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Reflections on monitoring parenting programmes during dissemination and scale-up

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Reflections on monitoring parenting programmes during dissemination and scale-up

Abstract

As the research evidence base on parenting programmes that aim to prevent violence against children grows, less is known about how such programmes are applied in practice and at scale. This understanding is needed to make sure programmes are implemented as intended and are as effective as possible in improving child and family outcomes. Programme monitoring at scale can help provide relevant insights.

We formed a working group of ten researchers and practitioners and conducted a series of reflection discussions and a review of project notes to identify practical examples and consensus lessons from four collaborative projects that monitored parenting programmes implemented in practice-driven contexts in 11 low- and middle-income countries, with the earliest starting in 2017. We highlight the benefits of practitioner-researcher partnerships in programme monitoring that have a clear understanding of roles and responsibilities, mutual trust, and ongoing communication. Such partnerships can build on existing data collection systems and jointly improve programme monitoring and evaluation procedures. We discuss the selection of monitoring indicators and the benefits of combining qualitative and quantitative data. Our reflections explore the ethical considerations, potential risks, and necessary resources required in collecting parenting programme monitoring data in low-resource settings.

In conclusion, programme funders can support learning from parenting and other programmes delivered in routine services by providing flexible, longer-term funding that explicitly prioritises safe and informative programme monitoring. Together, organisations involved in developing, implementing, funding, and evaluating parenting and other child protection programmes can use programme monitoring strategically to address challenges of scale-up.

Keywords: scale-up, dissemination, monitoring, evaluation, parenting programs, partnerships, child protection, violence prevention, resource-poor settings

Reflections on monitoring parenting programmes during dissemination and scale-up

1. Introduction

Evidence-based practice draws on research evidence in making decisions about effective provision of health and social care (Barratt, 2003; Rycroft-Malone et al., 2004; Wieringa et al., 2018). Methodological guidance on intervention development and evaluation has developed alongside increased investments in evidence-based interventions (Moore et al., 2023; Skivington et al., 2021). However, programme monitoring is needed to understand how evidence-based interventions function in everyday delivery beyond controlled evaluations. There are few published examples of monitoring and learning from ongoing delivery when evidence-based interventions are scaled up following effectiveness studies, particularly in the field of child protection.

Parenting Programmes as An Evidence-Informed Child Protection Strategy

Within child protection practice, research evidence is increasingly informing approaches to addressing violence against children. Violence against children remains a widespread problem with major individual, family, and societal consequences, and it often takes place inside the family (Devries et al., 2018; Hillis et al., 2016). The World Health Organization INSPIRE guidelines review the evidence on strategies for preventing and reducing violence against children (Maternowska et al., 2024; UNICEF, 2018; World Health Organization, 2016). These guidelines reflect a shift from a focus on responding to violence to also delivering effective violence prevention services. Parenting programmes are one of the strategies recommended by INSPIRE. The World Health Organization has also developed focused guidelines recommending the implementation of parenting programmes to reduce violence against children (World Health Organization, 2022). Parenting programmes are increasingly delivered in new settings.

Robust impact evaluation evidence, including multiple systematic reviews of randomised controlled trials from diverse contexts, shows that parenting programmes have multiple benefits. Studies in high- as well as middle- and low-income countries (LMICs) have tested both locally developed programmes and programmes adapted from other contexts (Gardner et al., 2015; Leijten et al., 2016). The number of evaluations in LMICs has grown particularly in the last decade (Bosqui et al., 2024). Implementation of parenting programmes can strengthen parenting skills, reduce harsh parenting and violence against children (Backhaus et al., 2023; Knerr et al., 2013). Parenting programmes have also been shown to enhance children's development, children's and caregivers' mental health and wellbeing (Bosqui et al., 2024; Gardner et al., 2015). Evidence supports the use of parenting programmes both as prevention and response interventions for child maltreatment by parents or caregivers (Little et al., 2025; Vlahovicova et al., 2017). Epidemiological research further strengthens the case for family-based programmes by identifying household members as the most common perpetrators of violence against children (Devries et al., 2018). Research evaluations of parenting programmes can assess the implementation, cost, and impacts of programmes, including how and why certain impacts are or are not achieved within research studies.

Parenting programmes are therefore one programmatic area where there is an increasingly recognised need to better understand how programmes are applied in real-world settings, following evaluations through randomised controlled trials and other study designs (Pinto et al., 2023). This understanding is necessary to ensure that the programmes continue to function as intended and reduce the risk of violence against children and improve other target outcomes.

Parenting programmes are commonly delivered to groups of parents and, in some cases, also children and adolescents. Parenting programmes often focus on social learning, where participants learn by observing and practising communication, behaviour, and emotion management skills in group sessions and at home (Backhaus et al., 2023). Parenting programmes may be delivered by a range of people, from lay workers to health and social care professionals. Delivery of parenting programmes also typically involves organisational support within implementing organisations, such as coordination and management. Below, we refer to everyone involved in programme delivery collectively as practitioners.

