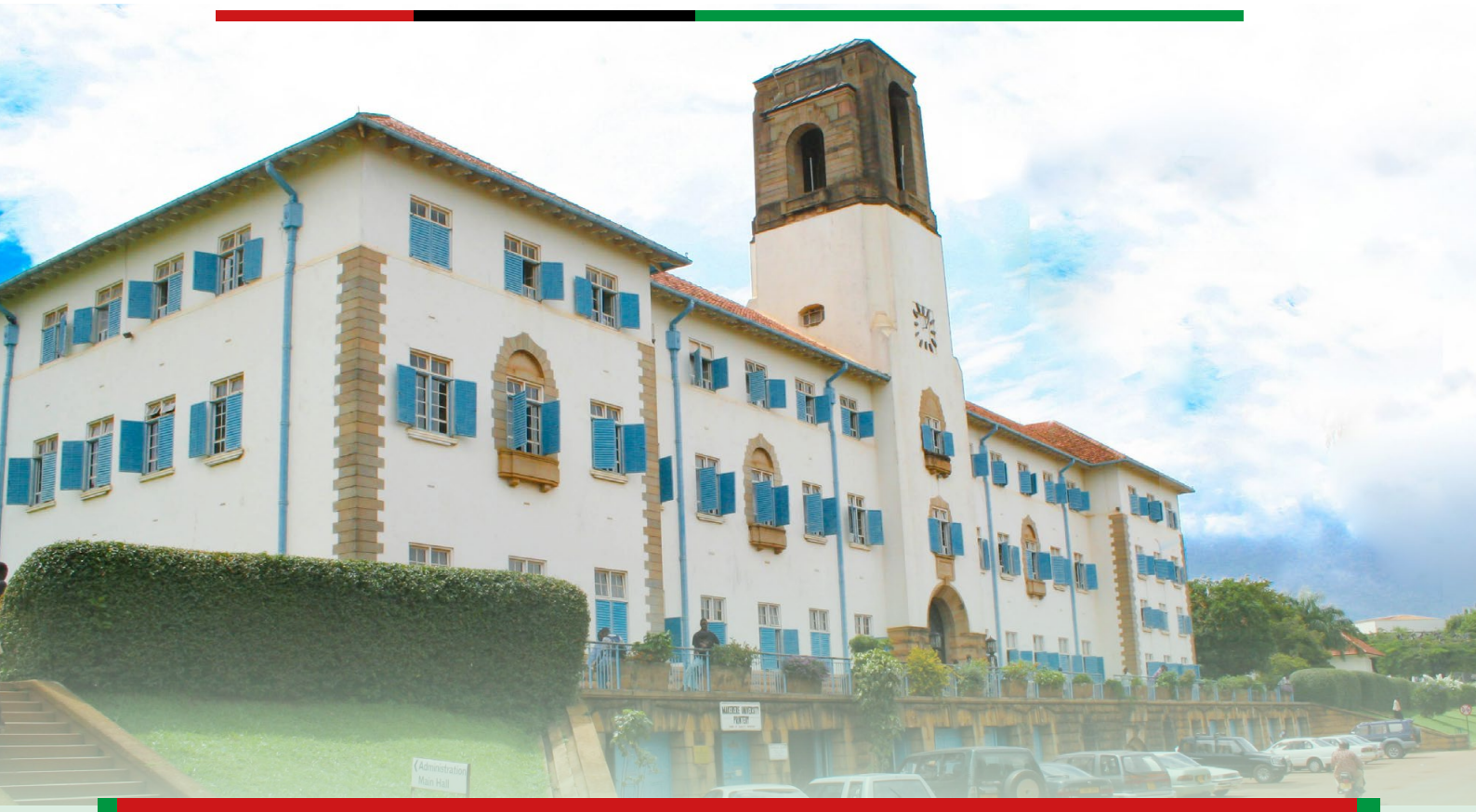
MAKERERE UNIVERSITY

COLLEGE OF HEALTH SCIENCES
SCHOOL OF MEDICINE

CHILD HEALTH AND DEVELOPMENT CENTRE



The Science of Designing, Adaptation and Implementation of Evidence-Based Parenting Interventions: **A Course for Practitioners**

COURSE HANDBOOK

2026/2027

THE REPUBLIC OF UGANDA
MINISTRY OF GENDER,
LABOUR & SOCIAL DEVELOPMENT

Child Health and Development
Centre (CHDC), Makerere University

Contents

The Science of Designing, Adaptation and implementation of Evidence-Based Parenting Interventions: A Course for Practitioners

There is growing policy interest to optimize parenting influence globally and in Uganda. Approximately 55% of Uganda's 45 million population is below the age of 18 (UBOS, 2018). The country's vision 2040 to become a middle-income country depends on these children's future ability to contribute to national development, which is highly contingent on safeguarding their wellbeing and rights (UNICEF, 2019). The Ministry of Gender Labour and Social Development (MGLSD) has developed a National Family Policy as well as The National Parenting Guidelines, and 2017 was declared the year of the family in Uganda (GOU, 2023). The Ugandan Integrated Early Childhood Development Policy (IECD) (2016), and the UN's Sustainable Development agenda (SDGs), the INSPIRE, and the Nurturing Care Framework provide new entry points for parenting work. These policies are expected to be implemented though a multi-sectoral approach, and different actors find them useful for tackling the different child development outcomes.

