



# Ahlan Simsim Families Qualitative Monitoring Report: Perspectives of Caregivers and Facilitators

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## A. Objectives:

The Ahlan Simsim (AS) team was interested to study the feedback and perspectives of caregivers and facilitators on the Ahlan Simsim families caregiver low model, given that it was a modified version to the previous caregiver low models. In order to do that, the following two learning questions from the Ahlan Simsim learning agenda were prioritized for this qualitative study:

- 1) Context/Client Responsiveness: *How can IRC AS/PtL partners support caregivers and children to complete ECD services? What motivates caregivers to enroll themselves and/or their children in ECD services and activities? What are the main barriers for caregivers and children to complete all sessions?*
- 2) Impact and Outcomes: *What is the impact of AS/PtL models on children's early learning and development? How effective are AS/PtL models in improving child socioemotional development outcomes?*

The main objectives from the qualitative monitoring are to make programmatic improvements and modifications on the AS families content based on the feedback of caregivers and facilitators, as well as to generate key learnings that can be disseminated to internal and external audiences to take up or integrate the AS families content into their systems and programs.

## B. Methodology:

AS Families qualitative tools in the form of Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) with caregivers and facilitators were designed by the Ahlan Simsim Regional Technical Lead and Regional Research, Monitoring, and Learning Coordinator with feedback from country programs. The tools were translated into Arabic for data collection, and consent was taken from caregivers and facilitators prior to data collection. Data collection took place via papers in all countries except for NWS that used CommCare for data collection. Most of the data collection was conducted by the country M&E team in a face-to-face modality, while the remaining was conducted remotely via phone calls.

Qualitative data collection took place in NES, NWS, Jordan, Iraq and Lebanon from mid-March 2022 till end of May 2022, with the sample size of caregivers and facilitators displaced in the below table. Iraq collected more data than requested and exceeded saturation.

Country	Caregivers	Number of Caregivers Interviewed	Facilitators
NES	4 FGDs	24 caregivers	11 KIIs
NWS	4 FGDs	28 caregivers	8 KIIs
Jordan	4 FGDs	24 caregivers	6 KIIs
Iraq	15 FGDs + 4 KIIs	88 caregivers	9 KIIs
Lebanon	5 KIIs	5 caregivers	6 KIIs

<b>Total Number of Interviewed caregivers and facilitators</b>	<b>169 caregivers</b>	<b>40 facilitators</b>
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Most of the caregivers and facilitators were females. Only 4 FGDs (including 25 caregivers) took place with male caregivers in NES and NWS, and 10 KIIs with male facilitators in NES, NWS, and Lebanon. Female and male FGDs were split by gender. In terms of nationality, caregivers were mainly Syrians, Jordanians and Iraqis. Caregivers were sampled from those who attended the majority of the AS families sessions, and a variation of caregivers who received face-to-face and remote AS families modality as well as facilitators who implemented face-to-face and remote AS families modality was ensured when sampling caregivers and facilitators.

**C. Main Findings:**

The main findings from caregivers’ and facilitators’ perspectives are portrayed below, by thematic topic. The findings are synthesized across the region, as well as disaggregated into specific findings at a country level.

**AS Families Program**

We asked caregivers and facilitators about their impressions of the AS Families program in general, with a focus on how caregivers perceived it had affected their parenting and their children’s development. We also asked if there were a specific age group, gender, or people with disabilities who have benefited the most from the AS Families program.

**I. Caregivers’ Perspectives:**

**Regional:**

Caregivers across all countries agreed that the AS families program impacted their parenting behaviors because they enhanced their communication skills with their children, they became calmer, gentler, more forgiving, and started talking to their children more often. They also started allowing their children to be more independent in decision-making, and they started spending more quality time with their children and allowing them to enjoy play and freedom. Moreover, their approach improved with respect to educating their children, and they started using alternative punishment methods that are less strict than hitting. Interestingly, one male caregiver in NES mentioned that he learnt to apply equality with play between his children, and one female caregiver in Iraq mentioned that her husband started participating in the activities with her children and herself.

Caregivers across all countries said that after the AS families sessions, they noticed improvement in their children’s psychological and social development, as they started building friendships with other children and communicating and playing better with their friends and family members. Their children also became more motivated and encouraged, their confidence has increased, and they became better at school. Moreover, their children became cheerful, expressive, affectionate, communicative, and trust their caregivers more and have fun more with them.

### NES:

In NES, feedback was overall similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children's development. The main feedback that is unique to NES is the following:

- Caregivers agreed that the AS families program impacted their parenting behaviours because they learnt how to tell stories and use pictures when playing with their children.
- One caregiver mentioned how he learnt to apply equality with play between his children.
- Majority of the caregivers thought that the most appropriate age group for the AS families program ranged from 3-8 years, as this is when their brain development starts to grow and the age where they can start understanding things faster.

### NWS:

In NWS, feedback was overall similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children's development. The main feedback that is unique to NWS is the following:

- There were many activities that caregivers did not do before but started now, such as playing football, playing with cubes and glass balls, drawing, coloring, counting, writing letters and numbers, and playing cards with their children.
- One caregiver said that his child used to fear him but after attending this program, his child now welcomes him.
- Some male caregivers thought that there are age groups that are more interactive with the AS families activities, whereby the younger the age, the better the response. They also thought that females respond faster than males. Other male and female caregivers thought that there were no age groups that benefited more than others, and there was no gender or inclusion discrimination.

### Jordan:

In Jordan, feedback was overall also similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children's development. The main feedback that is unique to Jordan is the following:

- One caregiver said that she now no longer embarrasses her child in front of her friends.
- On the other hand, one caregiver said that there was no impact in her parenting style because it did not differ to what she used to do before.
- Some caregivers mentioned that they started playing with their children after finishing studying, one started storytelling, and one became more playful when asking her children to help with cleaning the house. She said: *"One of the games we play when we clean the house is that I tell them I will close my eyes and when I open it, I don't want to see anything dirty, they become competitive and clean the house faster."*
- One caregiver quoted how the AS families program affected her child development, saying: *"Mom you no longer scream at me as much as you did before"*. Similarly, one caregiver gave an example of a school calling expressing that her son became more cheerful and peaceful.

- Most caregivers thought that all children equally benefitted. One caregiver mentioned that younger children benefited more than older ones because the program offers tips that are more useful for younger children. Whereas six others said that older children benefited more because they can understand better.
- Caregivers did not mention anything specific on children with disabilities benefiting more from this program, other than them becoming more aware on certain disabilities or behavioral issues with children. One mentioned that she did not see any person with disability attending the program.

### Iraq:

In Iraq, feedback was overall also similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children’s development. The main feedback that is unique to Iraq is the following:

- Some caregivers mentioned that their husbands started participating in the activities with them, which impacted father’s parenting behaviors too. Some caregivers said that children from the age of 5-8 will benefit mostly from the program, while others said that children from the age of 3-8 will benefit mostly. Others thought that children of all age groups will benefit from the program, whether they are healthy or have a disability. One caregiver added that she learnt ways of dealing with her child who has a disability after attending this program.

### Lebanon:

In Lebanon, feedback was overall also similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children’s development. The main feedback that is unique to Lebanon is the following:

- Some examples of new activities that caregivers mentioned applying after the AS families program that they did not do before is using play dough and cubes, drawing shapes, and coloring.
- When it comes to the impact of AS families on children, caregivers thought that some activities had physical benefits to their children and other activities also helped develop their critical thinking skills.
- Some caregivers thought that there were no age groups or a specific gender who have benefitted more from the program. One caregiver mentioned that girls will benefit more because they listen and focus more. Another caregiver mentioned the youngest age group (3-7) will benefit most because they learn easier and the information sticks with them for the long term. Contrary to that, one caregiver mentioned that the ages 10 to 14 will benefit more especially on the session around *"Body Privacy and Protection"*. Moreover, one caregiver thought that children with disabilities might be bored more than others because there are not enough activities that engage them, and they might need more time to understand, but they would also eventually benefit.

## **II. Facilitators’ Perspectives:**

### Regional:

Facilitators across all countries agreed that the AS families program had an impact on caregiver-child interactions and parenting behaviors, through caregivers treating their children with love and attention,

understanding and being calmer with their children, including more play when interacting with their children, giving enough time to talk with children, and using strategies for dealing with children's behaviors. This was also evidenced through frequent demands and eagerness from caregivers to attend the program, via success stories around the change in parenting behaviors and interaction with children, informal feedback received from caregivers, and the dialogue and discussions that took place during the sessions.

