceptions of caregivers on the children, and their relationship, by inviting them to speak on this unreservedly.

Discussions prior to the pre-assessment led to a shortening of the speech to three minutes, as the caregivers in the areas in which the CSSP operates are not used to speaking spontaneously about their children.

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In our study, the caregivers are asked to talk for three minutes about their focus child and their relationship with him or her. In case the parent would stop talking, the interviewer would wait for approximately 30 seconds, before urging the caregiver to speak a bit more. In case the caregiver would stop entirely, the TMSS was followed-up with questions related to the emotional, learning and regulative dialogue patterns of the caregiver with the child. These questions were based on the three interaction dialogues of the ICDP.

In the current setting of this pilot study, the free-flowing speech part of the TMSS was used predominantly to understand the perspective and attitude of the caregiver towards (their) children. In the ICDP it is emphasized that caregivers should look at the child as a person, with his own needs, wishes, qualities, etc. This is often referred to as a humanistic approach. When comparing the pre-assessment with the post-assessment, a 5-point Likert Scale was used to measure to what extent the parents have adopted this Person-centred approach to the child (see Appendix, table 1).

**Observation of parent-child activity**

For the purpose of understanding how the ICDP programme worked through to the actual practices of caregivers and relationship dynamics between caregiver and child, a short activity in which both caregiver and child are involved, would be observed. The activities could be anything easily performed around the home, ranging from e.g. cattle herding, farming, telling a story, lighting a fire, or preparing a meal together.

A five-point Likert Scale adapted to register examples of the three interactive dialogues in the ICDP was used to evaluate the practice. It was expected that the ICDP would have a positive impact on most of the parameters as displayed in appendix 2. The scoring was done by two facilitators (here a consensus was reached), and by the caregivers themselves. The final scoring represents an average of these two outcomes.

**In-Depth Interviews (IDIs) & FGDs for understanding Most Significant Change**

Finally, to create space for caregivers, children and facilitators to share their experiences and perspectives on what changed through the ICDP, individual interviews and group discussions were held. The IDIs were generally conducted as follow-up to the TMSS or parent-child activity and focused on lessons learned, practical implementation, previous and current challenges, general experience of the ICDP sessions, future dreams and suggestions for improvement (see Appendix 3 for the topic guideline). FGDs held with caregivers followed a similar structure, but were particularly focused on collectively gathering the lessons learned, and eliciting stories of Most Significant Change (MSC) (see Appendix 4). Finally, the FGDs with facilitators was focused on evaluating the individual ICDP sessions and scoring them together on a 5-Point Likert Scale, after which the original objective, actual practice, and impact of the sessions on caregivers was discussed. Similarly, the facilitators were invited to share suggestions for improvement (Appendix 5). Finally, for the purpose of triangulation, children were also

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4 This is the child that the caregivers choose to focus on when the pre-assessment took place. During the post assessment, the inquiry was based on the same child, as that would enable more systematic comparison.

5 Most Significant Change technique is a qualitative and participatory tool commonly used in monitoring and evaluation research. The idea is to eminate stories on what actually happened in a particular field. It is an often used tool to capture what has changed, for whom, and why.
asked to participate in a group discussion. Predominantly through role-play, drawing and games, the children were gently invited to share anything they noticed had changed in their family setting, or in the parent-child relationship\(^6\) (Appendix 6).

**RESULTS**

The results will be presented in the following order. In the first part, the results from the 3-minute speech will be interpreted and described based on the Likert-scale average scores, as well as their responses to the follow-up questions. Similarly, and following the TMSS, the results of the parent-child activity will be presented, and the overall interpretation of the changes observed in the parent-child interaction will be described.

In the second part, the relevant themes that came up through the data analysis of the FGDs and IDIs will be explained with regards to the ICDP sessions. In this section, stories of significant change will also be presented to support the analysis\(^7\).

**THREE MINUTE SPEECH SAMPLE (TMSS)**

All together eight mothers participated in the three minutes free flow speech in the pre- and post-assessments. In this activity, similar to the pre-assessment, mothers were asked to talk freely about the child as long as they could. The TMSS scores show that, based on how and what the caregivers shared during just the free-flowing speech, some changes are witnessed between pre-and post-assessment. Although these parameters have not been used and validated in studies before, we treat these parameters as important indicators for the level of awareness on the caregiver’s role in stimulating the child’s development (as intended by the ICDP).

The first parameter looks at the length of the speech itself, as well as the level of detail and variation in the sharing. The second parameter looks at how caregivers refer to their own role, e.g. whether the caregiver is aware of the fact that her attitude and approach affects the child’s positive development. The caregiver, for instance, might make references to how her level of attention and presence to the child’s needs/questions impacts them. The third parameter, more specifically, tests the level of interest and awareness of the caregiver in their child’s unique character. The caregiver might, for instance, make references to the child’s ways of responding to him or her, or what, at the moment he or she is learning about the world. The fourth parameter, finally, looks at the caregiver’s perspective on the child. Caregivers might refer to their child as an object (e.g. talk about the child as needing to fulfil certain chores, objectives and generally obey the caregiver’s wishes, in order to have value) or as a person (e.g. talk about the child as valuable as it is, deserving respect, and needing love and attention to grow). In Table 2. below, the individual scores of 8 caregivers are displayed, while the average before- and after scores of all caregivers is visualised in Graph 1.

