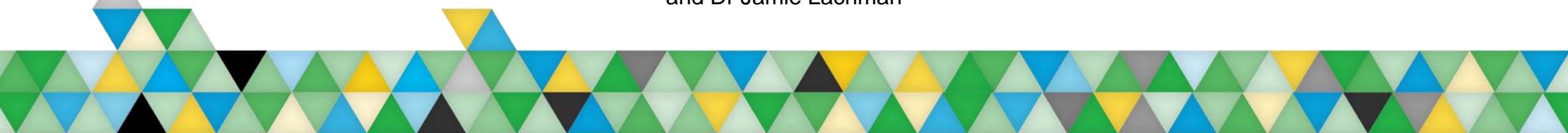


Evaluation of the large-scale implementation of a school- and community-based parenting program to reduce violence against children in Tanzania

Furaha Adolescent Implementation Research (FAIR) Study

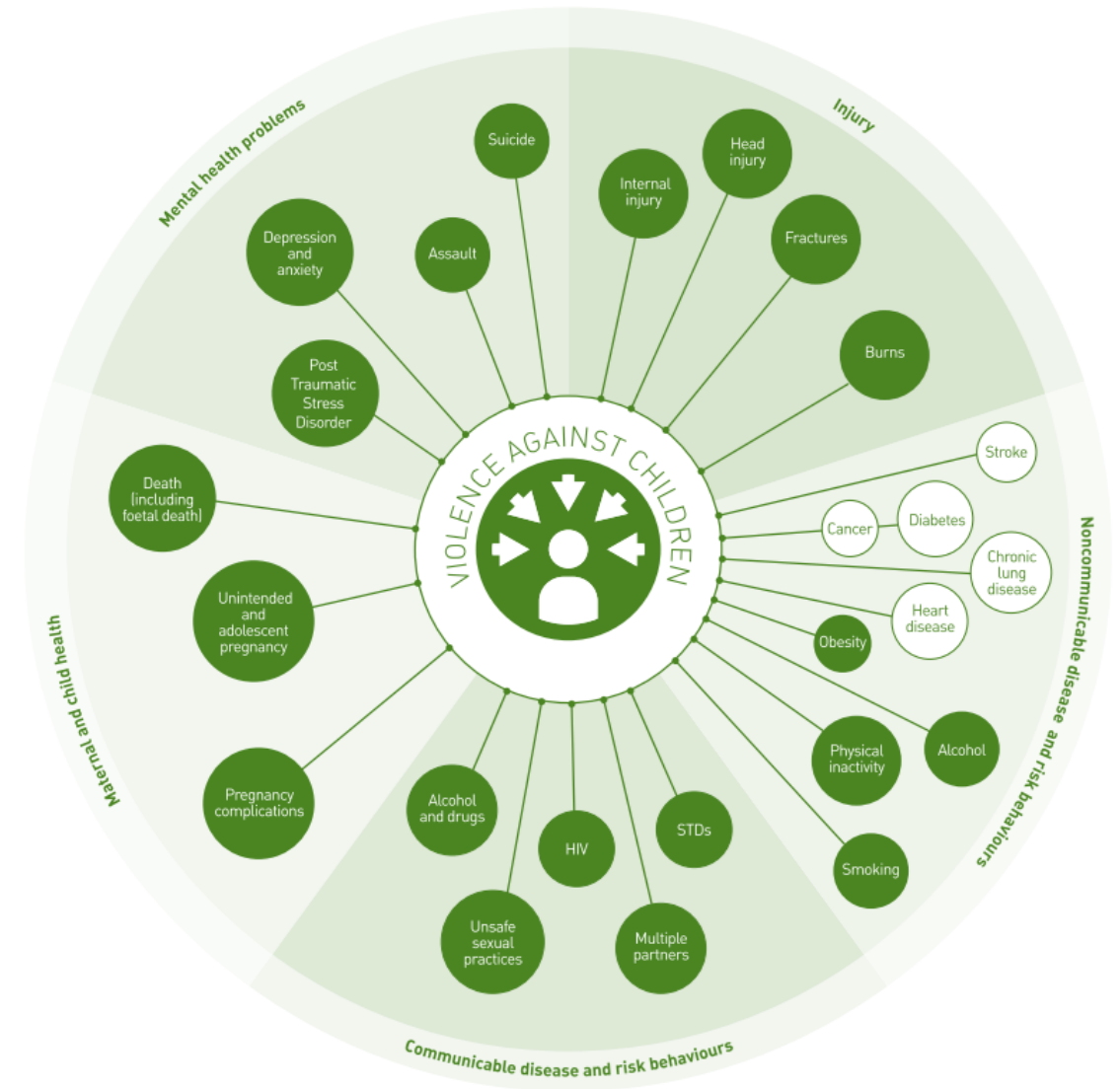


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Violence Against Children

- 1 billion children ages 2-17 exposed to violence each year with higher rates in LMICs (Hillis et al., 2016)
- **Consequences:** a variety of immediate, short-term, and long-term physical and mental problems (e.g., Font & Berger, 2015; Widom et al., 2012; Cowell et al., 2015)
- Most violence occurs in the home, especially for younger children
- Cycle of violence mediated by parent-child relationships (Pardini, 2008)



