



PACIFIC PARENTING TOOLKIT

APRIL 2026

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Pacific Parenting Toolkit Modules:

Module 0 - Foundational Parenting Knowledge and Practice

Module 1 - Child Protection and Safety

Module 2 - Health and Well-being

Module 3 - Healthy Nutrition

Module 4 - Clean Water, Hygiene and Sanitation

Module 5 - Education and Learning Support

Chapter 1: Introduction



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Parenting is the ongoing provision of nurturing care from early childhood through adolescence, preparing children to live in society, form relationships, learn, work and thrive. (1) It includes all caregivers who support children’s well-being, including biological and non-biological parents, grandparents and relatives, foster carers and guardians, older siblings, and adolescents who take on caregiving roles. Nurturing care means meeting children’s physical needs and creating a safe, responsive, emotionally supportive and stimulating environment that supports healthy growth and development across the life course. (2) Evidence shows that when parents and caregivers are supported with practical knowledge and skills such as positive communication, non-violent discipline, and emotional support, children are more likely to thrive physically, mentally, socially and emotionally, and families are better able to build strong, caring relationships. (3)

In the Pacific, parenting is shaped by strong traditions of collectivism and shared caregiving, often described as “it takes a village”. Extended family members, community leaders and older siblings often play important roles in raising children. Faith and faith-

based organisations are also key sources of guidance and support, especially in communities with limited access to formal services. These traditional systems remain a strong protective factor for children and families. (4)

At the same time, families across the Pacific are facing rapid social and economic change. (5) These changes include urbanisation, labour migration, climate and disaster risks, and changing community structures. These pressures can weaken traditional support networks and leave some parents and caregivers feeling isolated or under-supported. Many families also face practical challenges. These include limited access to services and information, financial pressures, teenage parenthood, and situations where children are cared for by relatives or other caregivers. High rates of violence against children and women also remain a concern, often influenced by harmful social and gender norms. (6)

The Pacific Parenting Toolkit responds to these realities. Developed by UNICEF Multi-Country Office in the Pacific, in partnership with Parenting for Lifelong Health (PLH), the Toolkit draws on a regional desk review, mapping of parenting programmes across 14 Pacific countries, co-design workshops, input from a regional Technical Expert Group (TEG), and global guidance from UNICEF. The Toolkit builds on what is already working in the Pacific. It provides practical, culturally grounded tools and skills for local organisations, faith-based groups, community actors and government services to design, adapt and deliver parenting support across the life course. The Toolkit aims to provide resources that will help strengthen families' existing strengths, promote safe and nurturing care, prevent violence, and support children and adolescents to grow up healthy, confident and supported within their families and communities.

1.1 Purpose of this Chapter

This chapter introduces the Pacific Parenting Toolkit and explains its overall framing and structure. It outlines what the Toolkit includes, its intended audience, and its scope and limitations. The chapter also gives a short overview of the chapters and sections that follow, and explains how they fit together and how the Toolkit can be used in practice.

The chapter supports stakeholders to use the Toolkit in ways that respect and build on the rich cultural diversity of the 14 countries in the Pacific. It should be read first, as it provides guidance on how to navigate and use the rest of the chapters.

1.2 What the Toolkit is (and is not)

The Pacific Parenting Toolkit is a practical, evidence-informed resource designed to support government ministries, civil society organisations, faith-based organisations and community actors to strengthen parenting support across the Pacific. It brings together ready-to-use tools, checklists, key messages, and examples to support the design, adaptation and delivery of parenting support programmes, interventions, and activities. The Toolkit aims to save time, improve consistency, and strengthen the quality of parenting support provided across sectors.

The Toolkit draws on global evidence and best practice, as well as existing and tested resources from the Pacific. It adopts a strengths-based approach, recognising the deep knowledge, caregiving traditions and community support systems that already exist across the Pacific.

The resources are intended to be adapted to each national context and to the diverse family structures, cultures and lived realities within and across countries. By providing a shared regional framework and practical guidance, the Toolkit supports countries to strengthen and scale parenting support in ways that are culturally grounded, responsive to context, and aligned with best practice and evidence across the life course.

What this Toolkit is not

The Pacific Parenting Toolkit is not a stand-alone parenting programme that can be implemented “as is”, and it is not a national parenting strategy. Instead, it is a regional resource that can inform the design of country-specific implementation strategies, programmes and delivery models.

It is important to note that the Toolkit is **not**:

- a clinical manual or substitute for professional advice (e.g., medical, psychological, or legal).
- a rigid “how-to” rulebook – parenting looks different in every family.
- an exhaustive encyclopaedia of parenting knowledge. Instead, it offers a curated set of the most practical and evidence-based tools.
- a judgemental guide. It is supportive and inclusive of different parenting styles.

1.3 Who this Toolkit is for

The Pacific Parenting Toolkit is designed for a wide range of users at community, national and regional levels who support parents and caregivers. This includes civil

society and faith-based organisations working with families, children and adolescents; government ministries and institutions responsible for child well-being (such as health, education and social welfare); UNICEF field offices and the Pacific Multi-Country Office; and other partners who work with parents and caregivers.

Users are encouraged to select and adapt the tools and modules that best fit their context, audience and delivery setting. They should also follow best practice and “do no harm” principles, while respecting local cultures and realities.

In summary, the main users include:

- **Primary users:** Practitioners who need practical, ready-to-use guidance such as programme managers, facilitators, community workers, educators, and coordinators.
- **Secondary users:** Organisations and individuals seeking adaptable frameworks and reference materials, such as NGOs, faith-based organisations, students, small teams, and policymakers.

1.4 Content Overview

The Pacific Parenting Toolkit is organised into five chapters and a set of thematic modules. Together, these provide the framing, practical guidance and tools needed to design, adapt and deliver parenting support across the Pacific.

Chapter 1: Introduction

Introduces the Toolkit, its purpose, audience, scope, and limitations. It also explains how the different sections fit together and how the Toolkit should be used.

Chapter 2: Parenting in the Pacific Context

Provides the regional context for parenting, drawing on a desk review and national co-design workshops. It highlights the strengths of Pacific caregiving traditions, alongside the social, economic and structural pressures facing families today. This chapter helps policymakers, programme designers and implementers ensure that parenting support is culturally grounded and responsive to families’ lived realities.

Chapter 3: Delivering Parenting Support in the Pacific

Provides practical guidance for facilitators and implementers on delivering parenting support in respectful, effective and context-appropriate ways. It focuses on understanding caregivers' needs, navigating common challenges, and using participatory and supportive facilitation approaches. Finally, it provides guidance on how to use social media to support parents and caregivers across the life course.

Chapter 4: Adapting Parent Support Programmes for Pacific Contexts

Provides practical guidance on how to adapt Toolkit content to different Pacific contexts. It includes simple “do and don’t” guidance to support contextualisation while maintaining fidelity to evidence-informed approaches.

Chapter 5: MEL for Parenting Support in the Pacific

Offers guidance and practical tools for monitoring, evaluating and learning, including collecting and using simple data to inform programming and activities. This chapter also provides example indicators for each module, with simple data collection tools that can be taken, adapted and used by facilitators and programme implementers.

References

A full list of references informing the Toolkit can be found in this section. Attention is drawn to regional policy documents, UNICEF and technical reports, including the UNICEF Global Parenting Support Framework (2025) and the Pacific Desk Review and Mapping of Parenting Programmes (2025).

Thematic Modules (Core Parenting Skills and Tools)

The thematic modules form the main content of the Toolkit. They provide practical, evidence-informed parenting skills and facilitator-ready content to support child development across the life course.

- **Module 0: Foundations of Parenting Knowledge and Practice**

This introductory module explains key concepts of child development and nurturing care from pregnancy through adolescence. This module should be included in all parent support programmes and activities. It includes facilitator-ready activities, identifies programmes from the region, and provides monitoring tools to support facilitators.

- **Modules 1-5: Thematic Modules** aligned with five areas:

1. Child Protection and Safety
2. Health and Well-being
3. Healthy Nutrition
4. Clean Water, Hygiene and Sanitation
5. Education and Learning Support

Each thematic module includes:

- A brief Pacific-specific background and rationale;
- Skills organised around best practices across the life course, followed by age-specific sections (early childhood, middle childhood, adolescence);
- For each skill, the module provides:
 - **Why it matters:** What the evidence tells us about why this skill is important.
 - **Key building blocks:** Key take-home messages for parents and caregivers.
 - **Social media messages:** Example short messages that can be adapted for use, following the guidance in chapter 3 on using social media.
 - **Activities:** Example activities for facilitator-led sessions with parents and caregivers to develop or reinforce the mentioned skills.
 - Within each skill there are also the below considerations where relevant:

Disability considerations:



Children and adolescents with disabilities may face additional barriers which risk limiting their ability to reach their full potential. Parents and caregivers may need to adapt how they support their children with disabilities in line with their abilities and needs. Throughout the modules, guidance on inclusive parenting practices is offered, with suggested considerations and adaptations. Where relevant these are highlighted with this icon in a dedicated **orange box.**

Fathers and Male caregivers:



The skills presented across the modules are relevant for both female and male caregivers, recognising the important role that everyone plays in supporting children's development. Where relevant, additional tips to encourage the engagement of male caregivers are highlighted using this icon in a dedicated **yellow box**. These tips provide practical strategies for involving fathers and other male family members in relevant activities in line with the skills being referenced.

Each thematic module also includes the following annexes:

- **Guidance on Multi-sectoral integration:** identifying potential entry points for activities across sectors to encourage a holistic approach to parenting
- **Programmes from the Region:** Programmes or interventions in the Pacific and globally that make reference to specific skills in the module
- **Facilitator Checklist:** A simple checklist per skill designed to support facilitators in preparing for and delivering the content of the module.
- **Additional resources:** as appropriate and linked to the skills and activities listed in the module.

The programmes and resources listed in the Toolkit are publicly available and provided for information purposes only. Inclusion does not imply endorsement by UNICEF or Parenting for Lifelong Health (PLH). UNICEF and PLH do not guarantee the accuracy, completeness, or relevance of external content and accept no responsibility for its use. UNICEF and PLH are not responsible for the availability or content of external websites, which may change over time.

1.5 How to Use This Toolkit

The Toolkit is designed to be practical and flexible. Users can select and adapt relevant content to suit their country context, programme objectives and delivery setting.

Step 1	Step 2	Step 3	Step 4	Step 5
Start with the foundations	Use Module 0	Select Relevant Thematic Modules	Adapt to Your Context	Plan for Learning & Improvement
Read Chapters 1, 2 & 3 to understand the Toolkit's framing, the Pacific context, and good practice for parenting programmes.	Module 0 establishes shared understanding of nurturing care and child development across the full life course.	Choose the modules that match your programme goals — child protection, nutrition, education — and adapt them to local needs.	Use Chapter 4 Adaptation Guidance and the checklists in each module to adapt content in culturally appropriate ways.	Use Chapter 5 MEL guidance and module-level tools to track progress, strengthen quality, and inform programme improvement.

1.6 Guiding Principles

The Pacific Parenting Toolkit offers evidence-based guidance for the design and adaptation of parenting activities and programmes founded on best practice from the Pacific as well as other global parenting initiatives. The design and use of this Toolkit is guided by a core set of principles. Individuals, agencies and organisations using the Toolkit should understand and apply these principles when adapting and implementing the materials.

- **Rights based:** Guided by the rights of children and parents and caregivers, with particular attention to those who are most vulnerable, marginalised or at risk.
- **Equity-focused:** Promotes fair access to quality parenting support for parents and caregivers across the Pacific.
- **Do no harm:** Ensures interventions are designed in a way that does not inadvertently put caregivers and children at further risk.
- **Participation:** Encourages the active involvement of communities and parents and caregivers in the design and delivery of parenting support.
- **Evidence-informed:** Based on research, including social and behavioural science, as well as proven good practice and evidence of cost-effectiveness.

- **Life-course oriented:** Recognises that children and parents and caregivers have changing needs over time and require support that is appropriate to different ages and stages of development.
- **Strengths-based:** Recognises and values the knowledge, capacities and strengths that parents and caregivers already have in supporting their children.

Box 1: Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA)

Parenting support activities must prioritise the safety, dignity, and well-being of children and families. Facilitators have a responsibility to create safe, respectful, and inclusive environments and to ensure that no harm results from participation. This includes recognising and responding appropriately to signs of abuse, neglect, or distress, and following established referral pathways. Facilitators and programmes must adhere to zero-tolerance policies on sexual exploitation and abuse, never engage in inappropriate relationships or behaviour with children or caregivers, and uphold clear codes of conduct at all times. Confidentiality must be respected, and information should only be shared when necessary to protect individuals from harm. Safeguarding and PSEA are shared responsibilities, requiring ongoing training, supervision, and access to safe and confidential reporting mechanisms.

Chapter 2. Parenting in the Pacific: Regional Overview



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2.1 Purpose of this Chapter

This chapter provides the contextual foundation for the Pacific Parenting Toolkit. It highlights both the enduring strengths of Pacific caregiving traditions and the new pressures facing families today. It is intended to support policymakers, programme designers, implementers, and partners to better understand the cultural, social, economic, and policy environments in which parenting takes place across the Pacific. This context is essential for ensuring that the practical tools and guidance presented in subsequent chapters are culturally grounded, responsive to lived realities, and aligned with regional priorities.

The chapter should be read alongside the sections on How to Use This Toolkit and Best Practices and Global Evidence, which together provide guidance on how to apply and adapt the Toolkit and align it with international frameworks.

2.2 Cultural Values and Caregiving Traditions in the Pacific

Parenting in the Pacific is deeply rooted in collectivist worldviews and communal systems of care. Across Melanesian, Polynesian, and Micronesian contexts, caregiving responsibilities are shared across extended families, clans, and communities. This reflects a widely held belief that raising children is a collective responsibility. Children grow up within interconnected kinship networks where grandparents, aunts, uncles, older siblings, and other community members play active roles in daily care, socialisation, discipline, and the transmission of cultural knowledge. While this shared approach provides a strong support network for children and families, it can sometimes lead biological parents to rely heavily on other caregivers, which may unintentionally weaken their sense of primary caregiving responsibility.

Pacific concepts of identity emphasise relational belonging rather than individual autonomy. A person's role and sense of self are closely linked to their responsibilities to family, land, faith, and community. These values shape expectations for children, parents, and caregivers across the life course, including respect for elders, obedience, reciprocity, and service to the collective good. Parenting practices are therefore inseparable from broader cultural systems that prioritise harmony, social cohesion, and continuity of tradition.

Faith and spirituality are also central influences on parenting and caregiving.

Box 1. Faith Leaders as Parenting Allies

Churches and faith leaders are among the most trusted and influential actors in Pacific communities. They play a central role in shaping norms around family life, discipline, gender roles, and child protection. Faith-based parenting initiatives across the Pacific demonstrate that when religious teachings are aligned with positive parenting, non-violence, and child rights, they can be powerful drivers of behaviour change. Engaging faith leaders as partners can strengthen community ownership, increase the legitimacy of parenting initiatives, and expand the reach of programmes, particularly in remote or underserved areas. (1, 2) Churches and faith-based organisations are therefore important partners in supporting families and strengthening positive parenting practices across the Pacific.

At the same time, caregiving traditions continue to evolve. Gendered expectations often shape parenting roles, with women and girls typically carrying the primary responsibility

for daily caregiving and domestic work. Adolescents, particularly girls, often take on significant caregiving responsibilities for younger siblings or relatives. While these roles can help build skills and resilience, they may also create challenges, including interrupted education or increased risks of early parenthood. Men's caregiving roles may be more limited or may be expressed primarily through authority and discipline.

2.3 Regional Challenges and Opportunities Shaping Parenting

Socio-economic change, migration, and urbanisation

Pacific families are navigating profound social and economic transitions. Labour migration, both internal and international, is a defining feature of many Pacific economies. While migration can provide vital income through remittances, it also disrupts traditional parenting and caregiving arrangements. In some cases, parents may leave children in the care of extended family members for long periods, and grandparents increasingly take on caregiving responsibilities, sometimes with limited support. Urbanisation has similarly altered family structures, weakening communal safety nets and increasing isolation for families living in informal settlements or peri-urban areas.

These shifts can reduce access to traditional sources of advice, supervision, and shared caregiving, leaving parents and caregivers with fewer supports as they navigate new challenges, including wage labour, housing insecurity, and exposure to unfamiliar social norms. In this evolving context, parenting support initiatives need to respect traditional caregiving systems while also responding to the new realities facing families across the Pacific. It is important to recognise the roles of different caregivers. Clearly identifying the responsibilities of biological parents, as well as the supportive roles of grandparents, aunts, uncles, and other family members, can help strengthen coordination within families and ensure that children receive consistent care and guidance.

Climate change and disaster-related stress

The Pacific is one of the regions most affected by climate change and disaster risk. Cyclones, flooding, droughts, and rising sea levels place ongoing stress on parents and caregivers. These pressures affect parenting through economic insecurity, food and water scarcity, disruption of schooling and services, displacement, and psychosocial distress. Parents and caregivers experiencing chronic stress may find it more difficult to provide consistent, responsive, and nurturing care, particularly when families face repeated or prolonged crises.

At the same time, strong community solidarity and traditional coping mechanisms offer important protective factors. These include: a deep understanding of the local environment; guidance and support from local faith leaders; leadership and decision making by trusted community leaders with deep rooted knowledge of community traditions; and collaboration amongst families and communities to identify risks, develop strategies and implement actions (3). Parenting support that integrates disaster preparedness, psychosocial support, and climate resilience can build on these strengths and help families better navigate ongoing uncertainty.

Violence, discipline, and child protection concerns

Violence against children and women remains a serious concern across the Pacific. High levels of violent discipline are reported in several countries, with corporal punishment often normalised as a method of behaviour management. Children’s exposure to intimate partner violence, sexual abuse, child marriage, and online harms further undermines safety and well-being. In addition, there is sometimes limited awareness that forms of harmful communication, including verbal abuse, humiliation, or intimidation, can also negatively affect children. Violence is often being understood primarily as physical harm.

These risks are shaped by intersecting factors, including gender inequality, poverty, limited access to services, and social norms that condone violence and control. Parenting programmes that promote positive discipline, non-violent communication, and respectful family relationships are therefore critical entry points for violence prevention.

Box 2. Violence Prevention Starts in the Home

Evidence from the Pacific and globally shows that violence against children and intimate partner violence share common risk factors, including stress, harmful gender norms, and acceptance of violence as discipline. (4) Parenting programmes that support parents and caregivers to manage stress, communicate positively, and use non-violent discipline can interrupt intergenerational cycles of violence. (5) Strengthening parenting practices within the home is therefore one of the most effective and scalable strategies for preventing violence against children and women.

Access to services and information

Many parents and caregivers, particularly those in rural, remote, or low-income settings, face limited access to essential services such as early learning, health care, mental health support, nutrition programmes, and disability-inclusive services. Parenting support is often not systematically integrated into health, education, or social protection systems,

resulting in missed opportunities to engage parents and caregivers during routine service contact points.

Despite these challenges, there are increasing opportunities to strengthen parenting support through existing community and institutional platforms, including schools, community health outreach, faith-based platforms, digital and mobile technologies, and integrated social services.

2.4 Overview of National and Regional Policy Environments

Across the Pacific, governments have made important commitments to child well-being through national and regional policy frameworks. Most countries in the Pacific have national health and education strategies that include child-focused priorities, supported by regional frameworks such as the Healthy Islands Monitoring Framework, the Pacific Regional Education Framework (PacREF), and the Pacific Regional Inclusive Education Framework (PRIEF).

Box 3. The Early Childhood Focus and What Is Missing

Across the Pacific, most parenting-related policies and programmes are concentrated in the early years, particularly through maternal and child health, early childhood education, and nutrition services. While these investments are essential, far less attention is given to parenting support during middle childhood and adolescence. These stages involve rapid emotional, social, and cognitive development, as well as increasing exposure to risks and influences such as peers, digital media, and gender norms. Without structured parenting guidance beyond early childhood, many parents and caregivers lack support at the very stages when challenges related to discipline, learning, mental health, safety, and relationships become more complex. Expanding parenting support across the full life course is therefore a critical gap this Toolkit seeks to address.

In the health sector, progress has been made in child survival, immunisation, and maternal health, although adolescent mental health and sexual and reproductive health remain under-addressed. Policies increasingly recognise mental health and non-communicable diseases, with some countries incorporating parent-focused actions such as breastfeeding support and nutrition counselling. (6)

Education policies across the region consistently recognise parents and caregivers as important partners in children's learning, particularly in early childhood education and inclusive education. Several countries legally require parental involvement in school

attendance and participation, and some have integrated parental roles into school-based health, nutrition, and protection initiatives.

Nutrition policies reflect the region's triple burden of malnutrition, with specific attention to obesity, stunting, and food insecurity. While many policies acknowledge the role of parents in shaping children's diets, implementation remains uneven and multi-sectoral coordination is often limited.

