



HOW BETTER PARENTING INTERVENTIONS ARE MAKING A DIFFERENCE IN THE LIVES OF HIGHLY VULNERABLE CHILDREN IN ETHIOPIA

YEKOKEB BERHAN PROGRAM FOR HIGHLY VULNERABLE CHILDREN

Addis Ababa, Ethiopia
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Acronyms

AIDS: Acquired Immunodeficiency Syndrome

ANNPCAN: The African Network for the Prevention and Protection against Child Abuse and Neglect

ART: Anti-Retroviral Therapy

CF: Community Facilitators

HIV: Human Immunodeficiency Virus

HAPCO: HIV/AIDS prevention and control office

IP: Implementing Partner

NGO: Non-Governmental Organization

OVC: Orphan and Vulnerable Children

PEPFAR: The President's Emergency Plan for AIDS Relief

PLHA: People Living with HIV/AIDS

REPSSI: Regional Psychosocial Support Initiative

USAID: United States Agency for International Development

Executive Summary:

Among the training materials that Yekokeb Berhan program developed was three-part package of document that focused on Better Parenting. These materials consist of a compendium of resource material (English only) for lead staff plus a training manual and set of job aids that have been translated into four local languages for line-staff, volunteers, parents, guardians and other stakeholders. The Better Parenting package was a package developed to enhance the parenting knowledge and skills and to change the attitudes of the parents and guardians (generically called “caregivers” in the program). In addition to these, the same intent was pursued with regard to volunteers who support highly vulnerable children by participating particularly in the programmes of Yekokeb Berhan and the community at large.

Overall, Better Parenting training has remained Yekokeb Berhan’s biggest hit so far for it is identified by both volunteers and community committee members as their favorite. Every monitoring visit includes the feedback that this is the “best training ever” because of its practical advice to caregivers and children. Often, it seems, trainees apply the new knowledge and skills in their own families as well as with beneficiaries. But during the first year, no cumulative evidence was gathered to determine how effective the overall make-up of the better parenting training has been overall. Hence, the current assessment is conducted to evaluate how are the Better Parenting training manual and job aids being used to improve knowledge, attitudes and behaviours about Better Parenting by beneficiaries and community members and whether or not have children’s lives changed due to this intervention. The contribution of the finding of this study would be towards generating evidence based information that can be used by the Yekokeb Berhan program to evaluate and improve its program on Better Parenting skills knowledge & practices activities.

A total of 90 staff and community volunteers drawn from Yekokeb Berahn implementing partners participated in this study. Data was gathered by regional technical officers using structured and a semi-structured questionnaires. Descriptive analysis was used to present data obtained from qualitative and quantitative interview. The findings reported in this assessment revealed that the Better Parenting training was well-liked and seen as useful by the majority of IPs staff and volunteers who participated in the process of skills provision and knowledge transfer. Questions related to the usefulness and benefits of the Better Parenting material were asked in different ways to different groups of people.

The most striking thing from this assessment was their unanimity of responses: Regardless of which group was asked, at least two thirds found the material “very useful” (in most cases 80% or more) and respondents credited the Better Parenting material and intervention for improving household communication, reducing corporal punishment, reducing misbehaviors by the child/children, supporting their child’s attendance and performance at school, supporting recreation/ play/ free time for children on a regular basis, clearly setting rules and limits, acknowledging good behaviors, recognizing early signs of developmental problems and fostering a positive change in family relationships were among major behavioral changes frequently observed. From this perspective, it is clear that better parenting is found to be evidence-based training and had a positive influence on care givers’ parenting practices. Conducting refresher training for IPs staffs and volunteers, availing the job aid with increased font size, increasing the number of sessions and reducing the number of participants per session in order to increase the level of active participation of all participants were recommended.

Background of Yekokeb Berhan

Yekokeb Berhan Program for Highly Vulnerable Children is a five-year cooperative agreement with USAID/Ethiopia designed to reduce vulnerability among highly vulnerable households and children in Ethiopia. Implemented by Pact, in partnership with Child Fund, FHI 360, 40 local implementing partners and government of Ethiopia, the program, serves 500,000 Highly Vulnerable Children (HVC) each year in urban and peri-urban areas of the country. It is a national program being implemented in the nine regional states (Tigray, Afar, Amhara, Oromia, Somali, Benishangul Gumuz, SNNPR, Gambella and Harari) and the two City Administrations of Addis Ababa and Dire Dawa.

