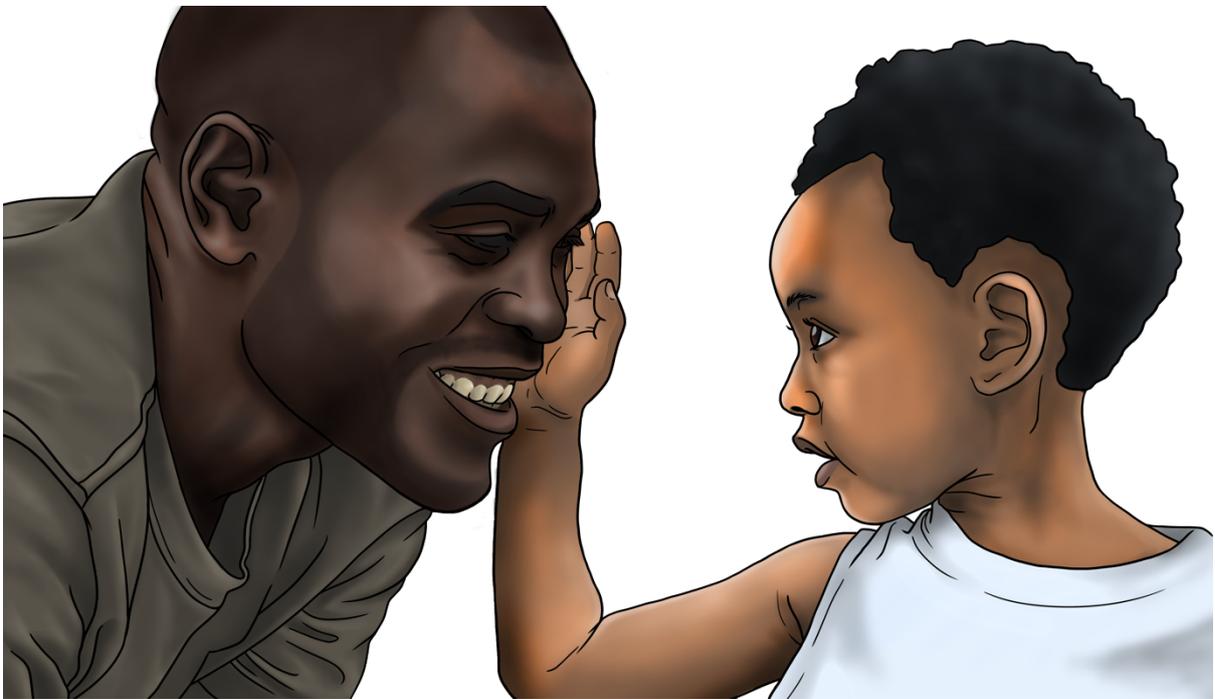




**SUGIRA
MURYANGO**

Dissemination Event Report

Kigali, Rwanda
25 February 2020



RESEARCH PROGRAM ON
CHILDREN AND ADVERSITY
BOSTON COLLEGE SCHOOL OF SOCIAL WORK

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Overview

On Tuesday February 25th we held our final in-country dissemination event for the Cluster Randomized Trial. The aim of this event was to present our primary findings to the Government of Rwanda and other ECD stakeholders. The attendees represented the following institutions and organizations.

Government Agencies	Funding Agencies	INGOs/NGOs
Ministry of Gender and Family Promotion National Early Childhood Development Program University of Rwanda Rwanda National Ethics Committee Rwanda Biomedical Center	USAID Oak Foundation	Global Communities Save the Children UNICEF RWAMREC World Health Organization Partners in Health Gardens for Health Catholic Relief Services Chance for Childhood PLAN International Help a Child Umuhuza World Vision Lawyers for Hope Promundo Imbutu Foundation

Agenda

Location:	Marriott Hotel Isaro Room
9:30 am	Arrival of Invited Guests
10:00 am	Welcome Remarks Emmanuel Habyarimana Executive Director, FXB Rwanda
10:10 am	A Facilitated Conversation with Community Stakeholders Facilitator: Kalisa Godfroid, Senior Project Officer, Sugira Muryango Panelists: <ul style="list-style-type: none"> • Clementine Muhayimpundu Social Affairs Officer Nyanza District, Kigoma Sector • Jean Baptiste Gakwaya Sugira Muryango Community Based Volunteer Ngoma District, Kazo Sector, Umukamba Cell, Kagarama Village • Marie Claudine Mukamitari Sugira Muryango Community Based Volunteer Nyanza District, Nyagisozi Sector, Kirambi Cell, Murende Village • Jean De Dieu Sindayigaya Sugira Muryango Community Based Volunteer Rubavu District, Nyakiriba Sector, Nyarusmba Cell, Makoro Village
10:30 am	Question and Answer Session

10:45 am	Break
11:00 am	<p>Presentation of Findings</p> <p><i>Effect of A Home-visiting Program, Sugira Muryango, To Promote Early Childhood Development and Prevent Violence: A Cluster-Randomized Trial Linked To Rwanda's Social Protection Program</i></p> <p>Dr. Theresa Betancourt Salem Professor in Global Practice Director of the Research Program on Children and Adversity (RPCA) Boston College School of Social Work</p>
12:00 pm	Question and Answer Session
12:30 pm	<p>Closing Remarks</p> <p>Dr. Vincent Sezibera Director of the Centre for Mental Health Associate Professor, College of Medicine and Health Sciences University of Rwanda</p>
1:00 pm	Lunch

About Our Speakers

Welcome Remarks

Emmanuel Habyarimana
Executive Director
FXB Rwanda

Emmanuel Habyarimana has more than 22 years of management and organizational development experience. Emmanuel leads FXB Rwanda with importance on high program quality, organizational capacity, and collaborative partnership. Prior to joining FXB Rwanda as the Executive Director, Emmanuel worked for Food for the Hungry International for 12 years as a Child and Youth Programs Specialist, and a Child Survival/ Child and Community Development Program Manager in Rwanda and Burundi. An organization that strives to end human poverty in all its forms by walking together with the world's vulnerable populations. In addition, Emmanuel serves as the Chief party of FXB Rwanda's USAID/Turengere Abana Program. Emmanuel holds a Master of Business Administration with a specialization in Project Management and a Bachelor's degree in developmental studies.

