



A Quantitative Pre- and Post-assessment Study of a Parenting Intervention linked to the Child Grant and Child Endowment Fund in Nepal

Report from a pilot study, May 2019

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EXECUTIVE SUMMARY

Background: Social protection is recognized as an important intervention to fight childhood vulnerability and poverty in Nepal as well as other developing countries. Save the Children has introduced a parenting programme in 2017 as a key social protection ‘plus’ activity based on the understanding that complementary interventions can make social protection more impactful.

Objective: This report describes results from two pilot studies in Nepal. In pilot study 1, *Child Grant for Children under five years*, baseline (before the introduction of the parenting programme) and endline data (after the introduction of the parenting programme) will be presented from one intervention arm and one control arm in Kavre, Nepal. The intervention arm received the parenting/ caregiver programme as well as the *government child grant cash transfer*, whereas the control arm only received the government cash transfer. In pilot study 2, baseline and endline data from caregivers who received cash from the *Child Endowment Fund*, as well as baseline-endline data from a sub-group of their children and the children’s teachers are presented.

Methods: The *Child Grant for Children under five years* pilot study utilized a baseline-endline design with one intervention group (n = 93) and one control group (n = 92). A split-plot ANOVA was used to investigate interaction effects, and paired sample t-tests were run to follow up significant interactions. The *Child Endowment Fund* pilot study utilized a baseline-endline intervention group only design with caregivers (n = 21), children (n = 10), and teachers (n = 10). One group t-tests were run to compare baseline-endline data for the caregiver provided data. Descriptive data is presented for the child and teacher provided data.

Results: Caregivers in the *Child Grant for Children under five years* reported that their biggest worries were related to children’s education, followed by health, money, and feeding the family. At baseline, the caregivers reported a high mental health burden, and low level of warmth and high level of invasion towards their child. Caregivers also reported high levels of physical punishment. The results showed that the intervention group reported improved scores at endline on several caregiver outcomes, such as positive interaction with the child, less corporal punishment, and improved mental health, as well as improved caregiver reported child outcomes, such as social functioning, learning, somatic and mental health.

More specifically, results from the *Child Grant for Children under five years* pilot study suggest the following changes from baseline to endline:

Changes in the caregiver's biggest worries and expenses

- In the intervention group, there was a change in the caregiver's reports of their biggest worries from baseline to endline. For example, at baseline, 43% of mothers and 29% of fathers worried about their child's education and 10% of mothers and 18% of fathers worried about money. At endline, 65% of mothers and 53% of fathers were worried about their children's education, and 2% of mothers and 0% of the fathers worried about money.
- The mothers and fathers reported higher expenses related to health at endline (80% and 70%) compared to at baseline (54% and 53%) as well as higher expenses related to their children's education at endline (78% and 65%) compared to at baseline (24% and 41%). At the same time, expenses related to loan, building and repairment of houses decreased.

Less caregiver reported somatic health difficulties among the children:

- Fifty percent reduction in maternal reported serious child developmental disabilities from baseline ($M=1.2$) to endline ($M = .50$) in the intervention group, but no significant change in the control group.

Improved maternal mental health, such as:

- A significant decrease in scores on mental health difficulties from baseline to endline for both the intervention group and the control group, e.g. less concentration and temper difficulties, less stomach aching, and less unhappy with everyday chores.
- A decrease from 20% at baseline to 1% at endline in the prevalence of maternal mental health difficulties above the clinical cut-off in the intervention group (decrease from 17% to 14% in the control group).

Improved child-caregiver relationship, such as:

- More parental warmth and less invasion (both mothers and fathers in the intervention group) (also an increase in parental warmth among mothers in the control group).
- More maternal and paternal activities with the child (also an increase in the control group). For the total scale, ranging from 0 (never) to 35 (always), mean score for mothers in the intervention group was 21.70 at baseline and 27.48 at endline ($M = 20.38$ at baseline and 21.61 at endline for the control group). Among the fathers, mean score for fathers in the intervention group at baseline was 16.12, and 25.12 at endline ($M = 16.50$ at baseline and 17.36 at endline for the control group).

Less violence among the mothers, such as:

- Less physical violence, such as hitting the child with a hard object (63% at baseline and 3% at endline) (60% at baseline and 62% at endline in the control group).
- Less psychological violence, such as shouting or yelling at the child (88% at baseline and 16% at endline) (75% at baseline and 96% at endline in the control group).
- Less neglect, such as drinking or getting high with the implication of not being able to take care of the child (23% at baseline and 6% at endline) (30% at baseline and 26% at endline in the control group).
- Less incapability, such as not being able to provide food (61% at baseline and 3% at endline) (46% at baseline and 51% at endline in the control group).

Less violence among the fathers, such as:

- Less physical violence, such as hitting the child with a hard object (35% at baseline and 6% at endline) (15% at baseline and 50% at endline in the control group).

- Less psychological violence, such as shouting or yelling at the child (82% at baseline and 12% at endline) (77% at baseline and 93% at endline in the control group).
- Less neglect, such as drinking or getting high with the implication of not being able to take care of the child (18% at baseline and 0% at endline) (28% at baseline and 27% at endline in the control group).
- Less incapability, such as not being able to provide food (58% at baseline and 3% at endline (8% at baseline and 29% at endline in the control group).

Less egalitarian attitudes to gender, such as:

- At endline, fewer mothers and fathers report that when it is a question of a child's health, it is best to do whatever men want: Among the mothers, 23% at baseline and 1% at endline in the intervention group and 24% at baseline and 22% at endline in the control group. Among the fathers, 31% at baseline and 6% at endline in the intervention group and 0% at baseline and 21% at endline in the control group.

In the *Child Endowment Fund* pilot study, there were less reports of mental health problems among caregivers at endline, and caregivers were furthermore less likely to report that the child has difficulties with emotions and behavior. The caregivers also report more activities with the child and less harsh discipline at endline. The same tendency is shown in reports from children and their teachers. The results need to be interpreted with caution due to the small sample size.

Conclusion and recommendations: The results from the *Child Grant for Children under five years* is promising and supports further implementation to strengthen the upbringing conditions of young children in Nepal. However, more controlled studies are needed, as well as studies that investigate how this initiative can be implemented with fidelity and sustainability. In particular, there is a need for more research with a higher number of participants, a matched control group, and a longer follow up period in order to be able to know whether participation in the *Child Endowment Fund* have a positive impact on orphaned and abandoned children, their new caregivers, and the caregiver-child relationship over time.

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Declaration: The assumptions and opinions expressed in this report are those of the researcher and do not necessarily reflect the official views and position of Save the Children.

BACKGROUND

Poverty is a huge societal problem which is highly correlated with malnutrition, death, disruption, domestic violence, and mental health problems. Orphaned children, both single orphans (death of one primary caregiver), double orphans (death of both primary caregivers), and abandoned children, are at especially high risk for maltreatment and neglect. Globally there are nearly 140 million orphans, of whom 15.1 percent are double orphans (Unicef, 2017). Parents or other close caregivers play an important role in providing a safe, caring, and supporting environment for children to develop optimally. When children grow up with multiple risks, competent caregiving serves as an important protective factor (Felitti & Anda, 2008). Important caregiver behaviors and characteristics include showing warmth, love and affection, providing safety and protection, communicating and expanding on the child's knowledge and interests, and providing guidance and regulation, as well as teaching the child how to deal with stress and harshness (e.g. Larzelere, Morris, & Harrist, 2013). Although most research on parenting has focused on mothers, review data shows that fathers' involvement and support have a positive impact on the developing child in relation to social, behavioral, and mental outcomes (Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2007).

Early childhood interventions show promising results in order to support the upbringing conditions for children through strengthening care environments and family relations, which again support the psychosocial as well as cognitive development of the child (Rao et al., 2014). Programs that combine social protection and caregiver interventions has shown to strengthen positive caregiving practices (Mascours et al., 2012). Review data from low- and middle-income countries shows that family and caregiver interventions improve positive caregiver behavior as well as child mental health and well-being (Pedersen et al., 2019).

Given the importance of appropriate parenting in children's development, Save the Children introduced a parenting programme linked to the social protection programmes that the organization was engaging with, i.e. the government Child Grant and the Child Endowment Fund in Nepal. The Child grant is a Nepal government social protection scheme for children below five years. The objective is to improve nutrition of the targeted children. Initially this scheme was targeted at Dalit children and children from Karnali. However, the government is now expanding the coverage of this scheme to all children in low HDI (Human Development Index) districts. The Child Endowment Fund (CEF) is a community based social protection mechanism, introduced by Save the Children, that provides cash transfers for orphaned children.

THE PARENTING PROGRAMME

For the caregivers taking part in the Child Grant for Children under five years, the parenting intervention included 14 sessions covering social protection programmes, parenting skills, family budgeting, nutrition, and education. Each session had pre-designed content and process qualities. Session 2 to 9 was based on the ICDP, i.e. is the International Child Development Programme. For the Child Endowment Fund, the intervention was the same, but with focus on the importance of education and setting limits to child labor instead of nutrition (session 12 and 13), as this intervention is generally focusing on slightly older children. The topics covered are:

- 1: Social protection
- 2: Introducing ICDP
- 3: Empathy
- 4-5: Emotional dialogue
- 6-7: Meaning dialogue
- 8-9: Regulative dialogue
- 10-11: Family budgeting
- 12-13: Nutrition / education and child labor
- 14: Child work and importance of education.

THE INTERNATIONAL CHILD DEVELOPMENT PROGRAMME

The International Child Development Programme (ICDP) is a psychosocial preventive early intervention programme with an aim to promote a safe, loving, nonviolent, and developing environment for children through supporting their primary caregivers (parents and other caregivers). It is normally implemented in groups of 6-12 parents/caregivers and led by two trained ICDP facilitators. The programme is facilitating, non-instructive, and empowering, building on caregiver's own resources and knowledge. The facilitator's role is to facilitate good group processes, as well as to provide positive feedback, knowledge and support to the participants. Working methods includes group discussions with other caregivers and the ICDP facilitators, homework with their children, and sharing and feedback loops in the groups. By improving caregiver behaviors and attitudes, it is expected to promote resilience in their children (Hundeide 2010; www.icdp.info).

OBJECTIVE OF THE STUDY

The purpose of the pilot study is to investigate the impact of the parenting intervention. The main pilot study (*Child Grant for Children under five years*) includes an intervention group receiving cash transfers and the parenting programme, and a control group receiving cash transfers only. This design will provide us with knowledge about the add-on effects of caregiver support through the parenting programme combined with cash transfers as compared to cash transfers alone.

We hypothesize that combined cash transfers and the parenting intervention will improve caregiver competency through providing the child with more love and appropriate psychosocial stimulation; and that there will be a significant reduction in child violence and neglect, as compared to the control group receiving cash transfers only.

METHODOLOGY

The design is a baseline-endline intervention pilot study at the introduction of parenting support into the project. In the *Child Grant for Children under five years* pilot study, mothers and fathers from the intervention group and the control group report baseline and endline data about themselves, their child, and the caregiver-child relationship. In the *Child Endowment Fund* pilot study, caregivers and children report baseline and endline data about themselves and the caregiver-child relationship, and the teacher provides data on the psychosocial functioning and the environment in which the child grows up.

PROCEDURE

The researcher signed and followed the ethical code of conduct and behavior set by Save the Children. Various instruments were piloted and field-tested with at least five individuals from the target group during a field visit to Nepal in August 2017, and the scales were tested repeatedly to make sure that it was culturally relevant and understood both by the interviewers and by the respondents.

Piloting of the questionnaires showed that it was not possible to use scales for measuring parenting and psychosocial health. Dichotomous questions were applicable, but since this is not sensitive enough in order to measure change in parenting behavior, in a second pilot phase we tested whether it would be possible to use stones as a means to rate a statement based on various degrees of agreement (1 stone=do not agree to 5 stones=strongly agree). Also this turned out to be difficult and unreliable, possible due to the fact that stones and number of stones does not represent anything meaningful for the caregivers. In the third pilot phase, we used step chairs (1 step=do not agree to 5 steps=strongly agree), but like stones, this also did not turn out to make sense among the respondents. In the fourth pilot phase we used Rupee scales, which gave us the opportunity to use a continuous variable ranging from 0 to 100. This was easily understood by the participants, probably because it was culturally meaningful. Rupee scales have previously turned out to be a reliable way of using scales in an Indian setting. In daily talk, it is common to use paisa (1 Rupee=100 Paisa), when grading something as good or bad, big or small (e.g. “this year the crop was only 50 paisa good”) (Kapadia-Kundu & Dyalchand, 2007, p. 4). All possible answer categories where a ranked response is an option was therefore given an answer option based on the Rupee system.

Fifteen SC and partner NGO staff members were trained in the ICDP methodology in April 2017, with continuing training throughout 2017. The parenting sessions took place between the last week of March to the second week of August 2018. Baseline data was collected before the beginning of the intervention, and endline data was collected after the end of the intervention. All questionnaires were completed in an interview situation. Data collectors read the informed consent form out loud to the participants to make sure the respondents understood the purpose of the study as well as the voluntary nature of research. Written informed consent were then sought. The participants were ensured that study participation would not have any impact on their programme participation and that they were free to withdraw from the study without any consequences for the service provision.

Caregivers who had more than one child were asked to focus on one child closest to the age of three when filling in the questionnaire. During the interview, no more explanations of any kind were supposed to be given. If the respondent did not understand the question, the data collectors were instructed to read it out loud again. If the respondent still did not understand, the data collector would skip that question. During the interview situation in the field, the questionnaires were checked daily for completeness or obvious errors, which were corrected on consequent visits.

DATA COLLECTORS

The qualifications necessary to collect data depend upon two main factors (Colorado Trust, 2007). The first is linked to the importance of having cultural and contextual knowledge, and the second that the data collectors are trained in the research process, including voluntary consent and data collection procedures. The data collectors were local persons; hence, the cultural accountability was accounted for during data collection. Furthermore, the data collectors were trained in standardized, neutral questionnaire techniques and recording. They participated in translation and back-translation of the tools as part of the familiarization process and to ensure coherence of the translated documents to the originals.

SAMPLE

All participants were approached for data collection after inclusion into the project and before start-up of the intervention. The intention was that study participation should not be seen as a condition for receiving the parenting intervention.

Child Grant for Children under five years: All the female caregivers in a caregiver-child pair who were part of the initial parenting programme were recruited for the study. At baseline, 107 mothers from the intervention condition and 103 from the control condition took part in the study. At endline, 93 from the intervention group and 92 from the control group participated. In addition, 20 fathers from the intervention condition and 19 from the control condition were approached for data collection. At endline, 17 fathers from the intervention group and 14 from the control group participated. Participants from the control area were sampled from nearby communities similar in terms of social and economic parameters. Participants were recruited based on convenience.

Child Endowment Fund: A total of 21 caregivers of orphaned and abandoned children aged 11 and above were recruited for the study, as well as 10 children and one teacher for each of these children.

SAMPLE CHARACTERISTICS (CHILD GRANT FOR CHILDREN UNDER FIVE YEARS)

At baseline, the children in focus had a mean age of 2.9, ranging from 2-5 (see Table 1). There was no significant gender difference between the two study arms (Chi-square p-value=.125). In the total child group, 103 (49%) were girls and 107 (51%) were boys. In the intervention group, there were 61 (57%) boys and 46 (43%) girls, and in the control group, there were 46 (45%) boys and 57 (55%) girls. The mothers had a mean age of 30.4, ranging from 17 to 74 in the intervention group and from 18 to 71 in the control group. The households had a mean number of 5.84 members. There were significantly more family members in the control group ($M = 6.21$) as compared to the intervention group ($M = 5.48$). The fathers had a mean age of 33.7, ranging from 20 to 62 in the intervention group and from 21 to 49 in the control group (see Table 1).

Table 1: Age of child and caregivers, and number of family members

	Intervention				Control				Total			
	n	Mean	Range	SD	n	Mean	Range	SD	n	Mean	F	p
Age child	107	2.93	2-5	.776	103	3.04	1-5	.774	210	2.98	1.19	.276
Age mothers	107	30.64	18-71	11.21	103	30.21	17-74	11.04	210	30.43	.079	.779
Age fathers	20	35.35	20-62	12.02	19	32.05	21-49	7.42	39	33.74	1.05	.312
Nr. of family members	107	5.48	1-12	2.20	103	6.21	3-16	2.69	210	5.84	4.75	.030

The caregiver was the child's mother in 96 percent of the cases in the intervention group, and in 95 percent of the cases in the control group. Two of the main caregivers in the intervention group were the child's grandparent, one the child's sibling, and one the child's cousin. In the control group, two were the child's father, and three the child's grandparent. Twelve percent ($n = 13$) of the households in the intervention group and 24 percent ($n = 23$) in the control group were single headed. This difference was significant at a .05 level ($F = 04.61$, $p = .033$). Approximately one-fifth (20.9% of total sample) of the children went to day care ($F = .262$, $p = .609$) (see Table 2). The caregivers lived in three different districts. There were no significant differences in demographic information between the two study arms in regard to where the caregivers lived.

Table 2: Respondent's relationship with the child, household characteristics, and day care

	Intervention n (%)	Control n (%)	Total n (%)	Chi-square p-value
Relationship to child				.372
Mother	104 (96.3)	98 (95.1)	202 (95.7)	
Father	0 (0)	2 (1.9)	2 (0.9)	
Grandparent	2 (1.9)	3 (2.9)	5 (2.4)	
Sibling	1 (0.9)	0 (0)	1 (0.5)	
Cousin	1 (0.9)	0 (0)	1 (0.5)	
Single headed household				.025
Yes	13 (12.3)	23 (23.7)	36 (17.7)	
No	93 (87.7)	74 (76.3)	167 (82.3)	
Child in day care				.366
Yes	20 (19.4)	23 (22.3)	43 (20.9)	
No	83 (80.6)	80 (77.7)	163 (79.1)	

MISSING

A total of 11.1 percent of the mothers and 22.5 percent of the fathers did not complete the endline questionnaire. There were no significant differences in number of participants with baseline and endline data in the intervention and control group for mothers ($n = 23$, $F = .96$, $p = .328$) or fathers ($n = 9$, $F = .289$, $p = .594$). There were no significant differences between mother or fathers with and without endline data in regard to age, gender, marital status, and education.

SAMPLE CHARACTERISTICS (CHILD ENDOWMENT FUND)

A total of 21 caregivers in the Child Endowment Fund filled in questionnaires. Nine of the caregivers (43%) were the child's mother, 3 (14%) were the father, 6 (29%) were the grandparent, 1 (5%) was uncle or aunt, and 2 (10%) were other family members. The children in focus were between the age of 9 and 14, with a mean age of 12. Twelve (57%) were boys and 9 (43%) were girls. Eight children (40%) were double orphan, eight (40%) single orphan, and four (20%) were abandoned. There was a minimum of 3 and a maximum of 16 people in the household, with a mean number of 6.67 people ($SD = 3.18$). The children had attended between 1 and 8 years at school, with a mean number of 4.47 years ($SD = 2.20$). Ten of the children (5 girls, mean age of 12.1) completed a questionnaire about themselves and their relationship with the caregiver, and the child's primary teacher completed a questionnaire about each of the ten children.

MEASURES

Demographics (age, gender, relationship with the caregiver, household characteristics), *nutrition, food, health, family budgeting, and child work*: Questions developed by Save the Children.

Ten Questions Screen (TQ) – (Zaman et al., 1990). Ten questions for screening serious childhood disability. Respondents answer yes (1) or no (0) (e.g. Compared with other children, does the child have any serious delay in sitting, standing or walking?). One question was added in current study.

Discipline, based on the Conflict Tactics Scales, Parent-Child Version (CTSPC) (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). A total of 14 items including some cultural relevant items as previously used in a study by Sherr et al. (2011). Measures parent's discipline methods (psychological aggression; physical assault; and non-violent discipline). The questionnaire gives a frequency perspective on the following topics: Beating, with or without tools; threatening to send out, threatening with spirits, withheld food or other privileges; degrading talks; verbal explanation; incapability (work, own problems, drug or alcohol) to show love and affection, daily or critical care). Scored never (0), sometimes (1), often (2) or always (3). A prevalence score is also calculated.

Activities with the child. Item 10, 14, 17, 21, 23 from the Parent-Child Activity Scale Royal Free and University College Medical School. A questionnaire with 6 items, where the following is measured on a 5-point scale from never (0), rarely (1), sometimes (2), often (3) to always (4): Follow-up of school attainment and achievement; eating together; give praise; share common interest; show affection and supporting the child. In the analysis, rarely/sometimes as well as often/always are combined.