The Uganda Government has invested significantly in programmes to improve the wellbeing of children and considerable progress has been realised across the country (UNICEF, 2018). However, there is evidence that much more needs to be done to safeguard children, and improve the quality of their outcomes. According to the Situation Analysis of Children in Uganda (MGLSD and UNICEF, 2015), child survival has improved but 167,000 children under five still die every year (Bukusuba, Kaaya, & Atukwase, 2018; MGLSD & UNICEF, 2015; UBOS & ICF, 2017). Primary school enrolment is almost universal, but primary education is of poor quality and secondary school dropout rates are high. Only two-thirds of children are registered at birth and children continue to experience high levels of violence – at home, in school and on the streets. Statistics from the Situation Analysis also revealed great disparities between children in different parts of the country and between those living in rural and urban areas. Children in rural areas are three times more likely to live in extreme poverty than those in urban areas (MGLSD & UNICEF, 2015). Children aged 0–8 years are particularly vulnerable, especially if they live in the rural north of the country or are from poor families and, even more so, if they live in female headed households or are orphaned or disabled. Adolescent girls are particularly vulnerable because they are more likely to be poor, marry early, and miss out on secondary education, and COVID 19 exacerbated early pregnancies and child marriage among girls.

In Uganda children's exposure to maltreatment, in particular, violence (VAC) is extremely common both at home and schools (Wandera et al., 2017). The first ever national violence against children survey in Uganda provides particularly disturbing results, suggesting that VAC was widespread, occurs in different settings, takes many different forms and is perpetrated by a wide range of people who interact with children (AfriChild, 2022; MGLSD, 2015). The survey found that the prevalence of physical violence among young people aged 18-24 years was 59% among girls and 68% among boys, while sexual violence was 35% among girls and 17% boys. Emotional violence was 36% among boys and 34% among girls. The perpetrators of violence of sexual violence were mostly neighbours (28% girls vs 23% boys), followed by friends (17% girls v 34% boys), and intimate partner (20% girls vs 10% boys). With regard to corporal punishment, in Uganda there is a marked contrast between policy and practice, as in much of SSA. The government has expressed a commitment to prohibit corporal punishment in all settings, it has been

banned in schools since 1997 (Wandera et al., 2017), and the Children Act and other laws protect children from violence and abuse in the home. Yet under common law there is right to administer 'reasonable chastisement' and in practice there is near universal social acceptance of corporal punishment (Wandera et al., 2017).

One way to address these challenges is to strengthen families through parenting interventions. Currently, there is a proliferation of parenting interventions in Uganda, some of which are evidence based but most are not. The Government of Uganda through the MGLSD and its partners have recently devoted efforts provide strategic direction to standard parenting work through the development of the National Parenting Guidelines (2014), the National Standards for Parenting Programmes (2022), the National Manual for Parenting Training (2023). Through these efforts, the MGLSD desires that all stakeholders engaged in developing, funding, implementing and overseeing parenting interventions share the same strategic vision on the delivery and scaling of evidence-based parenting interventions in the ccountry. This would improve and streamline the work around parenting and family strengthening. However, the realization of this vision is contingent upon the different stakeholders, more so, the practitioners or implementers of parenting interventions, being able to design, adapt and delivery high quality, evidence-based programmes. Despite the recognition of the need for high quality skills among practitioners, there is currently no systematic training being offered within Uganda or the region, at any level by credible institutions, and if any training exists, it is usually too short and driven by the need to address the goals of a specific programme or funder. A national approach to standardising parenting work requires investment in workforce and organisational development and capacity building both to meet the existing demand for evidence-based parenting interventions and to expand reach and take up of initiatives across the country. Such a strategy should build a specialist workforce of policy makers and practitioners who can provide leadership, technical assistance, programme development and policy support to different stakeholders. They should be skilled both in designing and delivering specific, evidence-based prevention strategies, and be able to embed parenting initiatives in their existing work (Our Watch 2015)

This course is therefore developed to introduce practitioners in the field of parenting to a wide range of generic theoretical and practical considerations in the design, adaptation, and implementation of programmes. Adapting a practical and methodological approach, the course seeks to place scientific rigour and insight at the heart of the development and delivery of parenting interventions with the goal to contribute to the ongoing efforts by the MGLSD and her partners to standardise this field.

The course targets programme developers, planners, and implementers (generally referred to as practitioners) working in NGOs, CBO's, practitioners in national and local governments, as well as higher level officials in government such as policy officers and commissioners, and donor agencies, who are involved in supervision and monitoring of parenting initiatives in the country. The course is not intended for lay implementers [facilitators] of parenting interventions based at community level, but rather it is for those individuals who involved in developing, and seek to establish parenting interventions.

Course Objectives

At the end of the course the learners will:

1) Know the current government policy strategy on parenting and family strengthening and how to align their programmes to government priorities and the most relevant need
2) Have a deeper understanding of the need for evidence-based parenting interventions
3) Exhibit an understanding the process of designing, adapting and implementing an evidence- based parenting intervention aimed at addressing parenting skills and improving child wellbeing
4) Be able to apply the principles of scaling up evidence-based interventions into their own work
5) Be able to integrate basic research and evaluation skills in the design, implementation and scaling up of evidence-based parenting interventions

Outcomes

Immediate:

1) Up to 300 practitioners with sophisticated understanding of the development, implementation, and monitoring of parenting interventions.

Medium- and long-term outcomes:

1) Trained participants improve the design and implementation of quality evidence-based parenting interventions in their organisations
2) Trained participants contribute to the training or skilling of other professionals in their organisations and collaborators in the design and implementation of quality parenting interventions
3) Overall improvement in designing, implementation and scaling-up of evidence-based parenting interventions in Uganda

Employment prospects

This course is part of the Continuing Professional Development (CPD) for practitioners with background training in Public Health, Social Work and Social Administration, Community Development, Public Policy, and Law and Enforcement of Social Justice. It is also relevant for those working as Nurses and Social Paediatrics as they deal with parents and children. The course will skill these professionals in designing and delivering evidence-based parenting strategies, thereby enhancing their competitiveness in the labour market as they will possess an additional and rare skill in this young and promising field of parenting.