Challenges of Programme Scale-up

Despite evidence on programme effectiveness, it is often challenging to disseminate and scale up interventions, and maintain effects at scale. By dissemination we mean the translation of programmes from research into practice settings (Shelton et al., 2020). Parenting programmes can have diminished effects when delivered at a larger scale (Little et al., 2012; Marryat et al., 2017). In this context, scaling up can be defined as reaching more families (horizontal scaling) and embedding services into long-lasting delivery mechanisms (vertical scaling) (Ghiron et al., 2021).

As discussed elsewhere for parenting programmes (Gardner et al., 2023; Shenderovich et al., 2021), there are multiple possible reasons for programme dissemination and scaling up challenges. Similar issues have been reported for early childhood development programmes (List et al., 2021; Supplee et al., 2021). Challenges include technical capacity and management issues, such as practitioner training and retention over time (Tomlinson et al., 2018), which can lead to reduced quality of programme delivery (Forgatch & DeGarmo, 2011). Securing sufficient funding often requires multi-sectoral collaborations (Lansford et al., 2022). Consequent changes in the focus of the funding can require changes to the intervention. Programme adaptations to new settings and populations (Lansford et al., 2022) may make the intervention less effective if the adaptations undermine the original mechanisms of change. Furthermore, the research may involve populations or implementation organisations different from the ones where the programmes are later disseminated or scaled up. For instance, the initial research may involve participants and organisations with relatively more resources and motivation for implementation (Pritchett & Sandefur, 2015).

Implementation Science and Programme Monitoring

Implementation science focuses on the dissemination and scale-up of evidence-based programmes. Consequently, implementation science provides several frameworks helpful for conceptualising and using monitoring data to support scaling of parenting programmes (Bertram et al., 2015; Betancourt & Chambers, 2016; Fixsen et al., 2017, 2019; Lansford et al., 2022; Moullin et al., 2019). Since the number of implementation science frameworks is very large (Nilsen, 2015), here we focus on a few we found particularly relevant. Given the focus of implementation science, there is a key role of linkages between practitioners and researchers. In the Exploration, Preparation, Implementation, Sustainment (EPIS) model, community-academic partnerships are one of the bridging factors between the inner and outer context (Moullin et al., 2019). Community-academic partnerships are beginning to be documented as an approach to conducting community-based implementation research to promote health equity (Merrill et al., 2025).

The Active Implementation Frameworks (AIF) conceive of socially significant outcomes, such as reduction of violence against children, as the result of effective practices (programmes), their implementation, and enabling contexts (Fixsen et al., 2015). A “usable” programme in AIF requires a pragmatic way to assess fidelity to the programme’s essential functions (Blase et al., 2018). Among the key implementation drivers in AIF are the Decision Support Data Systems, which provide relevant data to inform decisions (Bertram et al., 2015; Hamid et al., 2020). For instance, poor fidelity in the implementation of certain components of a programme model may guide the decision for a staff refresher training or changing implementation processes.

Insights on learning about programme implementation can also be found in literatures beyond implementation science. The handbook on programme monitoring and the accompanying Goldilocks Challenge Toolkit (Gugerty & Karlan, 2018) recommend that monitoring data are Credible, Actionable, Responsible, and Transportable (the “CART” principles). The “actionable” principle echoes the Decision Support Data Systems concept, which emphasises collecting and analysing data in a way that is specifically designed to inform decisions. This toolkit highlights the importance of collecting only high-quality, essential data to manage the burden of data collection, and ensuring that the benefits of data collection, preparation, and analysis outweigh the costs.

A well-established approach in implementation science is the Plan-Do-Study-Act cycle, which is designed for iterative improvement based on new learning, including from monitoring data (“Study”) (Hamid et al., 2020). Similarly, rapid cycle implementation studies can focus on specific implementation questions (Lansford et al., 2022). Plans for using these approaches are emerging in studying the dissemination of home visiting programmes (Johnson et al., 2020).

Monitoring Parenting Programmes at Scale

Despite helpful frameworks, there is a lack of described examples of collecting and using programme data in the scale-up of parenting programmes and other child protection programmes, particularly in LMICs. In this discussion paper, we share some of the resources, practices, and lessons learned from several years of collaborations between practitioners and researchers. These collaborations involved monitoring evidence-based parenting interventions in LMICs. The examples we draw on are from cases where evidence-based parenting programmes were delivered for the primary purpose of service delivery rather than research evaluation. Some of the projects included programme delivery at a large scale. Programme delivery in these examples was driven primarily by the goal of reaching more families, which we classify as horizontal scale-up. In many of these cases, the projects were delivered in new settings, not where the original evaluation was conducted. In all the projects, the data collection was fully or in part managed by the practitioners, with researchers advising on the process.

