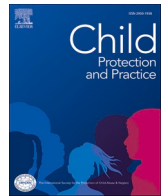



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Child Protection and Practice

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Implementers' experiences of scaling-up a parenting programme to reduce violence against children in Tanzania: Implications for scale-up of evidence-based parenting programmes

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ARTICLE INFO

Keywords:

Parenting interventions
Scale-up
Implementers
Violence against children
Tanzania

ABSTRACT

Background: Considerable evidence suggests that parenting programmes reduce violence against children (VAC) and point to readiness for scale-up. However, there is limited evidence on implementation quality and scale-up from Low-resource settings.

Objective: This paper explores the experiences of implementers who delivered Parenting for Lifelong Health for Teens (PLH-Teens) to 75,061 beneficiaries in Tanzania.

Participants and settings: Implementers of a parenting intervention in Tanzania.

Methods: This qualitative study involved 44 semi-structured in-depth interviews and 12 focus group discussions (FGDs) conducted with facilitators, coaches, and local implementing partners. The participants were sampled purposively, and all were residents of the three regions (Shinyanga, Kagera and Mbeya) of Tanzania where the scale-up was conducted. Data collection explored topics including scale-up context, preparation for, and actual delivery of the programme and challenges to scale-up. Data were analyzed thematically with the aid of NVIVO qualitative analysis software.

Results: We delineated four themes as follows: 1) Exploration and preparation for programme scale-up (understanding context for scale-up); 2) Programme acceptability and implementer motivations (e.g. social standing, benefits); 3) Sustainment of the programme at scale: Implementers articulated the importance of government support for the programme and scaling-up; and 4) Challenges to implementation at scale.

Conclusion: It is possible to deliver an evidence-based parenting intervention at scale in a low-resource like Tanzania. However, it key to consider the challenges expressed by implementers to sustain the programme at scale.

Policy implications: Key learnings for successful scale-up of evidence-based parenting programmes are: a) understanding the context of scale-up; b) collaborating with government and community leadership; c) integrating parenting programmes within existing government structures; and d) addressing challenges that may hamper scale-up and utilisation of hybrid delivery models to enhance reach of the programmes.

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<https://doi.org/10.1016/j.chipro.2026.100318>

Received 24 March 2025; Received in revised form 21 April 2026; Accepted 21 April 2026

Available online 22 April 2026

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1. Introduction

Physical, emotional, and sexual violence has serious short- and long-term negative consequences for children, including poor mental health, substance use, peer violence, delinquency, and the intergenerational transfer of violence (World Health Organisation, 2020). In Tanzania, it is estimated that approximately three-quarters of young people aged 13-24 years old have experienced physical violence before reaching adulthood (UNICEF, 2011). Caregivers, other adult relatives, and teachers are the most commonly reported perpetrators of physical and emotional violence against children (VAC) in Tanzania, with corporal punishment considered normative (UNICEF, 2011). As a Pathfinder Country, Tanzania has prioritized ending VAC and committed to reducing VAC by 50% by 2022 (UNICEF, 2016). In 2017, the government of Tanzania launched a National Plan of Action to end Violence Against Women and Children (NPA-VAWC) (Government of United Republic of Tanzania, & UNICEF and partners, 2016). The NPAC-VAWC 2017-2022 emphasizes the actions needed to prevent and respond to VAC and recognises that investing in violence prevention initiatives facilitate child development. The NPA-VAWC has eight thematic areas of focus: household economic strengthening; norms and values; safe environment; parenting, family support, and relationships; Implementation and enforcement of laws; response and support services; safe schools and life skills; and coordination, monitoring, and evaluation. (Government of United Republic of Tanzania, & UNICEF and partners, 2016). As parenting programmes are internationally recognized as a key mode of intervention through which to prevent VAC, these interventions are well-aligned with Tanzanian government priority areas for improving the outcomes of children (WHO, 2016; 2023b).

Although there is a great deal of evidence indicating that parenting programmes reduce VAC by improving parenting skills and reducing child behaviour problems and by indirectly reducing associated risks (Cluver et al., 2018; Knerr et al., 2013), there is a lack of clarity on the capacity of governments and implementing agencies to deliver parenting programmes at scale. Implementation is one of the most important features influencing programme outcomes (Derzon et al., 2005; Shenderovich et al., 2022; Wilson et al., 2003). Therefore, the capacity of organisations to deliver the evidence-based parenting programmes is critical for their success. Yet, little is known about what contextual and organisational factors that enhance and hinder parenting programme implementation and sustainability. For instance, some research has revealed differences in the quality of programme implementation based on implementer characteristics (Backhaus et al., 2023; Leitão SM, Seabra-Santos MJ, & MF., 2021). However, with most of the evidence on implementers stemming from studies in high-income contexts (e.g., Derzon et al., 2005; Durlak & DuPre, 2008; Wilson et al., 2003), there is need to understand the experiences of implementers delivering parenting programmes at scale in a LMIC setting such as Tanzania.