Review Methodology

This course is a result of an ongoing effort to standardize the field of parenting in Uganda, being led by the Ministry of Gender, Labour and Social Development (MGLSD), with support from Child Health and Development Centre, Makerere University. In 2019, the Child Health and Development Centre initiated a collaboration with the MGLSD to develop a national Parenting Agenda for Uganda. This resulted in the establishment of the Parenting Agenda Initiative, which is a consortium of agencies doing parenting and family strengthening work. In 2020 – 2021, Uganda, through the Parenting Agenda Initiative, undertook its mapping study for parenting interventions in the country. The findings from the 'Mapping Study' recommended investment in the development of evidence-based parenting interventions, provision of guidance on the delivery modalities to improve parenting programming in Uganda, and strengthening of the capacity of the actors to implement evidence-based interventions. In particular, the evidence generated highlighted the importance of programme design, staff training, and high-quality programme implementation.

In order to ensure this course addresses stakeholder needs, the various will be consulted

during its refinement. A Steering Committee comprised of eminent and experienced personalities in the field and representing key stakeholders (Government, NGOs, Academia, Development Partners) has been constituted to provide insights and guidance on course content, quality enhancement, context and modalities of delivery. In February 2024, this Committee held its first meeting to review the course (see attached minutes). This followed a review by the MGLSD technical officers. The course will be presented to the Parenting Agenda Consortium, Ministry of Health Maternal and Child Health (MCH) Cluster, Ministry of Gender Senior Management and Makerere University College of Health Sciences Academic Board.

Course Modules

1. The family, parenting and child wellbeing

A family is a basic unit of society which plays a vital role in political, cultural and socio-economic development. The family institution holds the society together, is the basis for quality human development, socializes children into responsible adulthood, and provides social and economic support mechanisms for the elderly, the sick, and people with disabilities. Yet families in Uganda today are facing a number of challenges which threaten the survival of the institution and its members. Part of the problem arises from poor parenting. From what is already known, there is good evidence to support promoting parenting interventions across different cultural and economic backgrounds. Secure family environments are not only important for young children, but are necessary for the realisation of other pillars of the nurturing care framework. The module will also discuss what parenting is, the different dimensions and measures of parenting, and indicators of poor parenting, and the consequences of poor parenting. Poor parenting, particularly child maltreatment and neglect can have detrimental and long-lasting effects on the development and health of children. Preventing child maltreatment has the potential to ensure that hundreds of millions of children can grow up free from exposure to violence and its negative consequences at individual, family, and societal levels. This module will delve into the rationale for family strengthening, the existing policies and legal framework to support family strengthening, and the effective strategies to do so. It will provide an overview and critique of existing global frameworks e.g. the INSPIRE and the Nurturing Care Framework, regional and national policy strategies, such as the East African Child Policy (2020), the Uganda National Parenting Guidelines and the National Standards for Parenting interventions.

Reading Materials

Government of Uganda (2023). The National Family Policy (Draft) Government of Uganda (2023). National Manual for Parenting Training Government of Uganda (2022). National Standards for Parenting Programmes Government of Uganda (2014). National Parenting Guidelines

Government of Uganda & UNICEF (2017). The National Violence against Children Survey WHO. (2024). Designing, implementing, evaluating, and scaling up parenting interventions: a

handbook for decision-makers and implementers. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

WHO (2016) INSPIRE: Seven strategies for Ending Violence Against Children: https://www.who.int/publications/i/item/97892415653566

WHO (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential: https://nurturing care.org/resources/Nurturing_Care_Framework_en.pdf

Government of Uganda (2021) The National Child

Policy

Government of Uganda (2016). The Integrated Early Childhood Development Policy

WHO (2022). INSPIRE: seven strategies for ending violence against children. Uptake between 2016 and 2021. Geneva: Licence: CC BY-NC-SA 3.0 IGO.

WHO (2016). INSPIRE: seven strategies for ending violence against children. ISBN 978 92 4 156535 6

WHO, UNICEF, World Bank Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization, Licence: CC BY-NC-SA 3.0 IGO.

2. Understanding evidence-based parenting interventions

Despite the wide recognition of the importance of parenting work, there is debate about what constitutes a parenting intervention (Jeong, Franchett, Ramos de Oliveira, Rehmani, & Yousafzai, 2021). This module will discuss what parenting interventions are, and the goal and rationale for parenting interventions to address various child outcomes. Parenting interventions have the potential to help countries and communities achieve the SDGs and are directly relevant to several SDG targets. The module will discuss why parenting interventions matter, and how parenting interventions contribute to the SDGs and the INSPIRE outcomes. In addition, it will provide an overview of the wide range of existing parenting initiatives in Uganda, and the region. An important discussion will focus on what is an evidence-based or effective intervention, highlighting, examples of existing evidence-based parenting interventions, and the essential components of effective parenting interventions. Most parenting interventions that have proven to be effective have been developed and tested in high-income countries. There is increasing but still very little work on parenting interventions developed and/ or adapted in low and middle-income countries. These examples will be discussed and evidence of their effectiveness examined.

