

## CASE STUDY

# CHILD HEALTH AND DEVELOPMENT CENTRE: PREVENTING VIOLENCE AGAINST CHILDREN AND GENDER-BASED VIOLENCE ACROSS UGANDA AT SCALE



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# SUMMARY

[Child Health and Development Centre \(CHDC\)](#) is a department under the College of Health Sciences, School of Medicine, Makerere University. The department promotes the wellbeing of children and women in Uganda through multidisciplinary research, training and strengthening of partnerships. In collaboration with the University of Glasgow, CHDC has been developing the [Parenting for Respectability \(PfR\)](#) programme since 2013; a community-based parenting programme for the early prevention of violence against children and gender-based violence.

Due to PfR's successes to date, CHDC started to scale its impact with the support of Spring Impact, a global nonprofit dedicated to helping great solutions have a greater impact on the problems they seek to address.

This case study presents the key lessons from CHDC's journey to scale so far, particularly focusing on the mindset shift needed to start scaling up, identifying the core parts of the intervention that would make the most impact at scale, and rethinking roles at scale.

# SITUATION

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In collaboration with the University of Glasgow, CHDC has been developing the Parenting for Respectability (PfR) programme since 2013; a community-based parenting programme for the early prevention of violence against children and gender-based violence. PfR combats a number of different risk factors that lead to violence against children and interspousal violence. Specifically, it addresses a range of interdependent factors:

- Authoritarian parenting, characterised by harsh discipline
- Prevailing cultural practices and norms within Ugandan society that violence against children can support making them respectable
- Prevailing unequal gender relationships between couples that exposes them to violence and conflict
- Parents not taking shared responsibility for bringing up their children; both fathers and mothers have a role to play.

The programme's origin as a home grown evidence based intervention, its demonstrated impact in improving parenting skills, and its successes in involving fathers, and parental couples in, and addressing spousal relationships, generated relevant interest from key stakeholders across Uganda, including the Ministry of Gender, Labour and Social Development (MGLSD).

The fact that violence against children and gender-based violence across the country are wide spread made it clear there was a huge need for the programme to be scaled up. CHDC was aware that, for the problem to be truly challenged effectively, cultural and societal norms needed to be addressed, with a range of stakeholders involved over a prolonged period of time.

# CHALLENGE

## UNDERSTANDING WHAT IT TRULY TAKES TO SCALE UP

CHDC's main challenge to starting the process of scaling related to an uncertainty around how 'ready' they were to scale up. While CHDC had extensive, scientific proof of the impact of the PfR programme - an evidence-based programme - their tendency was to wait and seek to gather more and more evidence before starting their scaling journey, not being able to identify when this would be sufficient.

Paired with this was a limited understanding of what scaling up would actually involve in practice, the best pathway they could take, and the resources and capacity required to progress effectively.

Successful scale requires a targeted and resourced approach. The team involved needs to be equipped with the relevant skills, capacity and dedication to champion scale and prioritise it internally. As a small research institute, CHDC recognised that, as a lot of their time and capacity would be invested in the research itself, staff capacity would be a key limitation. Gaining support with developing the team's scaling skills was going to be key to progressing on their journey successfully.

## IDENTIFYING HOW TO MAINTAIN THE HIGH-QUALITY OF PFR WHILE IMPLEMENTED BY PARTNERS

PfR is delivered at a very high-quality level - one of the programme's essential characteristics, which helps generate its significant impact. If the programme was going to successfully tackle the issue of violence against children and gender-based violence, ensuring scale partners maintain its high quality when implementing it was going to be crucial.

But navigating the balance between monitoring quality and allowing partners to go forward with the implementation is not an easy task for most mission-driven organisations to work through alone. The roles and responsibilities of all stakeholders involved in the scaling process would need to be evaluated thoroughly, with the necessary systems and processes put in place.

CHDC therefore partnered with Spring Impact to help them develop a clear plan and approach to scale, focusing on key changes that would help them overcome challenges and move forward effectively:

- 1. Changing the mindset** about the level of evidence required to scale up
- 2. Identifying the essential components of the intervention and the systems** required to scale up
- 3. Rethinking and understanding the role** of the organisation and other stakeholders at scale



# CHANGE & ACTION

## 1. CHANGING THE MINDSET ABOUT THE LEVEL OF EVIDENCE REQUIRED TO START SCALING UP

*“Being a research and teaching institute, we were more inclined to wait and wait until we had something scientifically proven to be robust.”*

The PfR programme, as an evidence-based programme, had extensive, scientific proof demonstrating its impact. However, as a research institute, CHDC were inclined to believe they needed to go above and beyond and conduct numerous Randomised Controlled Trials (RCTs) to collect even more evidence before proceeding. They were unsure of when their level of evidence would be sufficient to start scaling. Mission-driven organisations are often wary of starting their scale journey due to a perceived lack of sufficient evidence. This mindset can limit their ability to move quicker into action and understand how their scaling plans and strategies would translate in the real world.

