



**Regional consultation on parent support for
early childhood development and adolescent health
in South-East Asia**

12–13 October 2022

Meeting report



**World Health
Organization**

REGIONAL OFFICE FOR

South-East Asia

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Executive summary

The South-East Asia Regional Convening of the Global Initiative to Support Parents stimulated the interest or engagement of almost 45 participants from various institutions, NGOs and UN agencies etc. The convening united representatives across the region around the common cause of supporting parents and caregivers.

The convening served as a platform for national representatives to share the country situation on parenting in their respective Southeast Asian nations. A core theme running throughout the sessions was how to take evidence-based interventions from science to scale, with exploration of the components of several specific interventions. Policies and platforms for supporting parenting were presented, as well as country experiences in influencing national policy to support parenting experiences from the Asia Pacific Region. The convening also presented country experiences in the utilization of service delivery platforms, such as health, education, and childcare to deliver parenting interventions.

Emerging themes such as men's engagement, digital solutions, parenting during adolescence, parenting children with disabilities, preventing violence against children, addressing caregiver mental health were explored. Participants had the opportunity to delve more deeply into the global initiatives as well as a number of frameworks and tools for parenting support, including the Nurturing Care Framework and toolkit, the AA-HA Framework, the INSPIRE Toolkit to End Violence Against Children, the Operational Guide For Integrating Perinatal Mental Health in Maternal, Newborn and Child Mental Health Service, Helping Adolescents Thrive; and the Caregiver Skills Training Program for Families of Children with Developmental Disorders or Delay.

Through the event, common issues, and lessons across countries in South-East Asia emerged. The culminating session on development of Country Action Plans took the discussion on strategies and tools into concrete plans at country level, setting timed benchmarks for reaching goals. Participants left armed with knowledge, resources, and action plans on how to advance parenting in their own respective national contexts.

The Regional Consultation in South-East Asia was identified as a milestone event, as the first time in which so many government representatives in South-East Asia gathered specifically for the cause of supporting parents. A platform of those interested in parenting has been mobilized, which can be continuously engaged, following the convening, to continue the momentum of supporting parents and caregivers across the Region.

Background on the Global Initiative to Support Parents (GISP)

Globally, over 43% of children and adolescents are at risk of not attaining their developmental potential. Poverty, undernutrition, maltreatment, parental mental illness and substance use, exposure to violence, conflicts and other early childhood adversities are among the risk factors affecting children. The Sustainable Development goals include multiple targets to support the first two decades of life, namely:

- targets 3.4 and 3.5 pertaining to the reduction of premature mortality from non-communicable diseases, the promotion of mental health and wellbeing and the prevention and treatment of substance abuse by 2030.
- target 4.2, to ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education, by 2030 and;
- target 16.2 By 2030, to end abuse, exploitation, trafficking and all forms of violence against children.

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, 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), Partnership 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.

GISP 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.

GISP'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 of the Regional Consultation on Parent Supports for Early Childhood Development and Adolescent Health in South-East Asia

The COVID-19 pandemic has amplified the importance of support for parents and parenting practices. While many households have been struggling with the economic, social, and economic challenges, caregivers have been at the forefront of sustained care for children and adolescents, during lockdowns and school closures.

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 convening intended to culminate in a follow-on 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.

Integration of parenting interventions in routine contacts that parents have with health, community, education and other services, have demonstrated high levels of effectiveness, accompanied by targeted supports such as home visiting and group sessions. A mix of delivery methods, from face-to-face to digital approaches, along with mass media messaging, can create an engrossing environment of parenting support. Effective pathways for connecting families with special needs to health and social services may involve intensity and duration of interventions, along with quality of participation.

WHO South-East Asia Region recognizes importance of systematic review of and policy/programme development for evidence-based parent support for child and adolescent. Parent and caregiver support is part of continuum of care for early childhood development, prevention of violence against children, health and wellbeing of adolescents including managing stress/anxiety and prevention of depression and suicide, conditions that exacerbated during the COVID-19 pandemic. Evidence from global networks demonstrated that positive parenting and support for parents bring positive outcomes enhancing child development, improving care of children with disabilities, enhancing educational attainment, and reducing substance abuse (for parents and adolescents).

Development of comprehensive programme and interventions supporting parents and caregivers in South-East Asia needs to have political commitments and investments to support the programme reaching out to most vulnerable groups. Policy dialogues need to happen to consider strategic approach to make successful interventions suitable for socio-cultural and economic context of communities and countries. Multidisciplinary experts, relevant ministries, organizations representing children, adolescent, and parents need to be consulted with.

This proposed consultation will be the first opportunity for agencies to share their experience and dialogue for strategic approach or modalities for parent support interventions. Output of this consultation will also contribute to the Global Summit at the first quarter of 2023, organized by WHO-HQ.

General objective

To develop on evidence-based parent support interventions in South-East Asia context

Specific objectives

- 1) To share evidence-based parent support and practices (include case studies and approaches) for early childhood development and adolescent health
- 2) To generate policy dialogue to strengthen and scale-up implementation of parent support interventions for children and adolescent
- 3) To promote whole-of-government approach and investment on protecting children from violence through positive parenting and family resilience

Participants

Participants invited to the convening represented a wide array of stakeholders, including:

- Senior government officials and technical staff from Ministries of Health, Social Affairs, Education, or other relevant sectors from countries in South-East Asia.
- Professional association representatives from six focus countries: Bangladesh, India, Indonesia, Nepal, Sri Lanka, and Thailand
- Representatives of academic institutes and South-East Asia regional technical advisory groups
- Other key technical staff from implementation partners concerned with promoting early childhood development, ending violence against children, promoting mental health, ensuring adolescent well-being, promoting community development, empowering women, reducing harmful practices, advancing economic development and other areas as relevant.
- Representatives of partner agencies of the Global Initiative to Support Parents such as UNICEF, End Violence Coalition, Early Child Development Action Network, Asia Pacific Regional Network for Early Childhood, Parenting for Lifelong Health, and World Health Organization. World Health Organization presence included representatives from departments of Social Determinants of Health and Adolescent Health, Maternal Child and Adolescent Health and Aging, and Mental Health.

Presenters

Presenters at the conference included government officials, academicians, scientists, policy makers, programme planners and implementers and other key actors from across the continuum of care for early childhood, the second decade of development, violence prevention, gender-responsive parenting and caregiver mental health, as well as other relevant sectors working on parenting through multisectoral programmes.

Opening session

The meeting was inaugurated by Dr Neena Raina, Director of UHC/FGL Department, WHO-SEARO, Dr Cliff Meyers, Board of Directors of the Asia-Pacific Regional Network of Early Childhood (ARNEC), and Representative from Global Initiative to Support Parent (GISP), Dr Alexander Butchart from WHO-HQ.

Dr Cliff Meyers, the chief of the Board of Directors of the Asia-Pacific Regional Network of Early Childhood (ARNEC), highlighted the importance of research and evidence-based interventions to support parenting.



Investment on research and monitoring system demonstrate significant impacts and return of investment in parenting supports and wholistic approach for child development. Clear data on effective parenting and evidence-based interventions certainly helps in enhancing collective efforts. Many research studies reveal that almost half of children under five years of age in low- and middle-income countries are at risks of not developing in their full potential because of stunting or extreme poverty. 75% of children aged one to four years globally experience violence discipline from their care giver. This information is alarming yet help us understand the situation children are growing up.

Dr Cliff Meyer urged participants to include the **Nurturing Care Framework** in the discussion. The five components of this framework namely *good health, adequate nutrition, opportunity for early learning, safety and security, and responsive care giving* are indivisible. Interventions must be address wholistically, including parenting education programme, and all the programmes should consider these five components. Areas for continue collaboration that ARNEC has been working on is specially the community of practices to support responsive care giving and playful parenting. Community of practice was originated during the pandemic and developed play-based learning for parents during the lockdown. The community of practices has evolved to include more partners to discuss how policy, strategies, and programmes can be developed to support these actions nationally and across the regions.



Dr Alexander Butchart, Head of the violence against children unit, Department of social determinants of health, WHO-Headquarter and representing the WHO team on the Global Initiatives to Support Parent (GISP), acknowledged the collaboration between multiple partners and donors to make this consultation with Member States in South-East Asia possible, including the support from USAID in this global initiative. Dr Butchart encouraged all the participants and speakers to share their experiences and information to further discuss on issues or strategic framework that could emerge from this consultation.



Dr Neena Raina, Director of the Department of Family, Gender, and Life-Course, WHO-SEARO highlighted that parenting is an important determinant of health outcomes as shown in over a decade of randomized control trails globally with all the evidence gathered. Parenting influences health outcomes such as good nutrition, improve health, early childhood development, school retention, education, academic performance, productivity, high wages, reduce violence, and increase social cohesion. Parents played important roles in nurturing every individual.

The pandemic of COVID-19 challenged parenting capacity in recent years and continue struggle. Many infants, who were born during the lockdown and grew up in the lengthy restriction of COVID-19, didn't have a chance to be outside home. Children at school going age could not spend time with other children in classes. Parents faced tremendous challenges, some were out of the jobs, some had to spend times working from home and take care of their children at the same time. Stress can easily be induced by constant interactions within a limited space of a household.

WHO recognizes the importance of parenting that needs special attention during the pandemic and must continue beyond the pandemic. Several guidance on parenting and communicating with children during the pandemic were produced, with international agencies across regions. Global Initiative to support parents of WHO was created in 2021 amid the pandemic. WHO and our partners acknowledge that parenting is an important determinants of early childhood development and health of adolescents.

Digital transformation demands parents and care givers to obtain new skills to protect their children from cybercrime, or ability to help their children to use digital device wisely. Inter-generational gaps could be profound when parents and care takers have limitation in using digital device or having media literacy. Parenting children with special health needs can be extremely challenging. Parenting children with special health needs can be extremely challenging. Violence against children comes in different forms. Physical violence includes severe corporal punishment not only cause physical injuries but also impacting mental wellbeing. Verbal abused has a direct impact on children's emotion and mental health, imprinting on children's morale and self-worth.

Appropriate parentings can prevent major health risk behaviors, including alcohol consumption, tobacco and substance abused, nurturing healthy behaviors consuming greens and vegetables, regular exercises or play sports, and fostering confidence and positive mental wellbeing to children and adolescents. Parents have been doing all these prevention, protection and promotion of children's health and wellbeing with or without scientific information, but through knowledge learn from earlier generation and culture. Parenting starts from very conception and parenting supports should be continuum throughout the live course of child and adolescent lives. Parenting supports should also consider different needs of parents and different traits of the children.

In South-East Asia, promoting positive parentings has been going on many years with supports from our partner agencies, UNICEF, the Parenting for Lifelong health (PLH), and the Early Childhood development action network (ECDAN), the Asia-Pacific Regional Network of Early Childhood (ARNEC), and many colleagues from Global Initiative to Support Parent (GISP).

Dr Raina urged participants to share their experiences of evidence-based initiatives and good practices from countries not only from health ministries but also from other ministries such as ministry of education, ministry of social welfare. We need to learn how we can support parenting across social circumstances. Parenting supports indeed go beyond health profession.

Dr Raina concluded that this two-day meeting is an initial step for us to work together to support parenting in this challenging world. “It takes the whole village to raise a healthy child.” Support parentings must come from all sectors, including private sector and media. This meeting is a consultation that every input is important for further development of policies, strategies, and programmes.

Dr Neena Raina declared opening of the meeting.

Dr Suvajee Good, Regional Advisor on Social Determinants of Health and Health Promotion, FGL department, invited participants joining the meeting in person to introduce themselves and greeted participants joining online. After the introduction, the participants were invited to take group photo and started business sessions.

Business session

Day 1: Chaired by Dr Sumita Ghosh, Additional Commissioner, MOHFW, India and Co-Chaired by Dr Amali Daldapatu, Sri Lanka College of Paediatricians, Sri Lanka

a) Global and Regional Overview

Dr Alexander Butchart, WHO-HQ presented the global overview of the reasons why support parents and care givers are important now and introduced Global Initiative to Support Parent (GISP). 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, supporting acquisition of autonomy and self-realization, support self-regulation, solve problems, and promote love and attachment and a sense of belonging.

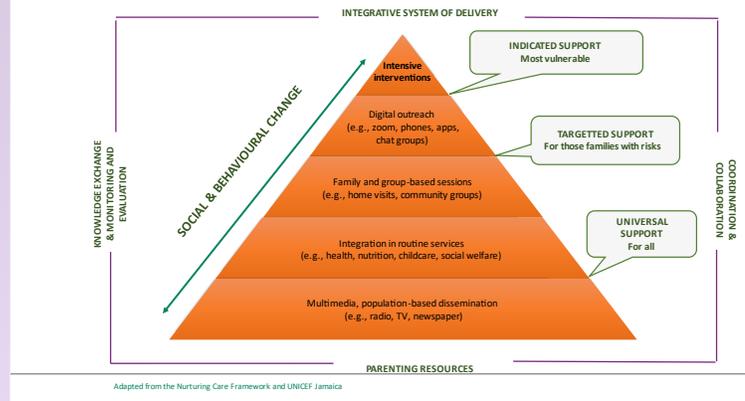
Dr Butchart explained that building on parents’ existing strengths and supporting them to provide responsive nurturing care to their young children and adolescents has the potential to have a profound positive influence on child and adolescent development. Over the years, we learnt that effective parenting could optimize early childhood development, improve growth and nutritional status, enhance mothers’ and children’s mental health, interrupt the cycle of violence and neglect, improve positive interactions, increase attendance in routine health visits, promote positive social norms, for examples. Evidence of effective parenting from randomized control trials of 435 parenting interventions in 65 countries across the globe confirmed effectiveness across multiple domains of child health, development, and safety, including cognitive and social, social emotional development, mental health, and reductions in child maltreatment.