In the areas of safety and protection, thirteen countries in the Pacific have enacted either domestic violence or child protection legislation, and nine countries have gender-based violence action plans. However, only five countries have comprehensive child protection policies, and none have fully prohibited corporal punishment in the home. Child protection systems are often under-resourced, making prevention-focused, community-based parenting support especially important. For more details on which policies exist in which countries, see the UNICEF and PLH Desk Review. (7)

2.5 Diversity in Parenting Across the Pacific

Parenting in the Pacific is highly diverse, shaped by differences in culture, language, geography, religion, disability, socio-economic status, and family structure. Families may live in remote outer islands, dense urban settlements, or separated by national borders. Caregivers include biological parents, grandparents, older siblings, foster carers, and other relatives, each bringing different experiences, roles, and capacities to caregiving.

Recognising this diversity is essential. A one-size-fits-all approach to supporting parents risks reinforcing exclusion and overlooking the realities of families whose experiences fall outside dominant narratives. Inclusive parenting support must therefore account for disability, gender, age, migration status, and exposure to crisis, while remaining grounded in local strengths and values.

While shared regional patterns in parenting do exist, parenting practices and challenges also vary significantly across the Pacific. Case studies from Fiji, the Federated States of Micronesia (FSM), Kiribati, Solomon Islands, and Vanuatu illustrate how local contexts shape both parenting experiences and the types of support that families need.

Fiji

Parenting in Fiji is shaped by strong kinship networks, the influence of faith-based organisations, and relatively well-established education and health systems compared to many neighbouring countries. Extended family caregiving remains common, but urbanisation and internal migration have increased pressures on parents living in informal settlements and peri-urban areas. Fiji faces high rates of violence against

women and children, alongside rising concerns related to adolescent mental health and non-communicable diseases. Parenting programmes in Fiji often leverage schools, churches, and community groups as delivery platforms, providing promising entry points for scaling integrated and preventive parenting support.

Federated States of Micronesia (FSM)

FSM's geographic dispersion across multiple islands creates unique challenges for parenting support delivery. Caregiving is strongly community-based, with extended families and traditional leaders playing central roles. However, geographic isolation, limited services, and reliance on external funding make it difficult to provide consistent parenting support. Labour migration and students leaving for education often mean that children are cared for by grandparents or other relatives. Parenting initiatives in FSM highlight the importance of flexible delivery models, strong community ownership, and adaptation to local languages and customs.

Kiribati

In Kiribati, dense populations, high rates of poverty, and climate vulnerability place sustained pressure on families. Food insecurity and limited access to services affect parents' ability to provide consistent, responsive care. Adolescent pregnancy and early marriage remain significant concerns, and grandparents often assume caregiving responsibilities for young children. Parenting programmes in Kiribati have shown the value of practical, participatory approaches and strong engagement with faith-based organisations and community leaders, particularly when addressing discipline, family relationships, family finances, and adolescent well-being.

Solomon Islands

The Solomon Islands presents one of the most challenging child protection contexts in the Pacific, with high prevalence of violent discipline, intimate partner violence, and child marriage in some provinces. Parenting practices are influenced by strong kastom traditions, faith-based institutions, and community governance structures. However, chronic under-resourcing of social services and significant geographic barriers limit the reach of formal support. Parenting programmes that work through trusted local actors, including faith leaders and community facilitators, have shown promise in promoting non-violent discipline and improving family communication.

Vanuatu

Vanuatu's cultural diversity, with over 100 languages spoken, requires highly localised approaches to parenting support. Extended family care is widespread, and community leaders and churches play influential roles in shaping norms. Vanuatu is also highly exposed to climate-related disasters, which disrupt family life and service delivery. Parenting initiatives in Vanuatu underscore the importance of culturally adapted materials, facilitator training, and integration with health, education, and community governance systems to ensure reach and sustainability.

These country contexts highlight the need for a regional toolkit that offers shared principles and practical tools while allowing countries to adapt them to their national and local contexts.

2.6 Key Parenting Programmes and Regional Initiatives

Despite gaps in coverage across the life course, the Pacific region has a growing body of promising parenting programmes that provide a strong foundation for scale-up and adaptation (see Annexes 1 & 2). These initiatives demonstrate the feasibility and impact of culturally grounded, community-based parenting support when aligned with local values and systems.

Key regional and multi-country programmes include:

- **Churches Keeping Children Safe** (Pacific Council of Churches): Implemented across multiple Pacific countries, this initiative works with faith leaders and congregations to promote child protection, positive parenting, and non-violent discipline through scripture-informed community dialogue.
- **Children Are a Precious Gift from God** (Fiji): A faith-based parenting programme that integrates child development, positive discipline, and family relationships, widely used through church networks.
- **Parenting for Child Development (P4CD)** (Papua New Guinea and adapted in Pacific contexts): A structured programme that has demonstrated reductions in harsh discipline and improvements in parent/caregiver-child relationships through participatory group sessions.
- **Parenting Support Programme (PSP)** (Vanuatu): A nationally endorsed curriculum delivered through the education system that strengthens parent/caregiver engagement in children's learning and development.
- **Community Child Protection Facilitation Manuals** (Fiji, Kiribati, Solomon Islands, Vanuatu): Practical tools used by community leaders and facilitators to support parents and caregivers on child protection, discipline, and well-being.
- **Families as First Teachers (FaFT)** (Fiji): A home-based early learning and parenting programme integrating play, parent/caregiver engagement, and child development support.

Together, these programmes highlight both the strengths and the gaps in the current landscape. Many initiatives focus primarily on early childhood or family protection, while fewer programmes address parenting during middle childhood and adolescence in a structured way. The Pacific Parenting Toolkit builds on these experiences to provide adaptable resources that extend parenting support across the life course and across sectors.

2.7 Implications for the Pacific Parenting Toolkit

This contextual analysis underscores several implications for the design and use of the Pacific Parenting Toolkit:

- Parenting support should build on collectivist values and communal caregiving traditions rather than replacing them.
- Programmes must address contemporary pressures facing families such as migration, climate change, and economic insecurity.
- Parenting is a critical entry point for violence prevention, gender equality, and child protection.
- Parents and caregivers need support across the full life course, including during middle childhood and adolescence.
- Tools must be adaptable, inclusive, and designed for delivery through trusted community platforms.

By grounding practical guidance in this regional context, the Toolkit aims to support Pacific parents and caregivers to provide safe, nurturing, and stimulating environments in which all children can thrive.

Annexes

1. Executive Summary of Desk Review and Mapping of Parenting Programmes and Delivery Modalities in the Pacific January 2026

Executive Summary

Introduction

This desk review maps existing parenting programmes, policies, and interventions across 14 Pacific Island Countries and Territories (PICTs) and supports the broader effort by the UNICEF Pacific Multi-Country Office, in partnership with Parenting for Lifelong Health (PLH), to develop a Pacific Regional Parenting Support Toolkit. Findings will inform the toolkit's design and contextual adaptation guidance, providing an evidence-informed foundation for culturally grounded, gender-transformative, multi-sectoral parenting support across the Pacific region. The toolkit will include a regional monitoring and evaluation (M&E) strategy and a communications strategy to ensure uptake across the Pacific.

The review covers parenting initiatives across Cook Islands, Fiji, Kiribati, Republic of the Marshall Islands (RMI), Federated States of Micronesia (FSM), Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu. It examines programmes supporting parents across six thematic areas: child health, nutrition, hygiene, learning support, safety and protection, and violence prevention, while also analysing cross-cutting issues such as gender equality, disability inclusion, disaster preparedness, and climate change. Five country case studies from Fiji, FSM, Kiribati, Solomon Islands, and Vanuatu provide deeper insights into how parenting support is designed, delivered, and adapted in diverse settings.

Methodology

The desk review employed a robust and multi-faceted methodology, combining a comprehensive literature review using academic databases (Cochrane Library and PsycINFO), analysis of over 200 key policy and programme documents, and 36 Key Informant Interviews (KIIs) with regional and country-level stakeholders. A structured framework guided the mapping of parenting support programmes, examining themes, implementing actors, and delivery settings. Data were organised into a matrix capturing programme design, delivery platforms, target groups, and geographical reach. KIIs with UNICEF field staff, government representatives, Civil Society Organisations (CSOs), non-

governmental organisations (NGOs) and development partners provided critical insights into current and emerging parenting initiatives.

Regional Context: Parenting in the Pacific

Parenting encompasses the continuous provision of nurturing care from childhood through adolescence and includes all caregivers responsible for children’s well-being, including parents, relatives, guardians, foster carers, and adolescents who are caregivers themselves. It involves meeting physical needs and fostering a safe, responsive, emotionally supportive, and stimulating environment that enables children to thrive physically, mentally, socially, and emotionally. Parenting programmes equip caregivers with knowledge, skills, and support to raise healthy, confident children, offering practical guidance on communication, discipline, and emotional nurturing, while strengthening family relationships and promoting better developmental outcomes.

Parenting in the Pacific is shaped by collectivist values and communal caregiving norms, often described as an “it takes a village” approach, where extended family members and older siblings play central roles. Faith and faith-based organisations (FBOs) further guide moral and social norms, especially where formal services are limited. While traditional systems provide strong support, pressures from urbanisation, labour migration, socio-economic change, and evolving community structures strain these protective networks, leaving some parents feeling isolated or under-resourced. Additional challenges include limited services, financial constraints, restricted access to information, teenage parenthood, caregiving by non-biological relatives, and high rates of violence against children and women, often reinforced by social norms and patriarchal dynamics.

Despite these challenges, Pacific value systems offer considerable strengths: communal caregiving traditions, strong kinship networks, and cultural commitments to collective well-being form a solid foundation for nurturing children. Regional initiatives, including the 2025 Early Childhood Development (ECD) Forum, Pacific Regional Council on Early Childhood Development (PRC4ECD)’s 2023 Pasifka Call to Action, Pacific Regional Education Framework (PacREF) 2018–2030, and ongoing research by UNICEF and ThinkPlace, emphasise culturally grounded, evidence-informed parenting support. These initiatives highlight the importance of investing in parenting programmes that are culturally relevant, resilient to changing environments, supportive of parental well-being, and focused on promoting positive outcomes for children. The current desk review situates itself within this regional framework, providing evidence to guide the design of culturally aligned, multi-sectoral parenting initiatives.

Regional Policy Environment across Thematic Areas

Health

The Pacific region has made significant progress in child health, reflected in declining under-five and neonatal mortality rates in countries such as the Cook Islands, Palau, and Tonga. Improvements are attributed to enhanced healthcare access, vaccination programmes, and maternal care services. However, disparities remain, with countries like Kiribati and Fiji experiencing higher child mortality rates, and adolescent mental health continues to be a pressing concern. Contraceptive prevalence among women aged 15–49 remains low in many countries, ranging from 13% to 33%, influenced by geographic isolation, limited health infrastructure, cultural norms, and restricted access to sexuality education.

National health policies across the Pacific generally incorporate child health priorities, guided by regional frameworks such as the Healthy Islands Monitoring Framework and the Pacific Youth Development Framework. Countries like Solomon Islands, Fiji, and Samoa have implemented school-based health initiatives, including counselling and nurse programmes, while mental health policies are emerging. Despite these advances, adolescent-specific health policies are limited, and parental engagement in health promotion remains underdeveloped. Regional efforts highlight the potential to strengthen family-centred approaches, leveraging schools and community health outreach to support preventive care and healthy behaviours.

WASH

Access to basic water and sanitation has improved regionally, with an average of 90.9% of households accessing basic water services and 78.4% accessing basic sanitation. However, urban-rural disparities are pronounced, with rural communities in Fiji, Kiribati, and Solomon Islands having lower service access. Menstrual hygiene management (MHM) and inclusive WASH remain unevenly implemented, although countries like Fiji and Vanuatu have made strides through school-based programmes and disability-inclusive policies. Climate change and disaster risk further heighten the need for resilient WASH systems that integrate parental support and community engagement.

National WASH policies and school-based interventions, as seen in Fiji and Vanuatu, support hygiene promotion, while the Healthy Islands Monitoring Framework provides a regional standard for integration into health strategies. Parent and caregiver engagement in hygiene practices is limited, representing a missed opportunity to reinforce handwashing and safe sanitation behaviours at home.

Education

The Pacific has achieved high primary education enrolment rates and notable progress in early childhood education (ECE), with participation rates exceeding 80% in several countries. Secondary education enrollment remains lower, with significant disparities due to infrastructure, remoteness, and socio-economic factors. Literacy and numeracy outcomes remain a challenge, linked to teacher shortages and limited professional development. Inclusive education and digital technology adoption are gaining attention, particularly following the disruptions caused by the COVID-19 pandemic and climate-related challenges.

Educational governance is supported by national laws and regional frameworks such as Pacific Regional Education Framework (PACREF) and Pacific Regional Inclusive Education Framework (PRIEF), which emphasise inclusive, equitable, and high-quality education. Policies recognise parents and caregivers as vital partners in children's learning, from early childhood through secondary education, including involvement in individualized learning plans and school-based health, nutrition, and safety initiatives. Countries including Fiji, Vanuatu, and the Cook Islands have effectively institutionalised parental participation within national frameworks.

Nutrition

The Pacific faces a triple burden of malnutrition, characterised by undernutrition, micronutrient deficiencies, and rising rates of overweight and obesity. Dietary transitions toward imported, highly processed foods have increased non-communicable disease (NCD) prevalence, contributing to high age-standardised NCD mortality rates in several countries. Stunting remains a concern in the Solomon Islands and RMI, while childhood overweight and obesity are prevalent in Niue, Cook Islands, Palau, Tuvalu, and FSM. Food insecurity exacerbates these challenges, particularly for geographically isolated communities.

National nutrition policies, often integrated into broader health or development frameworks, provide guidance on healthy diets, breastfeeding, and school-based nutrition programmes. Fiji, Samoa, Vanuatu, and Palau have implemented targeted interventions, including sugar-sweetened beverage taxes, breastfeeding support, and parent-focused nutrition education. Parental involvement is recognised as essential to promoting culturally grounded, nutritious meals, supported by community-based initiatives such as home gardens and small-scale fisheries in multiple PICTs.

Safety and Protection

Children in the Pacific face high exposure to violence, including violent discipline, intimate partner violence (IPV), sexual violence, and child marriage. Rates of physical IPV and sexual violence vary across countries, with some of the highest global prevalence observed in Solomon Islands, Nauru, and Kiribati. Child marriage and adolescent births

remain significant challenges, while online safety and family separation increasingly affect children's well-being.

Child protection frameworks are evolving, with twelve of fourteen focus countries enacting domestic violence or family protection legislation. National policies address gender-based violence, alternative care, juvenile justice, and disability inclusion, though implementation is uneven and resources are constrained. Informal kinship care remains central, with limited oversight of institutional alternatives. Parenting programmes offer opportunities to address violence, promoting positive communication, alternatives to harsh discipline, and healthy relationships. Effective interventions rely on community engagement and alignment with formal and informal protection systems.

Parenting Programmes in the Pacific: Key Findings

A total of eight regional or multi-country parenting programmes and 54 country-specific initiatives have been identified across the Pacific, spanning the five thematic areas of the Nurturing Care Framework. Parenting programmes in the region demonstrate a wide range of approaches, integrating multiple sectors, delivery modalities, and culturally grounded practices, as described below.

Thematic focus

Safety and protection are the most consistently integrated themes across parenting programmes, addressing critical issues such as corporal punishment, intimate partner violence, positive discipline, and child protection. Examples include *Safe Families* (Fiji, Solomon Islands, PNG), which promotes non-violent parenting and safe family environments; *Children Are a Precious Gift from God* (Fiji), which focuses on positive parenting, child development, and family unity; *Yes I Do* (Kiribati), introducing new couples and parents to human rights-based parenting approaches; and *Bright Futures for Mum* (Nauru), which targets violence prevention, healthy family relationships, and parent-child interactions. Other programmes actively engage men, faith leaders, and high-risk families, such as Samoa's *Soalupule Programme*, Vanuatu's *Men's Behaviour Change Programme*, and the *Child Protection Community Facilitation Manual*, which employ integrated, multi-sectoral strategies.

Hygiene is comparatively underrepresented in the Pacific, with school-based WASH initiatives in Fiji, Kiribati, Solomon Islands, and Vanuatu focusing primarily on children and providing limited guidance for parental involvement. Policies sometimes suggest engaging parents via parent-teacher meetings or parent-teacher associations (PTAs), but details on parental roles are often lacking. Few tools support parents in discussing personal hygiene or bodily changes with children, indicating an important gap in programme coverage. Opportunities remain to expand support for older children and adolescents, particularly around adolescent mental health, peer violence, substance use,

and sexual and reproductive health, as well as to strengthen guidance on hygiene and nutrition beyond early childhood. In terms of cross-cutting themes, Pacific parenting programmes integrate disability inclusion, gender equity, and, to a lesser extent, climate and disaster resilience into targeted community, school, and family interventions. Additionally, few programmes comprehensively integrate multiple thematic areas – including learning support, mental health, nutrition, safety, and responsive caregiving – highlighting a need for more holistic, multi-sectoral approaches across all age groups.

Target groups

While the region has emerging examples of effective parenting support, opportunities remain to broaden inclusion and reach all caregivers. Fathers and male caregivers are generally underrepresented, although promising efforts exist, such as Vanuatu’s *Men’s Behaviour Change Programme* and Samoa’s *Spotlight Initiative* and *Soalupul Programme*, which engage fathers and faith leaders in promoting family unity and non-violence. Young parents, particularly adolescent mothers, are rarely targeted, with only the *Programme for Young Parents* in Tuvalu and the *Bright Futures for Young Mothers Programme* in Nauru specifically addressing this group. Extended and alternative caregivers, including grandparents, aunts, uncles, and non-relative caregivers, are largely excluded, despite their significant role in childrearing across the Pacific. Similarly, parenting support for children with disabilities is limited, with notable exceptions including Fiji’s Frank Hilton Early Intervention Centre and Frank Hilton Special Schools, which involve parents in therapy, classroom activities, and behaviour and learning support strategies.

Programmes largely focus on early childhood (0–5 years), particularly through health, nutrition, and child protection services, with fewer interventions for middle childhood and adolescents, leaving gaps in parental guidance for school-aged children and adolescent well-being, including nutrition, learning support, and sexual and reproductive health. While some programmes, such as *Safe Families*, aim to reach families across multiple life stages, there is no systematic coverage across the full life course.

Implementing partners and delivery modalities

Parenting programmes are implemented by a mix of government ministries (health, education, women/children’s affairs, social welfare, justice, and police), international NGOs (such as Save the Children, World Vision, Adventist Development and Relief Agency, ChildFund, CARE, Plan International), UN and regional agencies (UNICEF Pacific, World Health Organisation etc.), and local NGOs, CSOs, community-based organisations (CBOs), churches, and women’s networks. Faith-based organisations (FBOs) are central to programme design, delivery, and acceptance, providing cultural grounding and

community trust. Examples include the PCC *Child Protection and Safeguarding Pilot* (Fiji, RMI, Solomon Islands), *Soalupule* (Samoa), *Children Are a Precious Gift from God* (Fiji), and *Yes I Do* (Kiribati). Police also play a critical role, particularly in remote areas, supporting child protection, dispute resolution, and programme delivery.

Programme delivery employs multiple modalities, including community-based group sessions, home visits, school engagement, faith-based outreach, media campaigns, and peer-led initiatives. Community-based workshops are widely used, employing structured manuals, role play, storytelling, and interactive learning, while home visits provide support to vulnerable families and those unable to attend group sessions. School-based programmes often involve teachers, PTAs, and health staff to engage parents and children, as seen in *WinS* and school-based nutrition projects. FBOs leverage scripture, sermons, Bible study, and informal faith gatherings to promote positive parenting and child protection, while media, theatre, and peer-led storytelling are used to engage youth and parents.

Relevance, ownership, and sustainability

Ensuring cultural relevance and community ownership is a core principle of effective parenting programmes. Programmes are adapted to local values, languages, and traditions, with active involvement of FBOs and local volunteers. Interactive and participatory approaches, such as storytelling, singing, dancing, and practical demonstrations, foster engagement, empowerment, and message retention. Sustainability is further strengthened through integration with government systems and health platforms, as seen in the RMI *Multisectoral ECD Project II*, Vanuatu's *Integrated Health and Nutrition Outreach Services*, *WinS*, and the *Accelerated School Readiness Programme* in Kiribati. Volunteer-based organisations, such as women's groups in Pohnpei (FSM), also contribute to long-term programme viability. Despite these efforts, limited funding remains a major barrier, constraining follow-up, evaluation, and programme expansion, as exemplified by the *Blossom programme* in Vanuatu.

Country Case Studies: Lessons and Insights

The country case studies from Fiji, FSM, Kiribati, Solomon Islands, and Vanuatu provide an overview of parenting contexts, programme approaches, and key implementation insights across the Pacific. While each country demonstrates unique cultural and structural characteristics, a synthesis of lessons reveals common factors that contribute to effective, sustainable, and culturally grounded parenting support. These lessons highlight opportunities for strengthening programme design, delivery, and integration across the region:

Community engagement and ownership: Sustainable parenting programmes depend on strong community involvement. Experiences in Fiji, Vanuatu, and the Solomon Islands

show that leveraging trusted local actors, including village leaders, chiefs, faith-based organisations, and women's councils, builds trust, increases participation, and ensures culturally grounded delivery. Active community ownership fosters long-term programme acceptance and sustainability.