Facilitators across all countries also thought that the AS families program had an impact on child development because it included specialized sessions focusing on developing the basic aspects of children's development (physical, motor, social, emotional, linguistic, and cognitive knowledge) at different ages. This program was also boosting children's self-confidence and sense of safety with their caregivers, allowing them to enjoy learning, as well as preparing the children before entering to school.

#### **NES:**

In NES, feedback was overall largely similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children's development. The only feedback that is unique to NES is the following:

- One facilitator thought that the AS families program does not affect the children's development, without further explaining why.

#### **NWS:**

In NWS, feedback was overall largely similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children's development. There was no feedback that was unique to NWS only.

#### **Jordan:**

In Jordan, feedback was overall largely similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children's development. The only feedback that is unique to Jordan is the following:

- One caregiver shared a testimony on how the AS families program impacted her parenting behavior, saying that her child opened up with her about being sexually abused a year ago, after the child saw the positive parenting changes as a result of attending the AS families program.

#### **Iraq:**

In Iraq, feedback was overall largely similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children's development. The only feedback that is unique to Iraq is the following:

- Facilitators thought that the program allowed for a change in caregivers' parenting behaviors because it gave them an opportunity to express themselves and integrate into society.

### Lebanon:

In Lebanon, feedback was overall largely similar to regional trends mentioned above with respect to how AS families program impact parenting behaviors and children’s development. The main feedback that is unique to Lebanon is the following:

- A facilitator shared an example of how a mother-in-law of a participating caregiver came to her and expressed how the caregiver has changed in her approach to interacting with her children and is not shouting or hitting them anymore.
- Contrary to that, two facilitators were unsure how the program impacted caregiver-child interaction or parenting behaviors since very few caregivers expressed practicing what they received as content with their children.
- Based on indirect feedback from caregivers and assuming caregivers used the content they learnt at home, the facilitators think that this program was indirectly shaping the children’s development especially since the program was calming the parents and giving them different positive techniques to interact with their children.

### **AS Families Sessions**

The Ahlan Simsim Families program has 11 sessions (8 core and 3 elective) covering a variety of topics. We asked caregivers and facilitators for feedback on which sessions they found useful or not useful to themselves and their children, and why. We also asked caregivers about their motives to attend the highest number of AS families sessions.

#### **I. Caregivers’ Perspectives:**

##### Regional:

Caregivers across all countries agreed that the AS families program was useful because they learnt how to play with their children, how to guide their children and teach them good habits, how to develop their children’s skills, how to prepare them for school, how to control their feelings when pressured, and how to listen to their children. Overall, across the region, the table below shows that the sessions on “Positive Discipline”, “My Child and I”, “Body Privacy and Protection”, “Child Growth and Development” and “Learning Through Play” were most useful to caregivers and their children. While sessions on “Positive Discipline”, “A Safe, Protective and Supportive Environment”, “My Child and I”, “Fundamentals of Early Learning and School Readiness”, and “Hygiene” were considered the least useful for caregivers and children, but only for some countries as displayed in the table below.

<b>AS Families Session</b>	<b>Useful</b>	<b>Not useful</b>
Positive Discipline	- Caregivers learn how to talk to children in positive/calm manner when angry - Caregivers learn how to reward children for good behavior, and how to discipline their children if they did something wrong	- Child is young, so this session was not appropriate for his age (only mentioned by one caregiver in NES)

A Safe, Protective and Supportive Environment	<ul style="list-style-type: none"> <li>- Children were able to distinguish between safe and harmful materials/surroundings (only mentioned in NWS, Jordan, and Lebanon)</li> </ul>	<ul style="list-style-type: none"> <li>-Session material is duplicative of what is already in other sessions or within the same session (not specified by caregivers in Iraq)</li> <li>-Caregivers in particularly unsafe contexts (Lebanon) weren't sure they could apply this session in life</li> </ul>
My Child and I	<ul style="list-style-type: none"> <li>- Changed caregivers' parenting methods from being strict to being kinder</li> <li>- Caregivers started engaging with their children after school and acknowledging their feelings more often</li> <li>- Children earned caregivers' trust through playing games with their caregivers.</li> </ul>	<ul style="list-style-type: none"> <li>- Caregivers interviewed in NES do not have young children to practice this session with.</li> </ul>
Body Privacy and Protection	<ul style="list-style-type: none"> <li>- Limited community awareness around this topic</li> <li>- Caregivers learnt the importance of the sexual development of the child, and not to be ashamed of teaching their children about their bodies and ways to protect it.</li> </ul>	
Child Growth and Development	<ul style="list-style-type: none"> <li>- Caregivers got acquainted with the developmental milestones for each age group</li> <li>- It opened up doors for healthy parent-child relationship.</li> </ul>	
Learning Through Play	<ul style="list-style-type: none"> <li>- Had a lot of fun, modern and unique topics and ideas (like antiques and home accessories)</li> <li>- Caregivers learnt new ways to play and interact with children while studying.</li> </ul>	
Fundamentals of Early Learning and School Readiness	<ul style="list-style-type: none"> <li>- Caregivers learnt how to prepare their children and motivate them to school (only mentioned in NES, Iraq, and Lebanon)</li> </ul>	<ul style="list-style-type: none"> <li>- Child is very young so will not make use of this session now (only mentioned by one caregiver in NES).</li> </ul>
Psychosocial Support for the Caregiver and Child	<ul style="list-style-type: none"> <li>- Caregivers learnt how to deal with their children through new ways to self-control the pressures they felt as well as unpacking their children's negative energies (only mentioned in NWS, Iraq, and Lebanon)</li> </ul>	



Child Protection	- Caregivers learnt new ways of protecting their children from verbal or physical abuse (only mentioned in NES and NWS).	
Hygiene		- Taken care of by their mothers, so male caregivers did not feel it was personalized for the fathers, and because some children are aware of their hygiene so there was no need for this session (only mentioned by male caregivers in NES).

The motives for caregivers across all countries to attend the highest number of sessions was to mainly gain and benefit from new information, educate themselves and their children, enjoy the engagement and discussions which were held in the sessions, they admired the facilitators, and learned different and new ways of dealing with their children.

**NES:**

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

Most useful AS families sessions:

- A caregiver thought that the session on *“Child Protection”* was most useful since he learnt how to protect his children from verbal or physical abuse.
- One caregiver thought that the most important session was *“Fundamentals of Early Learning and School Readiness”*, as he learnt how to prepare his children and motivate them to school.

Least useful AS families sessions

- Some caregivers thought that the least useful session was *“My Child and I”* as they do not have young children to practice this session with.
- Two male caregivers thought that the least useful session was *“Hygiene”* since this is taken care of by their mothers, so they did not feel it was personalized for the fathers, and because some children are aware of their hygiene so there was no need for this session.
- One caregiver thought that the least useful session was *“Fundamentals of Early Learning and School Readiness”*, as his child is very young so will not make use of this session now.
- Lastly, one caregiver thought that the least useful session was *“Positive Discipline”* as his child is young and this session was not appropriate for his age.

**NWS:**

In NWS, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NWS is the following examples that caregivers shared on how they applied the sessions they learnt with their children:

- Before the AS families sessions, female caregivers used to yell and hit their children, and now one female caregiver provided an example that she talks to her children nicely and reads stories for them daily before bed, and takes them out to trips.
- One caregiver is now using the method of persuasion to keep her children away from dangerous things by telling them real stories and giving them concrete examples through pictures and videos.
- Another caregiver who has a child with disability was able to teach him how to clap and eat.

NWS caregivers did not mention any least useful AS families sessions, however the most useful AS families sessions that are unique to NWS are the following:

- Three caregivers thought that the session on *"Psychosocial Support for the Caregiver and Child"* was useful in dealing with their children as they learnt new ways to self-control the pressures they felt as well as unpacking their children's negative energies.
- One caregiver enjoyed the session on *"Child Protection"* because it was useful in her real life, and she learned new ways to protect her child.
- Another caregiver enjoyed the session on *"Safe, Protective and Supportive Environment"* because it helped her convince her child to stay away from the dangerous things that are in every home.