Reading Materials

WHO. (2024). Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

WHO (2013). Preventing violence: Evaluating outcomes of parenting programmes

WHO (2022). WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years

Walakira E. J., Matovu, F., Kyamulabi, A., Larok, R., Biribonwa Agaba, A., Nyeko,J. P. and Luwangula, R. (2021). Parenting Initiatives in Uganda: Learning from the UZAZI AVSI Parenting Model and Related Initiatives. Kampala: Fountain Publishers.

WHO (2022) Parenting interventions and their contribution to the SDGs. https://www.ncbi.nlm.nih.gov/books/NBK589384/box/ch1.box1/?report=objectonly

3. Integrating gender in planning parenting interventions

Poor parenting in many settings is rooted in negative gendered social norms that perpetrate inequality and present barriers for men's active engagement in caregiving. Parenting interventions can reduce both violence against children and violence against women but very few parenting interventions are explicitly designed to cater for both. Gender-transformative approaches tailored towards working with women and men to challenge unequal gender norms and power dynamics to build positive family relationships and parenting skills that support more equitable, caring, and nonviolent family dynamics have proved to be effective in preventing and reducing violence against children and women.

Parenting programs that focus on gender transformation aim to analyse the core principles and program content to address unequal gender norms and power

dynamics. These programs work with parents to reduce violence and create nurturing environments for children. This module introduces participants to how gender influences parenting and seeks, from the onset, to place gender at the centre because gender blindness can result in a dangerous lack of insight in the planning and delivery of parenting initiatives. This module will equip parenting practitioners with evidence-based knowledge to integrate gender issues in the design, adaptation and scaling up of parenting programs, specifically targeting the intersection of gender, violence against children and violence against women.

Reading Materials

UNICEF-Innocenti-Parenting-Brief-2-Gender-transformative Brief #2, Parenting Programmes to Reduce Family Violence. What gender-transformative programmes look like,

Review of Effective Interventions That Prevent and/or Respond to Intimate Partner Violence against Women and Child Maltreatment." 3. United Nations Children's Fund (UNICEF). 2020. Gender Dimensions of Violence against Children and Adolescents. New York: UNICEF. https://www.unicef.org/documents/gender-dimensions-violence-against-children-and- adolescents.

UNICEF, 2019. Global Mapping Report on Ongoing Gender Socialization program in UNICEF.

UNICEF Annual Results Report: Gender Equality, 2019

WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years

Backhaus S, Gardner F, Schafer M, Melendez-Torres GJ, Knerr W, Lachman JM. Parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years. Report of the Systematic Reviews of Evidence (https://cdn.who.int/media/docs/default-source/documents/violence- prevention/systematic_reviews-for-the-who-parenting-guideline-jan-27th- 2023.pdf?sfvrsn=158fd424,3.)

4. How to design evidence-based parenting interventions

Different people may approach the development of a parenting programme in different ways depending on the available time, financial and human resources, and the political and civil context (Britto et al., 2022). However, to standardise development of quality interventions, intervention development should involve essential methodical strategies and steps that can be verified by stakeholders (O'Cathain et al., 2019). This module will introduce learners to the following seven core steps.

Reading Materials

Orlando, L., Barkan, S., & Brennan, K. (2019). Designing an evidence-based intervention for parents involved with child welfare. Children and Youth Services Review, 105, 104429. doi:https://doi.org/10.1016/j.childyouth.2019.104429

UNICEF (2020) Designing Parenting Programmes For Violence Prevention: A Guidance Note. https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf

Wight, D., Wimbush, E., Jepson, R., & Doi, L. (2016). Six steps in quality intervention development (6SQuID). Journal of epidemiology and community health, 70(5), 520–525. https://doi.org/10.1136/jech-2015-205952

Wight, D., Sekiwunga, R., Namutebi, C., Zalwango, F., & Siu, G. E. (2022). A Ugandan Parenting Programme to Prevent Gender-Based Violence: Description and Formative Evaluation. Research on Social Work Practice, 32(4), 448-464. https://doi.org/10.1177/10497315211056246

Step 1: Define the problem and identify its risk factors and modifiable causes that can be addressed

A programme is created so that it can tackle a particular problem in a particular population (Hudson, Hunter, & Peckham, 2019). Understanding the nature of the problem and how common and widespread it is, among the specific population groups, can help to make sure that the programme being developed

meets the intended purpose, and whether there actually needs to be a programme (Frieden, 2014). This step will engage learners in discussing how to identify the gap to be addressed. It will discussion the importance of literature review, needs assessments, and how and why we should involve stakeholders as sources and evidence of the legitimacy of the problem and the intervention proposed. Learners will discuss how to evaluate and rank risk factors or factors that perpetuate the problem and how to identify those that are and can be addressed by the intervention being developed.

Reading Materials

Liang, H., & Beydoun, M. A. (2019). Modifiable health risk factors, related counselling, and treatment among patients in health centres. Health & social care in the community, 27(3), 693– 705. https://doi.org/10.1111/hsc.12686

Wildgust, H. J., & Beary, M. (2010). Are there modifiable risk factors which will reduce the excess mortality in schizophrenia?. Journal of psychopharmacology (Oxford, England), 24(4 Suppl), 37–50. https://doi.org/10.1177/1359786810384639

Institute of Medicine (US) Committee for the Study of the Future of Public Health. The Future of Public Health. Washington (DC): National Academies Press (US); 1988. 5, Public Health as a

Problem-Solving Activity: Barriers to Effective Action. Available from: https://www.ncbi.nlm.nih.gov/books/NBK218227/

***Step 2:** Identify the Intervention (solution)*

An intervention is a (set of) planned actions that are designed to bring about desired changes (outcomes) in defined beneficiaries in order to address a health or social problem. That is, any activity undertaken with the objective of improving human health by preventing disease, by curing or reducing the severity or duration of an existing disease, or by restoring function lost through disease or injury (P. G. Smith, Morrow, & Ross, 2015). The parenting intervention being proposed must therefore be described in clear succinct terms. In this step, **learners will discuss the meaning of an intervention, how to craft a culturally relevant set of interventions, and how to set out intervention goals and intervention components and programme content that is essential in a particular parenting intervention.** The discussion will distinguish between **generic or tailored interventions and when to consider each.** Learners will discuss approaches and levels of stakeholder involvement and intervention co-designing as a way to promote "ownership" by local communities and/or authorities. How should a parenting intervention be delivered?