Our aim in this discussion paper is to share our experiences as worked examples and encourage further discussion of issues involved in programme monitoring following initial impact evaluations. Despite the growing implementation science literature, there remains a notable gap in documented, applied examples of monitoring evidence-based child protection programmes during real-world scale-up, particularly in low-resource settings, and where practitioners, rather than researchers, lead data collection efforts. We argue that the insights generated from monitoring and evaluation data collected in collaborations between practitioners and researchers can strengthen the evidence on the implementation of parenting programmes as they are scaled up. While an increasing number of relevant implementation and monitoring frameworks and tools are available, this paper addresses a gap in applied examples of the processes for learning from evidence-informed child protection programmes disseminated and implemented outside of formal research context, in routine service delivery in LMICs. In our reflections, we highlight specific considerations for monitoring programmes and practices in child protection, such as the skills for staff involved in data collection and potential need for referral to further services.

2. **Overview of the projects**

This discussion paper is based on our working group reflections from four collaborative projects (see summary in Table 1). The working group consists of the authors of this paper – ten researchers and practitioners who engaged in a series of reflective conversations. The authors include researchers with experience of programme development as well as evaluation of parenting programmes, and practitioners who deliver training and technical support for programme implementation. The group members are based in both Global North and South. Several authors have experience both as researchers and practitioners. The individuals' experience in the development, implementation, and evaluation of programmes for children and families ranges between 7 and 30 years (m = 14 years, SD=7). Over several years, during the projects and afterwards, we have been reflecting on our experiences (Moon, 2013) regarding the projects to help improve our work. Members of the group were involved in different projects, with no member having worked on all four projects. First, we held a series of online and in-person reflective discussions among sub-sets of group members in 2023-2024, based on availability. The exchanges involved familiarisation and sharing of relevant experiences from each project. Second, all group members were asked to review their notes regarding programme monitoring from the projects in which they were involved and share key themes. Third, the key themes across the projects were summarised by the first and second authors, discussed and jointly amended in a series of email discussions in 2024-25 with all authors to reach consensus. As a result, we identified several real-world examples of barriers and facilitators to learning from programme monitoring in research-practitioner collaborations, leading to a variety of lessons learned, which are shared herein.

Table 1. Overview of the projects

Project name	Parenting programmes	Types of data collected	Scale of monitoring and evaluation data collection	Countries involved in data collection	Publication references
Project 1 (2017-2023)	Programme A, programme B [REMOVED FOR BLIND PEER REVIEW]	Quantitative surveys on adolescent and caregiver wellbeing, behaviour, and relationships, qualitative interviews and focus groups on implementation experiences with practitioners, attendance and fidelity data	53,785 parents/caregivers and adolescents in quantitative surveys; focus group discussions with 56 practitioners, interviews with 9 caregivers and 9 adolescents, interviews with 139 practitioners and 21 other stakeholders	Botswana, the Democratic Republic of Congo, Eswatini, South Africa, South Sudan, Zambia, Zimbabwe	REMOVED for BLIND PEER REVIEW
Project 2 (2020-2021)	Programme B	Quantitative surveys on adolescent and caregiver wellbeing, behaviour, and relationships, qualitative interviews with	59,017 caregivers and adolescent girls in quantitative surveys; 120 caregivers, 60	Tanzania	REMOVED for BLIND PEER REVIEW

Project name	Parenting programmes	Types of data collected	Scale of monitoring and evaluation data collection	Countries involved in data collection	Publication references
		practitioners, focus groups with adolescents; parents; practitioners, attendance, fidelity, and cost data	adolescent girls, and 120 practitioners in focus group discussions, 44 practitioners in semi-structured in-depth interviews		
Project 3 (2019-2021)	Programme C	Quantitative surveys on caregiver wellbeing, behaviour, and relationships; quantitative administrative data; qualitative process evaluation with practitioners; attendance, fidelity, and cost data	Quantitative surveys with 404 caregivers; 8 focus group discussions with practitioners	Democratic Republic of Congo	REMOVED for BLIND PEER REVIEW
Project 4 (2020-2023)	Programme D	Quantitative surveys on adolescent and caregiver wellbeing,	Quantitative surveys with 528 caregivers and 241 adolescents;	Central African Republic,	REMOVED for BLIND

Project name	Parenting programmes	Types of data collected	Scale of monitoring and evaluation data collection	Countries involved in data collection	Publication references
		behaviour, and relationships; quantitative and qualitative administrative data on implementation from practitioners; qualitative focus groups with practitioners; fidelity and adaptation data	4 focus group discussions with practitioners; administrative data from 15 sites	Democratic Republic of Congo, Iraq, and Nigeria	PEER REVIEW