#### Jordan:

In Jordan, feedback was overall similar to regional trends mentioned above. Unique feedback to Jordan is that two caregivers learnt more after attending the AS families sessions that there should not be discrimination between siblings, and that gender or disability does not identify the way caregivers should treat their children. Moreover, what uniquely motivated caregivers to attend the highest number of sessions is that the first session targeted the health of their children, which made them curious to see what other topics were there. The brochures that were distributed which contained useful information, as well as wanting to solve their issues with their children's studies and homework, were other unique motivating factors for caregivers to attend the highest number of sessions.

Jordan caregivers did not mention any least useful AS families sessions, however the most useful AS families session that was unique to Jordan is the following:

- Two caregivers mentioned that the session on *"Safe, Protective and Supportive Environment"* was most useful because children are able to distinguish between safe and harmful materials/surroundings.

#### Iraq:

In Iraq, the main feedback that is unique is the following:

Most useful AS families sessions:

- One caregiver thought that the session on *"Child Growth and Development"* was very useful, saying: *"I used to think that the child at this stage is growing physically and there is nothing that affects his psychological condition, but now I have come to understand the needs of my child"*.
- Some caregivers learnt from the session on *"Positive Discipline"* that there was no difference between the needs of girls and boys as well as children with disabilities.

- Some caregivers thought that the session on *"Fundamentals of Early Learning and School Readiness"* was the most useful because they learnt how to prepare their children for school.
- Some caregivers thought that the session on *"Psychosocial Support for the Caregiver and Child"* was the most useful because they learnt about psychological stress and its effect on children and adults, and how to relieve the stress.

Least useful AS families sessions:

- Some caregivers thought that the session on *"A Safe, Protective and Supportive Environment"* had good information but somehow duplicated either with other sessions or within the same session (not specified by the caregivers).

### Lebanon:

In Lebanon, the main feedback that is unique around what motivated caregivers to attend the highest number of sessions is because they found the content and choice of words to be interesting. Other than that, the overall feedback aligned with the regional feedback mentioned above, except for some most and least useful AS families sessions mentioned below.

Most useful AS families sessions:

- The session on *"Fundamentals of Early Learning and School Readiness"* was helpful for all caregivers because it taught their children how to deal with their friends, how to listen well, and how caregivers can convince their children on the importance of school. One caregiver applied what she learnt by telling her child that he is going to get dressed and will spend time with a teacher that likes him, by showing him affection through touch, and giving him a hug before he leaves to school.
- The session on *"Psychosocial Support for the Caregiver and Child"* was helpful for all caregivers because they learnt new techniques about supporting children emotionally, verbally and physically, teaching their children how to express themselves, how to relieve their own stress, and how caregivers can speak/interact with their children. One caregiver mentioned that her son gets very nervous before a test, so she practices these relaxation sessions with him (such as imagining things you like, taking deep breaths, helping him build his confidence).
- The session on *"A Safe, Protective and Supportive Environment"* was helpful for most caregivers because they learnt how to practice safe hygiene and protect themselves and their children.

Least useful AS families sessions:

- The session on *"A Safe, Protective and Supportive Environment"* was least useful to two caregivers who thought that they simply do not live in a safe environment and so they cannot apply what they learnt. One caregiver said that she can only teach her children that whenever there is something that makes them uncomfortable that they come to her about it.

## II. Facilitators' Perspectives:

### Regional:

Facilitators across all countries thought that they were able to deliver the AS families sessions to caregivers as per the plan, as they were able to adhere to the session's guide, arrange their ideas, prepare ahead of time for logistics, group participants into groups, provide practical examples to caregivers, and use the videos and leaflets/brochures.

Facilitators across all countries also thought that the objectives of the topics were met because there were success stories, and informal positive feedback from caregivers. Caregivers were motivated to attend the sessions, were actively participating, and implementing the activities they learnt at home with their children. Only two female facilitators in Lebanon were not sure if the objectives were met because caregivers did not participate much during the sessions.

Overall, across the region, the table below shows that the sessions on "Positive Discipline", "Body Privacy and Protection", and "Psychosocial Support for the Caregiver and Child" were most favorite sessions for the facilitators. It is important to flag that this information was not captured for NES because the country used the old data collection tools, which did not have a probing question on facilitators' favorite sessions.

AS Families Session	Favorite
Positive Discipline	- Among the most important needs of caregivers in using alternative disciplining methods instead of violence.
My Child and I	- Talks about the importance of ECD and that the child grows 90% of his brain size during young age (only mentioned in NWS and Lebanon).
Body Privacy and Protection	- Spread awareness amongst caregivers on how children can secure themselves from sexual assault, especially given that it was a taboo topic that was not discussed in communities (only mentioned in Jordan, Iraq and Lebanon)
Child Growth and Development	- It was beneficial, without adding more details as to why (only mentioned in Jordan)
Learning Through Play	- Allowed caregivers to teach their children while using play from home materials (only mentioned in NWS and Jordan)
Fundamentals of Early Learning and School Readiness	- Allowed caregivers to educate their children on the importance of early learning (only mentioned in NWS and Jordan)
Psychosocial Support for the Caregiver and Child	- Supported caregivers' mental health and released their stress.

### NES:

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- One facilitator said that this was possible to deliver the sessions as per the plan through the caregivers' guide, whereby the guide provided the details of each session in an appropriate and coordinated manner, which made it easier for the facilitator to implement the plan for the sessions.

- Facilitators thought that the objectives of the topics were met due to the results of the post-evaluation, informal positive feedback of caregivers, and the change/impact on how caregivers interact with and parent their children.

#### NWS:

In NWS, feedback was overall similar to regional trends mentioned above with respect to adhering to the AS families plan and objectives. The main feedback that is unique in NWS on the most favorite AS families sessions from the perspective of facilitators is the following:

- One favorite session was *"My Child and I"* because the child grows 90% of his brain size during young age according to facilitators.
- Another favorite session for facilitators was *"Fundamentals of Early Learning and School Readiness"* because this stage is sensitive and important for the child and mothers.
- Another favorite session for facilitators was *"Learning through Play"* because of the great interaction between caregivers and children as they learned new things that they did not know before.

#### Jordan:

In Jordan, feedback was overall similar to regional trends mentioned above with respect to adhering to the AS families plan and objectives. The main feedback that is unique in Jordan on the most favorite AS families sessions from the perspective of facilitators is the following:

- Most facilitators agreed that the favorite session was *"Learning Through Play"* because it allowed caregivers to teach their children while using play, especially after the COVID-19 outbreak, and caregivers enjoyed the sessions and used home materials to create play.
- One facilitator added that the session on *"Fundamentals of Early Learning and School Readiness"* was also her favorite because it allowed parents to educate their children on the importance of early learning.
- Another facilitator rated the session on *"Body Privacy and Protection"* as her second favorite because it spread awareness amongst caregivers on how children can secure themselves from sexual assault.

#### Iraq:

In Iraq, feedback was overall similar to regional trends mentioned above with respect to adhering to the AS families plan and objectives, except for in some instances there were few attendees and inconsistent attendance. The main feedback that is unique in Iraq on the most favorite AS families sessions from the perspective of facilitators is the following:

- Two facilitators mentioned the session on *"Body Privacy and Protection"* as their favorite without adding more details as to why.

#### Lebanon:

In Lebanon, feedback was overall similar to regional trends mentioned above with respect to adhering to the AS families plan and objectives. Few instances that facilitators in Lebanon raised when they changed their plans were due to the unavailability of caregivers at specific timings, as well as internet and

connection challenges. Moreover, one facilitator was not sure if the objectives were met because caregivers did not participate much, and she sometimes felt that certain caregivers were just in the sessions since maybe they felt they need to be taking those sessions as it was a luxury amidst their life stressors. Another facilitator said that almost 90% of the objectives were met because sometimes caregivers would want to discuss about other topics that are not part of the sessions.

The main feedback that is unique in Lebanon on the most favorite AS families sessions from the perspective of facilitators is the following:

- Three facilitators added the benefits specifically for the session on *"Body Privacy and Protection"* as it was related to sexual assault which was a taboo for caregivers but at the same time very useful for caregivers as expressed by them, and one facilitator felt a difference in the way caregivers were thinking about boys versus girls and not differentiating between genders as a result of this session.
- One facilitator said his favorite session was *"My Child and I"* because it talks about the importance of ECD to an extent that he believes that this session should be given to all caregivers even if they are not part of the AS Families program.