Reading Materials

THEORY OF CHANGE. https://unsdg.un.org/sites/default/files/UNDG-UNDAF-Companion-Pieces-7-Theory-of-Change.pdf

Craig Valters, 2014, Theories of Change in International Development: Communication, Learning, or Accountability?

Grantcraft, 2006, Mapping Change Using a Theory of Change to Guide Planning and Evaluation. Patricia Rogers, 2014, Theory of Change, Methodological Briefs—Impact Evaluation No. 2, UNICEF Office of Research, Florence.

Step 3: Defining the mechanism of change

Once the need for a parenting programme has been established, the next step is to develop a Programme Theory. A programme theory is a blueprint that represents how the programme is supposed to work and acts as a guide to how the programme should be designed and delivered and how it will achieve its desired effects (Shakman & Rodriguez, 2015). This topic will explore what a programme theory is and why it is essential for each intervention to have one. Learners will have an opportunity to present programme theories from their own programmes and practice how to create one. The discussion will highlight how to identify pathways to change based on the established theoretical frameworks and empirical evidence.

Reading Materials

LLansford, J. E., Betancourt, T. S., Boller, K., Popp, J., Altafim, E. R. P., Attanasio, O., & Raghavan,

C. (2022). The Future of Parenting Programs: II Implementation. Parenting, science and practice, 22(3), 235–257. https://doi.org/10.1080/15295192.2022.2086807

Develop theory of change / programme theory. https://www.betterevaluation.org/frameworks-guides/rainbow-framework/define/develop-programme-theory-theory-change

Program Creation & Mapping—Articulating Program Theory. https://www.jmu.edu/assessment/sass/ac-step-two.shtml

Step 4: Testing and/ or adapting an intervention

Having identified or developed the change mechanism, one has to work out how to implement it (Kangaslampi & Peltonen, 2022). Sometimes a change mechanism can only be brought about through a very limited range of activities, for instance legal change is achieved through legislation. However, other mechanisms can be activated in several ways, for instance modelling new behaviours could be done by teachers in school, peers in community settings or actors in TV/radio soap operas (Grady, Iannantuoni, & Winters, 2019; Singhal & Rogers, 1999). Rarely do social interventions designed on the drawing board work perfectly in practice the first time it is implemented. Most can be greatly improved through trial and error. This step involves testing the feasibility of the intervention in practice so that it can be adapted and improved before wider implementation. It is sometimes called 'formative evaluation'. Learners will discuss the meaning of testing and formative evaluation and consider practical ways to do formative evaluations when resources and time are limited. In addition, we will discuss the kind of research questions to ask at this stage, and ways to document the learning and how to use experiences and findings from formative evaluation to improve the initial intervention design.

In this step we will also discuss how to adapt an existing intervention, as is sometimes the case. Specific attention will be paid on the importance of an adaption framework and steps, including consultation with stakeholders, identifying opportunities to adapt programme, content and design, recruitment and delivery, testing and refining the new adapted programme and delivery strategies.

Reading Materials

Bosqui, T.J., Marshoud, B. Mechanisms of change for interventions aimed at improving the wellbeing, mental health and resilience of children and adolescents affected by war and armed conflict: a systematic review of reviews. Confl Health 12, 15 (2018). https://doi.org/10.1186/s13031-018-0153-1

Moore, G. F., Evans, R. E., Hawkins, J., Littlecott, H., Melendez-Torres, G. J., Bonell, C., & Murphy,

S. (2019). From complex social interventions to interventions in complex social systems: Future directions and unresolved questions for intervention development and evaluation. Evaluation (London, England : 1995), 25(1), 23–45. https://doi.org/10.1177/1356389018803219

Jalali, M. S., Rahmandad, H., Bullock, S. L., Lee-Kwan, S. H., Gittelsohn, J., & Ammerman, A. (2019). Dynamics of intervention adoption, implementation, and maintenance inside organizations: The case of an obesity prevention initiative. Social science & medicine (1982), 224, 67–76. https://doi.org/10.1016/j.socscimed.2018.12.021

Step 5: Implementation or intervention delivery

Programme implementation is about how or the mechanism of delivering or operationalising the programme (UNDP, 1998). Choosing the right delivery platform for an intervention can help increase reach and sustainability, be it a CSO, CBO, or an existing formal service delivery system such as educational institutions, social protection systems, and health systems. Sometimes the option is fairly straight forward e.g. existing service delivery system, sometimes it is more complex, and requires great innovation and testing e.g. digital delivery. In this step, we will consider the conditions necessary for implementation whether face-to-face or digital delivery,

e.g. training of facilitators, practitioners, institutional support and infrastructure, policy backing. Learners will discuss how to involve key stake-holders in co-production, how participants in the intervention can be targeted and selected, what strategies can be employed to recruit and engage participants, and what can be done to enhance the accessibility of intervention activities for participants. In addition, we will discuss how to identify the activities required and the essential inputs required to carry out the activities, and how to develop a clear and explicit implementation road map.