Mothers/Fathers Object Relations scales (MORS/FORS) (Oates, Gervai, Danis, & Tsaroucha, 2005). Captures the parents' emotional bonding, affection and relationship to the child. It includes 14 items which is scored on a 5-point scale ranking frequency from never to always. For the warmth subscale (item 1, 3, 4, 6, 8, 11, 13), a total score of 11 and lower is high concern, 10-15 is moderate concern, and 16 and above is low concern. For the invasion subscale (item 2, 5, 7, 9, 10, 12, 14), a score of 17 and above is of high concern, 12-16 of moderate concern, and 11 and below is low concern.

Rights and privileges of men/equity for girl's subscale (Underwood, Leddy, & Morgan, 2014). Six items on rights and privileges of men and equity for girls, rated as 1 (agree) or 0 (disagree).

Caregiver's mental health status (Patel, Simunyu, Gwanzura, Lewis, & Mann, 1997). The Shona Symptom questionnaire, 14 standardized items scored yes (1) or no (0) capturing depression, concentration problems, sleep problems, somatization, anxiety, suicidal thoughts.

Strengths and difficulties. Ten items based on the Child and Difficulties Questionnaire (SDQ; Goodman, 1999). A self-, parent- or teacher reported instrument measuring Prosocial behavior, Peer problems, Conduct problems, Emotional problems, and Hyperactivity/Inattention. In addition, it includes an impact supplement, addressing the impact of the child's difficulties on different domains such as home, in relation to peers, and at school. The SDQ has been translated to several languages, including Nepali. A total difficulties score is calculated by summing all of the subscales. The Prosocial subscale is reverse coded. Psychometric properties for the SDQ is strong (Stone et al., 2010). For the caregivers, a short version of the SDQ is used.

Social support. Modified Medical Outcomes Study Social Support Survey (mMOS-SS; Moser et al., 2012). Perceived intensity of care, quality of communication, help, responsible behavior (feeding, going to the doctor). The psychometric properties of the mMOS-SS is good (Moser et al., 2012).

The Children's Depression Inventory (Kovacs, 1992). Short version of the Children's Depression Inventory. Measures, sadness, self-worth, worries, friendships, care. Scored from 0 to 2.

Child Status Index (CSI) (Nyangara, Nyberg, Murphy, & O'Donnell (2008). Domain care, play, abuse, emotional health, learning, school attendance.

PLAN OF ANALYSIS

Data was entered in Excel and exported from Excel to SPSS. Descriptive analysis, chi-square analysis, and one-way ANOVAS will be used to describe the sample, and crosstabs to investigate prevalence's in various sub-groups (intervention group versus control group). For continuous variables, means (95% confidence intervals) will be reported. For categorical outcomes, percentages and descriptive statistics will be reported.

For baseline-endline analysis, general linear model, repeated measures, also called a mixed-design, split-plot ANOVA, will be used to investigate interaction effects, that is, whether the mean change in outcomes in the intervention group and the control group differed from baseline to endline. The F statistics will be provided, which is an estimate of population variance which accounts for the degree of freedom to determine whether the variability between the group means is larger than the variability within the groups. In addition, p values and effect sizes through partial eta will be provided to estimate group mean differences, where 0.14 is regarded a large effect size, 0.06 a medium, and 0.01 a small effect size (Cohen, 1988). Significant interactions (only for total scale scores, not for individual items) will be investigated further with paired sample t-tests, which enables us to interpret the main effect. For the caregiver data in the *Child Endowment Fund*, T-tests will be used to compare baseline-endline data.

ETHICAL CONSIDERATIONS

It is estimated that the intervention will promote improved mental health and psychosocial well-being and that it will not lead to any harm. We strive not to raise unrealistic expectations of the intervention (IASC, 2007). The focus in this high-risk context is on supporting the children's access to appropriate food and psychosocial stimulation and schooling yet without the possibility to treat severe mental health disorders such as anxiety, depression, and post- traumatic stress symptoms. Save the Children and its partner NGOs can however link parents and children to resource persons trained in psychosocial counselling.

STUDY 1: CHILD GRANT FOR CHILDREN UNDER FIVE YEARS

FAMILY BUDGETING

At baseline, half (50%) of the mothers in the intervention group said that they were engaged in the family budgeting in the household. At endline, 87 mothers (95%) were engaged in family budgeting. There was an increase from 78 percent (n = 70) to 96 percent (n = 88) of the mothers in the intervention group who reported that they were engaged in food prioritization for their children from baseline to endline. At baseline, six mothers (7%) in the intervention group reported that their children aged 13-17 were engaged in paid work, and at endline, four mothers (4%) reported this.

BIGGEST WORRIES

At baseline, when asked “what are you most worried about?”, the mothers in the intervention group (n = 92) and in the control group (n = 85) most frequent answer was related to children’s education. This increased from baseline to endline in the intervention group whereas the worries related to money decreased. In the control group, more caregivers worried about feeding family and money at endline, and fewer worried about health. See figure 1 and 2 for the responses from mothers in the intervention and control group respectively.

Figure 1: Biggest worries: Mothers in the intervention group

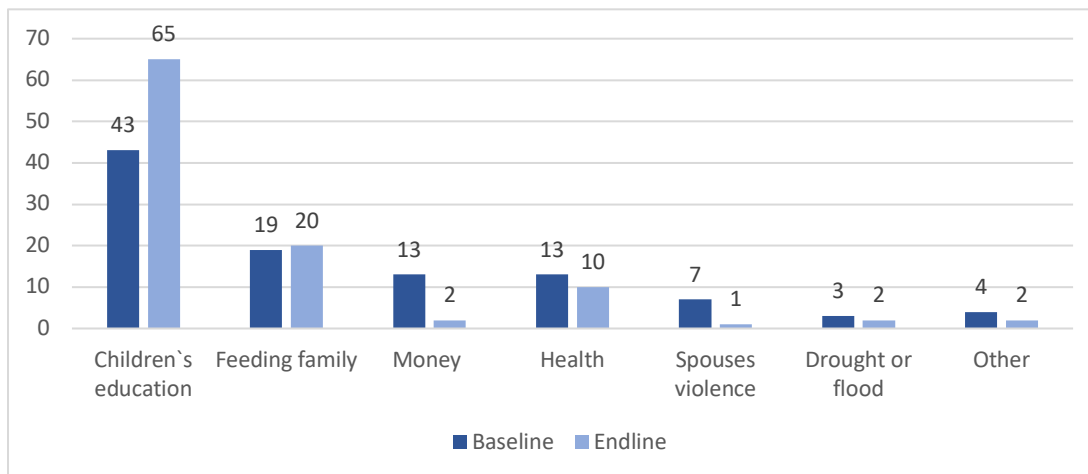
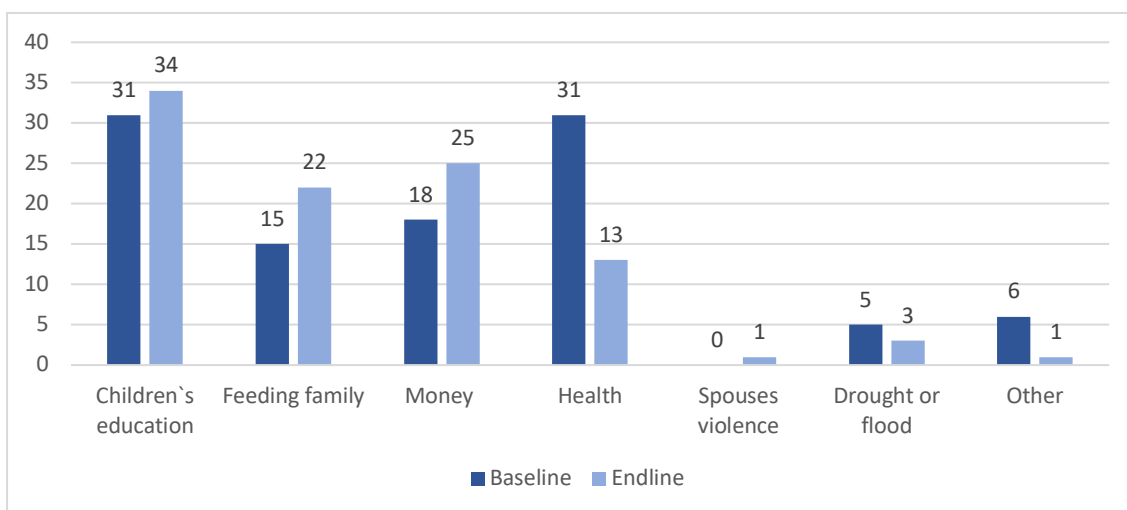


Figure 2: Biggest worries: Mothers in the control group



Among the fathers in the intervention group (n = 17) and control group (n =14), children's education is reported as their biggest worry, followed by feeding family, health, and money. At endline, fathers in the intervention group were more worried about their children's education and about feeding the family, whereas we see an opposite pattern for the fathers in the control group. Whereas fathers in the intervention group are less worried about money and health at endline, fathers in the control group are more worried about this at endline (Figure 3 and 4).

Figure 3: Biggest worries: Fathers in the intervention group

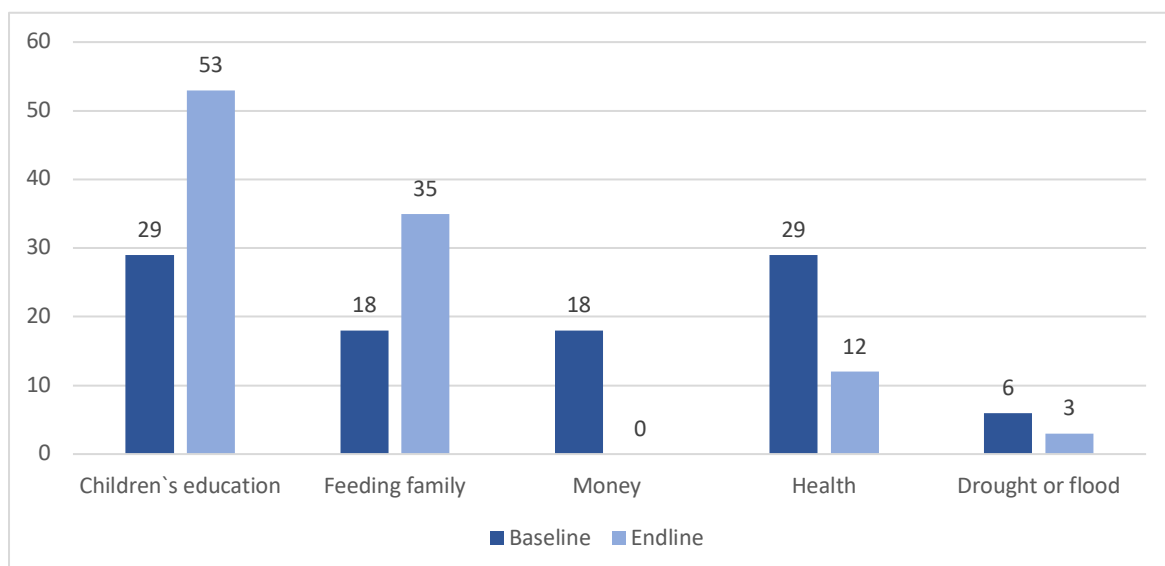
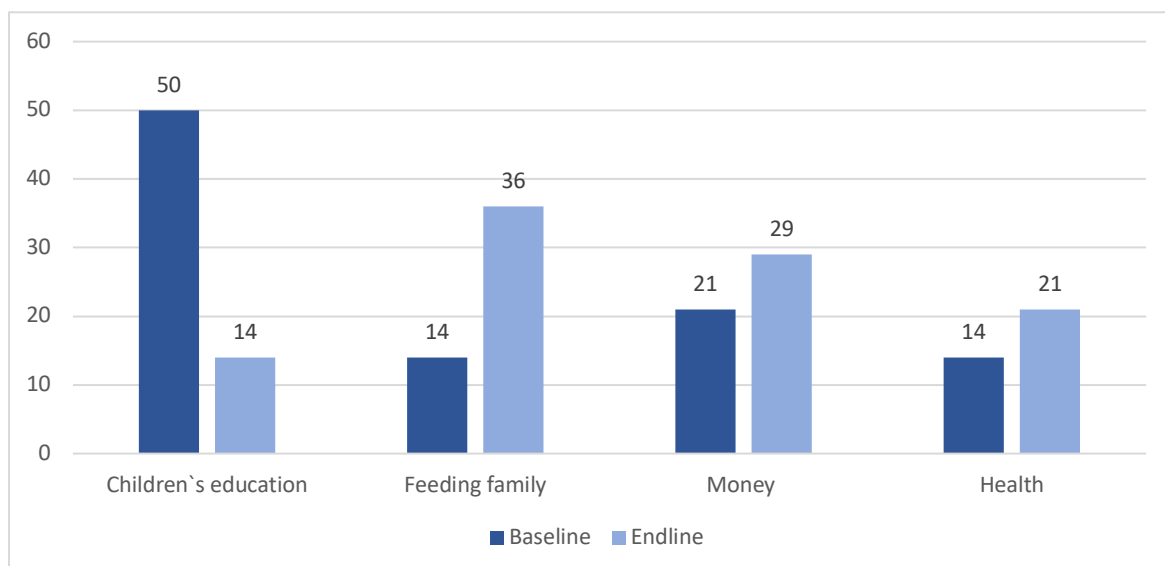


Figure 4: Biggest worries: Fathers in the control group



BIGGEST EXPENSES

For both mothers and fathers in the intervention group and control group, health, food, and children's education were listed as being their biggest expenses. When asked about listing their three biggest expenses, mothers (Figures 5 and 6) and fathers (Figures 7 and 8) in the intervention group more than parents in the control group tended to list health and children's education after the intervention, whereas we see the opposite patterns for mothers and fathers in terms of expenses related to loan and building expenses. Please see Figures 5-8 for the responses provided by mothers and fathers at baseline and endline.

Figure 5: Biggest expenses: Mothers in the intervention group

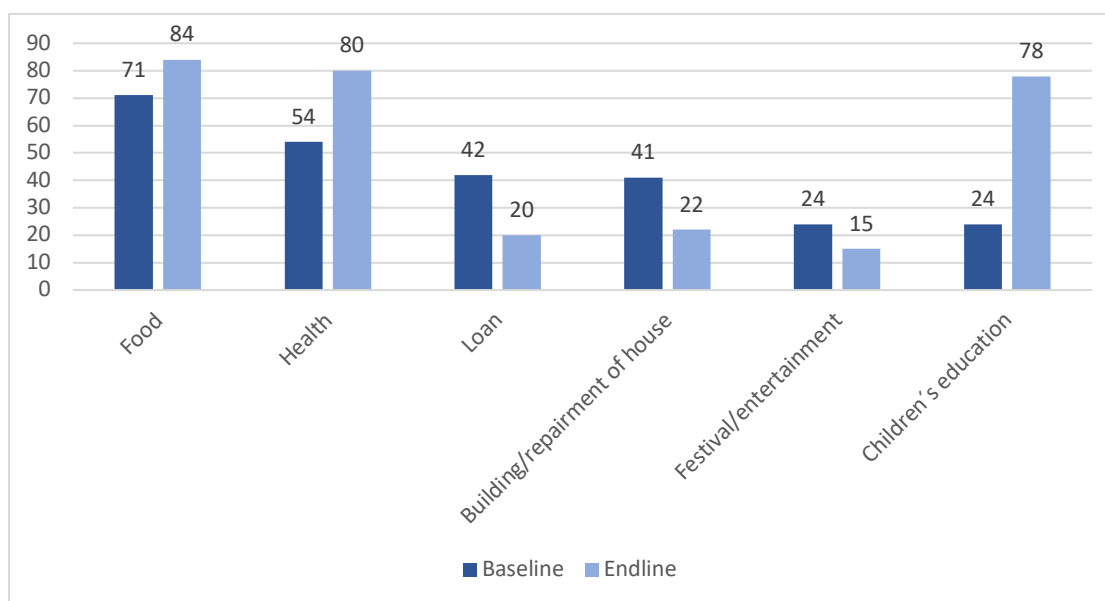


Figure 6: Biggest expenses: Mothers in the control group

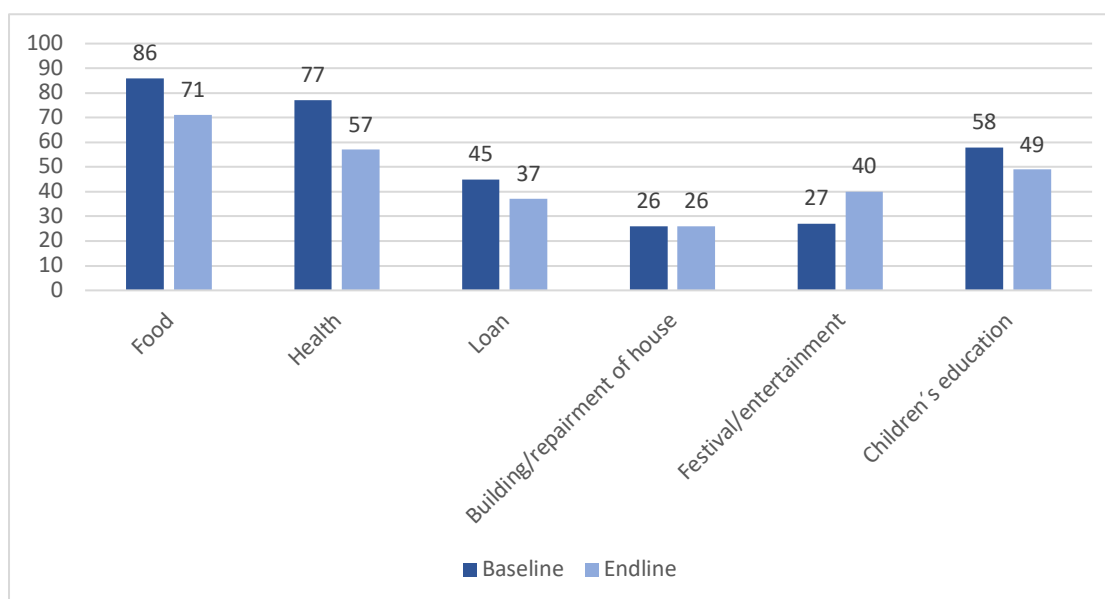


Figure 7: Biggest expenses: Fathers in the intervention group

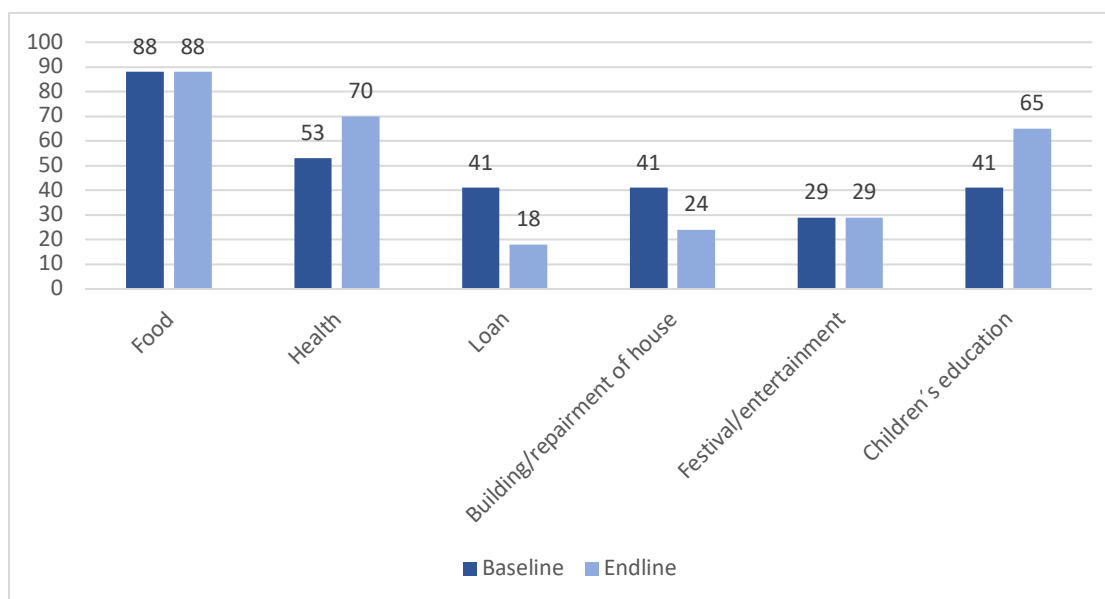
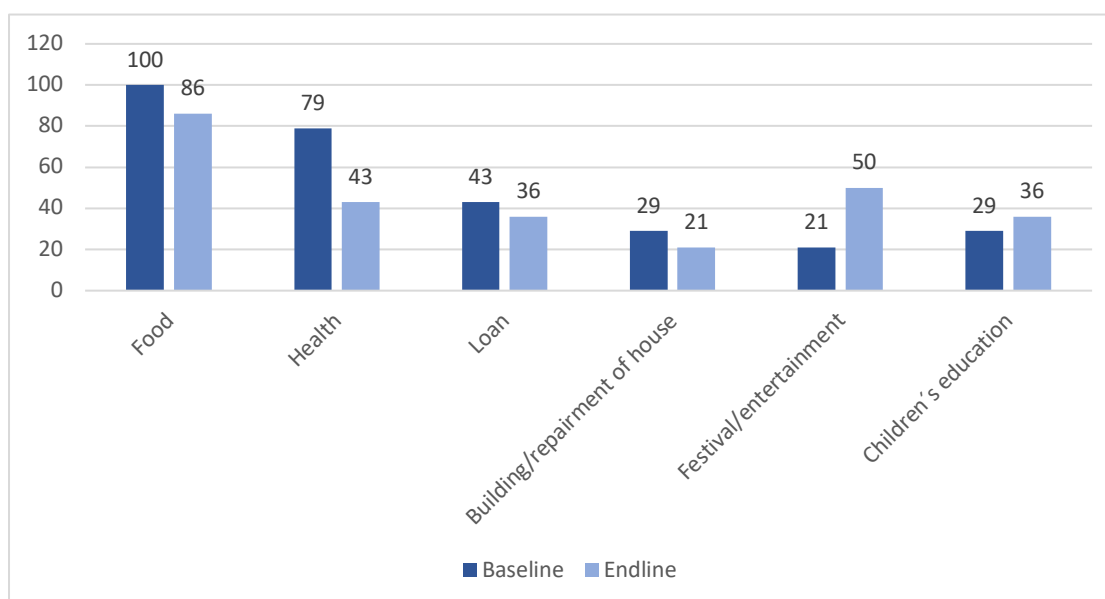


Figure 8: Biggest expenses: Fathers in the control group



PAYMENT OPTIONS WHEN FACING ILLNESS

When asked “You or your child fall sick and need to go to the hospital. How do you pay for it”, most of the mothers in both the intervention group (78%) and in the control group (73%), as well as most of the fathers in both the intervention group (82%) and in the control group (82%) would need to borrow money. At endline, only 11 percent of the mothers in the intervention group (64% in the control group) and 6 percent of the fathers in the intervention group (64% in the control group) report that they would need to borrow money. Instead, 87 percent of the mothers in the intervention group (25% in the control group) and 94 percent of the fathers in the intervention group (21% in the control group) would be able to use savings (please see Figures 9-12).