The evidence has been distilled into several frameworks that translate science into policy guidance and inter-agencies technical packages that bundle parenting interventions with other strategies such as nurturing care, INSPIRE hand book, Helping adolescent thrive tool kit, along with several evidence-based

models such as “reach up and learn” for 0-4 age group, “parents and families matter” for 9-18 age group, or “parenting for lifelong health” for 0-18 year old. Parenting support interventions work by delivering the core content of interventions through in-person or digital delivery, or other means that improve parenting behaviors along several dimensions which then produce positive child and adult outcomes. The interventions ultimately contribute to societal outcomes increasing human capital and reduced inequities.

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. Dr

Providing services according to need



Butchart mentioned that these parenting interventions can be delivered by professional or paraprofessional staff, or by peers, or family-based organized groups. They can also be stand-alone or combined with other interventions such as outreach, cash transfers, or digital assisted methods. Services can be provided according to these different levels of need as seen in this slide.

Dr Butchart introduced the GISP – Global initiative to support parent that based on the evidence that set and alarm for potential global parenting crisis, because only 26% of governments able to reach parents in need of support. Many countries have at least some parenting supports but they are frequently siloed, not seen as a national priority, nor having plan to scale up. During COVID-19, it is estimated that five million children globally lost one or both parents to COVID related causes of death. GISP are collaborative efforts among inter-agencies partnerships founded by Early Childhood Development Action Network, End Violence, Parenting for Lifelong Health, UNICEF, and WHO in 2021. It aims to enable all parents and caregivers to access quality, evidence-based parenting support according to their need by 2027, with a mission to transform government recognition and resourcing of evidence-based parenting interventions and programme and dramatically improve childhood health and wellbeing. GISP supports this kind of regional consultations to sharing evidence, generate policy dialogue, promote a whole-of-government approach, and build regional coalition that are cross sectoral and across the life course. A Global Summit is planned to increase the visibility of parenting support as a global public good by 2023.



Dr Rajesh Mehta, Former Regional Advisor on Child and Adolescent Health, WHO-SEARO and Consultant provided **regional landscape of existing initiatives on parenting in South-East Asia**. Dr Mehta presented situation of early childhood development in Asia and the Pacific, highlighting that around 80% of children under five registered at birth, nearly 1 in 4 children under five are stunted, and only half of countries have some forms of paid paternity leave. Rapid assessment of national preparedness for implementation of Nurturing Care framework in Bangladesh, Bhutan, India,

Maldives, Nepal, Sri Lanka, and Timor-Leste was conducted between 2019 and 2020. Parents and families' involvement is one of the key strategic actions of this framework. The result found that no countries in this assessment have parents and families' involvement in their actions. Dr Mehta explained numbers of factors that hinder implementation such as weak coordination, lack of priority, budgetary constraints, poor understanding of ECD. Factors that enhance implementation include: multiple technical committees to support policy making, technical deliberation on early child development, national and subnational plans, annual budgets, media, advocacy and sensitization programmes, handbooks for service provision, support of districts and local government, dedication and capacity of district level officers, non-governmental organizations active in implementation at grassroots level, partnership with multilaterals for advocacy, funding and technical support. Service providers to support parenting include health workers, health volunteers, nutrition workers, social workers, teachers, specialized referral workers who may all be overworked. The following mix of competencies are needed to support caregivers: communication and counseling, social and behavioral science best practice, ability to provide psychosocial support and rehabilitation support.

However, there are opportunities to support parenting through delivery of maternal and child health services promoting nutrition, play, positive communication. Dr Mehta reminded that home is the first intervention setting and family members are key players for in parenting of adolescents. Guideline on helping parents in developing countries improve adolescents' health clearly identifies roles of parenting, namely provision of unconditional love and trust; regulation of behavior (self-control); respect for individuality, identity, self-esteem; role modeling for appropriate behaviours, and protection through counteract harmful influences and provision to support use services and opportunities. WHO-SEARO developed adolescent parenting guide in digital and printed formats with 30 topics included interventions and parenting skills. National adolescent health programmes identified parents as important collaborators but no structured programme.

The following issues are key for scaling up parenting in South-East Asia: strengthening the service package of evidence-based interventions across the life course, using multiple service delivery platforms and incorporating innovations. Structural change may be needed to: shift from fragmented initiatives to a structured child and family-centric approach, move from siloed to integrated implementation, and include the middle-age children in health and nutrition programming. Human resources need to focus on appropriate service providers with required competencies for supporting parents. Closer engagement is needed with families and communities. Dr Mehta suggested ways forward in the region to strengthen existing service packages, use multiple service platforms and innovation to reorient and scale-up

parenting supports. Engagement with families, communities and NGOs, together with intersectoral partnerships could dissolved the siloed services to more integrated intervention.

Convening participants dialogued on how deal with overburdening of tasks on frontline service deliverers, how to prioritize high risk parents and how to address gender. Concern was raised that parenting programmes may not be addressing social norms enough to show impact in gender violence reduction.

b) Country Situation of programmes supporting services for parenting interventions

Representatives from countries participated in the consultation made presentation sharing the situation and response to inquiries from other countries. Summary of each country situation are as the following:

Bangladesh: presented by Dr Ashfia Saberin, Deputy Programme Manager, National Newborn Health Programme and IMCI, MNCAH, DGHS, Bangladesh. In general, parents are less aware of childcare and rearing, lack of knowledge on child stimulation, play, and safety. Three in four children experienced psychological aggression and about half of the children experienced physical punishment. High-risk populations are children living in slums, street children, remote rural regions, disadvantaged communities, and hard to reach areas.

There are numbers of policies and programmes relevant to parenting supports. Most of the interventions in the country focus on early childhood development. The Ministry of Health and Family Welfare (MoHFW) has developed comprehensive integrated ECCD strategy for 0-3 years and await approval. Training modules for health care providers are drafted. MOWCA adopted UNESCO's regional guidebook on parenting education and adapted materials are being used countrywide by BSA-Bangladesh Shishu Academy supported by UNICEF. There are ten types of sessions for parents conducted by teachers at pre-primary education in government primary schools. Frontline health workers of MOHFW used advocacy materials during sessions with parents. Media such as TV channels are used to promote positive parenthood. Numbers of national initiatives to reduce violence against women and children and issues related to vulnerable population lie with MOCHT, MORA and MOIB. Opportunity to bring all sectors together to consider parenting supports will be under the comprehensive ECCD policy and programmes link to the policy.

Challenges in Bangladesh include the need for enhancements in: coordination among ministries, partnership with the private sector, human resources among service providers, capacity building of service providers, quality of basic social data, quality of monitoring and evaluation data, comprehensiveness of guidelines, modules, tools and packages for early childhood care and development, inclusion of early childhood care and development in the emergency preparedness plan and emergency response, a national social behavior change strategy on nurturing care, contextualization of tool for development, humanitarian, urban and rural settings, level of skills, knowledge and practice of caregivers.

At national level, good practice may be drawing from the Neuro Department Protection Trust under the Ministry of Social Welfare who supports children with neuro development disorder. Parents and caregivers are provided training, abandoned children are provided financial support and accommodation, and teachers are provided financial support and training.

Bhutan: presented jointly by Ms Pema Yuden, Assistant Programme Officer, Department of Public Health, Ministry of Health and Mr Pema Norbu, Senior Programme Officer, ECCD and SEN Division, Department of School Education, Ministry of Education.

The parenting style in general was authoritarian with the practice of traditional Bhutanese etiquette (Driglam Namzha), which has become more complex and challenging in today society. Parents have low level of understanding of children's rights and policies related to positive child development. Agriculture is still the largest source of employment, but services and industry have proportionally increased. Responsibilities of parents have expanded beyond providing basic necessities like food, shelter, to increasing expectations around education and development of children. Bhutan's representatives felt that parenting has become more complex and challenging, and that globalization and the internet have magnified the influence of other factors like beer consumption and schooling. Domestic violence has increased by about 37%.

Capacity of parents need to be enhanced to face with increasing influence of the modern medias and information. Bhutan has several existing institutions, national policies, and programmes to support parenting as well as prevention of violence against children. Ministry of Health and Ministry of Education are the key ministers that support the initiatives. Ministry of Education have specific programme on parenting without violence and along with Health Ministry managed the toll-free helplines.

During the pandemic, there is an increasing numbers of child abuse, domestic violence (37%), and mental health issues, increase school dropouts, particularly adolescent (13-17 years). As per report from NCWC in 2021, 58.7% of this age group engaged in paid work to supplement their family income and meet their own expenses during the pandemic. Challenges for institutional supports to parenting in Bhutan are due to limited involvement of parents for adolescents, low qualification of ECCD facilitators, less availability of parents due to unfriendly parent support policies at workplace, lack of technical and financial resources for parents of children with disabilities, etc. However, the existing network of CSOs, schools, village health workers, local government is an opportunity to support parenting with enhance capacities.

Bhutan's strengths to build upon existing networks of community. Examples of good practice include the nationwide rollout of maternal child health handbooks on parenting training to early childhood facilitators, piloting of the Parenting without Violence programme, rollout of the national Parenting Education Programme for illiterate parents, inclusive education in schools and institution of adolescent friendly services.

Challenges related to parenting include low involve of parents for adolescents, low qualifications of early childhood care and development facilitators, low availability of parents to engage in interventions, parent-unfriendly policies at workplaces, lack of technical and financial resources for parents of children with disabilities.

The following are the highest priority needs for the next steps of parenting in Bhutan: data and evidence for planning, technical and finance assistance to initiate effective interventions, strengthening capacity of village health workers and other community workers, and enhancing ease of access to emergency help lines, especially for parents and children.

India: presented by Dr Sumita Ghosh, Additional Commissioner, Child and Adolescent Health, and Dr Zoya Ali Rizvi, Deputy Commissioner, Adolescent Health, Ministry of Health and Family Welfare.

Parenting in India is diverse due to its social, economic, and cultural norms. Based on a formative study on parenting (UNICEF, 2018), majority of caregivers consider health and nutrition as major components of parenting. There is limited understanding of positive disciplinary. For adolescents, absence of proper

guidance, lack of accurate information, ignorance from parents, lack of skills and access to health services are major concerns for adolescent health outcomes. There are various institutional supports, policies, and programmes related to parenting supports, including initiatives for adolescent health, ranging from maternity benefit act, early childhood care and education policy, food security act, to protection of children from sexual offence, for examples. Male participation in child rearing is limited but differs across the country.

Policies supportive to parents through various ministries include: the Maternity Benefit Act, the National Plan of Action for Children, the National Education Policy, the National Early Childhood Care and Education Policy, the National Food Security Act, the Building and Other Construction Workers Act, and the Protection of Children from Sexual Offences Act. Significant initiatives include Janani Shishu Suraksha Karyakaram, Janani Suraksha Yojana, and Pradhan Mantri Matru Vandana Yojana. Initiatives to address specific needs around violence prevention and children in vulnerable situations include Domestic Violence Act 2017 and capacity building of health workers.

Impacts of the pandemic on health and wellbeing of children and adolescents in India are numerous ranging from nutritional deficiency, escalation of fear, anxiety, depression, stigma, limited learning opportunities, to exposure to domestic violence and increased likelihood of sexual abuse. Mental issues among adolescents increase with adverse impact on domestic violence, abuse, early marriage and pregnancy. Digital divide between rural and urban youth is prominent.

Ministry of Health and Family Welfare has strengthened numbers of activities for ECD for example parenting guide on the first 1000 days (PAALAN1000), the mother and children protection (MCP) card, home-based newborn care (HBNC) and home-based care for young child (HBYC), ECD call centers in all Indian States, and promotion of ECD across health facilities. The PAALAN 1000 mobile App, campaigns and advocacy materials are key deliveries that support parentings.

National initiatives to support parents include: the National Adolescent Health Program, which provides information on adolescent health issues to parents and community, engaging parents in adolescent immunization and provision of commodities, and outreach sessions by adolescent health counsellors in the community.

Opportunities for parenting include support from extended family being widespread and still strong. Challenges include awareness and educational status of parents, economic situation of the family, male participation in child rearing being limited, and traditions and customs that are not favorable to child rearing.

Support required to strengthen parenting includes strengthened focus on all five components of nurture care framework, addressed as a continuum of care, use of demonstration and mentoring support to build counseling skills are built over time, provision of child care support for working parents by community and self-help groups.

Indonesia: presented by Dr Ario Baskoro, Junior Expert Health Administrator, Directorate of Public Health, Ministry of Health.

Parenting practices in Indonesia are influenced by culture, education, socio-economic status, family condition, religious beliefs, and access to correct information. Harmful parenting practices still exist such as female genital mutilation-FGM, feeding solid food to baby below 6 months, child abuse and violence.

Child marriage and adolescent pregnancy remains high and increasing risk of pregnancy condition. The National socioeconomic survey in 2018 reveals that 8.31 % of young children living with only one parent (7% are with mother), and 2.67% live without parents, and around 3.73% of young children did not receive adequate care. Support parenting programmes or initiatives are deemed crucial to improve this situation.

Relevant policy supporting parents are embedded in early childhood education – ECE, and national standard of ECE led by Ministry of Education and Culture. Family involvement in early childhood education is implemented in programmes for parents such as “Mother Class programme” where each village has regular monthly mother class conducted online during the COVID-19 pandemic, include mobile apps, webinars, group WhatsApp, websites for information. Support parenting activities are included in school health programmes and integrated early childhood education. The Community-based Adolescent Integrated Health Care covers registration, measurement, recording of data, educational communication activities and referrals. However, there are challenges in implementation due to inadequate financial resources, monitoring and evaluation, and inability to address social determinants of health that effects parenting.

Ministry of Health and Ministry of education, culture, research and technology collaborated to support improving teachers and school principals on adolescent reproductive health and healthy life-skills in schools. Adolescent family development group (BKR) is an example where families of adolescents ages 10–24 joined a series of consultation to improve knowledge, attitudes and behaviours of parents in nurturing adolescent growth and development. BKR has been implanted in 43 villages in Indonesia so far.

Indonesia prioritizes the following actions as most needed to strengthen parenting programmes: 1-technical support and guidance to strengthen parenting programs and initiatives, 2-financial support to scale up the existing programmes, 3-strengthening evidence base generation 4- integrated information system to access parenting education, 5- support to strengthening multisector involvement and active engagement and 6- community mobilization support to strengthen parenting programmes.