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\(^6\) It is generally more difficult to yield reliable data with young children, due to their respective cognitive development stages, as well as the sensitive nature of asking direct questions to children about topics that affect them. Similarly, materials such as drawings or roleplays can be more difficult to interpret correctly. As such, comparatively less input for this study was derived from the FGDs with children.

\(^7\) The quotes used in this report are a direct English translation of the respondent’s account in the local language. It was decided to leave the quotes as much as possible unedited to represent the way respondents formulated their thoughts in this study.
### Table 2: TMSS pre- & post- assessment scores for individual caregivers

<table>
<thead>
<tr>
<th>Caregiver/district</th>
<th>Item 1</th>
<th>Item 2</th>
<th>Item 3</th>
<th>Item 4</th>
<th>Item 1</th>
<th>Item 2</th>
<th>Item 3</th>
<th>Item 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother 1 Charwada</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Mother 2 Charwada</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Mother 3 Charwada</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Mother 4 Kakradro</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Mother 5 Kakradro</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mother 6 Kakrado</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mother 7 Jhothri</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mother 8 Jhothri</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

**Mean**

Pre-assessment: 0.63  0.625  0.75  0.75  3.17  2.337  3.17  2.67

### Graph 1: TMSS: average pre- and post-assessment scores of caregivers.
For most of the caregivers, speaking for three minutes freely was a rather unfamiliar endeavour. The average duration of the speech during the pre-assessment was between 38 seconds to 2.24 minutes. The longest speech was eighteen sentences, the shortest six sentences. This positively improved with parents speaking somewhere between 2 and 5.13 minutes during the post-assessment. The shortest speech was 17 sentences long, while the longest was about 38 sentences. It could be that caregivers have become more used to sharing with others, either through the ICDP program, or the repetition of the method, but it could also indicate an enhanced ability in caregivers to reflect on their child’s particularities. In any case, caregivers provide a richer account on their children, and their sentences seem also less staccato-like; while speeches during the pre-assessment included mostly short sentences, with fewer detail, post-assessment reveals more flow. For instance, mother 1 (from Charwada) shares during the pre-assessment the following (complete) account:

‘My son studies in 8th class. I have not heard anything wrong about him till today e.g. fighting with others or went away with anybody without informing. Always engaged in studies. Right now, he is in school. Only study and not engaged much in anything else. As he has no father, so he does study as well as farming and takes care of the entire house. He does all the work which I feel he should do. He does not go out with anybody.

This was expanded to a rich account on how much the mother loves the child, and what they do to share time together. The mother includes references to things the child has said to her, and how he responds to her and activities or objects. A small excerpt of her longer lasting post-assessment speech includes, for instance, the following text (Box 1).

<table>
<thead>
<tr>
<th>Box 1: post-assessment, mother speaking about her son.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I love him and talk to him with love. When I love him, I know that he feels very good that his mother loves him a lot. When he feels good, he comes to sit with me and sometimes we work on something together. For example, when I share with him that we have to work together, then he asks what sort of work we have to do. Then I share that: ‘Now, when there is water in the field, we have to grow paddy in our land.’ Then he says: ‘Mummy, you start sowing in the land, I will support in cultivation.’ I give him company while he ploughs the land and also make him cautious about the risks in cultivation. When he feels hungry after he comes back home, I appreciate him and touch his back with love. I then give him food. Then again, we go together to the field and collect all the paddy seeds. I teach him the process and share with him how to collect the paddy seeds, otherwise it will be of no use. So, doing this slowly while also give him company in sowing the crop, teaches him how to sow it straight, as well as the entire process.</td>
</tr>
</tbody>
</table>

With regards to how caregivers talk about their role in stimulating their child's development, the importance of preserving the livelihood of the whole family, as well as improving the outlook of the future, is resembled both in the pre-& post assessments. This is particularly true for many of the mothers who raise the child without a father or families with an orphan child. For instance, mother 2 (from Charwada), talks in the pre-assessment about how she aims to educate him, so he can progress and one day take care of her (box 1).
Box 2: pre-assessment, mother speaking about her son.

The situation is very difficult. I used to teach him and that is why I kept him in class first, then in second class.. anyhow, I know I have to somehow teach him. I put in efforts to wake up early in the morning to wake him up and tell him that I have kept some water for him to clean his teeth, that he can have some tea, take breakfast and go to school. Then he goes to school. When he comes back, then I have to do again chores. I have to wash his clothes. He will say: ‘Mother, I need shoes, shocks, belt, books, pen.’. I put in all the effort to bring these things for him. Because I have to teach him anyhow. Not much perhaps, but at least 12th standard. If he completes this, then he could enter college. I will not have much worry for him. If he progressed, it is better. If we suffer a lot for him, it is ok. But our child should gain a proper direction. Sir, you see, by doing this, I can manage and teach him. You are seeing that I am doing much labour work. I should be satisfied from within. His father is no more, so at least I should be satisfied that he will get job and I will be in comfort one day.

Nevertheless, there are also caregivers who speak slightly differently about their role in the post-assessment, in a way that displays a sense of care for their child’s emotional and social development. Mother 8 (from Jhotri), for instance, shares the following about her son:

‘Sometimes, when he comes home with a disheartened face, I ask why he’s upset. I ask again and again so I can know how to help him. Then he shares that some of his peers tease him which he finds irritating. Then I suggest him not to react in a same way as it will harm him. I suggest him also that if your teacher tells you something, you should listen to him, as it will enhance your skills’.