Cultural and contextual adaptation: Tailoring content to local languages, traditions, and caregiving norms significantly improves comprehension and engagement. In Kiribati and Vanuatu, storytelling, role play, songs, and visual aids helped make parenting messages relatable and actionable. In Fiji, embedding parenting guidance within religious and cultural frameworks enhanced credibility and strengthened alignment with household and community practices.

Inclusive approaches and whole-of-family engagement: Programmes are more effective when they recognise the caregiving roles of fathers, grandparents, older siblings, and other extended family members. Lessons from FSM, Kiribati, and Fiji highlight the importance of intentionally engaging fathers and male caregivers, addressing stigma faced by single and adolescent parents, and including all key caregivers to support consistent, positive parenting practices at home.

Facilitator training and support: Ongoing capacity-building, supervision, and refresher training are critical for high-quality delivery, particularly on sensitive topics such as discipline, gender norms, and child protection. In Vanuatu and the Solomon Islands, local facilitators with strong community knowledge and credibility were found to be more effective, ensuring both cultural relevance and respectful, consistent messaging across sessions.

Integration with existing structures and services: Embedding parenting support into schools, early childhood centres, health platforms, faith-based channels, and local governance structures enhances accessibility and long-term adoption. Fiji, Solomon Islands, and Vanuatu demonstrate that integration with national frameworks and community structures reinforces programme relevance, supports sustainability, and enables alignment with broader child development priorities.

Multi-modal and practical delivery: Combining workshops, home visits, peer-support groups, media campaigns, and digital tools encourages sustained behaviour change among caregivers. Findings from Kiribati and Solomon Islands underline that moving beyond one-off sessions and incorporating interactive, practical exercises helps families apply learning in daily life, reinforcing parenting practices over time.

Addressing gender, age, and household dynamics: Programmes need to account for evolving gender roles, household structures affected by migration or labour mobility, and the diverse needs of different age groups. Lessons from FSM and Kiribati highlight that separating age groups in sessions, considering fathers' engagement, and

acknowledging extended family responsibilities improves relevance and ensures interventions respond to local family realities.

Developing a Regional Parenting Toolkit

Findings from this desk review, mapping exercise, and case studies will inform the draft regional parenting toolkit, designed as an online resource with downloadable tools for adaptation and use. The proposed structure includes: an *Introduction* outlining purpose, scope, and co-design methodology; *Parenting in the Pacific Context*, highlighting cultural values, caregiving traditions, regional challenges, and policy environments; *Guiding Principles and Best Practices*, covering evidence-based approaches, gender equity, inclusion, life-course perspectives, and alignment with global frameworks; and *Thematic Modules* addressing child health, nutrition, learning support, safety and protection, violence prevention, and hygiene, with practical Pacific and global tools, adaptable materials, and delivery guidance across community, health, and digital platforms. *Adaptation and Localisation Guidelines* will provide culturally sensitive co-design steps; while *Scaling and Systems Integration* will focus on policy, workforce, financing, and monitoring considerations. *Annexes* will include tools, checklists, case studies, and country profiles.

Conclusion

This review provides a strong foundation for understanding parenting programmes in the Pacific, highlighting their diversity, cultural grounding, and role in strengthening community engagement. While challenges remain in standardisation, coordination, integration with national systems, and sustainability, encouraging progress is evident in several countries with scope for innovation and scale up. Strengthening facilitator capacity, evidence-based practices, and multi-stakeholder coordination will further enhance programme reach and impact. Significant opportunities exist to expand data collection and evaluation, strengthen South-South learning, and embed parenting support within broader child protection, health, and education systems. With continued investment, coordinated action, and culturally grounded, evidence-informed approaches, the Pacific is well positioned to ensure parents and caregivers provide safe, nurturing, and stimulating environments, helping every child not only survive and thrive but also reach their full potential.

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2. Parenting Programmes in the Pacific: Summary by Age Group and Theme

This annex presents a high-level summary of key parenting programmes identified across the Pacific, mapped by age group and thematic focus. It is intended to support policymakers, UNICEF country teams, and partners to quickly identify strengths, gaps, and opportunities for extending parenting support across the life course.

Table 2.1: Example Parenting Programmes by Age Group and Theme

Programme / Initiative	Country / Scope	Early Childhood (0-5)	Middle Childhood (6-10)	Adolescence (11-18)	Health & Nutrition	Learning Support	Safety & Protection / Violence Prevention	Primary Delivery Platforms
Churches Keeping Children Safe (PCC)	Multi-country (Pacific)	✓	✓	✓	-	-	✓✓	Faith-based, community
Children Are a Precious Gift from God	Fiji	✓	✓	-	✓	✓	✓	Churches, community
Parenting for Child Development (P4CD)	PNG / regional adaptation	✓✓	-	-	✓	✓	✓	Community, home-based
Parenting Support Programme (PSP)	Vanuatu	✓	✓	-	-	✓✓	-	Schools, education system
Families as First Teachers (FaFT)	Fiji	✓✓	-	-	✓	✓✓	-	Home visits

Community Child Protection Facilitation Manuals	Fiji, Kiribati, Solomon Islands, Vanuatu	✓	✓	✓	-	-	✓✓	Community leaders
Safe Families Programme	Fiji, Solomon Islands	✓	✓	✓	-	-	✓✓	Community groups
Men's Behaviour Change Programmes	Vanuatu, Samoa	-	-	✓	-	-	✓✓	Community, faith-based
Bright Futures for Young Mothers	Nauru	✓	-	✓	✓	-	✓	Health-linked community

Key: ✓ = some focus; ✓✓ = primary focus; - = limited or no explicit focus

Key Observations

- Most parenting programmes in the Pacific focus on early childhood, particularly through health, nutrition, and early learning platforms.
- There are significantly fewer structured programmes supporting parents of school-aged children and adolescents.
- Safety, protection, and violence prevention are the most consistently addressed themes across age groups.
- Gaps are particularly evident in parenting support related to adolescent mental health, learning transitions, and digital safety.
- These patterns underscore the importance of adopting a life-course approach to parenting support.

3. Parenting Programmes in the Pacific: Delivery Platforms Overview

This annex provides a concise overview of how key parenting programmes are delivered across the Pacific. It supports policymakers, UNICEF country teams, and partners to identify existing delivery platforms, assess system entry points, and inform decisions on integration, scale-up, and adaptation of parenting support.

Table 2.2: Example Parenting Programmes by Delivery Platform

Programme / Initiative	Countries / Scope	Health Systems	Education Systems	Community / CSOs	Faith-Based Organisations	Home-Based / Outreach	Digital / Media
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Churches Keeping Children Safe (PCC)	Multi-country (Pacific)	-	-	✓	✓✓	-	-
Children Are a Precious Gift from God	Fiji	-	-	✓	✓✓	-	-
Parenting for Child Development (P4CD)	PNG / regional adaptation	✓	-	✓	-	✓✓	-
Parenting Support Programme (PSP)	Vanuatu	-	✓✓	-	-	-	-
Families as First Teachers (FaFT)	Fiji	✓	-	-	-	✓✓	-
Community Child Protection Facilitation Manuals	Fiji, Kiribati, Solomon Islands, Vanuatu	-	-	✓✓	✓	-	-
Safe Families Programme	Fiji, Solomon Islands	-	-	✓✓	✓	-	-
Men's Behaviour Change Programmes	Vanuatu, Samoa	-	-	✓	✓	-	-
Bright Futures for Young Mothers	Nauru	✓	-	✓	-	✓	-

Key: ✓ = used; ✓✓ = primary delivery platform; - = not a core platform

Key Insights

- Community- and faith-based platforms are the most widely used delivery channels across the Pacific.
- Education systems are underutilised for parenting support beyond early childhood.
- Health systems primarily support early childhood parenting, with limited reach to parents of older children.
- Home-based outreach remains essential for reaching vulnerable caregivers.
- Digital delivery remains limited but presents a growing opportunity.

Chapter 3: Delivering Parenting Support in the Pacific



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3.1 Purpose of this Chapter

How parenting support is delivered matters as much as what is delivered. In the Pacific, parenting practices are shaped by strong cultural values, community relationships, faith traditions, and respect for elders and leaders. Parenting messages are most effective when they are shared in ways that reflect these realities and are delivered by trusted people within the community. When facilitators are respected, share a cultural context, and able to communicate in local languages, parents and caregivers are more likely to engage, reflect on their practices, and apply new skills at home. (1)

This chapter provides guidance for facilitators, programme implementers and planners on how to centre the realities of parenting in Pacific contexts when developing and delivering parenting support from this Toolkit. It focuses on the facilitation skills and knowledge required to support the parents and caregivers they work with, identify their needs, and deliver parenting support in effective ways.

The chapter also provides practical guidance on working with diverse family structures and alternative caregivers (such as grandparents, aunts, and uncles as well as non-family members who take on the role of alternative caregivers for children), supporting families of children with disabilities, engaging fathers and male caregivers, and facilitating conversations on sensitive topics, including those involving adolescents. Finally this chapter provides guidance on using and adapting Social Media to support parenting intervention in the Pacific.

This chapter should be read alongside the chapters on **Adaptation Guidance and MEL for Parenting Support** in order to adapt and deliver The Toolkit Module content.

3.2 Facilitators and Facilitation Skills

Facilitators in the Pacific come from a range of backgrounds, including community leaders, faith leaders, teachers, youth workers, health workers, social workers, sports coaches, and other respected community members. The most suitable facilitators depend on the setting and the needs of participating parents and caregivers.

Across contexts, based on the 2025 UNICEF and ThinkPlace Report (2), and the 2025 PRC4ECD Informative Paper (3) effective facilitation involves the following elements:

Cultural understanding and respect: Parenting messages are more likely to resonate when they reflect local customs, values, and relationships, including, in the Pacific, respect for elders, collective responsibility, spirituality and reciprocity.

Clear, respectful communication: Learning is strengthened when messages are communicated in simple, respectful language, avoiding technical terms and judgement. Two-way dialogue, active listening, and safe space for parents and caregivers to share their experiences support reflection and engagement. Storytelling, visual tools, role play and practical demonstrations align with Pacific oral traditions and help make learning accessible across literacy levels.

Relationship-building and trust: Participation improves when sessions are grounded in warm, respectful relationships. Taking time to connect with participants, using culturally appropriate openings (such as greetings, prayers or customary practices), and demonstrating consistency and care help create safe spaces for learning. In close-knit island and rural communities, trust and relationships are central to sustained engagement. Before parenting activities or sessions begin, facilitators should encourage parents and caregivers to introduce themselves and get to know each other. Developing ground rules, such as respecting others' ideas and opinions, is critical to building trust and creating a safe space for open discussion.

Adaptability and responsiveness: Programmes are more accessible when delivery reflects the daily realities of parents and caregivers. Flexibility around timing and location helps accommodate community schedules, including church commitments, fishing, farming or market days. Adapting activities for mixed groups of parents and caregivers, including mothers, fathers, grandparents and other relatives, increases relevance and inclusion.

Group facilitation and inclusive participation: Learning environments are stronger when group agreements are clear, all members are encouraged to participate, and dominant voices are managed respectfully. Participatory methods, such as small-group discussions and practical activities, support engagement and peer learning. A non-judgemental atmosphere is especially important, as discussions about parenting can be personal and emotionally sensitive.

Strengths-based and empowering approaches: Parents and caregivers are more likely to engage when support is built on what families are already doing well. Collective problem-solving and peer learning reflect Pacific traditions of shared responsibility and mutual support. Recognising small changes and positive efforts reinforces confidence and motivation over time.

Managing sensitive topics safely: Discussions about violence, discipline, sexuality or adolescent development are most effective in safe and confidential spaces. Calm, respectful responses to emotional disclosures help build trust, while clear boundaries and informed consent protect participants. Programme quality and safety are strengthened when facilitators understand their duty of care, child safeguarding, local mandatory reporting responsibilities, and referral pathways. Identifying local support services ensures facilitators can manage expectations and provide guidance to parents and caregivers.

Identifying appropriate delivery modalities: Delivery modalities in the Pacific have traditionally included church-based group sessions, community groups and messages through youth groups and mother and baby groups, village and home visits, integrated clinic days as well as radio, mobile outreach, and parent evenings at schools etc. Sessions and meetings often use traditional storytelling (Talanoa) to reinforce messages and discuss challenges collectively. Additional methods may include videos, social media, peer support groups, or linking to existing services and referral pathways. Facilitators should build on traditional methods which parents and caregivers are comfortable with while exploring opportunities to integrate new approaches.

Box 1. Gender and age considerations when selecting facilitators

Caregiver comfort and trust are shaped by gender and age dynamics, which vary across countries and between urban and rural communities in the Pacific. Some women and female caregivers engage more openly with female facilitators, while some older caregivers feel more comfortable learning from peers or respected elders. Father engagement is often stronger when positive male role models and male facilitators are involved. Programmes benefit from diverse facilitation teams that reflect the communities they serve, helping different caregivers feel represented, safe and supported.

3.3 Supporting Facilitators with Training and Supervision

High-quality parenting programmes depend on facilitators who are confident in both the content of parenting support and in participatory facilitation skills. Programmes and activities are strengthened when facilitators receive structured preparation before working with parents and caregivers. This preparation should include orientation to the parenting content, safeguarding and “do no harm” principles, and practical facilitation approaches. Early training helps ensure a shared understanding of any programme goals, core messages or skills, and delivery approaches, and supports consistency and quality across different settings. Organisations can access and complete [UNICEF’s child safeguarding and PSEA course](#).

Facilitators should also be trained in local referral pathways for additional services that families, parents, and caregivers may require. Understanding which services are available, and recognising that these may differ between communities, is essential. Services may include child protection services, health services (including for non-communicable diseases and nutrition), as well as more specialised services such as those for survivors of domestic violence (gender-based violence services), substance abuse, HIV/AIDS, people with a disability, etc. Training on responding to disclosures of violence or abuse should be handled sensitively. Facilitators should learn how to respond respectfully, maintain confidentiality, and refer families to appropriate support. They should be familiar with child safeguarding, child protection principles, and local mandatory reporting requirements for children who may be experiencing violence and abuse. Despite localised efforts to safeguard children, access to adequate, contextualised safeguarding training remains a challenge throughout the region.

Ongoing learning and reflection are central to effective facilitation. Opportunities for facilitators to reflect on their practice, share experiences with peers, and receive feedback from participants support continuous improvement and responsiveness to the needs of parents and caregivers. Simple feedback mechanisms, such as brief check-ins after sessions, peer reflection meetings, or periodic participant feedback, help facilitators adapt their style, content and delivery methods in ways that strengthen engagement and trust.

Regular, supportive supervision plays a critical role in maintaining quality and fidelity to evidence-informed approaches, while also promoting facilitator well-being and motivation. Supervision that combines observation, constructive feedback and problem-solving, supports facilitators to address challenges as they arise and strengthen their skills over time. Including the perspectives of parents and caregivers into supervision processes can further strengthen relevance and accountability.

Practical tools for **Selecting, Preparing, and Supporting facilitators** are provided in **Annex 1**, with a **Facilitator and Supervisor Checklist** included in **Annex 2**.

3.4 Understanding the Realities of Parenting in the Pacific

This section highlights key considerations that facilitators and programme teams should bear in mind when delivering parenting support in the Pacific. In particular, they will need to consider:

- How migration and urban-rural mobility affect caregiving arrangements
- How to support children with disabilities
- The need to engage fathers and male caregivers
- How to guide parents and caregivers in discussing culturally sensitive or challenging topics with children and adolescents

Pacific cultures have long valued children's roles within extended families, church life and community activities, where children learn through observation, participation and shared responsibility. When children are supported to express their views, practice positive behaviours, and share learning with parents, caregivers and peers, they can become powerful agents of positive change within households and communities.

These considerations should inform delivery approaches, facilitation styles and programme content to ensure parenting support is relevant, respectful and responsive to families' lived experiences across the Pacific, while remaining inclusive and culturally appropriate. Parent support programmes and activities should also pull the relevant content applicable to the parents and caregivers they are supporting and the age of the children they would like support with.

Alternative Caregivers: Migration and Changing Family Structures

In Pacific contexts, caregiving is often shared across extended families and communities, with grandparents, aunts, uncles, older siblings and other trusted adults playing active roles in children's lives. These collective caregiving traditions are a strong protective factor for children and families. At the same time, migration for work or education, urban-rural mobility, and climate-related displacement are changing family structures and placing strain on traditional support networks. As a result, many children are cared for by alternative caregivers for extended periods, and some parents are raising children with less community support than previous generations.

Alternative caregivers include all kinship carers such as grandparents, aunts, uncles, and older siblings, or carers who have a close relationship with the family. They may also include other caregivers, such as foster carers who are supporting and looking after children who are not in their family, often together with their own children. The term "alternative caregiver" in the Pacific Parenting Toolkit refers to all these caregivers. Additionally in the Pacific, alternative caregivers may also include caregivers in care homes, detention centres, hostels, boarding schools and other institutions. While some of these caregivers may benefit from parenting support, these caregivers require additional support and guidance not offered in the Pacific Parenting Toolkit.

Parenting support programmes and activities are more effective when facilitators recognise and include the realities of alternative caregiving arrangements. This involves acknowledging the roles of grandparents and other relatives, supporting connections between caregivers and local services (such as schools and health services), and ensuring that programmes and activities are accessible to those who may not identify as "parents" but are responsible for day-to-day care.

Children separated from parents due to migration, schooling, or other reasons may show distress or changes in behaviour. Facilitators can support alternative caregivers to understand these reactions and respond with positive, age-appropriate care. Preparing children and families before, during, and after transitions, including explaining what is happening, why, how long it may last, and how contact can be maintained, helps children feel safer, strengthens emotional connections, and supports continuity of care.

Key considerations for facilitators who work with alternative caregivers:

- Understand who is caring for the child and the nature of that relationship;
- Recognise caregivers' age, health and caregiving responsibilities;
- Consider the child's behaviour and emotional responses to separation or change;
- Identify practical stressors, including financial pressures and access to services;

- Link caregivers to additional community and formal support where needed.

Parenting Children with Disabilities: Reducing Stigma and Building a Network of Support

Perceptions of disability in the Pacific are diverse and often shaped by cultural, social, and religious influences. Based on engagement with families and communities carried out by Organisations of People with Disabilities (OPDs), including the Frank Hilton Foundation, several common perspectives can be observed:

- Disability may be viewed through a lens of limitation, where participation in education, social, or community activities is reduced due to assumptions about capability.
- There can be beliefs that disability is linked to actions of parents or family members, sometimes associated with blame or guilt.
- In some contexts, disability may be attributed to spiritual causes, such as curses or supernatural influences.
- Children with disabilities are often approached from a place of sympathy or charity, rather than being recognised through a rights-based lens. As a result, services may be accepted based on goodwill rather than expectations of quality, standards, or evidence-based practice.
- From a development agency perspective and from a government perspective disability is most often viewed through a social protection lens limiting the implementation of any multisectoral, collaborative approaches.

These beliefs can contribute to stigma or exclusion, which may limit children with disabilities and their families from fully participating in community life or accessing services such as health and education. In some cases, children and families may face neglect or other risks, placing additional emotional and practical demands on parents and caregivers and affecting children's protection and well-being. However the region is seeing a gradual shift, with increasing awareness of disability rights, inclusion, and the importance of evidence-based interventions.

Across the Pacific, governments and partners are working to promote inclusion and a rights-based approach to disability, including through regional commitments to equity and inclusion, such as the Pacific Regional Inclusive Education Framework (PRIEF 2022) and the Pacific Regional Inclusive Education Review (4). Parenting support is most effective when facilitators acknowledge existing beliefs while gently promoting inclusion, dignity, and a rights-based approach to service delivery, creating inclusive and respectful spaces where parents and caregivers with disabilities or of children with disabilities feel safe to participate and seek support.

Facilitators play a key role in ensuring that parenting support reaches families of children with disabilities. Inclusive delivery helps parents and caregivers feel seen and supported, encourages open discussion of challenges, and reduces stigma within groups. Understanding the range of disabilities present in a community also strengthens referrals and linkages to health, education, social protection and disability-focused services where additional support is needed. Facilitators should be aware of additional barriers faced by families who may also be single parents, gender diverse, experiencing domestic violence, or parents with disabilities themselves.

Similarly, facilitators should make a deliberate effort to identify parents and caregivers with disabilities, as they may be less aware of the support available to help them in their parenting, whether or not their children have a disability. Engaging these parents and caregivers through community dialogue encourages participation and builds wider support networks. Programmes managers and facilitators should reach out to national ministries (Health, Education, and Social Welfare) as primary entry points, alongside recognised local OPDs and umbrella disability networks where available to offer further support and referrals for parents and caregivers.

Box 2. Inclusion at the heart of parenting

Children with disabilities have the same rights to care, protection, participation and development as all children. Parenting support is most effective when it includes parents and caregivers of children with disabilities in mainstream programmes, alongside access to additional, specialist support where needed. Inclusive parenting strengthens children’s development, reduces isolation, and promotes dignity and belonging within families and communities. Pacific-wide inclusive education initiatives demonstrate how mainstream programmes can integrate disability inclusion alongside targeted support.

