In support of
Global Initiative to Support Parents

Asia-wide Convening to Support Parents and Caregivers

World Health Organization | unicef | ECDAN Early Childhood Development Action Network | End Violence Against Children | ARNEC Asia-Pacific Regional Network for Early Childhood | Parenting for Lifelong Health

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Acknowledgements

The hard work, dedication, and efforts of all who volunteered their time, energy and commitment to organizing the convening are deeply appreciated. Our sincere thanks go to: Evelyn Santiago, Joel Lasam, Andrea See, Emma Callon, Sarah Skeen, Sabine Van Tuyll Van Serooskerken Rakotomalala, Khadka Suman, Amalee Mccoy, Maha Homsi, Ana Maria Rodriguez, Peck Gee Chua, Emma Callon, Sheila Manji, Suvajee Good, Anjana Bhushan, Chencho Dorji, Shuchita Gupta, Mita Gupta, Edith Liane Alampay, J. C. Reyes, Saara Thakur, Rachel Harvey, Ana Maria Rodriguez, Stella Ayo-Odongo, Ada Moadsiri, Durgesh Rajandiran, Shekufeh Zonji, Rumaya Binti Juhari, Bernadette Daelmans, Robert Alexander Butchart, Chiara Servili, Amanda Germanio, Rajesh Mehta, Andrea Bruni, Jamie Lachman, and Katy Anís. Our deepest thanks also go to each presenter who shared their work with the audience from across the region. In addition, we express our heartfelt appreciation to the funder of the convenings, the United States Agency for International Development, and to Oak Foundation and the LEGO Foundation for their additional support to GISP agencies, as well as the organizations that supported the implementation of the convening: World Health Organization, UNICEF, Asia-Pacific Regional Network on Early Childhood, Ateneo, Global Partnership to End Violence Against Children, Parenting for Lifelong Health at the University of Oxford, Early Childhood Development Action Network, and many others.

"It is in our hands to build a better future for our children"
- His Majesty, the King of Bhutan

"We are not here just to support parents themselves, but to support the act of parenting. "
-convening participant

"Interventions are costly, but they can be cost-effective, - as the problems they solve are expensive! Evaluations are costly, but not as costly as untested interventions at scale."
-convening participant

"We are not pretending we change the world through one effort. These are baby steps to bring together the different sectors from age zero to eighteen."
-convening participant

In humanitarian crises, "tell parents, you are a hero!"
-convening participant

Global Background on Parenting

Globally, over 43% of children and adolescents are at risk of not attaining their developmental potential. A large evidence base, including outcome evaluation studies from low-, middle- and high-income countries in all world regions, shows that parent and caregiver interventions can help prevent maltreatment and enhance early childhood outcomes and improve mental health of children, adolescents, and parents. However, access to such interventions remains inadequate. For instance, the 2020 Global status report on preventing violence against children shows that just 26% governments said they were reaching all parents and children who need such interventions, and the ECD Countdown to 2030 and Mental Health Atlas 2020 illustrates how coverage of essential interventions is insufficient in most countries.

In 2021, a coalition of partners joined together to mobilize increased investment and scale-up of evidence-based initiatives to support caregivers. They formed the Global Initiative to Support Parents (GISP), initiated by UNICEF, the World Health Organization (WHO), Parenting for Lifelong Health (PLH), the Early Childhood Development Action Network (ECDAN), and the Global Partnership to End Violence Against Children, with the active engagement of regional early childhood networks.

This initiative aims to:

1. Protect children and adolescents, and support families to cope with multiple stressors, including those resulting from the COVID-19 pandemic;
2. Enable parents to nurture their children's development across the life course, in the context of reduced child-related services and increased parental responsibilities;
3. Build the foundation for mainstreaming the uptake and implementation of evidence-based parent and caregiver support initiatives in all countries.

The Initiative's strategy is implemented through four pillars that guide country and global work: innovation, scale, evidence generation and knowledge sharing, and advocacy. Each pillar seeks to support a separate output, which, when combined, will serve to increase access to evidence-based parenting support worldwide.

Pillar 1 Innovation:

Innovative delivery models are available to amplify the reach of parenting interventions and services.

Pillar 2 Scale:

In selected countries, scale-up of evidence is based on sustainably delivered parenting interventions and services.

Pillar 3 Knowledge sharing:

The evidence base on the effectiveness and scalability of parent and caregiver support across the life course and for different outcomes, has increased and is regularly made public.

Pillar 4 Advocacy:

The visibility of the demand for, and supply of parent and caregiver support as a global public policy issue has increased.

Background on the Asia-wide Convening to Support Parents and Caregivers

Since July 2021, the Global Initiative to Support Parents has been organizing parenting conferences in six regions worldwide, developing learning platforms and bringing together donors regularly.

Partners of the Global Initiative to Support Parents initiated the convening of regional conferences to develop a common understanding of evidence-based solutions and elicit further commitments towards supporting parents and families. The regional convenings are intended to culminate in a follow-up Global Summit, as well as a compendium of evidence-based case studies.

The regional convenings serve to increase the visibility of parenting support as a global public good by sharing the evidence on parent support interventions, generating policy dialogue to strengthen implementation of these interventions and facilitate their scale up. Regional convenings create space to provide access to global guidance and strengthen local commitments to parenting.

In order to unite diverse types of stakeholders and diverse countries across the Asia region, two types of convenings were held in the Asia region. The first, the Regional Consultation on Parent Support for Early Childhood Development and Adolescent Health in South-East Asia, enabled government officials and a wide array of other stakeholders to look at the evidence and identify what can be done to strengthen the capacity of parents for good caregiving practices in their settings. The in-person Regional Consultation on Parent Support for Early Childhood Development and Adolescent Health in South-East Asia was held in New Delhi, India on Oct 12-13, 2022 gathering representatives from 12 countries.

The in-person gathering was complemented by the online webinar series for the Southeast Asia and Western Pacific countries, to reach a diverse and even wider array of stakeholders across 48 countries in the region, across the sectors of health, mental health, violence prevention, education, nutrition, social protection and other sectors. This pan-Asian convening builds on what has been done and galvanizes intensive action for the support of parents.

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Submissions of Evidence-based Interventions

In planning for the webinar, the Asia-Pacific Regional Network for Early Childhood issued a call for collection of evidence-based responsive parenting programs/interventions being implemented in the Asia-Pacific region. This call for model interventions was requested in order to identify and select relevant presentations and speakers for the upcoming convenings.

The following countries were invited to submit interventions: Afghanistan, Australia, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, India, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Maldives, Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Nepal, New Zealand, Niue, Pakistan, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, and Viet Nam.

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Proceedings

The recordings of the event are accessible online, including viewing of speaker presentations, power point presentations and audience discussion. You may sign up to watch the first webinar after registering at the following link. Please visit this link to see the second seminar in the series.

The following slide decks are available.

- GISP Webinar #1 Final slides preliminary presentations
- GISP Webinar #1 Final slides of first set of case studies
- GISP Webinar #1 Final slides of second set of case studies

Webinar 1: Evidence, Mapping and Country Case Studies

- Joel Lasam, Asia-Regional Pacific Network for Early Childhood

Presenters of evidence-based interventions were asked to share on three areas: context, action and delivery and results. In terms of context, presenters addressed the context that the parenting/caregiving program responded to, including the target beneficiaries, the opportunity or problem it sought to address, the change desired, and why is the status quo not acceptable. Presenters were asked to share the interventions and components of the project, how these were implemented, how stakeholders were engaged and what resources are required for implementation, in terms of structure, capacity, and budget. In terms of results, presenters were asked to share the results, lessons learned, and challenges from interventions, including evidence, how systems were put in place to support credible and adequate information to inform policy and programming, and any opportunities for scaling. The Asia convening was intended to broaden opportunities from cross country learning, to create an enabling environment for cross country learning, and to continue the learning across countries. The first set of presentations explored interventions in Bhutan, Australia, Bangladesh and Indonesia, while the second set explored Thailand, Mongolia, Myanmar, and India. The end goal is that parenting support, plus evidence, plus cross-country learning, together lead to opportunities for action.

Presenters of evidence-based interventions were asked to share on three areas: context, action and delivery and results. In terms of context, presenters addressed the context that the parenting/caregiving program responded to, including the target beneficiaries, the opportunity or problem it sought to address, the change desired, and why is the status quo not acceptable. In Action and Delivery, presenters were asked to share the interventions and components of the project, how these were implemented, how stakeholders were engaged and what resources are required for implementation, in terms of structure, capacity, and budget. In terms of results, presenters were asked to share the results, lessons learned, and challenges from interventions, including evidence, how systems were put in place to support credible and adequate information to inform policy and programming, and any opportunities for scaling.

Framing of the Convening

- Suvajee Good, World Health Organization Southeast Asia Regional Office

Support to parenting is key for lifelong learning. Societal changes across the globe and in Asia have placed families in more difficult circumstances. Informal social support has reduced. Nuclear families and single parenting have increased. With greater independence from family in terms of economics, need for and interdependence with institutional support has increased. Social and economic factors, violence against children, interpersonal crime, digital crime are all bombarding the work of parents. Climate change is impacting degradation of children's environments. The role of parents has diversified. It leaves many with questions about how to to deliver effective parenting to children. The changes necessitate us, as societies, to move from personal skills to more institutional support of parenting.

As the rate of caregivers in the workforce has increased, the balance in family and work life has shifted. Parents needs the support of workplaces to help with parental leave, to provide child care at the workplace, to support mothers to breastfeed their chidren during working hours. Fathers need to be given the right and the access to workplace policies that enable them to carry out their parenting responsibilities. No one entity can work by themselves. Workplaces can give leave, tax breaks, and subsidies. But it is the whole of health insurance that is needed for children and for the whole family.

The goal of parenting is to provide a child with a healthy childhood that sets the stage for a healthy adult life. We see the impact of skill sets of parenting on children's development, ranging from the way they plan, how many toys they have, what kind of toys, what type of nutrition and food intake they have, who monitors the growth of children, and who does the job of mental and emotional support of children.

Raising a child is not an individual task. It needs the support of the whole society. It requires a coordinated approach between agencies, departments and non-govermental organizations. Media can play a key role in disseminating knowledge and awareness of the evidence among the public. In schools, parent teacher associations can support parents and children. Support to parents needs to be available and easily accessed. Those taking care of children who are young people themselves, as well as older adults taking care of young children all need support.

It is key to society to support the healthy development of children and adolescents in the future. We need to do better in terms of strengthening the government commitment and support to parents. We need more multi-sectoral coherence. We need to create a sustainable mechanism. We need widespread awareness among parents and caregivers. We need to include male caregivers so that we address gender quality. We need interventions suitable to parents' cultural background. We need to prioritize access by populations that need it the most. We need to think about technical and financial support of all involved both at institutional and organization levels.

The opening of the webinar culminated with the appeal:

"We need to put our brains and actions together at the right place with the right actors. We are not here just to support parents themselves, but to support the act of parenting. "

Objective of Engagement in the Convenings by the Global Initiative to Support Parents

- Shekufeh Zonji, Early Childhood Development Action Network

The COVID-19 pandemic disrupted social services and created isolation, leading to a global parenting crisis. Only 26% of governments say they are reaching all parents who need support. Interventions are frequently siloed across sectors not seen as national priorities for investment and not brought to scale. This has led to a parenting crisis.

The Global Initiative to Support Parents accomplishes its four main pillars of advocacy, evidence generation, innovation and scaling with appraoches that are low-cost, non-commerical, showing evidence of impact, open source, adaptive, scaleable, sustainable, and through policy partnerships.

Parents are the primary caregivers for most children, and caregiver is defined as a person closely attached to a child, and responsible for the child's daily care and support. Beyond biological parents, caregivers can include extended family members and remunerated caregivers.

The Global Initative to Support Parents supports not just early childhood or adolescence but across the life course. The initiative focuses on promoting healtly development and preventing child maltreatment. Interventions are often step by step and often focus on improving interactions between caregiver and child.

The Global Initiative to Support Parents defines the following attributes as constituting structured parenting interventions. Interventions that: improve parent–child interaction, promote communication and play, praise and reinforce positive child behaviors, create learning activities, apply positive discipline and avoid harsh punishment, promote clear instruction and rule settings, support acquisition of autonomy and self-realization, support self-regulation, solve problems, and promote love and attachment and a sense of belonging.

Multi-agency technical packages exist to support effective parenting including: nurturing care, INSPIRE, Helping Adolescents Thrive toolkit and a multitude of evidence based models. Parenting interventions can be delivered by professional or paraprofessional staff, or by peers. They can be delivered via a group or family based medium, and they can serve stand-alone or combined with other interventions, such as digital, outreach, or cash transfers.

All caregivers need some support to care for their children and adolescents, and some parents need a lot of support. A pyramid of support shows how parenting interventions can be delivered according to different levels of need. At the widest base level is universal support for all parents through the integration of parenting interventions into routine services such as health and social welfare, and multimedia population-based dissemination channels. The next level up addresses families at high risk through targeted support. At the top of the pyramid are intensive interventions for those families most in need.

Parenting interventions work by first providing core content, in terms of an evidence- based model; age-appropriate support for healthy, growth, learning and development; responsive caregiving; promotion of autonomy and resilience; caregiver mental health support; gender sensitive norms; and adaptations for local language, culture and age.

Parenting skills to be strengthened include: quality time between caregiver and children, age-appropriate play and communication, socio-emotional regulation, positive reinforcement, nonviolent discipline, stress management and self-care, parents' communication and self-regulation skills, and household resource mapping.

Parenting outcomes to be expected include: improved knowledge on child development and parenting; reduced harsh parenting; reduced harsh and abusive parenting; increased positive and responsive parenting behaviors; strengthened caregiver -child relationship; and improved emotional well-being and mental health.

Outcomes of participating adults include improved interpersonal relationships; more equitable gender norms; improved mental health outcomes. Outcomes of participating children include: reduced behavioral problems; self-harm and substance use; reduced maltreatment; improved socio-emotional regulation; improved cognitive, physical, motor and language development; improved mental health. At the societal level, outcomes include reduced inequities and greater human capital.

Supporting parents to provide responsive nurturing care to their young children and adolescents has the potential to have profound positive influence on child and adolescent development. 435 randomized control trials from 65 countries demonstrate that supporting to parenting can: improve children's cognitive, language and socio-emotional development, and maximize adolescent development and mental health trajectories, and reduce child maltreatment and harsh parenting. Parenting programs are equally effective for younger and older children and particular effectiveness can be noted with high-risk families such as poor families, single parent families, migrants, ethnic minorities and families of children with developmental and mental health conditions. These interventions show effectiveness in humanitarian settings.

Three focus areas of the Global Initiative to Support Parents are intertwined together: global evidence and guidelines, local examples of effective interventions and government support, financing and scale-up. The Global Initiative to Support Parents seeks to build: a common understanding of what is meant by evidence-based parenting interventions and policies, the rationale to invest in parenting interventions and programs, pathways for scale up of interventions as part of national systems, commitment to scale up investment and establishment of regional networks.

Over one hundred coordinating partners have supported the call to action of the Global Initative to Support Parents. The initiative is trying to bring synergy cross separate streams of work, to accelerate and orchestrate collective action for scaling, and to bring knowledge sharing and evidence, through targeted national assistance. The Global Initiative to Support Parents is not trying to do anything new but to rather to bring together the actors who are already active in the field. We need to come together across program support areas. The Global Initiative to Support Parents website will allow access to resources in one-stop shop.

Globally, in 2022, the Global Initiative to Support Parents presented on Building the Blocks: Supporting Parents in Early Childhood Care and Education, with strong ministerial presence, at the World Conference on Early Childhood Care and Education in Uzbekistan. The Global Initiative to Support Parents managed to ensure that members state commitments included access to evidence- based parenting interventions. This momentum will continue through the global summit on parenting to be planned in the upcoming year.

Evidence-based Parenting and Mapping in the Region

-Dr Zuyi Fang, UNICEF and Parenting for Lifelong Health

"Interventions are costly, but they can be cost-effective, as the problems they solve are expensive!
Evaluations are costly, but not as costly as untested interventions at scale."

UNICEF has commissioned an evidence-based parenting and mapping in the region to scope programmes that show some readiness for scale-up, in terms of scale, partnership, funding, institutionalization, and evidence.

The mapping looked at key questions of enabling environment and governance, programme content and delivery (including modality, platform, key actors, contact points, capacity development and resources) and inclusion of violence prevention, caregiver mental health, gender equality and disability inclusion.

In terms of intervention population coverage by risk factors, 38% are universal, 52% are selective, 4% are indicated and 4% use a systems approach (Philippines and Timor Leste). In content, 76% cover early learning, 58% cover violence prevention and 40% cover parental mental health.

The mapping uses the science of evaluation to understand whether interventions are working and why that matters. We need to know if interventions work, so we spend our scarce money wisely; randomized control trials test what works. The rationale is that: interventions are costly but they can be cost effective as the problems they solve are expensive. Evaluations are costly, but not as costly as untested interventions at scale. Well-liked interventions may do no good or may do harm. Some examples exist of population-level interventions doing harm. For instance, one teen pregnancy program in Australia caused more pregnancies than in the control group (Brinkman et. al. 2016).

The number of high-quality randomized control trials in low and middle-income countries is growing. Of interventions mapped, 52% are collecting data to understand programme delivery or impact (e.g. through monitoring and evaluation, endline survey, qualitative interviews, etc.), 12% have conducted randomized control trials using mixing-methods to evaluate program effects, including programs in Indonesia, China, Philippines, Thailand, Bangladesh, and Pakistan.

In terms of intervention modality, 72% utilize in-person parent groups, 26% utilize in-person individualized delivery, 12% using online delivery (in Thailand, India and Nepal), 10% utilize self-led learning, 4% utilize radio and television, 8% utilize hybrid online and in-person modalities (Philippines, Pakistan and China), and 28% utilize multiple modalities (Timor Leste).

The ministry or entity leading parenting differs by countries. Education is the lead in Cambodia (Ministry of Education, Youth and Sport), Vanuatu (Ministry of Education and Training), Bhutan (Ministry of Education), Nepal (Ministry of Education Science and Technology).

Woman, Family and Child Services leads in Indonesia (National Population and Family Planning Agency), Malaysia (National Population and Family Development Board), and Bangladesh (Ministry of Woman and Child Services).

Social Protection and Welfare is the lead in Philippines (Department of Social Welfare and Development), Timor Leste (Ministry of Social Solidarity and Inclusion), Viet Nam (Ministry of Labour, Invalids and Social Affairs).

Planning takes the lead in Pakistan (Ministry of Planning, Development and Special Initiatives).

Several countries have no one ministry leading parenting but rather engagement from multiple bodies: India (Ministry of Women and Child Development, Ministry of Health and Family Welfare, Ministry of Education); China (All China Women's Federation for age 0-3; Ministry of Education for age 3 and above); Laos (Lao Women's Union, the Ministry of Health, the Ministry of Education Sports, the Ministry of Labor and Social Welfare, the Ministry of Home Affairs; and the Lao Front for National Development), Solomon Islands (Provincial Government of Guadalacanal; Early Child Development related Ministries), Thailand (Ministry of Public Health, Ministry of Social Development and Human Security), Sri Lanka (Ministry of Health, Ministry of Women and Children), and Maldives (Ministry of Education, Ministry of Gender, Family and Social Services, Ministry of Health, Maldives Police Service, and others).

In some countries, parenting is led by entities outside the government. In Mongolia, it is led by UNICEF and a national non-governmental early child development center. In Myanmar, the leads are UNICEF, local non-governmental organizations and faith-based associations. In Papua New Guinea, UNICEF and overseas research institutes lead. In Samoa, UNICEF and local non-governmental organizations leads.

A policy brief, case studies and East Asia and South Asia report will be developed to document the findings and share out with regional stakeholders.

Prescription to Play: A Framework to Integrate, Scale-up and Sustain Playful Parenting in Health Systems in Bhutan

-Kinley Wangmo, Save the Children Bhutan
-Tshetrim Tobgay, Save the Children Bhutan

In Bhutan, studies found 26% of young children face developmental risk, 21% facing stunting and widespread lack of early stimulation and responsive care. 7 of 10 caregivers did not tell babies any stories or read to their baby, 1 of 2 babies under 17 months is spanked, 3 of 10 babies under 17 months are criticized, and 1 in 5 babies under 17 months are shaken. Parents are not aware of the effect of play and of harsh discipline on children.

To respond to these conditions, Bhutan piloted the Save the Children Building Brains Approach. After the impact study demonstrated positive results, in which the intervention group was twice as likely to tell stories or read to child and had significantly more home-made toys, with strongest effect on families with fewer household possessions. The approach was scaled up to all 20 districts. Assessments from the Caregiver Reported Early Development Instruments tool showed significant gain in children under three.

The project design includes integration, scale-up and sustaining of the model. The goal of the model is that all mothers, fathers and caregivers of children aged 0-3 engage babies and toddlers, includes those with disabilities, in the playful and responsive back-and-forth interactions that are essential for healthy brain development. The model seeks to encourage playful interactions between primary caregivers and their children as part of a parenting intervention implemented at scale. The model also seeks to effect improved practice among the district-level health workforce to promote playful interactions between primary caregivers and their children. It also seeks to effect buy-in from government to sustain the at-scale implementation of the evidence-based playful parenting intervention.

The model achieves these results through the following activities: capacity building of health workers, mass media communication to increase demand for playful parenting, community sensitization at district and community level, development and provision of program materials, development and dissemination of a mass media campaign, and monitoring and evaluation. 12 monthly group sessions for parents include a take-home card, daily routine card and play kits. 12 key messages were developed, all aligned to nuturing care framework, around early learning, safety and security and responsive care.

Stakeholders are engaged through district level stakeholder sensitization efforts, child protection system. The resources to achieve these results include: human resources, budget support, and service delivery structures.

The model seeks to help caregivers gain knowledge in child development and parenting, change attitudes and viewpoints on caregiving approaches, and improve caregiving practices. It aims to assist health workers to improve knowledge on child development, positive parenting and responsive caregiving. In terms of sustainability, it aims for integration into health information collection system, inclusion in the national child health strategy, incorporation into annual performance agreement and mandates for health workers, and integration in the kindergarten in-service training curriculum.

The first phase has just been completed, and now scale up will occur nationwide. Bhutan is seeking to learn from the process of implementing the model, with a focus on quality improvement. The evaluation design includes formative assessment in terms of monitoring and use of tools for healthcare improvement such as the Plan-Do-Study-Act tool and the Experience Based Co-Design tool. Fidelity of implementation of the model is being monitored. Summative evaluation will include a project baseline and endline assessment, including use of the Knowledge, Attitude, and Practice Survey and the Caregiver Reported Early Development Instruments tool.

Thrive by Five: Case Study on Adaptation of Content to Afghanistan

-Melissa Teo, Minderoo Foundation Australia
-Dr Haley M LaMonica, The University of Sydney

Minderoo Foundation is one of Asia Pacific's largest foundations, with a mission to arrest unfairness and create opportunities in the world. Minderoo Foundation was established 21 years ago, includes 900 team members, 246 active parents and 11 initiatives. Minderoo's Thrive by Five Program aims to raise awareness and empower parents and caregivers globally to support their child's social, emotional, and cognitive development in the early years. Minderoo seeks to impact parent knowledge, culture and behavior, providing familiar & accessible information, to create a movement for change. This is based on the premise that the first five years of a child's life lay the foundation for lifelong development and well-being. Thrive by Five has launched in five countries and is reaching nearly five hundred million people.

Thrive by Five strategy includes a Ted Talk, a mobile app, and content development. The program's digital and non-digital tools to break down cultural and societal barriers that can influence optimal child development such as affordability and accessibility. The program provides accessible information that is backed by science to create a positive impact on parents' knowledge, self-confidence, and behaviors. Minderoo excelled as the number 1 TED Talk in the world in 2021.

Minderoo believes the field of early childhood development has been dominated by Western perspective. It feels this has interrupted culture-specific knowledge. It elevates parenting practices from around the world, so that every parent in caregiver has access to early childhood education that is reflected of their culture, their traditions, and their practices. It focuses on cultural adaptation through user research and validation of content to translation, localization, promotion and dissemination. Content is developed in collaboration with the University of Sydney's Brain and Mind center, with a focus on neuroscience, child development and mental health. The highly localized content is the product of in-depth anthropological and neuroscientific research, informed by each specific country and disseminated via online and offline channels.

The content includes two sections "The Why" and "Activity Pop Ups". The "Why" provides scientific backgrounds of each activity, to highlight potential benefits based on the latest research in lay language. The "Activity Pop Ups" includes activities for parents, extended family and trusted members of the community to engage with a child. The smartphone application takes into account low connectivity and older devices in low resource settings. The audio recording feature enables low levels of literacy are not a barrier to content. Once downloaded , content can be used without the internet. Content is also available via a range of channels, including SMS, radio, television, print media and digital media.