The same mother seems also more aware of her child’s qualities, likes and dislikes, and shares in more detail about his love for certain sweets, his abilities in school, the suggestions he makes for the farm, and how much he likes his family members (item 3 in the graph). This is also observed in the accounts of some other mothers, such as mother 5 (from Kakrado), who shares enthusiastically about some funny interactions she has with her daughter:

‘She always says bye-bye, while going to school. She goes to school after taking bath and says bye-bye when she leaves. When she back from school, I tell her to change your cloths, you have come, madam has come and she come at the door with a big smile. She likes it when I call her madam’

Mother 4 (from Charwada) also shared differently about her role, but more with regards to her ability to support her daughter’s skill development. While during the pre-assessment she speaks quite plainly about what her daughter does (chores and school), she expands in the post-assessment on how she tries to work together with her daughter and how step by step she supports her learning.

Finally, with regards to the way caregivers perceive their children (either as object or person), the data is not so straight forward. In general, the pre-assessment speeches more bluntly reveal the idea that children have an important role in supporting the family, both now (by participating in household chores, etc.) and in the future (by doing well in school). Children also have a role in making their parents proud when they do well in academics. During the post-assessment, caregivers still display this notion, but it is now accommodated with more care for who they are, besides their family/academic role. A good example of this is found in the post-assessment speech of mother 6 (from Kakrado) (box 3). The mother seems to appreciate her daughters’ obedience and calm nature (which often seems to be
demanded from children, particularly girls), as well as her school attainment, but also lovingly shares about her daughter’s characteristics and enjoyments.

**Box 3: post-assessment: mother speaking about her daughter.**

*My name is .. My daughter’s name is …. She currently studies in class 5th in a local government school. When we wake up in the morning, she does all her work, gets ready and then goes off to school. She likes eating Dal, Malpua (a sweet dish), Roti and vegetables. She likes wearing her Punjabi dress and she also says that: ‘Mummy I like the Punjabi suit!’, and “I like wearing bangles, ear rings, anklet, and necklace and like to do make up”. She likes dancing also, especially Garba (a Gujrati style of dancing). My wish is to prepare her well for her future and make her educated. She never gets angry to others and I like this behaviour. She does well in her studies. She helps me in farming and if something goes wrong, she will try to correct it. I know she does not linger around places where bad words are used, and she communicates her feelings with clarity and conviction. She always tries to engage herself in something and never wants to be idle.*

**Parent-Child Activity**

For the parent-child activity, 8 caregivers were asked to participate and, also to score their own ‘performance’. In general, caregivers were more likely to rate themselves slightly higher than the ICDP facilitators, but this got averaged out in the final score (see graph 2). With reference to the pre-assessment, most indicators improved significantly, so it would be more interesting to see which items stood out in terms of progress; these are item 3 (*holding an intimate dialogue with- and without words*), with about 2.5 points difference, and item 4 (*praising and giving approval*), with about 3 points difference. Finally, there were items that did not improve so much, such as e.g. item 7 (*expanding and enriching the child’s world*) and to some extend items 8a & 8b (*about positive limit setting and scaffolding*).

When regarding item 3, it is interesting to notice that while parents engage their child in a certain activity (e.g. cooking a meal, feeding the cows, or sharing about what happened in school), an intangible sense of harmony was often communicated; a sense of knowing each other and knowing how to work through the motions together. For instance, in one post-assessment activity, a grandfather and his granddaughter fed the cows together. They got to the activity in a comfortable manner, and the girl held a great smile on her face throughout the activity and an energetic pace in her movements. The entire time, the grandfather and the girl did not speak, or hardly exchanged words. They moved in succession from one place to another; the grandfather pumping the water up, while the girl held the plate up to catch it. Then the girl would move to the cows and feed them, while the grandfather collected some solid food for the cows. Although there was no verbal expression of closeness, or even physical nearness to speak of, the harmony and comfort in the motions of this activity did portray this sense of warmth between them. These are hard concepts to observe, but still it was there.

Similarly, this sense of comfort was observed in other situations. In general, a physical distance was preserved between caregivers and the child (who are all between 10 and 15 years old). The video footage commonly shows about one meter’s separation between the two, and even in the way the child and the caregiver positioned themselves towards each other, (slightly turned off) a sense of reservation perceivable. At some point, when a mother pulls her son in, after a cooking activity, it
seems that this creates an awkward feeling in the son. Yet, his sense of trust and love for his mother, and vice versa, is clear from the way they conducted the activity of cooking together. As if they were in ‘this’ together. Similarly, we asked a mother, for the activity, to have a conversation with her daughter about what happened with her at school today. The mother had difficulties asking her about her day, but after some time a brief conversation did occur. There was some shared smiling and also some eye-contact between the two. The child looked openly at the caregiver and waited for her to ask something. She replied whenever the caregiver did ask something, even when the caregiver looked a little shy and away from her at times. It seems that this sense of confidence in the caregiver was less strong during the pre-assessment. As such, during pre-assessment, parents were more avoidant, which might have been improved later through the ICDP program’s focus on expanding the caregiver’s zone of empathy.