About our Community Stakeholders

Facilitator:

Kalisa Godfroid
Senior Project Officer
Sugira Muryango
FXB Rwanda

Kalisa Godfroid started his career with FXB Rwanda and the Family Strengthening Interventions in 2009. A former nurse with a Bachelor's degree in Psychology Kalisa Godfroid has the unique experience of starting his career as an interventionist for the HIV Family Strengthening Program and now trains, supervisors and supports community-based volunteers which has enabled him to have a full understanding of program implementation from multiple perspectives

Panelists:

Clementine Muhayimpundu
Social Affairs Officer
Nyanza District
Kigoma Sector

Clementine is an innovative leader who has been working as the Sector Social Affairs in Kigoma Sector since 2010. Over the past 10 years, she has built a strong rapport and trust with local families and uses the vast knowledge she has accumulated from her experience to support vulnerable families in the area.

During the program, Clementine leveraged her network and creativity to craft customized local solutions to various issues faced by families in the intervention. One such issue was supporting families to acquire National ID cards in order to access their VUP payments. Since the intervention, Clementine continues to visit the vulnerable families in the households and often speaks about the impact of the program on the lives of the families.

Clementine demonstrates the principles of support, innovation, and persistence both within the parameters of the Sugira Muryango Program and outside of it.

Jean Baptiste Gakwaya
*Sugira Muryango Community
Based Volunteer*
Ngoma District
Kazo Sector
Umukamba Cell
Kagarama Village

Jean Baptiste has long been considered a resource of the local community. Families from around the area often consulted him for advice regarding family issues and conflict resolution. He was elected by the village during Inteko y'Abaturage to serve as a Community Based Volunteer for the Sugira Muryango Program in 2018.

As a CBV for the program, Jean Baptiste demonstrated exceptional problem-solving abilities and was invested in the well-being of families in the program. Using his natural skills and the tools from the Sugira Muryango Program, Jean Baptiste assisted families in resolving many conflicts in the home. In one such instance, Jean Baptiste observed conflict within the caregivers of a household that was located the furthest from his residence. Despite the distance, Jean Baptiste visited the family often and spent extra time following the session to build a strong relationship. After learning more about the issues the family was facing, he customized the intervention to discuss conflict in the house prior to continuing with additional topics,

recognizing that the household would benefit more from this mixed order.

Furthermore, Jean Baptiste not only supported his families, but also supported his fellow CBVs through active listening, positive leadership, and support for continuous learning.

The leadership and effort of Jean Baptiste stood out as all of the households under his guidance as a CBV have shown positive changes both during and after the close of the intervention.

Marie Claudine Mukamitari
*Sugira Muryango Community
Based Volunteer*
Nyanza District
Nyagisozi Sector
Kirambi Cell
Murende Village

As a compassionate and supportive individual, Marie Claudine's past career as a counselor made her a natural fit to be a Sugira Muryango Community-Based Volunteer.

Artfully combining her knowledge as a counselor and the tools of the Sugira Muryango Program, Marie Claudine worked to improve the lives of all of the households in her caseload. She demonstrated this unique blend of information and experience to improve the parent-child interactions of all her families through play, and handled complex family structures with the customized support they require. As a CBV, Marie Claudine was faced with the challenge of supporting a family whose male caregiver (father) was living away for work. Through effective communication and engagement, she was able to support return of the male caregiver to the family home and engage him to share household responsibilities. To this day, he has stayed together with his family and is invested in the development of his children through play.

Marie Claudine not only utilized the tools of the Sugira Muryango Program to help the families within the intervention, but also applied the knowledge she learned in the modules and approaches to coaching to assist other CBVs and families in the general community.

Jean De Dieu Sindayigaya
*Sugira Muryango Community
Based Volunteer*
Rubavu District
Nyakiriba Sector
Nyarusmba Cell
Makoro Village

Jean De Dieu has long been an integral part of his community in Makoro village. He has served in various different roles from an Umwunzi (community mediator) and leader of the local cell council to a Sunday School teacher. His dedication to his community and his compassionate personality has made him a trusted figure in the community by local government officials and community members alike.

As a Sugira Muryango Community Based Volunteer, Jean De Dieu had a caseload of 5 dual family households. By using the tools of the Sugira Muryango Program and his natural ability to lead by example, Jean de Dieu inspired households to improve hygiene, nutrition, and stress management. The families under his guidance were also able to understand and integrate early stimulation activities and family conflict resolution techniques into their everyday lives. In fact, all of the families in Jean De Dieu's caseload improved in the sharing of family responsibilities.