In terms of the Afghanistan case, in May 2022, the content was launched in Dari and Pashto. Content was customized around a highly collectivist approach to child rearing. The preliminary content base was developed based on learnings from comprehensive anthropological literature reviews, an in-depth search for local examples and contributions for local subject matter experts. The process of co-design and iterative content development included: 1 rapid prototyping and user testing (alpha build) 2- subject matter expert review and feedback, 3-knowledge translation from subject matter experts, 4-rapid prototyping and user testing 5-co-design and understand the problem and refine co-design solutions 6- knowledge translation from beta tests 7-release final product.

In the case of Afghanistan, an "test app" was developed for users to allow participants to test out the app features, functions and content. A series of eight co-design workshops were conducted in 2021 and 2022 to explore cultural appropriateness and relevance; desired attributes, skills and values for children; gaps in knowledge of early childhood development and nurturing care; essential caregivers for a young child, app "look and feel", usability and acceptability; barriers to uptake and adoption of the app, and alternate modes of content delivery.

Afghan experts from early childhood and developmental psychology were consulted, and even important festivals and foods were included into the content. Cultural adaptation became particularly important after Taliban gained control of Afghanistan. More activities to be done indoors. Revision of content was made around anything that entailed singing and dancing, with the exception of lullabies sung at home to be acceptable. Due to the presence of landmines and explosives if children explore outside, activities were modified to entail climbing stairs or objects inside the home. As mothers are typically burdened with domestic taxes and child rearing, more explicit efforts were made to involve fathers, siblings and extended family, to reduce stress and burden on mothers.

Impact evaluation will focus on the impact of the content on child rearing knowledge, knowledge, behaviors, attitudes and confidence and the connection between child and parent, family and community. Secondary aims include the evaluation of barriers to and facilitators of adopting the activities, cultural appropriateness and relevance of the app and its content, quality usability and acceptability of the app.

Parent and Family Adjustment scale is a validated measure of changes in parenting practices in response to parenting interventions. On data collected after release of the app, fathers responded more frequently than mothers, all participants reported they felt more connected to child, and lullabies for bedtime were most frequently accessed. No significant difference in the total score was found between mothers and fathers but two distinct groups of mothers emerged. One group of mothers was coping well with the demands of child rearing and reporting more frequent use of nurturing parenting practices.   But approximately 40% of mothers in the sample were struggling with the emotional demands of parenting, feelings of sadness, and lack of support as well as engaging in more negative parenting practices.

For next steps in Afghanistan, further content needs to be developed to support the mental health of parents. New content needs to be developed to support parents living in conflict areas, including information about how to speak to children about traumatic events. New strategies need to be explored to ensure mothers who have competing demands on their time and no access to child care are able to access the Thrive by Five content.

Key learning from the content adaptation process were that strong partnerships and the engagement of all was necessary. An iterative co-design process was needed to respond to local needs, with no "one size fits all" model.

Fathers Café in Bangladesh

-Ramjan Ali, Plan International Bangladesh

Traditionally in Bangladesh, child rearing is considered a mother's responsibility only. Fathers are often made to feel ashamed for taking a role in childrearing. Males and fathers are expected to be engaged with work outside the home, specifically income generating activities.

The Fathers' Café model promotes male engagement in gender transformative early child development, working to break these discriminatory gender norms. The model was developed through the Gender Transformative Early Childhood Development Project which is implemented through joint collaboration of Plan International Bangladesh, South Asia Partnership, SUROVI and Sesame Workshop Bangladesh.

Alongside other early child development interventions, Fathers' Cafés engage and sensitize fathers in order to increase fathers' interactions with their children and foster their support for their early-aged children's holistic development. Fathers' Cafés seeks to ensure equal participation of fathers or male members of the families in child rearing and caring, equal opportunities for growth and development of boys and girls, a non-discriminatory social system by removing traditional child-rearing practices, and changes to the social norms in a gender context.

The Fathers' Café is a community-based volunteer group of 0-8 years old aged children's fathers, composed of 20-25 interested fathers in the community. Each member of the "Fathers' Café" receives a one-hour long session each month where they learn about the growth and development of the child as well as their roles as a parent to play to support their early-aged children's holistic development. After attending a "Fathers' Café" session, the fathers share the learning with other fathers (not a Fathers' Café member) in their community. Fathers are also encouraged to make necessary changes in their daily routine to support their children's early childhood development.

"Fathers' Café" members are encouraged to participate in child rearing and daily living (household chores, family decision making, recreational work, recreational opportunities, financial decisions, expression of opinion) to ensure equality in their family. The aim is to enable all father café members to become role models in this area so that early-aged children will be sensitized with gender equality from the start of life. The model identifies and encourages community fathers who brought the most significant changes in their routine and increased their interaction with their children. Fathers were not aware of how to play with their children, particularly gender equal games. To respond this gap, the model introduced "Khela Ghor" game to all.

130 "Fathers' Cafés" were formed with 2580 fathers actively attending. Changes witnessed include Fathers' Café members and many other fathers in the project implementation areas now taking care of their children and spending quality time with them, unlike prior to the project. Almost 100% of Fathers' Café members and many other fathers are now doing household chores alone.

In terms of challenges, since fathers are engaged in income generation outside the home, it was difficult to ensure the presence of all. Times were shifted to evening to accommodate father's schedules.

Negotiating Parenting Programs: Lessons Learned from Southeast Asian Ministers of Education Organization, Centre for Early Childhood Care Education and Parenting

- Dr Vina Adriany, Indonesia

The Southeast Asian Ministers of Education Organization, Centre for Early Childhood Care Education and Parenting was established in 2017, with 26 centers across Southeast Asia and 7 in Indonesia. The organization conducts research, capacity building and advocacy on early childhood care and development and parenting across the region.

Trends across the region are impacting family life and structure. Globalization and technology are evolving quickly, with significant impacts on family life. People who are marrying have higher education rates, gender roles are changing, and the rate of single parenting is rising. Some parents are uanble to perform their role of parenting, due to obstacles stemming from poverty, unequal access to health and other barriers.

It takes a whole of society approach and engagement of extended family for young children to develop fully. Indonesia has a set of laws and regulations that set the stage for an integrated approach to early childhood. The Ministry of Education and Culture joins with Ministry of Health, and the Ministry of Social Affairs is able to provide cash transfer to some of the poorest families in rural areas. Existing regulations and laws on parenting in Indonesia include: Ministry Regulation no. 30 of 2017, Presidential Decree no. 60 of 2013 on holistic and integrated early childhood care and education programming, the Law no. 35 of 2014 on child protection, government regulation no. 44 of 2017 on child caring and rearing, presidential decree no. 72 of 2021 on stunting reduction and the draft law on mother and children's well-being and parental leave. These laws and regulations recognize parenting in a non-traditional context, the need for prevention of violence, and the need for a holistic approach.

The center works with government in trying to establish programs and conduct baseline studies. The center has been tagged to become a focal point for prevention of stunting. The parenting model for stunting prevention consists of three components. The first component on information strengthening on stunting works on dissemination of information through online and offline outlets, developing information media and advocating to district government. The second component of strengthening parents' knowledge and skills works on: addressing mothers' and father's roles, stimulation for young children, developmental early screening, health and nutrition and child rearing. The third component on counseling program addresses problem identification, selecting personal and planning. The stunting prevention model has a strong focus on district government, engagement of parents, teachers and village volunteers.

The Our Happy Neighborhood program contains a conceptual model of concentric circles of happy children, happy parents, happy teachers, happy school and happy community. The Happy Children component, at the center of the model, focuses on children's health, stunting, and children's well-being. Training topics include: children's well-being, children's health and nutrition needs, and how teachers can become promoting agents to open access to support in collaboration with health authorities. The Happy Parents component focuses on parental well-being and access to and participation in early childhood care and education. Training topics include: partnership between teachers and parents based on child participation rights, good relations between teachers and parents, and positive parenting and reduction of violence in parenting practice. The Happy Teachers component of the model focus on anti-bias education and gender considerations in early childhood care and education. Training topics include: child protection, gender equality and social inclusion in pedagogy, and non-discriminatory schools.   The Happy School component focuses on holistic, integrated early childhood care and education and policy and governance. Training topics include: child-friendly schools, teachers' role in creating safe school environments, and mitigation of cases of bullying and sexual violence. The Happy Community level of the model works on holistic, integrated early childhood care and education through home learning. This component covers protection, child participation, engagement of all stakeholders in the early childhood care and education framework, and technical cooperation with communities.

The center is also working on a Mindful Parenting model.

With hundreds of ethnicities across the coverage areas, the center seeks to avoid homogenizing of parenting pratices. The center works on developing culturally senstive programs that are diverse and adaptable to multiple cultural contexts, rather than a one-size-fits-all model. Every parenting model is contextualized and adapted. Issues of culture, belief and sociological factors and their impact on parenting practices are explored, with ongoing research incorporated into programs.

Parenting for Lifelong Health: Positive Parenting Skills for Thai Parents in Region 8

- Dr. Chanvit Tharathep, former Inspector General for Administrative Region 8, Bureau of Inspection, Ministry of Public Health, Thailand

With a population of 5,561,304, there are 955,988 children under 15 in Thailand's region 8. The former Inspector General for Thailand Region 8 states: "Traditional child protection practices have failed us – we can no longer remain on the defensive." There are high number of victims and many more that are unreported, combined with a shortage of social workers. Thailand's focus is on prevention - elevating child protection is to prevent the child from ever becoming a victim.

Parenting for Lifelong Health-Young Children (PLH-YC) is being implemented in eight regions of Thailand, through the health service system (2 regional hospitals, 8 general hospitals, 78 community hospitals and 874 subdistrict health promoting hospitals) as well as through 88 One Stop Crisis Center crisis centers with 30 social workers. Most activities are undertaken by nurses.

The resources required for implementation of PLH-YC include: community-based group meeting space (at Health Promotion Hospitals), the PLH-YC House of Support poster, a flip chart, the PLH-YC Facilitator Manual, PLH-YC Parent Handbook, and optional transport subsidies, on-site child care, and free lunches. Training for PLH-YC service delivery includes: 5 days of training for facilitators, 3 days of training for coaches, and 3 days of training for trainers.

The Thailand model seeks the following results: accurate "Child-shield" risk model screening of all children, evidence-based intervention for parents of children at risk, case management for victims of violence, and feedback loops to improve the child protection system. The "Child-shield" risk model has screened more than 9,000 children in seven provinces and has shown that the number of risk cases were significantly higher than expected. The model's prediction is surprisingly accurate at 72.27% accuracy. Sexual abuse is overrepresented within the reported cases.

The per participant unit cost is 32 USD per parent (for basic programme delivery excluding training and coaching costs), 60 USD per parent (for basic programme delivery including training & coaching costs for facilitators), and 37 USD extra per parent (for optional transport subsidies and on-site child care).

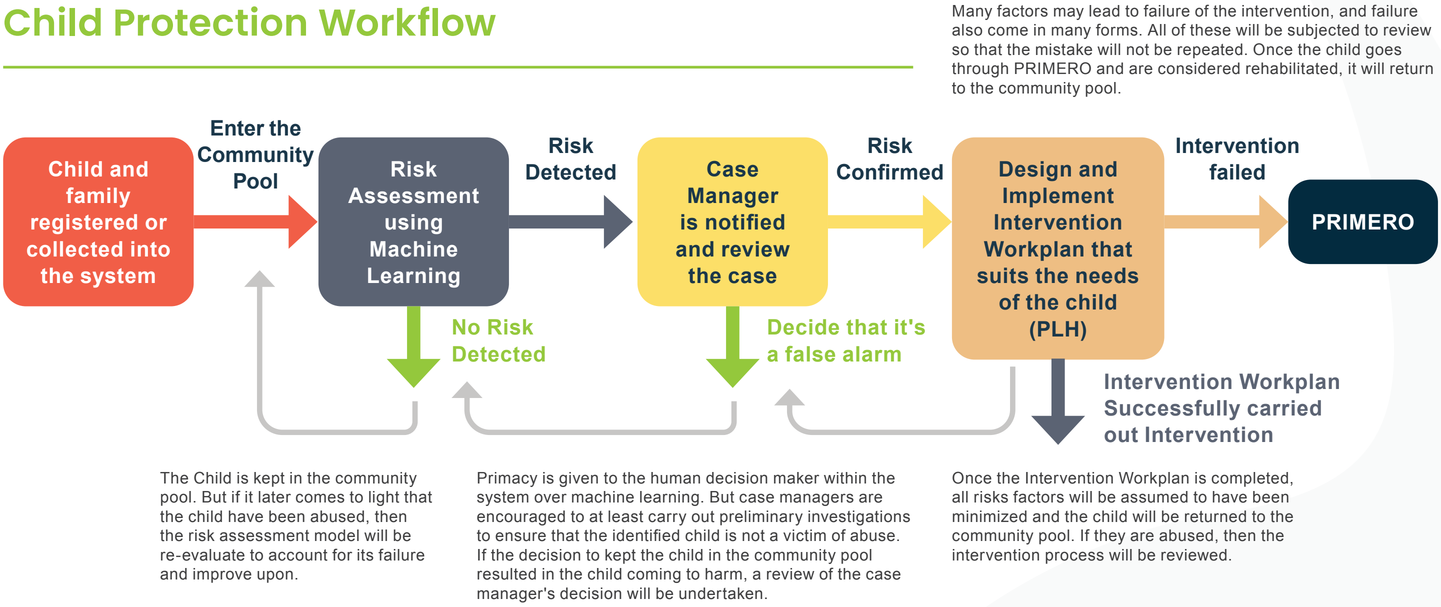
The model's theory of change uses the following delivery methods: a participatory approach focused on group discussion and problem solving, modelling positive behavior through social learning theory principles, a facilitation method of "accept, explore, connect, practice," positive reinforcement, the use of culturally adapted illustrated stories, practicing skills in groups and at home, peer support, as well as phone calls, text messages, and home visits by group facilitators. In terms of content, the behavior change techniques used are: one-on-one quality time together, child-directed play, socio-emotional communication, positive reinforcement (praise and rewards), limit setting (rules and routines), giving instructions, ignoring negative attention seeking and demanding behavior, consequences, and mindfulness-based stress reduction.

In terms of the theory of change outcomes, the proximal adult outcomes include: reduced harsh parenting, increased parental confidence, increased positive parenting skills, improved monitoring & supervision, and reduced support for corporal punishment. Distal adult outcomes include: reduced poor mental health, reduced interpersonal violence and coercion. Distal child outcomes include reduced child behaviour problems and improved emotional regulation. The primary outcome of the intervention is reduced rates of violence against children.

Lessons learned include that: training can be accomplished remotely, although with many challenges. The team in Thailand is selecting parents for the programme based on risk rather than parents who have already abused their child, through the help of the Child-shield risk assessment system. Each parent group class is composed of a mix of parents from low, medium, and high-risk groups.

Many factors may lead to failure of the intervention. Each factor is subject to review so that mistakes will not be repeated. Once a child goes through the case management system, and is considered rehabilitated, they return to the 'community pool'. However, if it comes to light that a rehabilitated child has been abused, then the risk assessment model will be re-evaluated to account for failures and the intervention process will be reviewed.

Child Protection Workflow



OneSky Family Skills Training Program, Mongolia

- Gereltuya Tsegmid, OneSky for All Children Mongolia

OneSky is a global nongovernmental organization that trains caregivers. Its curriculum is inspired by Reggio Emilia and is based on leading developmental science. OneSky works across Asia, with program established in China in 1998, in Vietnam in 2017, Mongolia in 2018, and Child Friendly Centers launched in Hong Kong in 2020. The Vietnam program is involved in research in collaboration with Harvard University.

In Mongolia, family migration from rural to urban areas, has led to children in underdeveloped urban peripheries being left behind. In 2015 and 2017, World Bank assessments of early childhood care and education in Mongolia showed that children from poorest quintile of households are 40% less likely to enroll, younger children living in traditional ‘ger’ huts lag behind children in other areas and increased family engagement in reading, singing and playing is associated with higher cognitive, language and socio-emotional outcomes.

In 2018, OneSky launched its first pilot training program for caregivers in Mongolia in partnership with government, non-governmental organizations and communities. The model consists of: family centers, OneSky Family Skills training on responsive parenting, digital learning , COVID-19 telephone engagement to support families in lockdown, training partnerships with public kindergartens, Magic Mongolia, and Flourishing Futures, and government partnerships with the Ministry of Education and Science and district government.

The Family Center consists of a large hut as a training space and a smaller hut for children to play while parents attend programs. The Family Center serves as a hub for teams of trainers and coordinators. At the center, the Family Skills training consists of eight weeks of training, including 13 sessions with role play, discussion, and homework. The center’s smaller center is called a “Baby Hut” and contains toys, books, learning elements and other items to promote child development while parents attend training. It also hosts a children’s library with learning resources and serves as a venue for community events, with the goal of strengthening relationships between community caregivers. The program has an emphasis on support construction of children’s homemade toys. In addition, toys and book kits are distributed to families, circulating to each family for one week. OneSky also stimulates Cooperative Play Care groups to serve as alternative child care arrangements. OneSky works in close partnership with the Ministry of Education, as well as with local government structures and the local hospital to carry out activities.

Creation of Enabling Environment for Women Working in Garment Factories for Better Nutrition of Children and Women Themselves

- Sanjay Kumar Das, UNICEF Myanmar

- Win Lae Lae, UNICEF Myanmar

90% of the 400,000 garment factory workers in Myanmar are women. Children are often separated from parents for up to nine hours. These women often have limited knowledge about their rights in the workplace including maternity protection, parental leave and support to breastfeeding. Even before the COVID-19 and political crises, working women in the factories were highly vulnerable to malnutrition. An assessment conducted showed that most workers have health problems and this created an entry point for negotiation with factory owners to link investment in health to better performance of workers.

In coordination with the Myanmar Garment Manufacturers Association, UNICEF has worked on creating baby-friendly workplaces and enabling environments that support nutrition of women working in garment factories and their children, as part of an urban nutrition strategy. The program is being piloted in four garment factories which have higher than 80% women workers of reproductive age. The model encourages parents working in garment factories to take care of their children ensuring exclusive breast-feeding and adequate complementary feeding for optimal growth and development of child.

Project interventions include: initial assessment for selection of the pilot factories, nutrition and child-care education to workers, mobile health and nutrition services, upgrading factory clinic and canteen facilities, creating of breast-feeding and child-care rooms, advocacy for provision of parental leave, breaks for breastfeeding after return from parental leave, distribution of nutrition packs, nutrition promotion materials including bowls and pamphlets for better parenting, orientation on labor law including maternity protection, parental leave, support to breastfeeding and child care, and activity videos.

The results from the first period of implementation include the establishment of breast-feeding/child-care rooms and clinic facilities in the three piloted factories and upgrading a canteen facility with hygienic and nutritious foods. Breast-feeding spaces have been equipped with information, education and communication materials, toys and anthropometric equipment. Privacy and confidentiality are ensured in the breast-feeding rooms and clinics. Factories recruited trained nurses for provision of health and nutrition services. Nurses provided counselling to mothers working in factories on child-caring and feeding practices. 600 factory workers (530 female, 70 male) were provided with nutrition packs and nutrition promotion materials including pictorial nutrition bowls with four stars posters and pamphlets. Periodic mobile health and nutrition services such as COVID-19 testing, medical check-ups, health/nutrition education and height and weight measurements were also provided to a total of 600 workers (471 female,129 male). In addition, information on labor law, including parental leave entitlement training, was delivered in three factories.

Lesson learned focused on how multistakeholder coordination (including Scaling up Nutrition, Business Network Myanmar, Myanmar Garment Manufacturers Association, private sector entities, and United Nations agencies) and advocacy created an enabling environment for the success of new initiative. Close monitoring and onsite coaching ensured quick adaption of new behaviors. Use of social media and multiple platforms helped to reach more people with messages on health and care practices.

Despite progress, the COVID-19 pandemic and military takeover delayed implementation of project. Unpredictability and uncertainty from the political crisis have created insecurity and threats. Limited funding is available to scale up the project because funding has been prioritized for humanitarian response.

Engaging with Young Children and their Mothers during COVID-19 in India: the Role of Play

- Samyukta Subramanian, Pratham Education Foundation India

Pratham conducts early childhood interventions in 15 states and union territories across India, with interventions spread across urban and rural communities. Through Anganwadi public child development centers, Pratham serves 70,000 children, with active community participation and mother engagement in Bihar, Uttar Pradesh, Delhi, Gujarat, Odisha, and Rajasthan. Pratham serves 400,000 children through government partnerships of formal agreements of system-led implementation in Punjab, Haryana, Himachal Pradesh, Andhra Pradesh and Karnataka.

Pratham works directly with community through volunteers and through Anganwadi child center workers, providing training and engaging in partnerships to link community with government initiatives.

Pre-pandemic work focused on activities in government preschools, volunteer mobilization of adolescent girls and young women, and convening mothers' groups, including grandmothers in communities. Content was shared with these local social structures for direct engagement with children.

During the pandemic, Pratham shifted toward raising awareness on public health and safety (particularly in areas where water was not available), stimulating mothers and children to play together and engaging in telephone support to families in lockdown. The Karona: Thodi Masti Thodi Padhai campaign consisted of four components focusing on communities, content, communication and collaboration. Through the communities component, Pratham equipped parents, volunteers and children to facilitate learning in homes through play. Through the content component, Pratham curated content for learners across age groups in different languages. 4000 videos, 1000 games and 3 learning "apps" were developed in eleven languages. Through the communication component, Pratham used all forms of media to maintain communication with participants, including telephone calls, interactive voice technology, SMS text messaging and WhatsApp messaging, since only 39% of caregivers had smartphones. Through the collaboration component, Pratham worked together with government and other non-profit organization to reach the "last mile learners," placing content on open school platforms. Pratham customized the activity to work with state governments. For instance, in Bihar, televisions were common in homes, so a play program was developed, whereas Maharashtra government identified low phone penetration and chose prioritization of radio.

Pratham has elaborated the sequencing of flow of continuous communication. First, the central content team curates the key guidelines for SMS and WhatsApp communities. These messages are translated into eight regional languages by state-level teams. Translated messages are sent to the Pratham early child education focal point who directly engages with parents over the phone in their respective region. The Pratham early child education focal point shares the message with parents and calls to clarify the activity of the day, after SMS message distribution. Parents conduct activities with children, supported by other family members. Parents show photos and videos of children carrying out activities with the Pratham early child education focal point. That focal point conducts follow-up calls to understand challenges and receive feedback. The process became a daily routine where parents would engage in activities and send responses back.

Some examples of message include: "take a bag and put different things in it- a spoon a bangle, a pencil or a cap. Close your eyes. Put your hand in the bag. Touch any object and identify and talk about what you find." Or "In a basket, take some peas or garlic. Show your child how to peel them. Now sit together and peel the peas or garlic with each other."

Among mothers and children who were more engaged in remote learning activities, a higher proportion had learning improvements. Results from a multiple regression analysis show that children who completed more than 50% of the activities in the last week were 6% more likely to progress in alphabet recognition. However, Pratham found that it was the combination of remote learning activities AND subsequent follow-up with mothers occurred that was correlated with learning outcome improvement.

The proportion of children who demonstrated learning improvements, was higher when mothers owned phones, especially smart phones, 8.6% greater progression in alphabet recognition. The weaker learning outcomes of children whose mothers did not own phones indicated the impact of the digital divide during the pandemic. Pratham used mothers' groups to help expand access to devices and digital content.

Key lessons learned included that the most popular content activities were those that were easy-to-understand, fun and used easily accessible materials. Among communities, it is important to initiate and sustain momentum among village level social structures composed of Anganwadi center workers, volunteers and mothers' groups. In remote communication, it was the human connection through two-way communication of phone calls, that was most important to translating the messages into action.

Webinar 2: Working group on specific topics:

The second in the series of webinars first introduced cross-regional trends in parenting, whereafter participants broke up into working groups. Working group themes included: caregiver wellbeing and parenting children with disabilities, parenting interventions to prevent violence, parenting of adolescents, digital solutions for parenting, men's engagement in parenting, and parenting in humanitarian settings. Each working group covered the framing of the topic and objectives, presentation of interventions in some cases, open discussion, and summary of key points for presentation in plenary.

Update on Inter-agency Initiatives

- Maha Homsi, UNICEF

Support to early child development is key for enriching families. Enriching family experience needs to be sustained from the early years to completion of adolescence. 1 billion children between age 2 to 17 have experienced violence. The most common exposure happens in homes, where children should safest. Positive parenting is critical for violence prevention. Empowering parents with tools and skills is the greatest source of protection.

Promoting positive parenting behaviors needs to start early in the child's life. In the early years, parenting is important for nurturing, particularly for children with disabilities. Adolescence presents challenges.   We need to ensure that parents are able to communicate and provide a nurturing environment that has an impact on adolescent development. Adolescents who themeslves become parents experience extra stress both on themselves parents as well as on children.

