

# CASE STUDY

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## Strengthening the protection and reintegration of children through parenting programs

### Who is the International Rescue Committee?

The International Rescue Committee (IRC) responds to the world's worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance in over 40 countries and 22 US cities. We restore safety, dignity and hope to millions who are uprooted and struggling to endure.



Within its Violence Prevention and Response Unit (VPRU), the IRC works on child protection (CP) and development programs in humanitarian crises across different contexts and has been a leader in promoting evidence-based models in the sector. The IRC's commitment to partnership and coordination is reflected in its long history of partnerships with local organisations in country operations and leadership in inter-agency CP initiatives and the development of guidelines and toolkits to improve children's protection and developmental needs in conflict and emergency affected contexts. Since 2009, the IRC has become a leader in the field of parenting programs to support improved child well-being at the household level, developing targeted curricula for conflict-affected populations, with the aim of improving parent-child relationships and reducing violence within the home. IRC has conducted four rigorous randomised control trials (RCTs) on its parenting programs in Burundi, Liberia (2), and Thailand, and is continuing to build on this evidence base.

### Programming Objectives

The goal of this project was to ensure children and adolescents affected by armed conflict are protected from recruitment, and children and adolescents previously associated with armed groups receive support from their parents and guardians to reintegrate into families and communities and realise their full potential.

## Approach

The inspiration for the project came from IRC's child protection team in the Democratic Republic of Congo (DRC) who realised that the parenting interventions implemented with caregivers of children formerly associated with armed forces and groups did not sufficiently address the needs of these caregivers.

With funding from the Bureau for Humanitarian Assistance (BHA), the 2-year project sought to answer the question, "what are the drivers of boys' and girls' 'voluntary' recruitment into armed forces or armed groups?". This question specifically explored drivers of recruitment in order to design an intervention that would support prevention from child recruitment and therefore contribute to reducing violence against children. The project also sought to answer the question, "what are the barriers and facilitators for reintegration for boys and girls formerly associated with armed forces or armed groups?". While studies had been conducted and interventions developed on community reintegration of children and adolescents associated with armed forces or armed groups (CAAFAG), the IRC found that existing parenting interventions which have shown positive results in promoting child-parent relationships were not tailored to the needs of caregivers of CAAFAGs.<sup>1</sup>



A 10-year-old boy who has experienced conflict in his life receives support from his mother. Photo: IRC

The approach of the project (The Intervention Curriculum: "Growing Strong Together: A Parenting Program to support the reintegration of children and prevent their recruitment"<sup>2</sup>) was to combine formative research and desk review to develop and pilot a parenting intervention in armed conflict settings. The development of the intervention package, led by consultants Articolo 12, was preceded by a desk review of family strengthening interventions in armed conflict settings as well as research on child recruitment and use.<sup>3</sup> Together with the formative research findings,<sup>4</sup> the intervention package was developed and piloted in three contexts: Central African Republic (CAR), Democratic Republic of Congo (DRC) and Nigeria. The development of the resource package was informed by the CAAFAG Task Force of the Alliance, and a technical reference group composed of practitioners and researchers.

## The impact of COVID-19

In CAR, the project pilot was impacted by COVID-19 just when the data collection for the formative research began. As airports were being shut down and restrictions on movement implemented, the research team had just completed their training and were starting data collection. This led to the research coordinator in CAR supporting the data collection process remotely.

In DRC, data collection was delayed as most program activities were suspended to limit the spread of the virus while COVID-19-adaptation plans were being developed. The data collection process resumed in October 2020 once it was considered safe enough to restart programming. Remote training was conducted for the data collection team and support on data collection was also provided from a distance. Transcripts

1 [Puffer et al. \(2015\)](#).

2 <https://alliancecpha.org/en/child-protection-online-library/intervention-curriculum-growing-strong-together-parenting-program>

3 Articolo12 and International Rescue Committee (2020). Children associated with armed forces and armed groups – prevention and reintegration: Desk review to inform the "Growing Stronger Together!" parenting program

4 CAR Formative Research Findings <https://childprotectionpractitioners.org/wp-content/uploads/2021/02/IRC-Research-Brief-CAR-Perspectives-of-families-on-adolescents-involvement-in-armed-groups.pdf>

were shared with the research coordinator for analysis. In terms of implementation, the number of participants was reduced for each session. Previously planned at 25 male and female caregivers per session, the groups were reduced to an average of 15 to 20 caregivers at a time.