Digital delivery is an emerging method of delivering parent training interventions with high potential for increasing reach and sustainability. Digital parenting interventions leverage technology to provide support to parents/caregivers remotely and typically use apps, chatbots, online chat groups, and web-based delivery methods. They can increase the uptake of services and reach populations previously underrepresented in parenting interventions, such as families in remote areas. Digital interventions can also help overcome the challenges faced by in-person interventions, such as delivery costs and sometimes demand for trained personnel, and may also increase participant engagement. The module will explore these issues and share some successful examples, recommendations, and challenges.

Reading Materials

Trzeciak, M., Kopec, T. P., & Kwilinski, A. (2022). Constructs of Project Programme Management Supporting Open Innovation at the Strategic Level of the Organisation. Journal of Open Innovation: Technology, Market, and Complexity, 8(1), 58. doi:https://doi.org/10.3390/joitmc8010058

Burke, K., Morris, K., & McGarrigle, L. (2012). An introductory guide to implementation: terms, conceptsandframeworks.Retrievedfromhttps://www.lenus.ie/bitstream/10147/306846/1/Guide+to+implementationconceptsframeworks.pdf

Michaelsen, M. M., & Esch, T. (2022). Functional Mechanisms of Health Behavior Change Techniques: A Conceptual Review. Frontiers in psychology, 13, 725644. https://doi.org/10.3389/fpsyg.2022.725644

Verplanken, B., & Orbell, S. (2022). Attitudes, Habits, and Behavior Change. Annual Review of Psychology, 73(1), 327-352. doi:10.1146/annurev-psych-020821-011744

Breitenstein SM, Gross D, Christophersen R. Digital delivery methods of parenting training interventions: a systematic review. Worldviews Evid Based Nurs. 2014 Jun;11(3):168-76. doi: 10.1111/wvn.12040. Epub 2014 May 19. Erratum in: Worldviews Evid Based Nurs. 2015 Aug;12(4):249. doi: 10.1111/wvn.12111. PMID: 24842341.

Step 6: Monitoring and evaluation

This step involves developing skills on how we learn from intervention implementation. It is a process that involves collecting and analysing data to measure progress toward achieving specific goals and objectives (Ahmed, 2018; UN, 2010). Participants will learn to distinguish between formative evaluation, monitoring, process evaluation, implementation evaluation, and impact evaluation. Participants will discuss basic steps on how to design a monitoring and evaluation framework, discuss concepts of indicators and measures and how these related to intervention theory and programme logic. Participants will also discuss the operational plan for data collection and reporting.

Reading Materials

How to Develop a Monitoring and Evaluation Plan: https://thecompassforsbc.org/how-to- guide/how-develop-monitoring-and-evaluation-plan

Sopact (2024). Monitoring and evaluation. https://www.sopact.com/guides/monitoring-and-evaluation

The Role of Monitoring and Evaluation in International Development Projects: https://www.evalcommunity.com/sectors/international-development-projects/ ILO. Basic principles of monitoring and evaluation. https://www.ilo.org/wcmsp5/groups/public/--- ed_emp/documents/publication/wcms_546505.pdf

5. Adaptation and Scaling Evidence-Based Interventions

Adaptation is a process of making changes to an Evidence-Based Program (EBP) so that it is more suitable for a particular population or an organization's setting or program structure without compromising or deleting its core components. Adapting approaches designed for programs across contexts requires leveraging the expertise of officials and technical staff. Because of the of varying contexts, questions of whether a program could work in a new area depend not just on evidence, needs, and political economy, but also on the details of program implementation and system capacity required to scale a given innovation. In real world settings, it is not always possible to follow a program's implementation process with 100% fidelity. Often practitioners make adaptations in either 1) program content, or 2) the process or mode of delivery (NREPP, 2016). Unplanned adaptations have the potential to go against the core components of EBPs. Thus, a best practice is to think about and plan for adaptations rather than making them spontaneously. Adaptations can be planned either before implementation or after implementation has begun (NREPP), 2016) In this module, participants will discuss key concepts and components of adapting and scaling a progeam, including (1) What is adaptation? (2) Reasons for Adaptation of EBPs (3) Categorizing different types of adaptations(3) How to plan ahead for adaptation (4) Common elements in the planned adaptation process and (5) the Importance of documentation, monitoring, and evaluation in Adaptation of EBP.

Scaling-up can be conceptualized as deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis. We will discuss the meaning, steps and considerations in scaling up parenting interventions, and lessons that have been learnt about successful scaling up in different settings.

Reading materials

Baumann, A. A., Powell, B. J., Kohl, P. L., Tabak, R. G., Penalba, V., Proctor, E. K., …, Cabassa, L. J. (2015). Cultural adaptation and implementation of evidence-based parent-training: a systematic review and critique of guiding evidence. Children and Youth Services Review, 63, 113-120. http://dx.doi.org/10.1016/j.childyouth.2015.03.025

Carvalho et al. (2013). Balancing fidelity and adaptation: Implementing evidence-based chronic disease prevention programs. The Journal of Public Health Management and Practice, 19(4), 348-356. doi:10.1007/BF01447045

Castro, F. G., Jr, Barrera, M., & Jr, Martinez, C. R. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. Prevention Science, 5(1), 41-45. DOI 10.1023/B:PREV.0000013980.12412.cd

Domenech Rodríguez, M. M., Baumann, A., and Schwartz, A. (2011). Cultural adaptation of an evidence based intervention: From theory to practice in a latino/a community context. American Journal of Community Psychology, 47(1-2), 170-186. DOI: 10.1007/s10464-010-9371-4

WHO. (2024). Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.