Maldives: presented by Ms. Fathimath Azza, Director General of Ministry of Education.

In Maldives, traditional island lifestyles have encountered rapid change due to globalization. Faces similar situations as other countries, parenting has changed in the last decade with increasing numbers of nuclear families, single-parenting, dual roles of parenting and working parents, etc. Globalization is bringing about change in technology, safety, protection food and lifestyle. Intergenerational communication gaps are increasing. Parent support programmes are embedded in early childhood education (ECE), child protection, and nutrition programme for the first 1000 days of life, school breakfast programmes. Most relevant policies and programmes support parenting lie in different ministries. Beside ministries of health and education, Ministry of Gender, Family, and Social Services responsible for prevention of violence against children, gender sensitization, and cyber safety with specific focused parenting sessions. National initiatives to support parents include initiatives to address violence prevention, including a gender equity law, gender equity strategy, domestic violence act, juvenile justice law, national social protection scheme.



Sectoral programmes on nutrition, early learning and stimulation are successfully implemented. Ongoing programmes include Joint Positive Parenting Programme, in formative stage, First Thousand Days of Life through the public health platform.

Ongoing programmes in Maldives directed to parenting is the Joint Positive Parenting Programme for early and formation stage of child development between MOH and MOE. The programme aims to empower parents with positive parenting to support children's holistic growth and positive development. The programme supports parent to ensure their own well-being and fulfill parenting roles. Ministry of health emphasizes the nutrition in the first 1000 days through primary health care services and MHPSS programme helping adolescents thrive. Challenges to parenting in Maldives center around vertical delivery of programmes through siloed sectors, and no dedicated holistic parenting programs.

Support required to strengthen parenting programmes in the Maldives include technical support to complete assessment tools, support to develop targets, complementary modules on parenting at-risk children, drug use, disability, advocacy to strengthen application of the nurturing care framework, streamline and scaling of the Joint Positive Parenting Programme, and monitoring and evaluation of parenting programmes.

Myanmar: presented by WHO country officer Dr Sithu Shwe.

46% of the population are children and youth, and adolescent fertility is 33 births per 100 girls. 30% of children are stunted. The impact of the pandemic paved the way for potential large-scale outbreak of diarrheal disease due to lack of safe water at home. 15% of urban dwellers and 41 % of rural dwellers do not have access to safe water. Since 2014, Myanmar policy for early childhood care and development have provided parent education and support. It aims to provide safe and warm family interaction with stimulating learning environment for child development.

National strategic plan for early childhood intervention (2017–2021) laid out integrated parent education services for children with development delays and abnormalities. However, the pandemic, change in government and combination of conflicts cause degradation of social services and disruption of economy which left many children and adolescents impoverished, displaced, traumatized and cut-off basic services. Based on rapid assessment I 2021, 1.2 million children needed humanitarian assistance and between 40 and 80% children unable to access immunization services. Parentings are challenging due to several lack of basic services including basic health, nutrition, water supply, etc.

Expectations and support required to strengthen parenting programmes include: a prerequisite to develop sustainable peace and political stability as foundation for other types of progress; advocacy to increase political commitment and financial resources for sustainable mechanisms of effective and efficient involvement of parenting support into child and adolescent development programmes; strengthened capacity of non-governmental actors including private sector to establish parent support; and strengthened policies and programmes for large scale support of parent education and child and youth well-being, especially in humanitarian emergencies.

Nepal: presented by Dr Subhana Thapa Karki, Senior Consultant Pediatrician, Kanti Children Hospital.

In Nepal, most families are poor and must work long hours for a daily wage. Parents from rural and remote areas and some marginalized population have less support for schooling of their children. Education is not compulsory in Nepal so many parents do not send their children to school. Parental neglect is still

prevalent in some parts of Nepal. A study conducted by Pokhara University found that parental socioeconomic status and level of education did not have a significant relationship with academic performance of the students. However, the occupation and the residence of the parents showed greater impact on academic performance of the students. Increasing literacy rates among parents seem to increase parents concerned about their children.

Nepal's institutional support includes the Constitution sub article 1 of article 39 which mentions education, health, nurturing care, adequate care, play and holistic development for each child. Ministry of Education, Ministry of Health and Population, and Ministry of Women, Children, and Senior Citizens are the key ministries dealing with parenting supports. One example of good practice is the Aviavewak Mela (Parental Education Fair) that highlights the importance of early child development. Exemplary parents and early child development center facilitators are selected and honored.

Early childhood education center plays important role in parent-child communication and facilitate parent trainings that increase awareness on ECD programme. Implementation has been done in 3 districts with supports from various organizations. District office of education also introduce parental education package to parents whom children enrolled in the ECD center. However, most families are poor and difficult to dedicate their time to participate in the programme. Local ethnic languages are barriers for training and delivery of services. Parental issues are often neglected. Partner agencies in Nepal joined hand to support parents with Child Grant Programme in 2020 and introduce positive parenting programme. The pandemic has given a new opportunity for family to learn and experience new way of parenting through this new initiative. A key need identified is for parents to have effective communication with their children to promote emotional, social and cognitive advancement.

Sri Lanka: presented by Dr Asiri Hewamalage, National Programme Manager, Childcare, Development and Social Needs, Ministry of Health.

Traditionally, Sri Lanka has given priority and prominence to the mother. When a woman gets pregnant, customs prevail where everyone brings food and makes the mother happy. When the child is born, the mother goes to the maternal, or grand maternal house for three months, where she is pampered and looked after, so she has enough time to take care of her child. The traditional practice engages a lot of extended family support for the child.

Similar to other countries, nuclear family structure constitutes majority of families in Sri Lanka today (52% of families of 2-5 children). Recently, majority of mothers (84.6%) are unemployed and primary caregivers. Policy environment for parenting supports is strong but implementation is a challenge. Several policies exist under the Ministry of Health and Ministry of Women and Child Affairs. The Maternal and Child Health Policy, the Child Health Strategic Plan, the National Strategic Plan for Adolescent and Youth Health, the National Policy on Early Childhood Care and Development, the National Policy on Preschool Education, the National Policy on Child Protection, and the National Policy of Child Daycare Centers. Ministry of Health is responsible for early childhood development programme and school and adolescent health programmes. Parenting support is an integral part of national maternal and child health programme, yet there is no target to support programme, thus utilization and quality of service delivery are varied. "Senehe Thatake or Pond of Love" is a national parent awareness programme on ECD on home-based activities which parents do day-to-day with their kids through daily routines. The National Ministry of Health has an early child development which maternal and child health (MCH) programme and is delivered

via public health midwives. Public health midwives conduct fifteen home visits for the infant, followed by later frequent home visits, and multiple contact points with the system.

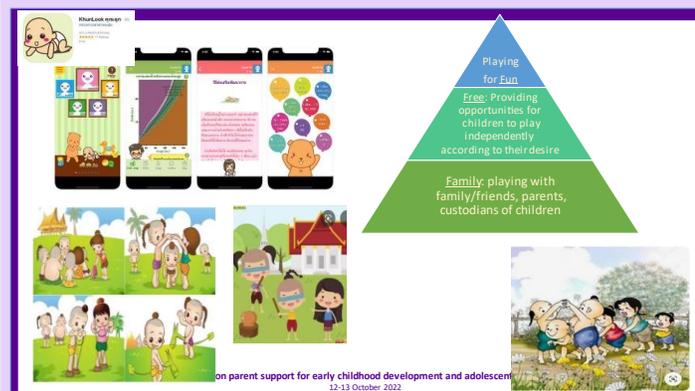
The Ministry of Women and Child Affairs maintains a home-based early childhood development programme and a program for early child development in emergencies. Non-governmental organizations like Child Fund are running Responsive and Protective Parenting through peer education. Private sector hospitals also deliver parenting programmes. Non-government organizations also provided parenting support classes for private sector deliveries. Some selected districts carried out “responsive and protective programme” using peer education techniques to empower mothers/caretakers of children to be volunteers as peer educators. The programme focuses on strengthen engagement with mothers/caregivers in nurturing care through four days training of trainer programme for lead mothers to build capacity to become responsive parenting practitioners and lead groups of 10–12 members to share the learnings. Starting in 2022, ‘good parenting e-learning’ package for parents of adolescent launched. Though there are opportunities, challenges remain due to lack of trained health staff to deliver the programmes, lack of evidence-based targeted parent support programme/guidance, or lack of government initiatives to support parents of young children.

Opportunities for parenting in Sri Lanka include large proportion of educated parents, with mothers exceeding father education levels, high proportion of mothers as primary care caregiver, a strong policy environment and acceptance of the topic of parenting by society. Challenges include lack of evidence-based universal parenting programmes and guidance, lack of targeted programs and guidance, lack of trained health staff to deliver programmes, health staff burnout, lack of government initiatives to support parents of young children and prioritization of basic health care services during economic crisis.

Thailand: presented by Dr Pon Trairatvorakul, Clinical and developmental behavioural pediatrician, Faculty of Medicine, Chulalongkorn University, and Ms. Khemika Chatkongphob, National Institute of Child Health, Ministry of Public Health.

In Thailand changing sociodemographic and growing urbanization, grandparents are taking vital roles of parenting. Digitalization has fueled the increase in electronic screen use in young children. Parenting information are easily access through smartphone. There are several initiatives around supporting parents through university hospitals, medical schools, as well as online positive parenting programmes and workshops. The Ministry of Public health established parenting school programme, learning through play project – transforming the world through play for Thai children, and hearing screen and rare diseases.

The Ministry of Social Development and Human Security has a policy “Newborn Support Grant” to relieve economic burden for parents in low-income families to help raise their children. Ministry of Education provides education for all children from 0-6 years old.



Ministry of public health creates a developmental surveillance and promotion manual (DSPM) to track the development of their children from infancy as efficiently as possible. This tool helps parents to understand their children growth and develop good relationships with their children, with knowledge and understanding of child rearing that promote age-appropriate development. DSPM has also been extended to e-learning for teachers, caregivers, and parents. Department of Health, MOPH initiated “Parent school” and moved them from health facilities to ECD centers across country to develop parent school model in at least one center per province. They create pilot project “**family-free-fun**” with local administrations to build playground in communities and called them “playground for wisdom.” However, the COVID-19 disrupted the project, yet turned to opportunities for digitalized programme and crate multisectoral partnerships to integrate implementations and investment.

Online Positive Parenting Programme with live group discussion for parents (which showed evidence in improving parents in sense of competence), the Positive Parenting Programme live discussion, the NETPAMA online asynchronous parenting programme, an Open Chat Line with a multidisciplinary behavioral pediatrics team, social media outlets like Facebook pages and video clips on child development. There is increased access of parenting information through smartphone and the intent to pass Thai culture to the next generation through play. The programme composed of (1) empowerment, (2) effective communication, (3) behavioural modification, (4) promote child’s development and teaching skills, (5) foster development through storytelling, (6) enhance parental self-care, (7) parenting styles and important of daily routine activities. This programme demonstrates importance of multidisciplinary practices to support parents and children. Randomized control trail is being pursuit to understand its effectiveness.

Supported required in Thailand is needed in dissemination of knowledge around reduction of cannabis exposure and reduction of screen usage in early childhood. Thailand is seeking how to best reach grandparents. Thailand’s next steps are founded on the expectation that programmes developed at central level will be distributed evenly across all regions of Thailand, spread across all sectors and serve as a model for the Asia region.

Timor-Leste: presented by Mr Silvano Pedro de Jesus Amaral, Head of Adolescent and Youth Health Department and Mrs. Luisa Barros, Reproductive Health Programme Officer, Ministry of Health.

Children and adolescents in Timor-Leste face many challenges in their learning and developmental process. Only 14% of children under-five years are attending organized early childhood education programme. Only 4% of them have 3 or more children’s books in the household. Childcare arrangement is alarming as 29% of young children were left alone or left in the care of another child younger than the age of 10 years old. Net attendance is at 64% in preprimary, 90% in primary, 54% in lower secondary, and 38% in upper secondary. 81% of Timor-Leste citizens have completed primary school and 84% of youth are literate. For common free time activities, young women and men aged 15–24 spend time reading and hanging out with friends and young men spend time play sports. Young people cite parents and friends as major sources of help. 23% of young women and 26% of young men have received info on reproductive health.

Supportive policies for early childhood education and engagement with family through schools exist. Many programmes are supported by Ministry of Health, Ministry of Education, youth and sport, and Ministry of State. Specific programme support parents are focused on vulnerable situations such as Liga Inan programme to support pregnant mothers managing pregnancy and childbirth up to the child turning

2 years of age, or distribution of financial supports to pregnant women with children up to 6 years, and non-violence basic education center for children (Cre-Che).

The Ministry of Health, quality antenatal and prenatal care are provided, early initiation of breast feeding, routine immunization and school health programming. Through the Ministry of Education Youth and Sport, preschool centers and child competitions are supported. The Ministry of State provides school feeding and the Ministry of Social Solidarity and Social inclusion conducts programming around “Positive-Plant the Seeds for a Healthy Future” which strengthens parenting skills and teaching positive parenting across child nutrition, early stimulation, positive discipline, education, and child protection. Initiatives to support violence prevention and children in vulnerable situations include youth friendly information centers; Non-Violence Basic Education Centers for Children (Cre-Che); and distribution of financial incentives for pregnant women and mothers up to age six. The Ligan Inan programme connects pregnant mothers and midwives/health workers to exchange information on pregnancy and child rearing up to two years of age.

Strengths to build on in Timor-Leste include: all children begin registered upon birth, child nursery centers being provided by the government, and a pilot programme in three municipalities. Good practice includes playgrounds provided at public places, shopping centers, and the breastfeeding café of the national hospital. Challenges include the inability to monitor whether initiatives are being implementing according to their plan and objectives as well as limited internet connectivity.