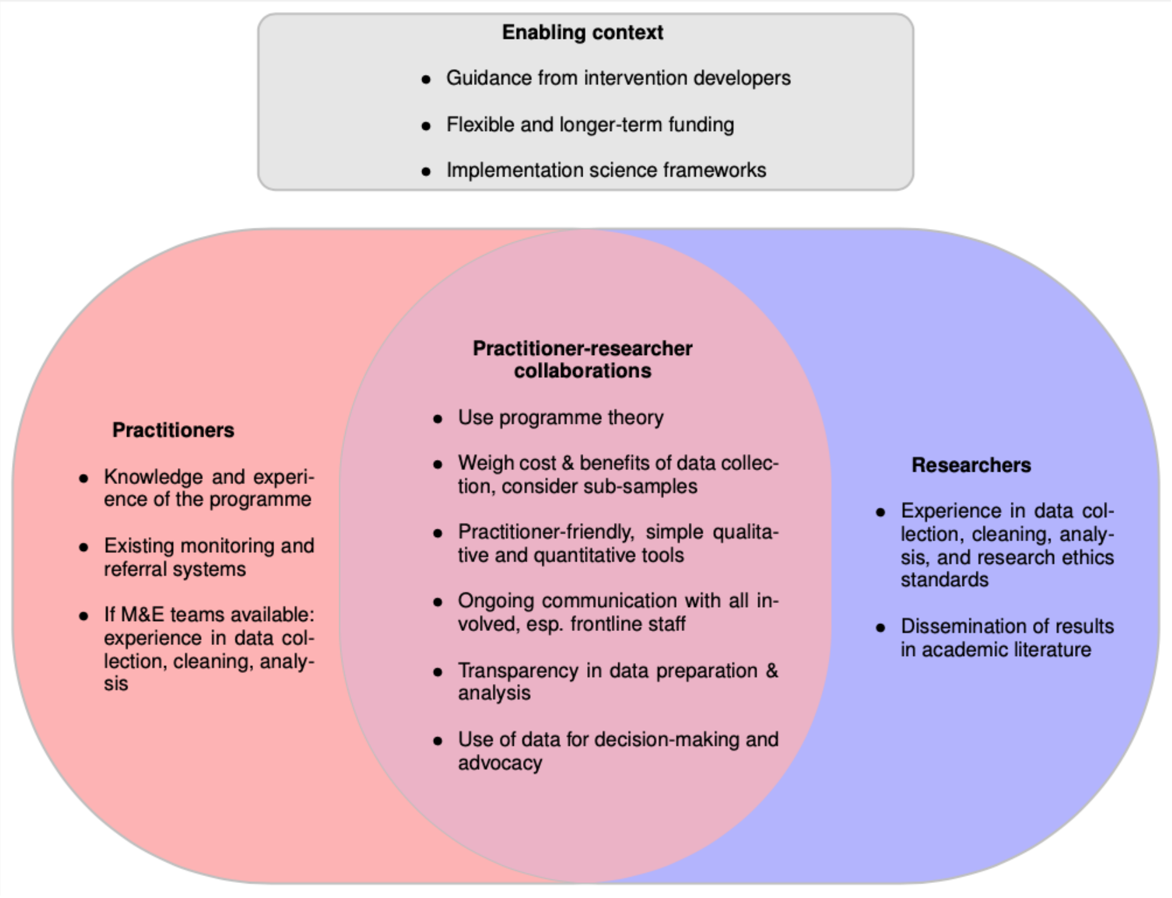
Projects 1 and 2 were based on partnerships established between practitioners and researchers who collaborated to develop and evaluate the programmes A and B. Alongside providing technical implementation support, researchers provided support on monitoring, and in some cases, conducted data collection for qualitative data, in collaboration with practitioners. Projects 3 and 4 were both based on partnerships between practitioners and researchers first established to develop and pilot programmes C and D in humanitarian contexts. For Programme C, based on the results of the randomised controlled trial, researchers provided continued support on programme monitoring. For Programme D, researchers advised on the practitioner-led development of monitoring tools, outcome measurement, and data collection procedures. After implementation, researchers provided additional technical support on analysis of data and adaptation to new settings. In Projects 3 and 4, practitioners collected both quantitative and qualitative data. The dates in Table 1 indicate the most active phases of each project. Some analyses of the data collected from these projects are already completed and published, and some are in preparation at the time of writing.

3. Reflections on monitoring programmes following impact evaluation

i. Setting up programme monitoring and researcher-practitioner partnerships

In this section we discuss considerations related to planning monitoring data collection, focusing on making decisions around the selection of monitoring indicators, contributions of multiple types of data, as well as establishing practitioner-researcher partnerships.