Item 4 was also scored rather high by both caregivers and facilitators during the post-assessment. It seems that particularly the sense of confirmation (e.g. nodding and smiling when the child does something, or saying ‘thank you’) was more often observed. One mother praised her daughter for doing wonderful work. Still, it seems that verbal praising is not very commonly done. There were ample opportunities for the child to be actively praised, but it was more the silent confirmation that was communicated between the two (or perhaps the absence of negative feedback). On a small side-note, it was observed during an FGD with caregivers, that they were very open and able to praise the child who had just come in the house, whenever the facilitator guide invited them to do so. Their praises were highly varied and ranged from praising her for always being so welcoming to them, to being beautiful and kind, to being very active. They seemed to also enjoy doing this. However, in a different FGD, caregivers were less open to do this with an older child, and actually turned, instead, to a younger child that was also present in the space of the house. When asking about the reasons behind this, the caregivers confirmed that it was easier to show such affection to a younger child than an older child. In fact, by this particular group, children were already regarded as ‘adult’ from an age of about 13, which might prevent them to actively praise older children. The caregivers from the other group, however, shared that they learned to show affection to older children as well.

Finally, guideline 7 was scored comparatively lower than the other items, as caregivers were not to a very great extent using their interaction with the child as an opportunity to expand or enrich the child’s imagination or world. While it could be that parents use the activity (e.g. cooking or feeding the cows) as a way to e.g. ask questions or tell stories around the origin of the food, or what they could do with the food, or about the experiences the animals on the farm might have (just as an example), generally there was not much expansion happening. The reason, perhaps, why they did score this item higher, is because the caregivers did to some degree ask more questions to the children. But in general, caregivers might find it hard to expand their child’s experiences, due to lack of exposure and education received on their part.

Similarly, guideline 8a and b, respectively concerning positive limit setting and scaffolding were scored less high. The first, positive limit setting, is hard to observe in general, yet some caregivers were able to explain a bit more about why the children should or should not do something. The final item, 8b, reflects the caregiver’s ability to create a space in which the child can learn step-by-step something new. Some caregivers, in the activity, showed a way of holding the child’s attention with their attention, and leading them through the different stages of the activity. Most of the activities, however, although created in a way to allow all ICDP guidelines to emerge, did perhaps too little to let this scaffolding be displayed well.
Graph 2. Pre- & Post-assessment scores of the Parent-Child Activity

**FOCUS GROUP DISCUSSIONS & IN-DEPTH INTERVIEWS: LESSONS LEARNED**

The data analysis of the FGDs with caregivers, children and facilitators generated more in-depth information regarding the following:

- The overall experiences of caregivers as participants of the ICDP.
- Lessons learned, examples of practical implementation, and the family’s response to the change.
- The practical implementation of the ICDP sessions and suggestions for improvement of programme in the current context.

**Overall experience**

When directly asking caregivers about their experience in the parenting programme, the overall response seems to be positive. They are happy the programme is here, for they could learn together about parenting and also it makes them feel emotionally supported. They also wished it to be continued. Again, some differences were found from FGD to FGD, and also between IDI’s, in terms of how enthusiastically parents shared about their participation. It seems that for some caregivers, the experience of the parenting programme was somewhat clouded over by the hardships they were otherwise facing. In one FGD in Panchayat Surata, caregivers would respond to the question on the ICDP, genuinely expressing their appreciation for it, but then jump towards a concern they had regarding their electricity bill, or some medicine or money they wanted but had not received yet. Similarly, one in-depth interview with a mother was stopped earlier, because she looked deeply disturbed or perhaps depressed about some other concerns she had regarding managing the household by herself as her husband had passed away.
On the other hand, in other IDI’s as well as in one FGD in Khempur, caregivers were fully engaged in the question and responded with great enthusiasm by several mothers, as followed:

‘I am so very happy! I learned a lot on how to take care of the children better. It is my duty to take care of the children but I am so grateful that somebody takes the time and care to come here and support us’.

‘I also feel very glad and supported. That someone asks about our challenges’.

‘She (facilitator) really teaches us the true things. How to love the child.’

‘I learned about joint focus and following the child’s initiative. So now, for instance, the other day I saw my child drawing and I was looking and asking how he was doing it’.

‘I am happy to have learned from other parents, and to communicate together. Share and discuss as friends.’

Another caregiver, explained during an IDI how the ICDP helped her:

‘The parenting programme is very important. Earlier there was never such thing as these meetings where I can meet other parents and talk about it together. I am very happy to be part of this and learn something. How to communicate with the children’.

Lessons learned and implemented

When asking caregivers directly about the benefits they gained from the program, the following topics were most emphasized (and with these wordings):

- **Empathy and emotional attendance**

When analysing the data on how the ICDP may have benefited or influenced the caregivers, it seems that for most of them, the programme supported them in thinking about how to express the love and affection that is inside them. Especially when the children are not so small (and therefore easily huggable) anymore. It was quite telling that, during one FGD, a few caregivers uttered with quite some passion: ‘we do love our children!’ And there is no question that the caregivers care for their children, but one of the eye-openers that parents shared was that ‘love hunger is sometimes worse than real hunger’. And that it is important to show their love through other ways than feeding and educating them.

It seems that caregivers learned the concept of ‘empathy’ through a story about a monkey who could choose to come to either a warm, cuddly looking monkey doll without food, or an iron robot-type monkey doll with food. In this story, the monkey chooses the warmth of the first doll. The sessions on empathy made them aware that, even without changing much in the course of the day, children benefit from being asked questions about their day, or to be allowed to share a bit more. Or to notice what they enjoy doing. Like one mother shared, when asking how she empathized now:

‘I see it in her face, when she is happy or when she is sad. When she is ill, or doesn’t feel good, I can ask her how she feels’.
Another mother said:

‘We should understand the feeling of the child also. When they come home sad, we should ask them how this happened. Was there perhaps someone bullying them, or did the teacher do something mean?’