Presentation of Findings

Dr. Theresa Betancourt
Salem Professor in Global Practice
Director of the Research Program on Children and Adversity (RPCA)
Boston College School of Social Work

Theresa S. Betancourt, ScD, MA central research interests include the developmental and psychosocial consequences of concentrated adversity on children, youth and families; resilience and protective processes in child and adolescent mental health and child development; refugee families; and applied cross-cultural mental health research. She is Principal Investigator of an intergenerational study of war in Sierra Leone (LSWAY). This research led to the development of a group mental health intervention for war-affected youth that demonstrated effectiveness for improving emotion regulation, daily functioning and school functioning. This intervention, the Youth Readiness Intervention (YRI), is now at the core of a scale-up study within youth employment programs now underway in collaboration with GIZ (the German Development Agency) and Government of Sierra Leone as a part of the NIMH-funded Mental Health Services and Implementation Science Research Hub called Youth FORWARD. Dr. Betancourt has also developed and evaluated the impact of a Family Strengthening Intervention for HIV-affected children and families, and is leading the investigation of a home-visiting early childhood development (ECD) intervention to promote enriched parent-child relationships and prevent violence that can be integrated within poverty reduction/social protection initiatives in Rwanda. Her team is currently working with the Government of Rwanda, the LEGO Foundation, and Grand Challenges Canada on implementation science to investigate a multi-level strategy (the PLAY Collaborative) to transition the intervention (*Sugira Muryango*) to scale across three Districts in the country. Domestically, she is engaged in community-based participatory research with Somali Bantu and Bhutanese refugee community partners to develop and evaluate family-based interventions to prevent emotional and behavioral problems in refugee children and adolescents resettled in the U.S.

Dr. Betancourt has written extensively on mental health and resilience in children facing adversity including recent articles in *Child Development*, *The Journal of the American Academy of Child and Adolescent Psychiatry*, *Social Science and Medicine*, *JAMA Psychiatry*, *Pediatrics*, *the American Journal of Public Health*, and *PLOS One*. Her work has been profiled in the *New Yorker*, *National Geographic*, *NPR*, *CNN.com*, and in an interview with Larry King on the program *Politicking*.

Closing Remarks

Dr. Vincent Sezibera
Director, Centre for Mental Health
Associate Professor,
College of Medicine and Health Sciences
University of Rwanda

Prof. Sezibera specializes in Post-Traumatic Stress Disorder (PTSD) and Child and Adolescent Traumatic Grief. He is an Associate Professor and Director of the Centre for Mental Health, College of Medicine and Health Sciences, University of Rwanda. Prof. Sezibera received his doctorate in Psychology from the Catholic University of Louvain, Belgium.

A Rwanda national specialized in the field of clinical psychology; Prof. Sezibera has conducted different researches and developed some protocols aiming at the Post Traumatic Stress Disorder (PTSD) and Complicated Grief (CG) treatment. Among the protocols, Dr. Sezibera developed a treatment protocol on rumination change and its effects on the PTSD prevalence. In the population of children and adolescents, Dr. Sezibera is developing the “Memory Box” method for healing bereaved and traumatized children. His ongoing research endeavors are oriented on the assessment of these treatment protocols’ effectiveness in the population of the multi-traumatized survivors of the 1994 genocide against Tutsi in Rwanda. His current teaching includes Psychopathology and Psychotherapies: Cognitive and Behavioral approach.

Dissemination Event Minutes

Welcome Remarks - Emmanuel Habyarimana

- On behalf of FXB Rwanda, Boston College RPCA, and the Sugira Muryango team, I am pleased to welcome you all to the Sugira Muryango Cluster Randomized Trial Dissemination Event.
 - Special thanks to attendees who are attending despite their busy schedules.
- Importance of ECD:
 - Early Childhood development has been demonstrated to be essential in shaping the health, education, social and economic outcomes for a child’s life.
 - It needs to be invested in early and holistically through health and hygiene, nutrition, early learning and play, child protection, and creating an overall healthy household environment where children can grow through interactions with both male and female caregivers.
- ECD Priorities in Rwanda:
 - Recognize that every child matters and area priority for the development of Rwanda.
 - Rwanda is invested in the future of every child.
 - Development of the National ECD Policy 2016, National ECD Minimum Standards in 2018 and the creation of various strategies such as ECD centers.
- Alignment with the Government of Rwanda - Collaboration between FXB & Boston College
 - Aligns with the vision and goal to increase access of quality and integrated ECD interventions to attain “the desired child development outcomes for social, emotional, cognitive and physical growth”
 - Aims to act as a complementary service to those provided by the National Government.
 - Sugira Muryango as a collaboration between FXB & Boston College RPCA:
 - The Sugira Muryango Program is a close collaboration between FXB Rwanda and the Boston College RPCA.

- FXB provides the contextual and implementation expertise and is supported by the technical expertise of Boston College to ensure the provision of quality, contextually appropriate evidence-based service.
- Sugira Muryango Program Focus & Components
 - Early learning first happens in the home through interactions with their caregivers through observation and play and that it is crucial for the caregivers, both mothers and fathers to provide opportunities for their children to learn and develop in a safe and supportive environment free from violence, conflict, and harsh punishment.
 - Utilizes a comprehensive 12-module curriculum delivered through the model of home-visiting using methods of active coaching.
 - Goal is to build parent capabilities and increase responsive parenting for both mothers and fathers to promote early childhood development and prevent violence.
 - Covers topics from: health, hygiene, and nutrition to stress management, resolving family conflicts and finding resilience through the family narrative.
 - Key Components:
 - Playful parenting
 - Father Engagement
 - Care-Seeking
 - Family Functioning
 - To promote ECD, positive parent-child relationships and healthy childhood development.
- Agenda for today:
 - Discussion with Stakeholders on their experience with the program.
 - Time for questions as well.
 - Presentation by Dr. Theresa Betancourt from Boston College on the Research findings from the CRT.
 - CRT began in 2018 and concluded in 2019.
 - Focused of families in the VUP program with children between the ages of 6 - 36 months.
- Ending:
 - We encourage you all to ask questions and engage in discussions throughout the morning and once again, I would like to thank everyone for joining us this morning as we explore the results of the Sugira Muryango Control Randomized Trial.