Through interagency initatives, the World Health Organization and UNICEF are collaborating to elevate parenting as one of the key accelerators to achieving results for children. Some key initiatives include Parenting for Lifelong Health that focuses on reducing risks of violence to children in low and middle-income countries. This scaleable intervention addresses the most vulnerable. The INSPIRE model for country level action is comprised of seven strategies for preventing violence, with support to parenting recognized as a key strategy for violence prevention. The Care for Child Development Package is an evidence-based set of materials designed to promote parenting, engaging with existing services. Much technical guidances exists on gender-transformative parenting at regional levels. Interagency intiatives include development of a course across the Asia-pacific region, designed to enhance capacity of key government sectors, consisting of twelve weeks of blended and live course work.

Investment in parenting enables multiple wins across the sustainable development goals that are cost-effective and yield the best outcomes. There is a need for a universal framework on investing in parenting. We need to close evidence gaps by mapping initiatives on multisectoral programming. We need to enhance tools and resources to promote parenting. We need a vision to support country level efforts so that every family is supported in caregiving practices, so that families have the skills needed to promote resilience and well-being.

Emerging Trends: Evidence Based Interventions on Parenting in the Asia Region

-Katy Anis, Global Initiative to Support Parents

The series of regional convenings of the Global Initiative to Support Parent sought to identify in each region relevant examples of evidence-based interventions and good practice. The Asia Regional Network for Early Childhood disseminated the call for evidence-based interventions to support parents through its member distribution lists across the region.

51 entries were received, covering interventions in: Australia, Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao PDR, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Solomon Islands, Sri Lanka, Thailand, Timor Leste, and Viet Nam. Across the 51 interventions, the following age groups were covered prenatal, young children, older children, adolescents and youth, adults (with focus on both mothers and fathers).

A total of 102 implementing entities were identified representing government, civil society/practitioner, private sector, researcher/academia, multilateral/bilateral, and philanthropy. Interventions covered the following sectors: multi-sectoral, early child development, child protection, health and nutrition, education and early learning, gender, adolescent and youth empowerment, family livelihoods/ economic development, mental health, developmental delays and disabilities, inclusion, resilience, humanitarian response, climate change, water, sanitation and hygiene, socio-emotional learning, and disaster risk reduction.

These interventions contributed to System Strengthening for Scale Up through: implementation or innovation in practice, research, national strategy and governance, financing, multi-stakeholder partnership, accountability, collective action.

Settings for Implementation include: the home setting, school setting, community and village environment, faith based environment, adolescent development programming, health systems, social welfare system, childcare services or centers, community biodiversity center, community child informal education center, preschool, community based cultural center, midwives center, community based research center, humanitarian context at camps and community/village, alternative care facilities, garment factories, and government agency facilities.

These interventions were delivered via: home visits, coaching visits, group sessions, preschool setting, mothers' health groups, community based play groups, child care services and child care centers, community discussions, dialogues with community key stakeholders and leaders, creative drama, media channels, billboards, radio-based instruction, information, education and communication, behavioral change communication activities, and digital channels (text messaging, phone calls, zoom, social media and hybrid).

Support to parents was integrated into the following types of services provided to parents: health facility visits, health care services, mobile healthcare services, promotion and creation of breastfeeding rooms, nutrition demonstration sessions, early screening, school-based services, conditional cash transfer program, residential care and foster care programs, legal counselling sessions, community based complaint and response mechanism, income generation activities for households, income generation for organizations of people with disabilities, community and village intervention, community-based inclusive hubs, counselling sessions, training of peer educators, water, sanitation and hygiene services, and child-friendly workplaces, and youth and adolescent friendly services.

Parenting interventions addressed the following areas: 84% addressed knowledge sharing support to parents, 82% addressed innovation in support to parents, 80% addressed early child development, 80% addressed fatherhood, 78% addressed scaling of support to parents, 78% addressed advocacy in support to parents, % addressed whole family focus, 75% addressed child rights, 73% addressed multisectoral coordination to support parents, 73% addressed protection, safety or security component, 73% addressed education or early learning, 71% addressed gender component, 71% addressed nutrition and health, 67% addressed violence prevention, 63% addressed marginalized populations, 49% addressed mental health component, 45% addressed digital communication medium, 43% addressed governance of support parents, 43% addressed focus on disability/ inclusion adolescents, 33% addressed private sector, 33 % addressed alternative care, 27% addressed economic component, 20% addressed faith-based aspect, 18% addressed care economy, 14% addressed financing for support to parents, and 10% addressed HIV focus.

It is recognized that this set of interventions may represent only a small subset of examples of interventions occurring in the region. Further evidence-based interventions could be identified through social networks and communities of practice around: youth, humanitarian crisis, disabilities, violence prevention, livelihoods and many other sub-fields.

For further information on the specifics of the evidence-based interventions, see the annex.

Working Groups: Caregiver Wellbeing and Parenting Children with Disabilities

The working group session consisted of four presenters who each presented key highlights and priority recommendations. The group then dialogued on key issues and synthesized the highest priority key recommendations.

Dr. Koyeli Sengupta of the Ummeed Child Development Center in Mumbai, India presented on: World Health Organization's Caregiver Skills Training. Since 2017, Ummeed Child Development Centre, Mumbai, has been working on building capacity with local resources. Caregivers are critical to the support and development and well-being of their children; Caregivers have needs in terms of knowledge, social support, empowerment and skills to support their child's development. Caregiver Skills Training incorporates principles of family-centered care practices. After the pandemic training online has increased interest and accessibility, and thereby, greater coverage. Caregivers' understanding of the program varies greatly and requires significant customization even during training. Because the size of the master trainer team at Ummeed is small, it is difficult to monitor non-specialist facilitators' fidelity of implementation and quality of delivery to caregivers. Dr. Sengupta recommends: increasing the number of local master-trainers who can continue the training cascade, enhancing interest and uptake by community-level organizations and at government level, evaluating effectiveness when adopted in communities, and focusing on sustainability.

Ms. Ly Thi Phuong, of ChildFund Vietnam, presented on: "My Right to Education" Parent/caregiver and community support children with disabilities, Vietnam. Access to education is key for ethnic minority children with disabilities living in mountainous areas of Vietnam. There are gender equality concerns. Fathers' involvement is typically limited as fathers are focused on proving resources for the family and mothers focus on supporting their children's development along with responsibilities of managing the household. Caregivers have to travel long distance to access services. Dr. Phuong recommends: promoting home visits so that caregivers don't have to travel to access services; establishing community/household-based hubs to enhance disability inclusion in community environments; promoting cooperation between family and school in developing individual education plans of children with disability when the implementation occurs in the home.

Dr. Raihan Mohamed, of Klinik Kenit, presented on: Integrated child and family service – nurturing care in Malaysia. The Klinik Kenit program integrates child and family services at a primary healthcare clinic as a social hub where all components of Nurturing Care Framework are accessed. The program offers at-risk children and families comprehensive care to identify developmental and behavioral issues and gives them regular early interventions at a subsidized fee. Most patients are from government clinics or hospitals and underprivileged communities. The program also focuses on taking care of the caregivers' wellbeing and mental health. Challenges include long wait time for formal diagnosis by government medical officers, registration for People with Disabilities card from the Social Welfare Department, and parent's awareness and understanding about the disability diagnosis and dealing with stigma in society. Dr. Mohamed recommends: multidisciplinary team members, spaces and funds; multi-sectoral collaboration with education, early childcare, welfare; and community involvement to raise awareness of early child development.

Ms. Ma. Myra E. Nasinopa, of Plan International, Philippines, presented on: Implementation of the System for Prevention, Early Identification, Referral and Intervention of Delays, Disorders and Disabilities in Early

Childhood (PEIRIDDDEC), Philippines. Early identification is conducted by professionals of the health sector for children under the age of 3 years and by Early Childhood Developmental Delay (ECDD) municipal health workers for children between the age 3 to 5 years. The child then goes for a check-up by a general practitioner and then is seen by a specialist. Various programs have been included under PEIRIDDDEC. Due to limited resources, municipal health ECDD workers are overburdened with conducting assessments of referred children. Ms. Nasinopa recommends: increased allocation of resources to Early Childhood Developmental Delay programs which will help in training staff on how to manage children with disabilities, including assistive devices, assessment tools and caregiver mental health; strengthening Early Childhood Developmental Delay programming which includes household-based intervention, and establishing a national database of children with disability or at risk of delays for proper management and appropriate intervention and referral.

Mr. Dirce Sarmento, of Plan International Timor Leste, had planned to present on Positive Parenting and Nutrition but was not able to present.

The working group then discussed, dialoguing on how using less specialized providers is preferred given limited amount of specialists. They also identified that data collection is important, as lack of data may be interpreted as a lack of need for services. It was also found critical to have early screening at community-based facilities with an easy referral system for early intervention and care of children with disabilities. Lastly, parent empowerment was cited as crucial for parenting children with disabilities.

The working group then synthesized three summary priority actions to advance support to parents and other caregivers of children with disabilities and caregiver well-being in the region:

1) capacity building – implementing sustainable training cascades using non-specialist providers and multidisciplinary teams to provide, support and supervise initiatives

2) collaboration – effecting multi-sectoral collaboration and partnerships with education, early childcare, health, social welfare, and academia to facilitate data collection

3) access – facilitate locally and universally available access to parenting support via sustained funding from government and promoting uptake, awareness, and stigma reduction

Working Groups: Parenting Interventions to Prevent Violence

Child Fund Sri Lanka presented on its work with governments master district educators, and peer educators, reaching 3000 parents with violence prevention efforts. Plan Phillipines focused on its efforts to prevent corporal punishment, working at municipality level to reach 1.8 million, with next steps to reach 40 million. Dr. Amalee McCoy of the Parenting for Lifelong Health network prefaced the discussions with an emphasis on what we know from the evidence base on parenting interventions for violence prevention, which indicates that such interventions can not only improve various risk and protective factors relating to violence against children (such as positive and responsive parenting, positive parent-child relationships, child behaviour problems, and parental metnal health problems) but they can also diminish actual rates of such violence. She pointed to the need for rigorous and objective quantitative or mixed methods evaluations, so that implementers can discern whether parenting programmes are actually effective and require further investment and scaling, rather than basing such efforts on assumptions of effectiveness. She also noted that research by Garnder and Leijten had shown that transported and homegrown parenting programmes are equally effective, as long as they are based on essential ingredients, and that reviews had shown that parenting programmes are equally effective for young as well as older children.

The ensuing group discussion emphasized the importance of multisectoral partnerships, with a collaborative relationship with government as key. Discussion focus on how to communicate with those in positions of power.

Working Groups: Parenting of Adolescents

During this working group, Mridul Tojul presented on Celebrating Families programming through World Vision Bangladesh. The program is an integrated project model that celebrate families and promotes positive parenting, incorporating aspects of technical programs that focus on child protection. In Bangladesh, traditional practices like physical punishment are common in families, schools and other institutions, with 89% of children experiencing physical punishment. Positive social norms and behaviors can be promoted through capacity building for parents, encouraging parents to become agents of change in their faith communities, and practice positive discipline. During COVID-19, the team adapted the model. Income generation is also linked to Celebrating Families.

Peggy Prawira, of Malaysia, presented on a model for positive parenting. The team seeks to present the same message to parents and adolescents. During the pandemic, they adapted the model to make the model for parenting to parallel with the adolescent life-skill training, focusing on communication between parents and adolescents. The model teaches how parents can make commitments to children, and how children can talk to parents about commitments, so that both can learn to deal with one another and overcome communication breakdowns that were occurring in adolescence. The team identified that comprehensive sexuality education and sexual and reproductive health needs to be taken into account. Adolescent girls were found to be interested in receiving the information, but caregivers did not always feel equipped to deal with these issues. Parents may also not be equipped to provide social and emotional support on how to deal with cyber bullying, stigma, using responsive parenting to build emotional resilience in children. The team identified the need to link to income assistance or cash generation as a delivery platform.

Chok Reyes also presented on school-based Parenting for Lifelong Health.

Some challenges in parenting of adolescents include: the generational gap between parents and adolescent, digitalization of interactions, COVID-19, and climate change. Some assert "The chain of communication between parents and children is broken!" Adoelscents feel parents may be outdated. Yet, research shows that adolescents do want to hear from parents and do want to have contact during the period of adolescence. Parents need socio-emotional support, and tools to deal with cyber-bullying and bombardment of the media to adolescents.

Another challenge is multi-generational, including issues when parents need support to provide care for adolescent children who are in turn parents to young children. Increasing numbers of young families may want to be separated from extended family, because they feel the pressure of social norms.

Institutionally, one challenge is to identify where parenting of adolescents programs sit institutionally and who is responsible for implementation. Participants questioned whether school is the best fit for support of parents of adolescents. One entry point could be through sexual and reproductive health services. Yet, in many locations going to a clinic is a taboo, not only for disease information about also for counseling and parenting support. Another entry point is through income generation platforms, providing links to improving communication and parent provision of emotional support. The UNICEF Parenting of Adolescents: Programming Guidance for Parenting of Adolescents provides additional guidance.

Working Groups: Digital solutions for parenting

Saara Thakur presented on the scaling up of Parenting for Lifelong Health. World Vision's Celebrating Families also discussed their interventions of talk shows with faith leaders. Types of digital solution interventions discussed included group-based parenting sessions and evidence-based chat bots.

The working group identified three priority actions to take forward. The first concerns accessibility. Attention needs to be directed to ensuring that underserved populations are reached. Further investigation is needed to address how digital solutions can meet the needs of of aging populations. Data internet plans and internet problems of under-resourced populations are key considerations that need to be taken into consideration in developing digital solutions.

A second area for priority action is evidence. The essential need for gathering evidence on effectiveness was identified. This is particularly needed in advance of scale up.

The third area for priority action was the need for hybrid options. Suggestions were offered around combination of face-to-face, with digital solutions. This was particularly relevant for individuals who with more needs or a greater number of vulnerability risk factors.

Working Groups: Men's engagement in Parenting

The working group on male engagement covered interventions such as father groups and Fathers' Cafés. The group also discussed male engagement in making of home-made toys.

The working group came to the conclusion that male engagement is important for everyone: children, women and men themselves. Barriers to male engagement include those at individual, community, and structural levels. A socio-ecological model was proposed as well-suited to address male engagement. Plan Nepal discussed how they use a socio-ecological model with health systems and with men.

Significant discussion was held on how to reach men. Men are not always found in the home so it is necessary to be creative on the venues for reaching men, especially men who are caregivers. Save the Children Cambodia shared about how it had consulted with men themselves on what they felt was needed. Some findings included: scheduling meetings at night, not in the daytime, as well as providing materials in different formats. This research had stimulated the development of programming for men.

Discussion also centered on how to address gender norms that dictate men's involvement in caregiving. The key role of addressing gender norms as included in parenting efforts was emphasized.

Different platform, strategies, and service delivery entry points to reach men were discussed. Media campaigns were recognized to be of key importance.

It was noted the essential need for building evidence on what works for male enagement so that this evidence can be brought forward to policy makers.

Working Groups: Parenting in Humanitarian Settings

The working group on parenting in humanitarian settings explored particular interventions to address parenting in crisis.

Parenting for Lifelong Health was founded in 2011 with the aim of reducing violence, preventing drug and alcohol use and improving child well-being. 15 randomized trials have been conducted in South Africa, Philippines, El Salvador, Lesotho, Moldova, North Macedonia, Romania and Tanzania. Parenting for Lifelong Health content has been adapted for crisis settings into 33 languages. Different contexts have arisen in terms of protracted conflicts vs. sudden onset of humanitarian crisis. In the child protection space, there is often focus on mental health of unaccompanied minors in humanitarian crisis, but little attention to parenting.

In Pakistan, heavy floods affected more than 33 million people. Questions arose on ways to support parents who were stressed, in manners that would be culturally appropriate. Parenting for Lifelong Health was used as a vehicle for parenting resources to support parents and caregivers affected by floods in Pakistan. The National

Institute of Psychology Quaid-i-Azam University in collaboration with United Nations agencies and other international agencies developed evidence-based parenting resources that offer practical tips for parents and children to cope with floods in Pakistan. Base materials being used in Ukraine were built off of. Materials were adapted and translated into eight regional languages including: English, Urdu, Sindhi, Pushto, Saraiki, Punjabi, Hindko and Balochi. Production of content included: TikTok videos, flipcharts, radio scripts and trainings for partners. Over one hundred local non-governmental organizations collaborated in the initiative. Materials can be accessed at: https://pakistanparenting.web.ox.ac.uk/home

Key challenges included: the need for innovative ways for disseminating content with users of low literacy and participants with low socio-economic background and thus low access to devices. One challenge was negotiating to gain access through male family members, community leaders, and religious schools. Collaboration with local organizations was key to gaining access and ensuring success. Next steps toward ensuring sustainability include training local health providers and school teachers in the sustainability of programs and determining the efficacy of intervention through measurement.

The working group concluded with the following recommendations: provide mental health and psychosocial support to parents and caregivers, strengthen collaboration and coordination at national level, produce tools to engage with community and religious leaders, prepare materials in advance in different languages ready to be used when an emergency happens, develop feedback mechanisms for 360 degree assessment of parenting programming, strengthen evaluations and randomized control trials of interventions, empower parents as providers of support (change the narrative so that they are seen as the ‘heroes’ in humanitarian crises), utilize the social cohesion angle to approach parents through identified champions and leaders, continue to develop innovative delivery mechanisms (e.g. TikTok, the metaverse), review humanitarian response plans (including the few United Nations Office of Humanitarian Action humanitarian plans that include support to parents and integration of parenting into water and sanitation), work with and build on government institutional frameworks, integrate multi sectoral interventions in water, sanitation, health, nutrition, and other sectors, and ensure adequate budgets.

Closing

At the closing of the event, organizers commended the rich learning from the experience of organizations implementing parenting programs, and the quality of concrete recommendations on how take forward the work in the region. The Asia-Pacific Regional Network for Early Childhood committed to continue advocay on responsive caregiving and parenting, particularly in repsonse to crises like COVID-19 and environmental degradation. The World Health Organization lauded the profiling of key exemplary models of parenting interventions and the opportunity to identify parenting issues specific to the region. Participants were invited to join the regional learning group on responsive caregiving and other regional mechanisms for learning from challenges, collectively identifying the emerging issues and building on the available opportunities to advance support to parents and caregivers in the Asia-Pacific region.

Annex 1: Agenda

Webinar Number 1: Evidence, mapping and country case studies

Overall Moderator: Joel Lasam, Knowledge Management and Leaming Advisor, ARNEC		
Topic/Scope	**Speakers**	**Time**
Preliminaries and framing	• ARNEC	5 min
Remarks from WHO	• Dr Suvajee Good, WHO South-East Asia Regional Office	5 min
Objective of the webinar series	• Shekufe Zonji, Early Childhood Action Development Action Network (ECDAN) on behalf of GISP	8 min
Evidence-based parenting and mapping in the region	• Dr Zuyi Fang, UNICEF EAPRO & ROSA ECD Consultant and Parenting for Lifelong Health	8 min
First set of case presentations Prescription to Play		
Prescription to play	• Kinley Wangmo, Save the Children, Bhutan • Tshetrim Tobgay, Save the Children, Bhutan	10 min
Thrive by Five International Program	• Melissa Teo, Minderoo Foundation, Australia • Dr Haley M LaMonica, The University of Sydney	10 min
Fathers Café	• Ramjan Ali, Plan International, Bangladesh	10 min
Southeast Asian Ministers of Education Organization, Centre for Early Childhood Care Education and Parenting (SEAMEO CECCEP)	• Dr Vina Adriany, Director of SEAMEO-CECCEP, Indonesia	10 min
Second set of case presentations		
Parenting for Lifelong Health - Positive Parenting Skills for Thai Parents in Region 8	• Dr Chanvit Tharathep, former Inspector General for Administrative Region 8, Bureau of Inspection, MOPH Thailand	10 min
Onesky Family Skills Training Program	• Gereltuya Tsegmid, Mongolia Program Director, Onesky for all children	10 min
Creating enabling environment for women working in garment factories for better nutrition of their children and themselves	• Sanjay Kumar Das, UNICEF Myanmar • Win Lae Lae, UNICEF Myanmar	10 min
Karona: Thodi Masti Thodi Padhai	• Samyukta Subramanian, Pratham Education Foundation India	10 min
Closing and next steps		
Closing, including next steps and evaluation	• ARNEC/WHO	10 min

Annex 1: Agenda

Webinar 2: Working group on specific topics

Overall Moderator: Joel Lasam, Knowledge Management and Learning Advisor, ARNEC		
Topic/Scope	**Speakers**	**Time**
Welcome and introduction	• ARNEC	5 min
Framing, objectives of the 2nd Webinar	• WHO (Sabine Rakotomalala)	5 min
Opening and update on inter-agency initiatives	• UNICEF (Maha Homsi)	10 min
Emerging trends and snapshot of cases submitted	• Global Initiative to Support Parents (Katy Anis)	10 min
First set of Working Groups		
1. Parenting children with disabilities (incl. caregiver wellbeing)	• WHO (Laura Pacione)	30 min
2. Parenting interventions to prevent violence	• PLH (Amalee McCoy)	
3. Parenting of adolescents	• UNICEF (TBC)	
Report back to plenary		15 min
Break		10 min
Second set of case presentations		
4. Digital solutions for parenting	• PLH (Saara Thakur)	
5. Men's engagement in parenting	• Plan International (Nicole Rodger)	30 min
6. Parenting in humanitarian settings	• WHO (Sabine Rakotomalala)	
Report back to plenary		15 min
Closing		
Closing and evaluation	• ARNEC/WHO	10 min

Annex 2: Electronic resources relevant to the convening

The following documents are hyper-linked to facilitate access to background documents related to the convening:

- Parenting Inter-Agency Vision-English

Proceedings

The recordings of the event are accessible online, including viewing of speaker presentations, power point presentations and audience discussion.

Webinar 1: Evidence, mapping and country case studies

You may sign up to watch the webinar 1“on-demand” after registering at the following link.

The following slide decks are available:

GISP Webinar #1 Final slides preliminary presentations

GISP Webinar #1 Final slides of first set of case studies

GISP Webinar #1 Final slides of second set of case studies

Webinar 2: Working group on specific topics:

Please visit this link to see the second seminar in the series.

Annex 3: Bios of moderator/ speakers

Joel Lassam

Knowledge Management and Learning Advisor, Asia-Pacific Regional Network for Early Childhood

Moderator

Joel Lasam has more than two decades of experience in development policy, governance and development, policy research and analysis, and program management.

He joined the Central Planning Ministry of the Philippines as a development specialist for governance, where he worked on legislative and executive partnerships for public policy. He also moved to other sectors, particularly basic education and energy, assisting ministers in policy research and communications. After 14 years in government, he assumed the post of Governance Adviser managing public sector reform programs with assistance from the Australian Aid and has continued development work through advisory services to various ministries in the Philippines with the support of donor agencies in the fields of national and local governance, organizational development and capacity development, and program management.

Apart from development work, Joel has joined academia, teaching research and development theories to undergraduate students in the Philippines after obtaining his graduate degree in public policy and administration from the International Institute of Social Studies in The Hague, The Netherlands in 1998.

Joel joined ARNEC as a Knowledge Management and Learning Advisor in 2019 with firm support for the primacy of early childhood investments in support of inclusive, equitable, and sustainable futures for the region.

Suvajee Good

World Health Organization-South East Asia Regional Office

Dr. Good is Regional Advisor for Health Promotion and Social Determinants of Health, at the World Health Organization for South-East Asia Regional office, based in New Delhi, India, responding to 11 countries in the region. She has 25 years of international experiences across regions. She was the Programme Manager at the World Health Organization Regional Office for Africa advising 47 countries in Africa and acted as a senior supervisor for risk communication and community engagement in the COVID-19 pandemic response, Ebola and other outbreak responses and preparedness in Africa. She has been a key advocation for promoting healthy settings in schools, workplaces, markets, communities, and cities in Southeast Asia and Africa for more than 15 years. Her works focus on health equity, intersectoral actions for health, multisectoral coordination, policy coherence promoting health in all policies, and fostering public partnerships with civil societies, active citizens, and non-states actors to promote health and well-being.

Shekufeh Zonji

Early Childhood Action
Development Action Network

Shekufeh Zonji provides technical leadership to Early Childhood Action Development Action Network and spearheads key knowledge, learning, and strategic partnership initiatives for the network. She brings her extensive experience built over fifteen years in global Early Childhood Development within the sectors of Education, Child Protection, and Health to the role. She has worked on critical challenges to the well-being of young children across Latin America, East Africa, and South Asia. In Bangladesh, she designed innovative early child development models for a range of vulnerable contexts including urban slums, garment factories, tea estates, and fragile flood-prone communities. In Afghanistan, she led the Aga Khan Foundation's national early childhood portfolio contributing significantly to Afghanistan's national pre-primary policy development. She has worked as a senior consultant on strategy and policy development, research, curriculum design, and intervention design for global think tanks and civil society organizations like BRAC and Save the Children. She also runs a design practice in collaboration with architects to design urban interventions in spaces for children based on the science of child development. She speaks eight languages and completed her education at McMaster University in Canada in Biology and Psychology, specializing in cognitive science and neuroscience.

