

# Asia-wide Convening to Support Parents and Caregivers



© UNICEF/UN0567452/Fauzan Ijazah

# 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 Homs, 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

# Background on the Global Initiative to Support Parents

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.

© UNICEF/UN0594781/Azizullah Karimi



# 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.

© UNICEF/UN0596283/Habibul Haque



# 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](#)

## A Snapshot of the Interventions

### Evidence-based Parenting and Mapping in the Region

*-Dr Zuyi Fang, UNICEF and Parenting for Lifelong Health*

UNICEF has commissioned an evidence-based parenting and mapping in the region to scope programs 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, program 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.

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 country. 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.

## 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% face 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 is 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. The impact study demonstrated positive results; the intervention group was twice as likely to tell stories or read to child and had significantly more home-made toys, with the 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.

---

## 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 stop unfairness and create opportunities in the world. Minderoo Foundation was established 21 years ago and 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 and 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.

---

## 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. 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. 130 Fathers' Cafés were formed with 2,580 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.

## 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. The center works with governments 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, a counseling program, addresses problem identification, selecting personnel and planning. The stunting prevention model has a strong focus on district governments, engagement of parents, teachers and village volunteers.

With hundreds of ethnicities across the coverage areas, the center seeks to avoid homogenizing parenting practices. The center works on developing culturally sensitive 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." 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 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 and coaching costs for facilitators), and 37 USD extra per parent (for optional transport subsidies and on-site childcare).

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.

---

## **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 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, Flourishing Futures, and government partnerships with the Ministry of Education and Science and district governments.

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 crisis and the political crisis, 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.

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 the 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.

## 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.

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.

© UNICEF/UN0567021/Arimacs Wilander



## Webinar 2: Working group on specific topics

### Update on Inter-agency Initiatives

- Maha Homsy, UNICEF

Through interagency initiatives, 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 scalable 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 initiatives 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.

---

### 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 as follows: 1) capacity building – implementing sustainable cascade training 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; and 3) access – facilitating 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

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 mental 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 Gardner and Leijten had shown that transported and homegrown parenting programs are equally effective, as long as they are based on

essential ingredients, and that reviews had shown that parenting programs 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 focused 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 celebrates 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 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 need to be taken into account.

Some challenges in parenting of adolescents include: the generational gap between parents and adolescents, digitalization of interactions, COVID-19, and climate change. Some assert “The chain of communication between parents and children is broken!” Adolescents 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.

---

## **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 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 has 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. It was noted the essential need for building evidence on what works for male engagement so that this evidence can be brought forward to policymakers.

---

## Working Groups: Parenting in Humanitarian Settings

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

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 advocacy on responsive caregiving and parenting, particularly in response 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.

© UNICEF/UNI333434/Srishti Bhardwaj