The name Yekokeb Berhan means, “light emanating from the stars” and it refers to the resiliency of children.

The goal of the program is to reduce vulnerability among HVC and their families by strengthening systems and structures to deliver quality-driven essential services and increase resiliency. Yekokeb Berhan builds on existing structures at the family, household, community and regional levels to create improved and sustainable care management systems that meet the needs of vulnerable children. At the heart of its service delivery approach is family-centered care management, which recognizes that the wellbeing of a child depends on the wellbeing of other household members. The program also emphasizes Empowerment approach – that is, the transfer of knowledge, skills and confidence – rather than emphasizing hand-outs to beneficiaries.

FHI360 is a technical lead organization within Yekokeb Berhan for Health, Nutrition and Food, Psychosocial Support, Child Protection, and Shelter and Care. Its staffs also have leadership roles in developing a national data base on child welfare, as well as for Strategic Behavioral Communication for the program as a whole. Accordingly, FHI360 staff develops and adapt strategies, guidelines, training manuals, and job aids, with which they train local implementing partners and community members and then follows up with technical support, monitoring and evaluation with all partners across the country.

Preparation for “Better Parenting”

Among the training materials that FHI360 developed was three-part package of material that focused on Better Parenting. These materials consist of a compendium of resource material (English only) for lead staff plus a training manual and set of job aids that have been translated into four local languages for line-staff, volunteers, parents, guardians and other stakeholders.. The Better Parenting package was developed to enhance the parenting knowledge and skills and attitudes of the parents and guardians (generically called “caregivers” in the program) as well as volunteers who support highly vulnerable children in the Yekokeb Berhan program and the community at large.

In all that it does, Yekokeb Berhan takes a family-centered approach – often focusing on the caregiver in order to improve the lives of the children. By the term family, the program is referring to the complete household that is, all people who live together regularly, whether or not they are blood relatives.

Via an internal survey of Implementing Partners and key staff, several areas of focus for Better Parenting emerged: a) to improve caregivers’ understanding of normal child development in order to tailor their parenting style to best fit the age, circumstances and individual personalities of their children; b) to assist with the early identification of developmental delays and/or other potential problems (i.e. where a child is not thriving according to the expected progression) for which external support may be needed; c) to promote inclusion, good parent-child communication and positive attitudes among all household members in the family; and d) to provide caregivers with the motivation and tools with which to apply positive discipline in place of corporal punishment, thus helping to reduce child abuse in the home and community at large.

Desk Review

Yekokeb Berhan program conducted desk review to identify existing resources that address the same issues. It would have been ideal for the program if there was an existing package that could simply be applied or adapted for the program. Accordingly, several useful documents were found, including materials from the Addis Ababa School of Social Work (curricula hand-outs used to teach students), Save the Children (on Positive Parenting), REPSSI (on psycho-social support – various tools) and LifeLine/Childline in Namibia (on counselling and support to parents and caregivers). Yet, despite their congruence on many themes and messages, none of these materials were a good fit in their current form. In large part, this is because Yekokeb Berhan sought both a simple training manual that could be used with grass-roots volunteers and other community members and a matching set of job aids that they could use – based on their training – with parents and guardians, either one-on-one during home visits or in group settings (i.e. for Community Conversations or Coffee Ceremonies).

Ultimately, Yekokeb Berhan drew from four primary resources for guidance and information: the Ministry of Women's, Children's and Youth Affairs (Ethiopia), Save The Children Sweden and ANNPCAN-Ethiopia for A Better Way: Manual on Positive Child Disciplining (2011) and LifeLine/ Childline in Namibia for their Positive Parenting Manual (2010).