Facilitated Conversation with Community Stakeholders

Panel of Coaches and local government officials to share information about their experience with the Sugira Muryango Program. All three districts of operation Ngoma, Rubavu, and Nyanza are all represented on the panel.

Describe your experience in the Sugira Muryango program and how has the program impacted families?

Sindayigaya Jean de Dieu, Rubavu District Community Based Volunteer

- The program is to help different families in Ubudehe 1 focus on child development. We have worked with SM in good ways and have tried to train families in things that are new in the field of child development for the benefit of the children. The program has helped parents, both men and women, so that parents can focus on what the children are supposed to be doing such as playing games to help them grow. The program helps parents show love to their children and help children understand that their parents love them. We tried to create an awareness in the family about sanitation and child development, now they are paying attention to the sanitation of their children. This is one of the positive changes that the program made.

- Furthermore, the program tried to help the families solve family problems in the family without going far. They emphasized that parents, both men and women, should strive to create an environment without conflict and help with the development of the child. We had one family for example, the one in the photograph, where the man never cared about playing with his children. However, when we showed the positive impact of playing with his child, he began interacting and now you can visibly see the love between them. The program taught that whether you are a man or a woman, you should play with your child.
- The positive effects were not just limited to the enrolled child but also extended to the other children in the family as well. Now you also see how parents are actively working to the benefit of the child and the family.
- We try to help families understand the importance of education, medical services by taking them to the hospital and other services.
- Another family we had worked on getting the father to help the mother when she is in the kitchen by playing with the children or even taking the children to school.

Marie Claudine – Nyanza District Community Based Volunteer

- For my experience, I want to focus on the conversations we had for the program. We focused on educating through discussion and using the photographs to explain topics with families who were illiterate.
- When we began having the conversations, it was difficult for people to understand what our goals were, but what was the most impactful to me was to create understanding between family members and for them to be able to figure out how to solve problems for themselves.
- Where I would like to focus on, is from where we found positive change. What interests me is to get them to understand each other, fathers to understand children, husband and wife to understand each other and especially issues that take place.
- Another part of the program focused on developing the minds of children, was something very good. We worked with Parents so they could buy toys for children at home or use other tools at home to make the toys.
- We found that it was more difficult to change the minds of men but we continued to educate about how they could play with their children using materials in the house and how these interactions could sharpen their child's brain. Children are so free, children when they see their fathers come home, they would run to their parents. When playing with toys the love was at high levels because they feel the love. The relationship parents were forming with the younger children were very different than those they had with the older children before the program.
- When I missed sessions, kids would yell asking where I was, they were no longer shy in their interactions with others.
- Now you see that the parents are ready to take their kids to nursery schools and these children now have developed to a certain level to be able to perform in school and they have love between the family.
- This is very different from before the intervention, especially their interaction with the fathers. Now caregivers see that parents should raise their children together.
- First time was difficult to convince the male figures, it was easy to convince the mother because they are always with the children. Now, Children are closer to their fathers, children no longer fear their fathers because the fathers are playing with them. Children are happy. I have also changed because of Sugira
 - Children feel free with their fathers, not afraid, and able to request anything. Children seem happy and motivated, they don't fear people. I have also transformed possible through the program as well.

Jean Baptiste – Ngoma District Community Based Volunteer

- I would like to share with you good results of Sugira. We are trying to help small children. Before children did not know they were capable of doing these things. Children now understand what is going on

- We have seen positive changes in both children and parents.
- There was one family I used to visit where we used to have the very important conversation about conflict resolution in the family. However, I was only able to find out about the nature of the conflict after building relationships and discussing other issues. I found out that the family lived together, but it had been 2 years since the husband and wife had slept in the same bed. This began after the birth of their last child and was caused by the wife being upset with her husband that he did not visit her in the hospital when she was in labor. We discussed the conflict in the house and they were able to make up and are sleeping in the same bed again. This is one of the positive results from the program.

Clementine Muhayimpundu – Nyanza District, Kigoma Sector Social Affairs Officer

- I found that the program supported the government because it focused on changing behavior by focusing on child development and this is something that is also focused on by the government since children are the future leaders.
 - Research has shown that children under 3 years who have not gotten attention there will be issues. If anyone comes and visits the 16 families, there are positive changes. Sugira provides many services to families.
 - We appreciate and want to tell you because of the programs and the conversations we had with families many are staying together. We have worked together to help and protect the citizens. Some have been able to buy materials for their children to go to school.
- As someone focusing on social welfare, I found the program very important. Stephanie used to come to support us working with our 16 families. If someone saw the results of those visits, they would see positive results. If a program cannot produce positive results, we cannot say it's a good program, but SM is a good program. We appreciate the conversations in the families, and there were many families in which the mothers and fathers reconciled. They say that before the program, we had blocked the relationship and now we have reconciled. This is very good. We had 3 families that couldn't access the money from VUP because they did not have the paperwork. We worked to help them fix their issues. People have been able to build kitchens, buy small materials for their children to go to school.
- There was another family in Sugira Muryango where the father had abandoned his wife and was living alone. The woman had taken in the children of their relatives who had passed away, those children also had HIV/AIDs. Because of this, the father had left. But together with Sugira Muryango we looked for support for the youngest child and were able to get the child milk. The woman also had experienced trauma, but now the woman is able to support and provide for the family. As well as help other mothers in the community.