Figure 9: Payment options when facing illness: Mothers in the intervention group

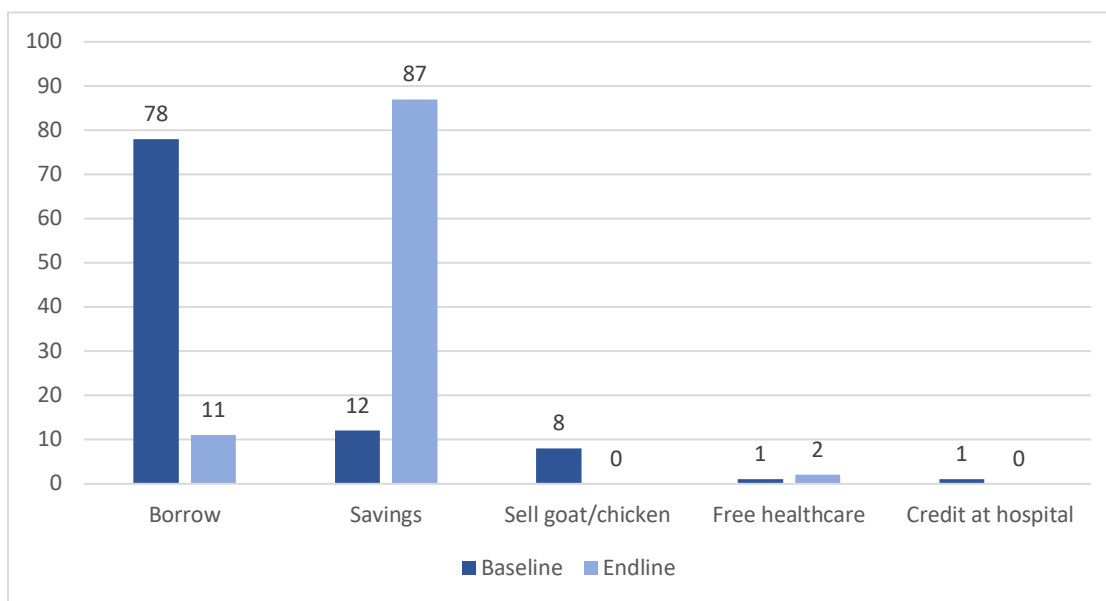


Figure 10: Payment options when facing illness: Mothers in the control group

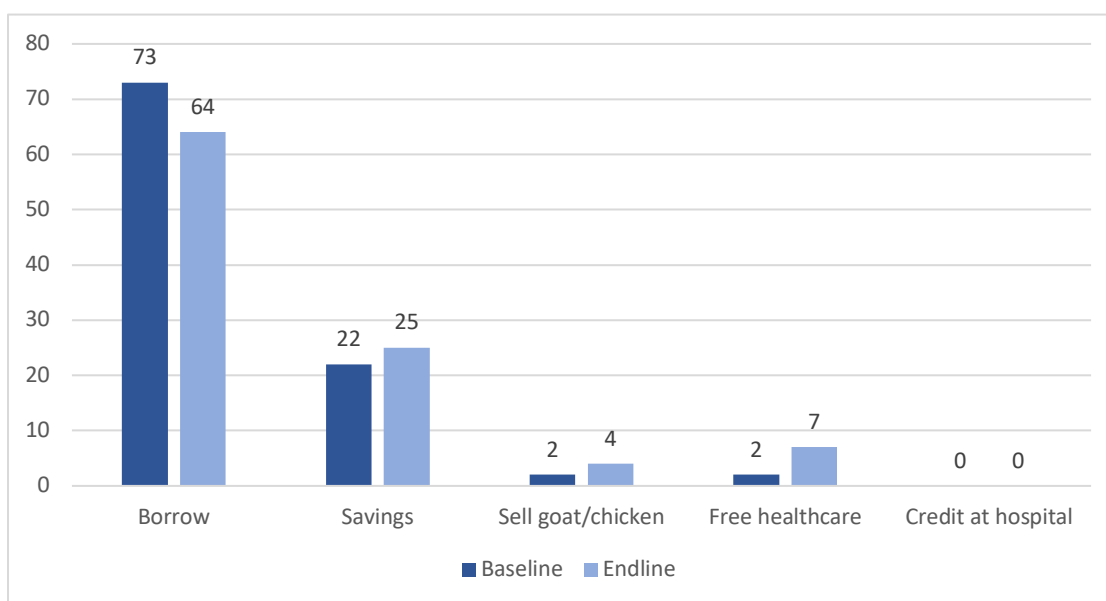


Figure 11: Payment options when facing illness: Fathers in the intervention group

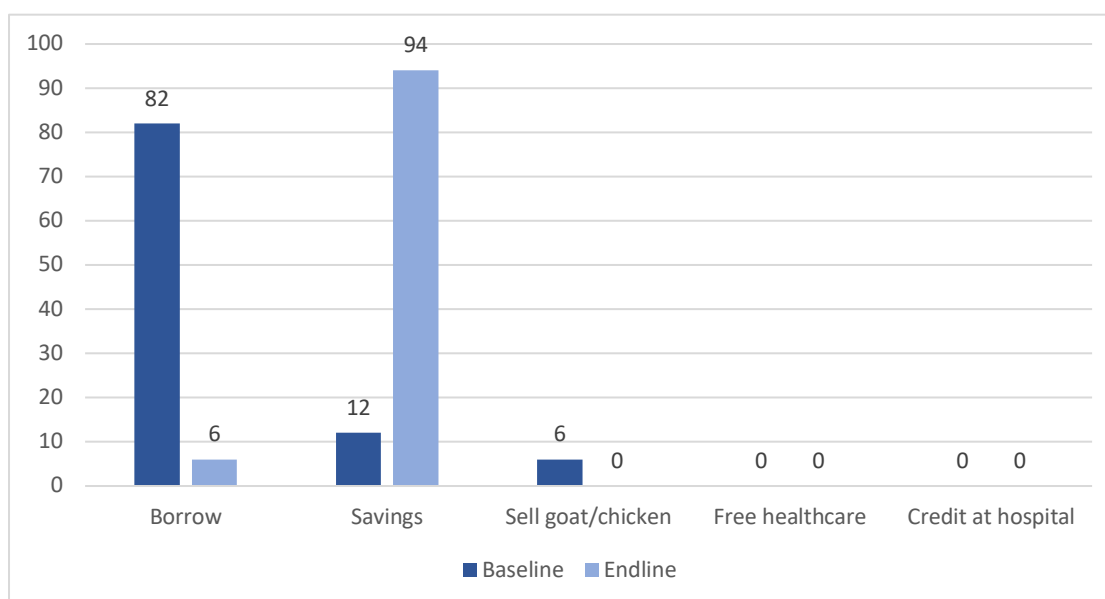
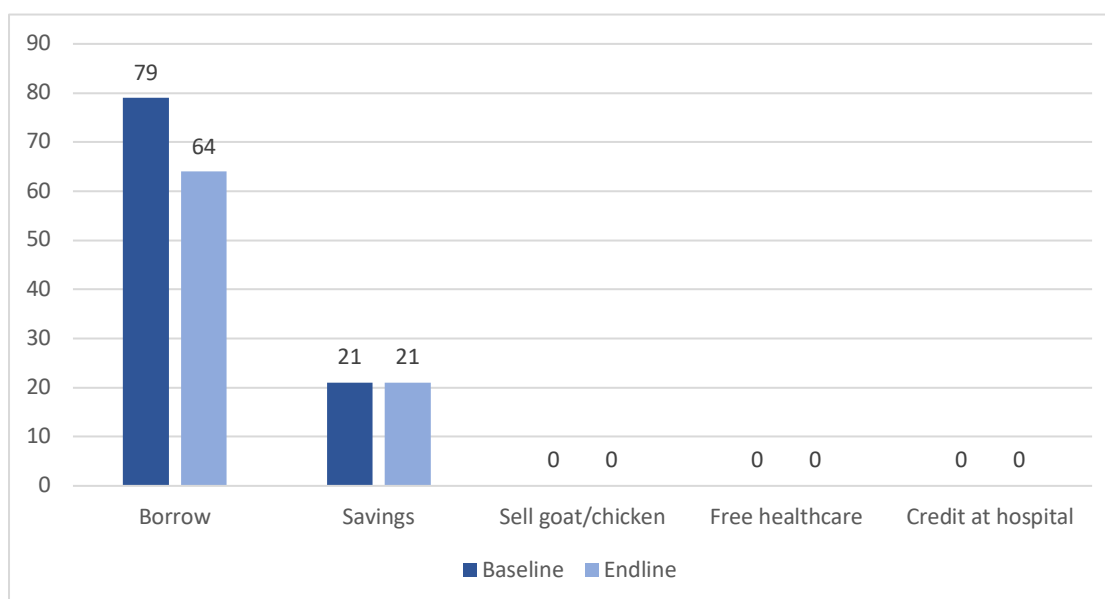


Figure 12: Payment options when facing illness: Fathers in the control group



CHILD HEALTH

At baseline, the majority of the caregivers reported that the children had fever and cough the last two weeks, close to half reported chills and rigors the past three months, and approximately one third reported diarrhea and cough and breathing difficulties that interfered with the ability to eat or drink. There were no interaction effects for any of the items measuring illness among the children (see Table 3).

Table 3: Illness among the children: Mothers' report

	Arm			Baseline			Endline			df	F	p	Partial eta squared
				Yes n (%)	No n (%)	Don't know n (%)	Yes n (%)	No n (%)	Don't know n (%)				
1. Fever last two weeks	Interv.	92	61 (66)	28 (30)	3 (3)	61 (66)	31 (34)	0 (0)		1, 182	.999	.319	.005
	Control	92	68 (74)	22 (24)	2 (2)	57 (62)	35 (38)	0 (0)					
2. Chills and rigors the past three months	Interv.	91	39 (43)	48 (53)	4 (4)	12 (13)	80 (87)	0 (0)		1, 181	1.69	.195	.009
	Control	92	43 (47)	48 (52)	1 (1)	18 (20)	72 (78)	2 (2)					
3. Diarrhea last two weeks	Interv.	91	28 (31)	61 (67)	2 (2)	9 (10)	81 (90)	0 (0)		1, 179	1.07	.302	.006
	Control	91	17 (19)	73 (80)	1 (1)	21 (23)	69 (75)	2 (2)					
4. Cough last two weeks	Interv.	91	61 (67)	28 (31)	2 (2)	50 (54)	42 (46)	0 (0)		1, 180	1.53	.218	.008
	Control	91	62 (68)	28 (31)	1 (1)	57 (62)	34 (37)	1 (1)					
5. Cough/breathing difficulties interfered with ability to drink/eat	Interv.	92	34 (37)	55 (60)	3 (3)	20 (29)	49 (71)	0 (0)		1, 158	2.63	.107	.016
	Control	91	28 (31)	63 (69)	0 (0)	23 (25)	68 (74)	1 (1)					

Responses to the Ten Question Interview showed that both the mothers (Table 4) and the fathers (Table 5) reported generally few serious childhood disabilities in their children. For total disabilities, there was a significant time and group interaction for the mother's reports, $F(1, 182)=8.38$, $p = .004$, $\eta^2 = .044$. Follow-up tests suggests that the intervention group reported significantly fewer child difficulties at endline, $M = .50$ ($SD = 1.54$), as compared to baseline, $M = 1.2$ ($SD = 1.67$) $t = 4.49$, $p = <.001$. The control group did not change significantly from baseline ($M = 1.04$, $SD = 1.71$) to endline ($M = 1.05$, $SD = 1.56$), $t = -.06$, $p = .955$. When looking at the individual items, only item 1 showed a significant interaction.

Table 4: Serious childhood disability: Mothers' report

	Arm	Baseline		Endline		df	F	p	Partial eta squared
		n	Yes (%)	n	Yes (%)				
1. Have any serious delay in sitting, standing or walking?	Interv.	90	31 (34.4)	92	6 (6.5)	1, 180	11.75	.001	.061
	Control	92	20 (21.7)	92	15 (16.3)				
2. Have difficulty seeing, in the daytime or at night?	Interv.	88	4 (4.5)	92	1 (1.1)	1, 175	4.57	.034	.025
	Control	89	1 (1.1)	92	4 (4.3)				
3. Appear to have difficulty hearing?	Interv.	89	4 (4.5)	92	2 (2.2)	1, 179	.342	.559	.002
	Control	89	4 (4.3)	92	4 (4.3)				
4. When you tell the child to do something, does he/she seem to understand?	Interv.	89	83 (93.3)	92	87 (94.6)	1, 170	.152	.697	.001
	Control	84	69 (82.1)	91	76 (83.5)				
5. Does the child have difficulty in walking/moving his/her arms/weakness/stiffness in arms/legs?	Interv.	88	11 (12.5)	92	5 (5.4)	1, 177	.89	.354	.005
	Control	95	5 (5.5)	92	3 (3.3)				
6. Does the child sometimes have fits, become rigid or lose consciousness?	Interv.	89	3 (3.4)	92	3 (3.3)	1, 175	.335	.564	.002
	Control	89	4 (4.5)	91	6 (6.6)				
7. Does the child learn to do things like other children his/her age?	Interv.	84	73 (86.9)	92	89 (96.7)	1, 158	.886	.348	.006
	Control	77	68 (88.3)	91	82 (90.1)				
8. Does the child speak at all (make her/himself understood in words; can say recognizable words?)	Interv.	89	78 (87.6)	92	87 (94.6)	1, 176	1.21	.273	.007
	Control	89	75 (84.3)	92	79 (85.9)				
9. Is the child's speech in any way different from normal?*	Interv.	88	14 (15.9)	92	8 (8.7)	1, 174	2.14	.145	.012
	Control	88	12 (13.6)	92	15 (16.3)				
10. Can the child name at least one object (animal, toy)?*	Interv.	80	81 (90.0)	92	86 (93.5)	1, 176	.416	.520	.002
	Control	88	81 (92.0)	92	84 (91.3)				
11. Compared with other children at same age, does the child appear mentally backward, dull or slow?	Interv.	89	7 (7.9)	92	2 (2.2)	1, 176	2.31	.131	.013
	Control	89	5 (5.6)	92	5 (5.4)				

*9: For 3-9-year-olds. 10: For 2-year-olds. All caregivers provided answers to both 9 and 10.

There was a significant time and group interaction also among the fathers' reports of the child's disabilities (total scale), $F(1, 29)=12.14$, $p = .002$, $\eta^2 = .295$. Follow-up tests suggests that the intervention group reported significantly fewer serious childhood disabilities at endline, $M = .65$ ($SD = 1.50$) compared to baseline, $n = 17$, $M = 1.94$ ($SD = 2.46$), $t = 3.40$ $p = <.001$. The control group did not change significantly from baseline ($n = 14$, $M = .64$, $SD = 1.74$) to endline ($M = 1.14$, $SD = 1.23$), $t = -1.53$, $p = .151$. There was no significant group and time interaction for individual items in the father's report of their child's developmental disabilities (Table 5).

Table 5: Serious childhood disability: Fathers' report

	Baseline		Endline		df	F	p	Partial eta squared
	n total	Yes (n, %)	n	Yes (n, %)				
1. Have any serious delay in sitting, standing or walking?	28	8 (28.6)	29	4 (13.8)	1, 26	1.32	.260	.048
2. Have difficulty seeing in the daytime or at night?	27	1 (3.7)	31	0 (0.0)	1, 25	.79	.381	.031
3. Appear to have difficulty hearing?	29	2 (6.9)	31	2 (6.5)	1, 27	.00	1.00	.000
4. When you tell the child to do something, does he/she seem to understand?	29	27 (93.1)	30	26 (86.7)	1, 27	.931	.343	.033
5. Does the child have difficulty in walking/moving his/her arms/weakness/stiffness in arms/legs?	30	6 (20.0)	31	3 (9.7)	1, 28	1.656	.209	.056
6. Does the child sometimes have fits, become rigid or lose consciousness?	28	1 (3.6)	31	2 (6.5)	1, 26	1.00	.327	.037
7. Does the child learn to do things like other children his/her age?	26	22 (84.6)	29	25 (86.2)	1, 24	7.74	.010	.244
8. Does the child speak at all (make her/himself understood in words; can say recognizable words?)	31	25 (80.6)	30	29 (96.7)	1,28	.525	.475	.018
9. Is the child's speech in any way different from normal?*	30	4 (13.3)	30	1 (3.3)	1, 27	.281	.600	.010
10. Can the child name at least one object (animal, toy)?*	25	25 (80.6)	31	30 (96.8)	1, 29	3.48	.072	.107
11. Compared with other children of his/her age, does the child appear mentally backward, dull or slow?	28	2 (7.1)	31	1 (3.2)	1, 26	.743	.397	.028

*9: For 3-9-year-olds. 10: For 2-year-olds. All caregivers provided answers to both 9 and 10.

NUTRITION

At baseline, 55 percent ($n = 51$) of the mothers in the intervention group and 63 percent ($n = 55$) of mothers in the control group had breastfeed their child, of whom 47 percent ($n = 43$) and 44 percent ($n = 34$) in the intervention and control group respectively still breastfeed their child at the time of the survey. At endline, 63 percent ($n = 58$) of the mothers in the intervention group and 49 percent ($n = 45$) of mothers in the control group breastfeed their child of whom 33 percent ($n = 24$) of the mothers in the intervention group and 44 percent ($n = 34$) of the mothers in the control group still breastfeed at the time of the survey. There was a significant interaction effect in terms of breastfeeding, $F(1, 178)=5.26, p = <.001, \eta^2=.029$. Follow-up tests showed that there was a significant decrease in number of mothers breastfeeding their child in the control group from baseline to endline, $t = 2.21, p = .030$, but no significant change in the intervention group, $t = -1.04, p = .299$. There was no significant interaction in terms of still breastfeeding the child. The child had an average age of 9 months (range 1-40 months, $SD = 5.69$) when s/he was introduced to other food than breastmilk. There were no significant differences between the intervention group and the control group in terms of the child's age when introduced to other foods ($p = .270$).