Drafting and pre-testing followed. A local artist was hired to ensure that the pictures were culturally diverse and sensitive to local norms and religious values. While the resource material for staff remains in electronic form and in English only, the Community Training Manual and Job Aids were eventually printed and translated into four languages: Amharic, Oromifa, Tigrinya and Somaligna. The Job Aids also appeared in two forms: that of an A-1 sized flip-chart that can be used for group discussions, up to 25 persons in size, and a much smaller prompt – A-5 in size – which each volunteer received for her or his house-to-house visits

In sum, Yekokeb Berhan's Better Parenting training addresses the following subject areas:

- Enhancing parenting practices and behaviors; building the caregivers' understanding about their responsibilities in raising children and how their parenting practices affects the long-term wellbeing of their children,
- Learning age-appropriate child development skills and milestones,
- Improving the caregivers' knowledge and skills to promote good behaviors and good parent-child communication,
- Developing and practicing positive discipline techniques,
- Highlighting issues of inclusion (re children with disabilities)
- Encouraging caregivers' to be a good role model for their children.

The roll-out, as designed, was to cascade Better Parenting from a 5-day Training of Trainers' workshop of Implementing Partner staff and sub-regional government representatives to the training of Community Facilitators (grass-roots staff). In turn, the Community Facilitators should train volunteers in the use of the job-aids (which reflects the content of the ToT) along with guided instructions about how they should present this material in short sub-units during Community Conversations (also known as Coffee Ceremonies) and/or during their weekly house-to-house visits. Topics could be presented sequentially (there are 14) or on an as-needed basis, depending on the caregiver's concern or on what the volunteer observes in the household.

Pilot-testing of the training manual & Job aids

The first several rounds training were conducted as a pilot test in southern part of the Ethiopia in early 2012. The main aim of that exercise was to determine the relevance of contents, appropriateness of training methodologies, clarity of language, and time required complete each modules, Detailed feedback was obtained in order to introduce modifications where necessary. Eighty-six Yekokeb Berhan program Community Facilitators, Projection officers and Government Representatives participated in this process, thus providing input from various perspectives.

Overall, the pilot-testing evaluation determined that participants were satisfied with the overall facilitation, learning material and contents, methods, and learning process. It was also important to determine how much they learned; hence a pre- and post-test were administered (as is done with all Yekokeb Berhan trainings). On average, the trainees' scores improved by 44 percentage points (49%-93%) from the beginning to the end of the training session. Changes that were recommended included the clarification of language, contextualizing some additional pictures & role plays, re-adjusting the time allocation for some sessions, refining some definitions, as written in the original version. These changes were subsequently completed and the "official roll-out" began.

Implementation of "Better Parenting"

All training at Yekokeb Berhan involves government officials, and Better Parenting was no exception. Rolling out of the Training of Trainers workshops involved 976 participants (40% female) Of the total, 113 (12%) constituted representatives from the government, primarily from the Ministry of Women, Children and Youth Affairs, the Ministry of Labor and Social Affairs, and HAPCO - the HIV/AIDS Prevention and Control Offices. Once they completed their training, all Implementing Partners further rolled out the training to Community Facilitators and volunteers - the latter either in a workshop format or broken down into weekly sessions, as an extension of the regular volunteer meetings. In turn, parents and guardians were trained during periodic "community conversations" (on-site community gatherings or coffee ceremonies, with groups of 5-25 caregivers) and during the volunteers' home visits to beneficiary households. As of September 2013, roll-out has reached more than 50,308 community members (volunteers, CC members), who are shared their learning in the community with 73,632 parents, guardians and other community members. (This is the documented number; we suspect the actual sharing extended far wider but was not recorded.)

Staff from FHI360 regularly tested the Better Parenting knowledge of staff, volunteers and caregivers during their quarterly field monitoring visits to Implementing Partners; they observed periodic Community Conversations and provided technical advice about how to best solicit caregivers' participation in the learning process about the information, skills and techniques provided. Spot checks were made to determine whether volunteers actually carried around their A-5 job-aids or how they used the information (the latter, by asking the caregiver when FHI staff undertook monitoring visits to beneficiary homes). On occasion, refreshers were provided, most especially on issues related to Child Protection (communication and positive discipline) as volunteers reported that they most often focused on these themes.