Dr Zuyi Fang

Dr Zuyi Fang is an early child development consultant at the UNICEF East Asia and Pacific Regional Office and UNICEF Regional Office for South Asia. She obtained her PhD from the Department of Social Policy and Intervention, University of Oxford and two master's degrees from University of Oxford and Columbia University. She is a Research Fellow within the Global Parenting Initiative, leading the development, evaluation and dissemination of disability-inclusive human-digital playful parenting resources. She is also a postdoctoral researcher based at the School of Social Development and Public Policy, Beijing Normal University, China.

Kinley Wangmo,

Save the Children Bhutan

Kinley Wangmo has been working as Early Child Care and Development Program Coordinator at Save the Children Bhutan Country Office since November 2015. She has worked closely with the Early Child Care and Development and Special Education Needs Division of the Ministry of Education to design and improve the Early Child Care and Development curriculum. She has also worked closely with Department of Public Health, Ministry of Health to pilot an early stimulation project targeting caregivers of children of under three. Before joining Save the Children, she worked for Ministry of Education. She has also worked for than twenty years as a primary school teacher and played a role in monitoring the quality of Early Child Care and Development center programs. She completed her master's degree in education, Majoring in Early years from the Queensland University of Technology, Brisbane, Australia in 2012. She currently supports the P2P project, a national scale up project, focusing on increasing access to quality Early Child Care and Development services and programs for 0- to 3-year-old-children in partnership with Ministry of Health, Royal Government of Bhutan.

Tshetrim Tobgay

Save the Children Bhutan

Tshetrim Tobgay has worked in the Save the Children Bhutan Country Office since 2017. He began as a project officer, and currently works as Monitoring, Evaluation, and Learning Coordinator for the P2P project. He previously worked with national counterparts Ministry of Education, and Department of Disaster Management on a Disaster Risk Reduction project.

He currently supports the P2P project, which is a national scale up project, focusing on increasing access to quality ECCD services and programs for 0- to 3-year-old-children in partnership with Ministry of Health, Royal Government of Bhutan.

Melissa Teo

Minderoo Foundation

Melissa is the manager of content development at Minderoo Foundation, Thrive by Five International program. She has a Bachelor of Arts, majoring in English and Anthropology and Masters in Social Work. She is a qualified Child Play Therapist and has spent many years working with vulnerable children and families in Child Protection and Fostering and Adoption Services in Australia and the United Kingdom. Born in Sarawak Malaysia, Melissa is passionate about working with parents and caregivers to promote early childhood development and ensuring access to information that is specifically tailored and reflective of local culture and practices in order to break down barriers of disadvantage.

Haley M. LaMonica

The University of Sydney

Dr Haley M LaMonica is a mid-career researcher and practicing Board Certified Clinical Neuropsychologist with 15 years' clinical experience. Dr LaMonica holds a position as a Senior Research Fellow with the Youth Mental Health and Technology Team at the University of Sydney's Brain and Mind Centre, where she leads the Mental Health, Culture, and Global Child Development Research Stream. Her research focuses on the development of effective and clinically relevant digital solutions to improve mental health and wellbeing and cognitive outcomes, with experience across the lifespan.

Ramjan Ali

Plan International Bangladesh

Md. Ramjan Ali started his carrier with Plan International Bangladesh in 2019. Currently he is working as Manager, Early Childhood Development and leading a large early child development project implementing in Dhaka and Barisal division of Bangladesh. He is an education professional with over eight years direct experience in development and humanitarian setting. He has great interest and expertise in early child development, Primary Education, Education in Emergency and Educational Research. Ramjan has numbers of publications (related to different areas of education) published in different national and international journals and blogs. He worked with numbers of national and international development organizations (including Plan International, World Vision, UCEP & Food for the Hungry) in Bangladesh. He has completed his graduation and a post-graduation in Education from University of Dhaka, Bangladesh.

Dr Vina Adriany

Director of SEAMEO-CECCEP,
Indonesia

Dr Chanvit Tharathep is a medical doctor who has held several senior positions within the Ministry of Public Health, including Deputy Permanent Secretary, Inspector General for Administrative Region 8, as well as Director of the Health Service System Development Bureau. He has a long career of working to actively prevent and respond to violence against women and children within the Thai health system, including through the development and implementation of One Stop Crisis Centres in public hospitals nationwide, as well as the adaptation and pilot of Parenting for Lifelong Health Young Children in health administrative region 8 in Northeast Thailand.

Gereltuya Tsegmid,

Mongolia Program Director,
Onesky for all children

Gereltuya Tsegmid first joined OneSky in 2018 and is currently working as a Program Director of Onesky in Mongolia. As Program Director, she is responsible for leading the implementation of the program for training and supporting parents to provide quality responsive care for vulnerable young children living in the ger areas of Ulaanbaatar. She has served as a specialist teacher of hearing-impaired children and Educational Manager at the special school for the deaf and blind children for 20 years after graduating from the Pedagogical University in Hungary in 1982. She received her Master Degree in Special Education in 2000. She has been working in the education sector in Mongolia for 40 years..

Sanjay Kumar Das

UNICEF Myanmar

Sanjay Kumar Das is a nutrition manager with UNICEF Myanmar office and leading nutrition program in collaboration with government, civil society agencies, private sector and communities. He is a public health professional with master's degree in public health and certificate in general medicine. He has been working in humanitarian field for last 20 years. During this period, he has got opportunity to work with different I/NGOs and UN agencies in diversified context of Ethiopia, Somalia, Sudan, Nigeria, Yemen, Jordan, India, Pakistan, Nepal and currently in Myanmar. In additional to regular program management and leadership, he has also expertise in survey, assessments, and program evaluation techniques.

Win Lae Lae

UNICEF Myanmar

Ms.Win Lae Lae is a nutrition officer working with UNICEF Myanmar. She has been working with UNICEF for more than four years and before that, she worked with several non-governmental organizations for primary health care management in both development and humanitarian settings. She is a public health professional with master's degree in primary health care management.

Samyukta Subramanian

Pratham Education Foundation
India

Samyukta Subramanian serves as Program Lead, Early Years at Pratham Education Foundation, one of India's largest nonprofits focused on improving quality of education. She leads the Early Childhood Education and Early Grades initiatives across many Indian states and has extensive experience working with government officials, private sector partners, and nonprofit leaders to develop and implement education initiatives. Her focus has been on India's pre-primary education landscape and improving ECE outcomes at scale. Recently, as an Echidna Global Scholar (2019) at the Brookings Institution, Washington, DC her paper focused on India's policy on early childhood education: Lessons for a gender-transformative early childhood in India

Samyukta holds a bachelor's degree in law and both bachelor's and master's degrees in Psychology from the University of Delhi. She joined Pratham in 2008.

Katy Anís

Technical Advisor in Early Childhood

Over the last 25 years, Katy Anís has been working to build human capacity across the lifespan, through programming for children, youth and adults in adversity. Her work has covered a spectrum of sectors, including early child development, basic education, nonformal education, youth, workforce development/ livelihoods, girls programming, male engagement programming, health, mental health, social justice, child protection, violence prevention, social-emotional development, spirituality, values, and policy/advocacy. Over the last decades, she has been conceptualizing, implementing, researching, supporting, and managing initiatives from the vantage point of: philanthropic foundation, venture capital firm, multilateral institution, bilateral donor, non-governmental organization, educational institution, faith-based entity, and grassroots community-based organization. She has a strong history in resourcing of social sector programming, and cultivates a specialization at nexus of childhood, movement of capital, and holistic human development.

She holds a Master's in International Education and Development Management, Bachelor's in Socio-Cultural Anthropology and Language Development, with certificates in Language Teaching and Early Child Development. She is fluent in English, Dari, Farsi, Portuguese, Spanish, with basic Amharic, Nepali, French and Esperanto. She has lived, worked or traveled in over 32 countries including: Afghanistan, Bolivia, Botswana, Brazil, Colombia, Costa Rica, East Timor, El Salvador, Ethiopia, Guatemala, Honduras, India, Kenya, Liberia, Mexico, Mozambique, Norway, Oman, Pakistan, Peru, South Africa, Spain, Sweden, Switzerland, Tanzania, Tajikistan, Thailand, United Kingdom, United States, Zambia, among others.

Annex 4: Regional Glance at Institutions Engaged in Parenting

102 institutions representing government, civil society/practitioner, private sector, researcher/academia, multilateral/bilateral, philanthropy indicated that they were engaged in implementing support to parenting in the Asia Pacific region.

- Action for Community Development Institute of Vietnam
- Ateneo de Manila University
- Aga Khan University
- Autism Speaks
- Bangladesh local churches and faith-based organizations
- Bangor University
- Beez Bistar Foundation
- Boromarajonani College of Nursing of Thailand
- BRAC Institute of Educational Development
- BRAC University
- BTS-Bangladesh
- Child Protection Network
- ChildFund India
- ChildFund Korea
- ChildFund Philippines
- ChildFund Sri Lanka
- ChildFund Vietnam
- Department of Education of Philippines
- Department of Public Health of Bhutan
- Department of Social Welfare and Development of Philippines
- District Government Subdistrict Government of Mongolia
- DSWD - 4Ps - Region 8 of Philippines
- Early Childhood Care and Development Council of Philippines
- ECCD Council of the Philippines
- EDUCO Bangladesh
- Family Planning Organization of the Philippines
- Guadalcanal Women's Council of Solomon Islands
- Guadalcanal Provincial Authority of Solomon Islands
- HCL Foundation
- HealthNet of Timor Leste
- Humanity and Inclusion
- IDEA- Bangladesh
- Independent Researcher
- Integrated Child Development Schedule
- Khesar Gyalpo University of Medical Sciences of Bhutan
- Klinik Kenit
- Karuna Mission Social Solidarity Caritas Myanmar
- Legacy Club Services
- Lihok Pilipina Foundation, Inc.
- Local government units of Philippines
- Local communities
- Local government (municipal and provincial)
- Local government of Indonesia
- Local Organisations of People with Disabilities of Viet Nam
- Mahidol University
- Minderoo Foundation
- MindHaven School Inc.
- Ministry of Education and Science of Mongolia
- Ministry of Education and Sport of Lao PDR
- Ministry of Education, Science and Technology of Nepal
- Ministry of Education, Youth and Sport of Cambodia
- Ministry of Labor and Social Protection of Mongolia
- Ministry of Education of Mongolia
- Ministry of Health of Mongolia
- Ministry of Public Health of Thailand
- Ministry, Center for Education, Human Resource Development of Nepal
- Monash University
- MSEDA- Bangladesh
- Myanmar Garment Manufacturers Association
- NalandaWay Foundation
- National Adolescent Health Programs of India
- National Christian Fellowship of Bangladesh
- National Council of Churches in Bangladesh
- National Nutrition Council of Philippines
- OneSky for all children
- Parenting for Lifelong Health Philippines
- Peace Culture Foundation Thailand (part of the Parenting for Lifelong Health network)
- Philippine Legislators' Committee for Population and Development Foundation (PLCPD)
- Lunduyan para sa Pagpapalaganao, Pagtataguyod at Pagtatanggoll ng mga Karapatang Pambata Foundation, Inc. (LUNDUYAN)

- Ministry of Health of Bhutan
- Plan International Bangladesh
- Plan International Myanmar
- Plan International Nepal
- Plan International Timor Leste
- Pratham Education Foundation India
- Prochesta-Bangladesh
- Provincial and District People's Commitees of Viet Nam
- Provincial Center of Special Education for Children with Disabilities of Viet Nam
- Radio Stations-Philippines
- Save the Children Bhutan
- Save the Children Cambodia
- Save the Children Indonesia
- Save the Children Philippines
- Sentro ng Alternatibong Lingap Panligal (SALIGAN)
- Sesame Workshop Bangladesh
- Sesame Workshop India
- Seto Gurans of Nepal
- South Asia Partnership
- Stimulant Institute of Indonesia
- SUROVI
- Tree-Dev Foundation, India
- Ummeed Child Development Center
- UNICEF
- UNICEF Mongolia
- UNICEF Myanmar
- UNICEF Nepal
- UNICEF Pacific
- UNICEF Philippines
- UNICEF Thailand
- University of Cape Town
- University of New England
- University of Oxford
- University of Sydney
- UP College of Education of Philippines
- Village Development Committees
- World Health Organization
- World Vision Bangladesh
- World Vision Myanmar
- Yayasan Wahana Komunikasi Wanita

Annex 5: Summary Table of Submissions of Evidence-based Interventions to Support Parents and Caregivers in the Asia Pacific Region

The following table summarizes the submission on evidence-based interventions to support parents and caregivers. Interventions are organized alphabetically by country. Y indicates yes. N indicates No. NA indicates not applicable. Blank indicates that the intervention focal person did not specify.

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AUSTRALIA																											
Early Childhood Defence Programs	Y	NA	NA	NA	Y	Y	Y	NA	N	Y	Y	N	Y	N	Y	Y	Y	Y	N	N	N	Y	Y	N	Y	Y	Y
Thrive by Five International Program	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	Y	N	N	N	Y	N	N	N	N	N	Y	N
BANGLADESH																											
Celebrating Families Model for Family Peace and Positive Parenting	N	N	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Fathers Café	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	N	Y	Y	N	N	Y	Y
Integrated Parenting Development in Community Based ECD and Day-care Program	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	N	N	Y	Y	N	Y	Y
Pashe Achhi Remote Learning Program																											
Community Based Responsive and Adaptive Management for Child Development in Relation to Climate Resilience and Sustainable Development	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	Y
BHUTAN																											
Prescription to Play	N	N	N	Y				N	N	Y	Y	N	N	Y	N	N		N		Y	N					Y	

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CAMBODIA																											
Parents and Community Involvement in COVID-19 ECCD Programs																											
Raising Awareness and Innovative Strategies for ECD (RAISE)	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y
INDIA																											
Children, Disability and COVID-19																											
GARIMA - Dignity for Adolescent Health Focusing on Adolescents Girls	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	N	N	N	Y
Karona: Thodi Masti Thodi Padhai Program																											
Mentor Mothers for Healthy Nations	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Y	N	N	Y
TIKA-APP on Mass Immunization Awareness Campaign	N	Y	N	N	N	Y	Y		N	Y	Y		Y			Y				N	N	N	N	N	N	N	N
Daddy Cool	N	N	N	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y	Y	N	Y	N	N	Y	N	N	N	Y	N
World Health Organisation-Caregiver Skills Training (WHO-CST) Program	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y.	N.	Y	N	Y	Y	N	N	N	N	N	Y	Y	N	N.	Y.	N
Gutar Goo	N	N	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	N	N	N	Y	N	Y	Y	N	N	Y	Y

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INDONESIA																											
Engaging Fathers through Parenting Sessions Formative Research for Module Development	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y
Parenting Program	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	N	Y	Y	N	Y	N	N	N	N	N	Y	Y
Responsible, Engaged, and Loving (REAL) Fathers approach	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	N	Y
LAO PEOPLE'S DEMOCRATIC REPUBLIC																											
Gender Responsive Summer Pre-Primary 10 week and Parent's Engagement Program	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N	N	N	N	N	N	N	Y	Y
MALAYSIA																											
Integrated Child and Family Service - Nurturing Care	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y
MONGOLIA																											
OneSky Family Skills Training Program in Mongolia's Ger Districts	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y	Y	N	N	Y	N	N	N	N	N	Y	Y
Responsive and Violence-Free Caregiving in a Healthy and Hygienic Environment	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	N	N	Y	Y
MYANMAR																											
Bring Back Learning	N	Y	N	Y	Y	Y	Y	N	Y	N	Y	N	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y

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Creating Enabling Environment for Women Working in Garment Factories for Better Nutrition of Their Children and Themselves	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y
Parenting Under Pressure	N	N	N	Y	Y	N	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	N	N	Y	Y
Parenting Education Program for 0 to 8 Children' Parents	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	N	Y	Y
NEPAL																											
Home Based Parenting Education Program- Child DREAM	N	Y	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	N
Parenting Education in Nepal																											
PAKISTAN																											
Sensitization, Demonstration, Individual Support, Referrals Model of Parenting and Parenting Discipline Practices	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	Y	N	N	N	Y	Y
Early Child Development PREP	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
PHILIPPINES																											
Ensuring Nutrition, Health, and Children's Early Stimulation and Learning (ENHANCE)	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	Y	N	N	Y	N	Y	N	N	N	Y	Y
Heart to HEART (Healthy, Empowered, and Responsible Teens)	N	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	N	N	Y
Home-based ECCD Program																											

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iMulat: Leveraging Technology in Low-Resource Settings																											
Masayang Pamilya para sa Batang PilipiN Program (MaPa) or Parenting for Lifelong Health Kids	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	N	Y
International Child Development Program Parenting program	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Parent Education Program	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
Positive Deviance Hearth + Building Brains	N	Y	Y	Y	Y	Y	Y	N	N	Y.	Y	N	N	N	Y	Y	Y	Y	N	Y	N	Y	N	N	N	Y	Y
Radio-based Early Literacy and Math at Home	N	Y	N	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y	Y	N	Y	N	Y	N	N	N	Y	Y
Usap Tayo (Let's Talk): Stakeholders' Co-Production of an Oral Language Program for five-year-old children	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	Y	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	Y
Implementation of the System for Prevention, Early Identification, Referral and Intervention of Delays, Disorders and Disabilities in Early Childhood	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	Y		N	N	N		N	Y	Y	Y	Y	Y
Strengthening Filipino Responses in the Home, School and Community: A Positive Approach to Child Discipline	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y

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SOLOMON ISLANDS																											
Hapi Helti Pikinini (Early Child Development Community and Parenting Support Programme in Solomon Islands)	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	Y	N	N	Y	Y
SRI LANKA																											
Responsive & Protective Parenting Program	N	Y	N	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N	Y	Y
THAILAND																											
Parenting for Lifelong Health for Young Children	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	N	N	Y	Y
TIMOR LESTE																											
Positive Parenting and Nutrition	Y	Y	N	Y	Y	Y	Y	N	N	N	Y	Y	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N	Y	Y
VIET NAM																											
Distance Learning Approaches for Children: Viet Nam																											
Parent/caregiver and Community Support for Children with Disabilities	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y

Annex 6: Narrative Descriptions of Submissions of Evidence-based Interventions to Support Parents and Caregivers in the Asia Pacific Region

The description of each intervention contains:

- name of intervention
- organization (if multiple organizations, first point of contact)
- type of entity (government, civil society/practitioner, private sector, researcher, academia, multilateral, bilateral, philanthropy, network, faith-based, other)
- name of any partnering collaborating entities
- country
- sub sector if relevant (multisectoral, child protection, health and nutrition, education and early learning, gender, economic development, other)
- language of presentation
- session description
- evidence rating (a. effective (at least two high- or moderate-quality impact studies) or b. promising (at least one high- or moderate-quality impact study) or c. prudent (qualitative or observational studies).
- description of type of evidence available and any preliminary results
- age group covered (prenatal, young children, older children, adolescents and youth, adults)
- delivery modalities used (integration into existing services, media channels, digital channels, home visits, group sessions, other)
- implementation context, (health systems, schools, faith based environment, community /village environment, social welfare system, child-friendly workplaces, childcare services or centers, alternative care, other-please state)
- contribution to system strengthening for scale up (implementation or innovation in practice, research, national strategy and governance, financing, multi-stakeholder, partnership, accountability, other)

Australia

Early Childhood Defence Programs

NAME OF INTERVENTION: Early Childhood Defence Programs

ORGANIZATION: University of New England

TYPE OF ENTITY: Researcher / Academia

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Legacy Club Services and other stakeholders

COUNTRY: Australia

SUB SECTOR: education and early learning, strength-based, resilience-based

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: This Australian educational program for 2-5 year old children from Australian Defence Force families provides specialist resources and assistance to parents and educators who support these children. The program is developing free and accessible resources designed to build resilience of children by increasing the skills and knowledge of their parents, educators, family workers and Education Liaison Officers. The programs provide online learning resources with practical activities to assist children to respond resiliently in various family scenarios relevant to the Australian Defence Force community.

EVIDENCE RATING: There is urgent need to develop, implement and evaluate the program.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Preliminary results show the program's resources improve the knowledge, confidence and competence of parents, educators and family workers in supporting children whose parents work away or who have work-related health and mental health conditions.

AGE GROUP COVERED: Young Children (Early Childhood)

DELIVERY MODALITIES USED: On-line learning modules

IMPLEMENTATION CONTEXT: schools, child-friendly workplaces, child care services or center, other-homes government agency counselling service [Open Arms]

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: research based, multi-stakeholder partnership, other

Thrive by Five International Program

NAME OF INTERVENTION: Thrive by Five International Program

ORGANIZATION: Minderoo Foundation

TYPE OF ENTITY: Philanthropy

NAME OF ANY PARTNERING COLLABORATING ENTITIES: University of Sydney

COUNTRY: Australia

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Thrive by Five International aims to raise awareness and empower parents and caregivers internationally to support their child's socio-emotional and cognitive development in the early years. The program harnesses the power of digital and non-digital tools to break down cultural and societal barriers that can influence optimal child development, such as affordability and accessibility. Minderoo highlights the approach to content development, incorporating both anthropological and neuroscientific research and the crucial co-design process with local parents, caregivers and subject matter experts. Learning about the importance of adopting a cultural lens when promoting the brain story across diverse cultural settings will be shared and disseminated across platforms. The Thrive by Five content has been developed by the University of Sydney's Brain and Mind Centre, a global leader in neuroscience, with a focus on child development and youth mental health.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Neuroscience shows that the first five years are critical to a person's cognitive, social, and emotional development. All activities featured in the program have a scientifically proven effect on brain development as well as physical health and wellbeing when they're done early in a child's life, and often.

AGE GROUP COVERED: Young children

DELIVERY MODALITIES USED: Integration into existing services, media channels, Digital channels, Group sessions, Health systems

IMPLEMENTATION CONTEXT: Community / village environment, Childcare services / centers

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, Research, National strategy and governance, Multi-stakeholder partnership

Bangladesh

Celebrating Families Model for Family Peace and Positive Parenting

NAME OF INTERVENTION: Celebrating Families Model for Family Peace and Positive Parenting

ORGANIZATION: World Vision Bangladesh

TYPE OF ENTITY: International NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: National Council of Churches in Bangladesh, local churches, faith-based organizations, National Christian Fellowship of Bangladesh, COUNTRY: Bangladesh

SUB SECTOR: multisectoral, education and early learning, child protection, economic development

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Celebrating Families model programming is implemented through World Vision Bangladesh. The programming is an integrated project model that celebrate families and promote positive parenting, incorporating aspects of technical programs that focus on child protection. In Bangladesh, traditional practices like physical punishment are common in families, schools and other institutions, with 89% of children experiencing physical punishment. Positive social norms and behaviors can be promoted through capacity building for parents, encouraging parents to become agents of change in their faith communities, and practice positive discipline. During COVID, the team adapted the model. Income generation is also linked to the Celebrating Families.

EVIDENCE RATING: Effective (at least two high- or moderate-quality impact studies) DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: project end phase evaluation reports, annual impact assessment technical programs, DMIS/design, monitoring indicator system reports and data generations, impact stories, video documentaries

AGE GROUP COVERED: Young Children, Adolescents of age 12-18 years, Adults/Parents and Faith leaders, Training, Workshops, Group sessions, Follow up meetings, faith based environment, community /village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice, research, multi-stakeholder partnership

Fathers' Café

NAME OF INTERVENTION: Plan International Bangladesh

ORGANIZATION: International non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: South Asia Partnership, SUROVI and Sesame Workshop Bangladesh

COUNTRY: Bangladesh

SUB SECTOR: Education and Early Learning, Gender Inclusion

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Fathers' Cafe' is a community-based volunteer team of fathers of children age 0-8 who come together for ensuring equal opportunities for growth and development of boys and girls as well, promote equal participation of fathers or male members of the families in child rearing and caring as well as to ensure a non-discriminatory social system by removing traditional child-rearing practices, and changing the social norms in a gender context. This group is formed with 20-25 interested parents in the community. Plan International Bangladesh formed 130 “Fathers' Cafés” with 2580 fathers as members actively attending in different sessions and interactions.