### AS Families Delivery

Feedback sessions also focused on implementation of AS Families, including perspectives on in-person vs. remote delivery and facilitation style. We discussed with caregivers and facilitators their feedback on each modality.

#### I. Caregivers' Perspectives:

##### Regional:

We spoke to 89 caregivers who participated in in-person AS Families, 57 caregivers who participated through phone calls, and 23 caregivers who were exposed to a hybrid modality (i.e. alternated between in-person and phone calls).

Majority of the caregivers across all countries preferred the face-to-face modality because it allowed them to interact and listen to different opinions, exchange ideas and learn from experiences of other caregivers, and allowed for practical and tangible activities to apply with their children. They said that the facilitators had a nice approach and were able to explain the sessions with good quality and with fun, and answer all their questions, which made them understand the sessions better. Some female caregivers in Jordan and Iraq prefer remote sessions because of transportation issues and more flexibility with their time.

##### NES:

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- All caregivers in NES attended the face-to-face sessions, and they thought that the instructional methods used during face-to-face sessions were fun, of good quality, and understandable.
- All caregivers thought that phone calls do not allow them to listen to everyone and understand well, especially due to connection issues.

### NWS:

In NWS, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NWS is the following:

- Caregivers participated in in-person and hybrid AS families sessions, and agreed that the face-to-face modality of implementing the sessions was useful, except that the sessions were long.
- Face-to-face sessions also gave them the ability to play with their children directly and break the barrier of fear.

### Jordan:

In Jordan, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Jordan is the following:

- Female caregivers participated in in-person and remote AS families sessions, and majority preferred the in-person sessions.
- Some female caregivers preferred the remote sessions because of transportation issues and to have more flexibility with their time.

### Iraq:

In Iraq, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Iraq is the following:

- Some caregivers attended face-to-face AS families sessions, while others attended remote sessions, and the majority preferred the face-to-face sessions.
- Some caregivers preferred the remote sessions, especially if they have a newborn baby, and cannot attend the centers due to transportation challenges, so this allowed them to manage their time and attend at their preference.

### Lebanon:

In Lebanon, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Lebanon is the following:

- Some caregivers attended remote sessions, while others attended face-to-face sessions, and some caregivers alternated between remote and in-person (i.e hybrid modality), and the majority preferred the in-person modality.
- On the other hand, three caregivers mentioned no difference in their understanding and that they still enjoyed the activities, whether sessions were delivered remotely or face-to-face.

## **II. Facilitators' Perspectives:**

### Regional:

Most facilitators across all countries had a general agreement that the face-to-face modality is more effective than the remote modality in allowing facilitators to deliver the topics and practical examples to caregivers, which aligned with caregivers' perception. This is because the face-to-face modality helped

with better interactions and engagement between caregivers and facilitators, observing caregivers' reactions, allowing more caregivers to participate, especially the shy ones, responding to caregivers' questions, preventing distractions, and participating in group practical applications. Some facilitators in Jordan, Iraq, and Lebanon thought that the remote modality was more convenient for caregivers because it allowed for more time flexibility.

Facilitators also added that the different modalities they used allowed them to acquire more skills and various teaching styles in session delivery, acquiring different communication skills, and providing practical support to caregivers.

#### **NES:**

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- All facilitators thought that the in-person modality allowed them to present topics and practical examples for caregivers by facilitating the delivery of information using visual and verbal communication.

#### **NWS:**

In NWS, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NWS is the following:

- One facilitator expressed that the remote modality affected the style of the sessions on WhatsApp, as he is not good at expressing precisely in writing on WhatsApp, and not all caregivers participate in the sessions and answer the questions that are asked.

#### **Jordan:**

In Jordan, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Jordan is the following:

- Although the majority of the facilitators preferred the in-person sessions, two facilitators mentioned that even though they enjoy and think in-person sessions are more effective, however the remote modality was more convenient because caregivers choose the timings that suit them most, and so it felt smoother to caregivers.

#### **Iraq:**

In Iraq, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Iraq is the following:

- Although the majority of the facilitators preferred the in-person sessions, however one facilitator mentioned that the remote sessions are very useful because they do not require the caregivers to leave their homes.

#### **Lebanon:**

In Lebanon, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Lebanon is the following:



- Although the majority of the facilitators preferred the in-person sessions, however the disadvantage of the remote modality is that sometimes caregivers do not participate in group calls which made some facilitators unsure if caregivers were interested or listening. Some facilitators also believe that the remote sessions are better for caregivers since they are more efficient, flexible, and accessible
- According to one male facilitator, the remote sessions gave male caregivers the opportunity to be part of the program after 6 pm once they got back from work.
- Two facilitators believe they can deliver both modalities and address the topics in a similar manner regardless of the modality.

### AS Families Resources and Training

We asked caregivers and facilitators about their impressions of the AS Families resources that include the session guide, resource guide, operational manual, videos, and leaflets and brochures. We also asked facilitators specifically about their feedback with respect to the AS Families training that they have received, and how it affected their ability to implement the AS Families program.

#### I. Caregivers' Perspectives on AS Families Resources:

##### Regional:

Most of the caregivers across all countries expressed their admiration for the videos because they conveyed the ideas better, helped them understand and remember the sessions better, helped them to practice activities with their children by providing examples, and entertained their children. Contrary to that, few female and male caregivers did not benefit from the videos because they thought they were limited to content or idea but did not provide further explanations as compared to the sessions, and they did not help caregivers practice activities with their children in a better way. Some had internet connection issues and thus found difficulty to download the videos.

When it comes to leaflets and brochures, some caregivers across all countries thought that they helped them understand the topics better, go over the activities with their children due to the presence of graphics, and were used as a reference to go back to. However, most of the male caregivers specifically in NWS thought that brochures and leaflets were not useful because they take a long time to be read and applying the information immediately is difficult. Similarly, two caregivers in Lebanon said that they relied on the sessions more and they did not apply the activities from the videos and leaflets/brochures as the knowledge they gained from the sessions was enough.

It is important to note that some caregivers in NES, NWS, Jordan and Iraq mentioned not receiving leaflets or brochures.

##### NES:

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- One caregiver who thought the videos helped her understand the sessions better, gave an example of how one video helped her teach her child counting, by taking the example of going to

the bakery and counting the money being paid to the baker. Similarly, two caregivers provided an example of how one video taught them proper hygiene and how in turn they taught this to their children. Finally, one caregiver appreciated the video saying: *"The video was useful as if you are witnessing an interesting movie and then telling the story of the movie to children"*. On the other hand, one female caregiver mentioned that she did not benefit from the video as compared to the face-to-face explanation done by the facilitator. This is because the video only provides the content or idea but without any further explanations. Another male caregiver agreed that he did not benefit from the videos because he found difficulty to download them

- It is important to note that in one female FGD group in الحسكة and one male FGD group in الحسكة, all caregivers mentioned that they only received videos but not leaflets or brochures.

### **NWS:**

In NWS, some of the feedback was overall similar to regional trends mentioned above, however some of the feedback differed. The main feedback that is unique to NWS is the following:

- In an FGD with male caregivers who received a hybrid modality with the partner SRD, all male caregivers agreed that the videos were not useful for their practical lives as they did not help them to practice activities with their children in a better way. On the same line, all female caregivers who received a hybrid modality with IRC/Hyzri mentioned that they received only one video and it was not useful for them or their children, as it did not help them to learn new things on how to deal with or practice activities with their children.
- When it comes to leaflets and brochures, most of the male caregivers mentioned that brochures and leaflets were not useful because they take a long time to be read and they cannot apply the information immediately. On the same line, all female caregivers in both FGDs mentioned that none of the brochures or leaflets were distributed to them.
- Contrary to that, two male caregivers thought that they have benefited from the leaflets and brochures as they helped them to understand the topics better, and the presence of graphics helped to communicate the ideas and conduct the activities with their children, agreeing with the overall regional findings mentioned above.
- Most of the caregivers agreed that the AS families sessions were the most useful to them compared to videos and leaflets/brochures, because they were able to discuss with the facilitators the issues that needed a deep explanation, and the facilitators were able to convey the ideas well.
- Only the females who received a hybrid modality with the partner Watan mentioned that both the videos and sessions were equally useful to them, because they contain real examples and information that help them in the process of raising their children, changing their ways of dealing with their children, and developing their skills.