Question & Answer Session with Community Stakeholders

From RWAMREC Fidele Rutayisire, Executive Director

1. What are the barriers and challenges that you have met?
 - With regard to barriers, we had them when we first started because people did not understand what we were trying to do. But after we continued to explain, people understood what Sugira was there was a positive shift and people responded positively. Especially those in Category 1 who believe no one understands them. As we continued the conversation they eventually saw the value of the program.
2. What could you ask of Sugira Muryango so that the program can be sustained/durable?
 - Sugira Muryango to continue working with us to support these families by providing more tools to aid these families.
3. What has caused people to like Sugira Muryango without incentives?

- Men tend to like money more, so when we started we had a very good and positive response from women. They were able to understand the positive results of the program first while men always first asked whether we would provide money. I explained that Sugira Muryango is not a program that gives money but rather shares knowledge on how to do conflict resolution and promote the growth and development of their children. After listening, men would go away. However, after seeing the changes in the family, we saw men come and join.
- When men saw trainers discussing and practicing play with their children, the men would see that there was nothing wrong with playing with the children and would repeat the practice. Eventually, they realized that knowledge was better than money. Men even began to bathe their children.
- There reached a point where men in the program found that they were happy.

From Gikuriro Catholic Relief Services – Alemayehu Gebremariam, Chief of Party
The Gikuriro program also tries to integrate positive parenting and conflict resolution.

1. How is the home visit structured? When a volunteer goes to the house, how often do they go and what activities are performed?

- First, we were trained to do mass awareness. But the first step in the program is the welcome session where we informed them that the program focuses on growth and development and how to resolve conflicts in their families.
- When we visited the family, we visited the family once a week depending on the availability of the family to ensure we did not interrupt the work of the family. The families gave us an appointment for the time we could visit. We found that they did not have domestic animals but after the program we saw that families began to have these animals.
- We worked hard to build awareness of the available services that they could access when they didn't know.
- I had 5 families I was following, I reached each family every week to finish the program at a certain time.
- We focused on health and see whether family has mosquito nets, mutuelle, etc. we could talk to them and the next time see that they had these things.

2. What was the role and involvement of local leaders and the outside community since many of the influences come from outside the household in terms of setting norms, etc.? How did you engage others in the community?

- Although the family was spreading the news of what they were learning, we were focusing on the families we had.
- Local leaders were informed about what we were doing in the program, including the cell executives and local government workforces.

3. What were some of the assumptions behind targeting? How did you decide on only selecting U1?

- The program was tied to the VUP Classic and Expanded Public Works Program
- There are individuals in U1 who are both poor financially and poor in the mindset. We tried to explain to them what to do to promote their children's development.
- The government is also focusing on U1 by providing mutuelle.
- Because they are most vulnerable in the country and were looking at their needs. We hope that the program will continue expanding. Before we had 549 families and now we have 10,000 families. When we have the means we will expand.

From Save the Children, Eleanor Hartzell, Director of Programming

1. How do you work together with Government entities? The program goals are similar to MIGEPROF and their structures of the evenings for parents (umugoroba y'ababyeyi) to discuss issues. Did you work with other programs and services?

- The difference between the evening for parents is that we meet them in the evening. In the evening for parents it is true that any man or woman who has a problem airs it out in the meeting.

However, there can be 200 people at those meetings. Our research was private and they felt free to talk exactly the problems and create solutions. There is a difference between solving a problem with 200 people versus in the privacy of your own home. One of us would go routinely to help solve problems and we could keep confidentiality. Even today when we go to community meetings, if a person has a problem, someone can stand up and give information about how SM helped them.

- When they come after visiting families, there are some things that need to be exposed to help support, such as families with conflict. Another example is that men who didn't have NIDs, the man would stay at home and we helped them get their NIDs.
- Problems we find in families we try to present to local leaders to ensure that conflicts and problems are resolved.
- Even if the program ends, people who have the knowledge and will be able to change their behavior.

From Unknown Attendee

1. The program has a limited time structure; how do you sustain the things learned in the program despite the program ending?

- Since the families are people close to us, we can see the families behaving in the way we have taught. For example, if I visit a home and see that there was a dirty toilet, the person would understand the importance of cleaning it.
- In a family where there is conflict, we could work together and solve issues. There was a man without an ID card, they would come to the meeting and expose their issues and we work with them to solve their problems.
- We shall continue our work, we try to train the family members so they can also share their knowledge. We focus more on the growth and development of the children.
- We are not visiting all families in U1, only those who have children less than 3 years of age because they are at a tender age. When other families see the positive impacts such as reduction of conflict, you really see the community noticing.
- Those at the grassroots level can continue the teachings.
- Even if the program come to completion, individuals at the community level will be able to provide knowledge and continue with the positive change

Presentation of Findings

Presentation overview- history, development, findings, the PLAY Collaborative, strategies for sustainment and scaling, capacity building, partnerships etc. How do we sustain quality?

- History of the Sugira Muryango Program
- Strong families, thriving children
- Effect of a home visiting program coupled with a cash for work program (VUP)
- How do we promote resilience and learn about capacity and strengths? SM does this through using a strengths-based approach.
- We work with the University of Rwanda to close the gap of what we know about the science of brain development and early adversity. Start with Ubudehe 1 because they are the most vulnerable, know the high rates of violence, trauma, and extreme adversity.
- We started in Rwinkwavu as a parenting intervention for families affected by HIV/AIDs; No one was thinking of the households, we thought of how we could support households with children in the household of vulnerable families to cultivate positive parenting relationships.
- After proving the effectiveness of the reduction of depression and HIVs. The World Bank approached to address the under development of children in families experiencing poverty. Expanded to children under the ages of 3 years and focused on those years due to the importance of these formative ages.