Initial reactions

Overall, Better Parenting training has remained Yekokeb Berhan's biggest hit so far – inevitably it is the training program that volunteers and Community Committee members identify as their favorite. Every monitoring visit includes the feedback that this is the “best training ever” because of its practical advice to caregivers and children. Often, it seems, trainees apply the new knowledge and skills in their own families as well as with beneficiaries. (I guess that speaks to the universal truth that all of us could do with Better Parenting Training – if not in own households then with other children we know.) When hearing these widespread exclamations, staff sought to supplement the accounts with anecdotal stories about how the training raised awareness, reduced physical punishments in a household, improved parent-child communication, and/or helped a child perform better in school because the parent or guardian learned to respect the child's schedule.

But during the first year, no cumulative evidence was gathered to determine how effective better parenting training has been overall. Hence, the current assessment conducted to evaluate how are the Better Parenting training manual and job aids being used to improve knowledge, attitudes and behaviours about Better Parenting by beneficiaries and community members and whether or not have children's lives changed due to this intervention. The contribution of the finding of this study would be towards to generating evidence based information that can be used by the Yekokeb Berhan program to evaluate and improve its program on Better Parenting skills knowledge & practices.

2. OBJECTIVES

2.1 General Objectives

The purpose of this assessment is to obtain evidence based information that can be used by the Yekokeb Berhanu program to evaluate and improve its program on Better Parenting skills knowledge & practices.

2.2 Specific objectives are:

The study specifically intended to investigate:

- How are the Better Parenting training manual and job aids being used to improve knowledge, attitudes and behaviors about Better Parenting by beneficiaries and community members
- What difference is it making – that is, how have children's lives changed due to better parenting programme intervention?

3. METHODS

3.1. Study Design

The research design was based on a cross sectional qualitative and quantitative assessment methodology.
Study Population and sites

Project beneficiaries are located in all regions. These include nine regional states and Two Administrative Towns. A total of 39 local implementing partners have been selected to implement project activities. The study population for this assessment constitutes of IPs staffs and community volunteers providing HVC care and support in the respective target regions.

3.2.1 Sampling Procedure:

3.2.1.1 Site sampling

The sample sites were randomly selected from Yekokeb Berahn Program implementing partners operating in all regional clusters (Addis Ababa, East, West Oromia, SNNP, and Amhara) proportional to number of the woreda under the regions.

3.2.2.2 Respondent sampling

For the purpose of this assessment, purposive sampling method was used to select 101 respondents including Project officer/coordinator, Community Facilitators and Volunteers who have knowledge about the Better Parenting program, either by being engaged in rolling out the training and/or by supporting care givers in improving their parenting practices. The study sample was then allocated to the selected IPs proportionate to the size of staffs and volunteers. These groups of respondents were selected on the bases of their first-hand experience with better parenting intervention

Table 3.1 – Sampled sites and number of respondents' respondents to be interviewed, Addis Ababa West Oromia, SNNP, and Amhara, November 2013

Sampled sites and number of respondents interviewed					
No	Region	Name of selected IP	Project officer /coordinator	Community facilitators	volunteers
1	Amhara total	ADA	2	4	6
		DFT	1	2	3
		TSDA	1	2	3
		SYHLA	1	3	3
		Mahibere Hiwot	1	3	3
		Amhara total	6	14	18
2	SNNP total	Silite Aynage	1	1	2
		ODA	1	1	3
		EKHC	1	1	4
		SNNP total	3	3	9
3	Addis cluster total	EOC	1	2	4
		Kore	1	1	3
		EDA	1	1	2
		MAEDOT	1	1	2
		Addis cluster total	4	5	11
4	East Oromia total	Fentale	1	1	2
		Hundae	1	1	2
		Rathson	1	2	2
		East Oromia total	3	4	6
5	West Oromia	Nekemte IU	1	1	2
		FIDO	2	3	3
		TSDA	1	1	1
		West Oromia	4	5	6
	Grand total		20	31	50

3. Data Collection method

Data was collected using a structured and semi structured pre-tested questionnaire. Topics covered in the questionnaire items include: back ground information of the target participants and sites , the usefulness of the better parenting training manual, the mechanisms care providers receive better parenting training, the extent to which the training has improved caregivers' perception of child development and parenting style and respondents opinion on how to better utilize the manual.