### **Jordan:**

In Jordan, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Jordan is the following:

- Caregivers thought that videos were more beneficial than the AS families sessions or brochures/leaflets because children love hearing and seeing, and videos help develop children's focus and entertains them.

- Some caregivers thought both videos and brochures/leaflets were useful because the latter resemble story telling whereas the former are fun to watch. Some felt that it depends on the audience, for instance videos are more beneficial to children whereas brochures/leaflets are more beneficial to caregivers.
- One caregiver thought that the sessions were more important than brochures/leaflets and videos because they provide a more positive impact.
- It is important to note that three female caregivers mentioned not receiving brochures/leaflets or videos.

#### Iraq:

- In Iraq, feedback was overall similar to regional trends mentioned above. Only two main feedback that is unique to Iraq is the following.
- Few caregivers did not have internet connection to receive the videos.
- Caregivers did not respond to the question around their perception on leaflets/brochures.

#### Lebanon:

In Lebanon, some of the feedback was overall similar to regional trends mentioned above, however some of the feedback differed. The main feedback that is unique to Lebanon is the following:

- One caregiver mentioned that she relied on the AS families sessions more and she did not apply the activities from the videos as the knowledge from the sessions was enough.
- When it comes to leaflets and brochures, some caregivers thought that the content in them was already covered in the sessions. They elaborated by saying that they relied on the leaflets and brochures as a reference, but they thought that the AS families sessions were more useful, and their children interacted with the videos more than the leaflets/brochures.

## **II. Facilitators' Perspectives on AS Families Resources and Training:**

#### Regional:

Facilitators across all countries agreed that the resources (videos, session guide, resource guide, operational manual, and leaflets or brochures) were comprehensive, simple, had effective information, language was clear, and they were easy to use and understand. Only in Lebanon, three facilitators thought that the leaflets and brochures contained a lot of information, so they were not sure that all caregivers used them as some do not read and write.

Some facilitators mentioned that the videos, attachments, and role plays were the most fun and useful resources because they felt caregivers enjoyed them the most as well. While others said that they mostly enjoyed leaflets and brochures because they allowed caregivers to share and receive information, as well as included activities to understand the materials better. Others mentioned enjoying the resource and session guide the most during facilitation since they entailed a lot of information and activities. On another note, most of the facilitators reported no difficulty in accessing the program materials, with except to seven facilitators in NWS, Iraq and Lebanon who mentioned difficulty in accessing the links for the videos and finding the leaflets/brochures.

It is important to note that as part of interpreting and validating the results with the regional team, it came to our attention that there were conflicting findings with facilitators who mentioned facing much more difficulties with the resources, as part of another feedback generation conducted by the regional digital and technical teams. When unpacking the conflicting findings further, we understood that facilitators were unclear and confused about the different resources that the M&E team asked them during this qualitative data collection. Some M&E teams were not equipped enough with technical expertise to further explain the different resources to facilitators, and therefore there is a high possibility that the responses were general and positive. On the other hand, some M&E teams, particularly in Lebanon, were able to explain the different resources to facilitators and probe them further when they found facilitators to be confused about them, which is why in Lebanon we see more detailed information about challenges. In this case, it is preferred to rely on the regional digital team's findings, especially since data collection was conducted by themselves along with the technical team who are more equipped to ask and probe about technical resources.

When it comes to the training that was provided to facilitators, almost all facilitators across all countries agreed that the training was very useful and helped them implement the AS families program according to its objectives, because it was comprehensive and specific to the needs of caregivers, training approach was smooth, they were provided with facilitation and influencing skills, conducted different role plays and practical examples, explained the mechanism for integrating people with disabilities, and they received feedback from trainers as well as continuous technical support. As a result, the training gave them enough confidence to deliver the sessions. On the other hand, two facilitators in Lebanon thought that their experience supported them more than the training to carry out the program and reach the objectives, especially the male facilitator since he had concerns on how a male will be accepted by the community members and caregivers when delivering sessions.

#### **NES:**

In NES, feedback was overall similar to regional trends mentioned above. The main feedback around the training for facilitators that is unique to NES is the following:

- One facilitator mentioned the need to add a topic around safe referrals to the training.
- Three facilitators suggested to reduce the number of information/ideas in the training, shorten the training content, or increase the timing or number of days of the training sessions as there is a lot of pressure and information in one session.
- Another facilitator suggested for the trainers to provide the sessions themselves as a trial, so that the facilitators benefit from their experiences.
- One facilitator suggested to provide more scientific information with the practical sessions and examples, as it helps with the acquisition of knowledge and information.

#### **NWS:**

In NWS, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NWS with respect to the resources and training for facilitators is the following:

- Some facilitators mentioned that the videos and attachments were the most fun and useful resources.
- Only one facilitator mentioned that there was difficulty in accessing the videos in the remotely executed session, as while clicking on the video inside the session, the caregivers are not directed

to the video directly. Also, two facilitators mentioned that the electronic links to the stories were not available, and it was difficult to access them.

- Only two facilitators said that they received no technical support after the training.
- When it comes to improvements on the training, two facilitators thought that a topic on children with disabilities can be added to the training. Additionally, two facilitators suggested for the training to be conducted face-to-face instead of remote to allow for more participation and interaction.

### **Jordan:**

In Jordan, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Jordan with respect to resources and training for facilitators is the following:

- Some female facilitators mentioned that they mostly enjoyed video sharing, pictures and role play because they felt caregivers enjoyed them the most as well. While others thought that they mostly enjoyed leaflets and brochures because it gives the unity of mothers sharing and receiving information, and they allowed for activities to be provided to understand the materials better and open discussions.
- Only one facilitator said that she benefitted from the materials/resources more than the training itself, as they helped her more with delivering the content.
- Similarly, another facilitator did not think that the examples provided during the training were useful because there was a lot of role playing, and she does not think that there is a standard way to interact with caregivers or give examples for.
- One facilitator suggested to have a training provided on how to communicate more often with caregivers or children with disability.
- Another facilitator suggested for only one person to provide the training to avoid having mixed information (she gave the example of having other people from different CBOs engaging, which was good, but given that they are not the experts, the information can get mixed up).

### **Iraq:**

In Iraq, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Iraq with respect to resources and training for facilitators is the following:

- Facilitators mostly enjoyed the session guide, videos, attachments, and activities.
- Three facilitators mentioned having difficulties to access the resources without clarifying why.
- One facilitator said that the training exercises were different from the reality.
- Four facilitators suggested to increase the training duration to delve into topics more.
- One facilitator suggested to receive a training on how to deal with people with disabilities and women who suffer from psychological pressure.

### **Lebanon:**

In Lebanon, there was some feedback that was similar to the regional trends mentioned above, and some feedback that was different. The main feedback that is unique to Lebanon with respect to resources and training for facilitators is the following:

- When it comes to resources, six facilitators thought that the resource guide was the most beneficial since it enriched their knowledge on a lot of topics and supported their facilitation. They also said that the session guide was comprehensive, clear, organized and better than the previous model because it provided tips to the facilitators on how to implement.
- Three facilitators prefer to have one guide in one place that has all the information per session that the facilitator will need, because sometimes they were getting lost with the naming of the guides and where to find the information.
- One facilitator liked the videos the most, but he believes that it would have been better if the videos were sent before the sessions, so the caregivers have the chance to watch and then come to discuss.
- Moreover, one facilitator thought that the videos were not organized because she had to go online and look for the videos; she would have preferred to have ready links she could click on. Similarly, another facilitator said that the videos were too many especially on the session "*Body Privacy and Protection*", and so it might be difficult for caregivers to download all of them.
- Some facilitators said that the leaflets and brochures contained a lot of information so they were not sure that all caregivers used them as some do not read and write. Three facilitators had to prepare voice notes and send as a support to those leaflets and brochures. Also, only one facilitator thought that the leaflets and brochures were hard to find.
- When it comes to the language of the resources, there were certain terms such as "*tatawor shumuli lal tofil*" and "*indibat ijabi*" which required more explanation to caregivers. One facilitator said that she uses spoken Arabic when explaining the content rather than reading the MSA.
- When it comes to facilitator training, two facilitators thought that their experience supported them more than the training to carry out the program and reach the objectives, especially the male facilitator who thought that the training did not directly lead to him being confident to give the sessions, as it was more related to his experience with caregivers especially since he is a male and had concerns on how he will be accepted by the community members and caregivers.
- Two facilitators said that there was no technical support after the training, but only implementation supervision and observations; however, one expressed that she never requested technical support since she thought all was going well.
- Some facilitators thought that there were questions in the training pre and post-test which were not covered during the training but were requested in those tests, and so they suggested the questions to fit the training content.