Adolescent Parents

Given the high rates of teenage pregnancy across the Pacific (5), offering support to adolescent parents, especially young mothers, is critical. Programmes should explore opportunities for targeted support, including access to sexual and reproductive health (SRH) services and specialist teenage-friendly clinics. Engaging young fathers in parenting support is also important, helping them share caregiving responsibilities and support the adolescent mother.

Parenting support should address the stigma often associated with teenage pregnancy. (6) This includes helping girls continue education during or after pregnancy, identifying local support networks, and working with families to provide guidance and encouragement. Engaging community and faith leaders can offer opportunities to bring families together in support of adolescent parents.

Parent support programmes and activities should explore opportunities for supporting teenage parents in a sensitive way, being conscious of the stigma that is associated with young girls becoming pregnant, and ensuring they do not put adolescent girls at further risk through identification. Balancing identification of adolescent parents with protection from discrimination is highly sensitive; facilitators should seek support from specialised services where possible.

Why Father and Male Caregiver Involvement Matters

Positive involvement of fathers and male caregivers throughout the life course is associated with better outcomes for children's learning, well-being and protection. (7) Warm, responsive engagement; shared caregiving responsibilities; play and emotional support; and active interest in children's daily lives contribute to stronger cognitive, social and emotional development, improved school engagement, and reduced behavioural difficulties. (7) Supportive father involvement also benefits the family more broadly, including healthier couple relationships, improved caregiver well-being, and lower risks of violence in the home, contributing to safer and more equitable family environments. (7)

In many Pacific contexts, caregiving is often seen as primarily the responsibility of mothers and female relatives, while men's roles focus on provision or cultural transmission. At the same time, fathers and male caregivers play important roles in children's lives through teaching cultural knowledge and values, engaging in play, modelling positive behaviour, supporting mothers, and encouraging children's learning and aspirations. Parenting programmes are most effective when they acknowledge these existing contributions and create space to strengthen men's involvement in everyday caregiving and nurturing roles.

Facilitators can strengthen father engagement by understanding local norms and barriers to participation, and by using approaches that reflect community realities. Creating welcoming, respectful spaces for men, highlighting positive male role models, and recognising existing strengths help build confidence and participation. Aligning programme delivery with community leadership and structures can further strengthen acceptance and participation.



Practical approaches to strengthen father engagement

Father engagement is strengthened when programmes:

- Explore local norms, expectations and barriers to men's involvement;
- Promote shared parenting, supporting joint decision-making, communication, and responsibility for children's care and development;
- Create spaces where men feel comfortable to reflect on caregiving roles and practice positive, non-violent discipline, including through peer or men's group sessions where appropriate;
- Highlight positive male role models and everyday examples of nurturing fatherhood;
- Build on existing strengths and contributions of fathers and male caregivers;
- Align engagement strategies with community leadership and structures to support positive norms around shared caregiving and gender equality.

Talking about Difficult and Sensitive Topics

In many Pacific contexts, cultural norms and taboos can make conversations about puberty, sexuality, domestic violence, alcohol, substance abuse and other risky behaviours difficult for parents and caregivers. Parenting programmes provide safe, respectful spaces for parents and caregivers to practice language and approaches for starting these conversations, helping normalise open communication within families. When parents and caregivers feel more confident discussing sensitive topics, adolescents are more likely to seek guidance from trusted adults and to navigate risks more safely. (8)

Effective facilitation begins with understanding local norms and barriers to discussing sensitive topics. Creating non-judgemental spaces where parents and caregivers can share concerns and learn from one another, supports confidence and skill-building. Parent support programmes and activities should work with local leaders to explore culturally appropriate ways to introduce sensitive topics, framing discussions around legal frameworks and children's rights, including the Convention on the Rights of the Child, while balancing local social norms.

Linking families to relevant services further strengthens protection and well-being. Services may include sexual and reproductive health support, survivor assistance, substance use counselling, and mental health and psychosocial support.

3.5 Social Media to Support Parenting Interventions in the Pacific

Social media can be a valuable tool to strengthen parent support interventions and activities by raising awareness, reinforcing key messages, extending programme reach, and maintaining engagement between and after sessions. (9) This guidance outlines how facilitators and programme teams can use social media and associated media in simple, practical ways to support parents and caregivers across the life course.

Social media should be used as a complement to, not as a replacement of, in-person, hybrid, community-based, and service-based support. When used effectively, it can help sustain behaviour change by keeping parenting messages visible, relevant, and connected to everyday life. (10) Social media can also be a critical tool for engaging parents and caregivers in conversations and facilitating moderated peer support for parents.

Why social media matters for parenting support

Across the Pacific, access to mobile phones and digital platforms is increasing, including in remote and outer island communities. (11) Platforms such as Facebook, Messenger, WhatsApp, and SMS are widely used for communication and information sharing. For a list of **social and complimentary media for parenting support** in the Pacific see **Annex 6**.

Social media provides an opportunity to:

- Reinforce key parenting messages beyond structured sessions;
- Reach parents and caregivers who may not regularly attend programmes or activities, including fathers and working parents and caregivers;
- Encourage parents and caregivers to practice and apply lessons and skills learnt in structured sessions;
- Enable easy access to resources and information for parents and caregivers;
- Encourage peer learning and shared experiences among parents and caregivers;
- Support gradual behaviour change through repetition, encouragement, and social norms.

Consistent with social and behaviour change (SBC) approaches, repeated exposure to simple, practical messages, combined with opportunities for reflection and discussion, can help shift parenting practices over time. (12)

Integrating Social Media with Parent Support Programmes and Activities

Social media is most effective when it is closely linked to the delivery of activities and programmes. Messages should reinforce and build on the skills and topics covered in the Toolkit modules.

A simple approach is to:

- Share a prompt or question before a session to encourage reflection;
- Provide a key reminder after a session to reinforce learning;
- Share follow-up tips between sessions to support practice at home.

This helps parents and caregivers apply what they learn in real-life situations and strengthens retention over time

Best practices for effective social media use

To be effective, social media content should be:

- Simple and practical: Focus on one clear idea or action at a time;
- Positive and strengths-based: Emphasise what parents and caregivers are doing well and what they can try next;
- Culturally grounded: Reflect local values, languages, faith, and everyday family life;
- Inclusive: Speak to mothers, fathers, and extended family members;
- Non-judgemental: Encourage reflection without blame or criticism;
- Consistent: Reinforce key messages across modules and over time.

Identifying and understanding community standards

- Understand legal standards and policies in your contexts that might impact your messaging
- Frame messages using locally resonant values such as respect, care, family unity, and child happiness and well-being
- Apply positive, strengths-based language and relatable, real-life examples that inspire parents and caregivers to learn, grow and change with their children.
- Engage trusted community voices, for example facilitators, leaders, faith actors to build credibility and acceptance
- Avoid framing messages in ways that feel judgmental, external, or dismissive of local traditions
- Understand the potential risks for any spokespeople and ensure they are informed and kept aware of how their image or words are being used.
- Recognise that messages can challenge deeply held norms and may trigger resistance or backlash. Have a plan to mitigate or manage this in advance.

- Anticipate risks such as negative comments, misinformation, or polarised discussions online
- Establish a clear plan and procedures for responding to backlash in a calm, respectful, and consistent way. If you will not be actively monitoring social media for some time, turn off comments for that period

Types of Content that Support Audience Engagement and Reinforce Behaviour Change

Effective parenting messages go beyond short slogans. Programme teams can use a variety of content types to engage parents and caregivers:

- **Practical tips:** Simple actions parents and caregivers can try at home (“This week, try...”);
- **Real-life examples:** Short stories or scenarios that reflect common parenting situations;
- **Peer stories / testimonials:** Real experiences from other parents and caregivers to normalise change and build social proof
- **Reflection questions:** Prompts that encourage parents and caregivers to think and share (“What works in your home?”);
- **Visual aids:** Posters, illustrations, or simple graphics that reinforce key behaviours and are easy to remember and share at home; These are particularly useful for things such as hygiene and nutrition, as they may show key steps or remind of useful ingredients.
- **Reminders:** Reinforcing key messages from recent sessions;
- **Encouragement:** Recognising caregiver effort and progress;
- **Myth and fact:** Gently addressing common beliefs or harmful norms;
- **Child-focused prompts:** Encouraging parents and caregivers to listen to children’s perspectives.

Choosing platforms and channels

Programme teams should select platforms based on what parents and caregivers already use and can access easily. Common options in Pacific contexts include:

- Facebook: Widely used and suitable for sharing posts, images, and videos;
- Messaging apps (WhatsApp, Messenger): Useful for group communication and follow-up;
- SMS: Important for low-connectivity or low-data settings;
- **Community radio (with call-in/talkback options):** Enables wider reach in small or remote communities and creates opportunities for interactive discussion on

key parenting topics, which can be reinforced through linked social media platforms.

Where internet access is limited, content can also be shared through screenshots, printed materials, or community noticeboards.

Frequency and Timing

Consistency is more important than volume. As a guide:

- Share 2–3 messages per week;
- Avoid overwhelming parents and caregivers with too much information;
- Post at times when parents and caregivers are most likely to engage (e.g. evenings or weekends).

Engaging Parents, Caregivers, and Communities

Social media works best when it encourages interaction and shared learning. Programme teams can:

- Invite parents and caregivers to share experiences or ideas;
- Encourage discussion in group chats or comment sections;
- Highlight positive examples from the community (with consent);
- Involve trusted voices, such as facilitators, community leaders, and faith leaders.

Special attention should be given to engaging fathers and male caregivers, as well as extended family members who play key caregiving roles.

Safeguarding and Ethical Considerations

All social media use should prioritise the safety, dignity, and privacy of children and families:

- Do not share information about children without consent;
- Ensure you have explained clearly to anyone featured in your social media how their image or words will be used and they have given informed consent;
- Understand how to select the right privacy settings;
- Avoid images or stories that could expose or stigmatise families;
- Moderate group discussions to prevent harmful or inappropriate content;
- Provide clear information on where parents and caregivers can seek help if concerns arise.

Monitoring and learning

Simple monitoring can help improve social media use over time. Programme teams can track:

- Reach: number of views, numbers of people reached or number of followers;
- Engagement: comments, shares, or responses;
- Feedback: what parents and caregivers find useful or relevant.
- Audience representation: age, gender and location breakdowns can help you understand who is seeing your messages.

This information can be used to adapt content, improve clarity, and ensure messages remain meaningful for parents and caregivers.

Practical Tips for Social Media Content

- Start with one platform and build confidence over time;
- Use local language and familiar examples wherever possible;
- Keep messages short, clear, and action-oriented;
- Reuse and adapt messages across different modules;
- Focus on one small action parents and caregivers can try each day or week.
- Select messages that match session topics and timing
- Encourage parents and caregivers to discuss and share their own experiences

Social Media Message Bank

These messages are organised by module and can be used to reinforce key parenting skills across the life course. For further and more specific messages, linked to parenting skills, see the relevant skills in each parenting module. These messages should be adapted to local language, culture, and context.

Child and Adolescent Development

- *Caregiving is for everyone. Fathers, mothers, and families all play a role.*
- *Every child can learn and thrive – support children of all abilities.*
- *From babies to teenagers, children need love, guidance, and strong support from family and community. Take a moment today — how can you support your child at this stage?*
- *Children grow and change quickly — and each stage brings new needs. What have you noticed about your child as they grow?*
- *Playing, dancing, walking, and helping around the home all keep children active*
- *A good night's sleep helps them grow strong and ready to learn.*
- *Create a calm, safe space and a regular routine. Small steps each night support strong, healthy development.*

Child Protection and Safety

- *Safe children have adults who listen. Remind your child they can always come to you.*
- *Calm guidance teaches more than fear. Stay steady, even in difficult moments.*
- *Watch around water, drowning is silent*
- *Respect starts at home. Model kindness, fairness, and shared responsibility.*
- *Strong relationships are built on listening, trust, and care.*
- *Working together as a family helps children feel safe and valued.*
- *Listen first, then guide. Respect builds trust.*

Health, Hygiene, and Well-being

- *Clean hands keep children healthy. Wash with soap before eating and after using the toilet.*
- *Healthy routines help children feel safe and strong.*
- *Talk with your child about their feelings – well-being matters as much as physical health.*
- *Rest, play, and good food all help children grow and learn.*
- *Simple habits at home can prevent illness and keep families well.*

Nutrition and Feeding

- *Local foods are powerful and help children grow strong.*
- *Eat together when you can – mealtime is also time to connect.*
- *Small healthy changes today build lifelong habits.*
- *Children learn from what we do. Model healthy eating.*
- *Cooking together teaches skills, confidence, and care.*

Education and Learning Support

- *You are your child's first teacher. Learning starts at home every day.*
- *Play is how children learn – talk, explore, and imagine together.*
- *Use what you have: Stories, songs, and everyday items can become learning tools.*
- *Follow your child's lead in play. It builds confidence and creativity.*
- *Ask questions during play: "What do you think will happen?"*
- *Everyday moments like cooking, gardening, chores, are opportunities to learn.*
- *Ask your child what they learned today. Listening builds confidence.*
- *A few minutes of reading, talking, or storytelling each day makes a difference.*
- *Stay connected with your child's school. Small steps support success.*
- *Stay connected. Teenagers need guidance, even as they grow more independent.*

Annexes

4. Guidance for Selecting and Supporting Facilitators

Table 3.1: Guidance for Selecting and Supporting Facilitators

Domain	Guidance for Selecting Facilitators	Guidance for Supporting Facilitators
<p>Cultural & Community Alignment</p>	<ul style="list-style-type: none"> • Must have a strong understanding of local customs, languages, kinship structures and child-rearing norms. • Preferably a biological/foster parent and a respected community member or endorsed by the community leaders/CSOs/faith-based groups. • Demonstrated ability to work collaboratively with diverse parents and caregivers. • Consider the right facilitator profile for the audience. For example, it may be important for facilitators to have experience parenting children in the age group the programme focuses on. 	<ul style="list-style-type: none"> • Provide orientation on balancing cultural norms with ensuring child rights and maintaining safeguarding standards. • Offer ongoing coaching from local mentors or senior facilitators. • Involve community leaders to reinforce messages and legitimacy.
<p>Child Protection Knowledge & Competencies</p>	<ul style="list-style-type: none"> • Prior experience working with children or families • Ability to recognize and appropriately respond to risks (violence, neglect, harmful practices). 	<ul style="list-style-type: none"> • Provide mandatory child <u>safeguarding training</u> (this should include where possible signing of code of conduct for sexual exploitation, abuse, and child protection).

		<ul style="list-style-type: none"> • Ensure clear reporting pathways for disclosures or risks. • Offer regular supervision to address emotional burden and ethical dilemmas. • Provide regular support on the specifics of delivering sensitive content, of appropriate sequencing and recognising and responding to disclosures.
Non-Violent Discipline Approaches	<ul style="list-style-type: none"> • Demonstrated commitment to non-violent childrearing. • Prior experience using or teaching positive discipline methods. • Demonstrated ability to challenge harmful practices sensitively. • Strong understanding of child rights. 	<ul style="list-style-type: none"> • Provide practical tools, role-plays, and scripted examples of positive discipline for Pacific contexts. • Build peer-learning circles to share challenges and success stories. • Ensure ongoing refresher modules on positive discipline.
Gender-Equitable Parenting	<ul style="list-style-type: none"> • Strong commitment to gender equality and changing harmful gender norms. • Comfortable discussing gender norms, power dynamics, and unequal caregiving roles. • Familiarity with gender issues (e.g., gender roles, 	<ul style="list-style-type: none"> • Provide training on facilitation techniques for gender topics and managing resistance. • Offer ongoing coaching and support for how to address common areas of resistance or challenges for parents and caregivers.

	<p>decision-making norms, women’s workload).</p> <ul style="list-style-type: none"> • Willingness to learn how to promote male engagement safely and respectfully. 	
Facilitation & Communication Skills	<ul style="list-style-type: none"> • Strong group facilitation skills, active listening, and conflict-de-escalation abilities. • Past experience with participatory approaches appropriate and effective for Pacific community settings. • Demonstrated ability to adapt materials for low-literacy participants. • Strong skills in delivering participatory approaches. 	<ul style="list-style-type: none"> • Provide structured facilitator guides, visual aids, and culturally adapted scenarios. • Ensure regular refresher workshops on adult learning methods and the content of parenting sessions. • Offer reflection sessions and ongoing support to deliver specific materials. • Provide access to service for support in alternative communication methods (such as sign language) • Offer training on disability and barriers affecting active participation.
Professional Integrity & Safeguarding	<ul style="list-style-type: none"> • Must model respectful behavior, confidentiality, and non-discrimination. • Demonstrated reliability and accountability. • Appropriate safeguarding checks are passed. 	<ul style="list-style-type: none"> • Provide clear codes of conduct and reporting obligations. • Provide local community reporting mechanisms and information on referral pathways for additional support.

		<ul style="list-style-type: none"> • Ensure support with logistics, scheduling, and documentation to ensure quality delivery. • Conduct routine monitoring visits and supportive performance feedback.
well-being & Sustainability	<ul style="list-style-type: none"> • Individuals with emotional resilience and availability to commit to full program duration 	<ul style="list-style-type: none"> • Ensure access to debriefing, mental health support, and burnout prevention strategies. • Provide fair compensation, transport, refreshments, and recognition. • Implement pathways for ongoing professional development.
Monitoring and Evaluation	<ul style="list-style-type: none"> • Basic literacy and numeracy skills to support accurate record-keeping. • Ability to follow simple monitoring tools and protocols like attendance registers, checklists and surveys. • Demonstrated attention to detail, reliability and confidentiality when handling participant information. 	<ul style="list-style-type: none"> • Train facilitators appropriately to deliver and support survey completion • Ensure facilitators understand the data collection requirements, such as attendance lists and post-workshop surveys, and the importance of data security.

5. Checklist for Facilitation Support and Supervision

Table 3.2: Checklist for Facilitation Support and Supervision

Support Area	Key Questions for Programme Leads	Minimum Standards / Actions	Status / Notes
Facilitator Training and technical knowledge	Have facilitators received initial and refresher training?	Initial training completed; refresher training at least annually.	
	Do facilitators understand the skills in the module for each age group and across the life-course?	Updated guidance and job aids are available and accessible.	
	Are they confident delivering content?	Initial training completed; refresher training at least annually.	
Supervision & Mentorship	Is there regular supportive supervision?	Quarterly supervision and peer mentoring sessions are available to be attended.	
Curriculum, Materials and Tools	Do facilitators have clear session guides and activities?	Facilitator manuals, activity cards, visual aids are available and translated, as needed.	
	Are age-developmentally appropriate, culturally relevant materials available?	Visual aids, posters, storyboards, and facilitator guides are developed/adapted for 0-5, middle childhood, and adolescence.	

Support Area	Key Questions for Programme Leads	Minimum Standards / Actions	Status / Notes
		Inclusive content for children with disabilities is adapted and available.	
Inclusion & Accessibility	Are facilitators trained to engage both mothers and fathers?	Gender-inclusive approaches and male engagement strategies are included.	
	Are there parents with disabilities or parents of children with disabilities or special needs supported?	Activities and demonstrations are adapted for all abilities. Accessible facilities and visual/audio support are available as needed.	
well-being & Burnout Prevention	Are facilitators supported emotionally and practically?	Workloads are reasonable and peer support spaces are available.	
Health & Safety Compliance	Are materials and activities safe for parents?	Safe spaces are available to practice activities.	
Sustainability & Follow-up	How are positive parenting skills, practices and behaviours reinforced over time?	Refresher sessions and community reminders (e.g., posters, songs) are implemented.	
Monitoring & Feedback	How will skill adoption and routine practice be tracked?	Simple observation or checklist tools for facilitators to monitor participation and	

Support Area	Key Questions for Programme Leads	Minimum Standards / Actions	Status / Notes
		practice are implemented.	
Community Integration	Are messages linked to schools, health centres, or community activities?	Collaborations with schools, ECD centres, and community groups are taking place. Community days are scheduled to link activities to school routines.	
Parental Engagement	Are parents actively involved in reinforcing skills?	Parent sessions are organised, which include practical demonstrations using local waste and natural materials to promote improvisation.	

6. Social and Complimentary Media for Parenting Support in the Pacific

Table 3.3: Examples of Social and Complimentary Media for Parenting Support

Programme and Organisation	Channels, Audience and Topics Covered
<p>Name: Parents of the Pacific</p> <p>Organisation: UNICEF PACIFIC</p>	<p>Type: You tube film series</p> <p>13 Videos for parents and caregivers in the Pacific ranging from 1-5 minutes in length</p> <p>Topics include:</p> <ul style="list-style-type: none"> • Self-care for parents • Playtime with Millie

	<ul style="list-style-type: none"> ● Healthy Eating with Pine ● Children with Disabilities with Vanessa ● Community ● Parenting with Patience ● Playful parenting with Doris and Max ● Healthy eating with Saisii ● Play and learning with Priscilla ● Love and Nurturing ● Faith and culture ● Parenting together ● Community cares ● It takes a village
<p>Name: <u>Radio Drama Series on ECD</u></p> <p>Organisation: Solomon Islands Broadcasting Commission</p>	<p>Type: Radio Drama Series</p> <p>A total of 10 radio dramas were aired across the Solomon Islands, with content aimed at parents and caregivers covering five topics on Early Childhood Development</p> <ul style="list-style-type: none"> ● Health Nutrition ● Early Learning ● Protection ● Safety ● Responsive Caregiving
<p>Name: <u>I am Digital</u></p> <p>Organisation: Save the Children Pacific</p>	<p>Type: Regional Online Campaign</p> <p>Short videos and images shared via social media</p> <p>Includes materials for both parents and children on things such as</p> <ul style="list-style-type: none"> ● Online bullying ● Managing explicit content ● Think before you share ● Being media literate
<p>Name: <u>Story time and Play</u></p> <p>Organisation: Plan International</p>	<p>An app, website, tv, radio and short online content bringing together traditional media and social media, the programme combines resources for children and parents with a key aim to increase parental engagement and confidence in play-based learning.</p>

Chapter 4: Adapting Parent Support Programmes for Pacific Contexts



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4.1 Purpose of this Chapter

This chapter provides practical, evidence-informed guidance for governments, CSOs, and partners across the Pacific to adapt parenting support content so it is culturally relevant, feasible to deliver, and effective. This guidance can be applied to either the generic content provided in the toolkit, or to the adaptation of larger content packages, pending the necessary approvals from the original authors.

