

Evaluation of the Parenting Education program pilot with agricultural associations in Mozambique

Context

The program “Parenting Education: Caring for Children from Pregnancy to Five Years” was developed by PATH in 2017, in collaboration with the Provincial Directorate of Gender, Children, and Social Action (DPGCAS) of Maputo Province in Mozambique. It was produced in response to the Ministry’s interest in having a parenting education program that would complement its educational programs for children under five.

Considering the low number of preschools in the country, however, the program was also designed to be applicable in other community contexts where caregivers of children 0 to 5 years often spend their time. These include loans and savings groups, agricultural associations, women’s groups, and religious groups, among others.

Parenting Education addresses topics such as child health, nutrition, early stimulation, father participation, and child protection, which respond to the priorities of the Ministry of Gender, Children, and Social Action, as well as of the Ministry of Health.



Photo: PATH.

The pilot of the Parenting Education program was carried out between September 2017 and March 2018 in Matutuine District by the rural development organizations VIDA and CESAL, with technical support from PATH and the provincial and district health, gender, children, and social action services.

Facilitators selected from over 20 agricultural associations were trained as part of a strategic approach to reach families with children aged 0 to 5 with Parenting Education. PATH ensured the training and the material kits for the facilitators, and VIDA and CESAL jointly with government staff conducted follow-up of the activities in the field.

Objectives

The objectives for the evaluation of the Parenting Education program pilot were the following: 1) to establish whether the agricultural associations were able to implement Parenting Education with sufficient fidelity, with regard to number of sessions and regular participation; 2) to identify any changes in caregiving knowledge and practices, as reported both by the participants and the facilitators of the Parenting Education sessions.

Methodology

To achieve the evaluation objectives, data from the 24 participating agricultural associations was analyzed pertaining to the implementation of Parenting Education sessions.



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GOVERNO DA PROVÍNCIA DE MAPUTO
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CUIDAR DA CRIANÇA DESDE A GRAVIDEZ ATÉ AOS 5 ANOS

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Additionally, a focus group was conducted with the facilitators from ten associations. Finally, four agricultural associations that implemented Parenting Education most regularly were purposefully selected to participate in the focus groups and interviews on changes in caregiver knowledge and practices. The selected associations were from the communities of Zitundo, Tinonganine, Machia and Catembe. Twenty-nine participants from these associations took part in focus group discussions, and four facilitators participated in semi-structured interviews.

The collected data was processed using thematic analysis based on evaluation questions, and triangulated to obtain greater validity of findings. The data was coded by using ATLAS.ti.



Photo: PATH.

Results

The results of the evaluation indicate that, with regard to the fidelity of implementation of the Parenting Education pilot, the program was efficient in mobilizing and retaining participants. Out of the 24 associations, 22 carried out sessions on a regular basis—with most associations conducting 6 or more sessions out of total 10 topic areas—and 15 associations maintained adequate records. The associations did not limit themselves to conducting sessions with its members but brought the program to community meetings, churches, and savings groups. This is noteworthy considering that the facilitators were not receiving any subsidies for facilitating the sessions, but incorporated them as a part of their regular work in the association. Nevertheless, low literacy levels suggest the need to simplify record-keeping procedures for the sessions.

The evidence regarding changes in caregiver knowledge and practices suggests that the project stimulated behavior and

attitude change, both in facilitators and participants, in three main areas: family nutritional practices, especially child feeding; gender dynamics; and caregiver-child interactions.

Regarding nutritional practices, the participants highlighted greater use of local products, varying the foods given to the child, and giving children fewer unhealthy snacks.

“I liked it ... Because I did not know that it is possible to use sweet potato, groundnuts, greens and eggs in the baby’s porridge. This was big for me. And I started seeing my child growing and shining. This has impressed me a lot.”
(Participant, Zitundo)

As a result of the Parenting Education sessions, the participants observed changes in gender dynamics in their household, including increased participation of men in household chores and in child caregiving, as well as improved communication in the families. In the words of one facilitator:

“My husband used to beat me and the children a lot. We did not understand each other. But I started talking to him little by little. In the evenings, I showed him the pictures [from Parenting Education]. He changed a lot. He does not beat the children anymore. He does not get angry when the children fight. I think he even talks to the others about what he has learned.” (Facilitator focus group discussion)

Finally, the participants stressed the positive behavior change when interacting with their children. They now give more time to playing and talking with their children during daily routines and to making toys, and that use of violent methods in correcting children’s behavior has reduced.

“It was very new for me, to play with a child. Before, we just wanted them to be scared of us... But now, when we come home, we call the children and talk with them.” (Participant, Zitundo)

Recommendations

Among other recommendations, the evaluation highlights the need to train more facilitators per association to make the implementation more efficient; to ensure more intensive follow-up of facilitators by field supervisors; and to involve to a greater extent the local authorities in the follow-up and evaluation of Parenting Education activities, which will promote the continuity and sustainability of the program.

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PATH is a global organization that works to eliminate health inequities by bringing together institutions, businesses, investors, and individuals to solve the world’s most pressing health challenges. With expertise in science, market development, technology, advocacy, and dozens of other specialties, PATH develops and scales solutions—including vaccines, drugs, devices, diagnostics, and innovative approaches to strengthening health systems worldwide.

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