1.1. A description of the intervention

Parenting for Life Long Health for Parents and Teens (PLH-Teens) (WHO, 2023a) is a parenting programme rooted in social learning theory and behaviour change principles that aims to reduce adolescent exposure to violence in the home and in the community by improving positive parenting and parent-child communication, while reducing familial conflict, harsh discipline, parenting stress, adolescent conduct problems, risky behaviour, and mental health challenges. The PLH-Teens programme was originally developed and rigorously tested in South Africa with results demonstrating reduced violence against children, improved positive and involved parenting, and reduced poor supervision, as well as reduced caregiver endorsement of corporal punishment, mental health problems, parenting stress, and substance abuse (Cluver et al., 2018).

As a result of these encouraging findings in South Africa, PLH-Teens

has been disseminated in 18 low-and middle-income countries including Tanzania. The large-scale implementation of PLH-Teens in Tanzania started in 2017 by X (anonymised) Tanzania as part of the Kizazi Kipya (or “New Generation”) Project. Kizazi Kipya is a USAID-PEPFAR funded project focused on orphans and vulnerable children (OVC) (PEPFAR et al., 2016) and ended in 2022. PLH-Teens is a group-based parenting intervention delivered by community facilitators to caregivers and their adolescent girls simultaneously.

X (anonymised) Tanzania implemented the locally adapted, HIV-enhanced version of PLH-Teens programme, known as the Furaha Caring Families Programme for Parents and Teens (Furaha-Teens), for adolescent girls aged 9-14 and their parents/caregivers (“caregivers”). The main adaptation for the programme in Tanzania was adding HIV-related content and delivering the programme as part of a wider package of services focused on HIV prevention to families with adolescent girls. Other modifications were made to make the material more acceptable to participants, such as by translating into Swahili language and reducing frequency of sessions to meet delivery timelines due to COVID related closures.

While X (anonymised) was responsible for the overall implementation of the programme, X (anonymised - a non-governmental organisation that supports the implementation and capacity of organisations delivering PLH-Teens in Africa - provided training to coaches and facilitators who were recruited and worked for the six local implementing partners (LIPs) working in eight councils in three regions in Tanzania (Mbeya, Shinyanga, and Kagera). The LIPs were local NGOs based in the communities funded through X (anonymised) to oversee the programme implementation. School-based facilitators consisted of teachers in the local schools, who were selected based on their previous experience participating in other school and community-based health and development programmes. Community-based facilitators were individuals living in the intervention communities with some basic literacy and previous experience in community projects and willing to volunteer in the delivery of the programme. The trained school and community facilitators delivered the programme to parents/caregivers and adolescents in 14 weekly group sessions of approximately 3 h in length using non-didactic, participatory methods including discussions, role-plays, problem-solving, and experiential activities. The delivery of the programme happened out of regular school hours, either in the afternoons or weekends to minimise disruptions to school timetables. The coaches supervised the facilitators.

In 2020-2021, X (anonymised) scaled-up the programme with 444 community-based facilitators and 70 coaches to reach 75,061 beneficiaries ($N = 38,802$ adolescents and $N = 36,259$ parents/caregivers) in eight districts across the three regions. This paper explores views and experiences of implementers from five non-profit organisations delivering Furaha-Teens at scale in Tanzania. This analysis fills an important gap in knowledge and has implications for establishing, implementing, improving, and sustaining high-quality delivery of PLH-Teens and to other parenting programmes aiming to prevent VAC at scale.

2. Methods

The data and analyses described herein are situated within a larger mixed methods study investigating the delivery of Furaha-Teens in Tanzania (Open Science Framework (REF removed for anonymity)). This paper draws on a subset of data collected from 2020 to 2021. Primary data were collected through semi-structured in-depth interviews and focus group discussions with implementers: facilitators and coaches; representatives from X Tanzania, Y (details withheld for anonymity), and LIPs; and school principals.

