



Scaling up playful parenting in Bhutan

EVIDENCE BRIEF

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Playful Parenting Implementation Research Study

BHUTAN

2022-2024



This evidence brief summarizes the emerging findings from the implementation research on the [Prescription to Play](#) (P2P) program, also known as Care for Child Development Plus (C4CD+) implemented in Bhutan by Save the Children, in collaboration with Ministry of Health and Khesar Gyalpo University of Medical Sciences of Bhutan, with LEGO Foundation funding under their Playful Parenting portfolio.

RESEARCH QUESTIONS

- What are the effective pathways to bring play and responsive stimulation parenting programs to **scale and sustainability**?
- How can such programs ensure sustainable **quality and impact** on caregiver and child outcomes?

METHODS

- **Surveys** with service providers & caregivers
- **Observations** of home visits & group counseling sessions
- **Direct assessments** of child & caregiver outcomes
- **Focus group discussions** with caregivers
- **Interviews** with service providers, program implementers & government

The Program



Save the Children



C4CD+ program consists of group, individual, and sessions integrated into the use of the Bhutan Child Development Screening Tool (BCDST), delivered to caregivers and children 0–3 years old at all health clinics nationwide. After a successful initial pilot, the program began to scale in 2020 and has operating in all 20 districts and Thimphu Thromde, since 2023.



Government health assistants, with prior training in primary care, were...



trained on a **structured curriculum modeled on Save the Children's Building Brains program**...



to deliver **group and individual sessions**...



targeting families **at health facilities**...



and complemented by a broad messaging campaign on **TV & social media**.



The LEGO Foundation

Key Findings

1 Service providers showed dramatic improvement, but need continuous training, supervision and mentoring

The health service providers delivering group sessions in the C4CD+ program are **highly motivated and committed to the goals of the program and the quality-of-service delivery**. Our observations of group sessions showed **dramatic improvement in the quality of group sessions with respect to play and responsive stimulation between 2022 and 2023**, with the majority of providers excelling at demonstrating new play, coaching parents as they practiced new play with their child, and demonstrating how to be responsive to their child's communication.

This is a **result of dedicated, evidence-based training and monitoring delivered by the Ministry of Health (MOH) and Save the Children Bhutan** during the course of the program, continuously responding to data from implementation research.

At the same time, in the in-depth interviews, **HAs note the heavy workload they are expected to maintain**, often implementing as many as over two dozen health initiatives simultaneously.

They **noted the lack of supervision and mentoring, which they would welcome**. At the time of writing, the research team was not aware of a supervision and mentoring mechanism set up going forward, beyond the program-funded mentoring provided by Save the Children.

“ There is a phrase saying, *“Jack of all trades, master of none,”* which means that we work as if we know everything while having limited knowledge. We have to work on both the administrative and clinical side. **Every year, different programs are introduced, resulting in greater changes and more workload.**”

2 At scale, messages on TV and social media appear to be positively associated with parenting outcomes

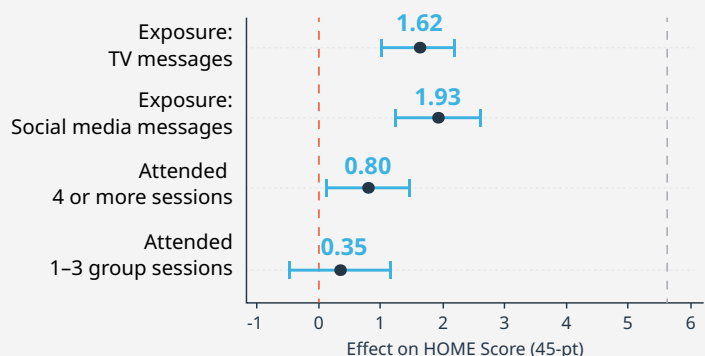
In addition to the full curriculum of 12 (now 9) group sessions delivered in person at health facilities, C4CD+ **ran a series of videos on broadcast TV and social media** on varying aspects of parenting practices, including positive discipline, play and communication, and father engagement.

In the caregiver outcomes assessment, measured through the HOME Inventory, **parents who reported seeing messages on parenting and play on TV and social media showed modestly higher outcomes in responsive stimulation, compared to parents who did not report having seen such messages in the media**. Estimated difference in parenting outcomes varied from 1.6 to 1.9 points on a 45-point HOME inventory scale, which is roughly 0.29–0.34 standard deviations.