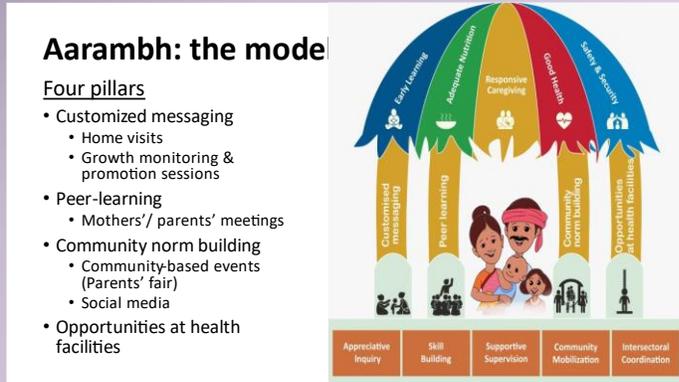
Opportunities to support parenting in Timor-Leste are to strengthen pilot programmes that initiated in 3 municipalities and to monitor implementation and financial supports given to the mothers if they have been using for health and wellbeing of mothers and children.

1) Evidence-based interventions: from science to scale

The session was introduced by Dr Alexander Butchart, WHO-HQ explaining importance of science, understanding what to scale up and how scale up can take place with regional review of examples from Thailand and India. It is important to ensure that evidence-based parenting interventions are readily accessible to all. Dr Butchart suggested the two important guidance from WHO, a) guidance on improving early childhood development, and b) guidance on parenting intervention to prevent maltreatment. Evidence-based parenting interventions have been evaluated and demonstrated to be effective in preventing health problems based upon the best-available research rather than personal belief or anecdotal evidence. WHO 2020 guidelines on improving early childhood development state that: *“All infants and children should receive responsive care during the first three years of life; parents and other caregivers should be supported to provide responsive care.”* WHO Guidelines on parenting interventions to prevent maltreatment state that: *“Evidence based parenting interventions should be made readily accessible to all parents or caregivers of children aged 2–17.”*

Dr Butchart introduced three models of how to scale up a) scale up to integrate into systems or to reach more people; b) scale up interventions that implement all the characters and components that made them effective, or the ones that adapt with limit alterations to fit the context while preserving the core components; and c) scale up to meet the range of influence or along spectrums of interested parties.

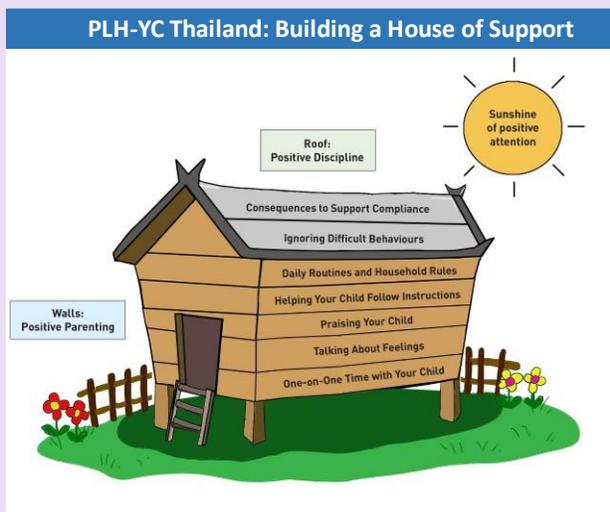
Two panelists presented the examples from India and Thailand. Example from India presented by Dr Subodh Gupta, MGIMS – Mahatma Gandhi Institute of Medical Sciences, and an example from Thailand



was delivered by Dr Amalee McCoy, Peace Culture Foundation, Thailand. **Dr Subodh Gupta** demonstrated implementation of nurturing care interventions in India which has been piloted since 2012 with 10 000 population and scale up in 2018 reached over one million population. The project is in collaboration with WHO and UNICEF. “**Aarambh model**” is a model making nurturing of children a responsible of whole of society. The model composes of four

pillars that aim to build normative practices for responsive caregiving accompanied by research. Frontline workers are the initiators for capacity building and support hands-on training with mothers/parents/caregivers, emphasize joyful, appreciative, and participatory learnings. The process itself brought behavioural change among individual trainees. The model also cascades to different layers of society to family members, communities, and engagement with multisectoral stakeholders. The journey to scale up started with the programme model of parenting education through village level workshops and engagement with health and integrated child development service sector in 2003. In 2012, WHO supported a pilot project to reach 10 000, then scaling to reach 100,000 in 2013–14. In 2018, UNICEF supported scale up through ten integrated child development service projects reaching 1.2 million. In 2021–2025, UNICEF is supporting the state government of Maharashtra to undertake state-wide scale up to 125 million people. Current aspirations are to advocate for national scale up and adaptation to different state contexts. Key intervention elements include evidence strengthening, relative advantage, adaptability, trialability, complexity, design quality, packaging, and cost. Key elements impacting the outer setting include patient needs and resources, cosmopolitanism, peer pressure and external incentives.

Lessons learned show that huge opportunities opened with a whole-of-society approach. Making growth and development aspirational became a game changer. An appreciative environment for frontline workers, the Anganwadi workers, who “created the magic.” Outstanding success in many communities derived from sharing of stories that catalyzed significant change in the whole of society to support parenting and nurturing care for children.



Dr Amalee McCoy from the Peace Culture Foundation in Thailand, representing the Parenting for Lifelong Health global network, presented on the adaptation, piloting, and evaluation of the Parenting for Lifelong Health Young Children programme in Thailand, which was embedded within the local health service in Udon Thani. Parenting for Lifelong Health Young Children is an evidence- and social learning theory-based parenting intervention for parents of children aged 2–9 years. The project initiated in 2018 to 2020 with supports from UNICEF Thailand and University of Oxford in partnership with Ministry of Public Health and the Udon Thani Provincial Public Health Office. The project goal is to reduce violence against children through group-based sessions held over 8 weeks, which focus on collaborative learning and the incremental changes in parental child rearing behaviours. Primary proximal adult outcomes are measured through tangible behavioural changes namely (a) reduced harsh parenting, (b) increase parental confidence, (c) increase positive parenting skills, (d) improved monitoring and supervision, and (e) reduced support for corporal punishment. Expected distal adult outcomes are reduced poor mental health and reduced IPV and coercion, while distal child outcomes are focused on reduced behavioural problems and improved socio-emotional regulation. The project was implemented in three stages (adaptation, piloting, and evaluation) and engaged government stakeholders from the start in order to provide systemic integration of the intervention in routine delivery within the public health system in Thailand. This was one of the first times that a group-based parenting programme has been rigorously tested through a randomized controlled trial in a real-world public health system. Through a series of consultations, the programme content of this initiative was reduced from 12 original sessions to 8 adapted sessions that is suitable for Thailand context. Research shows that the attendance rate of participants (60 families from low-income communities) in the programme is high, with parents attending an average of 7 out of 8 sessions.

The project was tested and linked with community-based health promotion hospitals in Udon Thani during the pilot study and RCT. After incorporation of formative evaluation findings, the randomized control trial evaluation found that the intervention was effective with low-income families in reducing child maltreatment (61% drop), reducing observed abusive and harsh parenting (40% drop), improving parental depression, stress, and anxiety (42% increase), and reducing child behavior problems (59% drop) at one-month post-intervention in comparison with a control condition of services as usual. However, there was no significant changes in intimate partner violence, observed parent responsiveness, child neglect, dysfunctional parenting, and attitudes toward punishment. Scale-up of this project is feasible with expansion of the project to six additional provinces in the Northeast of Thailand currently underway. Scale-up efforts also include institutionalization of capacity building for PLH delivery within the Boromarajonani Nursing College in Udon Thani, and incorporation of process and impact indicators into routine monitoring and evaluation as part of ChildShield, which is being incorporated into the government health information system.

2) Parenting interventions across the life course

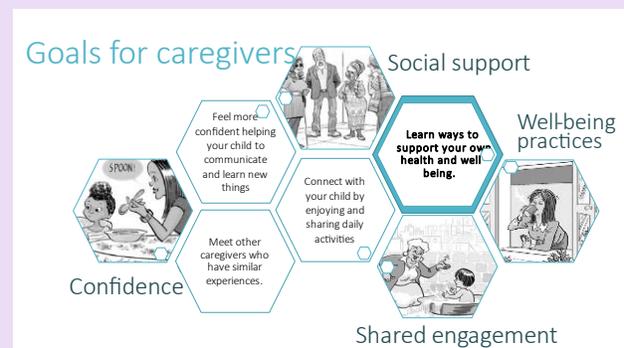
The session composed of three panelists, who presented parenting during adolescence, parenting children with development disabilities and caregivers' mental health, and preventing violence against children, and moderated by Dr Rajesh Mehta.

Dr Prerna Banati, WHO-HQ provided a brief presentation on the lives of pregnant and parenting adolescents. Adolescents (15–19 years) in LMIC had an estimated 21 million pregnancies each year and half of them are unintended. Data on childbirth among girls aged 10–14 are not widely available.

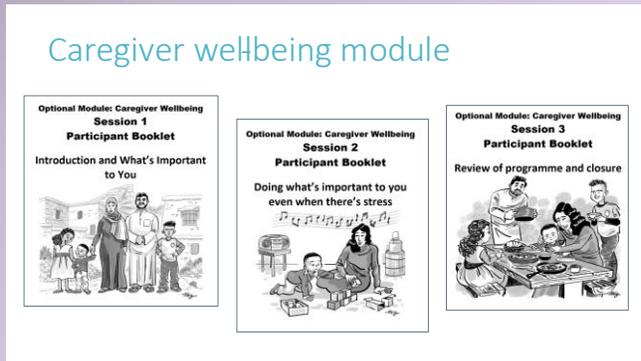
Nevertheless, being a mother at early age (10–19) put tremendous pressures on physical risk of pregnancy e.g. eclampsia, puerperal endometritis, systemic infection, and potential health risks for babies, e.g. low birth weight and pre-term complication. They also have higher psycho-social and mental health risks including mood disorder and postpartum depression and substance abuse than older mothers. They face higher likelihood of not completing school than non-pregnant girls, higher rates of lifetime poverty, and higher risk of interpersonal violence, and experience of abuse during pregnancy compared to non-adolescent mothers. Adolescent fathers often feel isolated, ill equipped, and left out of decision-making on their children.

Dr Banati suggested to consider adolescent mothers and fathers in designing parenting supports programmes. Adolescents should be recognized as persons with strengths, not as victims, and can fully participate in the programme supporting parents. Social conditions and dynamics of interrelations between programmes across sectors are importance factors that can improve health outcomes of parents and adolescents. Further evaluation and assessments of health outcomes as results of these interventions are needed in most of the LMICs. Dr Banati suggested to refer to resources namely Global Standards for Quality Health Care Services for Adolescents, WHO Guidelines on School Health Services; Making Every School a Health Promoting School, Global Accelerated Action Plan for the Health of Adolescents; and Assessing and supporting adolescents’ capacity for autonomous decision-making in health-care settings.

Dr Andrea Bruni, Mental Health Regional Advisor, WHO-SEARO shared WHO “Caregiver Skills Training for families of children with development delays or disabilities.” Dr Bruni reminded audience on the existing recommendation from WHO the importance of creating enabling environments within families and communities, including making available parenting supports for children with development delays or disabilities. WHO’s caregiver skills training targets supports to caregivers of children aged 2–9 years who have developmental delays or disabilities in social and communication domains. It aims to increase caregivers’ skills through play and home routines, help caregivers to involve their children more in daily activities, follow child’s lead, interest, or choices, and turn-taking to help their children stay engage. Caregivers are trained to develop skills to be responsive to their children’s communication and their attempts and effort with praise and attention. CST package composed of five booklets that made it highly feasible for caregivers to develop confidence and skills to nurturing children with difficulties. Dr Bruni explained that caregivers are key players in the ecology of children and adolescents.

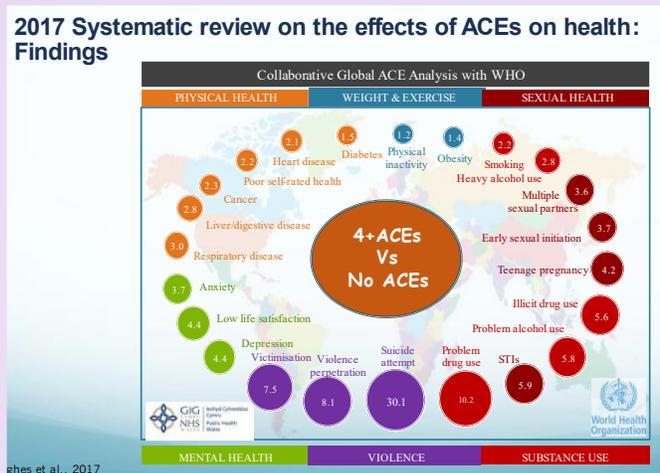


Caregivers' health and wellbeing are explicit goals of the training. Their well-being impact on child development, health outcomes and their mental health. Additional module on caregiver well-being is expected to be released in March 2023. There is practical guide to promote well-being in the Caregiver Skills Training ranging from mindful breathing practice in group session, practice wellbeing activities at home, stories model acceptance and validate their thoughts and feelings, promote social supports, and problem-solving skills, etc. The e-learning version is based on the same package but with eight hours of content that is self-directed and



self-paced. It is created for low-band environments and mobile devices and is being translated into Arabic, Chinese, French, Russian and Spanish. <https://openwho.org/courses/caregiver-skills-training>.