2.1. Participant recruitment

Participants included in the study were recruited in collaboration with X and the six LIPs. Interview participants were sampled purposively

to capture the diversity of regions and professional backgrounds represented as well as the availability and willingness of respondents to participate. Potential interview participants were approached by X (anonymised) and LIP staff and asked for their permission to share their contact information with researchers. Each participant was called via telephone by research personnel to outline the scope of the interviews and focus groups prior to seeking informed consent. A combination of purposive and snowball sampling techniques was used to sample focus group participants from eight councils (an administrative unit under a region) participating in the programme. After making initial contact with the programme implementation team in each council, we purposively sampled three individuals in each of the categories (facilitators and coaches) who were trained in and implemented the Furaha-Teens programme. The purposive sampling was based on location and experience delivering the sessions. We then used snowball sampling to reach other facilitators and coaches delivering the programme. Each focus group comprised of ten participants and were conducted in community venues.

Sampling for other categories of interview participants (LIPs, school principals, X, Y staff (anonymised)) was all purposive based on their position. Coaches and facilitators who participated in interviews were sampled from the focus group participants at the end of the group discussion. This sampling approach allowed us to explore their individual experiences with the programme implementation.

2.2. Data collection

An independent team of researchers not involved in programme implementation engaged in data collection following the conclusion of programme delivery. Data collection was conducted by three male and three female graduate researchers with experience of doing qualitative research and conducting violence prevention research in Tanzania. The graduate researchers received a refresher training on conducting interviews and focus groups and ethics and safeguarding of research participants. A breakdown of the interviews and focus groups conducted is shown in Table 1. A total of 67 interviews were conducted via two rounds (Round 1, N = 36; Round 2, N = 31) of data collection. The interview guide used in round two was modified based on the insights gleaned from round one. Each interview took approximately 60 to 90 min to complete. Four focus groups of approximately 90-120 min were held with programme coaches (N = 40) and eight focus group were held with programme facilitators (N = 80).

Interviews and focus group discussions were conducted in Kiswahili using piloted semi-structured topic guides and all were audio-recorded with the permission of participants. The development of the qualitative data collection tools was guided by the Exploration, Preparation, Implementation, Sustainment (EPIS) implementation framework (Aarons et al., 2011). The EPIS framework is widely used to guide the selection of research questions and better understand implementation. In this study, the EPIS framework informed the development of the interview and focus group guides by ensuring that we explored relevant parts of the implementation of Furaha-Teens. Questions for the facilitators and coaches focused on context of implementation, implementers’

Table 1
Breakdown of sample for IDIs and FGDs.

| Category | Round 1 Interviews (N = 36) | Round 2 Interviews (N = 31) | Focus Groups (N = 12) |
|----------------------|--------------------------------|--------------------------------|--------------------------|
| Coaches | 10 | 10 | 4 |
| Facilitators | 10 | 12 | 8 |
| LIPs | 5 | 4 | - |
| School principals | 7 | 0 | - |
| Y staff | 2 | 1 | - |
| X organisation staff | 2 | 4 | - |

experience delivering the programme, the training and support they received, and programme delivery and logistics. Questions for the other groups (e.g., Shenderovich et al., 2025) focused on acceptability and sustainment. Each tool included questions and probes to support interviewers to guide the conversation. Participants were provided with lunch as well as transportation to and from the meeting venues (value of approximately \$5 USD).

Ethical approval was granted from the Tanzania National Institute of Medical Research under clearance number NIMR/HQ/R.8a/Vol.IX/3459 and University of Oxford Ref: R64777 reference R64777. All participants underwent an informed consent process and willingly consented to participate in the study.

2.3. Qualitative analyses

Data were analyzed using a series of steps, commencing with verbatim transcription of audios and translation of the transcripts from Kiswahili into English by local researchers. Back translation was not conducted due to the familiarity of the researchers with both English and Swahili. Following transcription and translation, thematic analysis was conducted using NVIVO 12 software. During analysis, researchers reviewed both the English and Swahili versions of the transcripts. Four researchers read a sample of the translated transcripts and collectively generated a coding framework based on the research questions and a thorough reading the transcripts for emergent themes (Braun & Clarke, 2006). Following the creation of the coding framework, 10% of the data were double coded to establish reliability among the researchers. Thereafter, data-driven coding was used to identify concepts, relationships, and broad themes (Creswell, 2003; Nowell et al., 2007). The findings were then discussed by the research team to identify overarching themes. Data segments were extracted to represent the key themes and divergent viewpoints. The findings are presented in four overarching thematic groups.