### **Facilitators' Performance and Relationship with Caregivers**

We asked caregivers about their perception with the performance of facilitators and how their performance affected their ability to understand and practice the topics with their children. We also asked facilitators about their relationship with caregivers, what strategies they used to build rapport, and what AS families sessions they thought were most and least engaging to caregivers.

## **I. Caregivers' Perspectives on Facilitators' Performance:**

### **Regional:**

Caregivers across all countries agreed that the facilitators' performance was professional because they were calm, polite, accepting ideas and opinions, had good communication and facilitation skills, had positive and fun attitudes, made them feel safe and trusted, provided useful and realistic techniques to caregivers, and built a positive and friendly relationship with caregivers. As a result of facilitators' performance, caregivers developed their skills in dealing with their children and changed their parenting style.

None of the caregivers across all countries felt any discomfort with the facilitators.

### **NES:**

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- One caregiver gave an example of how the facilitator helped her to interact with her child when differentiating between objects and numbers.
- Another caregiver gave an example of how the facilitator helped her prepare her children to school without being angry as she started controlling herself better when interacting with her children.
- Another example from a caregiver was that the facilitator was able to send her messages in a very smart way, she was able to motivate them to care, listen, and applaud each other, and she had answers to each question that initiated discussions between the caregivers.

### **NWS:**

In NWS, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NWS is the following:

Caregivers thought that there was no discrimination between the genders that was applied by any of the facilitators when implementing the AS families sessions.

### **Jordan:**

In Jordan, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Jordan is the following:

- One caregiver said that the facilitator was a motherly figure and seemed like an expert in what she was saying. Therefore, when facilitators provide real life examples, and have a background of personal experience and education, this positively affected caregivers' ability to practice the topics with their children.

### **Iraq:**

In Iraq, feedback was overall similar to regional trends mentioned above. There was no unique feedback to Iraq beyond the regional trends.

## Lebanon:

In Lebanon, feedback was overall similar to regional trends mentioned above. There was no unique feedback to Lebanon beyond the regional trends.

## **II. Facilitators' Perspectives on Relationship with Caregivers:**

### Regional:

Facilitators across all countries agreed that the interaction and relationship with caregivers was positive, based on trust, transparency, love, ability to maintain confidentiality and privacy, respect for their traditions, cultures, and viewpoints, and having opportunities for caregivers to share experiences. Some strategies facilitators used to build rapport with caregivers were including icebreaking activities, making the sessions fun and interactive, preparing and managing the sessions according to the plans, having good communication and listening skills, applying sense of humor during the sessions, and providing strategies for caregivers to relieve psychological pressure.

Some of the obstacles that facilitators faced was that some caregivers felt shy to share experiences in front of others, difficulty to gather caregivers at the same time, inability of some caregivers to attend on time and continue the entire duration of the sessions, unavailability of private phones and internet connection for some caregivers, difficulty for males to come to the center because of their commitment to work, some did not understand Arabic, and the difficulty in having the ability to empathize with the caregivers' problems. Some examples facilitators gave to overcome some obstacles were making caregivers feel safe, providing sessions at caregivers' homes or hosting caregivers in places they could come to, and trying to call caregivers multiple times or use alternative phone numbers or samples in case they faced difficulty in reaching them.

Overall, across the region, the table below shows that the sessions on "Positive Discipline", "My Child and I", "Body Privacy and Protection", and "Psychosocial Support for the Caregiver and Child" were most engaging to caregivers from facilitators' perspectives. While sessions on "A Safe, Protective and Supportive Environment" and likewise "Body Privacy and Protection" were considered the least engaging to caregivers from facilitators' perspectives.

<b>AS Families Session</b>	<b>Most engaging</b>	<b>Least engaging</b>
Positive Discipline	- Relevant to the daily needs of children and caregivers, and helped caregivers with their parental methods on how to raise their children in a disciplined way.	
A Safe, Protective and Supportive Environment		- Caregivers already know the information (only mentioned in Jordan, Iraq and Lebanon)
My Child and I	- Enabled caregivers to talk about their children's experiences.	- It contained terms and vocabulary that were strange to caregivers and not well-understood (only mentioned in NWS).



Body Privacy and Protection	- A new topic that was not previously addressed in their communities due to the conservative culture.	- Due to its sensitive nature which might not be welcoming to certain societies, despite caregivers' motivation to learn more about it to protect themselves and their children.
Child Growth and Development	- Showed the benefit of each game for the development of the child (only mentioned in NES, NWS and Lebanon)	- Mentioned in NES without further explanation.
Learning Through Play	- Children started enjoying learning and being less resistant to doing their homework when play was included (only mentioned in NES, NWS and Jordan)	- It had little, familiar, and repetitive information to the session " <i>Fundamentals of Early Learning and School Readiness</i> ", in addition to the fact that caregivers do not realize the importance of play while learning (only mentioned in NES).
Fundamentals of Early Learning and School Readiness	- Session was interesting and allowed for a variety of creative answers from the caregivers, while the children perform a practical activity with the group (only mentioned in NES, NWS and Lebanon)	- It had little, familiar, and repetitive information to the session " <i>Learning through Play</i> ", and caregivers already had the information (only mentioned in NES and Lebanon).
Psychosocial Support for the Caregiver and Child	- Due to pressures caregivers felt, and not being aware that caregivers' mental health would influence their children's as well.	- Caregivers did not think the belly breathing exercise was really going to make a huge difference (only mentioned in Lebanon).
Dealing with COVID-19		- Due to the knowledge of caregivers about this information and the fact that it has become boring and repetitive information (only mentioned in NWS and Lebanon).
Hygiene		- Caregivers in Lebanon just listened without engaging and it was a very sensitive topic for the caregivers as they kept on mentioning that they are clean even though they live in a settlement. No explanation was provided for NES.

### NES:

In NES, feedback was overall similar to regional trends mentioned above with respect to relationship of facilitators with caregivers. The main feedback that is unique to NES is the following:

- One obstacle is that some caregivers did not understand Arabic, so facilitators had to communicate to them in Kurdish.

Most engaging AS families sessions for caregivers according to facilitators:

- *"Fundamentals of Early Learning and School Readiness"*, because the session includes brainstorming and allows for a variety of creative answers from the caregivers, while the children perform a practical activity with the group.

Least engaging AS families sessions for caregivers according to facilitators:

- *"Fundamentals of Early Learning and School Readiness"* because it had little, familiar, and repetitive information to the session *"Learning through Play"*, in addition to the fact that caregivers do not realize the importance of play while learning.

### NWS:

In NWS, feedback was overall similar to regional trends mentioned above with respect to relationship of facilitators with caregivers. The main feedback that is unique to NWS is the following:

- One male facilitator mentioned a challenge related to the difficulty for males to come to the center, because of their commitment to work. He overcame this challenge by giving sessions in caregivers' homes and hosting them in places they could come to.
- The same facilitator mentioned a difficulty in accessing the videos, and he overcame this challenge by using some links related to Ahlan Simsim to access the media materials.

Most engaging AS families sessions for caregivers according to facilitators:

- Two facilitators mentioned that caregivers mostly liked the sessions on *"Child Growth and Development"* and *"Learning through Play"* because they showed the benefit of each game for the development of the child.
- Four facilitators mentioned that the most interactive session for caregivers was *"Fundamentals of Early Learning and School Readiness"* because of the importance and interest of this topic for caregivers and their children.

Least engaging AS families sessions for caregivers according to facilitators:

- *"Dealing with COVID-19"* due to the knowledge of caregivers about this information and the fact that it has become boring and repetitive information.
- Another mentioned the session on *"My Child and I"* because it contained terms and vocabulary that were strange to caregivers and not well-understood.