Dr McCoy, Peace Culture Foundation, presented on the role and importance of parenting interventions in preventing violence against children. Based on multiple scientific research studies and randomized control trials across the globe over the past two decades, parenting interventions have been found to be one of the most effective ways to reduce violence against children, both in HICs and in LMICs. A 2022 systematic review and meta-analysis of parenting programmes for preventing risks of child maltreatment and harsh parenting for children aged 2–17 years in LMICs, led by Professor Frances Gardner at the University of Oxford, involved the screening of 75 000 studies in both English and non-English language databases. The review identified 131 RCTs of parenting programmes from 32 LMICs – a large increase in the 12 RCTs found in the previous review conducted in 2013. Eight studies were included in the review from LMICs in South-East Asia and 32 from the East Asia and Pacific region. The meta-analysis found significant beneficial effects of parenting interventions compared to controls on all outcomes, including for child maltreatment and harsh and negative parenting, with moderate effect sizes. Dr McCoy also discussed findings from a 2017 systematic review by Hughes et al. on the effects of multiple ACEs on health. The review included 37 papers and found that individuals with four or more ACEs were at increased risk of all negative health outcomes compared to those without such experiences – with the strongest associations for suicide attempts (odds ratio of 30.1), problem drug use (odds ratio of 10.2), violence perpetration (odds ratio of 8.1), and violence victimization (odds ratio of 7.5). Another study highlighted in the presentation was the 2013 UN Multi-Country Study on Men and Violence in Asia and the Pacific, which involved the conduct of population-based household surveys in six countries. This study found that men's own experience of violence, particularly child emotional abuse or neglect, has a strong association with perpetration of IPV, as well as a considerable association with non-partner rape



perpetration. This highlights the importance of preventing and addressing childhood maltreatment as part of IPV and adult sexual violence prevention efforts.

Day 2: Chaired by Director General Ms Fathimath Azza, Ministry of Education, Maldives; and Co-Chair: Dr. Pon Trairatvorakul, Thai Red Cross Society, Thailand

3) Policies and Platforms for supporting parenting

Influencing national policy to support parenting experiences from the Asia Pacific Region presented by Evelyn Santiago, Asia Pacific Regional Network for Early Childhood-ARNEC

The Asia Pacific Regional Network for Early Childhood (ARNEC) is a regional professional network that builds strong partnerships in the Asia Pacific region to advance the agenda and investment in early child development. ARNEC's vision is that all young children in the Asia Pacific region realize optimal well-being and development. ARNEC's mission is to share knowledge and advocate for children's rights and holistic, inclusive early child development. ARNEC's strategic outcomes include: a relevant, growing knowledge base on early child development that reflects regional priorities; targeted and evidence-based advocacy for holistic and inclusive early child development; strategic partnerships for priority early child development actions in the region; and strengthened capacity and reach of ARNEC as a network. ARNEC prioritizes five themes: responsive caregiving; preparedness and response to crises; opportunities for early learning; clean, safe and secure environments; and ensuring equity.

ARNEC has built awareness and support for playful parenting by sharing specific insights and lessons around advocating playful parenting in the Asia Pacific region. Bhutan, Nepal, Indonesia, Timor-Leste have been focus countries for support. In 2018, the Bhutan Multisectoral Team visited the ECCE Council of the Philippines to advise on ECCD legislation, institutional, policy, and organizational learning. Through the help of the learning partnership, by 2020–2022, Bhutan had established the first national multisectoral strategic action plan for ECCE and established ECCD networks established in all of the 20 districts.

The development of the parenting package in Nepal, followed a trajectory of first 33 topics identified around nurturing care in 2018. Then all sectors such health, nutrition, protection, education and disaster relief and recovery were involved. Then in 2021–22 innovative folk songs, puppetry, cultural considerations were incorporated, and a training certification process was developed so that anyone literate and with facilitation experience could become a facilitator.

After 30 years of implementation, Indonesia is evolving its parenting programme by updating it to work better in the context of communities and villages. Plan International initiated new community-managed parenting approaches and methodologies through implementation pilots and then invested in monitoring and evaluation, feedback and collaboration with government to help scale these innovations through government systems.

In Timor-Leste, partnerships helped early child development emerge as one of the top governance priorities. High political commitment of early child development paved the way. On the sequence to scaling, first high stunting prevalence was an entry point for the parenting curriculum of the Ministry of Health Maternal and child health programme. Plan International enhanced the curriculum beyond health and nutrition. This fed into the Ministry of Education and Ministry of Social Solidarity using the parenting

curriculum to support ECD services. This sequence then culminated in the Office of the President then declared early child development as a priority.

ARNEC supports partners, especially policymakers, to make informed choices to realize the full potential of the youngest citizens.

Delivery platforms for parenting interventions

- **Health services: Country experience** presented by Asiri Hewamalage, Programme Manager and Senior Lecturer in Pediatrics, Sri Lanka

Sri Lanka utilizes the life cycle approach to reach all types of populations. Delivery platforms in the health sector include, curatively at in-ward, outpatient locations, and preventatively at clinics, in the field, and in homes. At the phase of preconception, universal support is provided through preconception couple clinics with attendance around 50% of the target group. For antenatal care, universal support is provided for antenatal classes on ECCD and parenting. Targeted support is provided to at-risk parents through postnatal and neonatal care at hospitals. This includes parenting programmes on brain development and early interventions during hospital extended visits and well-baby clinics after leaving the hospital. Universal support is provided via post-natal and neonatal via post-partum home visits by public health wives. In infancy and childcare, universal support is provided through the Child Welfare Clinic, through Field Weighing Posts conducted by public health midwives, through home-based infant and child home visits and through Mother Support Groups.

As children age, universal support is provided through the school health programme in terms of school medical inspections and parent awareness programmes, including e-learning parenting modules. Both universal and targeted support are provided through the Adolescent Health Programme.

For children with disabilities, indicated parenting interventions are provided. The programme provides parenting interventions for parents of children with disabilities through Child Development Intervention Centers. Children's hospitals provide parenting interventions for children with autism spectrum disorder and cerebral palsy. The Ayati Center Ragama also provides parenting interventions for children with disabilities and Lama Piyasa provides counseling and psycho-social support for parents of children with disabilities. In this way, Sri Lanka follows children across the life cycle, to reach targeted populations as well as the entire populace.

- **Education sector: Country experience** presented by Pema Norbu, Ministry of Education, Bhutan

In the area of early childhood care and development, Bhutan currently has 432 community centers (with 8915 children and 705 facilitators), 48 private childcare centers (with 1435 children and 177 facilitators), 3 non-governmental managed centers (with 72 children and 3 facilitators) and 22 cooperatives (with 208 children and 22 facilitators). Early childcare and development coverage has reached almost every village in Bhutan. Bhutan is tracking and projecting the age 3 and 4 population through 2025, with a plan to build 1616 new early child development centers and to hire 2031 facilitators.

The Ministry of Education has a service delivery system that includes creches, early child development centers and early primary education. Creches serve children from 6–24 months. Workplace-based centers are operated and funded by employers. Private providers offer creches to parents for those who can afford fees, and home-based childcare is operated by qualified providers who are subsidized by the

government. Early child development centers serve children 25–72 months. Government operates community centers with facilitators employed by the government. Private providers offer fee-based care and some workplaces operate and fund preschools for employees. Early primary education is offered to all by government, and primary schools take up early childhood pedagogy and approaches. Private primary schools also practice early childhood pedagogy and approaches.

The Department of Public Health conducted an impact evaluation of Bhutan's C4CD programme and found impact on increased parents' play with children, increased play materials and toys for children, and increased literacy and numeracy outcomes of children.

Bhutan's education reforms focus on spiritual, physical, social, emotional, and cerebral development. Parenting practices include parent support groups in inclusive schools, parenting education training to caregivers, community orientation on parenting, Parenting without Violence pilot programme, nonformal education for parents of children with disabilities, and home-based outreach to children with severe disabilities. Bhutan is considering options for integrating parenting into the health sector through for example, preconception clinics, field-based parenting classes, or digital methods.

- **Childcare services:** Country experience presented by Dr Mahmoda Yeasmin, Assistant Secretary, Ministry of Social Welfare, Bangladesh

Bangladesh intends to contribute to the development of the country by building human resources in order to develop competence in the population as a precondition condition for growth. The government seeks to convert the large population of people into manpower by laying the foundation of lifelong learning at beginning of life.

16.2 million women are working in Bangladesh. Working parents are concerned about the care of their child during their time away on-the-job. The Bangladesh government has enacted the Child Care Act of 2021 for care of children of working mothers. A childcare operational manual, monitoring guideline, and childcare rules have been developed. The Department of Women Affairs under the Ministry of Children and Women's Affairs operates 43 centers for working mothers through government funding. 20 additional centers are under development. Nutritional snacks and meals are provided, as well as educational and recreational activities and health and hygiene. 50–80 children are cared for in each center.

The Bangladesh Academy and Ministry of Children and Women's Affairs operates 55 centers for mother working in garment factories. Ministry of Social Welfare also offers care for working poor women including mother care, pre-primary education, medical treatment for children aged 5–9 years.

The Directorate of Social Service operates Baby Homes for age 0–7 abandoned children and trafficked children, whose parental identity is not known. Rescued, abandoned, and unclaimed children receive rearing and maintenance, in six small homes in six divisions. These children are transfer to government facilities after the age of 7.

Integrated Community Based Center offer child protection and swim safe facilities in 16 districts. 8000 childcare centers will be established for children up to age 5, operating from 9am to 2pm. Each center will accommodate 25 children.

After the 2013 policy, various ministries in Bangladesh are conducting activities with parents. The Ministry of Women's Affairs, Ministry of Religious Affairs and Ministry of Broadcasting and other ministries offer

monthly parenting sessions which are held in community yards where the following issues are covered: behavior of young children, children with disabilities, childcare, nutrition, pregnancy, violence against women and children, child rights, dowry, gender, discrimination and labor, corporal punishment, women empowerment, violence prevention and vulnerable children.

- **Men's engagement in early childhood and across the child's life course** presented by Nicole Rodger, Policy and Advocacy Lead, ECD, Plan International

In most societies and cultures women do most of the caregiving for children, spending three times as much time on care as men. But despite preconceptions among many, research demonstrates that male caregivers, can be as responsive and nurturing as female caregivers. In addition, men are 'wired to care': research has found hormonal changes and brain malleability when men engage in caregiving.

Men's engagement has multiple benefits for children, women, and men themselves. Multiple benefits accrue to children in physical and mental health, educational achievement, peer relationships, and increased likelihood to challenge traditional gender norms and roles. Mothers who feel supported by their children's fathers, suffer less parenting stress, and feel less overburdened, they feel more empowered and face less coercive sex. They parent more positively, have higher life satisfaction, and face less violence in the home. Men who are involved in caregiving have better physical and mental health, are more likely to feel satisfied with their lives, have increased capacity for emotional connection with others, and engage in fewer risky behaviours. Boys with involved fathers are more likely to become involved fathers.

Obstacles to men's engagement include beliefs about men's capabilities as caregivers; men's lack of hands-on experience in care; gender norms and expectations of men as husbands and fathers; absence of male role models; proportionally higher incomes that lead men to be less willing to stop work; lack of parental leave and childcare policies; and social protection, maternal and child health and early child systems that focus on mothers and are not welcoming of fathers.

Plan International uses a socio-ecological model of men's engagement that addresses the individual, family, community, and system levels. Different strategies may be needed to promote men's engagement. Societal and structural strategies include influencing changes in policies and service regulations and protocols, social and behavior change communications, and promoting men's engagement through health facilities and municipalities. Community strategies include engagement of leaders to support and model men's engagement, endorsing positive gender norms, community critical reflection and dialogue, structural adjustments, media mobilization, community dialogue, and training for service providers. Relational changes include engaging partners, family members and peers to support men's engagement through parenting group sessions, separate men's group discussions, home visits and community dialogue. Individual strategies include reaching men with opportunities for reflection, dialogue and skills building groups, individual counseling, home visits, mentoring, and outreach.

Delivery platforms include group platforms like father's groups, men's groups, adaption of existing parenting programmes, expectant couple sessions, and building fatherhood into agriculture or income generation programming that reaches men. Mentoring platforms include older men offering 1:1 support to younger men. Home visiting includes incorporating men in family health or parenting visits. Outreach and quick chat approaches include informal approaches by community leaders and influencers who interact with men. Each must be relevant and adapted for the specific context. Across all of these levels and delivery platforms, it is important that gender norm change work is cross-cutting.

Policy influencing work is also important to create an enabling environment for men's engagement. The most recent 2021 State of the World's Fathers Report from MenCare sets out seven structural actions to promote men's equitable caregiving: 1-put in place national care policies and campaigns that recognize, reduce and redistribute care work equally; 2-provide equal job-protected fully paid parent leave as a national policy; 3-design and expand social protection programmes to redistribute care equally between women and men 4-transform health sector institutions to promote men's involvement from the prenatal period through birth and childhood, 5-promote an ethic of male care in schools, media and other key institutions in which social norms are created and reinforced, 6-change workplace conditions, culture and policies to support workers' caregiving and mandate changes into national legislation; 7-hold male political leaders accountable for their support of care policies , while advocating for women's equality in political leadership.

An example case study of Plan's work in men's engagement is from Nepal: Plan Nepal are implementing the DREAM parenting education and support programme in seven districts where they have prioritized men's engagement, including not only fathers, but also grandfathers and other male members of the family. They use the socio-ecological model to help design their programme components which includes promoting men's engagement through health systems, community dialogues, men's groups, and home visits. This programme is showing evidence of positive change in men's engagement in childcare and domestic chores.

A second case study is from Bangladesh: The Strengthening Health of Women and Children Project focuses on gender, responsive, maternal and child health and sexual and reproductive health and rights that started with promoting men's engagement in health through the health sector, with accompanying activities at community level. It strengthens father's skills through Father's Clubs with 20 reflective sessions on issues such as unpaid care divide; men, gender and power; relationships; future planning. It also empowers communities through training religious and community leaders and community health workers and works to make health services more supportive through training and supportive supervision of health staff and health center refurbishment. Results from that programme, and particularly tied to the father's clubs, included sharing of care work, less conflict between partners, men's increased awareness of maternal and child health issues, reduction in GBV, and more joint decision making.

Key takeaway messages on men's engagement include the need to do men's engagement work at multiple levels – policies, services, communities, and households; and a gender norm change approach is an essential part of the work. When men's engagement work is done well, it provides a crucial entry point for challenging gender inequality and gender norms and roles that are limiting and discriminatory for girls and women, but also for boys and men.