Figure 1. Enabling factors for monitoring scaled-up programmes



Note: M&E=monitoring & evaluation

Selection and use of programme indicators

Programme theories and logic models are useful tools to identify the key assumptions underpinning programme effectiveness. They can be used to select the monitoring indicators on which to focus (Basha et al., 2025; Moore et al., 2015). For example, participation in the intervention activities is a key assumption in the causal chain for parenting programmes (Williams, 2020). However, attendance is likely to be far less than 100%, especially in services such as parenting programmes, which often have many sessions and may be targeted at families facing numerous risk factors and stressors (Shenderovich et al., 2018; Whittaker & Cowley, 2012). Monitoring attendance may be especially necessary if evidence suggests that a parenting programme requires a certain level of attendance by participants to be effective in changing their behaviours. Generally, practitioners delivering parenting programmes around the world regularly collect the overall numbers of participants reached. In our experience, indicators such as dosage per participant and quality of implementation or fidelity are more rarely captured [REMOVED FOR BLIND PEER REVIEW]. One point of clarification we found in Project 1 was that from the research perspective, the assumption was that programme attendance had been captured at the individual level, but in practice many organisations collected the total number of participants attending a session, rather than the number of sessions attended by each individual. As a result of researcher-practitioner collaboration, these processes were discussed and modified to collect attendance data at the individual level for all enrolled programme participants to be able to examine patterns and predictors of individuals' attendance. In Project 3, attendance was captured at the individual level, through tracking systems that had been set up earlier as part of the initial randomised controlled trial. Attendance data were not collected consistently for every session across all sites, resulting in some missing data – which, however, is common even in research studies.

Furthermore, fidelity is needed for successful scaling (Fixsen et al., 2017) and can be assessed in various ways, such as through self-report and live observations, to provide insights about implementation (Moore et al., 2015). For example, within programmes A and B, fidelity monitoring assessments range from facilitator-reported checklists to supervisor observations of programme sessions with a structured fidelity assessment tool. These tools are used by supervisors as part of ongoing practice for facilitator supervision, to identify areas where the facilitators can strengthen their work, and for certification, to check if the facilitators meet the set minimum level of fidelity to the programme (e.g., currently 60% for this programme). In Project 2, fidelity assessments described above were used to rate a sub-sample of the intervention sessions delivered by schoolteachers and lay health workers, identifying overall high levels of fidelity, comparable to the fidelity observed in the research studies of the same programme. Collecting fidelity ratings in the context of routine delivery also identified areas where the tool could be simplified to reduce the fidelity assessment workload for supervisors by rating both facilitators in the same session, which was implemented for subsequent projects [REMOVED FOR BLIND PEER REVIEW].

Contributions of qualitative and quantitative data

Monitoring often focuses on quantitative data, such as surveys (World Health Organization, 2024). In the projects discussed here, a mix of qualitative and quantitative data were collected. For example, in Project 2, the attendance and some family wellbeing monitoring data were already collected by the practitioners as part of standard operating procedures. Researchers supported with providing and using additional tools for quantitative data collection, such as standardised open-access tools to assess mental health and family functioning relevant to the programme theory, as well as in collecting qualitative data.

Qualitative interviews and focus groups with practitioners, parents, and adolescents helped, for example, identify some facilitators and barriers of scale-up, as well as the programme modifications and adaptations that were not apparent from the quantitative data [REMOVED FOR BLIND PEER REVIEW]. Similarly, in Project 4, qualitative data from focus groups with practitioners were crucial to tracking adaptations that were made to programme delivery to overcome site-specific challenges during implementation. By triangulating these data with quantitative data on fidelity, we found that context-specific adaptations and modifications during implementation were generally consistent with fidelity to the intervention manual, enabling successful delivery. Project 1 drew on the EPIS framework in developing and structuring the research questions and the qualitative data collection tools. For example, the interview and focus group guides covered the stages of exploration, preparation, implementation, and sustainment of the programmes as well as the inner and outer context, bridging factors, and innovation factors (i.e., programme characteristics) [REMOVED FOR BLIND PEER REVIEW].

Practitioner-researcher partnerships

We have found that setting up and maintaining trusting and equitable partnerships was essential for collecting and working with monitoring data together. Such partnerships involve clarifying expectations and roles of all partners from the outset of a collaboration and agreeing upon how the findings might be shared and used. Ideally, these conversations occur as early as possible in the project lifecycle. Researchers and practitioners will have different perspectives, assumptions, and priorities that may affect collaboration. Although it requires investment of time and effort by all partners, establishing the structure and objectives of the partnership can serve to strengthen transparency and accountability throughout the project.