### Jordan:

In Jordan, feedback was overall similar to regional trends mentioned above with respect to relationship of facilitators with caregivers. The main feedback that is unique to Jordan is the following:

- One facilitator mentioned that it was sometimes hard to gather caregivers due to personal reasons, so she would either call them again to re-invite them or call an alternative sample.
- One facilitator mentioned that the interaction between her and caregivers differs depending on the location; for example, if the session was given in a school, she felt like there were barriers because everyone knew each other and were worried to be judged. However, in the Qantara canter, mothers do not know each other so they have more courage to talk about their issues and challenges.

Most engaging AS families sessions for caregivers according to facilitators:

- *"Learning Through Play"* because children started enjoying learning and being less resistant to doing their homework when play was included.

Least engaging AS families sessions for caregivers according to facilitators:

- *"A Safe, Protective and Supportive Environment"* was least engaging because most of the caregivers already knew how to keep their children in a safe environment, so this session did not bring new information to them.
- One facilitator mentioned that there were duplications in certain topics over sessions, such as the importance of movement.

### Iraq:

In Iraq, feedback was overall similar to regional trends mentioned above with respect to relationship of facilitators with caregivers. The main feedback that is unique to Iraq is the following:

- One facilitator mentioned the difficulty in having the ability to empathize with the caregivers and overcome their problems (she gave an example of how caregivers tell facilitators about their financial conditions and needs, while facilitators feel unable to help).

There was no most engaging AS families session that was only unique to Iraq, whereas the least engaging AS families sessions for caregivers according to facilitators is the following:

- *"A Safe, Protective and Supportive Environment"* because it is a simple session, and all caregivers already know the information.

### Lebanon:

In Lebanon, feedback was overall similar to regional trends mentioned above with respect to relationship of facilitators with caregivers. The main feedback that is unique to Lebanon is the following:

- Some barriers facilitators faced with caregivers include the difference in interaction and interest during the sessions.
- Ramadan period was another barrier since facilitators tried hard to make caregivers participate. , internet connection and lack of electricity.

- One caregiver insisting on financial support was another barrier faced by facilitators.
- Moreover, the only session the male facilitator did not provide to female caregivers, which paused as a barrier to him, was on *"Body Privacy and Protection"* because it included messages around sexual assault, and he was sure that the female caregivers were not going to accept this topic to be discussed with a male facilitator.

Most engaging AS families sessions for caregivers according to facilitators:

- *"Fundamentals of Early Learning and School Readiness"* and *"Child Growth and Development"* without providing more clarification.

Least engaging AS families sessions for caregivers according to facilitators:

- *"Psychosocial Support for the Caregiver and Child"* because caregivers did not think the belly breathing exercise was really going to make a huge difference in releasing pressure.
- Other sessions include *"Dealing with COVID-19"* since caregivers knew the information and were not interested.
- *"Hygiene"* because caregivers just listened without engaging, and it was a very sensitive topic for the caregivers as they kept on mentioning that they are clean even though they live in a settlement.
- Another session that caregivers least engaged with was *"Fundamentals of Early Learning and School Readiness"* because they already knew the information.
- Another least interactive session was *"A Safe, Protective and Supportive Environment"* without further explanation.

## Challenges with AS Families Program

### I. Caregivers' Perspectives:

Caregivers and facilitators were asked about any challenges they faced with the AS families program, including a challenging session or topic, as well as any logistical difficulties.

#### Regional:

Some common challenges that caregivers faced across all countries with the AS families program include the long distance to the centers, the difficulty for them to commit to the timing of the sessions if they have other duties, and the long duration of the sessions.

#### NES:

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- Cold tent where some sessions took place.
- Lack of space to keep caregivers' breastfed infants at while the sessions were running.
- Two male caregivers thought that the timing of the sessions was a challenge as it used to coincide with their working hours, so in some instances one had to leave his job to attend to the sessions, and so they preferred afternoon/evening sessions.

- Additionally, two caregivers said that some sessions were crowded with two groups being placed in one session, which was challenging for them to stay focused, to understand the sessions, and to share information.

#### NWS:

In NWS, feedback was overall similar to regional trends mentioned above. The main difference is that only male caregivers in one FGD raised those challenges, whereas the remaining female and male caregivers in other FGDs did not raise any challenges with the AS families program.

#### Jordan:

In Jordan, the only feedback that was similar to regional trends mentioned above is the long distance to the centers which posed as a challenge. None of the caregivers in Jordan expressed facing any challenge with the AS families program, except for one caregiver who felt that the last session on "*Body Privacy and Protection*" was at first difficult since this was a new topic, but then she understood it.

#### Iraq:

In Iraq, the only feedback that was similar to regional trends mentioned above is the long distance to the centers which posed as a challenge. None of the caregivers in Iraq expressed facing any challenge with the AS families program.

#### Lebanon:

All caregivers mentioned no challenges at all with a session, topic, or any other logistics, which was a different perspective than the overall regional trends.

## **II. Facilitators' Perspectives:**

#### Regional:

Few facilitators across all countries mentioned some challenges with the AS families sessions on "*Psychosocial Support for the Caregiver and Child*" and "*Body Privacy and Protection*", which were difficult to implement because of their sensitive information which made caregivers shy.

Moreover, some facilitators across all countries mentioned some other challenges with the AS families program such as the long duration of the sessions, lack of commitment of caregivers to attend the sessions and commit to a certain timing, difficulty for caregivers to find some centers' locations and transportation issues with far locations, some difficult terms for caregivers to understand, facilitators juggling between references and facilitation techniques, and lack of smart phones and internet connection for caregivers to attend all sessions regularly.

#### NES:

In NES, some feedback was similar to regional trends mentioned above and some feedback was different. The main feedback that is unique to NES is the following:

- Two facilitators thought that the AS families sessions include academic information with some terms that are difficult to understand, and lack illustrations. Another facilitator mentioned that the huge number of activities within a session leads caregivers to lose focus.

- Two facilitators mentioned that caregivers in one session had multiple languages, so this required a lot of effort and time from the facilitators to translate.
- Moreover, one facilitator mentioned that due to the shortage of time, she was unable to implement all the facilitation techniques.
- Two facilitators mentioned that the session around "Positive Discipline" included difficult information for the caregivers. One facilitator mentioned a challenge related to one center as it needs maintenance, it is far away from caregivers, in a hidden location, and is linked to a dispensary so caregivers will not attend the sessions unless they have a visit to the dispensary.
- One facilitator flagged that the new AS families session location as of March 2022 (كرزيارات قرية) does not help to give the sessions as required because it lacks most of the means (such as electricity); also giving sessions for caregivers and children in the same location does not allow for proper listening.

#### NWS:

In NWS, some feedback was similar to regional trends mentioned above and some feedback was different. The main feedback that is unique to NWS is the following:

- One facilitator thought that there was difficulty in having many references and returning to them in the same activity.
- One facilitator mentioned that a challenge was giving sessions on WhatsApp, as he cannot express well and communicate the required ideas in writing on WhatsApp, not all caregivers participate in answering the questions, and the internet is not available to some caregivers.
- One facilitator flagged some typo errors in brochures.
- On the other hand, all facilitators said that they did not face any challenges with difficult topics or sessions.

#### Jordan:

In Jordan, some feedback was similar to regional trends mentioned above and some feedback was different. The main feedback that is unique to Jordan is the following:

- One facilitator mentioned that the disability topic was a sensitive issue to caregivers as a number of them got shy when asked if they have children with disability. The facilitator would overcome this challenge by telling the caregivers that such topics are completely normal, and is something that should be communicated and dealt with openly, but she would never pressure a caregiver to talk about their child with disability.
- One facilitator mentioned having an issue with gathering caregivers, where she would call 70 caregivers and only 15 would come, because it was not easy for caregivers to leave their homes and come to the center.
- Moreover, during Ramadan, one facilitator mentioned that caregivers prefer the remote modality so that they can cook and have more time for Ramadan preparations.

#### Iraq:

In Iraq, some feedback was similar to regional trends mentioned above and some feedback was different. The main feedback that is unique to Iraq is the following:

- Two facilitators mentioned some challenges with AS families sessions or topics including the difficult paragraphs related to persons with disabilities, and the unavailability of the printed syllabus.
- Small number of caregivers in the center due to COVID-19.
- Some caregivers were requesting financial support and mentioned the absence of motivating gifts.