Parents were also more able to show their affection physically, even to some older children. One mother, during an FGD:

‘The love and hugging is more for the children in young age, but we also learned from the programme that older children also still need understanding and hugs.’

Many caregivers also still share their love through taking care of children’s schooling. There is a lot of emphasis on making sure they have the right materials, and that they study well. It seems that caregivers strongly believe that education of the children will help them in the future. For instance, one mother shared that if her son does well in school, she does not necessarily praise him, but they do a Puja (Hindu Prayer). Nevertheless, one parent explained that the ICDP also taught them to not only put focus on education, saying:

‘I have to educate my children and give them schooling.... But.... Long pause.. education is not the only thing. There should also be play, some games’.

Finally, it is quite touching to see how caregivers make efforts to please their children with the means that are available. One father, explained that his child made a merry-go-round construction in the house with a few other children. Instead of getting angry, he helped them secure the instrument better, and felt happy when this made his son smile. Another mother explained that her son really wanted a cricket bat:

‘My child really wanted a cricket bat. He played really well, but he did not have his own bat and he really wanted to play with the other children who do have one. I then decided to make it by myself, with wood. It worked quite well, and because he was playing well, I also told him he did good.’

These examples could also be seen as ways to enrich the child’s experiences, and help them learn new things (referred to in the ICDP as ‘comprehensive dialogue’)

• Expanding the world of the child

During the parent-child activity, it was already observed that children do not seem to receive very much exposure to new things, or incentives to learn from their parents. Equally, when parents say anything in reference to their child’s learning or cognitive development, it is often in relation to chores or activities that ‘need to be done’. Parents share that the ICDP has supported them in explaining, step-by-step, how certain activities are best conducted. They appreciate that by taking the time, children learn more.

The FGDs with children similarly reveal that not much time and creative exposure is given to expand the children’s imagination. While doing various types of games, the children seemed somewhat subdued and unfamiliar to ‘play’ with adults in general. There was an excitement and eagerness to take part but their general lack of response to certain cues or indications (even as most of it was done in their own language, and co-facilitated by the ICDP trainers). Similarly, during home-visits, when
giving some input to the younger children (e.g. a small riddle), even the older children would try to come a bit closer and learn from this. It could indicate that there is in general a thirst for more knowledge and ‘being guided’ to learn something new. Finally, during the FGD, role-plays were done with children to see what a normal day looks like for them. Most of the plays revealed the same pattern: waking up- doing some chore- going to school- come back home- receive an indication from the caregiver on what chore to do next- do the chore (e.g. washing something, or feeding the cattle)- come back and do homework- go to sleep. When asking children if they receive praise for these activities sometimes, or they do some other things together, not much response was given. Only one girl said she was praised for dancing well, during Independence Day. Nevertheless, some caregivers did share they were more aware of the fact that, as a parent, they could play a role in expanding their child’s world. One grandfather beautifully shared the following:

‘As a person I had to learn everything myself. Everything I learned in life I had to learn it very slowly, by trying it and then failing and then trying again. But the parenting programme has shown me that in fact I could teach her. I can make it easier for her by sharing some of the things I’ve learned’.

Whether this is actually implemented is not entirely sure yet (as mentioned earlier, the same grandfather was relatively silent during the parent-child activity), but the intention and change of mind-set seems to be there for many of the respondents. In fact, one mother explained that the programme helped her remember a game she used to play when she was very young. She had never thought about it anymore, but now she explained it to her son. With a little more encouragement, she might also actually play it with him.

- Setting limits and using punishment

An important topic, finally, is the way caregivers talk about punishment with regard to the children. More than progressing in terms of positive reinforcement and encouragement, the possible reduction of, what could be seen as, damaging parenting strategies, such as e.g. beating, spanking and scolding, is a definite marker of change. And the stories told here by caregivers were quite remarkable. For some caregivers, the ICDP seemed to have reinforced and supported them greatly in dealing with their anger in different ways. For instance, one mother explained that it made her angry when she felt her daughter was too lazy. She now says:

‘she is a bit more active now.. less lazy. Always I would scold and frighten her at first, but now I try to spend a little more time with her, and explain the value of being more active at school’.

Some discussion happened between parents on what to do with anger. Some of the elder women still believed being angry was good sometimes, particularly to girls. She said:

‘Actually, if I’m honest, I feel that there are differences between a boy and a girl. And I feel that a girl should do more household chores and work than the boy. And also, I think that sometimes it is still important to become angry with the children. Because I’m a grandmother and I’m alone, I need to make sure that I control them and prevent them from doing bad things. I need to tell the girl that they are supposed to learn chores and stay at home.’

However, this was opposed by the rest, who felt that anger should not necessarily be expressed like that. One mother shared a story (box 4) about what she learned about beating her child. While she did
not necessarily learn her lesson through the ICDP itself, the sharing and learning about positive limit setting helps her relate to her child less harshly.