Moving away from this mindset, and starting to think about how the model will work at scale, can help organisations learn what works in practice and helps in defining which dissemination and advocacy strategy to take on. It helps avoid spending too much time and too many resources building evidence for a model without having considered if the model will actually work at scale.

Following numerous illustrations from Spring Impact about similar programmes elsewhere, CHDC learned that being able to demonstrate some impact, rather than having extensive evidence is enough to progress, particularly as the problem they are working to address is so pressing:

**“The issue is so important, violent parenting has serious consequences – interventions should not be delayed if there is some evidence that it will be impactful.”**

In addition, the team also learned to listen actively to the implementing partners (both the intermediary and implementer organisations), who felt that the evidence available was good enough to support scale.

This changed the way they talk about the PfR programme to potential partners: *“We no longer talk about the need for more evidence when talking with partners and ministries – we now actually say what works and the lessons we are drawing from the continuing processes....that this works! This is what interests many people to start thinking about scale.”*

The CHDC team has successfully had other internal stakeholders adopt this mindset shift, and now have a team who understand that they can scale PfR without the level of evidence that they first thought was needed, and that they can continue to improve the programme whilst scaling.

# CHANGE & ACTION

## 2. IDENTIFYING THE ESSENTIAL COMPONENTS OF THE INTERVENTION AND OF THE SYSTEMS REQUIRED TO SCALE

Defining the essential components of an intervention is a critical starting point on the journey to scale. Known as the 'core', this consists of all the things that make an intervention work well. These might include principles and values that underpin your programme, systems and 'behind-the-scenes' processes that support delivery, as well as all the elements of direct delivery to a user's experiences. The 'systems' aspects of the core refers to the conditions required to deliver the intervention.

### THE PROGRAMME CORE

With Spring Impact's support, CHDC identified the core components of the Parenting for Respectability programme as:

- The PfR sessions are delivered as per a well established, proven, and clearly systemised manual. Given that the manual is highly detailed and contains step-by-step guides for the facilitator to deliver the session, CHDC's assumption is that this should be delivered the same in each location. However, this assumption will be tested through the delivery of the programme in more locations, as some parts of the manual may need to be more flexible.
- It would be critical that the programme offers practical exercises that parents can actively participate, as well as homework tasks
- It is also equally essential for fathers to participate as well as mothers. While parenting is generally, societally viewed as the 'mothers domain', without the fathers, participation changes can't spread within the whole family. This acts as a strong core, as it provides an opportunity for men to engage in parenting programmes as fathers, but also allows for single sex sessions, where each gender can have space to explore different issues where they might have conflicting ideas. This helps them talk about parenting issues that concern them as men and women.

### THE SYSTEMS CORE

*"We had a rough idea of what the core programme needed to look like but had considered less the systems. This was an important revelation for us."*

CHDC knew that the impact they wanted to deliver went beyond achieving positive outcomes for individual families. The team intends to also change the norms within communities and wider society, so that authoritarian parenting stops being the answer to raising respectful children.

To achieve this, running a few group sessions would not be enough. Rather, CHDC would have to deliver multiple sessions in each parish, so they can reach a critical mass of parents who would then start to think and act differently, and positively influence each other with the expectations of raising children in a non-violent way.

Given this ambition, as PfR hadn't been run in a sustained way before, CHDC will have to incorporate new activities into the programme's core. It will be essential to set up the programme in the right way in the community, so it can be delivered over and over and over again, year after year. For this to happen, the following supporting activities that enable PfR sessions to take place effectively - or the 'systems' - would need to be taken into account:

- **'Community mobilisation'** - or the process of putting people into readiness to participate in an activity. This involves arousing the interest and consciousness of a group of people in a programme which would be of benefit to them. In this case, mobilising parents and motivating them to sign up to the programme.
- **'Community entry'** - or building buy-in for PfR from key stakeholders to learn the best way to bring PfR to a particular community. CHDC would need to obtain clearance from the leaders of the community (such as elected leaders; religious leaders; school leaders) and to receive guidance on how to appropriately introduce the project to the community.

Given the need to achieve community mobilisation and entry, CHDC recognised that previous participants, especially those who are influential in the communities, will become important advocates for the programme. They will play a role in helping recruit new parents, and can also become facilitators themselves. Engaging parents beyond just participating in the sessions therefore becomes essential to ensure the programmes long term delivery and impact in the communities. They're also a valuable resource that helps to reduce cost and enable financial sustainability.