## Response: Programming

From March 2021, the programming commenced (combining the teams in DRC and CAR) with a 15-day training of facilitators conducted in DRC. The training focused on the Intervention Curriculum as well as the measurement framework. This was followed by community engagement from the facilitators as they sought to identify parents who would participate. The program targeted the parents/caregivers of children at risk of recruitment (focusing on the prevention component of this intervention), as well as those formerly associated with armed forces and groups (focusing on preventing re-recruitment and violence in the home, and supporting reintegration in the home).

The 20 sessions in the Intervention Curriculum covered the following topics:

- My Child and I
- Our Role as Parents
- Who is a Child at Risk?
- The Experiences of CAAFAG
- Consequences of Association
- Our Challenging Role as Parents
- Building a Positive Family Environment
- Gender Specific Needs and Responses
- Parental Self-Care for Stress Reduction
- Parent-Child Relations: Communication & Listening
- Parental Self-Care – part II
- Parent-Child Relations: Understanding & managing emotions
- Parental Self-Care: Taking a break
- Solving Problems Together to Support Reintegration
- Dealing with Stigmatisation
- Practising Positive Discipline
- Self-Care Practice
- Parent-Child Relations: Making a Family Budget
- Families are not alone: Seeking Support
- Family Together: Setting goals.



A participant being interviewed during formative research of this project in the Democratic Republic of Congo. Photo: IRC.

Sessions were held twice a week with male and female caregivers participating in the same session (as this was considered appropriate in the context). The sessions were led by the facilitators, accompanied by the child protection staff in the country. A referral pathway and case management services were also in place to provide services for children in need of case management support. The facilitators' work was supported by a facilitator's guide and home visit guide, and at least one home visit was conducted for each consenting caregiver.

To ensure the adolescents themselves received appropriate direct support, the community facilitators led adolescent sessions using the SAFE approach (Supporting Adolescents and their Families in Emergencies).<sup>5</sup> This is a 16-session intervention to improve adolescents' well-being, promote healthy relationships and link them to appropriate services. The sessions were conducted separately for boys and girls, with a focus on the adolescents whose caregivers participated in the parenting intervention.

Measurement of outcomes was through a baseline and endline survey conducted before and after the programme. A satisfaction survey was also conducted at the end of the program, as well as FGDs with facilitators and program staff to capture their feedback and recommendations.

## Programme Outcomes

The results indicate that in general, the majority of caregivers were very satisfied with the intervention, with 90% responding "very much" to whether the parenting sessions addressed their needs and the needs of their families (in relation to parenting behaviours for CAAFAG), and 89% reporting an increase in knowledge of the risks of child recruitment and strategies for preventing recruitment. In addition, the vast majority of caregivers (83% in CAR and 100% in DRC) reported an improvement in the quality of parent-child relationships. This included an increase in discussions about their child's future and daily life in general, as well as talking to them about the conflict and armed groups, and whether or not they wanted to join an armed group.

## Lessons Learnt

Initially, the program was designed with two family visits planned. During implementation (and based on feedback from the program team), it was discovered that only one family visit was practically possible for the facilitators to conduct during the course of the program.

CAAFAG can be a sensitive topic. In communities where the topic is openly discussed, there was found to be less tension (and difficult questions) from the parents to the facilitators. In communities where the members felt victimised by the armed groups and where children formerly associated with armed groups were viewed as offenders, it was recommended that the session on preventing recruitment and the drivers of recruitment should ideally be discussed before engaging caregivers on ending stigmatisation and supporting reintegration. As a result of this feedback, an additional module on the prevention of recruitment and safety in the community was included in the final package.

Community engagement is key to having a successful program. Where staff do not feel safe to discuss the topic of CAAFAG, it might not be appropriate or safe to implement the curriculum before a risk analysis is conducted. This is especially relevant for contexts where there is community approval of child recruitment and the possibility that members may view the program as going against the community. An entry point on child development, child well-being and the consequences of recruitment must be laid out clearly and in a sensitive manner, focusing the intervention on the outcomes on the child.

## Conclusion

The project's promising results indicate that parenting interventions tailored for CAAFAG can improve caregiver well-being, promote positive child-caregiver relations, and strengthen the knowledge and practices of caregivers. The approach benefited from the formative research which grounded the program by addressing the actual drivers of the protection concern and reintegration efforts, and that the intervention was developed from the voices and wishes of parents and adolescents. Having a reference group from different organisations ensured the content was improved and reflected different perspectives

5 <https://childprotectionpractitioners.org/child-protection-areas-of-intervention/group-activities-for-child-well-being/safe/>

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**Websites:** <https://alliancecpha.org/intervention-curriculum-growing-strong-together-parenting-program>  
<https://childprotectionpractitioners.org/child-protection-areas-of-intervention/family-level-interventions/sparc/>

Families are impacted by the rise in prices of common food items (flour, lentils).  
Photo: IRC.