3. Results

Guided by the EPIS framework, we delineate four overarching themes: 1) exploration and preparation for programme delivery; 2) programme acceptability and implementation at scale; 3) sustainment of the programme at scale; and 4) challenges to implementation at scale. These themes are described and exemplified using quotes from participants.

3.1. Exploration and preparation for programme delivery

Exploration and preparation were key for the delivery of the programme at a large scale. Exploration involved understanding the context for scale-up while preparation entailed planning with government and collaborating closely with communities and participants. Facilitators reported that they met and planned for implementation (e.g., schedules, logistics) with coaches and programme participants making it possible to reach a large number of beneficiaries. Careful preparation enhanced project trust and community buy-in from participating families. This resulted to widespread community level buy-in of the programme. In addition, implementers believed that delivering Furaha-Teens was valuable to their own parenting and to children in Tanzania, both of which enhanced implementer motivation to deliver the programme.

Furaha-Teens was widely delivered within a context of high government and community level interest. Implementers articulated the importance of government support for scale-up of the programme through existing government structures (i.e., schools) using government staff such as teachers. Teachers were respected in communities and available in all communities with a school. Moreover, the alignment of the programme with government visions and actions promoted facilitator and coach confidence in the programme and enhanced government buy-in. One participant reported:

Since the government had an existing national parenting and education for family manual, we had to explain what was new in the Furaha-teens programme and after explaining the government was positive and they cooperated with us. Further, we were permitted to use government employees like teachers to deliver the programme. [IDI, NGO staff]

School factors were key in the implementation of the programme. We observed that implementation of the programme through schools promoted access to the programme and thus facilitated the scale-up process. Schools were considered more suitable than community-based delivery as schools were easily accessible to children and families and were considered natural avenues for the sustainment of the programme at scale. The school setting was also perceived as more convenient for facilitators, many of whom were teachers.

I remember we made changes to deliver Furaha-Teens at school instead of the community because it was much easier to reach children in schools after school hours. [FGD, facilitator]

3.2. Programme acceptability and implementation at scale

The majority of implementers reported that Furaha-Teens was widely accepted among their implementers and beneficiaries alike. An NGO staff described the widespread acceptability of Furaha-Teens in the following:

The interest in the programme is beyond the project beneficiaries. We have seen most community members show interest through attending those sessions and encouraging others not part of the programme to join the programme. [IDI, X staff]

Facilitators and coaches reported that participation in the Furaha-Teens programme was empowering to them as it: enhanced their social standing in and garnered respect from the community, provided them with financial benefits, offered opportunities for skill development, and had a positive impact on their own parenting. As it relates to their standing in the community, facilitators described the prestige associated with being an educator in their communities and the respect they earned for implementing the parenting programme. Facilitators expressed that the prestige and respect were viewed as factors that encouraged them to keep implementing the programme in other communities:

I mean implementation of this project has brought us respect We are valued in the many communities we deliver it. People celebrate us when we pass through the communities. [IDI, Facilitator]

Facilitators considered participation in the implementation of Furaha-Teens programme as a way to develop and refine their programme delivery skills as well as to sharpen their knowledge on the prevention of VAC. Acquisition of implementation skills were also considered important for future employment in other development projects. The certificate awarded at the end of the training was also a motivation for facilitators and coaches to implement the programme. To illustrate:

When I asked them [facilitators] to participate in the training for this programme, they were very happy ... The response was very good ... they were keen to get that certificate of participation for their career development. [IDI, school principal]

Facilitator training on the programme, notably in evidence-based parenting knowledge and skills, was noted to be of value due to the applicability of programme content to their own lives as parents. Facilitators and coaches described the positive impact of Furaha-Teens on their own lives, and how the acquisition of parenting skills in family conflict management, problem solving, and positive parent-child interactions motivated them to sign up and to continue delivering the programme. Many implementers noted that they observed a positive improvement in their own parenting. One facilitator said:

I liked delivering programme because it changed me personally. I have learnt a lot. There are some things I have changed Naturally, I am a short-tempered person, so there is that lesson I liked on what you are supposed to do when angry. [FGD, Facilitator]

Further reflecting on Furaha-Teens, representatives from X (anonymised) described how the programme's relevance to families and children and the participatory methods used to deliver it had promoted their interest in leading the scale-up of the programme in Tanzania. One implementer articulated the acceptability and importance of the programme for families in the following excerpt:

First, I am happy to be part of the process of the scale-up in Tanzania because this was the first time, we have brought together parents and their children in one room. The contribution of this programme has been felt in families and communities, in terms of building parent-child relationship, strengthening their communication skills, but the biggest part is supporting parents into understanding the emotions of their children. It is a very good intervention and a very good achievement. [IDI, NGO staff]

Consistent participant attendance served as an important source of encouragement for facilitators to commit their time to sessions. Facilitators reported that they had observed caregiver enthusiasm during the sessions and that encouraged them to keep delivering the programme at scale. One staff witnessed programme dispersion in the following:

It was encouraging to see beneficiaries give positive testimonies to others in their communities and encouraging those who were not part of the project to join the programme. [IDI, NGO staff]

Facilitators and coaches reported that they found the training from professional Y (anonymised) trainers useful as they modelled the participatory, egalitarian, and respectful mode of delivery outlined in the programme manual. The use of a manual that emphasizes equality and respect during the delivery of sessions motivated and reminded facilitators and coaches to dedicate their time to the programme regardless of other conflicting demands on their time. A coach participating in one of the FGDs reported:

What encouraged me to keep working hard on this programme were those expert trainers from Y (anonymised). They ensured that there was no discrimination They treated everyone equally during the training ... we all laughed and enjoyed together. [FGD, Coach]

3.3. Challenges to implementation at scale

The challenges expressed by implementers reveal the complexities of delivering the programme at such a large scale. Challenges experienced by facilitators scaling the programme included: length of the programme, insufficient staff to participant ratios, conflicting demands on staff time, initial doubt expressed by participants regarding the value of the programme, COVID-19 disruptions, and logistical challenges that affected how both implementers and parents/caregivers engaged with the programme. Despite these obstacles, implementers explained that they were flexible with scheduling as well as adapted the programme activities to ensure programme completion.

Despite participants' efforts to attend most of the sessions, implementers observed that participants experienced challenges that hindered consistent attendance. Implementers reported that the 14 weekly sessions presented a challenge to consistent attendance and engagement in the programme, thereby threatening the ability for implementers to reach their targeted numbers of beneficiaries. There was also an insufficient number of facilitators to deliver the programme to such a large number of participants. This gap led to facilitators being overwhelmed with implementation. The lack of sufficient numbers of facilitators therefore hindered the delivery of the programme at scale. A combination of contextual factors such as conflicting school timetables demands on facilitator time and shortage of staff resulted in implementers rushing

to complete the curriculum. For instance, one facilitator explained as follows:

As I have said earlier, the major challenge facing this programme is the long length and fewer staff to deliver it. This is a very long programme that takes three months to complete If the programme could be shortened by combining some sessions, that would be great as it will allow us to reach a larger number of beneficiaries. If you have a huge target (beneficiary numbers), it is not easy to complete the whole target within one year You just do it in a hurry so that you can complete the sessions. [IDI, facilitator]

Programme scale-up was further challenged by the limited number of experienced local staff to train facilitators and coaches to implement the programme within a limited time frame. As a result, Furaha-Teens trainers came from an international organization, Y (anonymised). A lack of local expertise in these areas limited the number of facilitators and coaches that could be trained to lead multiple groups. X (anonymised) staff explained this issue in the following:

The programme is designed to use expert trainers as the only people to train facilitators. Now this is a challenge because we have very few trainers in Tanzania. So, if you have larger numbers of facilitators that need training, that means you need to have a lot of weeks to complete the huge target. [IDI, NGO Staff]

In as much as programme delivery was structured for delivery by volunteers receiving an honorarium of \$10 USD per session, most facilitators and coaches expected more remuneration for their time as well as additional support for their transportation costs. Facilitators and coaches reported finding it difficult to implement the programme consistently across geographical locations without receiving more financial compensation. The long distance between schools and homes posed a challenge to both participants and facilitators attending the sessions. In addition to programme sessions, facilitators were also required to conduct home visits for caregivers who had missed sessions. Facilitators struggled to conduct home visits due to long distances and muddy roads that were often impassable, coupled with delays in payments of their honorarium. Hence, facilitators and coaches mentioned that it was key for them to receive a transportation honorarium in a timely way so as to get to the venues for the sessions. A facilitator described the logistical and contextual challenges as follows:

There are some remote places that are inaccessible ... Even a motorbike cannot reach there. So, walking to the venue and then teaching that session and walking back, was tiring ... All your plans are disrupted because of lots of movements and time spend catching up with parents [FGD, Facilitator]

Another barrier to programme delivery at scale was the substantial responsibilities and resulting workload for programme facilitators and coaches. Given that the Furaha-Teens was embedded within existing services and a comprehensive HIV prevention programme implemented as part of the PEPFAR-DREAMS initiative, implementers reported that they were under pressure to deliver the programme over a short period of time to a large target group in addition to their other roles in the larger DREAMS programme. Furthermore, facilitators who were teachers in the local schools reported that there were frequent scheduling conflicts between Furaha-Teens and school activities (such as due to unpredictable school timetables). Facilitators shared that when they experienced scheduling conflicts, they had to prioritise school activities over Furaha-Teens. Recounting how involvement in the DREAMS initiative in addition to their other school responsibilities made it difficult for them to balance conflicting responsibilities, a coach expressed dissatisfaction in the following excerpt:

To be honest, we have lots of responsibilities. You do all of them and the salary is still the same ... there is nothing like being given more because of the increased workload ... Even though we get a chance to be trained, the

main issue is that we have lots of responsibilities You find that the staff who are involved in Furaha project also have responsibilities in the larger DREAMS programme. [FGD, Coach].

Another challenge was language. Some facilitators, especially teachers, were not conversant in the local language. While community facilitators often spoke the local languages of participating families, this was not the case for many teachers who only spoke Swahili (the national language of Tanzania). Although many caregivers were able to speak Swahili, older caregivers struggled to express themselves in Swahili and preferred to speak their local language, which was often unfamiliar to their facilitators:

We were trained to teach in Kiswahili, but Kiswahili is a challenge for many caregivers in this setting. You also find that some caregivers like the grandparents are old ... After you start teaching, you realize this problem you are forced to switch to the local language so that they can understand you. [FGD, Facilitators]

4. Discussion

This study aimed to understand the experience of implementers delivering a parenting programme at scale in Tanzania. Our findings show several factors that motivated implementers and thus promoted programme delivery as well as factors that posed challenges to programme delivery at scale. Our results suggest that exploring the context of scale-up prior to programme delivery and the use highly motivated and well-trained implementers are key for the implementation and sustainability of parenting interventions implemented at scale. Planning activities collaboratively with community leaders and relevant stakeholders and beneficiaries enhanced cooperation and buy-in. The benefits of engaging communities in programmes in these ways has been well recognized in the literature (Barker et al., 2016; Hodge & Turner, 2016; Maupin et al., 2017). However, our study goes further by providing insights on engagement with relevant stakeholders from both government and NGOs for programme buy-in and delivery of parenting programmes at scale in a low income setting. The delivery of the programme through existing government structures is key for sustainment of the programme beyond donor funding.

Implementers described the programme as one that addressed the real needs of families and communities, which provided them with motivation to continue programme delivery as well as expand the programme beyond the funding period. Implementers also perceived that the benefits delivering the programme to their own lives was a crucial factor in the acceptability and implementation of the programme at scale. Facilitators and coaches noted that because they considered Furaha-Teens programme as beneficial to them both their own lives as well as those in their communities, the programme was therefore something worth expanding to many beneficiaries. Our results show that implementers who were motivated to deliver the programme and reported community and personal benefits attributed to their participation in the parenting programme were instrumental champions for the programme and therefore promoted further scale-up and could sustain the programme beyond the donor funded period. Since implementer motivation and characteristics have been associated with the programme outcomes in other studies (Backhaus et al., 2023; Gardner et al., 2023), we recommend that future research more systematically explore whether perception of positive programme benefits to staff predicts higher implementer engagement and family participation in a low income context such as Tanzania.

External expert training provided by Y (anonymised) enhanced programme acceptability in the community and prepared implementers to deliver the programme with fidelity and confidence. Now that they have the training, the locally trained facilitators and coaches are a resource for continued scale-up in other parts of the country. Facilitators and coaches were also motivated to scale-up the programme to support

their career development and suitability in delivering future community development projects. Facilitators reported that the training provided by Y (anonymised) improved their own parenting skills as well as earned them respect in their communities for being educators. The prospects of a certificate of completion as a means for career development also encouraged implementers. As noted elsewhere, provision of skills, training, and tangible forms of recognition are important motivations for implementers to deliver and sustain programme delivery at scale (Backhaus et al., 2023; Gardner et al., 2023).