Adaptation ensures parenting programmes and activities are not only translated, but localised to the daily realities, cultural and faith contexts, and existing service systems that families access, while preserving the core components and theory of change of evidence-based interventions.

The guidance in this chapter aligns with WHO Guidelines on Parenting Interventions to Prevent Maltreatment and Enhance Parent-Child Relationships with Children Aged 0–17 Years (2022) (1), UNICEF’s Designing Parenting Programmes for Violence Prevention: A Chapter 4: Adapting Parent Support Programmes for Pacific Contexts | 58

Guidance Note (2020) (2), Parenting for Lifelong Health (PLH) Adaptation Guidance, and uses the ADAPT-ITT framework (originally developed in 2008) to guide safe, structured adaptation for diverse populations. (3) While the WHO and UNICEF Guidelines offer global standards for effective interventions, the ADPAT-ITT framework provides an operational process for applying these standards in local contexts. These frameworks align around the need to assess context fit, develop cultural adaptation plans, use local expert groups and planning for training and evaluation.

4.2 Why is Adaptation Needed

Parenting support programmes are most effective when they align with the everyday realities of families and the systems that support them. Across the Pacific, diversity is evident both between and within countries. Differences exist between urban and rural areas, and between main islands and remote outer islands. Languages, cultural practices, and faith traditions vary across and within communities, as do family structures, livelihoods, and access to services. For example, a programme designed with written materials and classroom-style discussions may work well in an urban centre, but be less suitable in outer island communities where literacy levels vary and oral storytelling, radio, or group discussion in community spaces are more common.

Government ministries, CSOs, faith-based organisations, and grassroots groups also operate in very different delivery environments. Some partners work mainly through health clinics or schools, while others rely on churches, women's groups, youth clubs, or village committees to reach families. For instance, in some settings, parents may feel more comfortable attending sessions held at a church or community hall led by a trusted faith or community leader, while in others, health centres or schools may be the most practical entry point. Adapting delivery platforms helps ensure programmes reach families where they already gather and feel safe.

Workforce capacity, supervision, transport, and digital connectivity also differ widely across the Pacific. In remote communities, facilitators may be volunteers with limited time and support, and families may need to travel by boat or on foot to attend sessions. In these contexts, shorter travel distances, flexible scheduling, or blended approaches (such as combining in-person sessions with radio reminders or SMS follow-ups) may be needed to make participation realistic. In more connected settings, digital tools can complement face-to-face delivery, but they may exclude families with limited access to phones or data if not carefully adapted.

Many Pacific communities also experience migration, climate impacts, and natural disasters, which shape the daily pressures that caregivers experience and their availability. Families affected by seasonal labour migration may have shifting caregiving

arrangements, and communities recovering from cyclones or floods may prioritise basic needs such as housing, food, and water. Parenting support that does not recognise these pressures may feel disconnected from the immediate realities of families experiencing them. Adapting content to acknowledge stress, displacement, and changing family roles can make programmes feel more relevant and supportive during difficult periods.

Without structured adaptation, parenting programmes can feel culturally mismatched, use unfamiliar examples, or be delivered in ways that are hard for families to access. This can lead to low uptake, weak engagement, and inequitable reach, where families in remote areas, families with lower literacy, families of children with disabilities, or fathers and other caregivers are less likely to participate. Activities and programmes that do not link with local service systems may also be difficult to sustain once external support ends.

Well-designed adaptation helps programmes and activities fit local cultures, faith traditions, and community norms, while protecting the core elements that make them effective. When content and delivery are adapted responsibly, for example, by using local stories and examples, working through churches or community groups, or adjusting session timing around fishing or farming schedules, parenting programmes are more likely to be trusted, attended, and supported by communities. This improves relevance, acceptability, quality of implementation, equity of access, and potential for scale, helping evidence-based parenting support take root across diverse Pacific contexts.

4.3 How and When to Use This Guidance

Practitioners, including community leaders, facilitators, programme implementers, as well as organisations designing parenting approaches, can follow the guidance at key moments:

- During programme planning and selection;
- Before adapting Toolkit Generic Modules or any other programme content;
- When choosing delivery platforms;
- During piloting and refinement;
- Before scale-up.

4.4 Steps to Adapt Parenting Activities

Following the six ADAPT-ITT steps¹ outlined below will support facilitators and programme implementers to adapt evidence-based parenting programmes responsibly. See also **Annexes 7** for an **adaptation log** to document each step of the ADAPT-ITT process for transparency, quality assurance, and learning.

- **Assessment** (understanding the reality of families and systems)
- **Decision** - Select and decide whether to adopt or adapt
- **Adaptation** - Decide what to change (and what not to change)
- **Production** - Develop adapted materials
 - **Topical Experts** - Strengthen Technical Quality
 - **Integration and Finalise**: Align Adapted Content with National and Community Systems
- **Training**: Prepare Facilitators and Supervisors
- **Testing**: Pilot, Learn, and Refine Before Scale-Up

Step 1 | **Assessment: Understand families and delivery systems**

Why this step matters:

The Assessment step helps build a shared, realistic picture of families' daily lives and the delivery systems that provide support before choosing or adapting any parenting content: It's important to understand what problem is being addressed and what mechanism support will be delivered through.

In the Pacific, needs and service realities can vary widely between urban centres, rural communities, and outer islands. This step ensures that adaptation decisions are grounded in local evidence, community experiences, and aligned with implementation structures that have been identified as suitable to the content being delivered. In the Pacific, parenting programmes are often delivered through a mix of government services (such as health centres and schools) and community-based platforms (such as churches, women's groups, youth clubs, and village committees). Integrating adapted content into these existing systems helps programmes feel legitimate, coordinated, and sustainable, rather than standalone projects.

A strong assessment phase helps avoid selecting programmes (or programme content) that are hard to deliver, culturally mismatched, or misaligned with national priorities or delivery systems, and ensures that parenting support responds to what caregivers and frontline workers actually need. Good practice for this step includes combining policy and service mapping with participatory community engagement. This means listening

¹ These original 8 ADAPT-ITT steps were originally developed for violence prevention content, but have since been used more widely for programme adaptation. They have been further adapted for this toolkit.

to caregivers, facilitators, faith and community leaders, and service providers to understand everyday challenges (such as time constraints, transport, shared caregiving, or food insecurity), existing strengths (such as strong kinship networks or faith-based support), and feasible delivery platforms. Assessment should pay attention to who is currently reached by services, and who is being left out.

What to do:

- Review national policies, strategies, and existing parenting/family programmes.
- Identify priority themes (e.g. nutrition, protection, education, health).
- Identify priority age groups and subgroups (e.g. adolescent parents, fathers, caregivers of children with disabilities).
- Map delivery platforms and barriers (urban/rural/outer islands; health centres, schools, churches, community groups).
- Identify service platforms that families already trust and access.
- Use participatory tools with caregivers and facilitators (e.g. mapping daily life of families, community mapping, short focus groups). (see section 4.6 below for more guidance on how to do this)

Outputs:

A brief report that summarises:

- key needs and risks;
- priority populations;
- feasible delivery platforms; and
- main barriers and enablers for participation and scale.

Step 2 | Decision: Select and decide whether to adopt or adapt

Why this step matters:

The Decision step is where partners make clear, transparent choices about which parenting programme(s) or activities to use and whether these can be adopted as they are or need to be adapted for local use. In Pacific contexts, there are often multiple pressures, including limited resources, workforce constraints, strong cultural and faith influences, and expectations from communities and leaders. This step helps governments, CSOs, and faith-based partners avoid choosing programmes and activities based only on availability or preference, and instead select interventions that are evidence-informed, aligned with national priorities, culturally acceptable, and feasible to deliver at scale.

It is good practice to involve both technical leads and community representatives in this decision. This ensures that choices reflect policy goals (e.g., child protection, nutrition, education) as well as practical delivery realities (e.g., whether sessions can be hosted in churches, schools, or community spaces, and whether facilitators have the time and skills to deliver them). Documenting the reasons for selection and the decision to adopt or adapt also supports accountability, learning, and coordination across partners. See also **Annex 8** for a **programme support matrix template** to compare potential parenting interventions and document the rationale for selection or adaptation.

What to do:

Select parenting interventions using clear criteria, including:

- evidence of impact;
- alignment with national priorities;
- cultural and faith acceptability;
- feasibility, including workforce capacity and delivery platforms;
- potential for scale and sustainability within government and community systems.

Decide whether to:

- adopt the intervention with minimal, surface-level adaptations; or
- adapt content and/or delivery to better fit local contexts, while protecting core components.

Outputs:

- A short **selection rationale** documenting why the intervention was chosen.
- A clear **adopt/adapt decision**, including initial considerations for what types of adaptations may be needed.

Step 3 | Adaptation: Decide what to change (and what not to change)

Why this step matters:

The Adaptation step is where teams make careful, informed decisions about how to adapt content to the local context so it fits Pacific cultures, languages, faith traditions, and delivery settings, without weakening what makes the programme effective. In the Pacific, this often means adjusting examples, stories, images, and activities so families recognise their own daily lives, while protecting the core skills, messages, and structure of the programme. This step helps teams avoid well-intentioned changes that could unintentionally reduce programme quality or impact. Please see section 4.5 below for further guidance and a checklist to implement this step.

Good practice in Pacific contexts includes involving facilitators, caregivers, and community leaders in reviewing draft materials to spot cultural mismatches, sensitive topics that need careful framing, or delivery challenges (for example, norms around discussing family conflict in mixed-gender groups, or comfort levels with physical activities). Teams should clearly distinguish between surface-level adaptations that improve acceptability and deeper changes that could affect effectiveness and use technical review and piloting for any higher-risk adaptations. See also **Annex 9** for a **curriculum adaptation checklist** to ensure key elements are included as part of the adaptation process.

What to do:

Apply the **Green/Orange/Red Light** rules to all proposed changes:

● **Green Light (surface-level adaptations):** Make changes that increase acceptability without affecting programme integrity (e.g. changing names of characters and places; adapting visuals to look local; replacing songs or energisers with culturally appropriate ones). These can usually be done by service providers directly, with final approval from programme managers and supervisors.

● **Orange Light (minor adaptations):** Make small changes that preserve core components but could affect impact (e.g. tailoring a comic or scenario to local norms). These require consultation and approval from programme authors.

● **Red Light (deep structure adaptations):** Avoid changes to programme structure or core components (e.g. changing session order, removing core activities or practice time, condensing sessions). These changes can undermine effectiveness and waste scarce resources. Any proposed Red Light changes typically require prior approval from programme authors and should be piloted and evaluated before scale-up.

Once this is complete, decide where adapted content should be woven into existing modules or added as new activities, with a clear rationale. Ensure sensitive topics (e.g. family violence, online safety, sexual and reproductive health) are framed in ways that are culturally appropriate without weakening child protection or gender-equity principles.

Outputs:

- A **draft adaptation plan** that clearly documents all proposed changes and classifies them using the **traffic-light system** (Green/Orange/Red), including notes on required approvals and piloting.

Step 4| Production:

Why this step matters: The Production step is where agreed adaptations are turned into real, usable materials for facilitators and families. This means producing materials that are not only culturally appropriate, but also practical for the settings in which they will be used. To achieve this, the Production step is subdivided into 3 steps, which will lead to the production of technically sound and culturally appropriate materials. Please also see **Annex 10** for a **programme design and adaptation checklist**.

Step 4a| Develop Adapted Materials

Clear, well-designed materials help facilitators deliver sessions with confidence and consistency, and help caregivers understand and practise new skills in their daily lives.

Keep materials simple, visual, and accessible, especially where literacy levels vary. Translation should focus on meaning rather than word-for-word accuracy, using glossaries and quality checks to ensure key concepts are understood correctly in local languages. Materials should also clearly show local referral pathways so facilitators and caregivers know where to seek additional support. Producing a simple delivery plan at this stage helps teams think through how adapted content will actually be rolled out, supervised, and supported in different settings.

What to do:

- Produce adapted facilitator manuals, caregiver handouts, visuals, and referral information.
- Translate materials using shared glossaries and quality review processes to ensure clarity and consistency.
- Prepare a simple delivery plan covering: Delivery platforms (e.g. health centres, schools, churches, community spaces); recruitment approaches; and supervision and support arrangements for facilitators.

Outputs:

- Draft adapted materials ready for piloting.
- A clear delivery plan outlining how the adapted content will be implemented and supported and monitored.

Step 4b| Topical Experts: Strengthen Technical Quality

Why this step matters:

This step helps ensure that adapted parenting content remains technically accurate, safe, and aligned with national and global standards, especially when addressing sensitive or specialised topics. Adaptations often involve integrating local health guidance, child protection procedures, nutrition advice, or digital safety information. Without expert input, well-intentioned changes can introduce inaccuracies or weaken safeguards. This step helps protect families and facilitators, and ensures that adapted content supports government priorities and referral systems.

Engage local sector experts and ministry focal points alongside regional or global technical partners. This supports alignment with national guidelines (for example, on breastfeeding, child protection reporting, or disability inclusion) and builds local ownership of adapted content. Expert review is particularly important for any orange- or red-light adaptations, where changes could affect programme effectiveness or safety. Where in-country expertise is limited, partners can draw on regional technical networks or UNICEF support.

What to do:

- Engage relevant sector experts (e.g. health, nutrition, child protection, gender, disability inclusion, digital safety) to review adapted content.
- Consult technical partners and programme developers for any **orange- or red-light adaptations** to ensure core components are protected and risks are managed.

Outputs:

- Documented technical review and sign-off confirming that adapted content is accurate, safe, and aligned with standards and referral systems.

It's important to note that Steps 4a and 4b may require some back and forth between them, to develop a final product that is approved by technical experts and that meets the needs of the target audience and achieves the intended outcomes.

Step 4c | Finalise and Align Adapted Content with Delivery Systems

Why this step matters:

The Integration step ensures that adapted parenting content is embedded within the chosen system and platform and that it aligns with national policies, service pathways, and safeguarding requirements. Good practice in Pacific contexts includes working closely with relevant ministries, faith-based organisations, and community leaders to ensure that adapted materials reflect national guidance, referral options that actually exist in each location, and realistic delivery arrangements for urban centres, rural areas,

and outer islands. This step also helps ensure that facilitators know where and how to refer families for additional support, and that safeguarding procedures are clear and consistent across partners.

As with the two steps before, Steps 4c and 4a may require some further back and forth, to ensure that the adapted content aligns with the national guidelines and is informed by them.

What to do:

- Align adapted content with relevant national strategies and guidelines.
- Align delivery with existing service platforms that families already trust and access.
- Integrate clear referral pathways and safeguarding procedures into materials and facilitator guidance.
- Finalise adapted materials based on feedback from ministries, facilitators, and community partners.

Final Output:

- A final adapted package (materials and delivery guidance) that is aligned with national policies, service platforms, and safeguarding systems, and ready for training and piloting.

Step 5 | Training: Prepare Facilitators and Supervisors

Why this step matters:

The Training step ensures that facilitators and supervisors are confident, capable, and consistent in delivering the adapted parenting programme. In Pacific contexts, facilitators may be frontline workers, volunteers, teachers, health workers, or faith and community leaders who already carry heavy workloads. Training therefore needs to be practical, supportive, and realistic, helping facilitators understand not only the adapted content, but also what must not be changed to protect programme quality and outcomes.

Training should make use of interactive, practice-based methods such as role plays and peer practice. Set up supportive supervision and coaching rather than one-off training events. Supervisors play a key role in monitoring fidelity, supporting facilitators to solve challenges in real time, and preventing “drift” from core content as programmes scale across different communities and islands. Training plans should also take into account facilitators’ availability, travel time, language needs, and access to ongoing support. (See **Chapter 3** for further information on facilitators and supervision)

What to do:

- Train facilitators on the adapted content, delivery methods, and the core components that must not be changed, as well as monitoring tools for the revised content.
- Train supervisors on fidelity monitoring and supportive coaching, including how to give constructive feedback.
- Consider facilitators' workload, travel, safety, and support needs, and plan refresher training or coaching where needed.

Outputs:

- A trained delivery team ready to implement the adapted programme.
- A clear supervision and coaching plan to support quality and consistency during delivery.

Step 6 | Testing: Pilot, Learn, and Refine Before Scale-Up**Why this step matters:**

The Testing step is where adapted parenting content is tried out in real-world settings to check that it works as intended and fits families' and facilitators' realities. In the Pacific, conditions can differ greatly between urban centres, rural communities, and outer islands, so piloting helps identify what works well in one setting and what may need further adjustment in another. This step reduces the risk of scaling up content that is culturally acceptable on paper but difficult to deliver in practice, or that unintentionally weakens programme quality.

Good practice in Pacific contexts is to pilot in more than one type of setting (for example, one urban community and one remote or outer-island community) and to involve both facilitators and caregivers in reflecting on what worked and what did not. Piloting should focus not only on satisfaction, but also on whether facilitators are able to deliver the core content as intended and whether caregivers are engaging with and practising the skills. Small, practical refinements at this stage can significantly improve relevance, feasibility, and impact. These steps should always be followed if the parenting programme will be scaled to national level or to multiple islands and locations.

What to do:

- Pilot the adapted content in different settings.

- Gather structured feedback from caregivers and facilitators (e.g. short reflection forms, debrief discussions, observation notes).
- Track fidelity to core components and caregiver engagement during sessions.
- Refine materials and delivery plans based on findings before scale-up.

Outputs:

- A short pilot findings summary documenting what worked, what needed adjustment, and any risks identified.
- A clear scale-up decision, including any final refinements required before wider implementation.

See **Annexes 11 and 12** for examples of a **completed adaptation log** to illustrate good practice and a **completed programme selection matrix** to show how to compare and select parenting interventions.

4.5 Community Co-Design: Involving Facilitators and Families in Adapting Parenting Content

In the Pacific, parenting support works best when it is co-designed with the people who will use and deliver it. Facilitators, caregivers, and community members bring essential knowledge about daily life, cultural practices, faith traditions, and practical barriers to participation. Involving them in adaptation helps ensure that parenting programmes feel relevant, respectful, and realistic, and that families are more likely to trust, engage with, and benefit from them.

This is more than consultation. Effective adaptation requires ongoing community engagement throughout the ADAPT-ITT process: from early assessment and decision-making, through adaptation and piloting, to continuous improvement during implementation. When facilitators and families help shape content and delivery, programmes are more likely to reflect local realities (such as long working hours, transport challenges, or shared caregiving), use language and examples that resonate, and address sensitive topics like gender transformation in culturally appropriate ways. This approach also strengthens local ownership and builds the skills of facilitators to adapt responsibly over time.

In practice, this means:

- **Start with ongoing community engagement, not one-off consultation.** Build relationships with caregivers, facilitators, and community leaders early and

maintain dialogue throughout design, piloting, and scale-up. This helps surface concerns, build trust, and ensure adaptations remain relevant as contexts change.

- **Use human-centred design and co-creation tools.** Apply participatory methods such as community mapping, journey mapping, and role-plays to understand parenting challenges, barriers to participation, and what support feels helpful in different Pacific contexts.
- **Involve a wide range of voices.** Engage caregivers, youth (where appropriate), frontline workers, facilitators, supervisors, and decision-makers so that content reflects lived experience, delivery realities, and system constraints.
- **Work through existing community structures.** Partner with faith groups, parent associations, women’s and men’s groups, youth clubs, and community committees to strengthen legitimacy, reach families who may be harder to engage, and ensure adaptations align with community norms.
- **Create inclusive and accessible spaces.** Make meetings and materials linguistically, culturally, and physically accessible, including for caregivers with disabilities and those with low literacy. Use plain language, visuals, and flexible formats (e.g., small groups, home-based discussions where appropriate).
- **Establish feedback mechanisms and adapt continuously.** Set up simple ways for facilitators and families to share feedback (e.g., short reflection forms, debriefs after sessions, community feedback meetings). Use this feedback to make small, ongoing improvements to content and delivery.
- **Address practical barriers to participation.** Identify and respond to barriers such as time constraints, transport costs, safety concerns, and gender norms by offering flexible scheduling, safe venues, child-friendly spaces, and culturally respectful ways to engage both mothers and fathers.