Each member of the “Fathers' Café” receives 1-hour long session each month where they learn about the growth and development of the child as well as their roles as a parent to play to support their early-aged children's holistic development. After attending a “Fathers' Café” session, the fathers share the learning with other fathers (at least one father who is not a father café member) in their community. The intervention also encourages father attendees to make necessary changes in their daily routine to support their children's early childhood development. The intervention identifies and encourages the community fathers who brought the most significant changes in their routine and increased their interaction with their children. Through the model, “Fathers' Café” attendees are encouraged to participate in child rearing and daily living (household chores, family decision making, recreational work, recreational opportunities, financial decisions, expression of opinion) to ensure equality in the family. Plan International Bangladesh intends to nurture all father café attendees to be role models in the area of gender equality. Through this modeling, young children will learn from parents doing work together and making decisions together. This role modeling also helps the child to be sensitized to gender equality throughout his/her life. The intervention also café members to share the same messages, learning, and practices with other fathers in their sphere of influence.

EVIDENCE RATING: Prudent (qualitative or observational studies).

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Internal project reports on the Fathers' Café project suggested that Fathers' Café attendees and many other fathers in the project implementation areas are now taking care of their children and spending quality time with them, unlike earlier prior to the project implementation. The observation indicated that almost 100% of Fathers' Café members are now doing household chores. Some fathers shared, “This is our family, and so is the household work is part of our responsibility.”

AGE GROUP COVERED: direct target: male parent/caregiver of young children
indirect target: young children, adolescents and youth, adults,

DELIVERY MODALITIES USED: group sessions, home visits

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: community /village environment, childcare services or center, parenting education through male engagement gender responsive early child development

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice

Integrated Parenting Development in Community-based Early Child Development and Day Care Program

NAME OF INTERVENTION: Integrated Parenting Development in Community-based Early Child Development and Day Care Program

ORGANIZATION: EDUCO Bangladesh

TYPE OF ENTITY: International non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Funding partner- ChildFund Korea; Local Implementing Partners- Promoting Childhood Education for Sustainable and Transformational Achievements, Multi-purpose Socio Economic Development Association, BTS, IDEA

COUNTRY: Bangladesh

SUB SECTOR: 1.Multi-sectoral, 2. Early childhood care and Education, 3. Nutrition, Health, Family level livelihood, 4. Adolescent and Youth Empowerment

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The project has been implementing in the marginalized area of Tea-Garden in Moulvibazar district, Bangladesh, aiming to improve the access and quality early child development services involving the tea garden authority, government authority and local community. The children are garden laborers facing challenges in nutrition, health, care and education. The EDUCO program has established a model of integrated approach to develop the parenting education and engagement for the children as well as family development. The model established a permanent structure for early child development in the community as a resource center. Contextually relevant parenting modules have been developed and are delivered through parenting sessions. EDUCO has developed integrated program delivery components for family development to strengthen parenting of children. These include nutrition, food preparation, demonstration, home-based gardening, training, and income generation activities for financial independence. A group of facilitators and para-counselors are trained on parenting to serve as resources within the community. Holistic support to ensure child protection and child well-being is conducted by parents, adolescents, Panchayat local village councils, Disaster Management Group, to the parents by improve their knowledge, provide training home-stead gardening for nutritional support and hygiene practice is incorporated. Adolescents and youth are empowered to ensure their active participation and decision making in family. They are also supported through life-skill education as well as trade-based income generation which also contributes to build the wellbeing of children and themselves. At the community level, the Community-Based Child Protection Committees, Youth Clubs and Disaster Management Groups engage to create an enabling and protective environment for the children through their social activities and advocacy to local government authority. The project intervention also works to improve primary education services in 32 primary schools in the project area by supporting infrastructural development, teacher training, pedagogical material supplies with close coordination with government education authorities which create access and transition in education for most marginalized community children. Parents are actively involved to exercise their roles with their children through continuous improvement of their knowledge and practices.

EVIDENCE RATING: Promising by evidence of mid-term evaluation

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Significant results has been documented through the mid-term evaluation and assessments. The project is working with the communities with the lowest levels off children wellbeing and parents were very low knowledge about parenting. 160 facilitators and 134 para-counsellors are trained to conduct the regular basis parenting session. These individuals come from the community and remain as community based resource persons to support on parenting and counseling. Through the project initiatives, parents have been engaged in 4313 parenting sessions where parents have engaged in 26,267 unique instances. With knowledge dissemination, parents learn about child rights and well-being issues. 2006 parents have been trained through 149 practical demonstrations on nutrition food preparation. Parents are supported by homestead gardening training and seed supply to improve the nutrition status of the families, especially children and adolescents. 58 permanent early childhood development or child care structures have been established to ensure a sustainable community-based parenting and education through the ownership and engagement of the local community where 3,913 children of age group 1-4 years enrolled and nurtured. After long advocacy to the Tea Garden Owner Association, the project finally got the formal approval from the association, with represents a commitment of the Tea Garden authority to work with the Tea Garden labor community. To support the parents, 32 Community Based Child Protection

Committees were formed in the community level and have been trained counter against violence against children. 32 Adolescents and Youth clubs within the 32 communities advocate for them and children and disseminate the massages to create an enabling environment for them.

AGE GROUP COVERED: child care- day care service for children 1-3 years for tea garden women workers; early child development – for young children 3-4 years; pre and primary education- older children 5-10 years, adolescent & youth - 11- 24 years

DELIVERY MODALITIES USED: 1. integrated development approach with center based learning, 2. media channel, 3. home visit & home based play, 4. parenting session, 5. demonstration session on nutrition, 5, community based complaint & response mechanism, 6. Information education communication materials, behavior change communication materials, billboard display for communication

IMPLEMENTATION CONTEXT: child care center, early childhood education & care, water, sanitation & hygiene practice, community based child protection programing, disaster risk reduction programing, livelihood & nutrition programing, primary education, adolescent development programming, advocacy

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Program intervention

Pashe Achhi Remote Learning Program

NAME OF INTERVENTION: Pashe Achhi Remote Learning Program

ORGANIZATION: BRAC Institute of Educational Development, BRAC University

TYPE OF ENTITY: Academia

NAME OF ANY PARTNERING COLLABORATING ENTITIES: None

COUNTRY: Bangladesh

SUB SECTOR: child protection, health and nutrition, education and early learning, mental health

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The Pashe Achhi remote learning program was developed to promote the wellbeing of caregivers and their children age birth to five years, promote child development through play-based learning, and nurture positive parenting for families within both mainstream and refugee communities in Bangladesh. Pashe Achhi was a newly developed program that was initiated in response to the COVID-19 pandemic. It was developed from some of the key learnings and successful modalities of existing programs. The program consisted of a telecommunication model in which young women from the community, referred to as Play Leaders, facilitated weekly 20-minute phones calls, based on pre-developed scripts, with a mother and child. This included a 10-minute counselling session for the mother and a 10-minute play-based session with the mother and child. Essential health and hygiene information regarding COVID-19 was also shared with mothers.

EVIDENCE RATING: Baseline and endline data

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The Pashe Achhi in improved mothers' knowledge, attitude, and practices on ECD and promoting well-being to stimulate development in children aged 0 -5 years. Following a pre-post intervention group design, the study was conducted on 340, and 152 randomly selected caregiver-child dyads from Bangladeshi - and Rohingya community, respectively. Additionally, data were collected from 60 Bangladeshi and 162 Rohingya Play Leaders. The analysis shows that the intervention had a large effect in improving mothers' knowledge, attitude, practices, and reducing maternal depressive symptoms. Across categories, the intervention significantly improved children's developmental outcomes. Play Leaders also demonstrated strong competencies when facilitating calls, which positively affected caregivers' and children's outcomes.

Community Based Responsive and Adaptive Management for Child Development in Relation to Climate Resilience and Sustainable Development

NAME OF INTERVENTION: Community Based Responsive and Adaptive Management for Child Development in Relation to Climate Resilience and Sustainable Development

ORGANIZATION: Beez Bistar Foundation

TYPE OF ENTITY: National non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: none

COUNTRY: Bangladesh

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The concept of Early Childhood Development is grounded on achieving the sustainable development goals through increased investments on young children. It was observed in communities that some children have been doing better under emergencies and adversities such the pandemic and changing climatic conditions. The program focuses on children nutrition, safety, health, education, political and legal support for early childhood development to ensure children's constitutional protections. The intervention focuses intensively on growth and development of children to create a positive environment for long-term resilience and sustainable development. The program works together with the parents and multi stakeholder engagement through collective action to raise the awareness of policymakers, civil service organizations, and private sector on the impacts of COVID-19, climate change, and environmental degradation on young children. The program has been conducted in two unions of Tangail and Sirajgonj districts of Bangladesh. These areas are declared as pesticide free communities. The government primary school teachers and students trained on food safety by Beez Bistar Foundation in collaboration with the Food and Agriculture Organization. From their early childhood, children learn about food safety, biodiversity-based ecological agriculture, community-based biodiversity management, livelihood improvement and coping mechanism in the changing climatic conditions and how to prevent pandemics like coronavirus. From school beginnings, children learn about food safety. As a result, children learn practical skills on: how to keep and manage seeds at household and community level, establishment of nurseries, plantation, safe poultry and livestock farming, marketing of safe food. Therefore, food safety practices and awareness are very strong in these unions. Children and youth are actively and intensively involved in family and community participation for safe food production, consumption, nursery establishment, planting, and recreation through different games and cultural events. As a whole, the approach is to elevate early child development as a means to human development, climate resilience and adaptation, food safety and sustainable development.

EVIDENCE RATING: Observational studies in children's participation on safe food intake and awareness building

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The key result of the programme show that children are growing up, closely attached to community members around holistic approaches. Strong relationships have been developed with government, private sector and civil society organizations.

AGE GROUP COVERED: young children 3-4 years , pre-primary and primary education children 5 - 11 years and youth 12-18 years

DELIVERY MODALITIES USED: Pre-school and school based learning, home visit, home and community based playing, children group based learning

IMPLEMENTATION CONTEXT: Community biodiversity center, community child informal education center, primary education, community based cultural center, midwives center, community-based research center

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: climate resilience, plant genetic resources and animal genetic resources center, multi stakeholder partnership, collective action, joint collaboration among organization and local government, joint collaboration with government, program innovation

Bhutan

Prescription to Play

NAME OF INTERVENTION: Prescription to Play

ORGANIZATION: Save the Children Bhutan

TYPE OF ENTITY: non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Department of Public Health, Ministry of Health, and Khesar Gyalpo University of Medical Sciences of Bhutan

COUNTRY: Bhutan

SUB SECTOR: Caregiver education intervention

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The Prescription to Play project is funded by Save the Children and implemented in partnership with Department of Public Health, Ministry of Health, and Khesar Gyalpo University of Medical Sciences of Bhutan. The project aims to strengthen government health systems and build the capacity of health workers to deliver playful parenting sessions to primary caregivers of children under three, and to improve screening and referral pathways to provide more intensive support to children with developmental delays and disabilities. The institutionalization of playful parenting in Bhutan's national health services will be achieved by training Bhutan's national health services Health Assistants (HA s) to deliver caregiver sessions tied with their existing outreach work in rural communities, providing a cost-effective approach to reaching nearly all young children in Bhutan at scale. The impact of the program on caregiver practices perspectives and development outcomes for 0-3 year olds will be assessed through a mixed method evaluation that combines a quasi-experimental quantitative study with rich qualitative research that examines implementation and scaling effectiveness.

EVIDENCE RATING: Currently collecting data for endline quasi-experimental impact evaluation

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Recently collected qualitative data as part of a formative evaluation to understand implementation effectiveness and scaling potential, and are in the process of collecting endline data for an quasi-experimental impact evaluation that will evaluate the program's effect on child development outcomes and caregiver perspectives and practices

AGE GROUP COVERED: 0-3 year old children and caregivers

DELIVERY MODALITIES USED: The project aims to strengthen government systems and build health worker capacity to deliver playful parenting sessions to primary caregivers of children under three, and provide effective screening and referrals

IMPLEMENTATION CONTEXT: health systems

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: strengthening government systems and personnel capacity to deliver effective caregiver interventions via the health system

Cambodia

Parents and Community Involvement in COVID-19 ECCD Programs

NAME OF INTERVENTION: Parents and Community Involvement in COVID-19 ECCD Programs

ORGANIZATION: Ministry of Education, Youth and Sport, Cambodia

TYPE OF ENTITY: Government, UNICEF, other Ministries, Plan International

COUNTRY: Cambodia

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The Ministry of Education, Youth and Sport's COVID-19 response program was a new initiative that was designed to support families in providing play and interaction-based learning to children through distance learning materials within the home learning environment. The program was developed by the MoEYS through multi-sectoral collaborations across ministry departments (e.g., Ministry of Information, Ministry for Women) and with development planners (e.g., non-government agencies such as Plan International and UNICEF). The program incorporated a blended learning approach which included:

1. Video, radio, and poster learning materials to support families to facilitate learning activities within the home learning environment, and promote COVID-19 awareness and prevention strategies
2. A learning app developed through partnerships with the private sector.

Raising Awareness and Innovative Strategies for ECD (RAISE)

NAME OF INTERVENTION: Raising Awareness and Innovative Strategies for ECD (RAISE) ORGANIZATION: Save the Children Cambodia

TYPE OF ENTITY: non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: government

COUNTRY: Cambodia

SUB SECTOR: Multi sectoral, National Committee Early Childhood Care and Development, Health and nutrition

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: RAISE combines ground-breaking research with innovation and direct home-based interventions by engaging formal and informal community actors playing vital roles as agents of behaviour change in integrated early child development. The model engages caregivers as female and male groups to nurture their children from 0 to 3 to have potential development. Through the project, Save the Children is trying to address fundamental barriers, for instance limited knowledge of positive early childcare and development practices among caregivers and community actors or lack of male engagement in childcare, to integrated early childhood development for children aged 0 – 3. The model also pilots innovative communication strategies including: digital-based tracking tools, an online application for caregivers, user journey case studies, among others. The intervention produces and launches informative social behaviour change materials, such as posters, audio and video. It documents and disseminate key learnings on fundamental aspects of positive early childhood development including how better to support male and grandparent caregivers in engaging with their children's development. The model tests the efficacy of both traditional and new or under-utilized community delivery platforms as a method of awareness-raising. It also develops digital materials for the Koan Chlaat app.

EVIDENCE RATING: Knowledge Attitudes and Practice survey, Midterm review and project evaluation

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Evidence includes a cost allocation analysis for the RAISE project, in order to estimate the unit cost (cost per caregiver) of the intervention. The cost allocation analysis showed an overall cost per caregiver (per year) of USD 210. The project resulted in a significant increase of 36.4% in the percentage of caregivers who are aware of at least three positive practices in good health and increase of 40% in the percentage of caregivers who are aware of at least three positive practices in safety and security. There was a significant increase of 43.3% in caregivers' knowledge on integrated early child development, 62% increase in caregivers' attitudes to integrated early child development, 58.7% in caregivers' practices of integrated early child development which lead to improve children development outcome with percentage increase of 3% (socio-emotional), 3.5% (cognitive), 2.5% (language), 3.5% (motor), and 8.5% (overall Caregiver Reported Early Development Index score).

AGE GROUP COVERED: Children 0-3

DELIVERY MODALITIES USED: Integration and building existing mechanism

IMPLEMENTATION CONTEXT: Community and home based

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Pilot the project to innovation for scale up implementation, Children, Disability and COVID-19

India

Ummeed Child Development Center, Mumbai, India

NAME OF INTERVENTION: Ummeed Child Development Center, Mumbai, India

ORGANIZATION: non-governmental organization

COUNTRY: India

SUB SECTOR: English

LANGUAGE OF PRESENTATION: Ummeed's Children, Disability, and COVID-19 Program encompassed the adaptation of two pre-existing training programs – The Early Childhood Champions and The Child Development Aide – to a blended delivery model of online and face-to-face components, and the development of a novel series of online workshops and videos. The two programs were originally one-year programs targeted towards training community-based organizations and community health workers to promote early childhood development, monitor child development, and provide interventions and/referrals for children with disabilities. These programs were prioritized by Ummeed during the COVID-19 pandemic due to the continued and heightened need to strengthen the capacity of the health sector in childhood disability care and intervention. The online workshops and videos were developed in response to the heightened need to support the mental health of community health workers and parents during the pandemic. These workshops involved a series of free two-hour workshops and complementary videos to teach community health workers strategies to support their own mental health, as well as the mental health of families within their communities. Funding for the Children, Disability, and COVID-19 Program was gained through existing donors and their subsequent top-up funds.

GARIMA - Dignity for Adolescent Health Focusing on Adolescents Girls

NAME OF INTERVENTION: GARIMA - Dignity for Adolescent Health Focusing on Adolescents Girls

ORGANIZATION: ChildFund India

TYPE OF ENTITY: Non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: National Adolescent Health Programs

COUNTRY: India

SUB SECTOR: Adolescent health and nutrition

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: GARIMA, which means "dignity" is designed by ChildFund India, with an objective to improve health behaviors and practices among adolescents.

This model supports adolescents to practice healthy behaviours, access essential SRH services, and live free from sexual exploitation and abuse. The interventions of GARIMA are built upon on the best practices of National Adolescent Health Program implemented by GOI since 2009.The session will provide Information, methods or lessons learned (barriers, facilitators, and/or solutions) about impact of the project in terms of reducing malnutrition, engaging mothers in child health care and engaging fathers. The session would also address Scale and way ahead and sustainability & fundraising experiences implementing this intervention.

EVIDENCE RATING: Baseline and end line studies, studies from National Family health survey -5. KAP studies and observations

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The results are encouraging showing improvement in adolescent anemia and improvement in adolescent reproductive health behaviours. More than 50 % adolescents are having normal hemoglobin levels

AGE GROUP COVERED: Adolescent and youth

DELIVERY MODALITIES USED: Home visits and counselling , community and village intervention , school interventions , training of Peer educators

IMPLEMENTATION CONTEXT: Health systems , Youth and adolescent friendly services

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation of innovation in practice

Karona: Thodi Masti Thodi Padhai Program

NAME OF INTERVENTION: Karona: Thodi Masti Thodi Padhai Program

ORGANIZATION: Pratham Education Foundation India

TYPE OF ENTITY: nongovernmental organization

COUNTRY: India

SUB SECTOR: English

SESSION DESCRIPTION: The Karona: Thodi Masti Thodi Padhai program was developed to continue and encourage learning for children aged three to six years within the home learning environment in Indian communities. The program was newly developed in response to the COVID-19 pandemic and based upon existing programs including direct play-based interventions within preschool services and community-based mothers' groups. The program followed a community-centric model placing mothers at the center of the child's learning process. Group leaders, known as Smart Mothers – termed so because they were leader mothers who also often had access to a smartphone – facilitated weekly meetings where they shared resources with other mothers who did not have access to a smartphone, discussed activities, and shared experiences. Simple and fun teaching-learning activities to support mother-child interactions were shared daily on the mother's phone through SMS and WhatsApp.

Mentor Mothers for Healthy Nations

NAME OF INTERVENTION: Mentor Mothers for Healthy Nations

ORGANIZATION: ChildFund India

TYPE OF ENTITY: NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Integrated Child Development Services

COUNTRY: India

SUB SECTOR: Multisectoral Focus on Health and Nutrition of Children

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: ChildFund India implements " Mentor Mothers" project to ensure infant and young children are healthy, nourished and realize age-appropriate development & wellbeing. The program is active in 24 districts and 14 states of India. Pregnant & lactating mothers, infant and young children up to the age of 5 years are the beneficiaries of the project. The session will provide Information, methods or lessons learned (barriers, facilitators, and/or solutions) about impact of the project in terms of reducing malnutrition , engaging mothers in child health care and engaging fathers . The session would also address scale, sustainability and fundraising experiences through implementing this intervention.

EVIDENCE RATING: Baseline and endline studies , studies from National Family health survey -5. Knowledge, Attitude and Practice studies and observations

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: More than 500 Mentor mothers are trained. 5% improvement in malnourishment and positive parenting

AGE GROUP COVERED: Prenatal and young children

DELIVERY MODALITIES USED: home visits and group sessions, childcare services and centers, community and village environment

IMPLEMENTATION CONTEXT: Health system, community and village, child care services

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation and innovation in practices

TIKA-APP on Mass Immunization Awareness Campaign

NAME OF INTERVENTION: TIKA-APP on Mass Immunization Awareness Campaign

ORGANIZATION: TREE-DEV Foundation- India

TYPE OF ENTITY: civil society organization

COUNTRY: India

SUB SECTOR: child health, immunization

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: TIKA-APP is a Mass Immunization Awareness Campaign tool. The TREE-DEV Foundation is also envisaging on spreading awareness about vaccines in general and pentavalent vaccines specifically. The project is initiated to provide protection to all children from life-threatening but preventable diseases. Presently, more than 5000 downloads have augmented and facilitated the immunization of Children in India.

EVIDENCE RATING: Effective & Promising by Evidence

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: More than 5000 downloads have augmented and facilitated the immunization of Children in India.

AGE GROUP COVERED: Under Five Young Children

DELIVERY MODALITIES USED: Integration into existing services

IMPLEMENTATION CONTEXT: Individual to Community based Targeted Interventions

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Innovations for scaling

Daddy Cool

NAME OF INTERVENTION: Daddy Cool

ORGANIZATION: Sesame Workshop India

TYPE OF ENTITY: Non-governmental

NAME OF ANY PARTNERING COLLABORATING ENTITIES: not applicable

COUNTRY: India

SUB SECTOR: Socio-emotional learning, child protection, education and early learning, play and gender, positive discipline

LANGUAGE OF PRESENTATION: Hindi

SESSION DESCRIPTION: Sesame Workshop India's father engagement programme 'Daddy Cool' emphasizes the pivotal role of fathers to become more aware of equal parenting roles and acquire and practice new skills and knowledge around responsive parenting. Traditionally, men/fathers learn about parenting through their surroundings which does not encourage men to involve in caregiving and nurturing roles, however project men as patriarchs who are the breadwinners and involve strict parenting. During the sessions, the target group of fathers challenged stereotypical norms of involvement of fathers in caregiving activities irrespective of gender bias and enable an environment in support of paternal involvement at home. To enable fathers to have healthy interactions and play with their children, fathers were provided supporting play- based learning tools which can be used at home. The overall objectives of the program are: 1.To develop affirming and gender equitable perspectives among fathers towards parenting and caregiving. 2. To shift individual attitudes and behaviors among couples towards sharing of power and positive parenting. 3. To create and sustain a supportive environment for long-term shifts in gender unequal social norms.

EVIDENCE RATING: For Phase 1 and 2: -Social media and YouTube analytics. -Anecdotal evidence of fathers in communities.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Over the last 2 years, Sesame Workshop India has completed a Knowledge, Attitudes and Practices Survey to study behaviours of fathers with their children, contribution in parenting, and their media consumption of fathers. The results have guided the development of educational, messaging and communication frameworks to be implemented in-communities, social media and YouTube content.

The last 2 phases, through social media, Sesame Workshop India has reached 8million fathers and engaged 2 million fathers in Lucknow with its content. The content has seen immersive response from fathers as key part of parenting and are willing to be role models for peers. Through YouTube co-viewing of the playlist has been done by over 1 million adults.

In the soon to start Phase 3 of the initiative, the project will be expanded to Lucknow and Bengaluru wherein a baseline will be conducted and subsequently in Phase 4 an endline will be commissioned. AGE GROUP COVERED: Fathers of children aged 3-8 years

DELIVERY MODALITIES USED: media channels, digital channels, group

IMPLEMENTATION CONTEXT: community/village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice

World Health Organisation-Caregiver Skills Training Program

NAME OF INTERVENTION: World Health Organisation-Caregiver Skills Training Program

ORGANIZATION: Ummeed Child Development Center, Mumbai, India

TYPE OF ENTITY: Not-for-profit

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Program developed by World Health Organization in collaboration with Autism Speaks, Implemented in India by Ummeed with multiple partner organizations

COUNTRY: India

SUB SECTOR: Childhood Developmental Delays

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The World Health Organization-Caregiver Skills Training Program was developed to provide an evidence-informed, open-access, structured and manualized caregiver-mediated program to support the communication and social-engagement skills of young children, aged 2-9 years who have delays in these areas of development. It uses a task-shifting approach by training master trainers in local communities who then further train non-specialist Facilitators to deliver the program to caregivers. It is based on principles of responsive caregiving, naturalistic-developmental-behavioral interventions for children with autism and positive behavior support. Currently, the program has been adapted and translated for implementation in more than 35 countries across the world. The program consists of 9 group sessions where caregivers learn about essential tips and strategies on how to use daily play and home routines to support communication, shared engagement, and understanding and manage challenging behaviors, along with 3 home visits, to coach parents on implementing the strategies with their children.

In India, Ummeed continues to train new organizations in different regions of the country every year to implement the program in their regions, to reduce the significant gap that exists in services for young children with developmental delays in this part of the world.

The session will briefly describe the structure of the training program, provide information from the evaluation with caregivers and facilitators who participated in the pilot and share insights from the online mode of training and delivery that emerged as a result of the pandemic.