Although our study outline several positive factors enabling programme delivery at scale, practical and logistical challenges in the schools and communities encountered in the scale-up process were a hindrance to programme scale-up. Major barriers were long distances between villages, delayed disbursement of incentives to implementers, language issues during programme delivery, and conflicting schedules at school. The need for facilitators to travel long distances to meet caregivers limited their ability to adhere to the programme manual. Implementers were sometimes forced to be adaptive in how they delivered the programme and therefore were not always able to deliver Furaha-Teens with fidelity to the programme manual. Adaptations were made in response to the practical challenges encountered during programme. In order to experience the full benefit of a parenting programme, there is need to ensure scale-up with fidelity (Giannotta et al., 2019; Martin et al., 2021). As observed in our findings and noted in other studies, implementer motivation and challenges experienced during scale-up could impact fidelity (Martin et al., 2021) and programme outcomes. To explore the adaptations that were required to suit delivery in this context and at scale, the authors have conducted an in-depth exploration of programme adaptations (anonymised). It is important to understand and document the adaptations made to programmes and their potential role in programme effectiveness. Parenting programmes should understand and address practical challenges that implementers face and that might interfere with programme delivery and impact.

Although Furaha-Teens utilised experienced facilitators, these benefits were weakened by using facilitators who were not conversant in the local language. It is possible that ineffective communication distorted session content and minimised direct engagement between facilitators and the beneficiaries. Some studies have found that differences between facilitators and participants, such as language, is linked to reduced practitioner-client trust and therefore lower engagement and reduced programme effectiveness (Durlak & DuPre, 2008). However, our study also highlights the benefits of using community-based implementers to deliver the parenting intervention. As observed in our study, and in other studies (Hodge & Turner, 2016; Sethi et al., 2014; Shenderovich et al., 2022), the use of community implementers enhances trust and ensures that parents/caregivers have access to the interventions from individuals that they knew. As noted in other studies, the background of facilitators and coaches, and perceived differences between practitioners and participants, may influence the uptake of the parenting interventions (Durlak & DuPre, 2008; Giannotta et al., 2019; Leitão SM et al., 2021). Thus, programme delivery may benefit from investing in training of local facilitators from the community where the programme is being delivered and those who can speak the same language as the participants.

Results also suggested that implementers often struggled to deliver the Furaha-Teens programme along with other activities within the larger DREAMS project that operated under strict timelines and targets. Implementers often prioritized the other DREAMS project activities since they were remunerated for these activities; there were delays in compensation for their involvement in the delivery of Furaha-Teens. These findings point to the potential drawback of programme stacking and calls for careful planning for donor funded programmes that are delivered within government structures that may already be overwhelmed due to understaffing and low remuneration. Future programme implementation may benefit from considering the role of facilitators and coaches within the larger system of delivery, especially

given the advantages of embedding programmes within existing services (PEPFAR et al., 2016).

Although the mode of delivery was expected to be voluntary, community implementers understandably expected payment in return for their services. Such expectations have implications for the sustainability of parenting programmes at scale long after the donor funded period is over. In order to keep implementers motivated and to ensure sustainability of parenting programme delivered at scale, there is a need to explore the notion of volunteerism and what it means in low-income settings like Tanzania. It is also key to address challenges experienced by implementers that may hamper scale up. Although implementers were motivated to deliver the programme, the present analyses indicate that the sustainability of the programme would benefit from a greater investment in staff compensation, the recruitment and training of facilitators from the same communities as the participants and collaborative target setting with programme implementers which could help ensure programme fidelity.

4.1. Limitations

There are some limitations worth noting including potential social desirability bias due to the recruitment of respondents with the assistance of LIPs, who already had close contact with the facilitators and coaches. The authors tried as much as possible to reduce potential bias through separating the research team from the project implementation team. We also explained the reasons for conducting the evaluation to the study participants. We were also not able to conduct all the interviews in person due to COVID-19 pandemic. In this paper, we focus on the perspectives of implementers, but other analyses will center the perspectives of programme participants.

4.2. Credibility of findings

We attempted to ensure the credibility of our findings via several approaches. First, we used prolonged and repeated engagement to build rapport with participants as well as probing their responses to encourage interviewees to give examples to support their statements. Second, using focus groups and interviews allowed for the triangulation of our findings using different methods, as well as the collection of various views on implementation and scale-up of the parenting programme from different groups (i.e., facilitators, coaches, school principals, LIP staff). Third, we engaged four researchers to ensure reliability in coding and theme development. Fourth, we validated our initial findings by presenting results to participants during a second round of interviews for clarification and to check on whether they agreed with our interpretation of the findings.