- Also helps other children in the household above the age of 3 because you're improving the households.
- 2 pilots; 1 by bachelor level psychologists. Published in Child Care that was successful; the second pilot we worked with community lay workers to see if there would be an impact, acceptable and feasible. which has also proved to be successful.

Development of Sugira Muryango Program:

- Based on Active coaching in the house to get the parents engaged in the lives of their children (roughly 1 hour per session).
- If there is a dad we want him engaged so scheduling is flexible and depends on what works for the dad.
- Focus on conflict resolution because we need to think of the overall household environment: reducing violence, we want a safe environment for the child to develop and grow well.
- Took parenting module and brought in content that was developed by WHO and WB.
- Meant to work with all household structures and is important in reaching those who feel isolated.
- Meant to be complementary to other programs such as ECD centers, couples violence conversations, evening talks, etc.

Conceptual Model:

- Target- Most vulnerable. Families with 6 – 36 months
- Risk Factors –
 - Limited info about development needs; especially around early stimulation like play.
 - Limited stimulation and learning opportunities
 - Not thinking about the future because living in poverty can often be a crisis.
 - Social & Economic Stress, Food & housing insecurity leading to risk of conflict.
 - Parents did not understand why they should talk to babies when they are not talking yet.
 - Many children were home alone and was not stimulated
 - Many families are thinking of the right now and now about the future- family narrative helps them in thinking about the future
 - The economic and family strength
- Components
 - Engage fathers, provide core content on the importance of early stimulation, nutrition, sanitation and hygiene, etc.
 - Our coaches can be in the house to see what is going on and how families are caring for their children.
 - Take government materials and make ours consistent with theirs.
 - Understand what parents are using to prepare meals for the child
 - Coaching in responsive parenting through early stimulation and play.
 - Serve & Return methods – cultivating and exposing the joy in interaction with babies and knowing the baby's brain is growing. Getting the parents to follow the lead of the child
 - Family Narrative – unique strengths and what they bring to the table in addition to their challenges.
 - What have they made it through and what is the hope for the future?
 - We learn about their resilience and their coping techniques
 - Navigation – building relationships with the family to uncover needs and then support them to navigate services or problem-solve about non-formal support groups.
 - Conflict Resolution & Reducing Violence – Good communication skills and other tools to reduce conflict and violence in households.
 - Talking to local leaders to make sure the environment is safe for children.
 - The program uses formal and informal methods to solve.

- Goal Short-term Intervention Outcomes
 - Improvement in caregiver behavior – reducing violence and increase stimulating ideas, diversifying diet, care-seeking.
- Goal 12 Month Outcomes – changes in cognitive development although physical may not be as visible.
 - Sustainment of practices.

Outline of Modules

- Give basics of the different early stimulation, nutrition, hygiene, etc.
- Booster sessions at 3 and 12 months to also uncover any challenges that the CBV can help with?
- 15 Minute play sessions – recognize the families are poor so the CBVs help the families create developmentally appropriate toys from local materials.
- Songs, stories, Bathing & bedtime as opportune moments for play and aid in the stimulation of the child.
- Engaging Fathers: Focus of the interventions.
- Flexible sessions, imagery in materials, and messaging helped to really engage fathers 70% of modules attended.
- Explain to dads about their importance in the family and the household
- Targeted 6 – 36 months old children because it is known that it is during this time that violence also tends to increase.

Design of CRT

- Linked to the VUP Platform for finding families who are very vulnerable. If they are eligible for VUP and aligns with the goals of the program such as reducing poverty, promote gender equality and attention to safety net.

Workforce

- For reach and expansion, workforce needs to be considered. Initially we wanted to work with IZUs and NCC during the CRT, but didn't have permission.
- Used similar criteria to recruit our workforce of 118 CBVs.
- Nominated by community and seen in good standing
- Telephone interview
- In-person interviews using vignettes, problem solving, ethical behavior, etc.

Training & Supervision:

- 3-week role-play-based training in content, coaching, engaging fathers that are resistant, etc.
- Weekly peer support group supervision
- Telephone supervision as well as in person shadowing and group supervision meetings from supervisors
- Need good training, supportive supervision, many meetings. Focus on training and supervision.
- Incentivized 28,000 RWF/Month for a 5-household caseload

Fidelity Monitoring

- Site visits from experts with the recording as another level of supervision- with the permission of the family's fidelity monitoring.
- Use of audio tape to record interventions as it is delivered at home.
- Question of how we can maintain quality at scale without the use of these audio recordings. What other alternatives are available to keep the component of the recording?

Measures:

- Focus on open access measurements in order to make it more aligned with what government could use and what could be feasibly scaled.
- Core measurement was the Ages and Stages (available in Kinyarwanda).

- Malawi Developmental Assessment (MDAT) Direct Assessment adapted for Rwanda
- Home Observation for measurement of home environment
- 5 Min play exercise with picture book for mothers
- OMCI – only for mothers but don't have a father engagement focused survey.
- Questions of father engagement on cluster intervention survey
- Child disciplinary Measures
- Validated tool for Caregiver Mental Health (Hopkins)
- Multiple indicator UNICEF
- DHS- anthropometric measures, health questions, care-seeking behavior, hygiene wash, etc.