**Box 4. Caregiver explaining about her ways of punishing before and after the ICDP.**

*Well I have a different experience so I don’t agree.. One day, this was 6 months ago, my daughter had not finished her household work in time and I got really angry. I beat her a lot and she got so upset that she left the house. She was hiding in a tree the whole day until it got dark. I cried and the neighbours and all the community members helped to look for her. When this happened, I realized this is not the right way to respond. And during the sessions also I learned this again, I shared this particular case with the group also. And I learned that it is better to try to control without beating. I really never want to do this again.*

When giving an example on how to respond to a child who has e.g. stolen something, parents now reply like this:

*‘I think I would advise them not to do this, because it is not the right way. Like this they will become a thief or a morally bad person. But I would not tell them so harshly now. I know now that I might better not beat the child, but help them through understanding the child and loving them’.*

**Practical implementation of the ICDP and suggestions for improvements**

We asked the ICDP facilitators in Dungarpur to score the sessions of the ICDP with regards to how well these topics were conveyed, understood and practiced by the caregivers. The 7 sessions included topics as indicated in table 3. below. We invited six facilitators to score each session on a scale from 1 (not at all successful) to 5 (very successful).

**Table 3: sessions and ICDP topics**

<table>
<thead>
<tr>
<th>Session no.</th>
<th>Topics addressed</th>
<th>Score from 1 to 5</th>
<th>Accumulated average score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Redefinition of the child Empathy</td>
<td>3 4 4 3.6 3</td>
<td>17.6</td>
</tr>
<tr>
<td>2</td>
<td>Love Following the child’s initiative</td>
<td>3 4 4 3.6 3.5</td>
<td>18.1</td>
</tr>
<tr>
<td>3</td>
<td>Close Communication Praise</td>
<td>4 3 4 3.1 3</td>
<td>17.6</td>
</tr>
<tr>
<td>4</td>
<td>Focusing Describing and giving meaning</td>
<td>4 5 3 3.6 3.5</td>
<td>19.1</td>
</tr>
<tr>
<td>5</td>
<td>Expanding</td>
<td>4 3 4 3.6 3</td>
<td>17.6</td>
</tr>
<tr>
<td>6</td>
<td>Setting positive limits</td>
<td>3 5 4 3.1 3.5</td>
<td>19.6</td>
</tr>
<tr>
<td>7</td>
<td>Step by step scaffolding</td>
<td>3 4 4 4.1 3</td>
<td>18.1</td>
</tr>
</tbody>
</table>

As seen in table 3., particularly session 2, 4, 6 and 7 were rated high, while the rest of the sessions were rated slightly lower. Subsequently we discussed with the facilitators how and why some topics
were better received than others. While there was not so much variation in end score, but the exercise did bring up lots of discussion. We highlight a few facilitating and hindering factors, as described by the facilitators.

- **Facilitating factors: personal examples, role-plays and stories**

First, according to facilitators, the sessions that worked well were accommodated by relevant and personal examples. One facilitator said that most of them are parents themselves, and sharing on how you practice the ICDP guidelines helps to bring the message across. Similarly, facilitators should invite the parents to share many of their own practices which can then be discussed in the group. This way, ICDP facilitators gain more insights also in how the material is received and if parents are implementing the lessons. And parents can learn from each other. For instance, one mother shared how she helped her child to ride a bicycle. The child was very scared, so the mother said: ‘it’s okay, I’m right behind you. You can try it’. The child tried and it worked. Sharing this example of scaffolding and learning something new, indeed helps to bring across the concept.

Similarly, putting caregivers in the position where they can practice new lessons in the group is also important. Some facilitators mentioned the use of role-play as good ways of embedding the lessons into context.

Finally, because there are very few possibilities to use video material, it is very important to use relevant and contextualized stories, but also to have the time to prepare the material in a way that it links well with the topic at hand. Some sessions worked better, according to the facilitators, because they understood the concept well (e.g. the concept of close communication, or describing & giving meaning). When the concept is well understood, the facilitator can convey it better to the group. For instance, one facilitator explained how he understands ‘giving meaning’ as making the child aware of certain things around him, but also how he or she experiences his environment. There were stories that worked well to convey certain messages, such as e.g. the story with the two orphan monkeys.

**Hindering factors: challenges connected to the context of Dungarpur**

This was the first time the ICDP was implemented as part of the CSSP in Dungarpur. The facilitators share that it was somewhat challenging, first of all, because there were some time-pressures, but also due to problems that are commonly experienced in working in the context of Dungarpur. These challenges are the overall economic deprivation in this area, the long distances between the houses, and the lack of a specific office space or community centre to conduct the sessions in. As such, it is challenging to maintain a sense of regularity and consistence in conducting the sessions, and preventing drop-out. With regards to the latter, the facilitators seemed to have performed rather well, as it was clear that many of the caregivers made real efforts to return to the sessions, and also expressed to be happy to see the facilitators in their communities (and wanted them to come more often).

Nevertheless, the lack of time to reflect- and discuss the sessions among the facilitators was mentioned as an obstacle, and it was suggested that more attention for the content and the delivery of the sessions (e.g. in team debriefs) would probably enhance the quality of the programme in the future.
SUMMARY AND DISCUSSION

This qualitative study was conducted to understand the impact of the ICDP on the positive parent-child relationship between caregivers and children in different Panchayats in Dungarpur, India. The analysis of the data was focused on finding differences in parental behaviour & interaction patterns in before- and after data, and as narrated through the stories of significant change. Four tools were used to conduct the data collection, including the TMSS, the parent-child activity, follow-up IDI’s and FGDs with caregivers, children and facilitators. The triangulation of data sources helped to validate the data. The data was quite varied across the ICDP parameters, and revealed different levels of progress, depending on the different localities and the individual caregivers that we interviewed.