Jointly drafting and approving documentation that outlines roles and responsibilities, decision-making procedures, and establishes data sharing agreements during project inception can ensure that all partners are aligned when decisions related to programme monitoring later need to be made quickly. In all the collaborations discussed here, discussions around data sharing agreements and ethical approvals for the use of the data helped clarify expectations, formalise the partnerships, and build trust around issues such as data ownership. These discussions also included planning for publications with the data and authorship procedures including both researchers and practitioners. For example, in Project 4, data sharing agreements helped to ensure that while researchers could advise on data collection tools and support with analysis, including publishing results in peer-reviewed journals, the practitioner monitoring and evaluation teams had full oversight of data protection and dissemination of results.

ii. Collecting monitoring data

In this section, we reflect on maintaining regular communication within partnerships and the ethical and practical considerations of collecting sensitive data in monitoring of projects working with children or adults in vulnerable situations.

Setting expectations for and communicating about data collection

We found in research-practice partnerships that it was important to align expectations regarding the workload, in particular for quantitative data collection. Implementing organisations are often responsible for multiple projects across sectors, so adapting and strengthening data collection procedures—while desirable for all actors—can be an additional burden. We have found that open discussions between researchers and practitioners about the procedures for and applications of data can prevent over-selling its usefulness and under-estimating the effort required. It is crucial that everyone involved in the process is aware of the purposes of the data collection activities and time is invested in building awareness and buy-in. If possible, the monitoring work should be integrated into the overall practitioner workload. In our experience, monitoring data collection tended to be more challenging if the frontline practitioners felt it was added on top of their other duties related to delivering the programme and the purpose of the data collection was not completely clear or believed to be necessary. Across settings, we found that the practitioners, such as programme facilitators, were not always aware of exactly how the data they collect might be used, and sometimes saw it as an extra burden, particularly when they had not received feedback from previous data collections. When the planning about monitoring happens at the level of headquarters, it needs to be communicated to everyone involved, with feedback from the results being later provided to staff involved in the data collection.

Regular and detailed communication regarding changes in ongoing programme delivery is important to collect relevant data, help interpret findings, and to finalise and share results in formats that will promote their uptake among both practitioners and researchers. Across all four case studies, communication was particularly central during the COVID pandemic. For example, parenting programme delivery in Project 2, for families with adolescent girls in the context of HIV prevention in Tanzania, was affected by the pandemic, bringing a pause in the project delivery, followed by a more condensed delivery timeline. Practitioners and researchers jointly identified solutions to some of the related programme implementation and monitoring challenges, such as inability of the supervisors to conduct in-person fidelity observations due to pandemic restrictions. As a result, the learning about programme fidelity in this new setting drew on fidelity data from a sub-sample of observed sessions as well as qualitative information from interviews and focus groups. In Project 1, working with implementation in multiple contexts, communication evolved from more formal exchanges on email to more informal messenger communication with quick timelines, particularly during the COVID pandemic. The informal communication created exchanges that helped understand programme modifications and adaptations during the pandemic, such as switching to online delivery and reducing risk of in-person delivery by working in smaller groups or outdoors. Lessons from the practitioner-led modifications to delivery during COVID in South Africa were documented by researchers, providing information for future digital programme delivery, such as phone and internet access barriers for families as well as staff [REMOVED FOR BLIND PEER REVIEW].

Ethical and safeguarding considerations

While collecting data to detect changes in outcomes, such as violence against children and risk and protective factors for violence, may be desirable, these outcomes may not be always ethical or appropriate to measure in shorter-term monitoring activities. First potential gap that needs to be considered is whether practitioners and organizations have the necessary capacity to collect programme monitoring data with children and vulnerable populations. The collection of monitoring data is often the responsibility of implementing organisations' monitoring and evaluation teams (a luxury not in place in every implementing organisation), or the frontline practitioners themselves, rather than data assessors with specialised training. Practitioners involved in collecting monitoring data may not receive training, supervision, or support on the best practices for collecting data with children, or about sensitive topics such as experiences of violence or mental health difficulties.

Secondly, the referral mechanisms and other procedures required by ethical review committees for research studies are rarely required for programme monitoring—for example, if a participant reports harming a child when responding to a survey about harsh parenting behaviours, or a participant in an humanitarian context reports struggling with their mental health, they may not always be referred to support services if protocols are not in place. A step to help address gaps in referral systems can be the inclusion of context-specific social service professionals who can accompany data collection and provide more accurate referral and follow-ups, but this has resource implications. For example, in Projects 3 and 4, in our work in humanitarian settings in Central African Republic, Democratic Republic of the Congo, Iraq, and Nigeria, child protection case managers were present during the data collection [REMOVED FOR BLIND PEER REVIEW]. While their involvement enabled data collection teams to work more safely with children and adolescents, it also required accounting for the additional time and effort of case managers in programme budgeting and human resourcing.