WHO. (2009). ExpandNet. Practical guidance for scaling up health service innovations

6. Resource Mobilisation

Budgeting requires considerations for all the costs of each aspect of the intervention and ensuring that decision-makers and implementers have adequate funds to in place (UNESCO, 2024). This step will introduce the five main types of costs in parenting interventions including, Material costs and intervention delivery, implementation costs, staff costs, monitoring and evaluation costs and referral system related costs (Gardner et al., 2023). Under budgeting also, participants will be introduced the idea of raiding funds for a parenting intervention.

Participants will discuss the importance of figuring out how to get the funds to put the intervention in action. This will involve discussing how to identify different potential sources of funding, donor identification (private sector (companies), foundations, and international organizations and how to search for donors starting locally, nationally, and worldwide.

Reading Materials

WHO (2016) INSPIRE: Seven strategies for Ending Violence Against Children: https://www.who.int/publications/i/item/9789241565356

UNICEF (2020) Designing Parenting Programmes For Violence Prevention: A Guidance Note. https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf

UNESCO Project Planner Top Tips for Youth Action found at https://en.unesco.org/youth/toptips/planner/fundraising

Frances Gardner, Alexandra Blackwell, Rocio Herero, Jose Ruben Parra-Cardona, Godfrey Siu, Zuyi Fang, Saara Thakur and Jamie M. Lachman : Designing, Implementing , Evaluating and Scaling parenting Interventions (2023)

7. Collaboration and Partnerships

Collaborations and partnerships unite organizations and individuals with a common goal, amplifying their efforts and enabling them to achieve outcomes that would be difficult or impossible to accomplish alone. When implementing partners, NGOs, CSOs and governments, come together, they can drive positive change and create a greater impact on society.

Collaboration brings together diverse perspectives, expertise, and resources. The key to successful collaboration lies in active participation and mutual respect among all partners. When each entity brings their unique strengths to the table, the results are transformative(J. A. Smith, & Johnson, L. M. , 2021). Additionally, maintaining open communication and a shared vision throughout the collaboration process ensures that the efforts stay focused and sustainable. Under collaboration and partnerships, participants will be introduced the idea of working with other partners on a parenting intervention. Participants will discuss the importance of collaboration and partnerships in sustaining an intervention.

Reading materials

Smith, J. A., & Johnson, L. M. (2021). The Power of Collaboration: Driving Positive Change through Partnerships. Journal of Business and Social Impact, 15(3), 45-60.

Thompson, R. K., & Williams, M. S. (2020). Public-Private Partnerships for Sustainable Development: Case Studies from the Global South. International Journal of Sustainable Development, 25(2), 78-95.

Delivery and conduct of the course

Nature of the programme

This is a Short Non-Credit Certificate Course, with sessions occurring two times in a week.

Target

Programme developers, planners, and implementers (generally referred to as practitioners) working in NGOs, CBO's, Religious and Cultural institutions, practitioners in national and local governments, as well as higher level officials in government such as policy officers and commissioners, and donor agencies, who are involved in supervision and monitoring of parenting initiatives in the country. The course is not intended for lay implementers [facilitators] of parenting interventions based at community level, but rather it is for those individuals who involved in developing, and seek to establish parenting interventions

Course duration

The course lasts three months (12 weeks). To qualify for the certificate, a participant is expected to complete at least 80% of the programme.

Designation of the Award

The award shall be called **'Certificate in Designing, Adaptation and Scaling Up of Evidence- Based Parenting Interventions'.** It will be awarded by Makerere University College of Health Sciences together with the Ministry of Gender, Labour and Social Development, who will be the signatories.

Course Fees

Initially, the course will be offered to 120 practitioners free of charge. This cohort will have their cost of participation covered by CHDC through funding from ELMA Foundation & Echidna Giving. This includes costs for venue, refreshment, and facilitators reimbursement, but does not include costs of materials and photocopying. However, in the intakes that follow, participants will pay a modest participation fee of UGX 1,800,000 (USD 450) to cover venue, refreshments, modest transport reimbursement for facilitators and institutional overhead. International students, including East Africans, will pay USD 500, but this does not include costs for materials, accommodation and travel.

Regulations

Admission and eligibility

To be eligible for admission, the candidate should possess a minimum of Diploma in the relevant field. Additionally, one should be currently a practitioner (employed) in an NGO, CBO, Religious and Cultural institutions with a parenting programme or wishing to establish one.

Professionals working in government agencies are also eligible. Graduates wishing to gain skills in this area will also be eligible.

Assessment

Course participants will be required to complete a practical assignment to demonstrate attainment of the core skills of the course. The assignment will involve designing a draft outline of a parenting intervention, and presenting it to a panel of reviewers who will assess and grade its quality. Those who will not demonstrate sufficient skills will be given feedback and supported to attain them. During training participants will be doing group and individual tasks and make presentations to enhance their knowledge.