Involving facilitators and families is not an extra step, it is central to responsible adaptation. Co-design strengthens cultural relevance, improves participation and retention, protects programme quality, and builds local ownership that supports long-term sustainability and scale in Pacific settings.

4.6 Adapting Parenting Content for Inclusion, Gender Equity, and Male Engagement

Parenting support programmes and activities are most effective when they reach and benefit all parents and caregivers and all children, including those who may be less visible or face additional barriers to participation. This includes parents and caregivers with disabilities, parents and caregivers of children with disabilities, fathers and male

caregivers, and families navigating gender norms that shape caregiving roles, decision-making, and access to services.

Without intentional adaptation, parenting programmes may unintentionally:

- exclude parents and caregivers with disabilities or of children with disabilities;
- reinforce unequal caregiving roles;
- limit the participation of fathers and male caregivers;
- reduce the effectiveness and reach of interventions.

Integrating disability inclusion, gender equity, and male engagement strengthens programme relevance, improves outcomes for children, and supports more equitable and supportive family environments.

Key principles for inclusive adaptation

Adapting parent support programmes and activities for disability inclusion, gender equity, and male engagement is not an additional step, it is essential to ensuring that parenting support reaches all families, reflects Pacific realities, and delivers meaningful, equitable outcomes for children across the life course.

Across all adaptation steps, programmes and activities should:

- **Reach those most at risk of exclusion**, including children with disabilities and parents and caregivers with disabilities;
- **Promote shared caregiving responsibilities** between women and men;
- **Challenge harmful norms respectfully**, while building on positive cultural and community values;
- **Ensure safe and inclusive participation spaces** for all parents and caregivers;
- **Adapt both content and delivery**, not just messaging.

Adapting for disability inclusion

Parents and caregivers with disabilities as well as children with disabilities and their parents and caregivers are often less likely to access parenting support due to stigma, accessibility barriers, and limited tailored content. Adaptation should ensure that parenting support is inclusive, accessible, and relevant.

What to consider:

- **Participation and access**
 - Ensure venues are physically accessible where possible

- Provide flexible formats (home visits, small groups, community-based delivery)
- Use low-literacy and visual materials
- **Communication and learning**
 - Use simple language, visuals, demonstrations, and repetition as needed
 - Provide alternative communication support where possible (e.g. sign language, peer support)
- **Content adaptation**
 - Include examples that reflect children with different abilities
 - Emphasise that all children can learn and participate
 - Adapt activities so caregivers can practise skills with children of different developmental needs
- **Reducing stigma**
 - Use strengths-based messaging
 - Encourage inclusion within families and communities
 - Avoid framing disability as a problem to be fixed
- **Good practice**
 - Engage parents and caregivers with disabilities in co-design
 - Engage parents and caregivers of children with disabilities in co-design
 - Consult disability organisations or focal points
 - Ensure referral pathways to disability and support services are included

Adapting for gender equity

Gender norms shape caregiving roles, decision-making, time use, and access to services. Parenting support activities should support more equitable relationships and shared caregiving, while remaining culturally respectful.

What to consider

- **Content and messaging**
 - Promote shared caregiving responsibilities
 - Highlight the benefits of equitable parenting for children and families
 - Include examples that show both women and men in caregiving roles
- **Facilitation and group dynamics**
 - Consider whether mixed or separate groups are appropriate for sensitive discussions
 - Create safe spaces for open discussion of gender roles and expectations
- **Participation barriers**
 - Address time constraints and workload differences between caregivers

- Ensure activities are scheduled at times when women and men can attend
- **Sensitive topics**
 - Frame discussions on gender, power, and relationships carefully
 - Use relatable, non-confrontational approaches (e.g. stories, scenarios, reflection)
- **Good practice**
 - Work with community and faith leaders to support positive messaging
 - Use gradual, strengths-based approaches to shift norms
 - Link gender-equitable parenting to child well-being and family harmony

Adapting for Male Engagement

Father and male caregivers play a critical role in children’s development but are often underrepresented in parent support programmes and activities. Intentional adaptation is needed to ensure their meaningful participation.

What to consider

- **Outreach and recruitment**
 - Use male facilitators or champions where possible
 - Engage through where men congregate (workplaces, churches, sports groups, and community networks)
 - Use messaging that speaks directly to male roles and contributions
- **Programme design**
 - Include activities that are relevant and engaging for men
 - Use practical, action-oriented approaches
 - Recognise the existing contributions of fathers and male caregivers and build from them
- **Delivery approach**
 - Offer flexible scheduling (e.g. evenings, weekends)
 - Consider male-only groups where appropriate
 - Create welcoming and non-judgemental spaces
- **Content focus**
 - Emphasise:
 - positive father-child relationships
 - non-violent discipline
 - shared decision-making
 - Address barriers such as norms around masculinity and caregiving
- **Good practice**

- Highlight positive examples of male caregiver engagement
- Use peer learning and group discussion
- Engage respected male community leaders

Integrating inclusion across the ADAPT-ITT process

Inclusion should be considered at every stage of adaptation:

- **Assessment:** Identify which groups are not being reached (e.g. fathers, caregivers of children with disabilities)
- **Decision:** Select programmes that support inclusive and equitable approaches
- **Adaptation:** Modify content, examples, and delivery to reflect diverse caregivers and children
- **Production:** Ensure materials are accessible, inclusive, and representative
- **Training:** Prepare facilitators to address gender, disability, and inclusion sensitively and effectively
- **Testing:** Pilot with diverse groups and gather feedback on accessibility and relevance

See **Annex 13** for a **checklist for inclusive and equitable adaptation**, to ensure parenting activities are inclusive of children with disabilities, promote gender equity, and engage fathers and male caregivers.

4.7 Quick Guide: Applying Adaptation Across the Six Toolkit Modules

This quick guide is designed for programme implementers who need simple, practical guidance on how to adapt the sample activities in the Pacific Parenting Support Toolkit.

The Toolkit provides generic, evidence-informed parenting content organised around key parenting skills and different stages of child development across different themes. The activities included in each module are examples that show how these skills can be taught in practice. However, the Toolkit is intended for use across many countries in the Pacific, where cultures, languages, community structures, and service systems vary widely. For this reason, the activities should not always be delivered exactly as written. They should be adapted so they fit the local context and populations.

Adaptation is important because parenting activities work best when they reflect the real lives of families and communities. If the activities in the Toolkit use unfamiliar examples, require materials that are hard to find, or are delivered in ways that do not fit local schedules or traditions, caregivers may find them less relevant or harder to participate in. By adapting activities to local culture, language, and delivery settings, implementers

can make parenting support more relevant, practical, and engaging, while still maintaining the core parenting skills and messages that make the building blocks in each activity effective.

This quick guide reflects the same step-by-step approach outlined in this Chapter, but focuses on how to apply these steps in practice when adapting individual activities from the Toolkit, rather than at a full programme or systems level.

If you are reaching for this guide, then your organisation will probably already have carried out a needs assessment or community consultation to understand the challenges families face and which caregivers they want to reach (This is Step 1: Assess). If this has not yet been done, start by identifying the needs and realities of the families you are working with before selecting activities.

Implementers should then identify which generic sample activities from the Toolkit are most relevant to their context and delivery setting or platform (Step 2: Select and adapt content).

The checklist below will support implementers to decide what to adapt (Step 3: Decide what to change), develop adapted materials that fit their context and align with existing programmes or delivery platforms (Step 4: Develop and align), and prepare facilitators to deliver the activity effectively (Step 5: Prepare and train facilitators).

Before full delivery, adapted activities should be tested or rehearsed with facilitators or a small group of caregivers. Allow time to reflect on what worked well and what could be improved before full delivery (Step 6: Test and refine).

In general, examples, materials, and delivery methods can be adapted from the generic Toolkit content. The core parenting skill (building blocks), key message, and opportunity for caregivers to practise the skill should remain the same.

After delivery, implementers should collect simple feedback from facilitators and participants on how the activity worked, and use this to make further improvements over time.

Quick questions for adapting generic activities:

Core skill: What parenting skill does this activity teach?

- Can you clearly explain the core skill or behaviour parents and caregivers should practise in language that they can relate to and easily understand? Make sure key concepts are translated or explained in locally meaningful terms.

Relevance: Are the wording, examples and/or scenarios relevant to caregivers' daily lives?

- Can you adjust wording, examples and/or scenarios so the activity feels more relatable and applicable to parents and caregivers?
- Does the activity include any sensitive topics that may require careful wording or additional planning for facilitation in this community?
- How can you adapt how the activity is introduced or closed to reflect local practices (e.g. starting or ending with a song, prayer, or short reflection)?

Materials: Are the materials realistic for your setting?

- Can the activity be delivered using locally available materials?
- If not, what can you replace them with (e.g. replace printed materials by drawings, group discussion, storytelling).

Practice: Does the activity allow parents and caregivers to practise the skill?

- How can you include role play, demonstrations, or discussion so parents and caregivers can practise the skill?
- Can parents and caregivers discuss when and how they might apply this skill at home?
- Can you make time for parents and caregivers to discuss how it went when they practised the skill at home?

Delivery setting: Does the activity work for your delivery setting?

- Does the activity align with existing programmes, services, or messages in your community?
- Do you need to make any adjustments in the space available (e.g. community hall, church group, outdoor setting, home visit)?
- Does the activity fit within the time available for the session, or does it need to be shortened?
- Do you need to adapt the activity for delivery in 1-1 settings or in the home?

Facilitator preparation: What preparation and support do facilitators need to deliver the activity?

- Do facilitators need support with translated questions, prompts, building blocks or other content?
- What briefing, support, or practice would help them deliver the activity effectively?

Participation: Can participants easily understand and participate in the activity?

- Are there any barriers in terms of literacy levels, language, timing and availability that need to be addressed?
- Does the activity work for different types of caregivers (e.g. fathers, grandparents, adolescent caregivers)?
- Can the activity for parents and caregivers of adolescents be adapted so that adolescents can also be involved safely and be active participants?

Group dynamics: Are group dynamics considered?

- Is the activity appropriate for delivery to mixed groups or should, for example, male and female caregivers or parents and adolescents be split?
- Do you need small groups or adapted discussion formats to accommodate specific participant groups or group sizes?

Safe environment: Does the activity create a safe and respectful learning environment?

- Does the activity avoid judgement, encourage participation and respect cultural norms?
- Does the activity recognise caregivers' experiences and encourage peer sharing?
- Are facilitators prepared to respond appropriately if sensitive issues or disclosures arise (e.g. violence, distress)? Do they know how to refer any participants who need additional support?

Test and improve: Have you tested the activity first?

- Have facilitators practised or rehearsed delivering the activity and discussed any challenges?
- Have you tried it with a small group of caregivers, gathered feedback, and adjusted the activity as needed? Do you have a simple way to capture feedback after delivery and use it to improve future activities?

Following the above quick questions, the below guidance will help to decide if additional support with adaptation is needed:

Table 4.1: Guidance for Adaptation

Type of adaptation	Examples	Action
Green (Safe to adapt)	<ul style="list-style-type: none">• Language and translation• Names and scenarios of local stories, examples, or scenarios• Materials used in activities (e.g. drawings instead of printed cards)• Venue or seating arrangements• Culturally appropriate opening/closing practices (e.g. prayer, storytelling)	Go for it! Adapt as needed to suit the local context and delivery setting

Yellow (Adapt with care)	<ul style="list-style-type: none"> · Session length · Adapting timing, or the number or order of activities · Delivery format (e.g. group session vs home visit, digital/remote vs in-person) · Adapting examples for sensitive topics · Combining activities 	Consult with your team or technical experts before making major changes
Red (Do not change)	<ul style="list-style-type: none"> · Core parenting skill being taught · Building blocks · Key message of the activity · Opportunities for caregivers to practise and apply the skill (e.g. role play, discussion, home activity) · Safety guidance related to child protection or well-being 	Do not change without consulting programme designers or technical experts

4.8 Key Takeaways

- Use ADAPT-ITT to guide safe adaptation.
- Use section 4.7 to apply adaptation guidance across the Toolkit modules.
- Preserve core components of evidence-based parenting programmes.
- Co-design with communities and delivery systems.
- Pilot before scale-up.
- Train facilitators in both content and adaptation principles.
- Use monitoring and feedback to continuously improve.

Annexes

7. ADAPT-ITT Adaptation Log Template

Purpose: Use this log to document each step of the ADAPT-ITT process for transparency, quality assurance, and learning.

Table 4.2: Adaptation Log Template

ADAPT-ITT Step	What Was Done	What Was Adapted (Green/ Orange/ Red)	Rationale	Approvals / Experts Consulted	Notes / Follow-up
Assessment					
Decision					
Adaptation					
Production					
Topical Experts					
Integration					
Training					
Testing					

8. Programme Selection Matrix Template

Purpose: Use this matrix to compare potential parenting interventions and document the rationale for selection or adaptation.

Table 4.4: Programme Selection Matrix

Programme Option	Evidence of Impact	Alignment with National Priorities	Cultural/Faith Acceptability	Feasibility (Workforce & Platforms)	Scalability & Sustainability	Decision (Select/Do Not Select) + Rationale

9. Curriculum Adaptation Checklist:

- Theory of change preserved
- Violence prevention outcomes explicit
- Core skills intact
- Participatory methods retained
- Gender & disability addressed
- Delivery platform appropriate
- Referral pathways integrated

10. Programme Design & Integration Checklist

Table 4.3: Checklist for Programme Design and Adaptation

Component	Key Considerations	Checklist
Target population	Are age groups clearly defined?	<input type="checkbox"/> Pregnancy <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 10-18
Life-course	Are skills age-adapted but consistent?	<input type="checkbox"/> Yes
Facilitator readiness	Are training and supervision in place?	<input type="checkbox"/> Yes
Community integration	Is delivery linked to existing platforms?	<input type="checkbox"/> Health <input type="checkbox"/> Schools <input type="checkbox"/> Churches <input type="checkbox"/> Community
Male caregiver engagement	Are fathers included?	<input type="checkbox"/> Outreach <input type="checkbox"/> Activities
Cultural relevance	Are Pacific foods, values, practices reflected?	<input type="checkbox"/> Yes

Component	Key Considerations	Checklist
Monitoring & feedback	Are learning loops in place?	<input type="checkbox"/> Yes

11. ADAPT-ITT Adaptation Log – Fiji (Example)

Purpose: Example of a completed ADAPT-ITT log to illustrate good practice.

Table 4.5: Example Adaptation Log

ADAPT-ITT Step	What Was Done	What Was Adapted (Green/ Orange/ Red)	Rationale	Approvals / Experts Consulted	Notes / Follow-up
Assessment	Desk review of national child protection, education and health strategies; community consultations in Suva and rural Viti Levu; mapping delivery platforms (schools, churches, health centres).	N/A	High adolescent parenting needs identified; urban–rural delivery constraints noted.	MoE, MoHMS focal points; CSO consortium	Include outer-island feasibility check in scale-up.

Decision	Selected PLH Adolescents as primary EBI; decided to adapt examples and delivery modality.	N/A	Strong evidence base; aligns with adolescent well-being priorities.	Inter-ministerial task team	Plan M&E to build Fiji evidence.
Adaptation	Localised scenarios (school transitions, kava gatherings); adjusted visuals and language; framed online safety with local platforms.	Green/Orange	Increase relevance while preserving core skills.	PLH technical review	No changes to sequencing or dosage.
Production	Adapted facilitator guide; translated key terms; updated referral pathways.	Green	Improve usability and safeguarding links.	MoHMS safeguarding unit	Finalize print and radio scripts.
Topical Experts	Consulted child protection and digital safety experts.	N/A	Ensure sensitive content is accurate and safe.	National Child Protection Working Group	Review annually.

Integration	Aligned delivery with schools and church youth groups; linked referrals to helplines.	Green	Use trusted platforms to improve reach.	MoE + faith network leads	Pilot blended model.
Training	Trained 24 facilitators; supervisors trained on fidelity checklists.	Green	Protect delivery quality.	Certified PLH trainers	Coaching schedule set.
Testing	Piloted in one urban and one rural site; collected feedback and fidelity data.	N/A	Verify relevance without loss of effectiveness.	Steering committee	Refine examples before scale.

12. Programme Selection Matrix – Fiji (Example)

Purpose: Example of how to compare and select parenting interventions.

Table 4.6: Example Selection Matrix

Programme Option	Evidence of Impact	Alignment with National Priorities	Cultural/Faith Acceptability	Feasibility (Workforce & Platforms)	Scalability & Sustainability	Decision (Select/Do Not Select) + Rationale
PLH Adolescents (10–18)	Strong evidence in LMICs	High (adolescent well-being priority)	High (faith leaders engaged)	Moderate (school/church platforms available)	High (ministry integration)	SELECT – Best fit with priorities and

						platforms
Local NGO parenting course	Limited evaluation	Moderate	High	High (volunteered)	Low (project-based)	DO NOT SELECT – Insufficient evidence
Digital-only parenting app	Mixed evidence	Moderate	Moderate	Low (connectivity gaps)	Moderate	DO NOT SELECT – Access constraints

13. Quick Checklist for Inclusive and Equitable Adaptation

Use this checklist to ensure parenting activities are inclusive of children with disabilities, promote gender equity, and engage fathers and male caregivers.

Table 4.7: Facilitator Checklist for inclusive and Equitable Adaptation

Reaching all caregivers and children
<ul style="list-style-type: none"> • Have you identified which groups may be excluded (e.g. fathers, caregivers of children with disabilities, adolescent caregivers)?
<ul style="list-style-type: none"> • Are outreach and recruitment strategies designed to reach these groups?
Disability Inclusion
<ul style="list-style-type: none"> • Are activities accessible for caregivers with different literacy levels and abilities (e.g. visual, oral, practical methods)?
<ul style="list-style-type: none"> • Do examples and scenarios include children with different abilities?
<ul style="list-style-type: none"> • Can all caregivers participate meaningfully in activities, with adaptations if needed?
<ul style="list-style-type: none"> • Are referral pathways for disability or additional support included?

Gender equity
<ul style="list-style-type: none"> • Do messages promote shared caregiving roles between women and men?
<ul style="list-style-type: none"> • Are activities designed to avoid reinforcing harmful gender norms?
<ul style="list-style-type: none"> • Are sensitive topics (e.g. power, relationships, discipline) introduced in safe and culturally appropriate ways?
Male engagement
<ul style="list-style-type: none"> • Are fathers and male caregivers explicitly invited and included in activities?
<ul style="list-style-type: none"> • Are session times, locations, and formats accessible for men?
<ul style="list-style-type: none"> • Are examples relevant to men’s roles and daily lives?
<ul style="list-style-type: none"> • Are there opportunities for men to participate comfortably (e.g. male facilitators or groups where appropriate)?
Safe and inclusive participation
<ul style="list-style-type: none"> • Are learning spaces safe, respectful, and inclusive for all participants?
<ul style="list-style-type: none"> • Are facilitators prepared to manage sensitive discussions and group dynamics?
Testing and improvement
<ul style="list-style-type: none"> • Have you tested the activity with diverse groups (including fathers and caregivers of children with disabilities)?
<ul style="list-style-type: none"> • Have you gathered feedback and adapted the activity accordingly?

Facilitator Tip

Start small—focus on one or two improvements (e.g. adapting examples or adjusting session timing) and build inclusion gradually over time.

Chapter 5: Monitoring, Evaluation and Learning for Parenting Support



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5.1 Background

This chapter explains the importance of monitoring, evaluation, and learning (MEL) and how programme teams and facilitators can use simple tools to understand how parent support programmes and activities are received, whether parent/caregiver knowledge and behaviours have changed, and how programmes and activities can be improved. It concludes with guidance on practical, ethical, and culturally appropriate approaches to monitoring and learning from parenting support programmes and activities, supporting continuous improvement, accountability, and advocacy in Pacific contexts.

The chapter is divided into six sections and is designed to support facilitators and programme implementers to collect and use data effectively. The sections include:

- What MEL is and why it matters
- Defining the problem and developing a Theory of Change
- Measuring fidelity and behaviour change across programmes/activities
- Data collection tools
- Using data to inform improvement in programmes/activities
- Ethical and practical considerations: adapting tools for Pacific contexts

At the end of the chapter, example output and outcome indicators are provided for each parenting module, along with simple tools that can be adapted to different Pacific contexts. These resources are intended to help facilitators and programme teams implement MEL in ways that are practical, ethical, and useful for strengthening parenting support over time.

5.2 What is MEL and Why it Matters

MEL – Monitoring, Evaluation, and Learning – refers to the processes used to track, assess and improve parenting support programmes and activities over time. MEL helps determine whether programmes and activities are achieving their intended outcomes for parents and caregivers by clarifying the problem being addressed, the pathway of change, and the specific results the programme/activity aims to influence (1,2,3).

Simple, practical MEL helps strengthen the quality, reach, and relevance of parent support programmes and activities. By collecting information regularly, facilitators and programme teams can see who is being reached, what is working well, and where changes are needed to better meet families’ needs. This supports continuous improvement, helps ensure programmes and activities are inclusive and equitable, and strengthens accountability to communities, partners, and funders.

Tracking changes such as shifts in parent/caregiver skill and engagement, provides a more meaningful picture of progress than individual observations. Using this evidence to inform decisions helps ensure that parent support programmes and activities remain aligned with broader child well-being, protection and development outcomes.