When asked how many meals the child had received from the morning they woke up the one day until the next morning, the average number of meals were 5.0 ($SD = 1.58$) for the intervention group and 4.8 ($SD = 1.60$) for the control group at baseline, and 5.8 ($SD = 1.38$) for the intervention group and 4.7 ($SD = 1.54$) for the control group at endline. There was a significant time and group interaction, $F(1, 168)=9.37, p = .003, \eta^2=.053$, with follow-up tests confirming a significant increase from baseline to endline in the intervention group ($t = -4.12, p = <.001$) but not in the control group ($t = .33, p = .744$).

At baseline, 69 percent ($n = 63$) of the participants in the intervention group and 66 percent ($n = 61$) of the participants in the control group had a kitchen garden. At endline, 86 percent ($n = 79$) of the caregivers in the intervention group and 60 percent ($n = 55$) of the caregivers in the control group reported that they have a kitchen garden. There was a significant interaction effect, $F(1, 182)=11.19, p = <.001, \eta^2=.058$, with follow-up tests confirming a significant increase in number of participants reporting to have a kitchen garden in the intervention group ($t = -4.08, p = <.001$) but not in the control group ($t = 1.14, p = .259$).

The most common food provided to the child during the last 24 hours was cereals, and the least common was flesh meats. There was a significant time and group interaction for three food items, suggesting that more children in the intervention group received "other vegetables" and fish and sea food, and less sweets than the control group at endline (see Table 6).

Table 6: Food provided to the child during the last 24 hours: Mothers' report

	Arm	Baseline Yes (%)	Endline Yes (%)	df	F	p	Partial eta squared
1. Cereals	Interv.	89 (99)	90 (98)	1, 180	.995	.320	.005
	Control	91 (99)	92 (100)				
2. White roots and tubers	Interv.	80 (87)	84 (91)	1, 181	.026	.871	.000
	Control	80 (87)	82 (90)				
3. Vitamin rich vegetables and tubers	Interv.	14 (15)	65 (71)	1, 180	39.78	<.001	.181
	Control	21 (23)	27 (30)				
4. Dark green leafy vegetables	Interv.	64 (70)	81 (88)	1, 180	.198	3.56	.061
	Control	57 (62)	56 (62)				
5. Other vegetables	Interv.	22 (24)	70 (76)	1, 179	17.41	<.001	.089
	Control	33 (36)	46 (50)				
6. Vitamin rich fruits	Interv.	17 (19)	33 (36)	1, 179	1.15	.284	.006
	Control	22 (24)	31 (34)				
7. Other fruits	Interv.	41 (45)	63 (69)	1, 180	2.00	.159	.011
	Control	35 (38)	43 (47)				
8. Organ meats	Interv.	19 (21)	41 (45)	1, 178	1.23	.269	.007
	Control	24 (26)	28 (31)				
9. Flesh meats	Interv.	7 (8)	16 (17)	1, 178	.248	.619	.001
	Control	10 (11)	10 (11)				
10. Eggs	Interv.	62 (69)	79 (86)	1, 179	.575	.449	.003
	Control	71 (78)	82 (89)				
11. Fish and seafood	Interv.	36 (40)	72 (78)	1, 179	11.27	.001	.059
	Control	55 (60)	63 (69)				
12. Legumes, nuts and seeds	Interv.	81 (89)	90 (98)	1, 180	2.97	.086	.016
	Control	85 (93)	86 (94)				
13. Milk and milk products	Interv.	71 (78)	83 (90)	1, 181	1.83	.177	.010
	Control	70 (76)	71 (77)				
14. Oils and fats	Interv.	83 (91)	86 (94)	1, 179	.131	.131	.001
	Control	83 (91)	83 (91)				
15. Sweets	Interv.	35 (39)	25 (27)	1, 173	8.52	.004	.047
	Control	15 (17)	29 (33)				

MATERNAL MENTAL HEALTH

The total score on the Shona scale can range from 0 (no symptoms at all) to 14 (symptoms on all the included areas). At baseline, the mothers' scored between 0 (two mothers) and 14 (one mother), with a mean of 7.1 (SD = 3.28). There was a significant time and group interaction for several of the items and for the total scale, indicating less symptoms for the intervention group at endline (see Table 7). Follow-up analysis of the total scale confirmed a significant decrease in scores on mental health difficulties from baseline to endline for both the intervention group, $t = 13.93$, $p = <.001$, and for the control group, $t = 2.21$, $p = .030$. At baseline, 19 percent of the total sample had a total score on Shona of 11 or above, indicating that the symptoms reached a clinical level. At endline, 8 percent of the mothers scored 11 or above on Shona. For mothers in the intervention sample, $n = 92$, 18 (20%) scored above the clinical cut-off at baseline and 1 (1%) at endline. For mothers in the control group, $n = 92$, 16 (17%) scored over the clinical cut-off at baseline and 13 (14%) at endline.

Table 7: Maternal mental health

	Arm		Baseline		Endline					
			n	M (SD)	M (SD)	df	F	p	Partial eta squared	
Shona total	Interv.		92	7.27 (3.22)	2.64 (2.40)	1, 182	51.11	<.001	.219	
	Control		92	7.13 (3.55)	6.24 (3.54)					
1. Did you have times in which you were thinking deeply or thinking about many things?	Interv.		92	.79 (.41)	.36 (.48)	1, 182	17.64	<.001	.088	
	Control		92	.68 (.47)	.61 (.49)					
2. Did you find yourself sometimes failing to concentrate?	Interv.		92	.46 (.50)	.16 (.37)	1, 180	4.91	.028	.027	
	Control		90	.50 (.50)	.42 (.50)					
3. Did you lose your temper or get annoyed over trivial matters?	Interv.		92	.58 (.50)	.16 (.37)	1, 182	8.90	.003	.047	
	Control		92	.64 (.48)	.50 (.50)					
4. Did you have nightmares or bad dreams?	Interv.		90	.54 (.50)	.28 (.45)	1, 180	8.37	.004	.044	
	Control		92	.43 (.50)	.43 (.50)					
5. Did you sometimes see or hear things which others could not see or hear?	Interv.		92	.11 (.31)	.01 (.10)	1, 180	3.34	.069	.018	
	Control		90	.17 (.38)	.18 (.38)					
6. Was your stomach aching?	Interv.		92	.54 (.59)	.37 (.49)	1, 182	5.27	.023	.028	
	Control		92	.50 (.50)	.54 (.50)					
7. Were you frightened by trivial things?	Interv.		92	.30 (.46)	.09 (.28)	1, 182	2.42	.122	.013	
	Control		92	.37 (.49)	.28 (.45)					
8. Did you sometimes fail to sleep or lose sleep?	Interv.		90	.59 (.50)	.22 (.42)	1, 179	15.31	<.001	.079	
	Control		91	.56 (.50)	.54 (.50)					
9. Were there moments when you felt life was so tough that you cried or wanted to cry?	Interv.		90	.48 (.50)	.10 (.30)	1, 181	8.51	.004	.045	
	Control		91	.49 (.50)	.36 (.48)					
10. Did you feel run down (tired)?	Interv.		91	.84 (.37)	.37 (.49)	1, 180	27.02	<.001	.131	
	Control		91	.74 (.44)	.71 (.45)					
11. Do you often feel low in life?	Interv.		90	.31 (.47)	.04 (.21)	1, 180	4.39	.037	.024	
	Control		92	.28 (.45)	.17 (.38)					
12. Were you generally unhappy with things you do each day?	Interv.		91	.53 (.50)	.15 (.36)	1, 176	6.88	<.001	.038	
	Control		87	.59 (.50)	.47 (.50)					
13. Was your work lagging behind?	Interv.		92	.66 (.48)	.24 (.43)	1, 182	13.37	<.001	.068	
	Control		92	.70 (.46)	.60 (.49)					
14. Did you feel you had problems in deciding what to do	Interv.		89	.60 (.49)	.08 (.27)	1, 175	14.58	<.001	.077	
	Control		88	.57 (.50)	.41 (.49)					

CAREGIVER AND CHILD RELATIONSHIP

Early relationship between the mother and child and father and child were measured with the Mothers/Fathers Object Relations scales (MORS/FORS). For warmth, a total score of 11 and lower is of high concern, 10-15 is of moderate concern, and 16 and above is of low concern. For invasion, a score of 17 and above is of high concern, 12-16 of moderate concern, and 11 and below is of low concern. There was a significant time and group interaction on both warmth and invasion among the mothers, suggesting a different change pattern in the intervention and control group respectively. Follow-up analysis showed that mothers in the intervention group gave significantly higher scores on warmth at endline ($M = 26.53$, $SD = 3.44$) compared to at baseline ($M = 17.88$, $SD = 5.51$), $t = -13.64$, $p = <.001$, as well as significantly lower scores on invasion ($M = 12.24$, $SD = 4.41$ at baseline and $M = 5.92$, $SD = 3.12$ at endline), $t = 13.66$, $p = <.001$. Mothers in the control group provided significantly higher scores at endline ($M = 19.58$, $SD = 4.87$) than at baseline ($M = 17.34$, $SD = 6.14$) on warmth, $t = -3.49$, $p = .001$, but there was no significant change from baseline ($M = 12.55$, $SD = 5.03$) to endline ($M = 13.27$, $SD = 6.24$) on invasion, $t = -.90$, $p = .372$ (Table 8; Figures 13, 14). Both the intervention group and control group's scores on warmth is interpreted as low concern at both baseline and endline. For invasion, the scores for both the intervention and control group are interpreted as being of moderate concern before the intervention, and while the scores of the control group were still of moderate concern after the intervention, the intervention group's scores decreased and are interpreted as low concern.

Among the fathers, there were significant time and group interactions for both warmth and invasion (see Table 8). Follow-up tests showed a significant increase in scores from baseline ($M = 16.65$, $SD = 6.00$) to endline ($M = 25.41$, $SD = 4.36$) on warmth, $t = -4.24$, $p = .001$ and a significant decrease in invasion from baseline ($M = 11.76$, $SD = 6.74$) to endline ($M = 6.76$, $SD = 4.82$), $t = 3.07$, $p = .007$, whereas there were no significant changes in the control group on neither warmth ($M = 19.36$, $SD = 5.99$ at baseline, and $M = 20.00$, $SD = 6.14$ at endline), $t = -.50$, $p = .628$ nor invasion ($M = 11.36$, $SD = 6.55$ at baseline, and $M = 12.21$, $SD = 5.77$ at endline), $t = -.37$, $p = .715$. At baseline, the ratings for invasion were close to moderate in terms of concern for both groups, while increasing to moderate concern in the control group and decreasing to low concern for the intervention group at endline. For warmth, the scores of the fathers were of low concern both at baseline and endline for both groups.

Table 8: Warmth and invasion: Mothers' and fathers' report

	Arm	n	Baseline M (SD)	Endline M (SD)	df	F	p	Partial eta squared
1. Invasion, mothers	Interv.	92	12.24 (4.41)	5.92 (3.12)	1, 182	57.94	<.001	.241
	Control	92	12.55 (5.04)	13.27 (6.24)				
2. Warmth, mothers	Interv.	92	17.88 (5.51)	26.53 (3.44)	1, 182	50.53	<.001	.217
	Control	92	17.34 (6.14)	19.58 (4.87)				
3. Invasion, fathers	Interv.	17	11.76 (6.74)	6.76 (4.82)	1, 29	4.55	.041	.136
	Control	14	11.36 (6.55)	12.21 (5.77)				
4. Warmth, fathers	Interv.	17	16.65 (7.62)	25.41 (4.36)	1, 29	9.99	.004	.256
	Control	14	19.36 (5.99)	20.00 (6.14)				

Figure 13: Warmth and invasion: Mothers' report

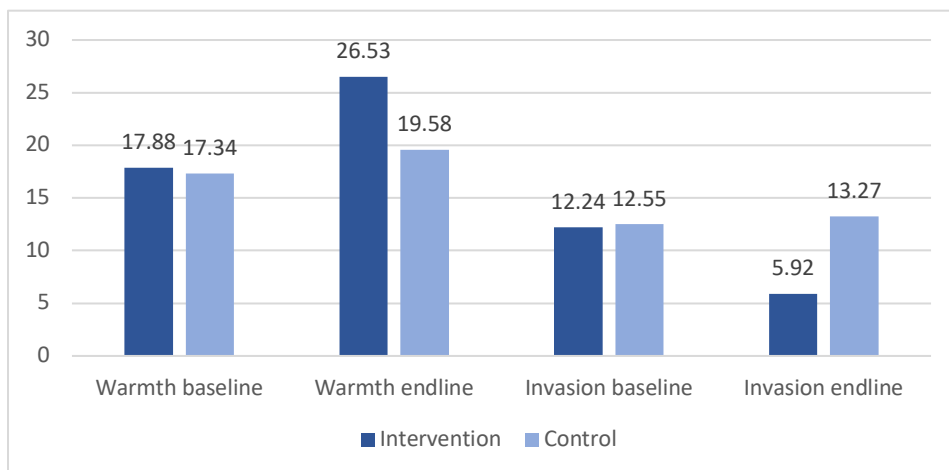
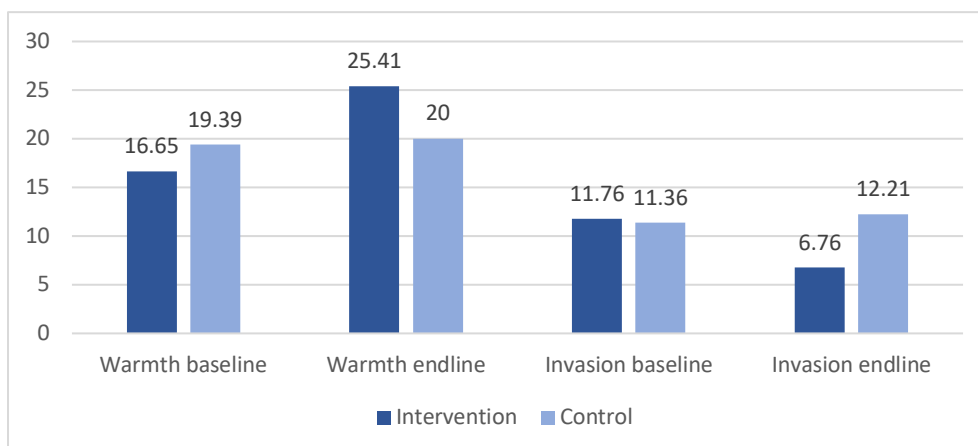


Figure 14: Warmth and invasion: Fathers' report



ACTIVITIES WITH THE CHILD

Data from mothers' in the intervention and control group (n = 183) on activities with the child at baseline are presented in Figure 15. For example, 87 percent of the mothers always put the child to bed, 56 percent always helps the child to take a bath, and 55 percent always comforts the child. Half of the mothers always have a meal together with the child. The responses are more diverse to questions about praising the child, talking with the child, and showing physical affection (Figure 15).

Figure 15: Activities with the child: Mothers' report at baseline

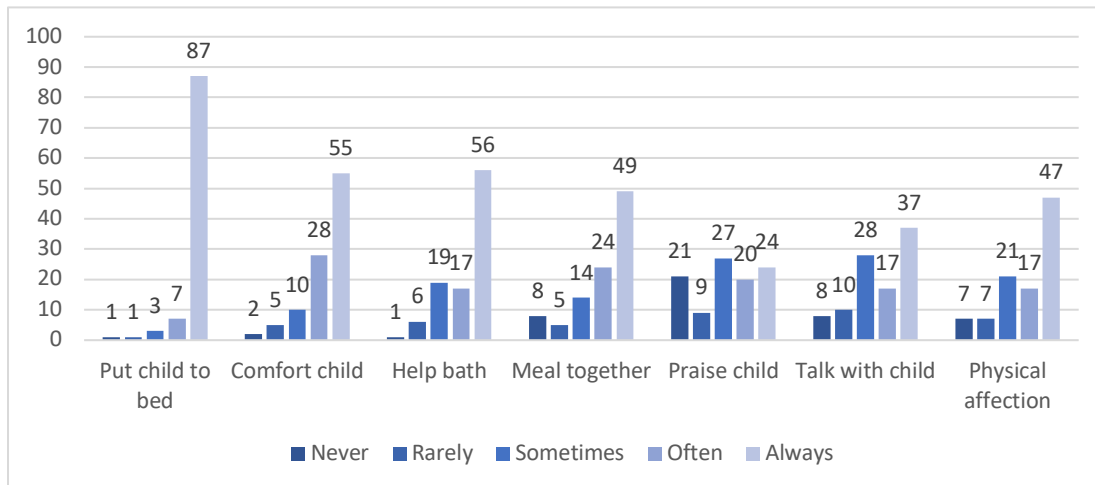


Figure 16 shows that 58 percent of fathers (n = 31) from the intervention and control group show physical affection towards their child. Responses are more divided between the different categories for the other activities. For example, 36 percent always talks with the child whereas 10 percent never does so, and 23 percent always puts their child to bed whereas 13 percent never does so (Figure 16).

Figure 16: Activities with the child: Fathers' report at baseline

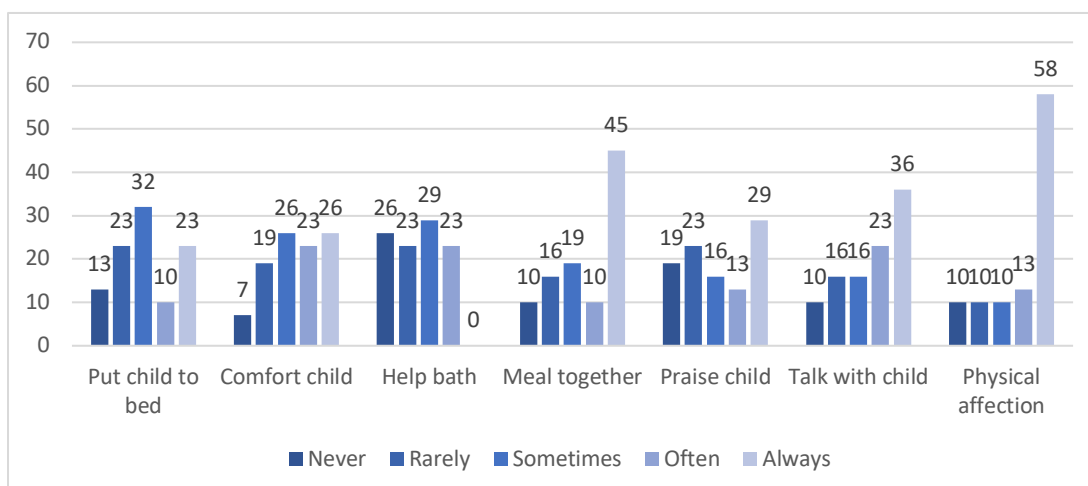


Table 9: Activities with the child: Mother's report

			N	Baseline			Endline			df	F	p	Partial eta squared
				Never	Some-times	Often/always	Never	Some-times	Often/always				
1.	I put my child to bed at night.	Interv.	92	0 (0)	15 (16)	77 (84)	1 (1)	1 (1)	90 (98)	1, 181	5.79	.017	.031
		Control	91	2 (2)	6 (7)	83 (91)	3 (3)	9 (10)	80 (87)				
2.	If my child cries or shout during night, I will comfort him/her.	Interv.	92	1 (1)	35 (38)	56 (61)	0 (0)	3 (3)	89 (97)	1, 181	1.65	.201	.009
		Control	91	3 (3)	44 (48)	44 (48)	1 (1)	27 (29)	64 (70)				
3.	I help my child to take a bath.	Interv.	91	2 (2)	36 (40)	53 (58)	0 (0)	0 (0)	92 (100)	1, 180	12.11	.001	.063
		Control	91	0 (0)	41 (45)	50 (55)	3 (3)	23 (25)	66 (72)				
4.	I have at least one meal together with the child every day.	Interv.	89	4 (5)	39 (44)	46 (52)	0 (0)	2 (2)	90 (98)	1, 179	1.93	.167	.011
		Control	92	10 (11)	39 (42)	43 (47)	1 (1)	23 (25)	68 (74)				
5.	I praise the child when s/he behaves well.	Interv.	92	15 (16)	50 (54)	27 (29)	0 (0)	0 (0)	92 (100)	1, 182	11.29	.001	.058
		Control	92	24 (26)	51 (55)	17 (19)	9 (10)	34 (37)	49 (53)				
6.	I talk with my child.	Interv.	92	4 (4)	50 (54)	38 (41)	0 (0)	1 (1)	91 (99)	1, 181	3.47	.064	.019
		Control	91	11 (12)	50 (55)	30 (33)	2 (2)	27 (29)	63 (69)				
7.	I show physical affection to the child.	Interv.	92	6 (7)	40 (44)	46 (50)	0 (0)	0 (0)	92 (100)	1, 181	4.49	.035	.024
		Control	92	7 (8)	44 (48)	41 (45)	1 (1)	22 (24)	68 (75)				

Mean score on the total Activity scale for the mothers (ranging 0-28) was 21.70 (SD = 4.67) at baseline and 27.48 (SD = .98) at endline in the intervention group, and 20.38 (SD = 5.23) at baseline and 21.61 (SD = 4.91) at endline for the control group (Table 9; Figure 17). There was a significant interaction effect for total activities, and follow-up tests showed that both mothers in the intervention group, $t = -11.31$, $p = <.001$, and in the control group, $t = -2.33$, $p = .022$, reported that they participate in more activities with their child at endline (e.g. put their child to bed, help their child to take a bath, praise the child, and show physical affection).