The questionnaire was first prepared in English and then translated to vernacular (in this case Amharaic) and the translated version of the questionnaire was used by data collectors. The questionnaire was pre-tested to assess its clarity, consistency and completeness. FHI360's technical regional technical officers conducted the data collection via telephone and face to face interviews at office level.

3.3.1. Data Quality

To ensure the quality of data collected for this assessment, the data collection tool was prepared carefully and pre-tested before implementation. IPs staff who have similar characteristics with the study population participated during the pretesting sessions. The Ips staffs involved in the pre-test were not included in the actual data collection. The outcomes of the pretesting were used as input to enhance the consistency, clarity and completeness of the questionnaire.

3.4. Data Analysis

Once all the data was collected, errors related to inconsistency of data were identified and corrected. Descriptive analysis method was used to present data obtained from qualitative and quantitative interview. Percentages, frequency and appropriate graphic presentations were used to describe different variables, and to clarify the presentation of data.

4. ASSESSMENT FINDINGS

Background Characteristics

A total of 90 respondents from Yekokeb Berahn program Implementing Partners were interviewed with a response rate of (89.9%). The majority of the respondents were represented from Amhara cluster, 36 (40%). Community volunteers accounted for 45.6% (n=41) of the total and 32.2% (n=29) were community facilitators. However, project coordinators and officers (n=20) took the lowest 22.2% of all respondents. (See Table4.1 and 4.2).

Table.4.1.1 Distribution of respondents by regional cluster , Ethiopia, November- December , 2013 N = 90

Regional cluster	Frequency	Percent
Amhara	36	40
Addis Ababa	18	20
SNNP	14	15.6
East Oromia	7	7.8
West Oromia	15	16.7
Total	90	100

Table 4.1.2 Background characteristics of respondents, Ethiopia, November- December , 2013 N = 90

Name of region	# Ips	Project coordinators	Project officer	# CF	# volunteers
SNNP	3	1	2	3	8
Addis Ababa	4	1	3	5	9
East Oromia	3	3	0	4	0
West Oromia	3	2	2	5	6
	18	7	13	29	41

4.2 Staffs Perception of Better Parenting Training Manual and Job Aids

4.2.1 How useful the better parenting training manual and job aids were to prepare yourself to conduct workshops (n=49)

Respondents were interviewed on the issue of the usefulness better parenting training manual and job aids in helping them prepare to conduct their workshop. Almost all respondents 100 % (n=49) replied that the better parenting training manual and job aids was very useful in helping them prepare for the training sessions

4.2.2. How easy the manual was to be understood and followed, and the extent to which it requires improvement (n=49)

Implementing partner's staffs were asked to rate the degree of understandability of the better parenting training manual and job aid. As the visual below (Figure 4.1) shows the majority of the respondents 89.8 % (n=44) indicated that the training manual was very easy to understand and to follow, 10.2 % (n= 5) indicated it is easy and none of the respondents picked not easy as their response. They were also asked about what improvements could be made. Nevertheless, none of the respondents indicated any need for improvement.

Figure 4.1. Easiness of the manual to be understood and followed (n=49)
November – December 2013.



4.2. 3. Ways caregivers receive the training (n=70)

The questionnaire also included a series of questions related with ways caregivers receive the better parenting. More than 80 % of the respondents indicated that caregivers were received the better parenting training during Community Conversations/ Coffee ceremonies that were organized for Better Parenting training, in the household in response to selected issues of ,and household general education. Sixty five percent(n = 46) of the respondents indicated that caregivers received the Better Parenting training through a support group, CSSG group or another group gathering (See table 4.3).

Table 4.3. In what ways did Care Givers receive this training? November – December 2013.

Responses	n	n= 70 %
In Community Conversations/ Coffee ceremonies that were organized for Better parenting training	62	88.6
In the household in response to selected issues of	61	87.7
In the household as general education	56	80.8
As part of a support group, CSSG group or another group gathering, where this was added in...	46	65.8

Group gathering in the household by group of volunteers, gatherings of care givers from the same locality and conducting the training under the tree shade and adding issues of better parenting skill in conjunction with life skills training for selected adolescences were among additional ways that caregivers received the better parenting training.