5.3 Defining the Problem and Theory of Change

Developing a MEL approach starts with a clear Theory of Change (ToC), which explains:

- the problem the programme or activity aims to address;
- how change is expected to happen (the steps or pathway); and
- the outcomes and longer-term impact the programme or activity aims to achieve.

An example ToC for parent support programming in the Pacific is included in **Annex 1**, adapted from the Draft UNICEF Pacific Parenting ToC and which can help programme implementers develop a ToC specific to their programme or activity.

5.4 Measuring Fidelity and Behavioural Change

It is important to understand both how parent support programmes and activities are delivered and what changes they are helping to achieve. This means checking whether programmes/activities are delivered as planned (fidelity), and whether parents and caregivers are beginning to apply new skills and practices in their daily lives.

Monitoring does not need to be complex. It can be simple and adapted to the size and context of the programme or activity. Useful information to collect includes:

- **Participation and reach:** Who is attending, how often they attend, and who may be missing or unable to join.
- **Delivery and quality:** What sessions or activities were delivered, and whether any changes or adaptations were made.
- **Changes over time:** Whether parents and caregivers are showing changes in knowledge, attitudes, confidence, or parenting practices.
- **Feedback from participants:** What parents, caregivers and facilitators say is helpful, challenging or relevant in the programme or activity.

5.5 Data Collection Tools

Collecting information about parent support programmes and activities helps understand what is working well, what can be improved, and what changes are happening for parents and caregivers. Data collection should be simple, practical and appropriate to the local context, and should fit within the everyday work of facilitators and programme teams.

A mix of simple tools and participatory approaches can be used to gather useful information. These tools do not need to be complex; what matters most is that they are easy to use, culturally appropriate, and help capture meaningful changes over time.

These tools can include:

- **Facilitator checklists** to ensure sessions are delivered with fidelity and in the correct sequence.
- **Observation tools** to assess the quality of facilitation and parent/caregiver engagement.
- **Pre- and post-intervention surveys** to capture changes in parent/caregiver knowledge, attitudes, and behaviours.
- **Focus group discussions** to bring parents and caregivers together to discuss how the parenting support programme/activity is working, and what can be improved.
- **Key informant interviews** with participants to understand how the parent support programme or activity is being received, and what could be improved.

Parent support programmes and activities in the Pacific can adapt low-literacy tools such as emojis, storyboards, or participatory reflections to support community-led monitoring in local languages. Facilitators can also use a simple diary to record information such as attendance, session plans, observations of parents and caregivers during sessions, challenges faced, and suggested improvements.

Beyond the tools suggested for each Thematic Module, programme teams can also use more qualitative methods to collect information about the parent support programme or activities being implemented. These can include:

- **Talanoa:** Culturally relevant monitoring methods, such as talanoa (story-based reflection) can be used to capture parent and caregiver insights.
- **Case studies:** Detailed analysis to reveal insights, solve problems, or demonstrate what has been achieved through the parent support programmes or activities. See Annex 2 for a simple template.
- **Stories of change:** Narrative stories from parents and caregivers, as well as facilitators, on what changed as a result of the parent support programmes or activities.
- **Session reflections:** Facilitators reflect on how the parenting sessions were delivered, and what can be changed or improved.

5.6 How Facilitators and Programme Teams can use Information

Information collected through MEL is most useful when it is actively used to reflect, adapt, and improve parent support programmes and activities, not just recorded for reporting. Facilitators and programme teams should regularly review simple information from sessions and feedback and use it to make practical improvements to the parent support programme or activity.

MEL information can help teams to:

- **Strengthen facilitation and content:** Improve how sessions are delivered and ensure key messages are clear and relevant.
- **Adapt to different contexts:** Adjust approaches to meet the needs of different families, literacy levels, and age groups.
- **Identify who may need more support:** Recognise groups who may be less engaged or facing additional challenges (e.g. fathers, alternative caregivers, families of children with disabilities).
- **Improve coordination and referrals:** Share learning with colleagues, community partners and services to better support families.

At the programme or activity level, using this information helps teams to plan services, demonstrate results, and make informed decisions about adapting, resourcing, and expanding parenting support.

5.7 Ethical and Practical Considerations

Good MEL practice is grounded in respect, safety and “do no harm” principles:

- Parents and caregivers are informed about why information is being collected and how it will be used.

- Personal information is kept confidential and stored safely.
- Data is used to support families and improve services, not to judge or blame parents and caregivers.
- Participation in feedback or data collection is voluntary and respectful of local norms.
- Child protection disclosures during parent support programmes/activities and monitoring are handled ethically and safely, with referral systems in place and in line with local mandatory reporting mechanisms.
- Data is disaggregated by gender, location, and caregiver type (e.g., single parent, grandparent) to ensure inclusive insights.

5.8 Considerations for Pacific Contexts

When designing MEL for parent support programmes or activities in Pacific contexts, there are several important considerations to ensure relevance, cultural appropriateness, and practicality:

1. Cultural Relevance:

- Use indicators and language that align with local beliefs, practices, and terminologies.
- Recognise traditional family structures and decision-making, including grandparents, aunts/uncles, community leaders, and church involvement. Parent support programmes and activities should capture the roles of extended caregivers, not just the mother.
- Many Pacific families speak multiple languages and have unique cultural practices; monitoring tools should respect this and allow for local languages and concepts of learning.

2. Inclusivity:

- Include both male and female caregivers in data collection and programme/activity evaluation, as fathers and other male caregivers influence behaviours and play increasing roles in child development.
- Consider gendered responsibilities in caregiving. Gender roles may influence participation differently and may impact attendance of caregivers in parent support sessions; monitoring must consider different gender and social norms.

3. Sensitivity and confidentiality:

- Some topics, including adolescent mental health, SRH, and pregnancy are sensitive. Monitoring tools should ensure privacy and create safe spaces for honest reporting by both adolescents and parents/caregivers.
- Some education challenges (disability, behavioural issues, family circumstances) require confidentiality and a sensitive approach.

4. Low-literacy & Visual Tools:

- Use pictures, emojis, storyboards, or simple symbols in surveys and feedback tools to accommodate low-literacy participants.
- Participatory approaches, including storytelling, community mapping, role-play, and focus groups work well in Pacific communities.

5. Community Ownership:

- Engage local leaders, churches, and volunteers in defining indicators and collecting data to ensure acceptability and sustainability.
- Use feedback loops to share M&E results with communities to reinforce positive behaviours and maintain trust.

6. Practicality & Resource Constraints:

- Some Pacific islands have small, dispersed populations, limited connectivity, and staff shortages. M&E tools should be simple, low-cost, and feasible.
- Mobile phone-based surveys or photo-assisted reporting can help in remote areas.
- Limited internet, electricity, or infrastructure can affect data collection methods and learning opportunities. Where needed use flexible, low-tech tools.
- Seasonal work or family moves can affect continuity in programme/activity participation; changing caregiving roles, including new caregivers with older children should be reflected in the implementation where necessary.

8. Life Course Focus:

- Indicators should reflect different stages: pregnancy, early childhood (0–5 years), middle childhood (6–10 years), and adolescence (11–18 years), allowing tracking of behaviour change and service use across development.

5.9 Sample Indicators and Tools

How to use this section

The sample tools in this section are designed to support facilitators and programme teams to monitor, reflect on, and improve parenting support activities across the life course of a child, from early childhood through adolescence. These tools can be used alongside the content across all modules of the Toolkit to track participation, understand changes in parent and caregiver knowledge and practices, and identify areas for improvement at different stages of children’s development.

The tools are flexible and should be adapted to different programme designs, cultural contexts, literacy levels, and available resources. Facilitators and programme teams are encouraged to select tools that are practical and relevant for their activities, and to use

the information collected to support ongoing learning and strengthen programme quality over time.

Module 0 – Foundational Parenting Knowledge and Skills

Below are example indicators to measure learning and behaviour change for **Module 0 – Foundational Parenting Knowledge and Skills**. These indicators can be used or adapted depending on the needs and context of parent support programmes and activities. Suggested measurement tools for each indicator are listed alongside the indicators.

Table 5.1: Example Indicators for Module 0

Output Areas	Output Indicator	Measurement Tool
Parents and caregivers attend parenting sessions on child development	% of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Foundations Knowledge and Skills over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)	Attendance Register
Parents and caregivers identify developmental milestones for children	% of parents and caregivers (disaggregated by gender) who can name at least 2 developmental milestones	Pre- and post-survey tool
Parents and caregivers know why routines are important	% of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why routines are important	Pre- and post-survey tool
Parents and caregivers know how to support healthy sleep routines	% of parents and caregivers (disaggregated by gender) who can name at least 2 techniques to support healthy sleep routines	Pre- and post-survey tool
Parents and caregivers know the benefits of physical activity for children	% of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why physical activity is important for children	Pre- and post-survey tool

Outcome Areas	Outcome Indicator	Measurement Tool
Parents and caregivers apply child development knowledge	% of parents and caregivers (disaggregated by gender) who report observing their child’s developmental abilities in the past week	Parent and caregiver survey
Parents and caregivers practise establishing routines at home	% of parents and caregivers (disaggregated by gender) who report establishing a bedtime routine with their child in the past week	Parent and caregiver survey
Parents and caregivers practise managing screen time for their children	% of parents and caregivers (disaggregated by gender) who report setting age-appropriate limits on their child’s screen time in the past week	Parent and caregiver survey
Parents and caregivers check in on their children’s emotional well-being	% of parents and caregivers (disaggregated by gender) who report asking their child how they are feeling every day in the past week	Parent and caregiver survey
Parents and caregivers support physical activities for their children	% of parents and caregivers (disaggregated by gender) who report their child did at least one hour of physical activity each day in the past week (e.g., playing sports, walking, dancing).	Parent and caregiver survey

Module 0 - Sample Monitoring Tools

These monitoring tools should be adapted to the programme or activity that is being implemented and used across the life course.

Tool 1: Attendance (Register)

Indicator: Percentage of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Foundational Knowledge and Skills over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)

Note: The number of participants and their gender are recorded in the attendance register. See example below:

#	Name	Gender	Child's age	Location	Session Attendance					
					1	2	3	4	5	Total Attendance
1										
2										
3										

Tool 2: Pre- and post-survey tool

Name:

Gender:

Child Developmental Milestones

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 child developmental milestones (select appropriate age group)

1. For parent support programmes and activities targeting parents and caregivers of children between 0-2 years old:

By age 2 years, what are the skills and abilities a child usually develops? *Select all that apply*

- Smiles when you smile or talk to them
- Crawls and stands*
- Reacts to loud noises
- Brings hand to their mouth
- Babbles and says first words*

* denotes correct answers

2. For parent support programmes and activities targeting parents and caregivers of children between 0-5 years old:

By age 5 years, what are the skills and abilities a child usually develops? *Select all that apply*

- Runs and jumps*
- Asks questions*
- Attains puberty
- Plays with others*
- Develops friendships

* denotes correct answers

3. For parent support programmes and activities targeting parents and caregivers of children between 6-10 years old:

By age 11 years, what are the skills and abilities a child usually develops? *Select all that apply*

- Is able to read and write*
- Forms peer bonds
- Develops emotional awareness*
- Attains puberty*
- Performs abstract thinking

* denotes correct answers

4. For parent support programmes and activities targeting parents and caregivers of adolescents (11-18 years):

By age 18 years, what are the skills and abilities an adolescent usually develops? *Select all that apply*

- Demonstrates growth spurts*
- Exhibits limited speech
- Performs abstract thinking*
- Forms their own identity*
- Runs and jumps

* denotes correct answers

Importance of Routine across the life course

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why routines are important.

Which of the following are the benefits of establishing daily routines for children? *Select all that apply*

- Help children feel safe and secure*
- Does not help learn life skills
- Build healthy habits*
- Can make children feel anxious
- Encourage independence*

* denotes correct answers

Sleep across the life course

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 techniques to support healthy sleep routines

Which of the following are healthy sleep routines to support your child? *Select all that apply*

- Calm bedtime routines*
- Stimulating activities before bed
- Regular bed and wake times*
- Sugary drinks before bed
- Turn off screens 1 hour before bed*

* denotes correct answers

Physical activity across the life course

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why physical activity is important for children

Which of the following are the benefits of physical activity for children/adolescents?
Select all that apply

- Helps children be more active and fuller of energy*
- Increases their desire to eat sugar
- Makes them sad
- Builds strong bones and muscles*
- Helps them learn new things and solve problems*

* denotes correct answers

Tool 3: Parent and caregiver survey

Name:

Gender:

Child Development

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report observing their child's developmental abilities in the past week

In the past 7 days, did you observe any new skills or abilities in your child?

- No
- Yes

Optional: what new skills or abilities did you notice?

Bedtime Routine

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report establishing a bedtime routine with their child in the past week

In the past 7 days, did you have a bedtime routine with your child? (If yes, ask the next question)

- Not at all
- Yes, on some days (number of days)
- Yes, every day

Screen Time Management

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report setting age-appropriate limits on their child's screen time in the past week

In the past 7 days, did you set limits on your child's screen time in line with their age?

- Not at all
- Yes, on some days (number of days)
- Yes, every day

Note: the screen time limit may vary by age groups. The World Health Organisation guidance provides a clear foundation for age-appropriate screen use:

- Under 2 years: No screen time recommended.
- 2-4 years: No more than 1 hour per day, less is better.

- 5 years and older: Emphasis on balancing screen use with sleep, physical activity, learning, and relationships.

Emotional well-being

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report asking their child how they are feeling every day in the past week

In the past 7 days, did you ask your child how they are feeling?

- Not at all
- Yes, on some days (number of days)
- Yes, every day

Physical activities

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report their child did at least one hour of physical activity each day in the past week (e.g., playing sports, walking, dancing - not organised sports clubs).

In the past 7 days, did your child do at least one hour of any type of physical activity each day?

- Not at all
- Yes, on some days (number of days)
- Yes, every day

Module 1 – Child Protection and Safety

Below are example indicators to measure learning and behaviour change for **Module 1 – Child Protection and Safety**. These indicators can be used or adapted depending on the needs and context of parent support programmes and activities. Suggested measurement tools for each indicator are listed alongside the indicators.

Table 5.2: Example Indicators for Module 1

Output Areas	Output Indicator	Measurement Tool
Parents and caregivers attend parenting sessions on safety, communication, and connection	% of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Child Protection and Safety over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)	Attendance Register
Parents and caregivers gain knowledge of self-care, stress management, and emotional regulation	% of parents and caregivers (disaggregated by gender) who can identify at least two self-care or stress management strategies	Pre- and post-survey tool
Parents and caregivers understand principles of non-violent and positive discipline	% of parents and caregivers (disaggregated by gender) who can name two or more positive discipline techniques	Pre- and post-survey tool
Parents and caregivers understand risk factors of violence and abuse	% of parents and caregivers (disaggregated by gender) who can identify at least two risk factors of possible violence or abuse	Pre- and post-survey tool
Parents and caregivers understand early warning signs of violence and abuse	% of parents and caregivers (disaggregated by gender) who can identify at least two warning signs of possible violence or abuse	Pre- and post-survey tool
Parents and caregivers understand the importance of shared caregiving by women and men	% of parents and caregivers (disaggregated by gender) who can describe at least one benefit of involving both male and female caregivers in caregiving	Pre- and post-survey tool

Outcome Areas	Outcome Indicator	Measurement Tool
Parents and caregivers report using non-violent and positive discipline measures	% of parents and caregivers (disaggregated by gender) reporting use of at least one positive discipline technique in the past month	Parent and caregiver survey
Improved parent and caregiver emotional regulation	% of parents and caregivers (disaggregated by gender) reporting use of calming techniques (e.g., breathing) when frustrated in the past week	Parent and caregiver survey
Improved caregiver and parent-child communication and connection	% of parents and caregivers (disaggregated by gender) reporting more positive communication with their child in the past week	Parent and caregiver survey
Increased involvement of male parents and male caregivers in positive parenting	% of parents and caregivers (disaggregated by gender) reporting active participation of fathers/male caregivers in caregiving activities in the past week	Parent and caregiver survey
Improved relationship and communication with children	% of parents and caregivers (disaggregated by gender) who report engaging in child-led play and activities at least 4 times in the last week	Parent and caregiver survey

Module 1 - Sample Monitoring Tools

These monitoring tools should be adapted to the programme or activity that is being implemented and used across the life course.

Tool 1: Attendance (Register)

Indicator: Percentage of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Child Protection and Safety over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)

Note: The number of participants and their gender are recorded in the attendance register. See example below:

#	Name	Gender	Child's age	Location	Session Attendance					
					1	2	3	4	5	Total Attendance
1										
2										
3										

Tool 2: Pre- and post-survey tool

Name:

Gender:

Self-care and Stress Management

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can identify at least two self-care or stress management strategies

1. Which of the following are examples of self-care or stress management strategies? *Select all that apply*

- Taking deep breaths*
- Praying*
- Shouting
- Pausing*
- Ignoring

* Denotes correct answers

Positive Discipline

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name two or more positive discipline techniques

2. Which of the following are examples of positive discipline? *Select all that apply*

- Modelling positive behaviour*
- Specific and encouraging praise*
- Physical punishments
- Noticing and acknowledging positive behaviour*
- Ignoring the child for long periods

* Denotes correct answers

Violence and Abuse Prevention

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can identify at least two risk factors and two warning signs of possible violence or abuse

3. Which of the following are the risk factors for violence and abuse against children? *Select all that apply*

- High levels of parent/caregiver stress*

- Lack of support for parents and caregivers*
- Positive family communication
- Community awareness of child protection
- Excessive discipline*

* Denotes correct answers

4. Which of the following may be warning signs that a child is experiencing violence or abuse? *Select all that apply*

- Sudden fearfulness or withdrawal*
- Unexplained injuries*
- Consistent positive mood
- Increased confidence at school
- Child remains isolated and avoids interaction*

* Denotes correct answers

Shared Caregiving

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can describe at least one benefit of involving both male and female caregivers in caregiving

5. Which of the following are benefits of involving both male and female caregivers in raising a child? *Select all that apply*

- Children receive more emotional support*
- Caregiving responsibilities are shared*
- Children benefit from diverse role models*
- Parenting becomes more difficult
- Improves well-being*

* Denotes correct answers

Tool 3: Parent and caregiver survey

Name:

Gender:

Positive Discipline

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting use of at least one positive discipline technique in the past month

1. In the past 28 days, did you use any positive discipline techniques with your child?

- No
- Yes

2. If yes, what positive discipline technique(s) did you use?

Emotional Regulation

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting use of calming techniques (e.g., breathing) when frustrated in the past week

3. In the past 7 days, did you feel frustrated when caring for your child? (If yes, ask the next question)

- No
- Yes

4. In the past 7 days, when you felt frustrated, did you use any calming techniques?

- No
- Yes

5. If yes, what calming technique(s) did you use?

Parent/Caregiver-Child Communication

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting more positive communication with their child in the past week

6. In the past 7 days, did you talk with your child about their day, feelings, or experiences?

- No
- Yes

7. If yes, can you describe the conversation (For example, talking, listening, praising, encouraging)?

Father or Male Caregiver Involvement

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting active participation of fathers or male caregivers in caregiving activities in the past week

8. In the past 7 days, did the father or male caregiver actively participate in caregiving activities for the child?

- No
- Yes
- No father/male caregiver in the household

9. If yes, what caregiving activities did they participate in?

Shared Activities

Indicator: % of parents and caregivers (disaggregated by gender) who report engaging in child-led play and activities at least 4 times in the past week

10. In the past 7 days, did you spend time engaging in child-led play or activities with your child?

- Not at all
- Yes, on some days (number of days)
- Yes, every day

11. On days when you spent time together, approximately how many hours did you spend with your child?

Module 2 – Health

Below are example indicators to measure learning and behaviour change for **Module 2 – Health**. These indicators can be used or adapted depending on the needs and context of parent support programmes and activities. Suggested measurement tools for each indicator are listed alongside the indicators.

Table 5.3: Example Indicators for Module 2

Output Areas	Output Indicator	Measurement Tool
Parents and caregivers attend parenting sessions on health	% of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Health over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)	Attendance Register
Parents and caregivers understand the importance of vaccinations and health checks	% of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why vaccinations and health checks are important for their child’s health	Pre- and post-survey tool
Parents and caregivers understand how to support emotional well-being	% of parents and caregivers (disaggregated by gender) who can name 3 ways to support their child or adolescent’s emotional well-being	Pre- and post-survey tool
Parents and caregivers understand key preventive health and safety practices	% of parents and caregivers (disaggregated by gender) who can name at least two preventive health or safety practices (for example, immunisation, antenatal care visits, safe home environment, emotional well-being, care-seeking)	Pre- and post-survey tool
Parents and caregivers understand where to seek help	% of parents and caregivers (disaggregated by gender) who can identify where to seek help for illness, and emotional health-related concerns	Pre- and post-survey tool
Parents and caregivers understand when to seek help	% of parents and caregivers (disaggregated by gender) who can identify when to seek help for illness, danger signs and emotional health-related concerns	Pre- and post-survey tool

Outcome Areas	Outcome Indicator	Measurement Tool
Preventive health behaviours among parents and caregivers	% of parents and caregivers (disaggregated by gender) who report practising at least 2 preventive health behaviours (e.g., attending antenatal check-ups, completing scheduled immunisation) in the past 28 days	Parent and caregiver survey
Safe and healthy home environment	% of parents and caregivers (disaggregated by gender) who report taking actions to reduce injury risk (e.g., dangerous items stored safely, medicines kept out of reach, safe play areas, children supervised all the time) for their child in the past 7 days	Parent and caregiver survey
Timely care-seeking behaviour amongst parents and caregivers	% of parents and caregivers (disaggregated by gender) who report seeking appropriate care services within 24-48 hours when a child had illness or exhibited danger signs in the past month	Parent and caregiver survey
Child and adolescent emotional well-being supported in a positive manner	% of parents and caregivers (disaggregated by gender) who report asking their child how they are feeling every day in the past week	Parent and caregiver survey
Promotion of physical activity to support child development	% of parents and caregivers (disaggregated by gender) who report their child did at least one hour of physical activity each day in the past week (e.g., playing football, going for a walk, dancing, etc.)	Parent and caregiver survey

Module 2 - Sample Monitoring Tools

These monitoring tools should be adapted to the programme or activity that is being implemented and used across the life course.