Some key resources include Promoting Men's Engagement in Early Childhood Development and the Men Care Global Fatherhood Campaign.

- **Digital Solutions** presented by Nina Lorenzini, Thrive by Five Program, Minderoo Foundation

Minderoo Foundation is one of Asia Pacific's largest foundations, with a mission to arrest unfairness and create opportunities in the world. 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. This 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 Indonesia, Afghanistan and Namibia and is reaching nearly five hundred million people.

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

Minderoo believes the field of early childhood development has been dominated by Western perspective and seeks to elevate 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 engages parents in five key areas of behavioral focus that supports healthy brain development play (cognitive brain), talk (communication and language), connect (social brain) healthy home, (physical health) and community (culture and identity). 100 parenting activities are provided, with the primary focus being to inspire more frequent and quality interactions between parent and child. These include two sections on fast facts with potential benefits from the evidence, and activity pop ups that express the local traditional cultural practices. These activities are available in both text form.

Thrive by Five works collaboratively with local in-country, partners, government decision makers. The app is aimed at parents and caregivers of children, aged zero to five years. It is produced in local languages, with tailored content. It takes into account low connectivity and older devices in low resource settings. Once downloaded can be used without the internet. Content is also available via a range of channels, including SMS radio television and in print and digital media.

4) Frameworks and tools for parenting support

- **Nurturing Care Framework and toolkit** presented by Dr Sheila Manji, World Health Organization

To reach their full potential, children need the five inter-related and individual components of nurturing care: good health adequate nutrition, safety and security opportunities for early learning and responsive caregiving. In the first year of life, parents, intimate family members and caregivers are the closest to the young child and best providers of nurturing care. At the beginning of the parenting journey, the first point of contact are health and nutrition services and thus the health sector has an important role to play.

The Nurturing Care Framework was launched at the 71st World Health Assembly. It contains a road map why efforts must begin in the earliest years from pregnancy onward, how nurturing care protects children from the worst effects of adversity and how at caregivers need in order to provide nurturing care.

A life course approach starts at pregnancy and childbirth, through the post-natal and newborn phase, to infancy and toddlerhood, and proceeds to the young child from 2–6, to the older child from 7–10, to adolescents 10–19, through adulthood and to older persons. A life course approach leads to improved health, improved nutritional status, higher education achievements, greater productivity in adulthood, protection from selected non communicable diseases, improved social cohesion, and contribution to peace.

It is the parents that are central in the lives of the child. But parents themselves need care, and so nurturing capacities resources look at strengthening abilities and capacities of parents as they support their children. The enabling environment around the parents needs to facilitate parents to be able to provide nurturing care for their children, and that extends from policies, down to services and support in the communities. In addition, workforce competencies need to be strengthened in observing child interactions, building parents knowledge, acknowledging and encouraging positive caregiver practices, explaining the benefits for the child and for the parent-child relationship, encourage and strengthen interactions, recommend age-appropriate activities, toys and playthings, demonstrate and model behaviors, and problem solve challenges.

In terms of resources, the Improving Early Child Development WHO guidelines cover responsive caregiving, promotion of early learning, integration of caregiving and nutrition interventions and support to maternal mental health. The Nurturing Care Handbook outlines various actions that can be taken ways to measure success at different levels from policy down to the community level, while the Nurturing Care Practice Guide provides practical suggestions for programme managers, planners, and service providers. Thematic Briefs have been produced around: men's engagement, responsive feeding, clean safe and secure environment, tobacco control to improve child health and development, nurturing care for children affected by HIV, nurturing care for children living in humanitarian situations and nurturing care for every newborn. Training materials are available on Care for Child Development, Care for the Child's Health Growth and Development and Caring for the Newborn at Home.

- **AA-HA Framework** presented by Dr Prerna Banati, World Health Organization

The Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance supports the implementation of the Global Strategy for Women's Children's and Adolescent's Health in order to achieve the health-related Sustainable Development Goals. The guidance aims to assist governments in decide what they plan to do and how they plan to do it in responding to health needs of adolescents.

New cross cutting issues affecting adolescent health include well-being, COVID, climate change, digital health. Parenting programmes of adolescents share many features with parenting programmes of younger children (both core content and delivery -related). This should ideally build on earlier interventions. The support to parenting chronicles core parent inputs that change as children age, from early childhood to late childhood to early adolescence and late adolescence. As the parenting relationship evolves, parents require new developmentally appropriate skills and strategies to meet their children's needs. Parenting programmes of adolescents can have specific focus on the emerging themes in adolescent lives such as: risk reducing behavior such as driving safely, health behaviors, such as smoking, drug and alcohol use and HIV, promotion of health sexual and reproductive health behaviors and sexual and gender-based violence prevention.

The followings sections form the AA-Ha Systematic Approach: (1) understanding what is special about adolescents and why investing in them results in long-term societal benefits (2) understanding global and regional adolescent health profiles (3) understanding what works – the AA-HA! Package of evidence-based interventions (4) understanding the country's adolescent health profile, undertaking landscape analysis and conducting a consultative process for setting priorities based on explicit criteria (5) planning and implementing national programmes (6) strengthening accountability for adolescent health, monitoring and evaluating adolescent health programmes; and priorities for adolescent health research. A global consensus on core indicators for adolescent health was reached by the Global Action for Measurement of Adolescent Health Advisory group.

The AA-HA guidance profiles activities interventions, how they were conducted, and the results they achieved across a number of exemplary interventions such as: the UNODC Strong Families Program, The Sexuality Education Program for Mothers of Young Adults with Intellectual Disabilities, the Parenting for Lifelong Health Sinovuyo program, the VUKA Program, the Caregivers Mitigate Impacts of Political Violence Program, and others. The revised guidance will be launched in October of 2023.

WHO and UN agencies such as UNFPA, UNICEF, UN Women, WHO, UNAIDS, and the World Bank Group have been working closely with countries to support them in using the AA-HA! Guidance to informational plans. The guidance was an influential framework to inform regional initiatives and political commitments in the area of adolescent and school health. Related initiatives include: The Adolescent Well-Being Initiative; Global Call to Action is a political statement that was cosigned by the WHO Director General and other head of UN agencies; Making Every School a Health Promoting School and Helping Adolescents Thrive.

- **INSPIRE Toolkit to End Violence Against Children** presented by Dr Alexander Butchart, World Health Organization

INSPIRE is a package aimed at ending violence against children, with multi-agency collaboration of United Nations Office of Drugs and Crime, UNICEF, USAID, the US Center for Disease, Control, and the World Bank. Sustained prevention of violence requires addressing social determinants of violence. Violence concentrates among the most disadvantaged subgroups in societies with high levels of economic and social inequity. These inequities have widened in the wake of the COVID-19 pandemic. Sustainable population-wide reductions in violence will be difficult to achieve until trends are reversed.

The INSPIRE seven strategies to end violence are: implementation and enforcement of laws; norms and values; safe environments; parent and caregiver support; income and economic strengthening; response and support services; and education and life skills. Its seven strategies provide an overarching approach for ending violence against children. Specific interventions including programmes, practices and policies to implement the strategies, evidence supporting these strategies and interventions, and links to related SDG targets. Two cross cutting components include: multisectoral actions and monitoring and evaluation.

Well-designed INSPIRE programmes have been found to reduce violence by 20–50%. Urgent action at scale is needed. While 56% of 155 countries provide some support for implementing INSPIRE interventions, just 25% consider this support sufficient to reach all who need them.

Technical resources include: The INSPIRE Seven Strategies for Ending Violence Against Children, the INSPIRE Handbook, the INSPIRE Indicator Guidance and Results Framework; INSPIRE Guidance on Adaptation and Scale Up, the INSPIRE Trainer Handbook and the free Sustainable Development Goal Academy online course on INSPIRE Seven Strategies for Ending Violence Against Children

- **Operational guide for integrating perinatal mental health in MNCH services** presented by Neerja Chowdhary, World Health Organization

Among women with perinatal mental issues, 20% will experience thoughts of suicide or undertake acts of self-harm. Mental health risks women's overall health and well-being, but also impacts the infants physical and emotional development. The importance of prevention, screening diagnosis and management of parental mental health conditions and its integration into maternal and child health services has been highlighted in the nurturing care framework. Despite strong recommendations and high-quality evidence of effective

interventions, there is less clarity on how to implement effectively at scale, and how to integrate mental health into maternal and childhood services. Integration of mental health is not common or widespread.

The Guide for integration of perinatal mental health in maternal and child health services has been developed for programme managers, health service administrators, as well as policymakers to facilitate the integration of mental health interventions into existing mental and child health services, for programme managers, health service administrators. The operational guidance introduces the common mental health symptoms women experience, protective factors, and risk factors for coordinating mental health problems. The guide also evidence-based interventions that can be included in a package for integration into maternal and child health care. The guidance also covers provision of care for specific needs, including those with history of mental health problems, HIV/AIDS, premature birth, infant ill-health, substance use issues, adolescent pregnancy, difficulty in bonding, self-harm, thoughts of suicide, unintended pregnancy, and termination, domestic and gender-based violence, social isolation, experiencing pandemics, and living in humanitarian settings. The guide describes steps for effective integration, including a core working group, a situation analysis, needs assessment, agreed targets, a plan, and a budget to achieve. The operational guidance also covers managing and evaluation and continuous quality control.

Additional World Health Organization programmes and tools for the delivery of effective brief interventions include: MG GAP intervention for mental neurological and substance, Thinking Healthy, Self Help Plus A Group based Stress Management Course for Adults , Group Interpersonal Therapy for Depression, Problem Management Plus.

- **Helping Adolescents Thrive** presented by Dr Andrea Bruni, World Health Organization, South-East Asia Regional Office

75% of mental health problems begin during childhood and adolescence. One in seven adolescents experience a mental health condition. Depression is among leading causes of illness and disability in adolescents, and suicide is the fourth leading cause of death among 15–19-year-olds. The gap in treatment exceeds 80% in many countries, with life-long health and socioeconomic impacts. For all these reasons, it is key to tackle mental health conditions very early in life.

The Helping Adolescents Thrive Toolkit provides the rationale for actions, approaches, country case studies and implementation considerations. The toolkit details how child and adolescent mental health promotion and protection occur through need-based support and services embedded in the world of the young person at the level of individual, family, community, society. The toolkit contains four strategies: Strategy 1: Implementation and enforcement of policies and laws, Strategy 2: Environments to promote and protect adolescent mental health, Strategy 3: Caregiver support Strategy 4: Adolescent psychosocial interventions. The caregiver support strategy section is relevant to the discourse on parenting. The strategy contains: rationale, approaches; example psychosocial approaches for caregivers at-a-glance; “what works best when...; focus exercises; and implementation considerations.

Universal interventions are aimed at all caregivers. Targeted interventions are aimed at caregivers of adolescents with known risk factors or caregivers exposed to risk or of vulnerability. Examples of risk factors could include those affected by HIV, pregnancy, those living in conflict affected contexts, or adolescents of incarcerated caregivers. Indicated interventions are aimed at caregivers of adolescents with symptoms of mental health conditions.

Alternative methods are needed to deliver the intervention in conflicted-affected societies where mental health and psychosocial support are very much needed, where security can be problematic, and communities may be hard to reach.

One example of a targeted intervention for caregivers of adolescents with risk factors is the Strong Families intervention in Afghanistan. It focuses on strengthening family functioning and improving child behavior. The components include stress management for caregivers, stress management for adolescents, enforcing limits, displaying affection, future aspirations, building positive relationships. It is conducted in five hours over three weeks.

The Early Adolescent Skills for Emotions programme reaches young adolescents 10–14, with high distress and impaired functioning. Group-based manualized psychological intervention delivered by trained and supervised non-specialists. It consists of seven weekly sessions for young adolescents on psychoeducation, stress management, behavioral activation and problem solving. Three sessions for caregivers focus on strategies to improve caregiver-child relationships. This was also tested in Jordan, Lebanon, and Pakistan. One example of an intervention for an indicated population is the Psychoeducation Program in Burundi. This provides psychoeducation for caregivers of children displaying heightened psychosocial distress. It focuses on reducing child aggression, reducing child depression symptoms, and increasing family social support.

Tools very often need some form of adaptation and should be adjusted to fit the context where they are implemented. Questions for adaptation include: what are caregivers' attitudes and norms about mental health; how much do caregivers know about mental health; what are caregiver attitudes and norms toward parenting adolescents; what do you see as the main goal of caregiver support; has caregiver support in the context been evaluated; and how would barriers to participation in this context be overcome?

Convening discussions centered around how to handle impact of digital exposure on adolescent violence, how to address pregnancy in adolescence, parenting of adolescents, sharing of new apps on parenting, scarcity of evaluation of online violence prevention programmes, generalization of findings of face-to-face peer violence reduction programmes to the online context, and use of technology to provide mental health support.

5) Country group work and presentation

Country group work focused on how to achieve action in the country and regional contexts, including which institutions at the national level should be responsible, how can these actions be achieved, what needs to be strengthened and the timeline of those actions. Themes covered included the policy environment on parenting; leadership, governance, and investment; intervention systems, and mechanisms; scale up and innovation; monitoring effectiveness; and key actions for partners.