4.2.4. Usefulness of better parenting training approach (n= 70).

The respondents rated the degree of usefulness of each training approach. As table 4.4 portrayed, the majority of respondents indicated that in the household as general education, Coffee ceremony and Community Conversation especially prepared for this purpose to conduct the training and in the household in response to selected issues of concern as very useful approaches. Support Group, CSSG group, or any other group where these issues are raised as add-ons (not as the sole purpose or focus of the group) were also found to be very useful mechanism of the training.

Table 4.4. Respondents' perception on how useful was the better parenting training approach: November – December 2013.

Responses	N	n=70 %
Individual Household Training, as general education		
Very useful	61	87.1
Useful	9	12.9
Not useful	0	0
Coffee ceremony and Community Conversation that gathered together for this purpose		
Very useful	58	82.9
Useful	11	15.7
Not useful	1	1.4
In the household in response to selected issues of concern		
Very useful	53	75.7
Useful	17	24.3
Not useful	0	0
Support Group, CSSG group, or another group where this is an add-on (not the usual purpose or focus of the group)		
Very useful	47	67.2
Useful	17	24.3
Not useful	6	8.5

4.2. 5. How the Parenting material has been used (n=49)

The majority of respondents 93.9% (n= 46) indicated that the better parenting training manual and job aids have been used a lot/ regularly and only 6.1 % (n=3) indicated that the better parenting training manual and job aids have been used sometimes/occasionally. None of the respondents indicated that the manual and job aids were used rarely or not used at all.

4.3 Influence of better parenting on parental behaviours (n=49)

The questionnaire also consisted of a series of questions about what things are caregivers doing differently or better after the parenting training and how things are different (have improved) in their household. Most participants in this study cited that caregivers/parents are doing differently or better after the parenting training in terms of: improving communication and respect in the household, improving children's moods (so that they less often angry or sad and more hopeful and happier), Preventing abuse/ neglect/ harmful cultural practices, altering their response to misbehavior (e.g., changing from punishment to positive discipline), reducing misbehaviors by the child/children, supporting their child's attendance and performance at school, supporting recreation/ play/ free time for children on a regular basis, and reducing misbehaviors by the child/children(see table 4.5).

Table 4.5.Perception of respondents on what caregivers doing differently or better after the parenting training and how things are different (improved) in the household, November – December 2013.

Response	N N=70	%	
1	Improving communication and respect in the household	70	100
2	Reducing misbehaviors by the child/children	69	99
3	Supporting their child's attendance and performance at school	67	96
4	Supporting recreation/ play/ free time for children on a regular basis	64	91
5	Altering their response to misbehavior (e.g., changing from punishment to positive discipline)	69	99
6	Clearly setting rules and limits, while also acknowledging good behaviors (authorative parenting style)	62	89
7	Recognizing early signs of developmental problems, including illness and/ or disability, and then seeking professional help at the health center, IP, or another resource	68	97
8	Improving children's moods, so that they less often angry or sad and more hopeful and happier	70	100
9	Improving caregivers/parents' moods, so that they less often angry or sad and more hopeful and happier	69	99
10	Preventing abuse/ neglect/ harmful cultural practices: explain	70	100

4.3.2 The most important things that respondents heard that Caregivers learned from the parenting training.

The participants were also asked to mention the most important things they overheard caregivers mentioning that they have learned from the parenting training. The majority of interviewees have stated that they have heard repeatedly from the care givers that they have learned the negative consequence of physical punishment and started to apply positive disciplining methods. Increased understanding of good parenting style, developmental stages of children and need at each development stage, better understanding of different types of personality of the children and how to deal with those personalities, giving greater attention to the needs of children with special needs, maximizing monitoring and following up of children including their school attendance, and understanding the overall the importance of being a role model for the children were also raised by trainees as significant outcomes of the better parenting training programme. Respondents also noted that care givers began listening and talking with children rather than shouting at them.

Getasew, a volunteer in DFT said. "Ato Birhanu Andarge who lives in Gozamin werda Yebokla kebele has a daughter whose name is Ayehu Birhan who is 14 years old. The father used to give no attention to his daughter. He hardly made follow up on her education and he was not taking care of her properly. But after he got training on BPT, he has shown improvement. He tries to give proper care and he makes follow up on her education. Now personal hygiene of Ayehu is well taken care of and she is enjoying good care that she is happy about it.