Table 10: Activities with the child: Father's report

			N	Baseline			Endline			df	F	p	Partial eta squared
				Never	Some-times	Often/ always	Never	Some-times	Often/ always				
1.	I put my child to bed at night.	Interv.	17	2 (12)	11 (65)	4 (24)	0 (0)	4 (24)	13 (77)	1, 29	.81	.375	.027
		Control	14	2 (14)	9 (64)	3 (21)	2 (14)	4 (29)	2 (14)				
2.	If my child cries or shout during night, I will comfort him/her.	Interv.	17	1 (6)	12 (71)	4 (24)	0 (0)	2 (12)	15 (88)	1, 29	6.12	.019	.176
		Control	14	1 (7)	9 (64)	4 (29)	2 (14)	6 (43)	6 (43)				
3.	I help my child to take a bath.	Interv.	17	5 (29)	12 (71)	0 (0)	0 (0)	7 (41)	10 (59)	1, 29	11.0	.002	.275
		Control	14	3 (21)	11 (79)	0 (0)	5 (36)	7 (50)	2 (14)				
4.	I have at least one meal together with the child every day.	Interv.	17	2 (12)	6 (35)	9 (53)	0 (0)	1 (6)	16 (94)	1, 29	2.44	.129	.078
		Control	14	1 (7)	8 (57)	5 (36)	1 (7)	7 (50)	6 (43)				
5.	I praise the child when s/he behaves well.	Interv.	17	4 (24)	8 (47)	5 (29)	0 (0)	0 (0)	17 (100)	1, 29	4.70	.038	.139
		Control	14	2 (14)	8 (57)	4 (29)	2 (14)	3 (21)	9 (64)				
6.	I talk with my child.	Interv.	17	2 (12)	8 (47)	7 (41)	0 (0)	0 (0)	17 (100)	1, 29	.72	.402	.024
		Control	14	1 (7)	9 (64)	4 (29)	0 (0)	4 (29)	10 (71)				
7.	I show physical affection to the child.	Interv.	17	2 (12)	5 (29)	10 (59)	0 (0)	0 (0)	17 (100)	1, 29	.58	.454	.020
		Control	14	1(7)	5 (36)	8 (57)	0 (0)	2 (14)	12 (86)				

On the total activity scale for the fathers (Table 10; Figure 18), $M = 16.12$ ($SD = 6.54$) at baseline and 25.12 ($SD = 3.12$) at endline in the intervention group, and 16.50 ($SD = 6.77$) at baseline and 17.36 ($SD = 6.15$) at endline for the control group. There was a significant interaction effect for activities (total). Follow-up tests showed that fathers the intervention group, reported that they participate in significantly more activities with their child at endline, $t = -5.02$, $p = <.001$, whereas there was no change in the control group, $t = -.51$, $p = .622$. If we look at the individual items, the data suggests that the fathers in the intervention group significantly more often comfort the child during night (24% at baseline and 88% at endline often participate in this behavior), help the child to take a bath (0% at baseline and 59% at endline), and praise the child when s/she behaves well (29% at baseline and 100% at endline).

Figure 17: Mothers' total activities with the child

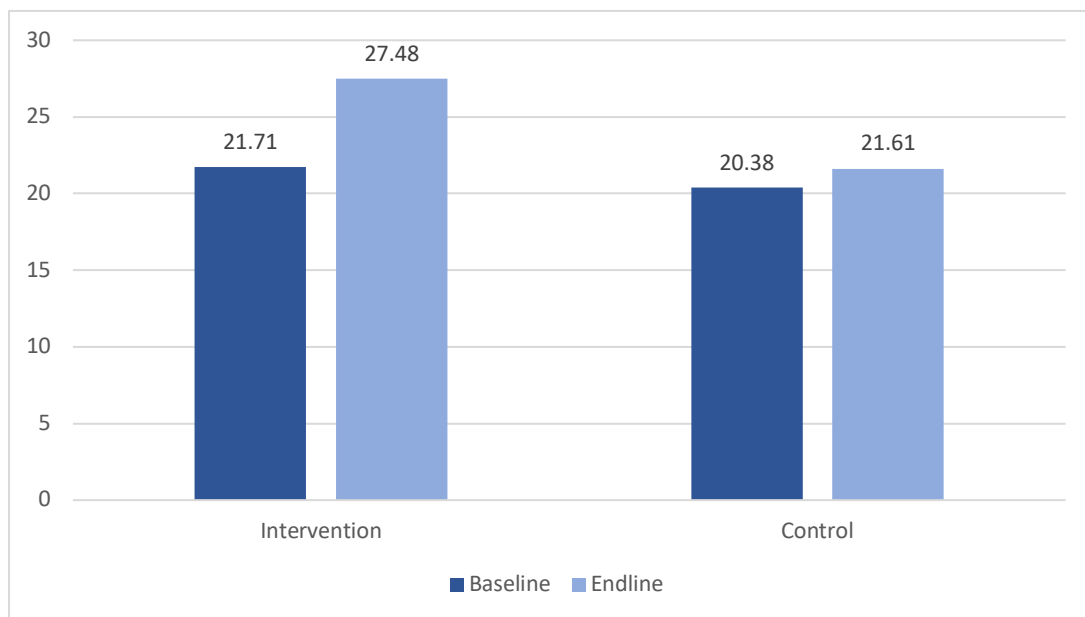
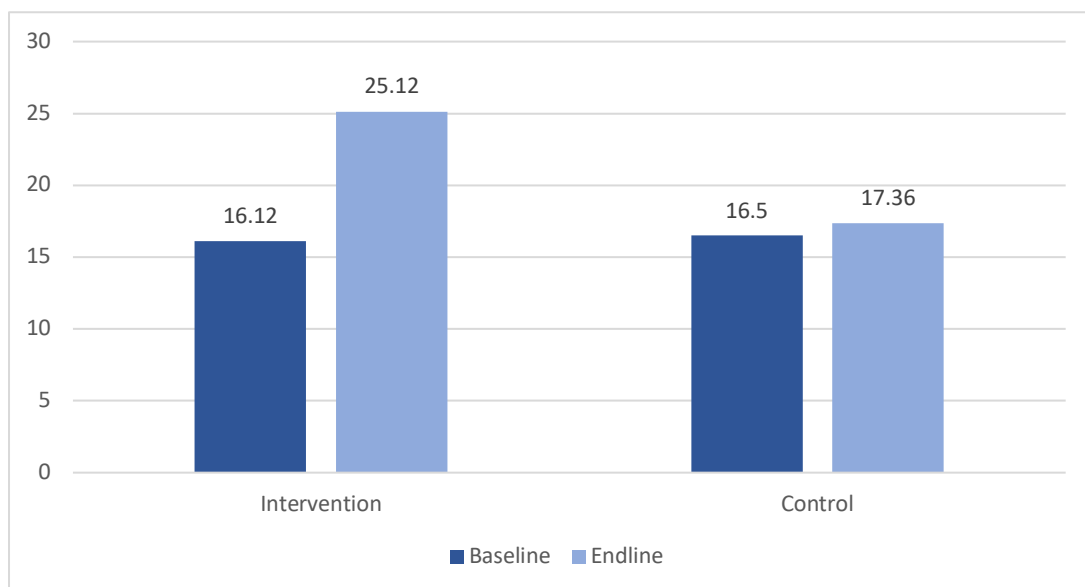


Figure 18: Fathers' total activities with the child



DISCIPLINE

At baseline, both mothers (n = 184) and fathers (n = 31) from the intervention group and control group reported that they use physical discipline towards their child. For example, 62 percent of mothers and 27 percent of fathers had used a stick, hairbrush, slipper or other hard object to discipline the child the last three months. Psychological violence was also prevalent, with 82 percent of mothers and 80 percent of fathers reporting that they have shouted, yelled, or screamed at the child. Many parents (61% of mothers and 52% of fathers) felt like they were so caught up with their own problems that they were not able to show or tell the child that they love him or her. One fourth of the mothers (26%) and 13 percent of the fathers reported that they sometimes drank so much the last three months that they had difficulties taking care of the child. Many caregivers had left their child below the age of 5 alone for one than one hour (46% of mothers and 30% of fathers), and many had left the child in the care of another child (50% of mothers and 37% of fathers) (see Figures 19-22).

Figure 19: Discipline behavior: Mothers' in the intervention group

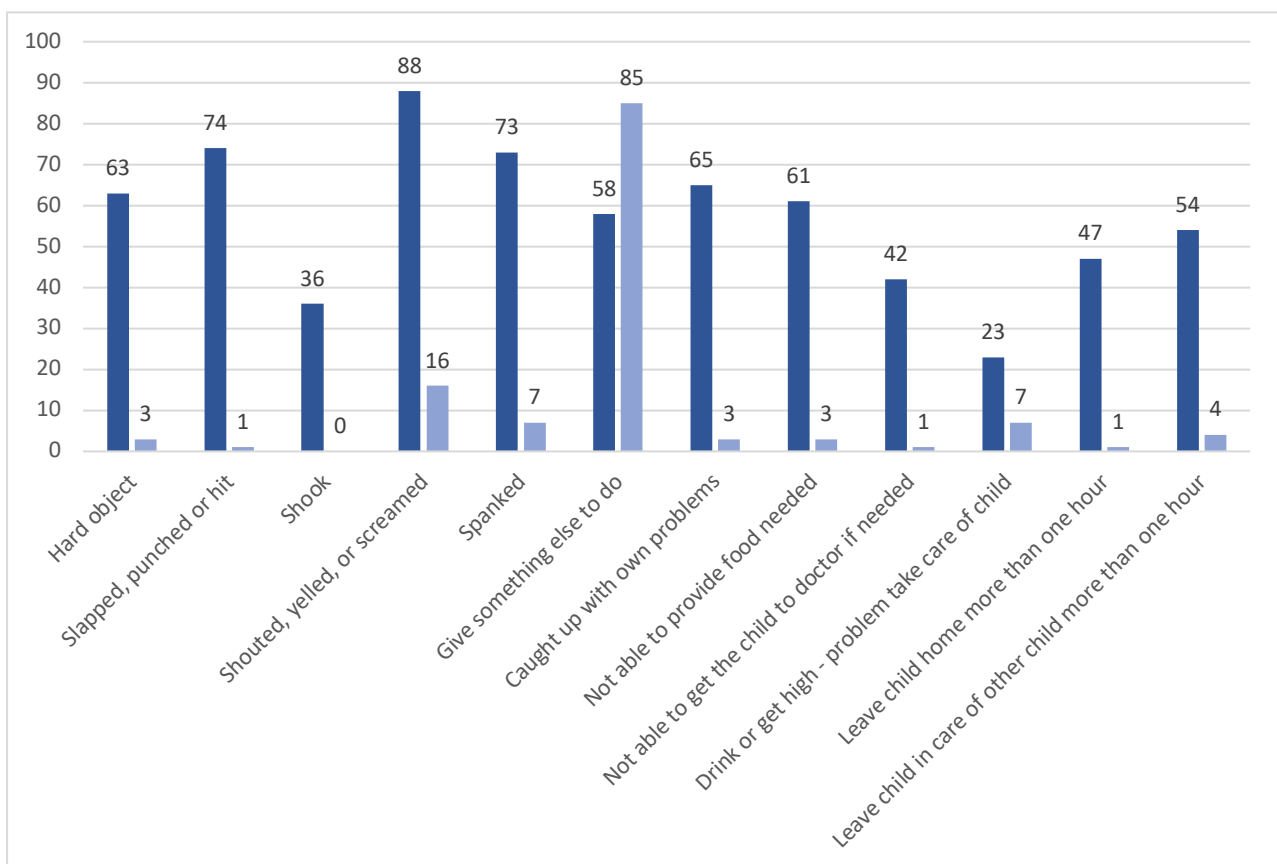


Figure 20: Discipline behavior: Mothers' in the control group

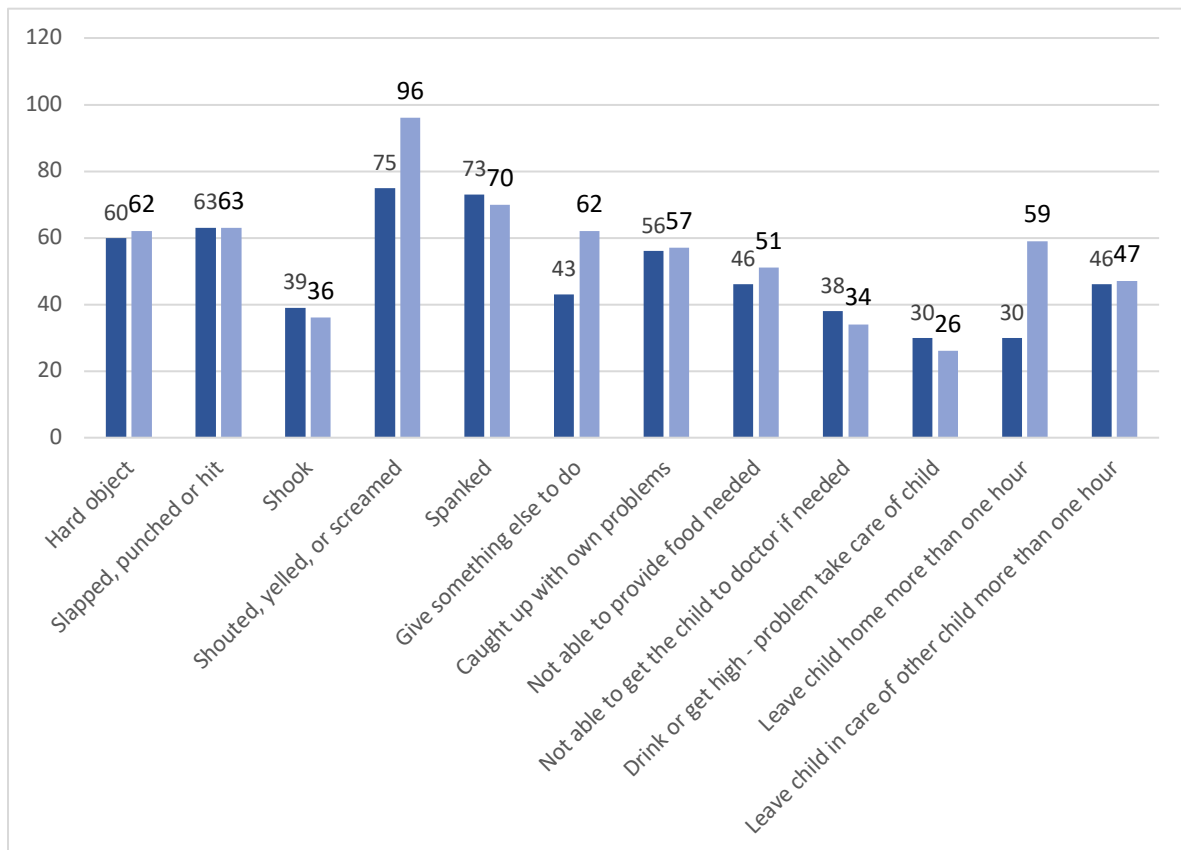


Figure 21: Discipline behavior: Fathers' in the intervention group

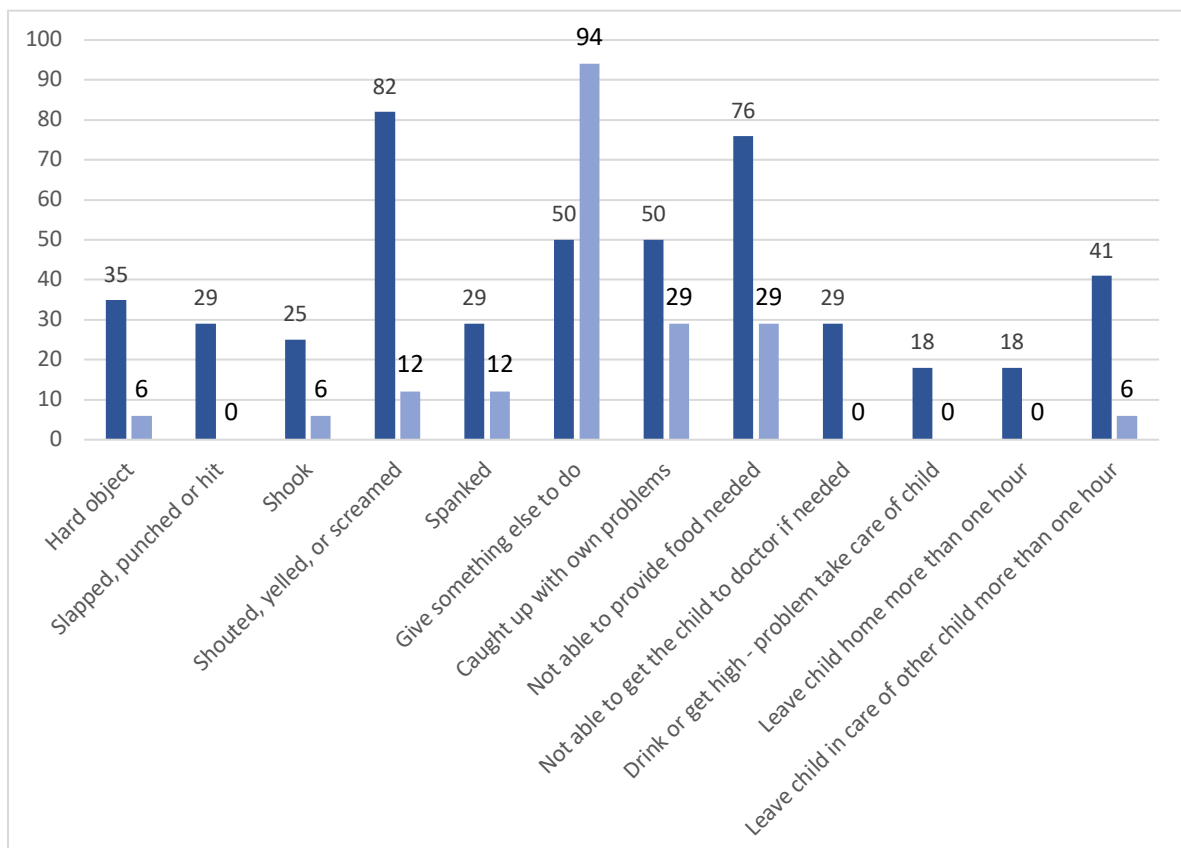
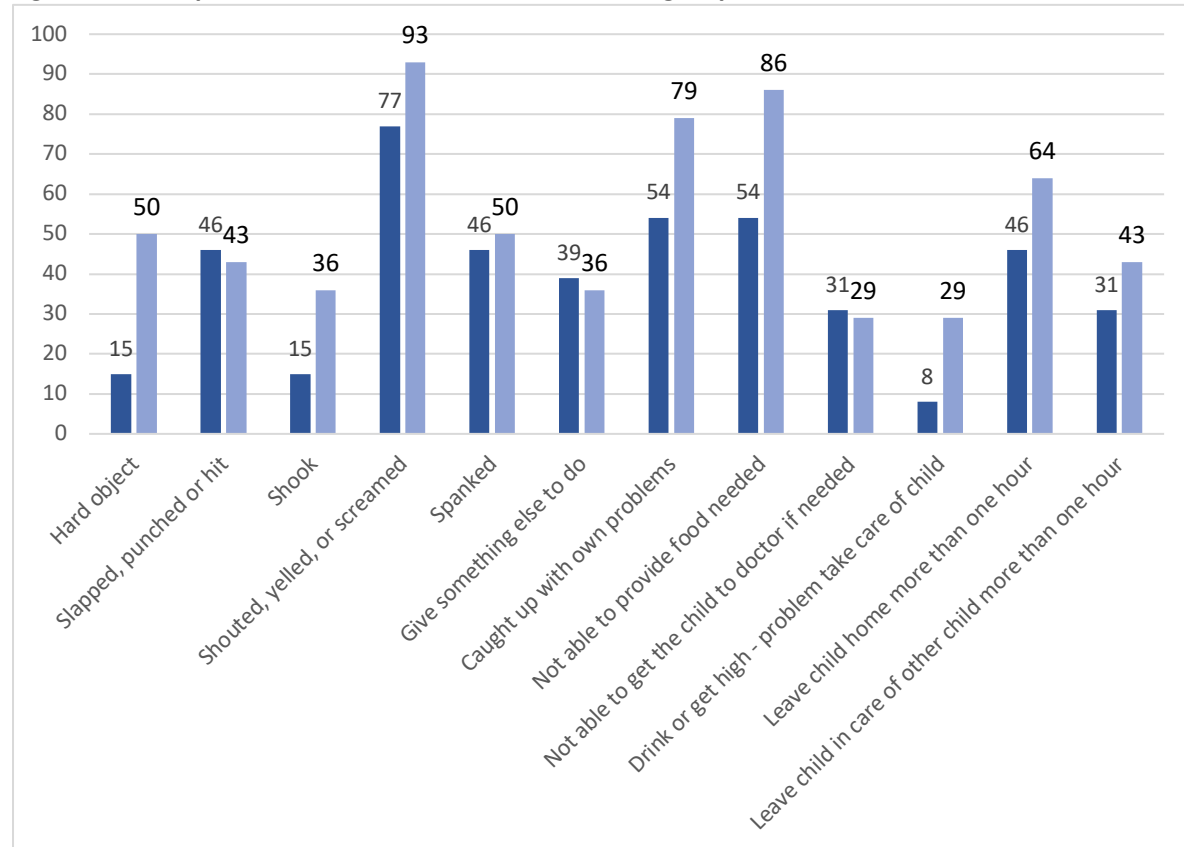