Violence Against Children in Tanzania

- Over 72% of individuals aged 13-24 have experienced physical violence before 18 (UNICEF 2009)
- Perpetrators of physical and emotional VAC are caregivers, other adult relatives, and teachers
 - Corporal punishment considered normative (UNICEF 2009)
- As a Pathfinder country, Tanzania has prioritized reducing VAC by 50% by 2022 (UNICEF 2016)

One Billion Reasons To End Violence



2 Billion

number of children in the world

1 Billion

number of children subjected to violence

1 in 2 children under age 18 experienced violence in the past year¹

¹ODI & Childfund Alliance 'The costs and economic impact of violence against children' (2014)

3 GOOD HEALTH AND WELL-BEING



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



5 GENDER EQUALITY



Evidence of Parenting Programs

- Evidence shows that parenting programs can reduce VAC
 - improving parenting skills; reducing child behavior problems; indirectly reducing associated risks (youth violence, delinquency, substance use, parental mental health difficulties)
- Key for governments and agencies to implement at scale
- Numerous questions & challenges remain
 - **culturally acceptable and appropriate; feasible to deliver; delivered with fidelity; cost effective; and still effective**



Parenting for Lifelong Health

Aim: Reduce the risk of child maltreatment and improve child wellbeing

15 randomised trials: South Africa (6), Moldova, North Macedonia, Romania, Philippines, El Salvador, Lesotho, Tanzania, Thailand, Zambia



Furaha Teens (PLH Teens) in Tanzania

(Parenting for Lifelong Health for Parents and Adolescents in Tanzania)

Community-based violence prevention and parenting intervention program for caregivers and teens (boys and girls) age

10-17



AIM: To strengthen caregivers' abilities to provide a nurturing and protective environment for adolescents by using positive parenting and relationship-building techniques based on openness, trust and care.

Started in **2017** as part of the Kizazi Kipya (or “New Generation”) Project funded by USAID-PEPFAR through Pact Tanzania.

Furaha Teens Intervention in DREAMS Councils

- In 2020-2021, Pact scaled up Furaha Teens in 8 DREAMS councils.
 - Kyela DC, Mbeya CC, Kahama TC, Ushetu DC, Msalala DC, Shinyanga DC and Shinyanga MC, Muleba DC.
- Focusing on adolescents' girls aged 9-14 years & their parents/caregivers.
- Implemented in schools and communities
- 444 facilitators, 70 coaches
- 75,061 beneficiaries (38,802 girls and 36,259 parents/caregivers).



Furaha Adolescent Implementation Research (FAIR) Study

- 2020-2021 delivery of PLH-Teens in Tanzania offered an unprecedented opportunity to examine the intervention and implementation outcomes when delivered at scale
- Aims to provide vital information on **how to establish, improve, and sustain high-quality implementation of parenting programs at scale**





Main Research Questions

- **What is the impact of Furaha Teens on VAC and participant well-being?**
- **What is the quality of program implementation at scale in Tanzania?**
- **What is the acceptability, appropriateness, feasibility, benefits, and challenges of delivering Furaha Teens in schools and communities?**

Mixed Methods Study

(qualitative and quantitative)

Study population:



Adolescent girls
aged 9-14 years



Parents/caregivers



Pact Tanzania
and partner staff



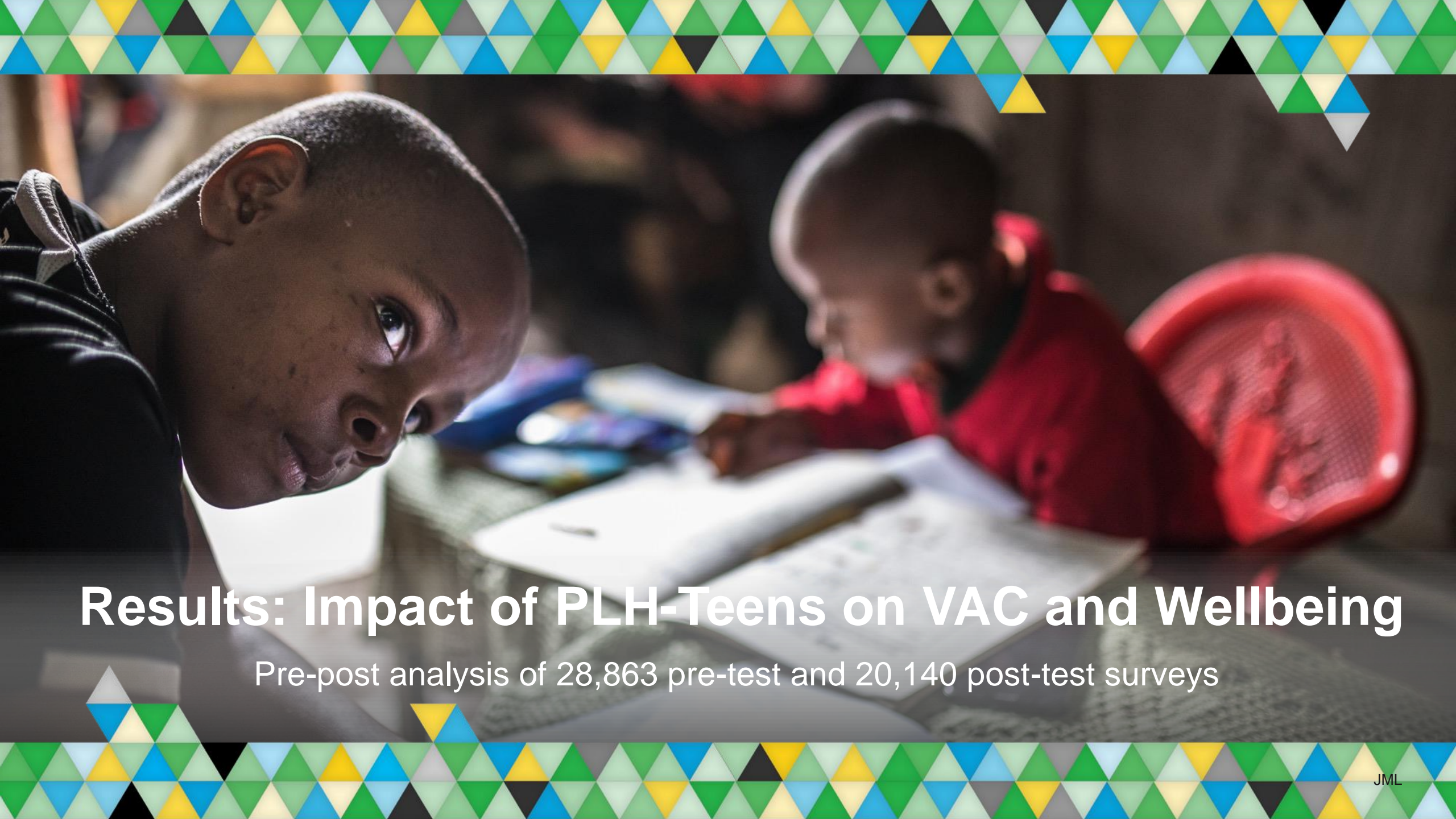
Program
facilitators
and coaches



School principals



Local and international
trainers from Clowns Without
Borders South Africa



Results: Impact of PLH-Teens on VAC and Wellbeing

Pre-post analysis of 28,863 pre-test and 20,140 post-test surveys

Summary of Quantitative Results

Overall **maltreatment** reduced by **46-50%** (both parent and child-report)

IPV reduced by **30%** for victimisation and 23% for perpetration



Reductions in poor supervision, financial insecurity, parenting stress, parent and teen depression, and parent-report of child conduct problems



BUT reductions in **parent support of education** and **positive parent involvement**

Teen's experience of **violence in school** reduced by **32%**

Communication about sexual health increased by **71-86%**



Participant attendance of the programme

Caregivers and teens attended an average of 91% of programme sessions. We found variations in programme attendance based on several factors:

- Families with higher levels of poverty attended 5% less than those with lower poverty levels.
- Families who had experienced death due to TB or AIDS attended 6% more than non-affected families
- Higher attendance was associated with larger reductions in child emotional abuse, poor parent supervision, and parent depression



Acceptability, Appropriateness, Feasibility, Benefits, and Challenges of Delivering Furaha Teens