Bangladesh and Nepal

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
STRENGTHEN POLICY ENVIRONMENT ON PARENTING			
Generate evidence	Concerned ministries, all research organizations, UN agencies and development partners, professional organizations, all stakeholders	Resources (technical and financial), research capacity needs to be strengthened	Start as soon as possible, achieve by 2025
Sensitization and creating awareness among the policy makers and advocacy for political commitment	Focal ECCD persons at concerned ministries, all research organizations, UN agencies and development partners, professional organizations, all stakeholders	Coordination, communication and cooperation of all stakeholders	Start as soon as evidence is generated, achieve by 2026
STRENGTHEN LEADERSHIP, GOVERNANCE AND INVESTMENT			
Capacity building	Concerned ministries, UN agencies and development partners, professional organizations	Political commitment, resources (human resources, technical and financial)	Start as soon as possible ongoing process
Accountability and transparency	Concerned ministries, UN agencies and development partners, professional organizations	Good governance	Start as soon as possible ongoing process
Mobilization of resources for ECCD	Concerned ministries, UN agencies and development partners, private sector	Coordination among stakeholders	Start as soon as possible ongoing process
STRENGTHEN INTERVENTION SYSTEMS AND MECHANISMS			
Capacity building of caregivers and service providers	Concerned ministries, UN agencies and development partners, professional organizations	Develop national action plan or coordination mechanism; community involvement in strengthening school management committee by involving parents in it	Start as soon as possible ongoing process
Strengthen all service delivery points	Concerned ministries, UN agencies and development partners, professional organizations	Develop national action plan, strengthen implementation laws e.g. hitting children in school, empowering adolescents	Start as soon as possible ongoing process

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
SCALE UP AND INNOVATION			
Scale up of evidence based parenting interventions	Respective ministries and divisions of the government	Resources, political commitment	Start as soon as possible, achieve in five years
New innovative research	concerned ministries, UN agencies and development partners, professional organizations	Resources (technical and financial), intersectoral collaboration	Start as soon as possible ongoing process
MONITORING AND ITS EFFECTIVENESS			
Strong monitoring, supervision system for the interventions	All stakeholders	Develop a monitoring framework and guidelines including SOPs	Start as soon as possible ongoing process
Strong monitoring of the output/effectiveness of the program	All stakeholders	Conduct randomized control trials	Start as soon as possible ongoing process
SUGGESTED ACTIONS FROM WHO, UNICEF AND PARTNERS			
Technical and financial support			
Capacity building			
Program management and support for evidence generation			

Bhutan and Thailand

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
STRENGTHEN POLICY ENVIRONMENT ON PARENTING			
Strengthen data and evidence based parenting programs to drive policy change	Ministry of Education and Health	Research and assessments	July 2023–June 2024
High level advocacy on parenting and early child development	Ministry of Education and Health	Conference and seminars (importance of parenting in early child development and adolescents), mass media campaigns	Jan–Dec 2023

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
STRENGTHEN LEADERSHIP, GOVERNANCE AND INVESTMENT			
Collaborate between different ministries to form national strategies on ECD and five-year plan	Ministry of Public Health, Education, Interior	Coordination meetings	Left blank
Strengthen the capacity of the leaders on ECD and parenting	National Human resource Development Agency (RSCS), Ministry of Industry, Commerce and Education	High level meetings	2023–2024
STRENGTHEN INTERVENTION SYSTEMS AND MECHANISMS			
Scale up the best parenting practices from the research analysis	Ministry of Health and Education	Community engagement, parent groups,	Jan 2024–Jan 2026
Establishment/strengthening of the network of parenting programs/policies across various sectors	Ministry of Health and Education	Formation of high-level committees, establishment of formal coordination agreements	Aug 2023–Aug 2025
SCALE UP AND INNOVATION			
Work with the community leaders using evidence-based parenting programme	Ministry of Interior	Centralized collaboration to community leaders	Blank
Integrate Parenting programmes into existing programs like school health, YFISCs, AFHS, and health and teaching curriculum	Ministry of Health and Education	Incorporation of components on parenting in training manuals /facilitator guides/pre-service curriculum	July 2023–2025
MONITORING AND ITS EFFECTIVENESS			
Supportive supervision and periodic evaluation of the existing parenting programmes	Ministry of Health and Education	Regular monitoring and evaluation; review of plans and programmes; integration of data into existing systems like EMIS/HMIS	Feb 2023–Feb 2025
Use simplified questionnaire to monitor child safety, development and behavior	Parenting for Lifelong Health	Blank	Blank

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
SUGGESTED ACTIONS FROM WHO, UNICEF AND PARTNERS			
Technical and financial assistance			
Adaptation of toolkits and resources to the local context			
Human resource development (skills mix)			

Indonesia and Maldives

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
STRENGTHEN POLICY ENVIRONMENT ON PARENTING			
Policy dialogue to discuss the existing policy gaps especially for 0–2 year olds and 6–9 years olds and parenting for children and adolescent in institutions (orphanage, boarding school)	Coordinating Ministry (PMK)	Coordination meeting with relevant ministry involved	2024
Improving the existing policy for ABK	Ministry of Women and Child Protection	Coordination meeting with relevant ministry involved	2024
Initiating development of policy to support parenting across the health system	Ministry of Health	Coordination meeting with relevant ministry involved	2024
STRENGTHEN LEADERSHIP, GOVERNANCE AND INVESTMENT			
Clear task and leading agency for integrated and holistic parenting support for under five and adolescents	Coordinating ministry	Coordination meeting with relevant ministry involved	2024
STRENGTHEN INTERVENTION SYSTEMS AND MECHANISMS			
Improve the quality of the existing integrated childhood education (PAUDHI)	Ministry of Education	Conducting evaluation on the implementation	2024
Integration of Under 5 mother class and BKB	Coordinating Ministry (PMK)	Coordination meeting with relevant ministry involved	2024

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
Improve the quality of the existing national adolescent programmes for better support to parenting	Ministry of Health	Review the existing programmes	2024
Review and revise the existing guidelines to incorporate across all aspects of nurturing care, including the social and protection aspects	Ministry of Health, Ministry of Social Affairs, Ministry of Education	Coordination meeting with relevant ministry involved	2024
SCALE UP AND INNOVATION			
Online learning for platform	Coordinating Ministry (PMK)	Review the existing platform and build upon the already existing platform to incorporate parenting education	2024
Strengthening the existing community empowerment activities and programmes	Ministry of Village Development of Disadvantaged Regions	Review the existing programmes	2024
Incorporate parenting education in the existing pre-marital health check up programme for bride and groom	Ministry of Health	Coordination meeting with relevant ministries involved	2024
MONITORING AND ITS EFFECTIVENESS			
Development of new design of monitoring and evaluation framework for the existing programmes	Relevant ministry	Coordination meeting with relevant ministries involved	2024
Implement quality of monitoring and evaluation on the existing parenting support programmes	Relevant ministry	Coordination meeting with relevant ministries involved	2024
SUGGESTED ACTIONS FROM WHO, UNICEF AND PARTNERS			
Technical support and guidance to strengthen parenting package and initiatives			
Financial support to scaling up the existing programme			

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
Support to strengthening evidence-base generation (research, data collection and management) to strengthen parenting programmes			
Integrated information system to access parenting education, information and communication (multiple platforms)			
Support to strengthening multisector involvement and active engagement			
Community mobilization support			

India

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
STRENGTHEN INTERVENTION SYSTEMS AND MECHANISMS			
Strengthening of inter-ministerial coordination	Relevant line ministries/departments	Joint Dialogue and consultations; joint circulars	Need-based
Intensify community mobilization and action (through existing platforms – Poshan Mah, PRIs, CBOs)	Relevant line ministries/departments, partner agencies, community institutions; research agencies	Mass media campaigns; social media campaigns, participatory events, PRI, community influencers, active male engagement	Concurrent
Capacity building of all cadres e.g. frontline functionaries, CHOs, school teachers, private providers	Concerned ministries/departments	Development of training package, capacity building program	Concurrent
Integration in existing programs	Relevant ministries	Identifying and connecting the missing dots	Concurrent
SUGGESTED ACTIONS FROM WHO, UNICEF AND PARTNERS			
Sharing global best practices			
Technical and financial support			
Evidence generation and dissemination at global platforms.			

Sri Lanka and Timor-Leste

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
STRENGTHEN POLICY ENVIRONMENT ON PARENTING			
Establish/strengthen/functionalize the coordination body for implementation and monitoring of the policies related to parenting integrated manner	Children and Women's Affairs	Availability of technical resources (long term); coordination	One year
Include the parenting as an agenda item in regional RMNCAH TAG	SEARO	WHO and other UN organizations together	One year
Widely disseminate of the available policies on parenting as one package (policy brief)	National Coordination Body	Role of media, effective means of social media	One year
STRENGTHEN LEADERSHIP, GOVERNANCE AND INVESTMENT			
Ensure the people and public involvement and engagement in development and implementation of policies	National coordination body	Strengthen the voice of parents' group, civil societies and get them involved in decision making and policy making	Recurrent
Develop an investment case on parenting	Ministry of Health, Child Affairs and Social Welfare	Through review of available literature and with the support of global partners	One year
STRENGTHEN INTERVENTION SYSTEMS AND MECHANISMS			
Map the stakeholders engaging parenting related activities and the interventions and mechanisms with geographic coverage	Body which is responsible for childcare	Through a survey	One year
Establish a forum with TOR to coordinate, implement, monitor and share the implementation status (divisional or district level)	National coordination body	We need a grassroot level formal bodies to take ownership and coordinate the activities	Three years
Link the lower level forum with the national coordination body	National coordination body	Well established policy framework	One year

Key actions	Who/Which institution at national level shall be responsible	How can these actions be achieved? What needs to be strengthened?	Timeline for start and for achievement
SCALE UP AND INNOVATION			
Establish a forum to show case good practices/ success stories across different sectors/ integrated involvement e.g. Palak Mela	National coordination body	Conferences, best practices, sharing for a	Three years
MONITORING AND ITS EFFECTIVENESS			
Operationalize the indicators related to parent e.g. positive discipline	WHO/UN	Identify/measurable process/output and impact indicators	Two years
Include the key indicators/proxy indicators to national population based surveys as such as DHS MICS	National coordination body	Have a mechanism to gather periodic data via surveys	Two years
Include the related variables into routine data collection systems such as HIMS, data system with other stakeholders	National coordination body	Identify the routine systems where data is collected and incorporate	Two years
SUGGESTED ACTIONS FROM WHO, UNICEF AND PARTNERS			
Include the parenting as an agenda item in regional RMNCAH			
Operationalization of the indicators and data collection methods			
Collection of success stories (facilitators/ barriers/challenges)			
Enhance the regional dialogue and regional technical capacity (regional expert group)			
Provide guidance as one entity			
Provide funding and technical support for research and innovations			

6) Conclusion session

Dr Neena Raina, Director of Family Gender and Life-course (FGL), World Health Organization South-East Asia Regional Office

Dr Suvajee Good, RA-SDH, WHO-SEARO reported to the audience and the Director of FGL, the common issues discovered during the meeting and ways forward. Support parents is a new subject in the Region, yet integrated in several programmes of works. Participants brainstormed and agreed on common issues which included:

- **(S) Strengthen government commitment and support.** Countries in South-East Asia agreed that parenting programmes need to be considered from conception to 19 years of age. National government should commit to make this one of national priorities, with leadership, governance mechanism and considerable financing to support multisectoral programmes. It is important to create sustainable mechanisms for effective and efficient involvement of parenting support in developmental programmes, considering life-course approach to healthier population.
- **(A) Awareness of parenting interventions among parents and caregivers:** Countries raised the importance of awareness of existing scientific knowledge of parenting interventions. Stakeholders in South-East Asia need to have better understanding of the subject, thus engagement with wider audiences through engagement with medias, communities, social groups are proposed. Disseminating knowledge on parenting and tools to support parenting skills and enhance social attitude would be an important step for national governments to start off. Inclusion of male caregivers in the mentioned interventions will be critical to address gender equality that persists in parenting and caregiving to children and adolescents.
- **(T) Technical and financial support:** Participants acknowledged availability of many technical guidance. There are needs to increase trainings and technical guidance provided by experts in the field, with researchers, implementors, and partner agencies. It is critical to ensure that interventions for parents from across all ages from 0–19 years include components that address development, health, mental health and child maltreatment prevention. It is also necessary to build on the existing action, assess existing efforts and practices to better understand which ones are consistent with current evidence and could be effectively and efficiently scaled up to contribute to parenting across the life course in national and local context of countries in the region. Review and strengthen building of human resource and capacities in different sectors in providing holistic support on parenting through multi- dimensional services is also key.
- **(A) Availability of accessible evidence-based interventions and research:** Countries perceived that it is necessary for country in low- and middle-income countries have access to available evidence- based interventions, as well as need to have research that reflect appropriate practices in country contexts. It will be necessary that universal parenting programmes and dedicated holistic parenting program are responsive to cultural context. Monitoring and evaluation is imperative for effective interventions to be scaled up.
- **(C) Coordinated multisectoral approach between agencies, ministries, departments:** Participants agreed that coordination among agencies are important for successful delivery of the programme. Existing interventions in countries need to be systematically reviewed and use the finding to strengthen institutional capacities, both human resources and skills, in different sectors to provide holistic support on parenting. Multi-dimensional services can also be considered. Joint action plans will leverage health and social sectors to support parenting.

The highest priority calls to action include:

- strengthen political commitments in the region, include this agenda in the World Health Organization South-East Asia Regional Office Technical Advisory Group;
- improve parenting support interventions with effective coordination across agencies including develop joint action plans at country regional level;
- build evidence reflecting country and regional context supporting diverse types of parenting across the life course approach;
- build evidence on impacts of parenting to health and well-being, and the national development outcomes; assess existing affective reasonable cost interventions in the region to scale up and strengthen capacities across sectors; and
- support coordination across sectors and mobilize sustainable innovative human and financial resources.

The South-East Asia Regional Convening served as a venue where evidence could be taken from science, into concrete plans for scaling and reaching wider countries audiences with parenting support.

FGL Director, Dr Neena Raina, provided closing remarks and vote of thanks to all the partner agencies and participants who join the meeting on site and online.