Figure 22: Discipline behavior: Fathers' in the control group



There were significant time and group interactions for all items except item 10, indicating that on all other items, mothers in the intervention group reported less harsh discipline at endline as compared to the control group. For example, whereas more than 60 percent from both the intervention group and the control group hit their child with a hard object at baseline, only three percent of the caregivers in the intervention group did so at endline, whereas there was no change in the control group. In the intervention group, slapping decreased from 74 to one percent, shook from 36 percent to zero, and shouting from 88 percent to 16 percent from baseline to endline for the intervention group. Furthermore, whereas 65 percent were so caught up with their own problems that they could not take proper care of the child at baseline, this decreased to 11 percent at endline for the intervention group. Interestingly, whereas 48 percent of the intervention group and 38 percent of the control group were not able to provide food to the child when needed before the intervention, 3 percent from the intervention group and 51 percent in the control group reported this at endline. The number of caregivers who said they were not able to take the child to the doctor if needed decreased from 43 percent to 1 percent in the intervention group and from 38 to 34 percent in the control group. Whereas approximate half of the total group of mothers left their young child home alone or in the care of another child at baseline, less than five percent of the mothers in the intervention group did so after the intervention whereas there was little change in the control group (see Table 11).

Table 11: Maternal harsh discipline

			Baseline				Endline								
			N total	Never n (%)	Some- times n (%)	Often n (%)	Always n (%)	Never N (%)	Some- times n (%)	Often n (%)	Always n (%)	df	F	p	Partial eta squared
1.	Used stick, hairbrush, or other hard item to discipline the child?	Interv.	92	34 (37)	39 (42)	14 (15)	5 (5)	89 (97)	3 (3)	0 (0)	0 (0)	1, 181	29.71	<.001	.141
		Control	91	36 (40)	33 (36)	12 (13)	10 (11)	35 (38)	38 (41)	10 (11)	9 (10)				
2.	Slapped, punched or hit the child on his/her head or face?	Interv.	92	24 (26)	50 (54)	16 (17)	2 (2)	91 (99)	1 (1)	0 (0)	0 (0)	1, 182	42.73	<.001	.190
		Control	92	34 (37)	29 (32)	21 (23)	8 (9)	34 (37)	39 (42)	10 (11)	9 (10)				
3.	Shook him/her?	Interv.	91	58 (64)	23 (25)	8 (9)	2 (2)	92 (100)	0 (0)	0 (0)	0 (0)	1, 180	8.68	.004	.046
		Control	91	56 (62)	23 (25)	7 (8)	5 (6)	59 (64)	26 (28)	5 (5)	2 (2)				
4.	Shouted, yelled, or screamed at him/her?	Interv.	92	11 (12)	41 (45)	29 (32)	11 (12)	77 (84)	15 (16)	0 (0)	0 (0)	1, 181	75.67	<.001	.295
		Control	91	23 (25)	16 (18)	36 (40)	16 (18)	4 (4)	45 (49)	30 (33)	13 (14)				
5.	Spanked him/her on the bottom with your bare hand?	Interv.	91	25 (28)	43 (47)	19 (21)	4 (4)	86 (94)	5 (5)	1 (1)	0 (0)	1, 181	32.02	<.001	.150
		Control	92	24 (26)	35 (38)	29 (32)	4 (4)	28 (30)	44 (48)	13 (14)	7 (8)				
6.	Gave him/her something else to do?	Interv.	89	37 (42)	28 (32)	11 (12)	13 (15)	14 (15)	24 (26)	10 (11)	44 (48)	1, 174	8.37	.004	.046
		Control	87	50 (58)	23 (26)	13 (15)	1 (1)	35 (38)	33 (36)	20 (22)	4 (4)				
7.	So caught up with own problems that you were not able to show love?	Interv.	85	30 (35)	40 (47)	7 (8)	8 (9)	89 (97)	3 (3)	0 (0)	0 (0)	1, 171	11.07	.001	.061
		Control	88	38 (43)	29 (33)	13 (15)	7 (8)	40 (44)	39 (42)	13 (14)	0 (0)				

			Baseline					Endline							
			N total	Never n (%)	Some- times n (%)	Often n (%)	Always n (%)	Never N (%)	Some- times n (%)	Often n (%)	Always n (%)	df	F	p	Partial eta squared
8.	Not able to make sure the child got the food needed?	Interv.	90	35 (39)	33 (37)	11 (12)	11 (12)	89 (97)	3 (3)	0 (0)	0 (0)	1, 178	26.34	<.001	.129
		Control	90	49 (54)	27 (30)	5 (6)	9 (10)	45 (49)	38 (41)	7 (8)	2 (2)				
9.	Were not able to make sure the child got to a doctor or hospital when s/he needed it?	Interv.	89	51 (57)	23 (26)	6 (7)	9 (10)	91 (99)	0 (0)	0 (0)	1 (1)	1, 179	9.98	.002	.053
		Control	92	57 (62)	21 (23)	8 (9)	6 (7)	61 (66)	23 (25)	3 (3)	5 (5)				
10.	Drink or get high, leaving you with a problem taking care of child.	Interv.	92	71 (77)	15 (16)	4 (4)	2 (2)	86 (94)	5 (5)	0 (0)	1 (1)	1, 181	1.55	.215	.008
		Control	91	64 (70)	21 (23)	3 (3)	3 (3)	68 (74)	19 (21)	5 (5)	0 (0)				
11.	Had to leave the child home alone for more than one hour?	Interv.	91	48 (53)	18 (20)	19 (21)	6 (7)	91 (99)	1 (1)	0 (0)	0 (0)	1, 181	22.42	<.001	.110
		Control	92	50 (54)	25 (27)	10 (11)	6 (7)	38 (41)	34 (37)	19 (21)	1 (1)				
12.	Had to leave the child in the care of another child less than 10 years old, for more than an hour?	Interv.	91	42 (46)	22 (24)	19 (21)	8 (9)	88 (96)	4 (4)	0 (0)	0 (0)	1, 180	20.01	<.001	.100
		Control	92	49 (53)	24 (26)	15 (16)	4 (4)	10 (59)	2 (12)	5 (29)	0 (0)				

Table 12: Paternal harsh discipline

			Baseline				Endline								
			N total	Never n (%)	Some- times n (%)	Often n (%)	Always n (%)	Never N (%)	Some- times n (%)	Often n (%)	Always n (%)	df	F	p	Partial eta squared
1.	Used stick, hairbrush, or other hard item to discipline the child?	Interv.	17	11 (65)	6 (35)	0 (0)	0 (0)	16 (94)	1 (6)	0 (0)	0 (0)	1, 28	11.68	.002	.294
		Control	13	11 (85)	2 (15)	0 (0)	0 (0)	7 (50)	5 (36)	1 (7)	1 (7)				
2.	Slapped, punched or hit the child on his/her head or face?	Interv.	17	12 (71)	4 (24)	1 (6)	0 (0)	17 (100)	0 (0)	0 (0)	0 (0)	1, 28	2.46	.128	.081
		Control	13	7 (54)	5 (39)	1 (8)	0 (0)	8 (57)	4 (29)	1 (7)	1 (7)				
3.	Shook him/her?	Interv.	16	12 (71)	3 (19)	1 (6)	0 (0)	16 (94)	1 (6)	0 (0)	0 (0)	1, 27	4.37	.046	.139
		Control	13	11 (85)	2 (15)	0 (0)	0 (0)	9 (64)	4 (29)	1 (7)	0 (0)				
4.	Shouted, yelled, or screamed at him/her?	Interv.	17	3 (18)	7 (41)	6 (35)	1 (6)	15 (88)	2 (12)	0 (0)	0 (0)	1, 28	15.54	<.001	.357
		Control	13	3 (23)	3 (23)	6 (46)	1 (8)	1 (7)	6 (43)	4 (29)	3 (21)				
5.	Spanked him/her on the bottom with your bare hand?	Interv.	17	12 (71)	3 (18)	2 (12)	0 (0)	15 (88))	1 (6)	0 (0)	1 (6)	1, 28	1.17	.288	.040
		Control	13	7 (54)	4 (31)	2 (15)	11 (85)	7 (50)	3 (21)	3 (21)	1 (7)				
6.	Gave him/her something else to do?	Interv.	16	8 (50)	4 (25)	4 (25)	0 (0)	1 (6)	2 (12)	4 (24)	10 (59)	1, 27	27.25	<.001	.502
		Control	13	8 (62)	1 (8)	2 (15)	2 (15)	9 (64)	4 (29)	0 (0)	1 (7)				
7.	So caught up with own problems that you were not able to show love?	Interv.	16	8 (50)	4 (25)	4 (25)	0 (0)	12 (71)	5 (29)	0 (0)	0 (0)	1, 27	4.58	.042	.145
		Control	13	6 (46)	4 (31)	3 (23)	0 (0)	3 (21)	5 (36)	6 (43)	0 (0)				

			Baseline					Endline								
			N total	Never n (%)	Some- times n (%)	Often n (%)	Always n (%)	Never N (%)	Some- times n (%)	Often n (%)	Always n (%)	df	F	p	Partial eta squared	
8.	Not able to make sure the child got the food needed?	Interv.	17	4 (24)	4 (24)	5 (29)	4 (24)	12 (71)	5 (29)	0 (0)	0 (0)	1, 28	2.98	<.001	.440	
		Control	13	6 (46)	4 (31)	3 (23)	0 (0)	2 (14)	5 (36)	6 (43)	1 (7)					
9.	Were not able to make sure the child got to a doctor or hospital when s/he needed it?	Interv.	17	12 (71)	3 (18)	2 (12)	0 (0)	17 (100)	0 (0)	0 (0)	0 (0)	1, 28	3.71	.064	.117	
		Control	13	9 (69)	4 (31)	0 (0)	0 (0)	10 (71)	2 (14)	2 (14)	0 (0)					
10.	Drink or get high, leaving you with a problem taking care of child.	Interv.	17	14 (82)	3 (18)	0 (0)	0 (0)	17 (100)	0 (0)	0 (0)	0 (0)	1, 28	9.23	.005	.248	
		Control	13	12 (92)	1 (8)	0 (0)	0 (0)	10 (71)	3 (21)	1 (7)	0 (0)					
11.	Had to leave the child home alone for more than one hour?	Interv.	17	14 (82)	2 (12)	1 (6)	0 (0)	17 (100)	0 (0)	0 (0)	0 (0)	1, 28	7.09	.013	.202	
		Control	13	7 (54)	2 (15)	4 (31)	0 (0)	5 (36)	2 (14)	3 (21)	4 (29)					
12.	Had to leave the child in the care of another child less than 10 years old, for more than an hour?	Interv.	17	10 (59)	2 (12)	5 (29)	0 (0)	16 (94)	0 (0)	0 (0)	1 (6)	1, 28	2.46	.128	.081	
		Control	13	9 (69)	0 (0)	4 (31)	0 (0)	8 (57)	3 (21)	1 (7)	2 (14)					

As can be seen from Table 12, fathers in the intervention group reported less corporal punishment at endline. For example, there was a decrease from 35 to 6 percent for hitting the child with a hard object, a decrease from 82 to 12 percent for shouting and yelling, and a decrease from 41 to 6 percent for leaving the child in the care of another child for more than one hour.

ATTITUDES TO GENDER: RIGHTS AND PRIVILEGES OF MEN/EQUITY FOR GIRL'S SUBSCALE

Among the mothers, there was no significant time and group interaction for the total scale score for attitudes to gender. The intervention group had a mean score of .98 (SD = 1.11) at baseline and .82 (SD = .55) at endline. For the control group, M = 1.46 (SD = 1.52) at baseline and M = 1.34 (SD = 1.65) at endline, $F(1, 181) = .024$, $p = .878$, $\eta^2 = <.001$. See Table 13 for the responses to all the attitude items for the mothers.

Table 13: Mothers' attitudes to gender

	Arm	Baseline		Endline		df	F	P	Partial eta squared
		Agree	Agree	Agree	Agree				
		n	n (%)	n	n (%)				
1. It is important that sons have more education than daughters.	Interv.	90	22 (24)	92	0 (0)	1, 180	.85	.359	.005
	Control	92	26 (28)	92	9 (10)				
2. Daughters should be sent to school only if they are not needed to help at home.	Interv.	91	12 (13)	92	0 (0)	1, 177	4.85	.029	.027
	Control	88	15 (17)	92	16 (17)				
3. A woman should take good care of her own children and not worry about other people's affairs.	Interv.	90	75 (83)	92	22 (24)	1, 178	34.46	<.001	.162
	Control	90	64 (71)	92	59 (64)				
4. When it is a question of children's health, it is best to do whatever men wants.	Interv.	91	21 (23)	92	1 (1)	1, 180	9.37	.003	.049
	Control	91	22 (24)	92	20 (22)				
5. Daughters should be able to work outside the home after they have children if they want to.	Interv.	89	76 (85)	92	87 (95)	1, 177	3.33	.070	.018
	Control	90	71 (79)	92	69 (75)				
6. I would like my daughter to be able to work outside the home so she can support herself if necessary.	Interv.	88	82 (92)	92	90 (98)	1, 177	.662	.417	.004
	Control	90	64 (71)	92	70 (76)				

Among the fathers, there was no significant time and group interaction for the total scale score for attitudes to gender. The intervention group had a mean score of 1.24 (SD = 1.20) at baseline and .94 (SD = .43) at endline. For the control group, M = 1.08 (SD = 1.19) at baseline and M = 1.08 (SD = 1.38) at endline, $F(1, 28) = .392$, $p = .536$, $\eta^2 = .014$. See Table 14 for the responses to all the attitude items for the fathers.

Table 14: Fathers' attitudes to gender

	Arm	Baseline		Endline		df	F	P	Partial eta squared
		Agree	Agree	Agree	Agree				
		n	n (%)	n	n (%)				
1. It is important that sons have more education than daughters.	Interv.	17	5 (29)	17	0 (0)	1, 28	.777	.385	.027
	Control	13	4 (31)	14	2 (14)				
2. Daughters should be sent to school only if they are not needed to help at home.	Interv.	17	1 (6)	17	0 (0)	1, 28	.017	.896	.001
	Control	13	3 (23)	14	2 (14)				
3. A woman should take good care of her own children and not worry about other people's affairs.	Interv.	16	12 (75)	17	2 (12)	1, 27	7.76	.010	.223
	Control	13	9 (69)	14	9 (64)				
4. When it is a question of children's health, it is best to do whatever men wants.	Interv.	16	5 (31)	17	1 (6)	1, 27	9.95	.004	.269
	Control	13	0 (0)	14	3 (21)				
5. Daughters should be able to work outside the home after they have children if they want to.	Interv.	17	12 (71)	17	17 (100)	1, 28	.777	.385	.027
	Control	13	10 (77)	14	13 (93)				
6. I would like my daughter to be able to work outside the home so she can support herself if necessary.	Interv.	16	15 (94)	17	17 (100)	1, 27	3.45	.074	.113
	Control	13	13 (100)	14	12 (86)				

STUDY 2: CHILD ENDOWMENT FUND

CAREGIVER REPORTS

CHILD STRENGTHS AND DIFFICULTIES

At baseline, approximately one fourth of the caregivers reported that the child had some sort of behavioral difficulties (e.g. 25% reported *certainly* or *somewhat true* to whether the child fights with other children). Close to half reported emotional difficulties (e.g. 44% reported *certainly* or *somewhat true* to whether the child is nervous in new situations), and approximately one third reported difficulties with peer relationship (e.g. 35% reported *certainly* or *somewhat true* to whether the child is bullied). For hyperactivity, 95 percent reported *certainly* or *somewhat true* to whether the child thinks things out before acting (see Table 15). There was a significant decrease in caregiver reports about the child being unhappy (item 2) and nervous (item 3), and a significant increase in reports of whether the child think things out before acting (item 9), and about being considerate of other people's feelings (item 10).

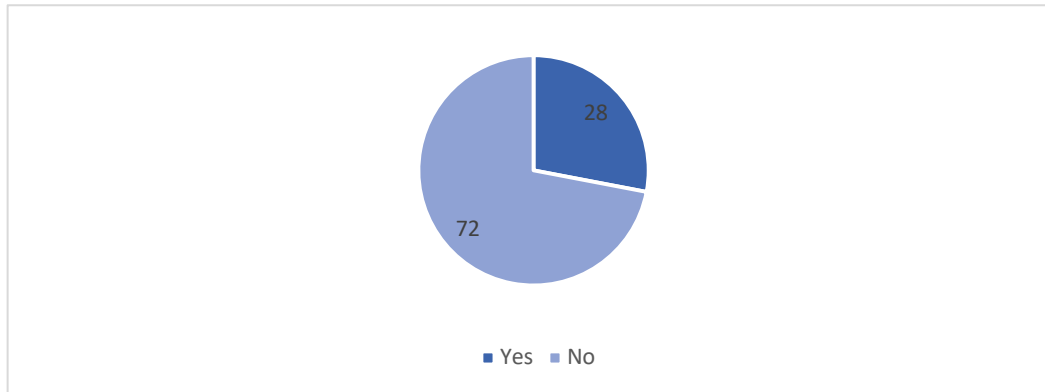
Table 15: Caregiver report of the children's strengths and difficulties

	Arm	n	Certainly true n (%)	Some- what true n (%)	Not true n (%)	t	df	p
1. Often complains of headaches, stomach-aches or sickness.	Baseline	20	2 (10)	9 (45)	8 (40)	1.69	16	.111
	Endline	19	0 (0)	6 (32)	13 (68)			
2. Often unhappy, downhearted or tearful. (internalizing problems)	Baseline	21	1 (5)	8 (38)	12 (57)	3.02	18	.007
	Endline	19	0 (0)	1 (5)	18 (95)			
3. Nervous or clingy in new situations, easily loses confidence. (self-esteem)	Baseline	19	2 (11)	6 (33)	9 (50)	2.71	15	.016
	Endline	19	1 (5)	0 (0)	18 (95)			
4. Generally obedient, usually does what adults request. (social values)	Baseline	21	10 (48)	8 (38)	3 (14)	-1.37	18	.187
	Endline	19	15 (79)	3 (16)	1 (5)			
5. Often fights with other children, bullies them. (externalizing behavior)	Baseline	20	1 (5)	4 (20)	15 (75)	.70	17	.495
	Endline	19	1 (5)	2 (11)	16 (84)			
6. Steals from home, school or elsewhere. (externalizing, antisocial)	Baseline	20	0 (0)	1 (5)	19 (95)	1.00	17	.331
	Endline	19	0 (0)	0 (0)	19 (100)			
7. Has at least one good friend.	Baseline	21	14 (67)	5 (24)	2 (10)	.42	18	.680
	Endline	19	13 (68)	3 (16)	3 (16)			
8. Picked on or bullied by other children.	Baseline	20	4 (20)	3 (15)	13 (65)	1.56	17	.138
	Endline	19	1 (5)	1 (5)	17 (90)			
9. Thinks things out before acting (problem-solving)	Baseline	19	5 (26)	13 (68)	1 (5)	-2.14	16	.049
	Endline	19	14 (74)	4 (21)	1 (5)			
10. Considerate of other people's feelings (e.g. helpful is someone is hurt/upset)	Baseline	20	7 (35)	11 (55)	2 (10)	-3.34	17	.004
	Endline	19	17 (90)	2 (11)	0 (0)			

CHILD MENTAL HEALTH

Both at baseline and endline, five out of 18 caregivers (28%) reported that the child during the last three months had been so “mentally, spiritually or emotionally troubled that you felt you needed to take them to a healer (spiritual, faith or traditional healer), counsellor or health worker” (Figure 23).