Overall, the findings from the TMSS show that caregivers are more able to talk about their children and their own role in a detailed and loving way. Their accounts also reveal a sense of awareness on their children’s specific characteristics, and what their likes and dislikes are. This was quite different from the pre-assessments, where the speeches mostly emphasized the daily routines and school attainment of their children. The observations supplement the TMSS findings with an understanding of how parents relate to their children in different activities. The data shows that there is a silent, tangible warmth and harmony perceived in the bond between caregivers and children.

Similarly, the data shows that caregivers praise and reinforce their children a little more in what they are doing. What was observed to a lesser degree is how parents expand and enrich their children’s understanding of the world (some parents tried to support their children’s playful ideas), but they make better efforts in describing, explaining and giving room for children to learn common things, such as household chores (scaffolding).

The data from the IDIs and FGDs with caregivers and children show a transformation with regards to how caregivers give expression to the love they feel for their children. They learned that ‘love hunger is worse than real hunger’, which was an eye-opener for most of the caregivers. Emphasizing with the child, and knowing what he or she is feeling, was an important lesson that parents wanted to implement. Similarly, they made small efforts to please their children (e.g. making a cricket bat for them), besides emphasizing only on school and household chores. Finally, and quite importantly, parents seemed to be more willing and able to control their anger and apply less negative punishment towards their children (e.g. spanking or scolding). They prefer now to explain and describe to their child what they mean, then to use physical punishment.

From the FGDs with children it seems that there is not much input given to children to expand their imagination. Some of them came across as slightly subdued in their reactions, as compared to other children of their age. This was also witnessed in the interactions between parents and children, which generally seemed to be poor of playful interaction. It could be that caregivers find it hard to give input or suggestions to their children, because they have not been exposed to much games or play themselves. Or perhaps they were encouraged from a young age to work instead of play. With a bit more encouragement and perhaps through sharing more examples (and inviting parents to create and play in the ICDP sessions), caregivers could tap into their own imagination and start being more playful with their children.

Finally, this report reflects the factors that enable or hinder the success of the ICDP in Dungarpur, India. First, personal examples, good understanding of the concepts, and thinking about the material in
advance, helps facilitators to conduct good sessions. Role-play and allowing parents to practice in the sessions, as well as share the way they implement lessons at home, will support and sustain the learning. The ICDP also does not work with ready-made formulas or materials, but aims to encourage self-exploration to empower and create confidence. As such, facilitators are also encouraged to actively shape and reflect on the material and mode of delivery in the ICDP. With regards to the latter, it is suggested that facilitators receive more time to debrief the sessions together and also have more time to discuss how they would want to facilitate the upcoming session. It is very helpful for facilitators to share how they have done the sessions, especially because the way facilitators conduct the sessions (including the personal stories they share and hear, and the suggestions they make regarding implementation) are so instrumental to the quality of the ICDP. This might also help to gradually shape the ICDP material in a way that it is translated and in line with the context of Dungarpur.
## APPENDIX

### 1. Table 1: Scoring for the TMSS.

<table>
<thead>
<tr>
<th>Likert Scale scoring</th>
<th>Scores based on the free-flowing speech (3-minute speech).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>5 - to a very great extent</td>
<td></td>
</tr>
<tr>
<td>4 - to a great extent</td>
<td></td>
</tr>
<tr>
<td>3 – to a medium extent</td>
<td></td>
</tr>
<tr>
<td>2 - to a small extent</td>
<td></td>
</tr>
<tr>
<td>1 –to a very small extent</td>
<td></td>
</tr>
</tbody>
</table>

1. Able to reflect on- and speak about the child (*practically speaking, how long and ‘rich’ is the caregiver’s account of the child and their relationship in the free-flowing speech?*).

2. Aware of their role in stimulating the child’s development? (*practically speaking, does the caregiver mention his or her role in supporting the child’s positive growth in the free-flowing speech?*).

3. Able to describe qualities, needs, wishes and responses/reactions to the world in the child during the free-flowing speech?

4. Able to talk about the child as a person in its own right vs an object (*e.g. an object that can be used for any household chores, labour, or future support to the family*).
## 2. Table 2. Parent-Child Activity Scoring

<table>
<thead>
<tr>
<th>Likert Scale scoring</th>
<th>Scores on 8 dialogues (G1 – G8b) for all 12 caregivers, each performing 2 activities with their child.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>G. 1</td>
</tr>
<tr>
<td></td>
<td>How do you show positive feelings, that you love your child?</td>
</tr>
<tr>
<td></td>
<td>G. 2</td>
</tr>
<tr>
<td></td>
<td>How do you follow and respond to the initiatives of your child?</td>
</tr>
<tr>
<td></td>
<td>G. 3</td>
</tr>
<tr>
<td></td>
<td>How do you hold an intimate dialogue with your child with and without words?</td>
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<tr>
<td></td>
<td>G. 4</td>
</tr>
<tr>
<td></td>
<td>How do you praise and give approval for what the child does?</td>
</tr>
<tr>
<td></td>
<td>G. 5</td>
</tr>
<tr>
<td></td>
<td>How do you share experiences and focus your child’s attention with yours?</td>
</tr>
<tr>
<td></td>
<td>G. 6</td>
</tr>
<tr>
<td></td>
<td>How do you describe and give meaning to your child’s experiences and show enthusiasm for your child’s experiences?</td>
</tr>
<tr>
<td></td>
<td>G. 7</td>
</tr>
<tr>
<td></td>
<td>How do you expand and enrich your child’s experiences by connecting through imagination and logic?</td>
</tr>
<tr>
<td></td>
<td>G. 8a</td>
</tr>
<tr>
<td></td>
<td>How do you support your child by setting limits in a positive way, by pointing out consequences &amp; offering alternatives?</td>
</tr>
<tr>
<td></td>
<td>G. 8b</td>
</tr>
<tr>
<td></td>
<td>How do you offer gradual support to your child’s activities and plan step by step to achieve the goal?</td>
</tr>
</tbody>
</table>
### Interview guide post-intervention with caregivers