Co-designing monitoring and evaluation procedures is an important aspect of effective and mutually beneficial practitioner-researcher collaborations that can foster a sense of shared ownership and ensure data collection measures are meaningful, and their risks and benefits are well-balanced (Mathews et al., 2022). In Project 3, a project that focused on a parenting intervention supporting reintegration following child recruitment by armed forces and groups in humanitarian settings, researchers worked closely with both the implementing organisation's child protection and monitoring and evaluation teams to develop the monitoring and evaluation framework [REMOVED FOR BLIND PEER REVIEW]. This included co-creation of an evidence-based theory of change, co-design of monitoring tools, and the establishment of data collection procedures informed by ethical standards in research. The process ensured that the monitoring tools and procedures had strong buy-in, were feasible for implementing teams, and only included essential data, while still incorporating validated measures that aligned with the programme's theory of change. This collaboration on the monitoring and evaluation framework also served to ensure the safety of participants involved in data collection.

iii. Preparing, analysing, and using monitoring data

In this section, we explore the use of digital tools for programme monitoring data, and our experiences of data preparation and analyses in practitioner-researcher collaborations.

Benefits and challenges of digital data collection tools

In our experience in Projects 1, 3, and 4, using free digital software and tools for data collection, such as Open Data Kit or Kobo Collect, can help reduce data entry errors and support data quality control. Data monitoring platforms such as CommCare and PowerBI also support data collection as well as analysis for programmatic decision-making. Digital platforms do, however, require someone capable of programming them to develop the initial data collection tool and to fix problems as they occur in the field. For this reason, some practitioners in Project 1 preferred to continue with paper-based data collection. Another potential downside of using data collected through large data systems such as CommCare that are organisation-wide, is that decision-making and data sharing can be slowed down if a local office does not have the authority or expertise to make changes and access data locally, as we found in some instances in Project 4 – though it may be necessary to adhere to the data policies of larger organizations.

Data preparation and analysis outputs

Establishing the data pipeline, from raw data to having the data ready for analyses (Mitchell et al., 2022), is an often-unspoken challenge. Quantitative data cleaning procedures can vary widely between teams and individuals. Similarly to how decisions regarding data analysis strategies can lead to different outcomes (Gelman & Loken, 2016), decisions in data curation or cleaning can have different results. Efforts have been taken to provide best practices in data curation (Osborne, 2013), but implementation of these may be subject to interpretation. Reporting the steps taken in data curation can bring transparency to the procedure. In Project 2, in another publication we have described the considerable and complex process for preparing to analyse the attendance and family wellbeing data collected by an implementing organisation for use in a research paper, e.g., dealing with challenges such as data linkage across time-points and multiple family members [REMOVED FOR BLIND PEER

REVIEW]. The analysis of these monitoring data indicated, for example, that participants reported reductions in violence against children, while also indicating smaller improvements reported by the more vulnerable adolescents.

Having a structured data monitoring system that works for both practitioners and researchers allows jointly checking and amending potential errors while projects are live. We have found that establishing data management protocols to outline essential steps, such as correct use of participant ID codes in data entry, monitoring, and cleaning, can serve to strengthen reporting. For example, in Project 1 researchers worked with practitioners to learn about the delivery of parenting programmes across several countries [REMOVED FOR BLIND PEER REVIEW]. To facilitate the process, the researchers created a checklist for data preparation based on the TIDieR (Hoffmann et al., 2014) and TREND reporting guidelines (Haynes et al., 2021). The researchers also provided advice to the practitioners on the creation of a data dictionary and data analysis.

In our work linked to Project 1, looking at the implementation of two parenting programmes in South Sudan, researchers led on data analyses that helped generate programme reporting and a policy brief used for advocacy, as the analyses indicated high programme attendance and reduction in harsh discipline [REMOVED FOR BLIND PEER REVIEW]. Following this experience, in Project 1 researchers led on the preparation of policy briefs based on analyses in each country.

4. Discussion and conclusion

Ongoing monitoring and evaluation are increasingly recognised as a key step in implementing parenting programmes. For instance, monitoring and evaluation is one of the steps in UNICEF's programme implementation nine steps (UNICEF, 2021), with recent relevant written resources available (World Health Organization, 2024). Our experiences described here contribute a practical example of the benefits and challenges of parenting programme monitoring. We reflect on the steps to consider in programme monitoring as a part of moving from small-scale programmes to large-scale prevention of violence against children, particularly in lower-resource settings.