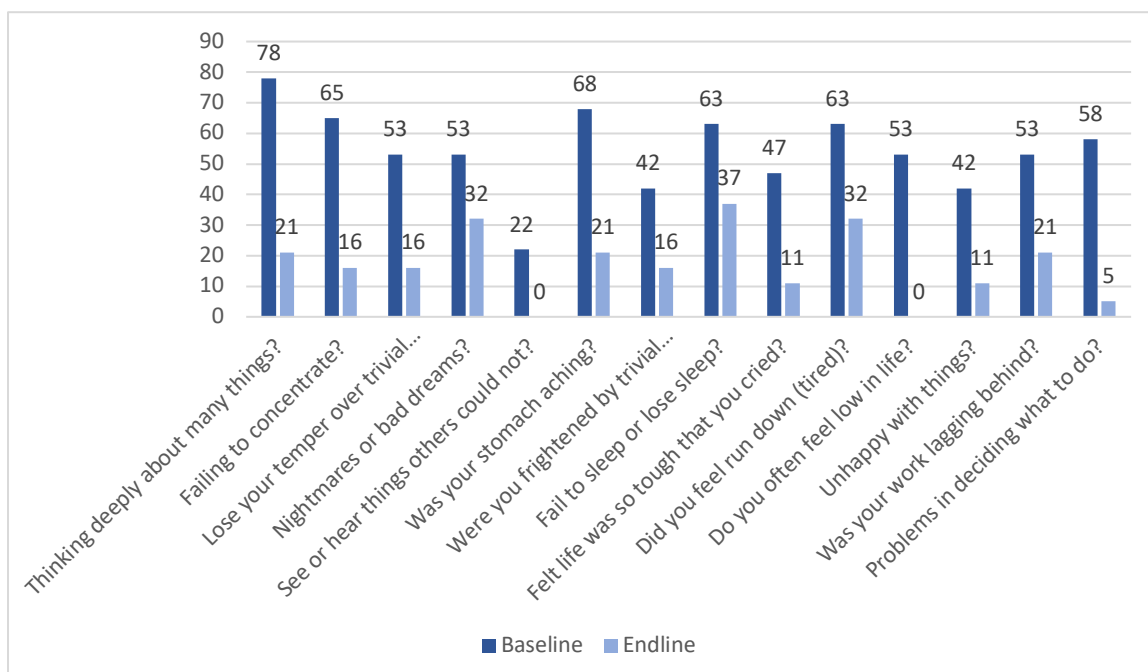
Figure 23: Child behavioral and/or mental health problems



CAREGIVER MENTAL HEALTH

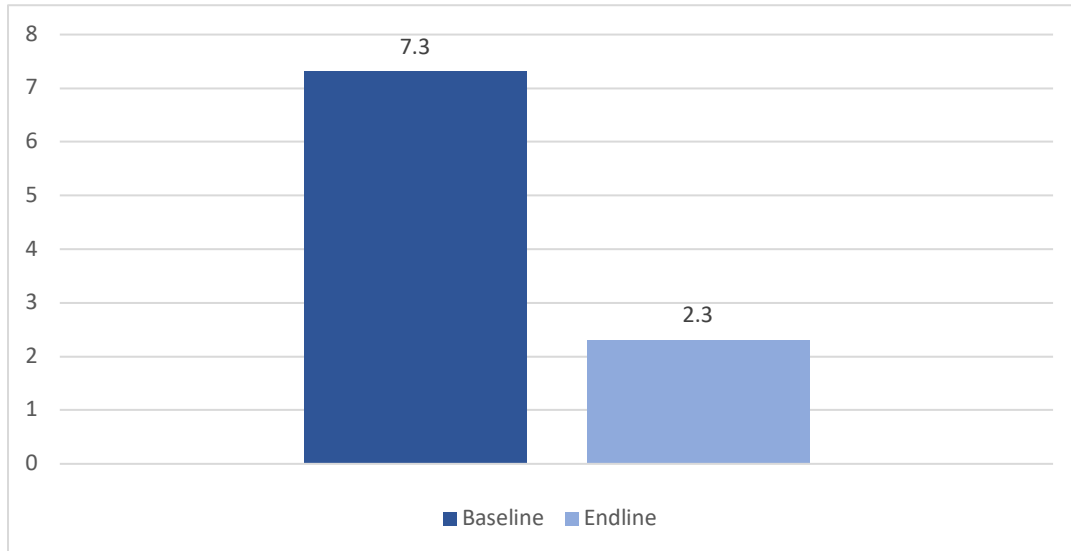
At baseline, mental health symptoms were prevalent. For example, 78 percent reported that they were thinking deeply about many things, 68 percent had stomach aching, and 65 percent reported concentration difficulties. Approximately half had nightmares, had cried because life was so tough, had felt low in life, and had work lagging behind. There was a decrease in all of the symptoms at endline (see Figure 24). At baseline, 5 out of 19 (26%) of the caregivers scored 11 or above on the Shona questionnaire for general mental health problems, indicating a clinical level of mental health problems. At endline, one caregiver (5%) scored above the clinical cut off.

Figure 24: Caregiver's mental health difficulties



The caregivers reported a significant decrease in mental health problems (see Figure 25); from a mean of 7.32 (SD = 4.28) at baseline to a mean of 2.37 at endline (SD = 2.97), $t = 5.94$, $p = <.001$.

Figure 25: Caregiver's total mental health difficulties



ACTIVITIES WITH THE CHILD

At baseline, 37 percent of the caregivers reported that they never or rarely follow up their child at school, 32 percent sometimes and 32 percent often or always. At endline, 84 percent often or always follow up their child at school. Furthermore, at baseline, 16 percent report that they never or rarely have a meal with the child every day, 21 percent sometimes and 63 percent often or always. At endline, 95 percent often or always have a meal with their child every day, and 5 percent sometimes. At baseline, 6 percent never/rarely, 47 percent sometimes and 47 percent often/always praise the child for good behavior, and at endline, all caregivers report that they often or always praise the child. For talking with the child about things, there was an increase from 28 percent never/rarely, 39 percent sometimes and 33 percent often/always at baseline, to 100% often or always at endline. For physical affection, 5 percent never or rarely, 32 percent sometimes, and 63 percent often/always show physical affection, and at endline, 95 percent often/always and 5 percent never/rarely show physical affection. Lastly, 26 percent never/rarely talked with the children about personal problems, 37 percent sometimes and 37 percent often at baseline, whereas at endline, all caregivers report that they often or always talk with their child about her or his personal problems (see Figure 26 and 27).

There was a significant change from baseline to endline for following up the child at school ($t = -4.16$, $p = .001$), having at least one meal with the child every day ($t = -2.67$, $p = .016$), praise the child when s/he behaves well ($t = -3.92$, $p = .001$), talking with the child about things ($t = -4.99$, $p = <.001$), and talk with child about her or his personal problems ($t = -1.70$, $p = .001$). There was no significant change for showing physical affection ($t = -1.69$, $p = .111$).

Figure 26: Activities with the child: Caregivers' report at baseline

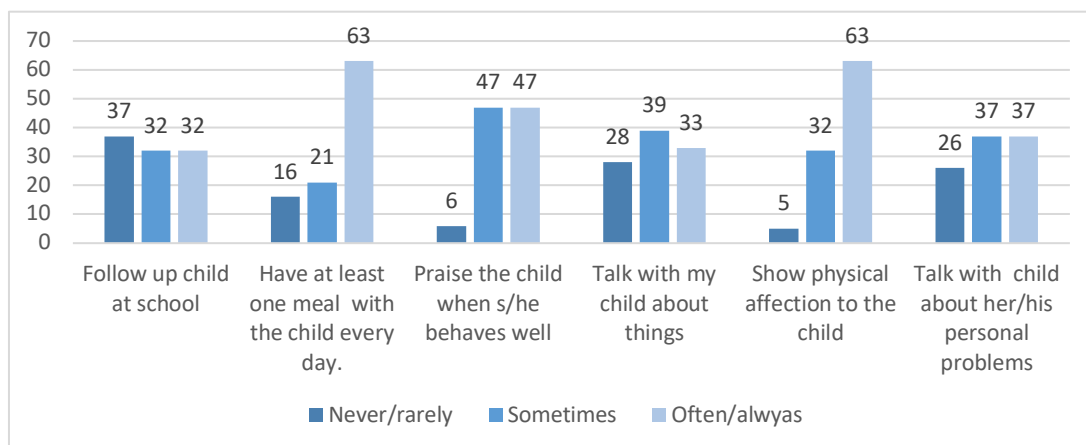
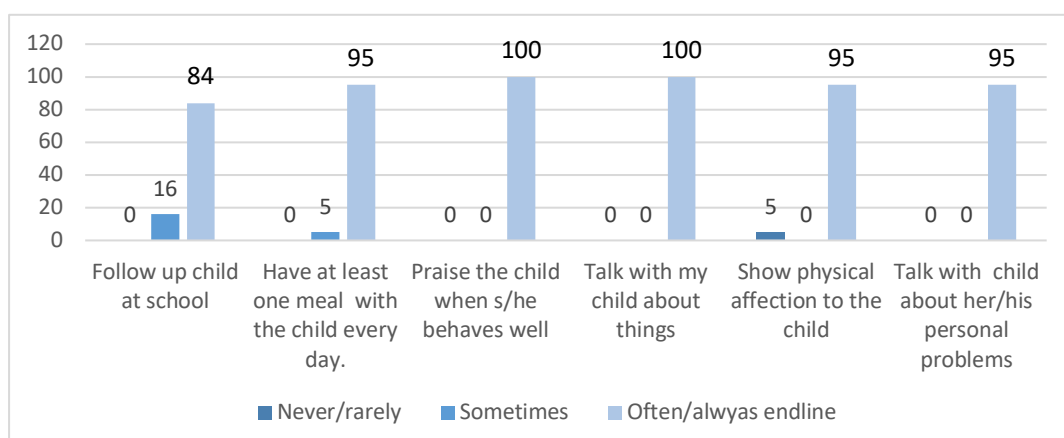


Figure 27: Activities with the child: Caregivers' report at endline



DISCIPLINE

At baseline, when asked “In the past three months, how often have you used this method of discipline with the child?”, 66 percent had often or sometimes used a stick or other hard item, and 32 percent had slapped, punched or hit the child on head or face. Furthermore, 31 percent had said that they would send the child away, 26 percent had withheld a meal to punish the child, and 12 percent had drunk much or get high, leaving them with a problem taking care of the child. At endline, none of the caregivers reported such harsh discipline behavior. Furthermore, 84 percent as compared to 41 percent at baseline reported that they never were so caught up with own problems that they were not able to show or tell the child that they love her or him. See Table 16 for responses to the rest of the discipline items. For the total discipline scale (the sum of all items except item 7 and 9), there was a significant change in mean scores from baseline ($M = 5.19$, $SD = 3.51$) to endline ($M = 1.00$, $SD = 1.97$), $t = 3.73$, $p = .001$, suggesting less harsh discipline at endline.

Table 16: Harsh discipline: Caregivers’ report

	Arm	Always/ often n (%)	Some- times n (%)	Never n (%)	T	df	p
1. Used a stick, hairbrush, slipper (list cultural relevant objects) or other hard item to discipline the child?	Baseline	6 (33)	6 (33)	6 (33)	5.05	27	<.001
	Endline	0 (0)	0 (0)	19 (100)			
2. Slapped, punched or hit the child on his/her head or face?	Baseline	3 (16)	3 (16)	13 (68)	2.67	18	.016
	Endline	0 (0)	0 (0)	19 (100)			
3. Said you would send him/her away or kick him/her out of the house?	Baseline	1 (5)	5 (26)	13 (68)	2.69	18	.015
	Endline	0 (0)	0 (0)	19 (100)			
4. Threatened to invoke ghosts, evil spirits, or harmful people against the child?	Baseline	1 (5)	2 (11)	16 (84)	1.37	18	.187
	Endline	0 (0)	1 (5)	18 (95)			
5. Withheld a meal to punish him or her?	Baseline	0 (0)	5 (26)	14 (74)	2.54	18	.021
	Endline	0 (0)	0 (0)	19 (100)			
6. Called him or her dumb, lazy or other names like that?	Baseline	2 (11)	6 (32)	11 (58)	2.67	18	.016
	Endline	0 (0)	1 (5)	18 (95)			
7. Explained to the child why something they did was wrong?	Baseline	10 (56)	7 (39)	1 (6)	-3.06	17	.007
	Endline	17 (90)	2 (11)	0 (0)			
8. Kept child out of school as punishment?	Baseline	2 (11)	2 (11)	15 (79)	1.07	18	.297
	Endline	1 (5)	0 (0)	18 (95)			
9. Took away privileges, stopped child from going out with friends or other activities like playing sport to teach child a lesson?	Baseline	4 (22)	5 (28)	9 (50)	2.50	17	.023
	Endline	1 (5)	0 (0)	18 (95)			
10. Had to leave the child home alone when you thought an adult should be with child	Baseline	2 (11)	2 (11)	15 (79)	1.56	18	.135
	Endline	0 (0)	1 (5)	18 (95)			
11. Were so caught up with your own problems that you were not able to show or tell the child that you loved him/her.	Baseline	3 (18)	7 (41)	7 (41)	2.31	16	.034
	Endline	1 (5)	2 (11)	16 (84)			
12. Were not able to make sure the child got the food he/she needed?	Baseline	3 (16)	3 (16)	13 (68)	.90	18	.385
	Endline	1 (5)	3 (16)	15 (79)			
13. Not able to make sure the child got to a doctor or hospital when s/he needed it?	Baseline	2 (11)	2 (11)	15 (79)	1.29	18	.215
	Endline	0 (0)	2 (11)	17 (90)			
14. Sometimes adults drink much or get high to feel better or calmer. This might leave them with a problem taking care of the child. How often do this happen to you?	Baseline	1 (6)	1 (6)	16 (89)	1.37	17	.187
	Endline	0 (0)	0 (0)	19 (100)			

CHILD REPORTS

Ten children completed a questionnaire at baseline and endline (before and after their caregiver took part in the intervention) about their relationship with their caregiver and their social and mental well-being. Four were boys and six were girls. They were 9 to 14 years of age, with an average age of 12 (SD = 1.52). They all reported that they were the daughter or son of a caregiver attending the programme through the Child Endowment Fund.

RELATIONSHIP WITH CAREGIVER

A larger portion of the children report caregiver engagement at endline. For example, six out of ten children at baseline and eight out of ten at endline report that the caregiver always show that s/he is proud of the child, two children at baseline versus six at endline report that their caregiver always takes an interest in their activities (see Table 17).

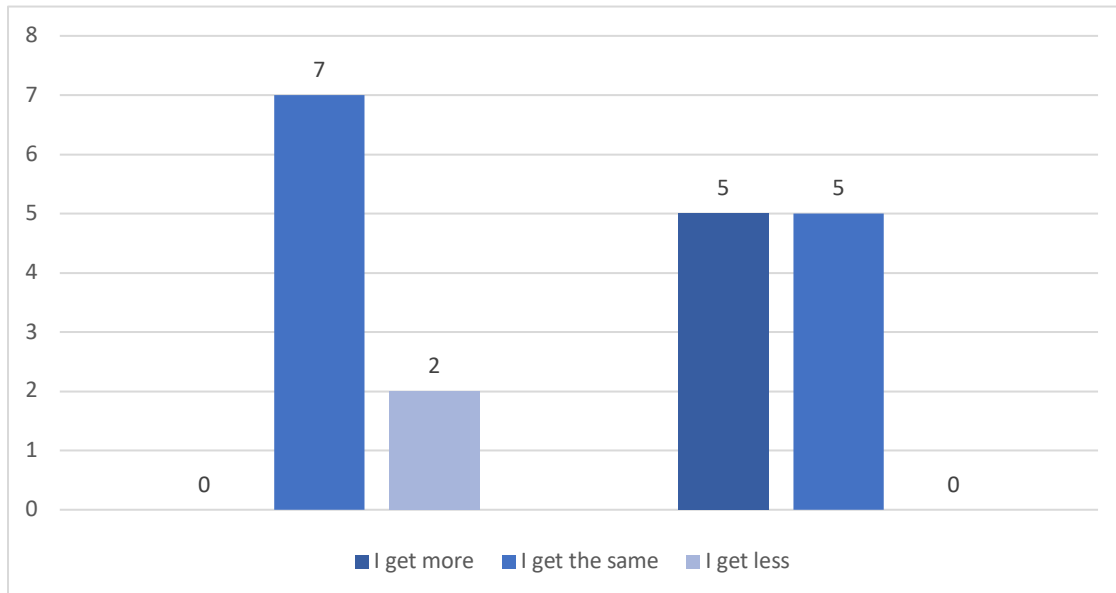
Table 17: Relationship with caregiver: Childs' report

	Always Baseline, endline	Often Baseline, endline	Sometimes Baseline, endline	Never Baseline, endline
1. My caregiver shows me s/he is proud of me	6, 8	0, 1	3, 1	1, 0
2. My caregiver takes an interest in my activities	2, 6	5, 2	2, 2	1, 0
3. My caregiver listens to me when I talk to her/him	4, 8	3, 0	3, 2	0, 0
4. My caregiver talk about the things that really matters.	3, 8	1, 2	6, 0	0, 0
5. I am comfortable sharing my thoughts and feelings with my caregiver	3, 9	5, 1	1, 0	1, 0

DISCRIMINATION

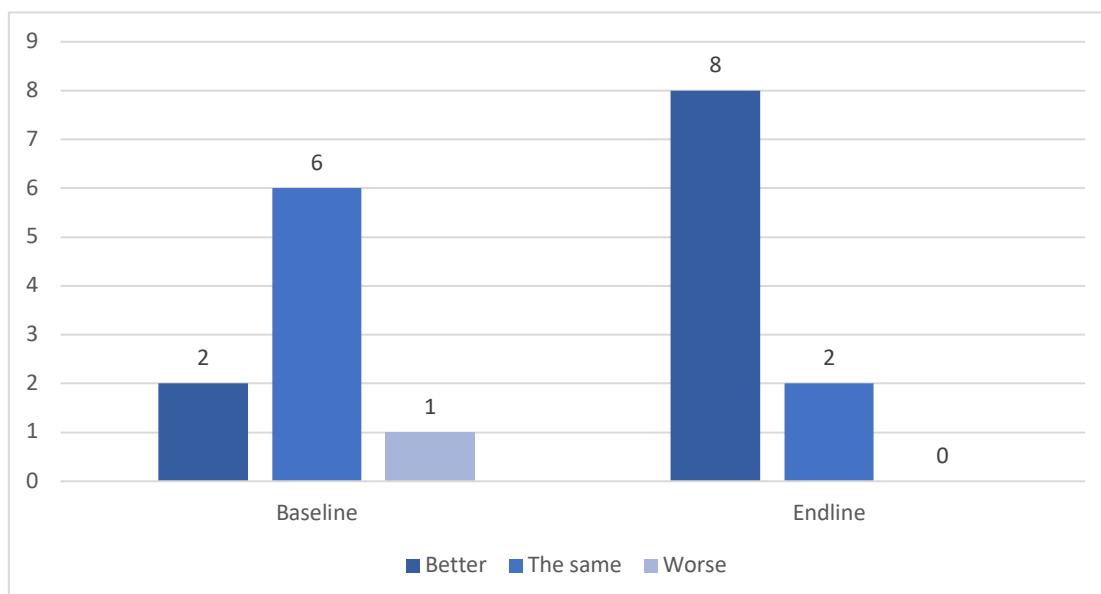
When asked “Do you get the same food/clothes/school fees/school equipment as the other children you live with?”, two children reported that they receive less, seven that they receive the same, and zero that they receive more. At endline, five children received the same, five received more than other children in the household, and zero received less (see Figure 28).