### **Lebanon:**

In Lebanon, some feedback was similar to regional trends mentioned above and some feedback was different. The main feedback that is unique to Lebanon is the following:

- Long time it took one facilitator to prepare for the sessions (more than three hours of prep work before each session).
- When caregivers miss sessions, one facilitator mentioned having to do individual phone calls to make up for sessions lost.
- Another challenge was related to a Shawish who interfered regarding who the facilitator was targeting, since she used to outreach for women from IRC's Women's Protection and Empowerment program while she could have included other women. What she used to do however was collect information about those other women and make sure other members from the ECD program cover them.
- Small space in the room for implementing the AS families activities as planned, so a facilitator mentioned changing the strategy on how to implement the activities. challenges, so she would send the videos to caregivers' Whatsapp to watch later at home. No specific challenge was raised by facilitators on a session or topic.

### **Recommendations for the AS Families Program**

The last section of the feedback generation was asking caregivers and facilitators to share any recommendations or improvements they would like to see in the AS families program, whether in terms of content or implementation.

#### **I. Caregivers' Perspectives:**

##### **Regional:**

Caregivers across all countries suggested to provide financial support/financial grants for caregivers who attend the AS families sessions, to provide certificates of attendance for caregivers who complete the sessions, to provide transportation fees or assign a vehicle for caregivers who find difficulty to reach the centers, to encourage male caregivers to attend the sessions, to increase the duration of the sessions to allow for wider discussions, and to record the sessions or film a video of the sessions in case caregivers could not attend. Other common recommendations across countries included providing motivational gifts for children such as stationery and toys or having spaces for children to play including slides, and introducing new educational and literacy programs for children.

When it comes to recommendations around content, common suggestions from caregivers included providing special sessions targeting the adolescents age group, and providing more topics on caregiver communication with their children around sexual protection, bullying, and prevention of suicide.

#### **NES:**

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- One caregiver suggested to have field trips for the sessions in the camp.
- Another caregiver suggested to be taught how to make games, as this is often requested by their children.

#### **NWS:**

In NWS, feedback was overall similar to regional trends mentioned above with except for the duration of the AS families sessions. The main feedback that is unique to NWS is the following:

- Reducing the AS families sessions to one hour.
- All caregivers in one FGD mentioned that the center must be air-conditioned because the temperatures have become very high especially during spring and summer seasons.
- The same caregivers mentioned that there must be an increase in the number of sessions for children, as well as the introduction of new educational programs for children, for example memorizing the Qur'an and learning the English language.

#### **Jordan:**

In Jordan, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Jordan is the following:

- Caregivers recommended adding a new topic on "*My Child is my Friend*" to teach caregivers how to be friends with their children.
- Providing more topics on caregiver communication with their children around sexual protection, providing videos that spread awareness on bullying and how should caregivers deal with bullying, as well as sessions on spreading awareness on prevention of suicide.
- One caregiver suggested to have content on Youtube to watch to better understand the topics or go back to in case they have forgotten something.
- Another caregiver suggested to give fathers the AS families program as well, to engage them in raising their children more often, and relieve the pressure from mothers.
- Lastly, one caregiver recommended to provide technological learnings.

#### **Iraq:**

In Iraq, feedback was overall similar to regional trends mentioned above with no unique figure for Iraq alone.

#### **Lebanon:**

In Lebanon, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to Lebanon is the following:



- One caregiver said that the sessions were given at her own house so she took it upon herself to make the space comfortable; however, it would be helpful to have some support in setting up the space in the future.
- Another caregiver suggested to do the AS families sessions in-person if possible.
- One caregiver suggested to have sessions focusing more on child protection, education, and children's rights, and another caregiver suggested additional sessions for some of the topics such as sexual harassment.

## II. Facilitators' Perspectives:

### Regional:

Facilitators across all countries suggested to increase the number of activities, reduce the duration of the sessions by removing repetitive information, to improve the session activities to make them more interactive and closer to reality, and to change the location of some centers as they are far from the caregivers' residence. Other recommendations included providing symbolic gifts or financial support to caregivers to motivate them, and to use social media or videos more often to introduce AS topics to children and caregivers.

When it comes to recommendations around content, facilitators suggested to include topics tackling adolescents, and to include more scenarios about behavioral disorders for children such as hyperactivity, stubbornness, or introversion.

When it comes to recommendations for the training that facilitators received, they suggested adding topics around safe referrals, adding more topics on children and people with disabilities, reducing the amount of information/ideas or shortening the training content, increasing the duration of the training session or training days, and making the training face-to-face instead of remote to allow for more participation and interaction.

### NES:

In NES, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NES is the following:

- One facilitator suggested that the ice-breaking activity in the caregiver sessions to be optional, and developed by the facilitator himself/herself according to the moods and ages of the caregivers.
- One facilitator suggested to change the location of the center (كـرزيارات قرية) as it is not convenient for the caregivers.
- When it comes to recommendations around content, one facilitator suggested to reformulate the curriculum in such a way that the focus is more on the goals, to ensure the activities are varied, and the topics are diversified to include caring for adolescents and understanding their behavior and needs.

### NWS:

In NWS, feedback was overall similar to regional trends mentioned above. The main feedback that is unique to NWS is the following:

- One facilitator suggested reducing the number of references in the AS families guides or merging them with one reference.
- Another facilitator suggested to have more friendly and wider spaces as they are sometimes crowded.
- Lastly, one facilitator recommended to emphasize on the face-to-face modality instead of remote modality.

#### Jordan:

In Jordan, some feedback was similar to the regional trends mentioned above, however there were many unique suggestions to Jordan such as:

- For recommendations around AS families content, one facilitator recommended to integrate the two sessions on *"Body Privacy and Protection"* and *"A Safe, Protective and Supportive Environment"*, and to change the session around *"Hygiene"* from an elective to a core session. The same facilitator suggested to remove the session on *"Dealing with COVID-19"* as caregivers did not find it important.
- Another facilitator suggested to merge the sessions on *"Fundamentals of Early Learning and School Readiness"* and *"Learning Through Play"*, especially because the early learning session is very short. She also suggested that the session on *"Psychosocial Support for the Caregiver and Child"* to be more elaborated in the materials and to include those elaborations in the leaflets.
- One facilitator recommended to diversity the topics because since September 2021 they were working on the same topics and delivering the same set of information to caregivers.
- Moreover, another facilitator suggested to add more topics for teenagers, safe ways to use technology, and more inclusion for people with disabilities.
- Other recommendations around the AS families program include implementing the AS program in schools and not just Community Based Organizations.
- Lastly, one facilitator mentioned that some caregivers prefer remote modality because transportation is difficult in this specific area.

#### Iraq:

In Iraq, feedback was similar to the regional trends mentioned above. The main feedback that is unique to Iraq is the following:

- Having more videos for the AS families sessions' activities because they help clarify and communicate the ideas better and because caregivers enjoy the videos.
- One recommendation around content was to change the session on *"A Safe, Protective and Supportive Environment"*, and add more explanation to the session on *"Body Privacy and Protection"* in terms of how to make children more aware about their body privacy.

#### Lebanon:

In Lebanon, some feedback was similar to the regional trends mentioned above, however there were many unique suggestions to Lebanon such as:

- Two facilitators recommended to have one guide that has all the information per session that the facilitator will need, because sometimes they were getting lost with the naming of the guides and where to find the information.
- It was also recommended to give a small kit (with stories) that includes the materials caregivers will be doing with the facilitator and/or children if the modality is remote so they can really carry out the sessions as required.
- Some facilitators recommended to have voice notes accompanying leaflets to be unified as a script to make sure that all facilitators are sending the required information to caregivers in a unified manner and to have access to caregivers who do not read and write.
- Moreover, another facilitator suggested to do the sessions on a platform other than WhatsApp so he can directly share online with the caregivers the content/pictures/videos while giving the sessions which might lead to a higher interaction than the WhatsApp group calls.
- Another facilitator recommended to have a refresher session for the training to make sure she is on the right track and that she is giving her feedback on the sessions being carried out.
- Other recommendations included limiting the number of videos sent to caregivers per session as they were too much.
- Other recommendations around content included merging sessions that need less than 25 minutes (those are the last three sessions on "*Communication*", "*Child Protection*" and "*Hygiene*"), or giving the session on "*Hygiene*" in the form of key messages rather than one session.
- Finally, one facilitator recommended to add a session on pregnant women since she feels caregivers really need such sessions.