As more evidence-based violence prevention programmes are developed and tested in child protection, investing in research-practice partnerships that support the design, collection, and analysis of ethical, high-quality, and actionable monitoring data can be a key part of ensuring that these new practices deliver their anticipated benefits at scale. As our examples illustrate, researcher-practitioner partnerships can be a helpful mechanism for generating knowledge for supporting dissemination and scale-up and detecting emergent implementation successes and challenges. Researcher-practitioner partnerships working on programme monitoring and evaluation can and should be mutually beneficial for all involved (Pellecchia et al., 2018). Such partnerships need the time and support to develop communication mechanisms and build mutual understanding and trust, as demonstrated by our case studies and supported by the wider literature on community-academic partnerships in programme implementation (Lansford et al., 2022; Merrill et al., 2025).

For reasons such as ethical considerations and workload, it is important to consider what data are collected when monitoring scaled-up programmes for children and families. This aligns with several existing frameworks that emphasize that the data need to generate more benefits than costs to justify its collection (Gugerty & Karlan, 2018). We reflect on some of the costs and risks of harm that could come with data collection, cleaning, and analysis in the context of child protection. Where sensitive information may be reported, training for data collectors and pathways for further service referrals are necessary.

The monitoring of programmes delivered as part of routine services is shaped by multiple influences, such as available capacity, organisational priorities, and funding requirements. Organisations are often expected by funders to report quantitative indicators for all the participants who receive an intervention. While this allows a wide scope to understand reported changes following the programme, it can constrain the quality, specificity, and depth of data collection. A more efficient and informative alternative may be to allocate limited resources to collect data from a representative sub-sample of programme participants to strengthen the data quality. However, this requires buy-in from funding agencies, which may be challenging due to their own reporting protocols.

To maximise learning from the implementation of parenting programmes and other child protection programmes, resources for programme monitoring need to be prioritised by funding agencies. With multiple opportunities to deliver the same programme, monitoring data and implementation science tools can be used to improve outcomes. In practical terms, monitoring data can be reviewed and the learning integrated after each round of parenting programme delivery, e.g., when parenting group sessions are completed for a set of families. However, with short-term funding timeframes, this iterative improvement is not possible. Flexible and longer-term funding can support training of staff about the relevance and processes of programme monitoring, data-informed course-corrections (Raising Voices, 2022) and the development of researcher-practitioner partnerships (Merrill et al., 2025).

As our examples illustrate, and in line with implementation science literature, it can be beneficial to ensure that fidelity assessment is included as part of scale-up funding (Caron et al., 2021; Forgatch & DeGarmo, 2011; Martin et al., 2023). Together with documenting fidelity, practitioner-researcher collaborations provide an opportunity to learn from practitioner-led adaptations in new contexts (Pellecchia et al., 2018).

As well as informing further implementation, monitoring data about programme delivery, including family outcomes, can be used for advocacy for funding sustained delivery. This is illustrated by the work with Parenting for Lifelong Health in Montenegro. In this case, data on successfully sustained fidelity and family outcomes have contributed to instituting measures for vertical scaling, such as national recognition of programme staff certification (Hutchings et al., 2024).

Programme developers can embed programme monitoring recommendations into intervention manuals. Researchers can support the design of the data collection tools, procedures, curation, and analysis. Practitioners can contribute their experience, observations, and stories to shape the monitoring frameworks (Raising Voices, 2022). Being transparent about strengths and limitations of the data and its analyses can help make the best use of data collected in practice settings. A worked example of research using routine data in the UK mental health system suggested that the data are treated as “flawed, uncertain, proximate and sparse”, and, where possible, conclusions draw on multiple data sources (Wolpert & Rutter, 2018). Triangulating parent- and child-reported data with quantitative and qualitative data from practitioners involved in delivery, such as coordinators, supervisors, or facilitators of parenting programmes, provides valuable insights into implementation.

Our work contributes practical examples of challenges and solutions in designing, collecting, and using monitoring data in parenting programmes designed to reduce violence against children and implemented by practitioners following research evaluation, in a range of LMIC settings, including conflict-affected areas. Similar considerations are likely to apply in monitoring of other evidence-based social and behavioural interventions, especially delivered in low-resource contexts. For some interventions and settings, relevant administrative data may also be available, such as school or health records.

Further guidelines on the use of project monitoring data to inform practice and research in child protection, and more widely, are needed. In this discussion, we have shared our own experiences, reflecting on a limited set of case studies to encourage a broader conversation. There may be diverse views on the minimal criteria for when collecting outcome data on violence against children is warranted for programmes delivered at larger scale. These criteria may take into account uncertainties about programme adaptations and effects, and the support systems available to participants. Discussion is also needed to determine what funding mechanisms can best enable equitable researcher-practitioner partnerships and opportunities to learn from monitoring data, particularly in the context of international aid cuts affecting LMICs. Future research following consensus-building or consultation methodologies and including a wider range of perspectives from practitioners and researchers could help provide guidelines for monitoring of evidence-based parenting and other child protection programmes implemented at scale.

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