4.3. Reflexivity

Reflecting on our potential role on the research process and findings, it is worth noting that all the authors have been involved in PLH-Teens for several years and may therefore have a positive bias towards the program and its outcomes on families. We aimed to address this by also involving a researcher who had not been involved in any previous PLH projects, as well as by presenting and discussing the findings in a range of fora.

5. Conclusions

This is one of the few studies that has delved into understanding implementer experiences of implementation of a parenting programme at such a large scale in low-resource setting like Tanzania. The paper contributes to key learning for programme scale-up. Firstly, although implementers were motivated to deliver the programme and reported multiple benefits from their training and work on the programme, the present analyses indicate that the sustainability of the programme

would benefit from a greater investment in staff compensation and the recruitment and training of facilitators from the same communities as the participants. Secondly, thorough preparations for scale-up and integrating parenting programmes in existing government structures such as schools could enhance the scale-up of evidence based parenting interventions like Furaha-Teens. Thirdly, well-trained and highly motivated and implementers are key for implementation and sustainability of parenting interventions implemented at scale. There is a need to address the tension between volunteerism and large-scale delivery in low resource settings. Striving for programme fidelity is key for sustained impact of programmes at scale and hence the need for programme implementers and planners to carefully plan and evaluate for the potential impact of embedding programmes within existing structures and the burden that may cause. A potential way around logistical challenges is hybrid delivery models, where human delivery like the one utilised for this study could be combined with digital delivery to overcome barriers such as conflicting demands on staff time, and distance the implementers have to travel to deliver the programmes.

CRedit authorship contribution statement

Joyce Wamoyi: Writing – original draft, Supervision, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Mackenzie Martin:** Writing – review & editing, Formal analysis, Conceptualization. **Yulia Shenderovich:** Writing – review & editing, Validation, Funding acquisition, Formal analysis, Conceptualization. **Samuel Mgunga:** Writing – review & editing, Formal analysis, Data curation. **Nyasha Manjengeja:** Writing – review & editing, Conceptualization. **Esther Ndeyabura:** Writing – review & editing, Methodology. **Jamie M. Lachman:** Writing – review & editing, Methodology, Investigation, Funding acquisition, Conceptualization.

Ethics approval

The Furaha-Teens study received multiple ethics approvals required for the study. First, Pact Tanzania received ethics approval for their collection of participant-level data (NIMR/HQ/R.8a/Vol.IX/2902). Second, the National Institute of Medical Research (NIMR/HQ/R.8a/Vol.IX/3459) and the University of Oxford (R64777/RE001; R48876/RE002 HEY BABY) have each received ethics approval for the collection of primary qualitative data and the analysis of secondary quantitative data.

Availability of data and materials

Information and study materials are available on our Open Science Framework page: <https://osf.io/m5fu2/>. Intervention materials can be found on the World Health Organization website: <https://www.who.int/teams/social-determinants-of-health/parenting-for-lifelong-health>.

Funding

The Furaha-Teens study is supported by funding from Network of European Foundations Evaluation Fund (EF-2019-1107), the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation program (Grant agreement No. 737476 and No. 771468), Research England, the UK Research and Innovation (UKRI) Global Challenges Research Fund (GCRF) through the UKRI GCRF Accelerating Achievement for Africa's Adolescents Hub (Grant Ref: ES/S008101/1), the National Research Foundation of South Africa (Grant No. 118571). Lachman's involvement is also supported by the Complexity and Relationships in Health Improvement Programmes of the Medical Research Council MRC UK and Chief Scientist Office (Grant: MC_UU_00022/1 and CSO SPHSU16, MC_UU_00022/3 and CSO SPHSU18). Furaha Caring Families Program for Parents and Teens is

funded by The President's Emergency Plan for AIDS Relief (PEPFAR) through United States Agency for International Development (USAID) in collaboration with the Government of United Republic of Tanzania. The intervention is implemented under USAID Kizazi Kipya Project by Pact Tanzania through the Civil Society Organization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

We would like to thank the contribution of Clowns Without Borders South Africa staff-(Sibongile Tsoanyane, Stivin Mwakakeke, and Levita Chikola) and NIMR staff (Mwita Wambura).

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