- 1. Program Acceptability and Cultural Relevance** - Widespread acceptance of Furaha-Teens
- 2. Mode of programme Delivery** –Parents enjoyed group-based mode of delivery using participatory approaches (e.g., role plays)
- 3. Programme impact:** Parent, Child, Implementers, communities
- 4. Barriers to Parent Attendance & Engagement-** Some topics were viewed as culturally inappropriate for mixed parent-adolescent groups (e.g., teaching children how to wear condoms), Rainy weather, prioritizing economic activities & social events; logistical challenges
- 5. Implementers views on promoters of scale-up** - Planning and working closely with community organizations to enhance trust and increase buy-in, Delivery by skilled implementers
- 6. Implementers views on Barriers of scale up:** Conflicting demands on staff time, tight project timelines, Furaha-teens program lacked inclusivity (e.g., only delivered to girls, public schools), COVID-19 related disruptions (e.g., delays, rushed delivery to meet deadlines)

Key Messages

- The Furaha Teens program was **successful in reducing VAC and improving family well-being**
- However, families that experienced more **adversities tended to do less well**
- There was widespread **acceptance of the program** in families and communities
- Several factors support staff in delivering the program whereas others hindered successful implementation



Key Messages

- **The program was appropriate for Tanzanian settings**
- The Furaha Teens program was **successful in reducing VAC and improving family well-being**
- However, families that experienced more **adversities tended to do less well**
- There was widespread **acceptance of the program** in families and communities
- Several factors support staff in delivering the program whereas others hindered successful implementation



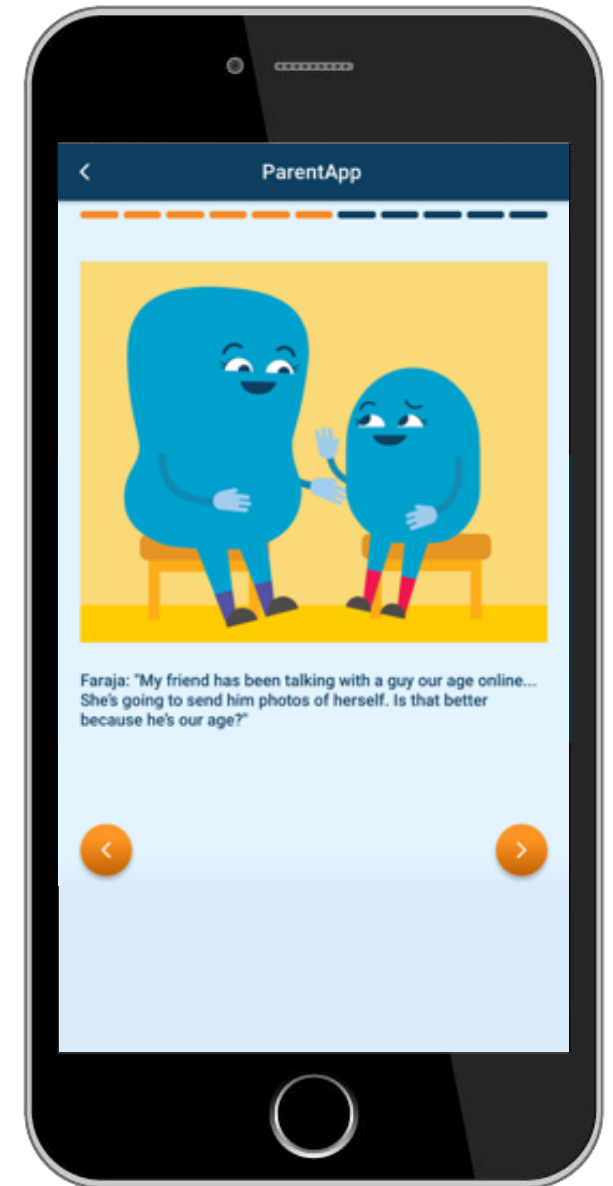
Key Lessons

- Scale-up requires considerable coordinate, time, and resources
- Delivery via school systems requires consideration of teacher workload
- Ensure flexibility in schedules, mode of delivery, allow for program adaptations as appropriate
- Engage all the relevant stakeholders & have genuine collaboration between partners
- Ensure community buy-in removes doubts & discouragements
- Use local implementers to enhance trust & remove language barriers



Next Steps: Digital delivery

- Preparations for digital delivery (ParentApp) of the Furaha Teens program
- Partnership between Tanzania NIMR, University of Oxford, and University of Cape Town
- Study has been approved and funded by LEGO Foundation, Oak Foundation, and UK government
- Pilot in July 2022
- Randomized control trial in September 2022



Acknowledgments

- Funders:
 - Evaluation Fund for funding the FAIR study
 - USAID-DREAMS for funding Pact Tanzania
 - For the implementation of PLH curriculum
- PACT Tanzania staff
- Local Implementing Partners
- Study participants