“ Most advice comes from television and health assistants. [The] **TV provides accessible information.**”

–Mother, Bumthang

Bhutan: point estimates of effects of program interventions (90% CI)



3 At scale, caregiver and child outcomes show modest but significant improvements over the course of the program period

As the C4CD+ program went to scale, caregiver-child interaction and child outcomes were measured in a sample of ~500 families in 2023 and 2024 in both the original pilot districts (Phase 1) and scale up districts (Phases 2–3). We find that at scale, **caregiver outcomes have shown modest, but significant changes on the HOME inventory**,¹ compared to baseline (5 points on a 45-point scale, and around 1 point when child age is accounted for, on average). Overall, pilot districts (Phase 1) showed higher levels of responsive stimulation, largely due to the fact that they have higher levels of parental education.

Seeing a large boost in parenting outcomes for caregivers who have participated in the program would be a sign of likely program effectiveness. Because not all caregivers have attended sessions (see finding #4 below), it is important to examine the effects of participation on parenting outcomes. We found that attendance **of at least four parenting sessions was associated with a modest, but significant increase in caregiver-child interaction: on average, 0.8 points on a 45-point scale**, or 0.14 standard deviations). An earlier pilot study completed by Save the Children in Phase 1 districts had shown positive results associated with attendance of 4+ sessions.

4 Uptake of group sessions has grown but remains a challenge

The endline caregiver survey with families in the scale up areas showed that **around 50% of eligible caregivers had attended at least one parenting group session (compared to just 30% of Phase 1 sample)**, and around 30% of caregivers reported attending four or more group sessions (of the total 12 sessions offered at the time of the surveys). Out of caregivers who attended at least one session, the average number of sessions attended was six sessions. This was true regardless of the age of the respondent's child.

In interviews, HAs noted that parent attendance was a challenge, and that many had asked if any incentives were available, and whether sessions could be offered before rather than after growth monitoring.

Around
50%
of caregivers in
Phase 2–3 districts
had attended at
least one parenting
group session per
the endline survey

5 Father engagement remains low, however TV messaging is worth exploring further

The C4CD+ program placed specific emphasis on the involvement of fathers and other male caregivers in parenting of young children, starting with the “Daddy & Me” session and weaving male caregiver presence throughout the curriculum. Male caregivers were featured in many of the C4CD+ video messages and visual materials, and the program sought opportunities to highlight the active involvement of His Majesty the King of Bhutan in the raising of his young children. Despite this, **male attendance of group sessions remained low, according to session observation data.**

Data from the father engagement survey module, administered to male caregivers showed **no improvement between 2023 and 2024**, and no difference in scores was noted between families who had attended C4CD+ parenting sessions and those who did not (the survey did not measure if the father had attended a session). This shows that male caregiver engagement continues to be a



Photo: Save the Children

¹ The HOME Inventory covers aspects of home life that reflect the quantity and quality of stimulation available to the child.

challenge. **A small positive association between exposure to TV messaging on C4CD+ and father engagement scores is worth exploring further**, as a possible avenue of reaching male caregivers who are otherwise unlikely to engage in parenting group sessions.

“ We rarely have fathers attending but from the Daddy and Me session I think they like the play demonstration...”

–Health Assistant, Thromde

Implications & Ways Forward

Overall, the C4CD+ program in Bhutan has been able to mobilize and train a strong network of health providers to deliver a well-designed program focused on play and responsive stimulation from birth through the first three years with a dramatic improvement in the quality of group sessions over the project period. However, challenges remain in reaching families and ensuring attendance of C4CD+ services and making an impact on the outcomes of caregivers and children that do attend. Some considerations for future implementation include:

1 Ensure that all female and male caregivers are informed about group sessions and understand their importance

The majority of caregivers who did not attend any sessions reported that they were unaware that sessions were taking place. The new sustainable sessions which are of shorter duration and fewer in number should be advertised to female and male caregivers to encourage more to join. A social and behavior change strategy should be developed to remove any barriers to male participation in the group session.

2 Consider mass media messaging to support better parenting outcomes

Our study found that social media and TV may be associated with positive parenting outcomes, however, further evidence is needed to examine the effect of media at scale on parenting and child development outcomes over time. Implementing agencies may consider integrating and assessing mass media campaigns alongside parenting programming.

3 Monitor outcomes considering session attendance and adapt responsively

Data show that caregivers, particularly males, prefer shorter sessions, and most do not attend more than 4–5 sessions. The MOH and Save the Children, after reviewing preliminary data, created a shortened set of group sessions which reduces the time of each session and includes a 9-session package. Continued monitoring and review of emerging evidence is critical to understanding impact for parents who may not complete all nine sessions, and making revisions in response to that evidence.

4 Continue to invest in Health Assistants through training, incentives, and supportive supervision

In interviews and during observations, HAs expressed their appreciation for feedback and coaching in group session delivery. Feedback on session delivery in 2022 resulted in marked improvement of the quality of parenting sessions across the board. It is important that within the new supervisory structure under the District Chief Medical Officer, HAs continue to receive refresher training, observation and coaching, as well as recognition for their strong performance.



Photo: Save the Children