EVIDENCE RATING: Promising- one randomized control trial in Italy; multiple quasi-experimental and qualitative studies in low and middle-income countries including Ethiopia, India, Hong-Kong.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: India (Sengupta et al., 2022): World Health Organization-Caregiver Skills Training Program intervention facilitated by non-specialist providers piloted in community settings in India was evaluated using mixed-methods research. Caregivers ($n=22$) of children (2-9 years) with communication delays participated. High rates of caregiver attendance, improved caregiver fidelity, and facilitator competency suggested program feasibility. Caregivers voiced acceptability of various components of the intervention. The intervention was associated with improved caregiver-reported skills and knowledge ($p<.00$), reduction in stress ($p=.03$), improved child developmental outcomes on communication and social interaction ($p<.00$), and adaptive behaviors ($p<.00$). Challenges about logistics and availability of time were highlighted.

Hong-Kong (Wong *et al.*, 2022): A sequential mixed-methods research findings indicate that it is feasible and acceptable to implement the program in a high-income country's metropolitan area where families have busy work schedules and are very conscious of privacy issues. The study results suggest that the program in Hong Kong and other high-income countries require scaling up and further evaluation of its implementation in real community settings. This involves systemic and contextual changes to allow task-sharing between professionals and non-specialists at the macro level.

Randomized Control Trial in Italy (Salomone et al., 2021): Following a formative adaptation process and a pre-pilot implementation, the WHO-CST was piloted in six centers. Caregivers of children (2–5 years) with autism spectrum disorder were randomized to either Caregiver Skills Training (n = 43) or treatment as usual (n = 43). Professionals' and caregivers' experiences in the treatment arm were examined with focus groups and questionnaires. The programme was largely considered acceptable, relevant and feasible.

AGE GROUP COVERED: Caregivers of children aged 2-9 years

DELIVERY MODALITIES USED: Delivered as group sessions along with home- visits. Can be conducted through in-person, online Zoom sessions or hybrid

IMPLEMENTATION CONTEXT: Community spaces- including health system, schools, community centers

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Uses a task-shifting strategy to engage local organizations in the child development sector to build local capacity to deliver the program

Gutar Goo

NAME OF INTERVENTION: Gutar Goo

ORGANIZATION: NalandaWay Foundation

TYPE OF ENTITY: Civil society/practitioner- & Corporate Social Responsibility

NAME OF ANY PARTNERING COLLABORATING ENTITIES: HCL Foundation

COUNTRY: India (Uttar Pradesh, a northern state of India)

SUB SECTOR: Education and Early Learning

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Gutar Goo is NalandaWay Foundation's flagship early childhood development program supported by HCL Foundation. Dr Neelima Chopra & Ms Poulomi will make the presentation. The session will elaborate on the importance and strategies for home stimulation programs for young parents to promote overall development and learning among children 3-6 years of age. The need for parent awareness and building their capacity to support children's learning always existed and was well established. However, it gained even more prominence during the pandemic as centers were physically closed and parents had to share a larger responsibility for promoting early learning. The speakers will elaborate on the experiences from the field, challenges faced and ways of negotiating these challenges to develop and implement home stimulation and parenting programs in Gautam Budh Nagar of Uttar Pradesh. The area is particularly challenging as children belong to urban poor, migratory populations with limited access to resources and awareness regarding early learning is low.

EVIDENCE RATING: Prudent

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Gutar Goo was envisioned as a school readiness program using storytelling and arts as its key pedagogical tools, in the wake of a global pandemic, in the year 2020. Now in its 3rd year, the program has evolved and is currently catering to 250 families among the most marginalized families in Noida, Uttar Pradesh, primarily those of migrants. The focus remains on strengthening systems and communities to ensure a child gains all the skills and competencies to transition into formal education.

There has been a great emphasis on providing handholding support to parents to ensure:

(a) a supportive and stimulating home environment, (b) parental engagement in developmentally appropriate early learning and (c) timely enrollment into formal education.

Over the course of the program, evidence around all the above domains has been generated though

- home visits
- field observations
- focus group discussion and personal interviews with parents
- monitoring and tracking of parental engagement in program activities across various platforms such as parent WhatsApp groups
- participation in sessions organized by the organization at the child care centers, etc.

After the first year of implementation (2020) which was primarily home based, semi-structured interviews with parents revealed that there was a 175% increase in the number of parents who spent time with their children listening to stories. The percentage of parents who engaged in drawing/coloring with their children remained the same. Interestingly, there was a 11.7% increase in the number of parents who spent time with their children talking.

AGE GROUP COVERED: young children (3-6 years)

DELIVERY MODALITIES USED: integration into existing services (ICDS), media channels (radio), home visits, group sessions with parents

IMPLEMENTATION CONTEXT: childcare services or centers (ICDS Anganwadi Centers)

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice

Indonesia

Engaging Fathers through Parenting Sessions Formative Research for Module Development

NAME OF INTERVENTION: Engaging Fathers through Parenting Sessions Formative Research for Module Development

ORGANIZATION: Save the Children Indonesia

TYPE OF ENTITY: International NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Local implementing partner (Stimulant institute) and strategic Partner (Local government)

COUNTRY: Indonesia

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: In rural Sumbanese culture and Indonesian patriarchal context, mother's decision-making ability to seek health care for herself and her sick child, or her ability to follow recommended practices or to do in-house activities for the child's better education, health and nutrition are often guided and determined by the child's father. In our Indonesia Sponsorship program impact area, the parenting sessions had been targeted only for mothers (without engaging the child's father).

Conventional ways of counseling through parenting sessions tend to target only the mothers due to the lack of full cultural and contextual understanding of daily lives in Sumba. This means the conventional activities perpetuate a problem. As an alternate approach, we propose to facilitate parenting sessions for children's fathers to convey child education, health, and nutrition-related messages and thus to make a positive impact on children's education, health, and nutrition. In 2021, we conducted formative research in 4 villages in 2 Districts in West and Central Sumba. The respondents were 190 parents of children under 5. The objectives were: 1) to explore fathers' daily activities and practices in the household when they interact with their children, 2) to identify determinant factors in involving fathers on child's health, education, and nutrition, 3) to determine the best method or more appropriate program intervention in involving parents particularly the fathers in participating in parenting classes and sessions

EVIDENCE RATING: Prudent (qualitative or observational studies).

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The result of this study showed most of the fathers allocated their time for working and only a few who allocate their time to engage with their child. Father's knowledge, behavior, attitude, and practice of parents particularly determined the improvement of a child's health, nutrition, education, and development. For instance, although the knowledge about exclusive breastfeeding of parents was high (95%), there were 70% of respondent's practice that needed to be improve. Parents still believe in myth, such as, mothers need to stop breastfeeding their babies if they have fever or common cold. They believe that it can be transmitted through breastmilk. Turning to knowledge and role of parents about parenting in the first 1000 days of life, the result showed that 79% of respondent agreed that father do not need to provide stimulation, by talking and stroking to child while the baby is still in the womb. Moreover, there were 67% of respondents who had the same opinion that father do not have to read for children under 5, because they do not know the letters.

Therefore, the content and the sessions of the module will be based on the result of the formative research and will be conducted once a month in the afternoon by District facilitators at community's houses. The parenting class will combine 10% of theory and 90% practice and using poster, video and audio messages in local context to convey the sessions.

AGE GROUP COVERED: prenatal, young children, older children, adults

DELIVERY MODALITIES USED: media channels, home visits, group session, community /village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice, research

Parenting program

NAME OF INTERVENTION: Parenting program

ORGANIZATION: Save the Children Indonesia

TYPE OF ENTITY: International NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Yayasan Wahana Komunikasi Wanita

Stimulant Institute

COUNTRY: Indonesia

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Challenges existed around the existing parenting program circulating around the lack of parents' participation in parenting sessions, particularly male caregivers' engagement in parenting sessions and practices. Challenges also included the poor quality of the parenting program itself due to the limited resources and participants availability to participate in the sessions.

Therefore, Save the Children Indonesia conducted a pilot parenting program with an innovative approach targeted 4 villages, 2 in Central Sumba and 2 in West Sumba. This activity was proven successful, by the improvement in post-test results to 95% of the participants. Further, the home visiting program showed evidence of gains from parents regarding the implementation of the program. During the 12 sessions, all parents/ caregivers are encouraged to share their experience based on their caregiving practices. The model contains 12 topics under four themes, (1) understanding children's development stages, the importance of play, and positive discipline, (2) skills needed for transition to primary schools, (3) basic health and nutrition, included 5 key health messages (washing hands with soap, toiletry using, the importance of teeth brushing, drinking water, and taking care of environment) and (4) gender and building resilience for young children. The supporting tool included flip charts, Emergent Literacy and Numeracy cards and the home visit observation check list. The home visit itself is conducted to observe whether there is a behavior change.

EVIDENCE RATING: Prudent (qualitative or observational studies).

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The preliminary results of this program evaluation showed promising results in terms of improving consistent attendance, equal participation of male and female caregivers, and improved knowledge and practices. Comparing to the existing parenting program, this strategy excelled in several areas. They are (1) only one assigned facilitator responsible to 10 participants rather than five facilitators with unlimited number of participants assigned. (2) Content includes new practical topics such as Emergent Literacy and Math and Gender Equality Messages. (3) The approach is an interactive one, as well as at the end of each session, there are tangible products that participants can bring home to practice the sessions taught. (4) In terms of the lay out of the content, the module and tools used are simpler, less words, and clear practical instruction for parents to change their behaviors. (5) The participatory aspects covered agreed schedule between facilitator and participants, flexibility in scheduling, more facilitating rather than teaching and direct reading of the module content.

AGE GROUP COVERED: parents, young children (0-6)

DELIVERY MODALITIES USED: home visits and group sessions

IMPLEMENTATION CONTEXT: community/village environment and ECCD centers CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice

Responsible, Engaged, And Loving (REAL) Fathers approach

NAME OF INTERVENTION: Responsible, Engaged, And Loving (REAL) Fathers approach

ORGANIZATION: Save the Children Indonesia

TYPE OF ENTITY: International NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Local implementing partner (Stimulant institute) and strategic Partner (Local government)

COUNTRY: Indonesia

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: REAL (Responsible, Engaged, And Loving) Father is an approach that involves the participation of parents, especially fathers, in parenting practices. This approach has been used in Save the Children Indonesia programs, to promote positive parenting values, strengthen positive gender norms, and involve men's participation in equal parenting practices at home. This approach has been implemented in 8 villages and primary schools in West Sumba. The objectives are:

1). Reduce physical punishment of children

2). Improve parenting attitudes and confidence in using nonviolent discipline

3). Foster acceptance of non-traditional gender roles in parenting

This approach emphasizes the role of REAL Father Community Volunteers (Relawan Ayah Sejati/RAS) as an evidence-based program practice, to strengthen the child protection system and raise gender equality awareness among parents and caregivers in West Sumba.

EVIDENCE RATING: Promising (at least one high- or moderate-quality impact study)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The main goal of this case study is to explore how REAL Father Community Volunteers) strengthens and enhances the community's ability to work together on reducing gender-based violence and strengthening referral systems for child protection at the village level. To achieve program objectives, RAS uses three strategies in parenting sessions: i) engage parents, particularly fathers, in positive parenting practices through reflective sessions with audio messages in the local language; (ii) support fathers in the villages to promote non-violent and non-bias gender norms in the home through one on one/ home visit activity, and (iii) advocate village government policymakers for parenting program sustainability. The result of the REAL Father Parenting Program with its RAS mobilization is effective. It increases the capacity of the family as the agent of change for reducing gender-based violence and violence against children in the home setting.

As a result, the awareness of parents' perception of positive gender norms and positive parenting practices in the household increases. For example, parent show's role division in domestic work, father taking care of their children at the age of 0-5 years old, nurturing, bring them to Posyandu (community health care) every month.

There is a development of a community-based child protection system as an institution to ensure children's rights at the community level. In the future, the capacity of RAS needs to be improved for cooperation and collaboration to advocate for the district and higher-level governments to enable and strengthen the community-based child protection system for long-term usage.

AGE GROUP COVERED: prenatal, young children, older children, adolescents and youth, adults

DELIVERY MODALITIES USED: integration into existing services, media channels, home visits, group sessions

IMPLEMENTATION CONTEXT: schools, faith based environment, community /village, environment, social welfare system

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, research, national strategy and governance, multi-stakeholder partnership, accountability

Lao People's Democratic Republic

Gender Responsive Summer Pre-Primary 10 week and Parent's Engagement Program

NAME OF INTERVENTION: Gender Responsive Summer Pre-Primary 10 week and Parent's Engagement Program

ORGANIZATION: Plan International

TYPE OF ENTITY: International NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Ministry of Education and Sport

COUNTRY: Lao People's Democratic Republic

SUB SECTOR: multiple sectoral (early learning and child protection)

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The presenters will provide Laos's experiences in implementing the Gender Responsive Summer 10-week Pre-Primary and Parent's Engagement program intervention in partnership with the Ministry of Education and Sports, Provincial Education and Sport Service, District Education and Sports Bureau, and Village Education Development Committee. The program was developed by Plan International Laos and the Provincial Education and Sport Service based on pilot manual in previous project and adopted Ministry of Education and Sports to use with children and parents in rural remote communities. The presentation will outline some key challenges in implementing parenting program in remote communities and some of the key lessons learned for future implementation.

EVIDENCE RATING: Prudent (qualitative or observational studies).

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Pre and Post monitoring data by using pocket vote including 14 indicators.

AGE GROUP COVERED: Parent, caregiver and children under 6 years old

DELIVERY MODALITIES USED: Group sessions

IMPLEMENTATION CONTEXT: community/village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice and partnership with government partner

Malaysia

Integrated Child and Family Service - Nurturing Care

NAME OF INTERVENTION: Integrated Child and Family Service - Nurturing Care

ORGANIZATION: Klinik Kenit

TYPE OF ENTITY: Private sector - social enterprise

NAME OF ANY PARTNERING COLLABORATING ENTITIES: not applicable

COUNTRY: Malaysia

SUB SECTOR: health and nutrition, early learning

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Klinik Kenit is a friendly primary healthcare center that does not only provide service within the four walls of the clinic setting. Its vision is to be Malaysia's most comprehensive one-stop hub for early childhood development. The clinic helps children and families to thrive by providing nurturing care supports – health, nutrition, safety and protection, early stimulation/learning opportunity, and responsive caregiving. It has created great team to partner with the family to provide a positive environment for their children achieving full potential. The center provides an integrated child and family service where we have medical and social hubs. The clinic provides health, nutrition, and early interventions while the toy library serves as the social hub for children to have a safe space and a wide range of toys to play with and for parents to get social support. The intervention hast launched ‘SETIAP KENIT’ program to identify developmental and behavioral issues in children early and give intervention to help them improve their developmental skills. In this program, children are screened (during screening programs at refugee communities or low-income families) or children referred from a government hospital or health clinic, and any child with developmental issues from low-income family that directly came to the clinic are recruited. They are given an initial development assessment or screening and four intervention sessions either free or with a subsidized fee. This program has allowed children to get interventions they could not otherwise afford.

EVIDENCE RATING: Prudent

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Children and families reported to have improved physical and mental well-being. About 70% of children achieve more developmental skills and parents are more confident in creating a healthy environment for their children to achieve full potential after two interventions and almost 90% had significant improvement after five interventions. Generally, parents learned to become more responsive to their children.

AGE GROUP COVERED: young children, older children and adults

DELIVERY MODALITIES USED: Integration into primary healthcare services, group support, health system

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation and innovation in practice

Mongolia

OneSky Family Skills Training Program in Mongolia's Ger Districts

NAME OF INTERVENTION: OneSky Family Skills Training Program in Mongolia's Ger Districts

ORGANIZATION: OneSky for all children

TYPE OF ENTITY: nongovernmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: District Government (Bayanzürkh District) and Subdistrict Government (21st and 17th Khoroos), Mongolia's Ministry of Education and Science

COUNTRY: Mongolia

SUB SECTOR: Education and early learning, child protection, health and nutrition, gender

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: In the low-resource ger districts / urban unplanned settlements of Mongolia, OneSky is implementing its evidence-based Family Skills Training Program, adapted from OneSky's Family Skills Training Program in China (featured as an ARNEC Noteworthy ECD Parenting Programme in support of Young Children's Holistic Development and Protection in the Asia-Pacific Region). The model, to support low-income parents with strengthening the responsive caregiving skills to deliver quality early care and learning in the home environment with their young children. The in-person training program includes 8 sessions with 16 topics, along with a current pilot of take-home play kits and cooperative play care groups where trained parents can come together to practice skills and collectively offer their children safe, nurturing play spaces. With additional access to finance and professional training of mothers as childcare providers, OneSky sees the potential of this cooperative play care group to lead to a formal cooperative childcare model for the ger districts in the future. OneSky has trained parents through the Family Skills Training Program at OneSky's own model Family Center in the 21st Khoroo as well as embedded into partner sites in the ger districts, including public kindergartens and NGOs.

EVIDENCE RATING: Promising (one randomized controlled trial of the OneSky Family Skills Training Program in the China context) and prudent (on-going quantitative and qualitative monitoring in Mongolia)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: A randomized controlled trial of OneSky's Family Skills Training Program in China, completed by the China Development Research Foundation and Amsterdam Institute for International Development in 2018, found that the program had a positive significant result on caregiver knowledge and practices as well as child development outcomes. The endline sample comprised of 2362 children ages 6 months to 4 years. Using the modified parenting styles instrument and Home Observation Measurement of the Environment-Short Form (HOME-SF), the impact evaluation found OneSky Family Skills Training Program was effective in increasing warm parenting interactions, whole family-child interactions, and parent satisfaction with their child's preschool. In addition, the impact evaluation found that the program had a positive impact on children's gross motor skills, personal-social skills, social-emotional development, physical development, and readiness to learn measured using the Ages and Stages Questionnaire (ASQ-3 and ASQ-Social-Emotional) and Early Human Capability Index (eHCI).

AGE GROUP COVERED: Parents, both mothers and fathers, of young children (particularly children ages 0-4) living in the ger districts / urban unplanned settlements

DELIVERY MODALITIES USED: Group sessions, digital channels, integration into existing services

IMPLEMENTATION CONTEXT: Community / village environment, schools, social welfare system

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, to inform national strategy and governance

Responsive and Violence-Free Caregiving in a Healthy and Hygienic Environment

NAME OF INTERVENTION: Responsive and Violence-Free Caregiving in a Healthy and Hygienic Environment

ORGANIZATION: UNICEF Mongolia

TYPE OF ENTITY: UN, Government, private

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Ministry of Labor and Social Protection, Ministry of Education, Ministry of Health

COUNTRY: Mongolia

SUB SECTOR: Multisectoral (Child Protection, Education, Health, Nutrition, Climate Change, Water and Sanitation and Hygiene)

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: to ensure the most disadvantaged children, including children of herder nomadic families to benefit from access to and utilization of services in an inclusive, healthy and safe environment, UNICEF aims:

1) to improve quality of health, nutrition, and protection services in cross-sectoral collaboration of ECD with development of new packages, including early stimulation by parents, responsive and violence-free caregiving, and regular parenting programme and its scale-up with Nurturing Care Framework tool, and

2) to improve quality of ECE services by developing guidelines and capacity aligned with the new education law, supporting mental well-being of children and caregivers, including adolescent parents, and ensuring parents and other stakeholders providing living and learning environment for children with healthy diet practices, positive disciplines, hygienic WASH facilities, and improved air quality.

EVIDENCE RATING: Prudent

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The Multi-indicator Cluster Survey 2018 highlighted that only 68% of children aged 2 to 4 years participate in early child education with even lower attendance in rural areas (51%) and among children from the poorest quintile (28%) in Mongolia. The National Nutrition Survey revealed high rate of overweight and obesity with 12 per cent among children under-fives. In addition, the highest prevalence of micronutrient deficiencies among them is 27% classified as anemic, 21% as iron-deficient, 70% Vitamin A deficient, and 90% Vitamin D deficient. According to the Country Profiles for early childhood development by UNICEF, only 38% of caregivers identified the use of positive discipline in Mongolia.

AGE GROUP COVERED: Parents and caregivers, pregnant women, children (2-18 year olds), teachers

DELIVERY MODALITIES USED: group sessions, home visits, KG-/school-based services, health facility-based services

IMPLEMENTATION CONTEXT: schools, health systems

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: strengthening policies (child protection, education, health), strengthening social services workforce

Myanmar

Bring Back Learning

NAME OF INTERVENTION: Bring Back Learning

ORGANIZATION: World Vision Myanmar

TYPE OF ENTITY: International Non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: UNICEF

COUNTRY: Myanmar

SUB SECTOR: Health and nutrition, education and early learning, gender

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: COVID-19 pandemic hit all throughout Myanmar last March 2020 and

all schools were closed and planned education services were stopped. In addition, starting from 1st February 2021, the military coup aggravated the current situation in the country , resulting increase in violence leading to deaths of local citizens including youth and children.

The Bring Back Learning Program helps children reorienting to formal learning and prevent further dropping out of schools when schools are reopened. Early learning components will support ethnic children who are disadvantaged in the education system, which uses Myanmar as the language of instruction that is unfamiliar to many of them. Story time for young children aged 3-5 years and parenting education support will help them develop holistically, especially in language. development, which will help them transition smoothly to primary education later. Parents have learned and practiced the creation of teaching and learning materials, so that they can use those skills to create teaching and learning materials with their children at home. Training manual and relevant materials have been prepared based on local consultations and the needs of the children and community. The model will ensure the ownership and relevance of the intervention for the children. In all activities, COVID-19 compliance, child safety, inclusion, and non-discrimination of children are closely observed.

EVIDENCE RATING: Prudent

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Project evaluation is ongoing to determine impact of intervention. So far over 1600 parents and caregivers have received the parenting education sessions and over 1300 parents and caregivers have gained knowledge of creating teaching and learning materials.

AGE GROUP COVERED: Aged 3 to 5 children and their parents and caregivers

DELIVERY MODALITIES USED: Integration into existing services, home visits and group sessions

IMPLEMENTATION CONTEXT: community/village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice

Creating Enabling Environment for Women Working in Garment Factories for Better Nutrition of Their Children and Themselves

NAME OF INTERVENTION: Creating Enabling Environment for Women Working in Garment Factories for Better Nutrition of Their Children and Themselves

ORGANIZATION: UNICEF Myanmar

TYPE OF ENTITY: multilateral

NAME OF ANY PARTNERING COLLABORATING ENTITIES: United Nations and private sector

(Myanmar Garment Manufacturers Association)

COUNTRY: Myanmar

SUB SECTOR: Health and Nutrition

LANGUAGE OF PRESENTATION: This pilot program is being implemented in coordination and partnership with Myanmar Garment Manufacturer Association which is the main forum and business services organization supporting the garment industry in Myanmar. Through this first initiative, UNICEF plans to create baby-friendly workplaces and to access enabling environments that support nutrition of women working in garment factories and their children which was designed as part of Urban nutrition strategy in Myanmar. This initiative encourages parents working in garment factories to take care of their children ensuring exclusive breast-feeding and adequate complementary feeding for optimal growth and development of child. The program is being piloted in four garment factories which have high women worker proportion (80% woman of reproductive age). Activities include initial assessment for selection of the pilot factories, nutrition and child-care education to workers, distribution of nutrition packs and nutrition promotion materials including bowls and pamphlets, upgrading factory clinic and canteen facilities, and creating of breast-feeding and child-care rooms. The pictorial nutrition bowls and four star posters encourage mothers to feed their children with diversified nutritious locally available food. This is very important for optimal growth and development of children with their full potential. In addition, advocacy has been undertaken with the factory owners and other stakeholders for provision of parental leaves and breaks for the breastfeeding after mothers return from the parental leaves.

EVIDENCE RATING: Prudent (qualitative or observational studies).

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Program progress and finding reports, Activity video and photo documentations.

The program supported the establishment of breast-feeding/child-care rooms and clinic facilities in the three piloted factories, and upgrading canteen facility in another factory. Labor Law Awareness including parental leave entitlement training were delivered in the three factories.

600 factory workers (530 female, 70 male) were supported with nutrition packs and nutrition promotion materials including pictorial nutrition bowls with four stars posters and pamphlets. Factories have recruited trained nurses

for provision of health and nutrition services and counselling to the mothers working in factories on child-caring and feeding practices. The breast-feeding spaces are equipped with information education materials, toys and anthropometric equipment. Privacy and confidentiality are ensured in the breast-feeding rooms and clinics.

Periodic mobile health and nutrition services such as COVID-19 testing, general medical up, health/nutrition education and height and weight measurements were also provided to total 600 workers (471 female,129 male).