"W/ro kasanesh Alemayehu lives in Sinan Wereda in Tsed kebele. She has a 12 years old daughter whose name is Mekdes. Mekdes has difficult and aggressive behavior to manage. As a result of this she quarrels with her peers and also frequently gets problem with her mother. W/ro Kassanesh didn't have the skill on how to properly manage her. But after continuous training, the care giver has been able to better understand the behavior of her daughter and now by giving her advice and encouraging her good behavior, W/ro Kassanesh is assisting her daughter to become free to express her feelings, improve her relation with her peers and became a happy child, a 19 years old community volunteer reported

"I was one of the advocates of serious punishment. Not anymore!", as one care giver stated "it is only a material made of clay which should not be kicked.," a mother expressing her belief regarding punishing children to teach them discipline. But, after the training, "I will take care of my children as those objects made of clay"

4.3.3 Six case studies that demonstrate how Better Parenting made a difference

These stories were gathered from the interviews.

Case Story 1

Natnael, a highly vulnerable child living in Kebele 05, is living with his mother Mrs. Fentu Belay. His mother is a totally authoritative mother who is too strict on Natnael to allow him enjoy his childhood. Mrs. Fentu Belay raised her child in a traditional way making sure that he has to follow all his mother commands fully without being given the chance to be heard. As a result, Natnael never went out of the house to play with his age mates. He spends most of his days secluded in the house being told what to do.

Recently, Natnael's life has changed for better after his mother was trained in "Better Parenting" by Yekokeb Berhan volunteers. Mrs. Fentu Belay left her traditional way of parenting to a more improved logical ways of raising her child. She has become more open minded in allowing Natnael to experience what his other friends are experiencing. Now, Natnael's life has changed as the mother has allocated him hours for him to play and have fun with his friends. He has better interaction with his age mates and is attending school very well. Natnael's result also improved as a result.

Case Story 2

Mohammed Nuru was an aggressive and difficult child. He has been to prison for his violent behavior. His mother Mrs. Mulu Yimer didn't know how to handle Mohammed. She could not advise Mohammed to become a better person. Now, thanks to the Better Parenting training Mrs. Mulu has taken. She is able to handle Mohammed better and discipline him the right way. Mohammed's behavior has changed and he has even become a better student.

Case Story 3

An HIV positive woman, Tesfaye, lives in Weldiya town with her 10 and 3 years old children. She is separated with her husband and is raising the children alone. Tesfaye took Better Parenting Training and she explains her benefit as follows, "I have benefited a lot from this training. I usually get angry because I am HIV positive and separated from my husband. So, for every little thing, I insult my children, beat them and make their life miserable. I had no idea that this might impact them so negatively. My children used to live in fear. But now, Yekokeb Berhan volunteer taught me about better parenting and through continuous follow up, I have improved my parenting skills. My children are now living freely without being terrorized. I have developed good relationship with them and they help me in everything I do. I have also started giving attention to my children. I don't get upset easily as I used to do previously.

In addition to these, Yekokeb Berhan program saved my child's life. My youngest son, used to get sick often. He was too malnourished and he was unable to move. I had lost hope in him when this program started to support him. He was taken to a health center and was cured from the brink of death. In the health center, he was given nutrients to rehabilitate him from malnutrition. He got better and started standing. I am so grateful to Yekokeb Berhan for saving my son's life," she concluded.

Case Story 4

A beneficiary living in a town called Bonga is known for her temper and negative emotions towards her children. She uses derogative languages towards her children even in the presence of adults. Knowing this, the volunteer tried to reason with the lady not to use such kind of words. But the volunteer was not successful until she took part in Better Parenting Training.

The lady and the volunteer live in the same neighborhood and they have a chance to meet every day. Hence, once taking the training, the volunteer continued providing training for the lady on how such kind of behaviors will affect the wellbeing of her children. She also continued intervening whenever she sees the lady speaking badly to her children. Subsequently, the caregiver started better controlling her emotions.