Participating in the 'core' exercises revealed two essential components for delivering PfR at scale and reaching the impact it seeks:

- a) CHDC would need to define the activities necessary for community mobilisation
- b) The activities will need to be flexible, as the context and communities PfR will be delivered in will vary significantly.

For instance, the PfR programme will need to sensitise the community to issues around parenting and conduct meetings to mobilise parents to sign up for PfR, but this could be done through any means, including but not limited to the list below:

**a) Key stakeholders are identified for PfR to be 'approved' in the community**

- Identify community gatekeepers
- Raise awareness of the issue
- Introduce PfR
- Solicit the support of local leaders to become ambassadors

**b) Buy-in is built among parents**

- Sensitise community and mobilise meetings, through:
- Home visits
- Announcements on community radios
- Microphone or place of workshop; visits to village groups; visiting boda-boda stages



# CHANGE & ACTION

## 3. RETHINKING ROLES AND RESPONSIBILITIES

It was established that CHDC would expand beyond the programme manual to deliver sessions; now, it will also develop a Community Mobilisation Guide. This informed how CHDC should work with partners and set it up for the long term. When considering scaling partners, it will therefore be essential to evaluate whether they are well positioned to run parenting groups and also engage with, and mobilise, communities.

### RETHINKING CHDC'S OWN ROLE: 'LETTING GO' WHILE MAINTAINING THE QUALITY OF THE PROGRAMME

The team at CHDC recognised at the start of their scaling journey that they would not be the ones to implement the programme at scale. Their role would involve providing research and training, and supporting their partners. However, their prior experience working with intermediaries and implementers to deliver PFR suggested there is a possibility for the intervention to be delivered with poor fidelity, which would risk impact. While the prospect of handing the programme over feels exciting, as it would imply it is delivered at scale and reaching many more people, there are justified concerns that organisations could deliver it in ways it is not designed for.

This presented CHDC with the challenge of evaluating how to 'let go' and hand over the programme to implementing partners, while also ensuring its quality is maintained and the impact uncompromised. While this issue is difficult to resolve in its entirety, CHDC took the following steps to mitigate it:

#### Building their partners' capacity

CHDC intends to provide support to enable intermediaries to meet their responsibilities, and to ensure that they are able to deliver at quality. CHDC will train implementers on parenting and evidence-based interventions. It is important that implementers and intermediaries are fully bought into the specific mission of PFR, and understand why it is important to collect data.

CHDC will provide training that covers these principles, training implementers in collecting data, identifying and recruiting the right facilitators, and providing various tools, templates, and resources that implementers and facilitators can use. This standardised approach should also be more manageable at scale.

Implementers and intermediaries will also need support on an ongoing basis to continue meeting their responsibilities. As CHDC will not be involved in direct delivery, some of the ongoing support will also be provided by intermediaries to implementers.

#### Being selective with their partners

*"We interrogated who really qualifies to be the partners we need. That was so revealing - something that made me say 'wow'."*

Choosing the right partner will be essential - both for delivering the programme's intended impact of supporting individual families and engaging wider communities, as well as ensuring they can maintain the quality of the training. To comprehensively map their ideal partner, CHDC has collaborated with Spring Impact to define the key criteria they would have to meet, looking at aspects such as shared values and mission; experience; finances; technology, staff structure, capabilities, and certifications; equipment and facilities; existing partners and networks; and brand and reputation. This exercise allowed them to think critically about the ideal partners, and equipped them with the confidence to be selective.

#### What do 'roles and responsibilities' at scale consist of?

Defining roles and responsibilities can help organisations on the journey to scale understand which stakeholders must complete which tasks identified in the 'core', alongside other supporting activities. This helps ensure that all parties are clear on what they need to and makes it easier to identify what to include in any of the initial/ongoing support packages. This is critical if you are intending to work with others.



# CONCLUSION

CHDC's journey to scale so far has required key changes in mindsets, defining the essential components of their intervention and the systems required to scale up, and rethinking and understanding the role of the organisations and other stakeholders - all changes designed to help them move forward towards scale successfully, and translate their ambitions and expertise into greater, wider impact.

Having made a significant difference to date, the PfR programme has the potential to have an enormous impact on partners and communities across Uganda. Progressing on their scaling journey will enable CHDC and its partners to address the problem at scale, challenge societal norms, and prevent further violence against children and inter-spousal violence. As CHDC continues to pursue more collaborations to scale up PfR, the need to improve the capacity to support the scale up needs of different partners will also grow. CHDC, therefore, considers it important to continue to collaborate with Spring Impact to develop the mindsets, strategies, and support to get the PfR programme to scale.

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# CONTACT

## FIND OUT MORE ABOUT PFR

- [Visit website](#)
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## FURTHER INFO

- [CHDC website](#)
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