Cluster Randomized Trial Design

- Made it a CRT because of the possibility of spill over if treatment families and control families lived close in proximity.
- Stratified by the three districts
- Selected these districts from government direction in accordance with what was the current situation in these districts and the availability of classic and expanded public works.
- Classic / Expanded public works and put into a group of 5.
- 284 clusters formed.
- Linear mixed effects growth models 1084 children, low attrition and low missing information.

Demographics of Households

- 35.5 = mean age
- 64% married or cohabiting
- 46% less than 6
- 18% underweight
- half were female children
- 22% had no education or didn't know
- Children = 22 months of age on average
- Higher rate of stunting (48%) & 3% met criteria for wasting.
- 30% were screen positive for some sort of developmental delay using the UNICEF tool.
- high screening of developmental delays
- High use of harsh punishment.

Outcomes

Child Dev. Outcomes (Ages and Stages)

- Significantly improved in Gross motor (Results held at 12 months)
- Fine motor (Did not hold at 12 months)
- Communication (Results held at 12 months)
- Problem solving skills - important for school readiness (Results held at 12 months)
- Social Emotional (Results held at 12 months)
- MDAT moves in the same direction but doesn't show much significance.

Home Environment:

- Significant improvement in Responsive Caregiving (Results held at 12 months)
- Reflective of parent-child relationships
- Mother-child interactions also improved (the pattern is not significant but it is important to note)
- Father-child interaction is significant and holds up. The father remains engaged in opposing other programs.
- Significant improvement in parental engagement in ECD (Results held at 12 months)
- Improvements in father engagement.

Nutrition & Health:

- Didn't see much change in the anthropometric measurements but want to follow the children to see if there are any changes in the future.
- Dietary diversity was there but did not hold up 12 months.
 - Opportunity for complementary services to help support this.
 - This may be due to the need to observe changes for more than 1 year
- Significant increase in care-seeking behaviors but didn't see a decrease in prevalence of things like diarrhea.
- Parent Mental Health: Although it was not a primary outcome, we saw improvements possibly because of the addition of more social support and techniques of emotional regulation, etc.
 - Improvement in symptoms of anxiety and depression but doesn't persist 12 months out.
- Violence
 - Significant decrease in the harsh punishment (Results held at 12 months)
 - Saw a reduction in women reporting IPV (Results held at 12 months)
 - Didn't see fathers admit using violence in the beginning but did see fathers admit later that they used less.
- District outcomes – the three districts did not perform much different than each other.
- Didn't see a treatment effect difference comparing single vs dual caregivers

Costing

- In different formats:
 - As a research program (current model)- 456 USD per family
 - As an NGO – 262 USD per family
 - Linking to existing government or NGO structures – 200 USD per family
- These costs are in line with home-visiting programs but can trend towards the lower end if able to integrate with the government.
- Many studies show the improvements through the program can increase potential outcomes later in life including:
 - Less criminal behaviors
 - Substance use
 - Increase the economic outcomes.
 - If observed improvements in child skills lead to even 1 month more it significantly increases their earnings in the future.
- There is evidence to our outcome having correlation to economic development, reduction of violence, reduce substance abuse. The benefits outweigh the cost

Phase II of Sugira Muryango: Moving Beyond Effectiveness and into Implementation Science (How to Sustain Quality)

Expansion Program & PLAY Collaboratives

- Timeline started in Sept 2019 – July 2022.
- Testing a strategy for scaling.
- Expanded curriculum
- Working with NCC (signed MoU to use IZUs)
- Transition to greater scale in collaboration with gov't, NGOs, CSOs, etc.
- Shift ownership through cross-site seed team who become trainers and supervisors.
- Cross-site learning to avoid working in isolation. Systematic problem-solving through PDSA cycles.
- Targeting over 10,000 households working with 195 cell mentors and 2822 IZUs.

- Large range of government stakeholders are involved.
- Collaborative Team Approach
- Government + FXB (Implementation) + BC (technical)
- Strengthening Government Partnerships
- Meetings with district, sector, and cells to enhance Buy-In
- MOU with NCC for use of IZUS
- Advisory Board with NECDP
- Comprehensive review of materials
- Goal is to Sustain quality
- Innovations in Tech: Would love ideas about quality monitoring and scalable and affordable
 - WhatsApp groups
 - SMS tools
 - Parent Reports
 - Visits by supervisor (random and planned visits)
 - Tracking of Referrals database for things like registration, conflict, etc.
- Small Embedded Trial – enrolling 540 families, randomization at the sector and village levels.
- Qualitative interviews of cell mentors, IZUs, FXB, government.
- Currently in Early stages of the household identification.

New Opportunities

- SM is a promising model to promote ECD and reduce violence.
- Many opportunities for integration into delivery platforms such as:
 - VUP Umurenge
 - Nutrition and Feeding Programs
 - Immunization & Health Programs.
- Need to test strategies for scaling

Question & Answer Session on Presentation of Findings

1) Apart from intervention design what strategies did you use to control spillover?

- For this program, spillover is good but it's bad for research
- In this case if control households are living next door to treatment households, the control may get a low dose of the intervention. Our clusters were created geographically isolated but in the same general region to prevent this from happening.
- Because of the design, the intervention group is getting everything plus the Sugira Muryango. Working with the family to make sure they are getting the services they need.
- The only difference between the control and the intervention group was Sugira Muryango

2) When conducting impact evaluation, how did you control the bias that may have come in from ongoing and existing programs in the area?

- This is accounted for within the design. Both treatment and control households will be receiving the ongoing and existing programs in the area. Sugira Muryango will be the only real difference and we can therefore isolate the impact.
- One of the goals of the intervention is also to connect families to existing beneficial services.
- Nyanza, Ngoma, Rubavu also were not seeing any difference but there are still different services in those areas.