Annex 1: Meeting Programme

Day1: Wednesday 12 October 2022

Session / Topic	Speakers/moderators
Registration	
Opening session:	
Welcome and objectives of the meeting	Dr Suvajee Good, RA-SDH, WHO-SEARO
Opening Remarks	
Board of Directors of the Asia-Pacific Regional Network of Early Childhood (ARNEC)	Dr Cliff Meyers
UNICEF ROSA (TBC)	
Chair of SEAR TAG (TBC)	Dr Vinod K. Paul
Director of Family, Gender and Life-course Department	Dr Neena Raina, Director, FGL, WHO-SEARO
Introduction of Participants and Administrative Announcement	Dr Suvajee Good
Global and regional overview	Chair: Dr Sumita Ghosh, Additional Commissioner, MOHFW, India Co-chair: DR Amali Daldapatu, Sri Lanka Rapporteur: Dr Deepti Agrawal, WCO-India
Global Initiative to Support Parents: Inter-Agency Vision	Dr Alexander Butchart, WHO-HQ
Landscape of existing initiatives on parenting for children in South-East Asia countries	Rajesh Mehta, WHO consultant
Session 1: Country situation	
Current country situation of programmes supporting services for parenting interventions	Government delegates
Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste	Government delegates
Session 2: Evidence-based Interventions, From Science to Scale	
Introduction to the topic by moderator	Moderator: Dr Alexander Butchart
Nurturing Care Interventions for realizing the development potential of every child, from pilot to scale up in Maharashtra, India	Dr Subodh Gupta, India (Additional remarks by UNICEF-India)
Feasibility of pilot of an adopted parenting programme embedded in Thai Public Health System	Dr Amalee McCoy, Peace Culture Foundation (part of the PLH global network), Thailand
Discussion	Moderator
Session 3: Parenting interventions across the life course:	
Introduction to the topic by moderator	Moderator: Dr Rajesh Mehta
Parenting during adolescence	Dr Prerna Banati, WHO-HQ Dr Andrea Bruni, RA-Mental Health, WHO-SEARO

Session / Topic	Speakers/moderators
Parenting children with development disabilities and caregivers' mental health Parenting and preventing violence against children Addressing caregiver mental health Discussion	Dr Amalee McCoy, PCF (PLH) Moderator
Interactive session: Common issues and lessons from countries in South-East Asia	Moderator: Dr Suvajee Good & Saara Thakur

Day 2: Thursday 13 October 2022

Programme	Speakers/moderators
Recap of Day1 by Rapporteur	Dr Deepti Agrawal, WCO-India
Introduction of Day 2 sessions	Chair: Director General Ms Fathimath Azza, MOE, Maldives Co-Chair: Dr Pon Trairatvorakul, Thai Red Cross Society, Thailand Rapporteur: Dr Nilmini Hemachandra, WCO-Myanmar
Session 4: Policies and platforms for supporting parenting	
Influencing national policy to support parenting experiences from the Asia Pacific Region	Evelyn Santiago ARNEC (Virtual)
Delivery platforms for parenting interventions <ul style="list-style-type: none"> • Health services: Sri Lanka experience • Education sector: Bhutan experience • Childcare services: Bangladesh experience • Promoting male engagement and fathers' role in parenting • Digital Solutions 	Dr Asiri Hewamalage, Programme Manager and Senior Lecturer in Paediatrics, Sri Lanka Mr Pema Norbu, Senior Program Officer ECCD and SEN, Ministry of Education, Bhutan Mr Mahmoda Yeasmin, Assistant Secretary, Ministry of Social Welfare, Bangladesh Ms Nicole Rodger, Policy and Advocacy Lead, ECD, Plan International (<i>Virtual-recorded</i>) Nina Lorenzini, Manager of Programme Operations, Thrive by Five Programme, Minderoo Foundation (<i>Virtual-recorded</i>)
Session 5: Frameworks and tools for parenting support	
<ul style="list-style-type: none"> • Nurturing Care Framework and toolkit • AA-HA Framework • INSPIRE Toolkit • Operational guide for integrating perinatal mental health in MNCH services • Helping adolescents thrive (HAT) approach 	Sheila Manji, WHO-HQ (<i>Virtual</i>) Prerna Banati WHO-HQ Alexander Butchart WHO-HQ Dr Neerja Chowdhary WHO-HQ (<i>Virtual-recorded</i>) Dr Andrea Bruni, RA Mental Health, WHO-SEARO

Programme	Speakers/moderators
Session 6: Country Group work	Moderator: Dr Suvajee Good
Identify key actions in the following areas: strengthening policy environment on parenting Leadership, governance and investment Strengthen systems Focus on families and communities Scale up and innovate Monitoring	Group work by country
Country Group work (Continued) Prepare slides for presentation Recommendations and ways forward	
Country presentation from group work sessions	Group rapporteurs: 5 min each
Concluding session	
Conclusion & recommendations Remarks by partner agencies and delegates Closing remarks	Dr Suvajee Good Dr Neena Raina, Director, FGL Department, WHO-SEARO

Annex 2: List of participants

Country Officials

Bangladesh

1. Ms Mahmuda Yeasmin
Assistant Secretary
Ministry of Social Welfare
Bangladesh Secretariate
2. Dr Ashfia Saberin
Deputy Program Manager
(Monitoring & Data Quality)
National Newborn Health Program
& IMCI, MNCAH, DGHS
Mohakhali, Dhaka

Bhutan

3. Ms Pema Yuden
Assistant Program Officer
Department of Public Health (DoPH)
Ministry of Health
4. Mr Pema Norbu
Senior Program Officer
ECCD & SEN
Division, Department of School Education
Ministry of Education

India

5. Dr Sumita Ghosh
Additional Commissioner
Child & Adolescent Health
Ministry of Health & Family Welfare
6. Dr Zoya Ali Rizvi
Deputy Commissioner
Adolescent Health
Ministry of Health & Family Welfare

Indonesia

7. Dr. Ario Baskoro M.SC (IHM)
Junior Expert Health Administrator (JF)
Ministry of Health of the Republic of Indonesia
Directorate General of Public Health
8. Dr. RR Weni Kusumaningrum, **(Virtual)**
Adminikes/Health Analyst (JP)
Ministry of Health of the Republic of Indonesia
Directorate General of Public Health

Maldives

9. Aishath Shazla
Senior Public Health Program Officer
Health Protection Agency
Ministry of Health
10. Ms Fathimath Azza
Director General
Ministry of Education
11. Ms Shiyama Aboobakuru
Education Development Officer & Coordinator
National Institute of Education

Nepal

12. Dr Subhana Thapa Karki
Senior Consultant Paediatrician
Kanti Children Hospital
Ministry of Health & Population

Sri Lanka

13. Dr (Mrs) Asiri Hewamalage
National Programme Manager
Child Care, Development & Special Needs
Ministry of Health
14. Dr Piyadigoda Liyanage Bhagya C. Liyanage
Assistant Director
National Secretariate for Early Childhood
Development
Ministry of Women, Child Affairs and
Social Empowerment

Thailand

15. Dr Olarik Musigavong **(Virtual)**
Medical Officer, Professional Level
Chaopraya Abhaiphubejhr Hospital
Provincial Public Health Office, Prachin Buri
Office of the Permanent Secretary
Ministry of Public Health
16. Ms Khemika Chatkongphob
Registered Nurse
Professional Level
National Institute of Child Health
Department of Health
Ministry of Public Health

Timor-Leste

17. Mr Silvano Pedro de Jesus Amaral
Head of Department for Adolescents &
Young Health
Ministry of Health
18. Mrs. Luisa Maria Barros
Officer for Adolescents and Young Health
Ministry of Health

Professional Associations

Bangladesh

19. Professor Dr Md Abdul Mannan **(Virtual)**
Professor of Paediatric
Bangabandhu Sheikh Mujib Medical University
(BSMMU)
Member of Bangladesh Paediatric
Association (BPA)

Indonesia

20. Dr Rodman Tarigan G (Mr) **(Virtual)**
MD, Paediatric Consultant, M.H .Sc
Center Management
Indonesia Pediatrician Association
(Indonesia Pediatric Society)

Nepal

21. Dr Ganesh Kumar Rai
President
Nepal Pediatric Society (NEPAS)
Kathmandu

Sri Lanka

22. Dr Amali Dalpadatu
Senior Lecturer in Paediatrics
Sri Lanka College of Paediatricians
Colombo

Thailand

23. Dr Pon Trairatvorakul
Clinical Instructor and
Developmental Behavioral Pediatrician
Center of Excellence for Maximizing
Children's Developmental Potential
Division of Growth & Development
Department of Pediatrics
Faculty of Medicine
Chulalongkorn University
King Chulalongkorn Memorial Hospital
The Thai Red Cross Society
Bangkok, Thailand

TAG Member

24. Dr Vinod K. Paul
SEAR TAG, Chair
Hon'ble Member, NITI Aayog
National Institution for Transforming India
Sansad Marg, New Delhi
25. Dr Jena Derakshani Hamadani
Emirates Scientist
Maternal and Child Health
Division at icddr,b
Dhaka, Bangladesh

Special Invitees

26. Dr. Rajesh Mehta
Formerly- Regional Adviser
Newborn, Child and Adolescent Health
New Delhi, India
27. Dr Harish Pemde
Director Professor of Pediatrics
In-Charge, Center for Adolescent Health
Head, WHO Collaborating Center for
Training and Research in Adolescent Health
Lady Hardinge Medical College
Kalawati Saran Children's Hospital
New Delhi, India
28. Dr Subodh S Gupta
Professor (Social Pediatrics)
Dr Sushila Nayar School of Public Health
Mahatma Gandhi Institute of Medical
Sciences (MGIMS)
Sewagram – 442 102, District of Wardha
Maharashtra, India

UNICEF Country Office

29. Ms Shipra Sharma
ECD Specialist
United Nations Children's Fund (UNICEF)
India
30. Ms Rajalakshmi Nair **(Virtual)**
Nutrition Specialist
United Nations Children's Fund (UNICEF)
Maharashtra
India
31. Ms Aishath Shahula Ahmed
Child Development Programme Specialist
(Health, Nutrition, ECD, MHPSS)
UNICEF Country Office the Maldives

Other Agencies

Survival for Women and Children (SWACH)

32. Dr Amit Gupta Project Manager (Acting)
Survival for Women and Children (SWACH)
Foundation Panchkula, India

Parenting for Lifelong Health (PLH)

33. Dr Saara Thakur, MPH (She/Her)
Scale-up Lead, University of Oxford |
Global Health | Violence Prevention
University of Oxford
Simon Fraser University London,
England United Kingdom
34. Dr Amalee McCoy
Project Lead, Scaling Up PLH in Thailand
Peace Culture Foundation (representing the PLH
Global Network) Thailand

ECDAN

35. Dr Shekufeh Zonji Global Technical Lead Early
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36. Dr Cliff Meyers Board of Directors
Asia-Pacific Regional Network for
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Singapore
37. Dr Andrea See Programme Officer
Asia-Pacific Regional Network for
Early Childhood (ARNEC)
Singapore
38. Dr Evelyn Santiago Executive Director
Asia-Pacific Regional Network for
Early Childhood (ARNEC)
Singapore

Plan International (Virtual)

39. Ms Nicole Rodger Policy and
Advocacy Lead, ECD, Plan International
40. Ms Syifa Andina
Program Manager ECCD & Education
Plan International Australia

Minderoo Foundation (Virtual)

41. Ms Nina Lorenzini Manager of
Program Operations Thrive by
Five Program Minderoo Foundation

NGOs/INGOs

42. Prof (Dr) NK Arora Executive Director
The INCLEN Trust International
President- AIIMS Patna & Deoghar
Former Professor of Pediatric
Gastroenterology Hepatology &
Nutrition AIIMS, Delhi

Observer

43. Dr Sharmila Mukherjee Director
Professor of Pediatrics Lady Hardingle
Medical College & Associated
Kalawati Saran Children's
Hospital New Delhi
44. Dr Arti Maria Consultant
& Head Department of Neonatology
PGIMER & Assoc. Dr.
RML Hospital New Delhi
45. Dr Monica Juneja Professor at
Maulana Azad Medical College
New Delhi

WHO Secretariat

WCO Focal Points

46. Dr Mahbuba Khan (Virtual)
National Professional Officer
Reproduction, Maternal, Newborn, Child &
Adolescent Health (RMNCAH)
WCO Bangladesh
47. Dr Priya Karna
Technical Officer
Reproductive Health
WCO India
48. Dr Deepti Agrawal
National Professional Officer
New Born and Child Health
WCO India
49. Dr Mayasari Dirna
National Professional Officer
Adolescent and Reproductive Health

50. Dr Nilmini Hemachandra
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51. Dr Sithu Swe
National Professional Officer
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Child and Adolescent Health (RMNCAH)
WCO Myanmar
52. Dr Amrita Kansal
National Professional Officer
Family Health, Gender, and Life Course
WCO Nepal
53. Dr Manjula Danansuriya (**Virtual**)
National Professional Officer
Reproductive, Maternal, Newborn Child &
Adolescent Health
WCO Sri Lanka

WHO Headquarters

54. Dr Robert Alexander Butchart
Unit Head
HEP/SDH
WHO-HQ
55. Dr Prerna Banati
Scientist
Adolescent and Young Adult Health (AYA)
WHO-HQ
56. Dr Neerja Chowdhary (**Virtual**)
Technical Officer
Brain Health (BRH)

WHO-SEARO

57. Dr Neena Raina
Director
Department of UHC/ Family Health (FGL)
58. Dr Suvajee Good
Regional Adviser
Health Promotion & Social Determinants
of Health
59. Dr Chandani Anoma Jayathilaka
Medical Officer
Maternal and Reproductive Health (MRH)
60. Dr Andrea Bruni
Regional Adviser-Mental Health
Department of Healthier Populations and
Noncommunicable diseases (HPN)
61. Dr Shuchita Gupta
Medical Officer
Newborn Health (NBH)
62. Mr Ravinder Kumar
National Professional Officer
Department of UHC/Family Health (FGL)
63. Mr Ankur Saxena
Executive Associate
Department of UHC/Family Health (FGL)
64. Mr Dhiraj Kumar
Executive Assistant (Data Management)
Family Health (FGL)-O
65. Ms Pooja Verma
Executive Assistant
Child and Adolescent Health (CAH)
66. Mr Vishal Sharma Team Assistant
Healthy Ageing (HA)

Annex 3: Group photo



**Regional consultation on parent support on early childhood development (ECD) and Adolescent health (AH) in South-East Asia
12-13 October 2022, New Delhi, India**



**World Health
Organization**

REGIONAL OFFICE FOR **South-East Asia**



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