Case Story 5

A fifteen year old girl in Ambo has left her home to stay with her friend. She complained about her mother punishing and beating her for every little mistake she makes. The girl got disappointed and decided to leave her home.

The volunteer continuously spoke with the mother and engaged with her in a discussion to advise her about better parenting skills. The mother slowly realized that she has to change her approach in disciplining her daughter. The volunteer brought back the daughter home. The mother's way of interaction changed gradually improving the communication between the mother and the daughter.

Case Story 6

This is the story of a family in Addis Ababa (Kore) whose life has changed dramatically after the intervention of Better Parenting. The husband was a chronic alcoholic who finishes all his money drinking. He never comes home early and he is always drunk when he comes home. He always quarrels with his wife and argues about everything. The family led a stressful life as they only use the mother's income to cover all the household expenses.

The children were traumatized and lived in fear. Following the better parenting training the man was forced to stand and start thinking about the consequences of his behavior. He started coming home early and slowly. He stopped drinking all together. He also started supporting his wife in sharing household expenses. As a result the children started attending school regularly without being worried about their family condition.

4.4 Respondent's opinion on how to better utilize the manuals:

Respondents were asked to mention what additional ways do they think the Better Parenting materials can be used? What additional guidance or support is needed, if any and the followings suggestions were cited by participants on how to better utilize the better parenting manual and job aid in the future:

- The font size of the job aid was very small. Some older volunteers and those who have sight problem got difficulty in reading, despite the pictures are very illustrative.
- Shortage of the larger job aid affected the timely facilitation of the training across all HVCs.
- It could be better if the training provided to other staff members.
- Increase the session number and reducing the number of participants per session in order to increase the level of active participation of all participants.
- Big flip chart is not easy to move from place to place and also very scarce number; couldn't able to use it in bigger group session.
- The changing parenting of care givers would be enhanced if refresher training is considered in the future.

It would be good if older HVCs are given training on how they should interact with their parents/care giver.

5. Conclusion

The findings reported in this assessment suggest that the Better Parenting training was well-liked and seen as useful by the majority of Ips staffs and volunteers participating in the provision skill and knowledge transfer. In fact, the enthusiasm for the training was overwhelming -100 % of the respondents rating the training manual as very useful and very easy to understand and follow good and positively endorsing the trainer. Individual household training, as general education and coffee ceremony and community conversation that gathered together for this purpose were found to be most effective approach for better parenting trainings. Many respondents recognized that care givers gained new knowledge and skills as the result of better parenting training and applied this knowledge and skill to their parenting responsibility.

Almost all respondents: coordinators, officers, community facilitators and volunteers were asserted that care givers are doing better after the parenting training and things are improved in the household. Parenting practices, such as Improving communication and respect in the household, reducing misbehaviors by the child/children, supporting their child's attendance and performance at school, supporting recreation/ play/ free time for children on a regular basis, altering their response to misbehavior (e.g., changing from punishment to positive discipline), clearly setting rules and limits, acknowledging good behaviors, recognizing early signs of developmental problems and a positive change in family relationships were among major behavioral changes frequently observed. From this perspective, it is clear that better parenting is found to be evidence-based training and had a positive influence on care givers' parenting practices.

Recommendation:

These findings suggest that good quality training is just the starting point for the successful delivery of evidence-based parenting interventions. Once trained community volunteers and care givers will continue to require support from their implementing partners particularly in resources and supportive supervision, mentoring & coaching.

The evaluation findings suggest that it would be good for older HVCs to become targets and "teachers" of these materials in their child-minding and other family responsibilities, as well as their interactions with peers – teaching parenting skills to other teenagers and youth as a type of Life Skills learning. After all, most will become parents themselves one day! They can also benefit from these materials in their interaction their parents and care givers. Therefore, Yekokeb Berhan program needs to develop evidence-based methods for supporting child/ youth care givers and older HVCs in the set up and delivery of parenting training, preferably with the involvement of adult mentors to ensure their success in parenting practices.

The evaluation findings suggest that greater importance of having the job aid with increased font size for some older volunteers and those who have sight problem got difficulty in reading and availing adequate number of large flipchart for group training. The program therefore shall consider availing appropriate material for those specific groups in need of it.