Resources and Infrastructure

The course will be hosted by Makerere University Child Health and Development Centre. Quality Assurance Tele-Presence Centre Senate Building Makerere University Main Campus

Course Facilitators

	Name	Title	Qualification	Institution
1	Assoc. Prof. Godfrey Siu	Director, CHDC & Course Lead	PhD	Makerere University
2	Mr. Hosea Katende Sempa	Scale up Officer	Master of Arts	Makerere University
3	Mrs. Carol Namutebi Byekwaso	Programme Manager	Master of Public Health	Makerere University
4	Mrs. Lucy Otto	Assistant Commissioner, Family Affairs	Masters of Arts in Public Administration & Management	MGLSD
5	Eng. Stephen Langa	Executive Director	Master of Science	Family Life Network
6	Ms. Stella Ayo-Adongo	Child Protection Policy Expert	Master of Arts	Global Network For Good Schools
7	Samalie Teera Lutaaya	Strategic leadership and project management specialist	Masters in Financial management	Private consultant
8	Dr. Eisha Grant	Medical Doctor	Masters, RCPI, PhD(c)	MoH
9	Ms. Ritah Kabanyoro	Country Director	Master of Business Administration	Action Against Hunger
10	Mr. Peter Oola	East Africa Head of Grants	MBA, Master of Arts	The Peter Cundill Foundation
11	Mr. Onesmus Kamacooko	Statistician/ PhD student	Master of Statistics	Makerere University
12	Mr. Ramadhan B. Klrunda	Program Design, MEL and Scale-up Expert	MSc, PGD	Fidelitas Scientific Execution Facility / Consultant
13	Mr. Paul Okimat	Statistician	MSc Statistics, MSc Clinical epidemiology	CHDC
14	Mr. Omello Joy Martin	Data Manager	MSc Health informatics	CHDC
15	Dr. Jamie Lachman	Professor	PhD	Oxford University
16	Mr. James B. Muhumuza	Global Health Consultant	PhD student, Public Health	Uganda Martyrs University & Trinity College Dublin

Course Coordinators

	Name	Qualification	Institution
1	Ms. Martha Atuhaire	Bachelor of Arts	Makerere University
2	Ms. Rebecca Nanteza Teddy	Bachelor of Science	Makerere University

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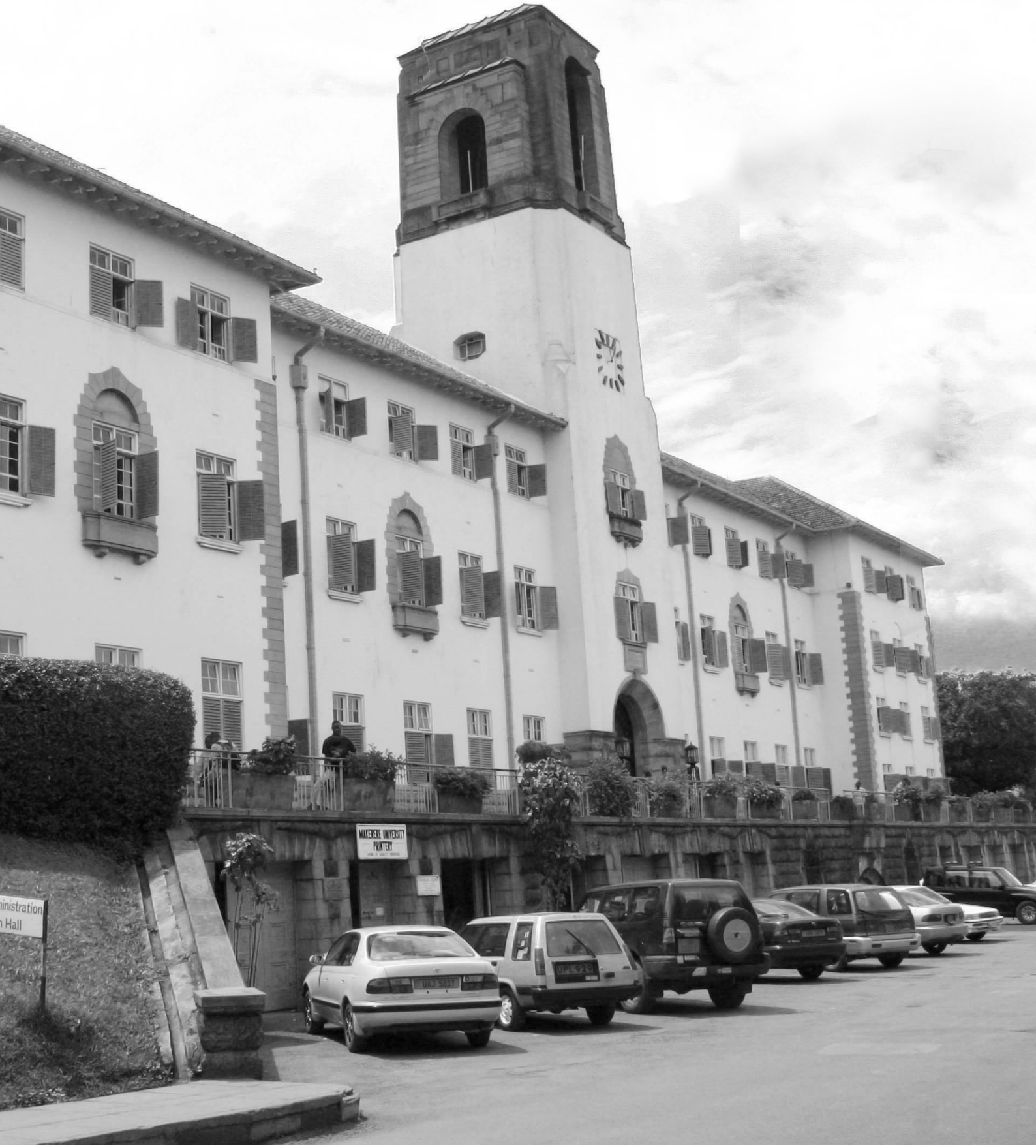

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