AGE GROUP COVERED: Parental, Young children, Youth and adults

DELIVERY MODALITIES USED: Mobile healthcare services, Group sessions and distribution. Via promotion and creation of breastfeeding practices/rooms and clinic facilities

IMPLEMENTATION CONTEXT: Child-friendly workplaces and garment factories with more than 80% female workers implementation or innovation in practice; multistakeholder partnership

Parenting Under Pressure

NAME OF INTERVENTION: Parenting Under Pressure

Plan International Myanmar

TYPE OF ENTITY: International non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Karuna Mission Social Solidarity (faith based organization) - partner during piloting period

COUNTRY: Myanmar

SUB SECTOR: gender, humanitarian response, multisectoral, health and nutrition, early learning, coping with stress

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Plan International Myanmar has been implementing Parenting Under Pressure as part of its Early Child Development in Emergencies programming in emergency areas (in Rakhine state), providing parents and caregivers of children aged 0-8 years with training, materials and monitoring support. Up to date, the project has 28 trained Parent-to-Parent leaders (10 men; 18 women) and 527 people (47 men; 480 women) participating in 26 parenting groups (having bi-monthly meeting). About 60% of participants/parents have an attendance rate of 75%. The Parenting Under Pressure program package is designed in collaboration with global technical experts and Plan International program staff working in early childhood development, child protection, education, gender and parenting. The Parenting Under Pressure Curriculum has 17 sessions. All are discussion and activity-based and aim to engage participants in creative ways to learn, share, and use practice positive parenting practices as well as develop support networks. Through regular, group-based sessions, parents and caregivers of young children access essential information, skills, and services that support their own wellbeing, the wellbeing and healthy development of their children, and stronger relationships with co-parents, parents, with an emphasis on gender equality and social cohesion. This year Plan International Myanmar has been piloting the hybrid version of Parenting Under Pressure.

EVIDENCE RATING: Promising (one evaluation study on the impact available)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Recently, external evaluator conducted evaluation of the early child development project in Rakhine state, including the Parenting Under Pressure intervention. The survey included 232 residents members of Parenting Under Pressure groups with children under the age of 8. As most Parenting Under Pressure are members are mothers, most survey respondents are female (93.5%). The very small share of male respondents produces no gender-disaggregated data. The result indicated Parenting Under Pressure is changing parenting and intra-household communication and conflict resolution. More than 90% of the respondents showed positive attitude and understanding on the impact of male caregiver roles towards children's development; have understanding to use positive discipline in managing children behaviour and solving conflict using better communication.

AGE GROUP COVERED: Direct target is parent of young children (aged 0-8 years old)

Indirect target is young children, prenatal, some of the key messages can also be apply for older children

DELIVERY MODALITIES USED: group session, home visit, the hybrid version using voice based information distributed on USB drives.

IMPLEMENTATION CONTEXT: humanitarian context at camps and community/ village

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: A model for parent support under the early child development in emergency sector

Parenting Education Program for 0 to 8 Children's Parents

NAME OF INTERVENTION: Parenting Education Program for 0 to 8 Children's Parents

ORGANIZATION: Plan International Myanmar

TYPE OF ENTITY: non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Village Development Committees

COUNTRY: Myanmar, Nyaung U township

SUB SECTOR: education and early learning gender

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: During the COVID-19 and political issues in Myanmar, Plan International Myanmar has implemented the Parenting Education Program through Youth Facilitators in 105 villages, and mainly focused coping with COVID-19 included play and love, emotional development, responsive caregiving and co-parenting education and male engagement. The aim of the program that Improved knowledge, attitude and practices of ECCD parents and caregivers that support the child development through youth-led development initiatives. The strength of the PE program, Plan provided on Parenting Education training to Youth leaders from each village and guided to them through virtual and Face to face to implement in community themselves. 2750 parents and caregivers participated the PE session. According to the pre and post test on knowledge and practice question, 95% parents improved the knowledge on child care and parents and caregivers practiced such as more friendly between family, more attention to their children and playing with children, telling story, assisting child care and household chores by men and decision making between women and men.

EVIDENCE RATING: Promising (at least one high- or moderate-quality impact study)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Indicators for knowledge improvement: number of parents and caregivers who's knowledge improved and number of parents who improved pre and post-test on 5 questions (1. What kind of child can a child who is nurtured with love become?, 2. How can parents support children when they feel stressed?, 3. Where do you give children the right to participate in the home?, 4. What can children do at home to develop their language?, How can children who are also cared for by their fathers become happy and healthier children?)

Indicators for practice on childcare: (1. Having a warm relationship with the guardian and family, 2.Having time and materials for productive play,3. The child learns rules and obeys them, 4.Read stories to children listen to what they say, frequent talk together with adults, children often sharing their views, 5.Equal participation of gender in decision-making in housework and childcare activities, 6.Parents should be given equal opportunities to care for their children regardless of gender)

AGE GROUP COVERED: Young children (3-6 years)

DELIVERY MODALITIES USED: Home visit, group discussion

IMPLEMENTATION CONTEXT: community /village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, National strategy and governance

Nepal

Home Based Parenting Education Program- Child DREAM

NAME OF INTERVENTION: Home Based Parenting Education Program- Child DREAM (Child Development through Responsive care, Early stimulation, Affection in family & Motivated parents)

ORGANIZATION: Plan International Nepal

TYPE OF ENTITY: International NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Monash University

COUNTRY: Nepal

SUB SECTOR: Multi Sectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Plan International Nepal implements home-based parenting education that promotes the well-being of children and strengthens skills of parents, caregivers and families for physical, mental, and emotional development of children. Implementation of parenting included an evaluation comparing an intervention group to a control group. The implemented program includes regular parenting education sessions; dialogues with community, ongoing discussion in mother health groups, community led campaigns and home visits to support parents with the aim of all children receiving nurturing and responsive care, giving them a strong foundation to reach their full potential. The project also specifically promotes father's engagement in childcare. The project covers 18 municipalities in 6 districts. Each parenting group participates in a total of 12 regular sessions, one session every month, which are followed by frequent home visits. After 12 sessions in each group, the model repeats the entire lesson in health mother groups primarily to reinforce essential behaviors and reach new parents, with a focus on pregnant women and new couples. In addition to the group sessions, the model conducts frequent discussions with key members of the community to identify ways to reduce limiting gender and sociocultural norms, and practices that affect childcare. Each community group undertakes a different campaign to challenge and change harmful traditions, taboos, and childcare practices. Separate male group sessions improve skills and knowledge of male parents/caregivers and promote their meaningful engagement in childcare. Female Community Health Volunteers (frontline health volunteer of government health system) are key facilitators of parenting education sessions and health workers, teachers, social mobilizers are the key facilitators for community dialogue sessions.

EVIDENCE RATING: Promising (at least one high- or moderate-quality impact study) and Prudent (qualitative or observational studies)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: According to the study undertaken by Monash University, Melbourne, Australia, the intervention locations had a greater impact on children’s learning and development in the areas of fine and gross motor skills, language development, cognition and social-emotional self-regulation and competence according to developmental domains. Overall, there are better results for the Intervention districts in comparison to the control locations. Intervention had significantly better results than control at both Baseline and Endline.

The Intervention districts show greater improvement in father's knowledge, attitudes and practices in comparison to Control districts. Specifically, fathers are more involved in feeding children and show some changes in helping in bathing and sleep routines. Similarly, there is an impact of the parenting program with parents growing perceptions of equality for boys and girls. More parents respond to a child's question politely and routinely in the Intervention group than those in the control group. More children were wearing clean clothes and had access to clean and safe indoor & outdoor environment in Intervention than in control group. There is significant increase in making of homemade toys routinely in a home environment and more toys were made available to children in intervention group than those in the control group.

Father involvement in childcare has also been increasing, as observed at field level, which has enhanced understanding of the importance of father/male participation in childcare and development. The use of physical punishment and threats against children to enforce discipline has significantly decreased. The intervention is effective in encouraging regular use of health care services, such as antenatal visits, institutional delivery, immunization, and routine checkup examinations. Male companions accompanying prenatal and postnatal visits gradually increase as well. Many local governments have set aside funds specifically for expanding the strategy in areas where the project's core funding has not yet been met given the promising results after this piloting. As per interaction with health workers, their understanding on holistic development of children is improved. In the past they focused more on health and nutrition of children and much less so on safety. security, early learning and responsive caregiving, so this has now changed. Impressive transfer of homemade toy making skills to Female Community Health Volunteers, health workers, teachers as well as to parents of young children. We see majority of families making toys for their children.

AGE GROUP COVERED: Prenatal and young children (age below 3 year)

DELIVERY MODALITIES USED: Integration into existing services (health mother groups), home visits, parenting group session, community led campaigns, dialogues with community key persons

IMPLEMENTATION CONTEXT: health Systems, community/village environment, childcare services or centers

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice, research, national strategy and governance, multi-stakeholder partnership, male engagement in child care

Parenting Education in Nepal

NAME OF INTERVENTION: Parenting Education in Nepal

ORGANIZATION: UNICEF Nepal

TYPE OF ENTITY: multilateral

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Ministry of Education, Science and Technology, Seto Gurans, Plan International, Government Ministry, Center for Education, Human Resource Development

COUNTRY: Nepal

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Current package developed in 2016 based on the DOE's six module Parenting Education package and piloted in 500 Communities of 5 districts. Revised in 2018 based on the pilot project findings and nurturing care framework. In 2019, it was implemented in 700 communities with UNICEF support and further expanded by Plan in 176 communities (total 876 communities in 8 out of 77 districts). Currently being implemented in 700 communities with UNICEF support and further expanded by Plan in 176 communities (total 876 communities in 8 out of 77 districts). During COVID-19 lead lockdowns, it was adapted into national radio programme of 52 episodes (15 minutes each) reaching cumulatively 3.8 million listeners digitally and 18% of national population as per sample survey. In 2021/22, the package was revised by the Center for Education, Human Resource Development (CEHRD) with support from UNICEF and endorsed as national package.

Pakistan

Sensitization, Demonstration, Individual Support, Referrals Model of Parenting and Parenting Discipline Practices

NAME OF INTERVENTION: Sensitization, Demonstration, Individual Support, Referrals Model of Parenting and Parenting Discipline Practices

ORGANIZATION: Independent Researcher

TYPE OF ENTITY: Researcher

NAME OF ANY PARTNERING COLLABORATING ENTITIES: not applicable

COUNTRY: Pakistan

SUB SECTOR: Child protection, education and early learning, multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Parenting discipline practices can either build or break children in their early stages of development. For the case of parents who need support to use positive parenting practices, different parenting models are employed to support them. This study explores how this model of Parenting Intervention (Sensitization, Demonstration, Individual Support and Referrals) can be used to improve parenting discipline practices in the families of Rawalpindi, Pakistan. Good parenting should result into good well-disciplined children. However, when parents use physical punishment for disciplining, they deteriorate the healthy development of children, giving rise to further behavior problems of children which get worse as they join school systems. Research has demonstrated that a child's entire life course gets a positive impact when parents curb practices such as punitive discipline, inconsistency, lack of warmth and inconsistency, physical aggression and spanking especially from birth to eight years of age. Since human beings learn from each other as depicted in the Social Learning Theory, the current research has used this theory and adopted an action research design. The study will be significant as it has not only impacted families to address behaviour problems of their children, but will inform muti-sectoral agencies working in the space of Early Childhood Development. It will also fill the literature gap in the research in Pakistan. It will inform the government, non-government agencies and other stakeholders about the importance of parenting discipline practices and encourage the widespread distribution and usage of this Parenting Intervention Model. This intervention occurs in Rawalpindi, Pakistan.

EVIDENCE RATING: Prudent (qualitative or observational studies)

AGE GROUP COVERED: Parents of children from birth to eight years of age

DELIVERY MODALITIES USED: Group discussions, Virtual Zoom meetings using multi-media resources and educational material.

IMPLEMENTATION CONTEXT: Community Environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Research, Implementation or innovation in practice

Early Child Development PREP

NAME OF INTERVENTION: Early Child Development PREP

ORGANIZATION: Aga Khan University

TYPE OF ENTITY: Academia

NAME OF ANY PARTNERING COLLABORATING ENTITIES: None

COUNTRY: Pakistan

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: health and nutrition, education

SESSION DESCRIPTION: English

EVIDENCE RATING: Early childhood development (ECD) starts from conception till age eight. It is one of the most significant periods of human life span development. Investments in early childhood development yield socio-economic, transgenerational health and global development benefits. Responsive caregiving is one of the fundamental pillars of early childhood development. This is the period of human life span development that requires extensive support from the caregivers for a healthy start to life. Parenting and responsive caregiving in the 21st century, and specifically in this new-normal post-COVID-19 world has undergone massive challenges and consequently undergone a huge transformation. Globally, there have been various research studies that accentuate the impact of responsive caregiving and positive parental engagement on various child developmental indicators such as health, nutrition, safety and protection, learning and stimulation, and responsive caregiving. Our programme and philosophy are inspired by the WHO Nurturing Care Framework (Reference https://nurturing-care.org/) . It is essential to support parents and caregivers to provide optimal care and wellbeing opportunities to the young children to thrive for a better future and this continuous and involved parenting support needs to start before birth and continue until the age of eight. Considering the vital importance, the Department of Obstetrics and Gynecology has initiated ECD PREP which will offer a wide range of services on Parenting Education and Responsive Caregiving by integrating education, research and services.

The session will focus on detailing the model applied in a health care setting to promote early childhood development parenting education. It will further highlight the perceptions of parents, health care providers and share findings regarding the self evaluated impact of the parents of young children on their parenting skills.

EVIDENCE RATING: Parents perception

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: From the data collected from 300 parents most find that their knowledge of early childhood development has enhanced. Most of them also shared the positive significance on their parenting styles and responsive caregiving with young children. Parents and stakeholders also highlighted the need and lack of such parental education programs in the health care settings.

AGE GROUP COVERED: early childhood development

DELIVERY MODALITIES USED: integration into existing services

IMPLEMENTATION CONTEXT: digital media, health systems

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation in practice

Philippines

Ensuring Nutrition, Health, and Children's Early Stimulation and Learning (ENHANCE)

NAME OF INTERVENTION: Ensuring Nutrition, Health, and Children's Early Stimulation and Learning (ENHANCE)

ORGANIZATION: ChildFund Philippines

TYPE OF ENTITY: International NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Local Government Units, Local CSOs, National Nutrition Council, Early Childhood Care and Development Council

COUNTRY: Philippines

SUB SECTOR: education and early learning, health and nutrition, child protection

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: ENHANCE program provides opportunities for parents and primary caregivers to gain developmentally appropriate knowledge and skills to care for their infants and young children. The program is anchored on the provisions of the Philippine Republic Act 10410 or the Early Years Act of 2013, recognizing the first eight years of life as the educational foundation for children. Likewise, it adheres to the five inter-related and indivisible key components of the Nurturing Care Framework. ENHANCE puts value on caregiver well-being as an important factor to fulfill their roles in responsive and protective parenting. ENHANCE program strategies enlist strengthening of community support structures, mainstreaming parenting education sessions that encompass the five Nurturing Care components, highlighting the critical stage of the First 1000 Days in the child's growth and development, and capacity-building for parent-volunteers to facilitate and lead home-based/neighborhood early stimulation sessions.

EVIDENCE RATING: Prudent

AGE GROUP COVERED: prenatal and young children (0 to 5 years old)

DELIVERY MODALITIES USED: integration into existing services; group sessions

IMPLEMENTATION CONTEXT: community/village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice; multistakeholder partnership

Heart to Heart (Healthy, Empowered, and Responsible Teens)

NAME OF INTERVENTION: Heart to Heart (Healthy, Empowered, and Responsible Teens)

ORGANIZATION: Save the Children Philippines

TYPE OF ENTITY: Non-Government Organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Family Planning Organization of the Philippines, Local government (municipal and provincial)

COUNTRY: Philippines

SUB SECTOR: Health and Nutrition, Gender, Child Protection

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The Heart to HEART program provides parents and their children a safe and enabling environment to learn and discuss about adolescent sexual and reproductive health. They are also capacitated to train other parents and children. Heart to HEART is composed of six (6) four-hour sessions which use activity-based methodologies to engage small groups of parents of very young adolescents in reflection and learning on gender norms, puberty, pregnancy prevention, and STIs. Heart to HEART uses practical skills-building approaches to build parents' comfort and communication skills, and engages their adolescent children through structured parent-adolescent dialogue and practice sessions.

Heart to HEART is composed of six (6) four-hour sessions which use activity-based methodologies to engage small groups of parents of very young adolescents in reflection and learning on gender norms, puberty, pregnancy prevention, and sexually transmitted infections.

EVIDENCE RATING: Prudent (evaluation ongoing)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Using the responses to the Heart to HEART pre and post-assessment tool for parents and very young adolescents, sets of responses were analyzed to quantitatively measure various knowledge, attitudes and emerging practices of sample in-school adolescents, and their respective caregivers. Qualitative information came from Focus Group Discussions with selected teacher and community facilitators, and pairs of caregivers and adolescents. Increased knowledge, attitude, and behavior of parents and very young adolescents on adolescent sexual and reproductive health is evident in the findings of the implementation of adaptive Heart to HEART; however, what is most predominant is the parents' increased knowledge, attitudes and behavior on positive discipline and improving family relationship by promoting positive communication. Both parents and very young adolescents acknowledge that myths around menstruation should no longer be applied and child marriage no longer practiced. Further, they consider positive discipline as a way to teach and guide their children to practicing positive behaviors around adolescent sexual and reproductive health, COVID-19 prevention and maintaining mental health. Parents' increase in knowledge prompted them to change their behaviors in dealing with their adolescent boys and girls. The intervention covers parenting sessions, prevention of teenage pregnancy, prevention of sexually transmitted infections, HIV and AIDS, child marriage, social behavior change, and positive discipline.

AGE GROUP COVERED: Adolescents (10-14 years old)

DELIVERY MODALITIES USED: Group sessions, radio-based instruction, in person parenting session, health facility visits

IMPLEMENTATION CONTEXT: community/village environment, schools, health systems

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice; multistakeholder partnership

Home-based Early Child Care and Development Program

NAME OF INTERVENTION: Home-based Early Child Care and Development Program

ORGANIZATION: Early Child Care and Development Council

TYPE OF ENTITY: Government

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Philippines

COUNTRY: English

SUB SECTOR: The Home-Based Early Child Care and Development program was developed primarily to support parents as first teachers and to provide alternative programs for children who were not able to attend center-based programs. Pilot implementation coincided with the COVID-19 pandemic, thus becoming an alternative for learning continuity for young children in the Philippines. The focus of the program was to enrich the home learning environment through empowerment of parents (i.e., a parent, caregiver, guardian, or other key family member) as the child's first teacher and by enhancing parent-child relationships and responsive caregiving through play-based activities.

iMulat: Leveraging Technology in Low-Resource Settings

NAME OF INTERVENTION: iMulat: Leveraging Technology in Low-Resource Settings

ORGANIZATION: Save the Children Philippines

TYPE OF ENTITY: international non-government organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: ECCD Council of the Philippines, local government units

COUNTRY: Philippines

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The iMulat app was developed in 2018 as supplementary support to multiple existing programs delivered by Save the Children Philippines that aim to support positive and responsive parenting, familial wellbeing, and parental engagement in children's learning and development. iMulat was developed for parents of children aged from birth to 6 years, with content specific to each developmental stage. The app was adapted and scaled to fit the changing circumstances surrounding the COVID-19 pandemic in 2020, including closures of early childhood education settings across the Philippines. To maximize accessibility and reach, including the most socioeconomically or geographically disadvantaged families, the iMulat app was designed as a limited size Android based application and content was available offline. App content included 10 parenting modules consisting of key messages, activities, and instructional videos centered on different themes (e.g., child development, positive discipline, talking with your child, etc.). It also included quizzes, content on parental wellbeing, COVID-19 information, and a calendar for parents to log activities. Save the Children worked closely with both local government and the Early Childhood Care and Development Council (national government level) to adapt and scale up the app.

Masayang Pamilya para sa Batang Pilipino Program (MaPa) or Parenting for Lifelong Health Kids

NAME OF INTERVENTION: Masayang Pamilya para sa Batang Pilipino Program (MaPa) or Parenting for Lifelong Health Kids

ORGANIZATION: UNICEF Philippines, Parenting for Lifelong Health Philippines

TYPE OF ENTITY: multilateral, government, academia, non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Department of Social Welfare and Development, Ateneo de Manila University, Child Protection Network; Co-leads - University of Oxford, University of Cape Town, Bangor University

COUNTRY: Philippines

SUB SECTOR: Multisectoral with focus on Child Protection

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Parenting Lifelong Health - Philippines has developed and tested the Masayang Pamilya Para sa Batang Pilipino ("MaPa") Program, a community-based parent support intervention designed for low-resource settings that is affordable, not for profit, open access, and based on rigorous evidence. MaPa has been implemented and tested among family beneficiaries of the Conditional Cash Transfer Program of the Philippines with children 2-9 years old (MaPa Kids) and 10-17 years old (MaPa Teens).To date, MaPa has been integrated to the government's conditional cash transfer program through the electronic Family Development Sessions. Scale-up of MaPa in Residential Care and Foster Care Programs is an on-going initiative. In the context of the pandemic, MaPa Parenting Tips were adapted and translated in 12 different Philippine languages and disseminated online/offline. https://www.covid19parenting.com

EVIDENCE RATING: Promising (at least one high- or moderate-quality impact study)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: In 2016-2017, PLH-Philippines embarked on the cultural adaptation, feasibility study, and randomized control trial of the Masayang Pamilya Para sa Batang Pilipino (MaPa) Program, which was implemented with families with children ages 2-17 years old and beneficiaries of the DSWD Conditional Cash Transfer Program. Compared to control families, there is a 39% reduction in overall child maltreatment, 34% reduction in emotional abuse, 48% reduction in neglect and 49% reduction in physical abuse one month after the MaPa program. The results also demonstrated positive effects and exhibited a significant increase in daily positive parenting behaviors, less dysfunctional parenting, decreased perceived intensity of child problem behaviors, and less intimate partner violence.

AGE GROUP COVERED: Parents and caregivers with children aged 2-17 years old

DELIVERY MODALITIES USED: Integration into the Conditional Cash Transfer Program of the Philippines, Integration into the Residential Care and Foster Care Programs, Social media channels (PLH Philippines Facebook Page, DSWD Pantawid Pamilyang Pilipino Program (Conditional Cash Transfer Program of the Philippines) Facebook Page, Digital channels (ParenText delivered through automated text messaging service, Viber Group Chat, Facebook Groups, Department of Social Welfare and Development Family Development Sessions TV), Group sessions (face-to-face and online)

IMPLEMENTATION CONTEXT: community /village environment, social welfare system, childcare services or centers, alternative care local government units

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, research, national strategy and governance, multi-stakeholder partnership, accountability

International Child Development Program Parenting Program

NAME OF INTERVENTION: International Child Development Program Parenting program

ORGANIZATION: Save the Children Philippines

TYPE OF ENTITY: Nongovernmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Department of Social Welfare and Development Pantawid Pamilyang Pilipino Program Region 8

COUNTRY: Philippines

SUB SECTOR: multisectoral

SUB SECTOR: child sensitive social protection, child protection, Health and Nutrition

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The Pag-unlad ng bata: sa Kalinga nga Magulang nagmula parenting program aims to make parents more responsive to their children's needs and build better attachment through showing love, close communication, and praise. The program promotes enriching conversations in which the parent prompts the child to 'think beyond' the present and make connections with the wider world. Parents are facilitated to 'set limits' to the child's behavior in a positive way and learn how to support children 'just enough' to reach a goal/ accomplish a task. The sessions are conducted in groups and based on active participation of parents. Home visits are carried out to give personal attention and support to the parents in their everyday practice.

The parenting program also includes two sessions on family budgeting which help parents to make the most of whatever money is available through the Pantawid Pamilyang Pilipino Program and other income sources by inculcating a savings habit, facilitating prioritization of expenses and

avoidance of debt, and encouraging families to consider children's short and long-term development needs. There's also a session on nutrition which is focused on improving dietary practices for children and the family as a whole. The parenting module consists of 11 sessions and 4 waves of home visits. As a sustainability mechanism, parents are formed into family support groups after they've completed the parenting program.

EVIDENCE RATING: Quantitative and qualitative studies conducted in 2017 and 2021 showed good results.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The impact evaluation using International Social and Emotional Learning Assessment tool of the parenting program for the Pantawid program conducted in 2020 - 2021 revealed a significant positive result. There were 232 (F-218; M- 14) parents and 232 children (F- 114; M-120) participants in the study. It was found out that social–emotional learning skills have improved across all domains on self-concept, stress management, perseverance, empathy and conflict resolution among all children participants of the study. Similarly, caregivers' interactions with their children exhibit more empathy and become more encouraging, with a decrease in the frequency of maltreatment between the pre-intervention and post-intervention assessments. The average gains for children in the intervention group were significantly higher than the average gains for the comparison group in all the social–emotional learning domains assessed. It was also observed that the decrease in the caregivers' use of different forms of maltreatment was greater for the intervention group of parents than for the comparison group. With respect to management of the family budget, it was observed that a greater proportion of caregivers in the intervention group (than in the comparison group) had increased their savings at the time of post-assessment. In the event of an adversity, the adults/caregivers in the intervention group also opted for more positive coping strategies than the comparison group (e.g. cut down unnecessary expenses).