Figure 28: Discrimination in terms of food and things: Childs’ report



At baseline, when asked “How are you treated compared to other children you live with?”, one child reported to be treated worse, six reported that they were treated the same way, and two that they were treated better. At endline, eight reported that they were treated better and two that they are treated the same way, whereas no one reported to be treated worse than the other children (see Figure 29).

Figure 29: Discrimination in terms of how they are treated: Childs’ report



CHILD WORK

When asked “In the past three months, did you ever have to stay out of school to attend household duties? (fetching water/ wood, tending animals, working on the land, caring for younger children or sick adults, or getting money to support the household, etc.)”, seven said no and three said yes both at baseline and endline.

SOCIAL SUPPORT

All of the children reported that they have someone to look after them, prepare meals, help with daily chores if they are sick, to have a good time with, to turn to for help with personal problems, who will understand them, and love them, both at baseline and endline. One child did not have anyone to take him or her to the doctor when needed at baseline (see Table 18).

Table 18: Perception of having someone in their life they can depend on: Childs’ report

	Yes Baseline, endline	No Baseline, endline
1. to look after you	10, 10	0, 0
2. to help you if you were too sick to get out of bed?	10, 10	0, 0
3. to take you to the doctor if you need it?	9, 10	1, 0
4. to prepare your meals if you are unable to do it yourself?	10, 10	0, 0
5. to help with daily chores if you were sick?	10, 10	0, 0
6. to have a good time with?	10, 10	0, 0
7. to turn to for suggestions about how to deal with a personal problem?	10, 10	0, 0
8. who understands your problems?	10, 10	0, 0
9. to love and make you feel wanted?	10, 10	0, 0

DISCIPLINE

At baseline, seven children were often or sometimes disciplined by a stick or other hard object whereas nobody reported such experiences at endline. Furthermore, six children reported that their caregiver had slapped, punched or hit her or him on the head or face at baseline, but nobody reported this at endline. See Table 19 for responses to experiences of discipline items at baseline and endline for the ten children with baseline and endline data.

Table 19: Discipline: Childs' report

	Often/Always	Sometimes	Never
	Baseline, endline	Baseline, endline	Baseline, endline
1. Use a stick, hairbrush, slipper (list cultural relevant objects) or other hard item to discipline you?	4, 0	3, 0	3, 10
2. Slap, punch or hit you on your head or face?	1, 0	5, 0	4, 10
3. Said you would be sent away or kicked out of the house?	0, 0	2, 0	8, 10
4. Threatened to invoke ghosts or evil spirits, or harmful people?	0, 0	0, 0	10, 10
5. Withheld a meal to punish you?	0, 0	1, 0	9, 10
6. Insulted you by calling you dumb, lazy or other names like that?	0, 0	4, 0	6, 10
7. Explained to you why something you did was wrong?	5, 8	4, 2	1, 0
8. Kept you out of school?	0, 0	1, 0	9, 10
9. Took away privileges or stopped you from going out with friends, or stopped other activities like playing sport to teach you a lesson?	3, 0	1, 0	6, 10

MENTAL HEALTH

At baseline, when asked to tick one statement from each group which best describes the way they had been lately, one of the children reported to be sad all the time (0 at endline), one felt that nothing ever will work out for her or him/her (0 at endline), two felt like crying every day (0 at endline), one felt like things bother her or him all of the time (0 at endline), and one felt alone all the time (0 at endline). See table 20 for all responses related to mental health and future orientation.

Table 20: Mental health difficulties: Childs' report

1.	I am sad once in a while 6, 6	I am sad many times 2, 4	I am sad all the time. 1, 0
2.	Nothing will ever work out for me 1, 0	I am not sure if things will work out for me 0, 0	Things will work out for me OK 8, 10
3.	I do most things OK 8, 7	I do many things wrong 0, 2	I do everything wrong 1, 0
4.	I hate myself 0, 0	I do not like myself 2, 0	I like myself 8, 10
5.	I feel like crying everyday 2, 0	I feel like crying any days 4, 1	I feel like crying once in a while 4, 9
6.	Things bother me all the time 1, 0	Things bother me many times 3, 0	Things bother me once in a while 6, 10
7.	I do not feel alone 6, 8	I feel alone many times 3, 2	I feel alone all the time 1, 0
8.	I have plenty of friends 9, 8	I have some friends but wish I had more 1, 2	I don't have friends 0, 0
9.	Nobody really loves me 0, 0	I am not sure if anybody loves me 1, 0	I am sure that somebody loves me 9, 10

TEACHER REPORTS

TEACHERS PERCEPTION OF THE CHILD'S CARE SITUATION, MENTAL HEALTH, AND LEARNING

The child's primary teacher completed questionnaires about the ten children who completed the child questionnaires. At baseline, only two out of the eleven children had, according to their teacher, a primary adult who protects and nurtures the child; three children had an adult who provided care, but the care was limited, four children had no consistent adult care, and one child was completely without the care of an adult (see Table 21). At endline, six children had a primary adult to protect and nurture the child, two children had an adult who provides care, but the care was limited, and four children had no consistent adult care.

Table 21: Teachers' report of the child's care situation

CARE (baseline, endline)				
This child has a primary adult (over 18) (caregiver who is involved in his/her life and who protects and nurtures him/her)	This child has an adult (over 18) who provides care but who is limited by illness, age or seems indifferent to this child	This child has no consistent adult (over 18) in his/her life that provides love, attention and support	This child is completely without the care of an adult (over 18) and must fend for him or herself or lives in a child-headed household	Don't know
2, 6	3, 2	4, 2	0, 0	1, 0

The teachers reported that eight of the children like to play with peers and participate in group of family activities, whereas two of the children were reported to have minor problems getting along with others, and one child was evaluated as disobedient and frequently not interacting well with others. At endline, nine children were reported to like to play with peers and one child had minor problems getting along with others (see Table 22).

Table 22: Teachers' report of the child's social situation

SOCIAL (baseline, endline)				
Child likes to play with peers and participates in group or family activities.	Child has minor problems getting along with others and argues or gets into fights sometimes.	Child is disobedient to adults and frequently does not interact well with peers, guardian, or others at home or school	Child has behavioral problems, including stealing, early sexual activity, and/or other risky or disruptive behavior.	Don't know
7, 9	2, 1	1, 0	0, 0	0, 0

At baseline, six of the ten children did not seem to be abused, whereas there were some suspicion of neglect or abuse for two of the children, and one child was neglected or abused and clearly not treated well in the household. At endline, seven children did not seem to be abused, and there were some suspicion of abuse or neglect for two of the children (see Table 23).

Table 23: Teachers' report of the child's exposure to abuse

ABUSE (baseline, endline)				
Child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways.	There is some suspicion that child be neglected, over-worked, not treated well, or otherwise maltreated.	Child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution.	Child is abused, sexually or physically, and/or is being subjected to child labor or otherwise exploited.	Don't know
6, 7	1, 2	1, 0	0, 0	2, 1

At baseline, none of the children were learning well and progressing as expected, eight were learning well, but caregivers, teachers or others had some concern about progress, and three of the children were learning poorly or falling behind, according to the teachers. At endline, six of the children were learning well, and four were learning well, but with some concerns (see Table 24).

Table 24: Teachers' report of the child's performance

PERFORMANCE (baseline, endline)				
Child is learning well, developing life skills, and progressing as expected by caregivers, teachers, or other leaders.	Child is learning well and developing life skills moderately well, but caregivers, teachers, or other leaders have some concerns about progress.	Child is learning and gaining skills poorly or is falling behind. Infant or preschool child is gaining skills more slowly than peers.	Child has serious problems with learning and performing in life or developmental skills.	Don't know
5, 6	4, 4	0, 0	1, 0	0, 0

At baseline, eight children seemed mostly happy, and two children were withdrawn. At endline, two seemed happy, five seemed mostly happy, two seemed withdrawn, and one seemed hopeless (see Table 25).

Table 25: Teachers' report of the child's emotional health

EMOTIONAL HEALTH (baseline, endline)				
Child seems happy, hopeful, and content.	Child is mostly happy but occasionally he/she is anxious, or withdrawn. Infant may be crying, irritable, or not sleeping well some of the time.	Child is often withdrawn, irritable, anxious, unhappy, or sad. Infant may cry frequently.	Child seems hopeless, sad, withdrawn, wishes could die, or wants to be left alone. Infant may refuse to eat, sleep poorly, or cry a lot.	Don't know
0, 2	8, 5	2, 2	0, 1	0, 0

At baseline, seven of the children were enrolled in and attended school regularly and three attended irregularly, according to their teachers. At endline, five enrolled school regularly, three irregularly, and two were not enrolled (see Table 26).

Table 26: Teachers' report of the child's education

EDUCATION (baseline, endline)				
Child is enrolled in and attending school/training regularly. Infants or preschoolers play with caregiver. Older child has appropriate job	Child enrolled in school/training but attends irregularly or shows up inconsistently for productive activity/job. Younger child played with sometimes but not daily.	Child enrolled in school or has a job but he/she rarely attends. Infant preschool child is seldom played with.	Infant or child is not enrolled, not attending training, or not involved in age appropriate productive activity or job. Infant or preschooler is not played with. Preschool child is rarely played with.	Don't know
7, 5	3, 3	0	0, 2	0, 0

STRENGTHS AND DIFFICULTIES

The teachers reported an overall decrease in emotional problems and hyperactivity, and an increase in conduct problems and peer problems as well as an increase in prosocial behavior from baseline to endline. The children had on average borderline scores on total difficulties on the Strengths and Difficulties Questionnaire (SDQ) both at baseline and endline, and borderline scores on peer problems at endline. Their scores were within normal for emotional problems, conduct problems, hyperactivity and prosocial behavior at both baseline and endline (see Table 27).

Table 27: Teachers reported child strengths and difficulties

	Baseline			Endline		
	Mean	SD	Categorization	Mean	SD	Categorization
Total difficulties (range 0-40)	12.7	6.2	Borderline	12.9	2.3	Borderline
Emotional problems (range 0-10)	3.2	3.12	Normal	2.0	1.8	Normal
Conduct problems (range 0-10)	2.1	2.1	Normal	2.6	.98	Normal
Hyperactivity (range 0-10)	4.5	2.5	Normal	3.8	1.7	Normal
Peer problems (range 0-10)	2.9	2.3	Normal	4.5	1.1	Borderline
Prosocial behavior (range 0-10)	6.5	1.8	Normal	6.9	1.3	Normal

DISCUSSION AND RECOMMENDATIONS

Childhood vulnerability due to poverty, orphanhood, abandonment, malnutrition, and a lack of appropriate psychosocial stimulation is a complex challenge which require cooperation between countries, sectors, and disciplines in order to provide comprehensive interventions targeting these challenges, as well as evaluations of the relevance and impacts of the interventions. Research has showed that “the largest effect sizes from early interventions in developing countries are associated with large-scale comprehensive programmes that usually include more than one type of intervention and are typically government-funded” (Rao et al., 2014). An important focus of the Save the Children initiated *Child Sensitive Social Protection* programme is to strengthen caregivers and support positive parenting practices. Competent parenting is a protective factor towards harshness and vulnerability and can hence contributes to improve the lives of children growing up with multiple risks (Felitti & Anda, 2008; Peter et al., 2011). This report describes baseline and endline data from two groups of recipients of the Save the Children initiated parenting programme linked to the social protection programme in Nepal, namely the *Child Grant for Children under five years*, and the local governmental-funded *Child Endowment Fund*.

In the *Child Grant for Children under five years*, caregivers (96% mothers) of children aged 2-5 years responded to the questionnaire. Food intake seemed quite diverse and the child had received an average of 5 meals the last day. There was an increase in the intervention group from baseline to endline in terms of number of caregivers who reported to have a kitchen garden (from 69% to 86%) whereas there was a small yet not significant decrease in the control group (from 66% to 60%). One can anticipate that having a kitchen garden has a positive effect on food and nutritional security, yet more research seems warranted on household food production strategies (Girart, Self, McAuliffe, & Olude, 2018). Three out of four of the mothers were engaged in food prioritizing regarding their children. Approximately 80 percent of mothers and fathers in both groups would need to borrow money if their child would need to go to the hospital. At endline this decreased to 11 percent among the mothers and 6 percent among the fathers in the intervention group, while still being reported by 64 percent in the control group. Both mothers and fathers report their biggest expenses to be related to food, health, and children’s education, and they express concerns about their child’s education, money, health, and the ability to feed the family. There was an increase in number of caregivers in the intervention group (both mothers and fathers) who reported worries regarding their children’s educational opportunities, which might reflect a shift in focus.

The mothers had a relatively high mental health burden at baseline, with 19 percent scoring above the clinical level for common mental health problems (depression and anxiety). At endline, 8 percent scored above the clinical cut-off. Even though both groups reported significantly fewer symptoms at endline, the intervention group accounted for the largest drop in symptoms ($M=7.27$ at baseline (20% above the clinical cut-off) and 2.64 at endline (1% above the clinical cut-off) for the intervention group and $M=7.13$ at baseline (17% above the clinical cut-off) and 6.24 at endline (14% above the clinical cut-off) for the control group). The baseline data is in line with review data suggesting that the prevalence of postnatal maternal depression is between 15.6 and 19.8 percent in low- and middle-income countries (e.g. Atif, Lovell, & Rahman, 2015). This review study furthermore found maternal depression to be related to several developmental vulnerabilities of the child such as poor growth and cognitive development, hence a reduction in maternal mental health problems might support a healthy child development.

The caregivers reported several types of somatic health difficulties for the child. For example, more than two thirds of the children had fever the last two weeks and one third had cough or breathing difficulties that interfered with the ability to eat and drink. The majority of the caregiver’s report that their children develop like other children, however approximately 15 percent report that their child’s speech differ from normal, and approximately 7 percent that their children seems mentally backward,

dull or slow as compared to other children. As compared to the control group, both mothers and fathers in the intervention group reported fewer serious childhood disabilities at endline.

Mothers and fathers in the intervention group gave significantly higher scores on warmth and lower scores on invasion after the intervention. Mothers in the control group reported significantly higher scores on warmth at endline only. Fathers in the intervention group and mothers in both the intervention group and control group reported that they participate in more activities with the child at endline. The importance of joint attention and shared experiences between children and their caregivers has been thoroughly studied and has been shown to be related to a child's socio-emotional as well as cognitive development (Moore, Dunham, & Dunham, 2014).

Both physical and psychological punishment is common in the current sample. For example, at baseline, 62 percent of the mothers and 26 percent of the fathers reported that they had hit their child with a hard object the last three months, and 83 percent of the mothers and 77 percent of the fathers that they had shouted, yelled, or screamed at the child. Parenting is influenced by the cultural and contextual context, traits by the caregiver and child, and the caregiver and child's experiences. Although one needs to take cultural norms and expectations into account when looking at these numbers, there is sound evidence that child violence, even when having an upbringing function, might have severe consequences for the developing child (Gershoff & Grogan-Kaylor, 2016). World-wide, 62.5% and 65.4% of children are exposed to physical and psychological violence respectively, with highest prevalence in low- and middle-income countries (Cuartas et al., 2019). The current study includes young children aged 2-5, when violence can be specially damaging. At endline, the intervention group report significantly less corporal punishment. For example, only 3 percent of caregivers in the intervention group report that they had hit their child with a hard object the last three months, whereas there was no change in the control group. Approximately half of the caregivers also frequently reported incapability related to having to leave the child home alone or under inadequate care, or to provide the food needed. In addition, 26 percent of the mothers (24% in the intervention group and 28% in the control group at baseline) reported having problems taking care of the child because they had used drugs or alcohol. This is a higher level of alcohol and drug abuse than local anticipations, which might be due to more social stigma related to substance abuse among females. It might be that caregivers with the biggest substance abuse problems did not participate in the intervention nor the study, which might indicate that the prevalence could be even higher. The high prevalence of alcohol and drug abuse should be addressed in future interventions, and the prevalence should be investigated in larger data sets, especially among the fathers. At endline, 6% of mothers in the intervention group (26% in the control group) reported substance abuse that influenced their possibilities of taking care of their child. This reduction might be due to enhanced knowledge among the mothers, but we cannot rule out the possibility that the reduction might be due to social desirability bias following enhanced knowledge.

In the *Child Endowment Fund*, there were 21 caregiver respondents. Forty percent of the children were double orphans, 40 percent were single orphans, and 20 percent were abandoned. Twenty-eight percent of the children were reported to have behavioral or mental health problems. One-fourth of the caregivers (26%) reported mental health problems above the clinical level at baseline, but at endline only one caregiver ($n = 5$) reported scores on mental health problems above the clinical cut-off. Child report ($n = 11$) showed that at baseline, two of the children reported that they receive less food, clothes, school fees or school equipment than the other children in the family. At endline, five children reported that they receive more food and things than other children do in the household. Although it is not possible to draw conclusions based on the reports from 11 children, this should be investigated in future groups of caregivers, to make sure that the intervention has an equal positive effect on the children in the household of the caregivers taking part in the intervention. One third of the caregivers reported to always or often use a stick or other hard object to discipline the child, one third of the caregivers reported that they sometimes do so, and one third of the caregivers reported

that they never discipline the child with a hard object. Similar, the children reported different types of violence from their caregiver at baseline, e.g. seven out of eleven had experienced that the caregiver had used a stick, hairbrush or other hard object to discipline the child, but at endline none of the caregivers nor children reported to have hit/ been hit with a hard object the last three months. The children reported to have friends, and to have somebody to take care of them. All children reported that they have somebody that looks after them, yet the teachers reported that only two out of ten children have a primary adult who is involved in his/her life and who protects and nurtures him/her, but the number increase to 6 out of the after the intervention. The teacher also reported that fewer children experienced abuse or neglect at endline. Furthermore, on average, the children had abnormal scores on total difficulties (with emotions, peers, conduct, and hyperactivity), both at baseline and endline, according to their teachers. Endline reports hence tend to suggest more positive upbringing conditions for the children, yet the low number of respondents implies that it is not possible to draw any conclusions and more comprehensive studies with a control group is needed to know whether the intervention empower families into a positive path.

A challenge in the current study was to put together a meaningful questionnaire which would provide valid information and at the same time be sensitive to capture potential change due to the intervention. The population in focus are not familiar with questionnaires and grading. Dichotomy questions might in many cases not provide meaningful information, as the reality seldom is black or white. It is therefore necessary to use scales with different degrees of agreement. After successful piloting, all ranked responses were visualized as a Rupee scale. An aim for the continuous work should be to develop instruments with simple, concrete questions and direct language that could be used in similar high-risk contexts.

In order to ensure that interventions that are implemented among the most vulnerable families are effective, ongoing monitoring and evaluations are necessary. The current pilot study provides knowledge about a poorly studied population. Although an ideal design would have been a cluster randomized controlled trial design, the feasibility of such a design and potential ethical implications of having a control group providing sensitive information without any services was considered problematic. Future studies could evaluate the effect of the program through a randomized stepped wedge design, which would allow investigation of the add-on effects of parenting interventions into the project and at the same time allowing all participants to eventually receive the intervention. Furthermore, a hybrid effectiveness-implementation design where the aim is to test the different implementation and training strategies while simultaneously studying intervention outcomes would provide important knowledge that would support future implementation initiatives and maximize the beneficial impacts of the intervention (Curran, Bauer, Mittman, Pyne, & Stetler, 2012).

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