3) Regarding the effect size, how do you see it at the 12 months? Do you think the effect size would have increased had the intervention been longer?

- We are looking at different populations. The effect sizes are pretty robust and in range of other studies. But it's typical to have regression towards the mean.

- The 12 modules were originally 25 but the government in Rwanda advised that it was too long. Other programs in India, Peru, Columbia can be up to a year but we needed to also consider cost.
- Picked out the most important modules
- Home-visiting is cheaper and more effective for engagement than families coming to a different location

4) The self-reported responses in the measurement is a limitation, did you look into other options for different tools and techniques to evaluate child development? What were the challenges?

- Included home inventory and OMCI which are direct report.
- Students who are receiving their Masters and PhD could validate these measures
- Tried not to bring proprietary tools but it's expensive, brought in an open source one but it did not work.
- WHO is trying to create GSED which will be an open access measure.

5) Given the success training your own volunteers, why switch back to IZUs considering there are other responsibilities on their plate?

- IZUs are well scaled up with 2 in every village, and have incentive structures from the government.
- IZU lives in the village, so they are still there to provide guidance and support in thinking about sustaining the impact.

6) During the assessment, you found that 30% were disabled or developmentally delayed according; for the children with mental delay or disability does the program really work if those coming into the homes are not well trained? What was the experience like when working with those children?

- Surprised at how many children were screened for some delay. Didn't have exclusionary criteria so they were still enrolled and we saw that results were still seen with them. Worked on how responsive the parents were and other components still worked.
- Should have a more thorough and more enhanced components to determine disability or delays

7) The presentation mentioned that 70% of fathers completed sessions what about the 30% fathers? Did you document reasons for drop out?

- 30% didn't do every session (may have done 4 or 5, etc.) so 70% of the time they got the dad at every single session.
- PLAY collaborative is multi-level and we want to do more gender transformative dialogues to have local government officials to help them also work towards change.

8) You provided 28,000 as incentives to volunteers. If the volunteers are now from the government and no longer getting the incentive how will you have sustainment?

- Not expecting government to pay 28,000 RWF. We are bringing in an empowering curriculum that is aligned with the mission that they already have and focuses on prevention.
- The goal is to ensuring good supervision. Focus on testing how to determine the best way to engage with using an existing workforce.

9) Criteria used for selection of the 3 districts? Why were those selected?

- Presence of both Classic Public Works and Expanded Public Works
- Didn't want to overlap with other large-scale ups

10) Key challenges met and best practices of the initiatives?

- Challenges:
- Supervision for Monitoring quality

- Right now, it is just using trained local supervisors who can come in. But the challenge is that people are on best behavior when being observed.
- Still challenged on how to monitor quality; maybe through technology.
- Instead of training other CBVs, use of existing workforces would be better.
- We know that the CHWs have a large workload, but before it was the issue of timing. Now we will be using the IZUs and giving them more skills.

11) What were some of the surprising household dynamics that were linked to the primary outcome?

- Family linking to services
- High Level of not knowing services available
- Shame in accessing care or services.

Closing Remarks, Dr. Vincent Sezibera, Director, Center for Mental Health, University of Rwanda

- It's been 8 years since I have been working with Theresa, I was happy that I had an opportunity as an individual to have different study visits, during which one of them I met Theresa. We talked at length about the nature and impact of trauma on families and children. It made me decide to stay at Harvard during my postdoc after my PhD since they had the Family Strengthening initiative in Rwinkwavu. Since then, there are so many lessons I learned and it is the reason I took up this research. When you impact a family through different components you can help them solve their own problems.
- All leaders and researchers in different institutions, the partners in development that are here, the first thing is to appreciate and thank you, because research gives us a direction to take.
- I stay in different organizations and listen to different categories of people. Even if the MoH gives milk to vulnerable families, we see the parents don't give milk to the children we think it is because families just want the money. But that is not the only answer, do they know that milk is important? Do they know why it's important? When the parent understands what needs to be done they can now care for their children. The first thing is mindset.
- The mindset is important, there is a mindset that exists that if you do not use harsh discipline with the child, the child is not going to grow up to be a good person. Sometimes they use canes, and you would think they were beating a snake, but do they know how damaging that can be?
- When parents are very busy with issues, a child can be forgotten and may not even given the things around them because the parents are too preoccupied.
- Or the story about the caregivers who had conflict because the father did not visit the mother in the hospital when she was giving birth.
 - In this case the man may have thought the problem was that she did not want to have sexual relations. But he doesn't know the root cause of the issue.
- We are in a country with people with trauma caused by history and all these things can influence the way people handle their conflict and if they can't handle the conflict well, how can they be expected to properly care for another.
- I would like to thank those who are doing research, there is importance not only in doing research but also sharing what is found. Why invent the wheel when the wheel is already known?
- How can we partner with other organizations so the research is spread and disseminated? For example, with the evening for parents, how can we use it to be more effective? Whether it is me as a researcher or with BC, researchers should not stay in the rooms of research you should also go out and disseminate. It's not only a matter of publishing, how do we get the research back to the communities?
- Request that research should not stop and stay on papers, such knowledge should be shared with different institutions, whenever there is a change in projects so people get information to improve their lives.
- Confirm the commitment from University of Rwanda that we will remain engaged in the formalized Memorandum of Understanding with the University of Rwanda & Boston College.
- If science doesn't serve, then there is no need. How can we make sure that science is for the people?

Appendix A: Presentation