AGE GROUP COVERED: Applicable to children of all ages.

DELIVERY MODALITIES USED: Sessions are delivered to parent/caregivers in cluster of 20 participants maximum according to their proximity. Sessions are conducted weekly. The module has been adopted by Department of Social Welfare and Development Pantawid Pamilyang Pilipino Program - Region 8 for the Kilos Unlad framework. The same parenting program was verbally approved for a national scale up by the National Pantawid Pamilyang Pilipino Program Manager. Pre-scale up activities are currently on-going.

IMPLEMENTATION CONTEXT: Sessions are delivered in the community through the trained community based Parenting facilitators, most of whom are parent leaders of the Pantawid Pamilyang Pilipino Program.

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Been implemented in Region 8 by the Department of Social Welfare and Development's Pantawid Pamilyang Pilipino Program and pre - scale up activities (for 2023) are currently on-going.

Parent Education Program

NAME OF INTERVENTION: Parent Education Program

ORGANIZATION: MindHaven School Inc.

TYPE OF ENTITY: Private Academia (Private School offering Inclusive Pre-School to Grade School Education)

NAME OF ANY PARTNERING COLLABORATING ENTITIES: N/A

COUNTRY: Philippines

SUB SECTOR: Education and Early Learning

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The Parent Education Program is one of the progressive innovative programs run at MindHaven school since 1993. The model is an institutionalized crucial component in the multi-tiered support system of a private play-based inclusive preschool and elementary school with a three-pillared education program (school-based, home-based, and community-based).

MindHaven recognized importance of parents and have made it its mission to help parents be better and more effective at their roles. At least 15 Parent Education Program sessions are held every school year and this increased to 30 during each year of the COVID-19 pandemic. With the sessions, MindHaven helps parents assess their Present Level of Performance (strengths and weaknesses), their Profile as Caregivers, and their general and individualized family needs. The Parenting Education Program sessions develop the parenting skills of its attendees and empower them to parent neurotypical and neurodiverse children (with Autism, ADHD, etc.). Topics include brain-based parenting principles, crucial role of fathers, identifying and addressing special needs, foundational competencies (self-care, self- and co-regulation, executive functions skills, life skills, etc.), functional competencies (holistic approach to child development and nurturing, socio-emotional literacy and skills, restorative justice, communication and listening skills, implementing academic program at home through play, spiritual growth, etc.), self-assessment rubrics and checklist for responsive parenting.

EVIDENCE RATING: At least 50% of the parent population every school year report positive impact of Parenting Education Program on themselves, their children, and their families.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Since 1993, evidence of the effectivity of our institutionalized intervention (Parent Education Program) are usually immediate and sustained, and usually depend on the engagement of the parents. The scope and depth of the positive changes experienced by the parents depend on their commitment to better themselves and to apply the knowledge and skills that they have acquired through the program. The effectivity of sessions can be measured through the significant decrease and sometimes complete eradication of unwanted AND the proportionate increase in wanted incidences, scenarios, problems, and behaviors. With the change in mindset, the acceptance of their most important role, and the acquisition of new and correct knowledge and skills, parents have reported sometimes an immediate positive effect on their family life, parent-child dynamics, and even work life. Parents have reported how they are able to apply what they learned from Parenting Education Program sessions during situations they encounter at home, at work, with friends, with strangers, with superiors, and with subordinates. Parents of alumni send periodic updates and sometimes out-of-the-blue messages to specifically point out how they benefited from and are thankful for having gone through the Parenting Education Program sessions while their children were at MindHaven. With better understanding of themselves, of their children, and of the ideal family life that they can strive for, our Parents become better versions of themselves and ultimately become the most important people in their families as they guide their children to become better human beings and citizens for the future.

AGE GROUP COVERED: All of the listed age groups are covered by our intervention.

DELIVERY MODALITIES USED: Integration into existing services, Digital channels, Home visits, Group sessions, One-on-One Sessions, Creative Dramatics and Role Playing of Technique Implementation, Workshops

IMPLEMENTATION CONTEXT: Schools, Community/Village Environment, Home

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, Research, Multi-stakeholder partnership, Accountability; Change of mindset and behaviors; Each parent acquiring skills through our school and employing these skills in their family and work life while their children are enrolled in our school and even after their children have graduated from our school.

Positive Deviance Hearth + Building Brains

NAME OF INTERVENTION: Positive Deviance Hearth + Building Brains

ORGANIZATION: Save the Children Philippines

TYPE OF ENTITY: non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Local government units

COUNTRY: Philippines

SUB SECTOR: Health and Nutrition, Education and Early Learning

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The program aims for behavior change in a community setting. It runs for 12 continuous days and is being piloted with 10 follow up weekly sessions afterwards. Caregivers of malnourished children 0-5 years old undergo health education discussions and are taught games and allowed to practice early stimulation activities during the sessions themselves. They are also taught nutritious recipes using ingredients readily available by health service providers. Both caregiver and child are present in the session so there are also caregivers who are tasked with cooking, cleaning, watching the other children, and other tasks relevant to their daily sessions.

EVIDENCE RATING: Positive Deviance Hearth and Building Brains have high evidence separately as these have been implemented in different countries but the combination of the approaches is being piloted with promising results in the two initial impact areas.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Parents have increased knowledge based on pre and post test results. Practices are being monitored since there is a conditional cash grant awarded at the end of the program.

AGE GROUP COVERED: 0-5 young children, especially 0-2

DELIVERY MODALITIES USED: Group sessions & home visits

IMPLEMENTATION CONTEXT: Community

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation, Multi stakeholder partnership - community and government service providers

Radio-based Early Literacy and Math at Home

NAME OF INTERVENTION: Radio-based Early Literacy and Math at Home

ORGANIZATION: Save the Children Philippines

TYPE OF ENTITY: international non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Department of Education and Radio Stations

COUNTRY: Philippines

SUB SECTOR: education and early learning

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Save the Children Philippines supports the Department of Education in the use of adaptive learning methods to ensure continuity of education and protection of learners from the COVID-19 pandemic. To support children's learning continuity at home, Save the Children Philippines adapted the existing Early Literacy and Math at Home module. Early Literacy and Math at Home, a Save the Children common approach in early child care and development, is designed to capacitate parents to support young children's emergent literacy and numeracy development at home through play, talking, and responsive caregiving. Save the Children Philippines transformed the session guides into radio drama scripts with COVID-19 and socio-emotional learning key messages. The scripts were the basis of a radio drama production which tapped adult and child voice talents in the locality.

EVIDENCE RATING: Promising

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The assessment results show that the radio-based Early Literacy and Math at Home at Home is effective in fostering learning and development among the enrolled children, aged 4-5 years old, as characterized by the significant 28 percentage-point difference at post-test. This is supported by the narratives of the parents and teachers following their observations among the enrolled children. The intervention is also more effective in improving numeracy and executive function of the enrolled children. There was also a change in perception, behavior, and attitude of parents, teachers, and children towards learning--most prominent being the realization that learning can be done at home, at any time, with the help of parents and other caregivers.

AGE GROUP COVERED: young children (3-6 years)

DELIVERY MODALITIES USED: media channels

IMPLEMENTATION CONTEXT: community

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice

Usap Tayo (Let's Talk): Stakeholders' Co-Production of an Oral Language Program for five-year-old children

NAME OF INTERVENTION: Usap Tayo (Let's Talk): Stakeholders' Co-Production of an Oral Language Program for five-year-old children

ORGANIZATION: University of Philippines College of Education

TYPE OF ENTITY: Government

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Communities

COUNTRY: Philippines

SUB SECTOR: home and school learning spaces

LANGUAGE OF PRESENTATION: Filipino

SESSION DESCRIPTION: Through a co-produced oral language program drawn from quality circles held with learning partners in the home and school contexts, the aim is to improve receptive and expressive skills of five-year-old children, acknowledging the sociocultural context.

EVIDENCE RATING: Promising based on desk review

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Extensive research confirms that oral language development in the early years contributes to literacy development. According to Hart and Risely, deliberate parental action to develop child language and opportunities for children to engage in conversation were key (2003). In this early childhood study, we explore social interactionism through holding quality circles aimed at co-producing an oral language development program with learning partners within the learning context.

AGE GROUP COVERED: young children

DELIVERY MODALITIES USED: integration in home and school settings

IMPLEMENTATION CONTEXT: co-produced with home and community stakeholders

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice

Implementation of the System for Prevention, Early Identification, Referral and Intervention of Delays, Disorders and Disabilities in Early Childhood

NAME OF INTERVENTION: Implementation of the System for Prevention, Early Identification, Referral and Intervention of Delays, Disorders and Disabilities in Early Childhood

ORGANIZATION: Plan International

TYPE OF ENTITY: international

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Humanity and Inclusion

COUNTRY: Philippines

SUB SECTOR: Child Protection, Health and Nutrition, Education and early learning

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Early detection and identification of delays, disorders and disabilities of children at an early age is key for parents of children with disabilities. Increasing awareness of parents and caregivers of children at risks of developmental delays and how to manage or prevent further delays in children is a primary concern of every child development worker. The project model primarily promotes a more inclusive early childhood care and development, ensures functionality of the local mandated bodies that oversees program for children and promotes the implementation of early childhood care and development checklist, an assessment tool that seeks to know children's present skills and gaps.

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: End of Project Evaluation.

AGE GROUP COVERED: pre-natal, young children, adolescents and youth

DELIVERY MODALITIES USED: integration into existing services

IMPLEMENTATION CONTEXT: services of health, social welfare

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or Innovation in practice

Strengthening Filipino Responses in the Home, School and Community: A Positive Approach to Child Discipline

NAME OF INTERVENTION: Strengthening Filipino Responses in the Home, School and Community: A Positive Approach to Child Discipline

ORGANIZATION: Plan International

TYPE OF ENTITY: international non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Lihok Pilipina Foundation, Inc. (Lihok Pilipina); Philippine Legislators' Committee for Population and Development Foundation (PLCPD)

Lunduyan para sa Pagpapalaganao, Pagtataguyod at Pagtatanggoll ng mga Karapatang Pambata Foundation, Inc. (LUNDUYAN) Sentro ng Alternatibong Lingap Panligal (SALIGAN)

COUNTRY: Philippines

SUB SECTOR: child protection, education and early learning, multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Strengthening Filipino Responses in the Home, School and Community: A positive Approaches to Child Discipline is a product of two years of engagement with children, their parents and community leaders in eight selected localities in the Philippines. Funded by the European Union, the Action "Strengthening NGO and Community Based Response to Corporal Punishment" set up models for positive discipline practices in the home, schools and communities. Built on existing disciplining approaches Filipinos practice in the home, school, and community and in the context of the region and communities they came from, the manual has been mainstreamed since its inception with the Department of Education, Local Social Welfare and Development Offices and Local Government Units. It has contributed to increased public awareness on the rights of children and in their protection from all forms of violence by building strong foundation to support the advocacy on children protection.

EVIDENCE RATING: Promising; end of project evaluation;

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Project Evaluation Report; A national level Search for Excellence in Guiding Children for Better Future "Gawad Gabay" was launched with 157 entries for homes, schools and model communities.

AGE GROUP COVERED: young children, older children, adolescents and youth and adults integration into existing services

DELIVERY MODALITIES USED: schools, social welfare, community and the homes

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation of innovation practice

Solomon Islands

Hapi Helti Pikinini (Early Child Development Community and Parenting Support Programme in Solomon Islands)

NAME OF INTERVENTION: Hapi Helti Pikinini (Early Child Development Community and Parenting Support Programme in Solomon Islands)

ORGANIZATION: UNICEF Pacific

TYPE OF ENTITY: Government, civil society organization, multilateral

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Guadalcanal Women's Council, Guadalcanal Provincial Authority

COUNTRY: Solomon Islands

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: English

EVIDENCE RATING: Prudent (evaluation ongoing)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Project evaluation currently ongoing, including household surveys and key interviews to determine impact of intervention

AGE GROUP COVERED: prenatal and young children (0 to 5 years old)

DELIVERY MODALITIES USED: home visits and community discussions

IMPLEMENTATION CONTEXT: community/village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: implementation or innovation in practice; multistakeholder partnership

Sri Lanka

Responsive & Protective Parenting Program

NAME OF INTERVENTION: Responsive & Protective Parenting Program

ORGANIZATION: ChildFund Sri Lanka

TYPE OF ENTITY: International NGO

COUNTRY: Sri Lanka

SUB SECTOR: Multisectoral

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Responsive and Protective Parenting program which has been designed with extensive research and learning at grassroots and evolved over the past few years to overcome the issues related lack of parental understanding about importance of age-appropriate care, growth and development. This program mainly focuses on improving positive child development outcomes, both physical and mental development, and to ensure that they gain necessary psychological and socio-emotional skills. The program focuses on strengthening mothers'/caregivers' engagement in children's nutrition, health, cognitive, emotional, and social development to achieve nationally accepted standards at the early stages in child's development. Mobilization of active and interactive community participation and educating and empowering mothers and other caregivers to support their own attitudinal and behavioral changes are other two important pillars of this program. It is recognized the peer education as a main program delivery approach of the program with the rationale of peers are the trusted and credible source of information. The benefits for peer educators are widely recognized and can include positive changes in terms of knowledge, skills, attitudes, and confidence of their peers. Lead Mothers are selected from among the community using specific criteria and act as peer educators to build the capacities of mothers in the community to improve knowledge, attitudes and practices on child growth, development, and protection. Standard curriculum on holistic development of children was development with the support of subject experts on child development, child protection, health & nutrition and Lead Mothers are trained using this standard curriculum. Further, filed guides are available to cascade the same training to the peer groups. Further, individual home visiting and interaction with children to perform age appropriate development activities by Lead Mothers are the unique aspects of this program.

EVIDENCE RATING: Promising (at least one high- or moderate-quality impact study)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: Behavioral changes are evident particularly among the targeted children, in comparison with non-participants of the Responsive and Protective Parenting program. Indoor and outdoor learning spaces establish at household level , were effectively utilized as a part of routine stimulation activities carried out by parents, at household level. Personality development was observed among children who participated to Responsive and Protective Parenting program, and they emerged with outgoing personality, with specific leadership skills. Evidence suggested that the readiness for the formal education has significantly increased among targeted children, when compared with the non-participants. Further, already completed assessment results also shows a clear improvement of age-appropriate cognitive development among targeted children. Further, Lead Mothers expressed that their involvement in the program as volunteers were driven by their internal motive since most of them have had prior experience in social work and worked as community leaders. Training and awareness program have also helped them to change their own behaviors and practices. Mothers have changed their approaches and behaviors in working with children giving them more freedom and respecting their needs as children. Fathers who have participated in awareness programs also have changed their negative habits or controlled their behaviors in respect to their children. It was mentioned that most fathers have quit smoking at least in front of their children and severely cut down on alcohol consumption.

There had been improved nutrition status of children among the families who participated in the program except in very few cases where the reason for underweight seemed to be pathological conditions unrelated to the nutrition. Nutrition training given to families through Lead Mothers who have been given specialized training on food preparation and in the use of locally available raw material proved successful in combating malnutrition among children.

AGE GROUP COVERED: Adults

DELIVERY MODALITIES USED: Group sessions & home visits

IMPLEMENTATION CONTEXT: Community/village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice

Thailand

Parenting for Lifelong Health for Young Children

NAME OF INTERVENTION: Parenting for Lifelong Health for Young Children

ORGANIZATION: Peace Culture Foundation

TYPE OF ENTITY: NGO

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Parenting for Lifelong Health, UNICEF Thailand, Ministry of Public Health, Boromarajonani College of Nursing, Mahidol University, University of Oxford

COUNTRY: Thailand

SUB SECTOR: Multisectoral (child protection, public health)

LANGUAGE OF PRESENTATION: English or Thai

SESSION DESCRIPTION: Presenters will provide an overview of Thailand's experience in conducting a formative evaluation for cultural and contextual adaptation, a feasibility pilot (pre-post evaluation, N = 60), randomized control trial (N = 120), and 'real life' implementation of the Parenting for Lifelong Health Young Children programme. The programme was adapted and tested in Udon Thani, Northeastern province, with delivery embedded within services provided at community-based Health Promotion Hospitals. The intervention was delivered by government health workers to parent groups consisting of 15 low-income, primary caregivers of children aged 2-9 years old. Following evidence of effectiveness in reducing rates of child maltreatment and child behaviour problems, as well as improving parental mental health and positive parenting practices, the Ministry of Public Health, UNICEF, the Peace Culture Foundation, and Parenting for Lifelong Health have been working to scale-up the programme, including by incorporating indicators on programme monitoring and impact evaluation into the government's ChildShield data collection system.

EVIDENCE RATING: Effective (pre-post pilot + randomized control trial in Thailand, plus pre-post studies and randomized control trial from various other countries including South Africa, Philippines, and Montenegro)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: In 2019, in cooperation with the Ministry of Public Health and UNICEF, the University of Oxford conducted a randomized controlled trial of the adapted Thai version of Parenting for Lifelong Health for Young Children with 120 low-income families in Udon Thani province [13]. Health professionals delivered the programme at four Health Promotion Hospitals as part of their routine work. Data collection methods included adult self-report and observational assessments. Comparing the intervention to a control condition of services as usual at 3-months follow-up, researchers found that the programme reduced child maltreatment by 58%, abusive and harsh parenting by 44%, parent mental health problems by 40%, and child behaviour problems by 60%. Parents also reported improvements in positive parenting, monitoring, and parental self-efficacy. Participants attended an average of 7 out of 8 sessions. Overall, parents rated the programme an average score of 9.4 out of 10, demonstrating a high level of satisfaction.

AGE GROUP COVERED: Young children

DELIVERY MODALITIES USED: Integration into existing services, group sessions, home visits, text messaging & phone calls

IMPLEMENTATION CONTEXT: Health systems, community/village environment

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, research, national strategy & governance, multi-stakeholder

Positive Parenting and Nutrition

NAME OF INTERVENTION: Positive Parenting and Nutrition

ORGANIZATION: Plan International Timor Leste

TYPE OF ENTITY: International non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: HealthNet (local nongovernmental organization)-partner during piloting period

COUNTRY: Timor Leste

SUB SECTOR: child protection, health and nutrition, education and early learning, gender

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: Positive Parenting and Nutrition has been implemented in rural areas of Timor Leste, reaching parents of young children. Currently it reaching 1388 parents (Female: 671, Male: 717) who attend monthly face to face parenting sessions. The facilitators are community volunteer who have been engaged in community health post and pre-school, some of them are also parent of young children. The curriculum has 20 sessions covering maternal and child nutrition and health, early learning, positive discipline, child protection, disability inclusion, awareness on media technology, family conflict resolution, and all of the topics developed using strong gender lens. The session is activity-based discussion that would allow parent to reflect on their current practices and being trigger to changes for better. The project includes a specific activity targeted to young parent (aged 18-24) supporting couple to have positive attitude in parenting and build positive intra-household relationship. Each of the parent group has its own saving and loan activity which has been ensuring the sustainability of the parenting session.

EVIDENCE RATING: Promising (one evaluation study on the impact available)

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: A comparative study between intervention and non-intervention group was conducted in June 2022. The result indicated the project is effective in increasing the knowledge on positive parenting, nutrition, and hygiene education of participants. Knowledge level of respondents on positive parenting, nutrition, and hygiene education was found to be higher in intervention area than in non-intervention area. Overall, more than half of the total respondents have a medium level of knowledge (63%), 20% have a high level of knowledge, and 17% have a low level of knowledge. Regarding the attitudes of respondents, generally the program is effective to “deliver” an expected attitudes which marked by the high percentage of respondents who agreed of given positive attitude statements

AGE GROUP COVERED: Direct target: parent of young children young parent (adolescents and youth). Indirect target: young children, prenatal

DELIVERY MODALITIES USED: group sessions, home visit

IMPLEMENTATION CONTEXT: community/village

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: national strategy in addressing malnutrition through nutrition sensitive intervention-parenting education

Viet Nam

Distance Learning Approaches for Children: Viet Nam

NAME OF INTERVENTION: Distance Learning Approaches for Children: Viet Nam

OneSky for all children

ORGANIZATION: international non-governmental organization

COUNTRY: Viet Nam

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The Home-Based Care training program was a program designed to train and support Home-Based Care providers in providing high-quality early childhood education to vulnerable children in Vietnam. HBC providers are often untrained and work in overcrowded childcare settings with limited support. The program's blended learning model consisted of in-person classroom training, home visits, and a mobile-friendly digital platform called 1BigFamily. This case report focuses on the online delivery and modification of OneSky's HBC training program within Vietnam in response to the COVID-19 pandemic. The curriculum and content focus on responsive caregiving, creating safe and nurturing early learning environments that support children's holistic development. During the ongoing pandemic, when all in-person components of the program were suspended, the in-person classroom training and home visit sessions were modified for delivery via Zoom and the 1BigFamily digital learning platform was modified to include delivery of all program content and support

Parent/caregiver and Community Support for Children with Disabilities

NAME OF INTERVENTION: Parent/caregiver and Community Support for Children with Disabilities

ORGANIZATION: ChildFund Vietnam

TYPE OF ENTITY: International non-governmental organization

NAME OF ANY PARTNERING COLLABORATING ENTITIES: Local Government (Provincial and district People's Committees; Local Organization of People with Disabilities; the Action for Community Development Institute - a local NGO for and by persons with disability organization; The center of special education for children with disabilities at provincial level

COUNTRY: Vietnam

SUB SECTOR: Multisectoral with focus on Education and Child Protection

LANGUAGE OF PRESENTATION: English

SESSION DESCRIPTION: The project "My Right to Education" funded by ChildFund Australia and the Australian Non-Governmental Cooperation Program has been implemented in 12 communes of two districts in two provinces in the mountainous areas of the North of Vietnam from October 2019 to June 2022. The Goal of the project is "Children with disabilities live in inclusive environment and access to quality education". The target beneficiaries are children with disabilities aged 5-14 years old and parents/caregivers of children with disabilities. One of project components is parenting intervention. The intervention improves the capacity of parents and the community in care and education for children with disabilities through the establishment and operation of organization of people with disabilities and parent groups. Certain strategies and approaches have been applied such as: early screening for children with disabilities with legal counseling sessions to get disability certificates, trainings with household coaching visits, seeding fund for income generation activities, regular topics-based meetings, community-based inclusive hubs.

The session will present key results and lesson learnt/experience gained from the phase one of project, based on the external evaluation report and internal observation in both quantitative and qualitative methods. The session would also provide information of phase two design that will be implemented in 2022 – 2025 in the same areas.

EVIDENCE RATING: Prudent

DESCRIPTION OF TYPE OF EVIDENCE AVAILABLE AND ANY PRELIMINARY RESULTS: The phase one end-line evaluation results show that parents/caregivers better understand children with disabilities' needs and challenges. There is also a change in the perception of the challenges that children with disabilities face by multiple of parents/caregivers. With a clear understanding of the child's problem, many parents/caregivers stated, their feelings with children with disabilities are more comfortable, less angry, the relationship of parents with children is better. Both parents/caregivers and teachers both found that the relationship between parents and children with disabilities is more friendly and closer.

From the perception of parents/caregivers enhanced, parent/caregiver practice with children with disabilities is improved and more effective, reflected in 3 main factors as follows:

First, the time parents/caregivers playing, teaching and interacting with children with disabilities increased (from 75% to 100%). In addition to regular activities to guide children in studying, outdoor activities, play activities, and skills teaching for children with disabilities are supported by parents/caregivers do more.

Second, the project has contributed to changing the perception and practice of parents/caregivers in allowing children with disabilities to participate in outdoor recreation and entertainment activities. Number of parents/caregivers let CWDs to participate in outdoor activities increased by 28.6%.

Third, parents/caregivers play and interaction skills with children with disabilities is enhanced. After participating in the project, parents/caregivers knew how to interact and teach CWDs more effectively. Parents/caregivers actively pay attention and discuss with teachers about their learning situation and skills to have better methods of educating children with disabilities.

Parents and caregivers of children with disabilities.

AGE GROUP COVERED: Children with disabilities aged 5-14 years old

Organizations of People with Disabilities and Self-Help members aged 18-70 years old

DELIVERY MODALITIES USED: integration into existing services, household visits/coaching, group meetings/sessions, income generate activities for households and organizations of people with disabilities

IMPLEMENTATION CONTEXT: Supporting rooms for children with disabilities at school, community-based inclusive hubs, early screening, legal counselling sessions, schools, community/ village environment, social welfare system, alternative care, local government units

CONTRIBUTION TO SYSTEM STRENGTHENING FOR SCALE UP: Implementation or innovation in practice, multistakeholder partnership, national strategy and governance


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