**BEFORE**

- Can you tell us a little bit about your child?

- How was the relationship with your child before you participated in the program?

- Were there certain challenges you faced in parenting your child? What were they?

- How did you feel about participating in a parenting program? How many sessions did you follow?

**ABOUT THE PROGRAM**

- What did you learn during these sessions?

- Did you benefit from the program?

- How is the bond with your child now?

- How do you implement some of the lessons learned in your parenting? *Can you give some examples?*

  (if parent doesn’t share much, you can continue to ask if there were any eye=openers/ aha moments)

- How does the child respond to you now? *Examples*

- Did the programme have any other effects on you? *Positive or negative.*

- If possible, also more deductive questions derived from the ICDP principles:
  1. How did the programme influence the quality time you spend with your child?
  2. How do you show your love to your child?
  3. How do you set limits or regulate the behaviour of your child?
  4. How do you help your child learn new things about the world?
Are there any challenges you still experience now in your parenting? What would you like to learn more about?

Do you think this programme should be continued? Why and for whom?

What suggestions do you have for improving the content or structure of the program? E.g. exercises, time, meeting place, facilitation, other parents, homevisits..

4. FGD WITH CAREGIVERS: GENERAL STRUCTURE
1. Start with an introduction round in which participants mention their name, age, and focus child. Perhaps also how many sessions they participated in.

2. Invite caregivers to briefly share their first impressions/experiences with the ICDP (1-3 minutes per person).

3. Collecting lessons learned together. One moderator writes along on a chart paper or white board. The caregivers are asked to think of 1 to 3 lessons they remember learning mostly from the ICDP sessions. After all the lessons are collected, and the caregivers feel it is complete, the moderator can ask participants to explain why they chose this lesson and what it means.

4. Stories of Most Significant Change. Caregivers are asked to focus on one or perhaps two specific lessons and think of how their parenting practice has changed in this area. They receive 10 to 20 minutes to write or draw a story of before (how they were acting before the programme and how the child responded), what happened in between (lessons learned, which session, etc.) and how that improved the situation now (what do they do differently and how is the child responding). They are asked to be as specific as possible, including references to the time period, which child it involves, what specific things were said or thought, and how they themselves behaved differently.

* Sometimes a story of caregivers in another site was shared (as a vignette) to inspire or help parents understand the sort of stories would be valuable.

5. FGD WITH FACILITATORS: GENERAL STRUCTURE
1. Start with an introduction round and/or icebreaker.

2. Find a way to display the ICDP sessions in the space (either on a table or written on a chart paper). Ask the facilitators to score each individual session on a scale from 1 (very low) to 5 (very high) based on 1. The way they themselves understood the session, 2. How well it was implemented in the pilot study and 3. How well caregivers were able to understand and implement the key messages.

3. After scoring and accumulating the scores, the moderator leads a discussion among the facilitators on 1. What went well? And 2. What could have gone better? The moderator aims to understand and
create some sense of consensus as to why certain topics were better received than others in the current cultural context.

4. In the final part, facilitators are asked to think of stories of Most Significant Change. They are invited to focus on one particular family in which they have witnessed some sort of transformation. Again they are also invited to share in a rich and detailed manner.

6. FGD WITH CHILDREN.
   * Start with some ice-breaker of game (e.g. musical chairs, or Woosj-Boing-Pow game, or some locally played game). The aim is to make children feel comfortable and free, so take as much time as needed to help them adjust.

   * Move into some role-play or drama with the children. Start with a game called ‘plateau’ in which you ask one child to hold a certain body posture (like a statue) and invite the other children to ‘complete the picture’ by assuming another body posture. It’s helpful if the monitor shows an example (e.g. acting as if he’s about to play a tennis ball, or assuming a prayer position, which could then be completed by other ‘temple’ figures).

   * After the warm-up game you can ask children to form groups and work out a role-play together on ‘what happens when you return from school’. Who is there, what is being done by whom, and how does the play evolve? Children can work in groups of 3 to 5 people. Give them some time to prepare their play.

   - During the performance you can ‘pause’ the play to ask certain questions to the whole group? Does this always happen like this? No, then how differently? What do you think will happen next?

   - Also after the role-play you can brainstorm with the group on what was ‘real’ about this play, and how move into how it is now for themselves at home. Perhaps the play creates a scenario where one could ask if sometimes the children get praise for doing a certain chore, or if and when they do things together as a family.

   * As substitute to- or after the role-play (depending on the time schedule) the children can be asked to draw ‘a happy moment in their life’. Again, the drawings can be used to ask further questions about the family situation and how the dynamics and interactions are at home.

   * Close with a song or game.