Tool 1: Attendance (Register)

Indicator: Percentage of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Health over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)

Note: The number of participants and their gender are recorded in the attendance register. See example below:

#	Name	Gender	Child's age	Location	Session Attendance					
					1	2	3	4	5	Total Attendance
1										
2										
3										

Tool 2: Pre- and post-survey tool

Name:

Gender:

Vaccinations

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why vaccinations and health checks are important for their child's health

1. Which of the following are the benefits of vaccinations for children? *Select all that apply*

- Protecting them from serious disease*
- Reducing the need for routine health check-ups
- Helping the immune system to fight infections*
- Keeping children healthy and strong*
- Increasing risk for common childhood illness

* Denotes correct answers

Supporting Emotional well-being

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name 3 ways to support their child or adolescent's emotional well-being

2. Which of the following are positive ways to support children's emotional well-being? *Select all that apply*

- Listening attentively when the child talks*
- Ignoring emotional outbursts
- Praising the child for good behaviours*
- Ignoring the child for long periods
- Explaining calmly why a behaviour is not okay*

* Denotes correct answers

3. Which of the following are positive ways to support adolescents' emotional well-being? *Select all that apply*

- Spending time together and being available for them*
- Encouraging them to express their feelings and emotions*
- Withholding food and necessities
- Listening to them*

Speaking with them loudly

* Denotes correct answers

Preventive Health Practices

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least two preventive health or safety practices (e.g., immunisation, antenatal care visits, safe home environment, emotional well-being, care-seeking)

4. Which of the following are the examples of preventive health and safety practices? *Select all that apply*

Ensuring the child receives all recommended vaccinations*

Visiting health facility only when the child is sick

Leaving young children unsupervised

Taking a child for regular health check-ups*

Keeping dangerous items out of children's reach*

* Denotes correct answers

When to Seek Help:

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can identify when to seek help for danger signs and illness.

5. Which of the following are danger signs and illnesses for which help should be sought? *Select all that apply*

Difficulty in breathing*

Eating well

Actively playing

High fever*

Diarrhoea*

* Denotes correct answers

Tool 3: Parent and caregiver survey

Name:

Gender:

Preventive Health Care

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report practising at least two preventive health behaviours (e.g., immunisation visits, health checkups) in the past 28 days

1. In the past 28 days, did you take any actions to support your child's health?

No

Yes

2. If yes, what preventive health actions did you take?

Safe Environment

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report taking actions to reduce injury risk (e.g., dangerous items stored safely, medicines kept out of reach, safe play areas, children supervised all the time) for their child in the past 7 days

3. In the past 7 days, did you take any actions to make your child's environment safe and reduce the risk of injury?

No

Yes

4. If yes, what actions did you take to keep your child safe?

Timely Care-seeking

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report seeking appropriate care services within 24-48 hours when a child had illness or exhibited danger signs in the past month

5. In the past 28 days, did your child have any illness or exhibit danger signs (such as fever, difficulty breathing, diarrhoea, or severe weakness)?

- No
- Yes

6. If yes, did you seek advice or treatment from a health worker or health facility within 24-48 hours?

- No
- Yes

7. What was the reason if you did not seek care?

Emotional well-being

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report checking in with their child about how they are feeling in the past week

8. In the past 7 days, did you ask your child how they were feeling?

- No
- Yes

9. If yes, can you describe how you checked in with your child about their feelings?
.....

Physical Activities

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report their child did at least one hour of physical activity each day in the past week (e.g., playing football, going for a walk, dancing, etc.)

10. In the past 7 days, did your child spend time playing or doing activities (e.g., running, playing ball, dancing or walking) for at least an hour each day?

- No
- Yes

11. If yes, can you describe the activities your child did and how long they played?
.....

Module 3 - Healthy Nutrition

Below are example indicators to measure learning and behaviour change for **Module 3 - Healthy Nutrition**. These indicators can be used or adapted depending on the needs and context of parent support programmes and activities. Suggested measurement tools for each indicator are listed alongside the indicators.

Table 5.4: Example Indicators for Module 3

Output Areas	Output Indicator	Measurement Tool
Parents and caregivers attend parenting sessions on nutrition.	% of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Healthy Nutrition over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)	Attendance Register
Parents and caregivers understand what constitutes a healthy diet	% of parents and caregivers (disaggregated by gender) who can name at least 4 ingredients of a healthy diet	Pre- and post-survey tool
Parents and caregivers understand why sugary drinks and processed foods are not healthy	% of parents and caregivers (disaggregated by gender) who can name at least 3 reasons why sugary drinks and processed foods are not healthy	Pre- and post-survey tool
Parents and caregivers understand why involving children in preparing food is important	% of parents and caregivers (disaggregated by gender) who can name at least 3 reasons why involving children in food preparation is important	Pre- and post-survey tool
Parents and caregivers understand why eating family meals together is important	% of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why eating family meals together is important	Pre- and post-survey tool

Outcome Areas	Outcome Indicator	Measurement Tool
Replacing sugary drinks with water	Percentage of parents and caregivers (disaggregated by gender) who report their child had sugary drinks only once in the past week	Parent and caregiver survey
Regular family meals	% of parents and caregivers (disaggregated by gender) who report sharing at least three family meals with their adolescent in the past week <i>(Daily meals may be used as the benchmark for younger children)</i>	Parent and caregiver survey
Involvement of children in food decisions and preparation	Percentage of parents and caregivers (disaggregated by gender) reporting that their child participated in food choice or preparation in the past week	Parent and caregiver survey
Responsive, non-restrictive feeding practices with their baby	% of parents and caregivers (disaggregated by gender) reporting use of responsive feeding practices in the past week	Parent and caregiver survey
Improved and healthier hydration behaviours	% of parents and caregivers (disaggregated by gender) who report that encouraging their child to drink water when they were thirsty in the past week	Parent and caregiver survey

Module 3 - Sample Monitoring Tools

These monitoring tools should be adapted to the programme or activity that is being implemented and used across the life course.

Tool 1: Attendance (Register)

Indicator: Percentage of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Healthy Nutrition over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)

Note: The number of participants and their gender are recorded in the attendance register. See example below:

#	Name	Gender	Child's age	Location	Session Attendance					
					1	2	3	4	5	Total Attendance
1										
2										
3										

Tool 2: Pre- and post-survey tool

Name:

Gender:

Healthy Diet

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 4 ingredients of a healthy diet

1. Which of the following are the ingredients of a healthy diet? *Select all that apply*

- Fish*
- Sugary beverages
- Leafy greens*
- Fruits*
- Packaged snacks
- Coconut*

* Denotes correct answers

Processed Food

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 3 reasons why sugary drinks and processed foods are not healthy

2. Which of the following are health risks of sugary drinks and processed food?
Select all that apply

- They contain harmful additives/chemicals*
- They have low nutritional values*
- Sugary drinks provide energy
- High sugar intake can cause chronic illness*
- Processed foods are easily available

* Denotes correct answers

Food Preparation

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 3 reasons why involving children in food preparation is important

3. Which of the following are benefits of involving children in food preparation?

Select all that apply

- Helps children learn about foods *
- Helps children develop a positive relationship with food*
- Reduces children's appetite
- Builds practical skills*
- Fosters independence and confidence*

* Denotes correct answers

Eating Together

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why eating family meals together is important

4. Which of the following are the benefits of eating family meals together? *Select*

all that apply

- Help develop healthy eating habits*
- Help improve children's nutrition
- Help build a positive relationship with food*
- Everyone can finish meals easily
- Help children recognise hunger and fullness cues*

* Denotes correct answers

Tool 3: Parent and caregiver survey

Name:

Gender:

Healthy Food Options

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report their child had sugary drinks only once in the past week

1. In the past 7 days, how many times did your child drink sugary drinks?

- Not at all
- Some days (number of days)
- Every day

Regular Family Meals

Indicator: % of parents and caregivers (disaggregated by gender) who report sharing at least three family meals with their adolescent in the past week
(Daily meals may be used as the benchmark for younger children)

2. In the past 7 days, did you have shared family meals with your child every day?

- No
- Yes - if yes, how many

3. In the past 7 days, did you have shared family meals with your adolescent?

- No
- Yes - if yes, how many

4. If yes, how many shared meals did you have with your adolescent?

.....

Food Decisions and Preparation

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting that their child participated in food choice or preparation in the past week

5. In the past 7 days, did your child have any say in the food choices?

- No
- Yes

6. In the past 7 days, did your child participate in food preparation?

- No
- Yes

7. If yes, how did your child help in food preparation?

Responsive Feeding Practices

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting use of responsive feeding practices in the past week

8. In the past 7 days, did you use responsive feeding practices with your child?

- No
- Yes

9. If yes, can you describe how you practiced responsive feeding?

Healthy Hydration Behaviours

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report that encouraging their child to drink water when they were thirsty in the past week

10. In the past 7 days, did you encourage your child to drink water when they were thirsty?

- No
- Yes

Module 4 - Clean Water, Hygiene, and Sanitation

Below are example indicators to measure learning and behaviour change for **Module 4 – Clean Water, Hygiene, and Sanitation**. These indicators can be used or adapted depending on the needs and context of parent support programmes and activities. Suggested measurement tools for each indicator are listed alongside the indicators.

Table 5.5: Example Indicators for Module 4

Output Areas	Output Indicator	Measurement Tool
Parents and caregivers attend parenting sessions on hygiene	% of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Hygiene over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)	Attendance Register
Parents and caregivers understand bacteria transmission and handwashing	% of parents and caregivers (disaggregated by gender) who can name at least 3 reasons why handwashing is important to reduce diarrhoea	Pre- and post-survey tool
Parents and caregivers understand how to store water safely	% of parents and caregivers (disaggregated by gender) who can name 3 ways to store water safely	Pre- and post-survey tool
Parents and caregivers understand why clean household and community environments are important	% of parents and caregivers (disaggregated by gender) who can share 2 reasons why clean households and communities are important	Pre- and post-survey tool
Parents and caregivers understand that washing hands is important	% of parents and caregivers (disaggregated by gender) who can name at least 4 times when it is important to wash hands	Pre- and post-survey tool

Outcome Areas	Outcome Indicator	Measurement Tool
Improved hygiene behaviours at home	% of parents and caregivers (disaggregated by gender) who report washing their hands every time they eat, go to the toilet or cook, during the past week	Parent and caregiver survey
Improved use and safe water storage	% of parents and caregivers (disaggregated by gender) who report using safe water sources and appropriate storage containers	Parent and caregiver survey
Improved handwashing practices	% of parents and caregivers (disaggregated by gender) who report practising the handwashing song while washing their hands with their children every day in the past week	Parent and caregiver survey
Improved waste management and community clean-up	% of parents and caregivers (disaggregated by gender) who report speaking with community members about clean-up and waste management in the past month	Parent and caregiver survey
Safe and dignified hygiene during puberty and menstruation	% of parents and caregivers (disaggregated by gender) who report speaking with their adolescents about hygiene during puberty in the past week	Parent and caregiver survey

Module 4 - Sample Monitoring Tools

These monitoring tools should be adapted to the programme or activity that is being implemented and used across the life course.

Tool 1: Attendance (Register)

Indicator: Percentage of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Hygiene over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)

Note: The number of participants and their gender are recorded in the attendance register. See example below:

#	Name	Gender	Child's age	Location	Session Attendance					
					1	2	3	4	5	Total Attendance
1										
2										
3										

Tool 2: Pre- and post-survey tool

Name:

Gender:

Prevention of Bacterial Transmission

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 3 reasons why handwashing is important to reduce diarrhoea

1. Which of the following are benefits of handwashing in reducing diarrhoea in children? *Select all that apply*

- Reduces the risk of transferring germs*
- Reduces the need for vaccination
- Reduces transmission of infections*
- Prevents diarrhoea and other illnesses*
- Strengthens immunity

* Denotes correct answers

Storing Water Safely

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name 3 ways to store water safely

2. Which of the following are safe methods to store water? *Select all that apply*

- Using clean and closed container*
- Storing water in open buckets
- Storing water near the latrines
- Washing hands before handling water*
- Regularly cleaning water containers*

* Denotes correct answers

Clean Environment

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can share 2 reasons why clean households and communities are important

3. Which of the following are the benefits of clean households? *Select all that apply*

- Prevent spread of disease*
- Community looks clean and tidy
- Reduce need for vaccinations
- Reduce germs and pests*
- Prevent exposure to the faecal bacteria from people, pets, and wildlife*

* Denotes correct answers

4. Which of the following are the benefits of clean communities? *Select all that apply*

- Protect shared spaces*
- Spread illness across community
- Disrespect communal environment
- Strengthen cooperation*
- Model collective responsibility*

* Denotes correct answers

Handwashing Practice

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 4 times when it is important to wash hands

5. Which of the following are the important times to wash hands? *Select all that apply*

- Before eating food*
- After using the toilet*
- After changing baby's diapers*
- Immediately after a bath
- Before preparing food*

* Denotes correct answers

Tool 3: Parent and caregiver survey

Name:

Gender:

Hygiene Behaviours

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report washing hands every time they eat, go to the toilet, or cook, during the past week

1. In the past 7 days, did you wash your hands before eating food every time?

- No
- Yes

2. In the past 7 days, did you wash your hands after using the toilet every time?

- No
- Yes

3. In the past 7 days, did you wash your hands before cooking every time?

- No
- Yes

Using Safe Water

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report using safe water sources and appropriate storage containers

4. Did you use water from a safe source?

- No
- Yes

5. If yes, can you name the water sources?

6. Did you use clean containers for water storage?

- No

Yes

Improved Handwashing Practices

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report practising the handwashing song while washing their hands with their children every day in the past week

7. In the past 7 days, did you practise the handwashing song with your child while washing hands every day?

No

Yes

Waste Management

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report speaking with community members about clean-up and waste management in the past month

8. In the past 28 days, did you talk with community members about clean-up and waste management?

No

Yes

9. If yes, can you describe your conversation?

Puberty Hygiene

Indicator: Percentage of parents and caregivers (disaggregated by gender) who report speaking with their adolescents about hygiene during puberty in the past week

10. In the past 7 days, did you speak with your adolescent about hygiene during puberty?

No

Yes

11. If yes, can you describe your conversation?

Module 5 - Education and Learning Support

Below are example indicators to measure learning and behaviour change for **Module 5 – Education and Learning Support**. These indicators can be used or adapted depending on the needs and context of parent support programmes and activities. Suggested measurement tools for each indicator are listed alongside the indicators.

Table 5.6: Example Indicators for Module 5

Output Areas	Output Indicator	Measurement Tool
Parents and caregivers attend education and learning support sessions	% of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Education and Learning Support over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)	Attendance Register
Parents and caregivers understand how to support learning at home across ages	% of parents and caregivers (disaggregated by gender) who can name at least 2 ways to support children’s learning at home (e.g., play, reading, routines, homework support)	Pre- and post-survey tool
Parents and caregivers understand the value of play-based and everyday learning	% of parents and caregivers (disaggregated by gender) who can name at least 2 examples of how play or daily activities support children’s learning	Pre- and post-survey tool
Parents and caregivers understand the importance of regular school attendance and engagement	% of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why regular school attendance and engagement are important for children’s learning	Pre- and post-survey tool
Parents and caregivers understand how well-being and emotions affect learning	% of parents and caregivers (disaggregated by gender) who can name at least 2 ways emotional well-being supports children’s learning and school engagement	Pre- and post-survey tool

Outcome Areas	Outcome Indicator	Measurement Tool
Inclusive Support for Children With Developmental Delay or Disability	% of parents and caregivers (disaggregated by gender) reporting the use of adapted strategies for learning (e.g., visual aids, simplified tasks, routines)	Parent and caregiver survey
Supportive Learning Environments in Kinship or Alternative Care	% of caregivers (of children in alternative or kinship care; disaggregated by gender) reporting confidence in supporting learning routines	Parent and caregiver survey
Supportive Home Learning Environment	% of parents and caregivers (disaggregated by gender) reporting engaging in daily learning activities (e.g., reading, storytelling, play, homework help) in the past week	Parent and caregiver survey
Adolescent Learning & Pathway Support	% of parents and caregivers (disaggregated by gender) reporting increased confidence to support their adolescents' learning and future pathways in the past 28 days	Parent and caregiver survey
Parent and Caregiver Engagement With Schools	% of parents and caregivers (disaggregated by gender) attending school meetings or communicating with teachers in the past month	Parent and caregiver survey

Module 5 - Sample Monitoring Tools

These monitoring tools should be adapted to the programme or activity that is being implemented and used across the life course.

Tool 1: Attendance (Register)

Indicator: Percentage of parents and caregivers (disaggregated by gender and child age group) who attend at least 75% of parenting sessions or activities on Child Protection and Safety over the duration of the programme or activity (e.g., within a defined cycle of sessions or over [X] weeks/months)

Note: The number of participants and their gender are recorded in the attendance register. See example below:

#	Name	Gender	Child's age	Location	Session Attendance					
					1	2	3	4	5	Total Attendance
1										
2										
3										

Tool 2: Pre- and post-survey tool

Name:

Gender:

Support Children's Learning at Home

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 ways to support children's learning at home (e.g., play, reading, routines, homework support)

1. Which of the following are ways to support children's learning at home? *Select all that apply*

- Reading or telling stories with children*
- Ignoring children's questions about school
- Encouraging children to play and explore*
- Engaging in child-led play activities*
- Letting children skip school activities

* Denotes correct answers

Value-based Play and Daily Activities for Learning

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 benefits of how play or daily activities support children's learning

2. Which of the following are benefits of play and daily activities for children's learning? *Select all that apply*

- Aids in brain development*
- Helps children explore new ideas*
- Reduces curiosity
- Improves language skills*
- Replaces school learning

* Denotes correct answers

School Attendance and Engagement

Indicator: Percentage of parents and caregivers (disaggregated by gender) who can name at least 2 reasons why regular school attendance and engagement are important for children's learning

3. Which of the following are benefits of regular school attendance and engagement for children's learning? *Select all that apply*

- Boosts academic achievement*
- Makes children dependent on teachers
- Reduces the need for family support
- Helps children develop resilience*
- Helps children develop study habits*

* Denotes correct answers

Emotional well-being and Learning

Indicator: Percentage of parents and caregivers who can name at least 2 ways emotional well-being supports children's learning and school engagement

4. Which of the following are the ways emotional well-being can support children's learning and school engagement? *Select all that apply*

- Children feel safe and confident*
- Children can concentrate better in class*
- Children become less interested in school
- Children avoid communication with their teachers
- Children have improved attendance*

* Denotes correct answers

Tool 3: Parent and caregiver survey

Name:

Gender:

Adaptive Learning Strategies

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting the use of adapted strategies for learning at home (e.g., visual aids, simplified tasks, routines)

1. Do you use adapted strategies to support your child's learning?

No

Yes

2. If yes, what strategies do you use?

Supportive Learning Environment

Indicator: Percentage of **caregivers** (of children in alternative or kinship care; disaggregated by gender) reporting confidence in supporting learning routines

3. Do you feel confident in supporting learning routines for the children you are looking after?

No

Yes

Home Learning Environment

Indicator: % of parents and caregivers (disaggregated by gender) reporting engaging in daily learning activities (e.g., reading, storytelling, play, homework help) with their child in the past week

4. In the past 7 days, did you engage in learning activities with your child?

Not at all

Yes, on some days (number of days)

Yes, every day

5. If yes, what activity(ies) did you do?

Adolescent Learning and Future Pathways

Indicator: Percentage of parents and caregivers (disaggregated by gender) reporting increased confidence to support their adolescents' learning and future pathways in the past 28 days

6. In the past 28 days, has your confidence improved to support your adolescent's learning?

No

Yes

7. In the past 28 days, has your confidence improved to support your adolescent's future pathways?

No

Yes

Engagement with Schools

Indicator: Percentage of parents and caregivers (disaggregated by gender) attending school meetings or communicating with teachers in the past month

8. In the past 28 days, was there a school meeting for your child?

No

Yes

9. If you answered yes, in the past 28 days, did you attend a school meeting for your child?

No

Yes

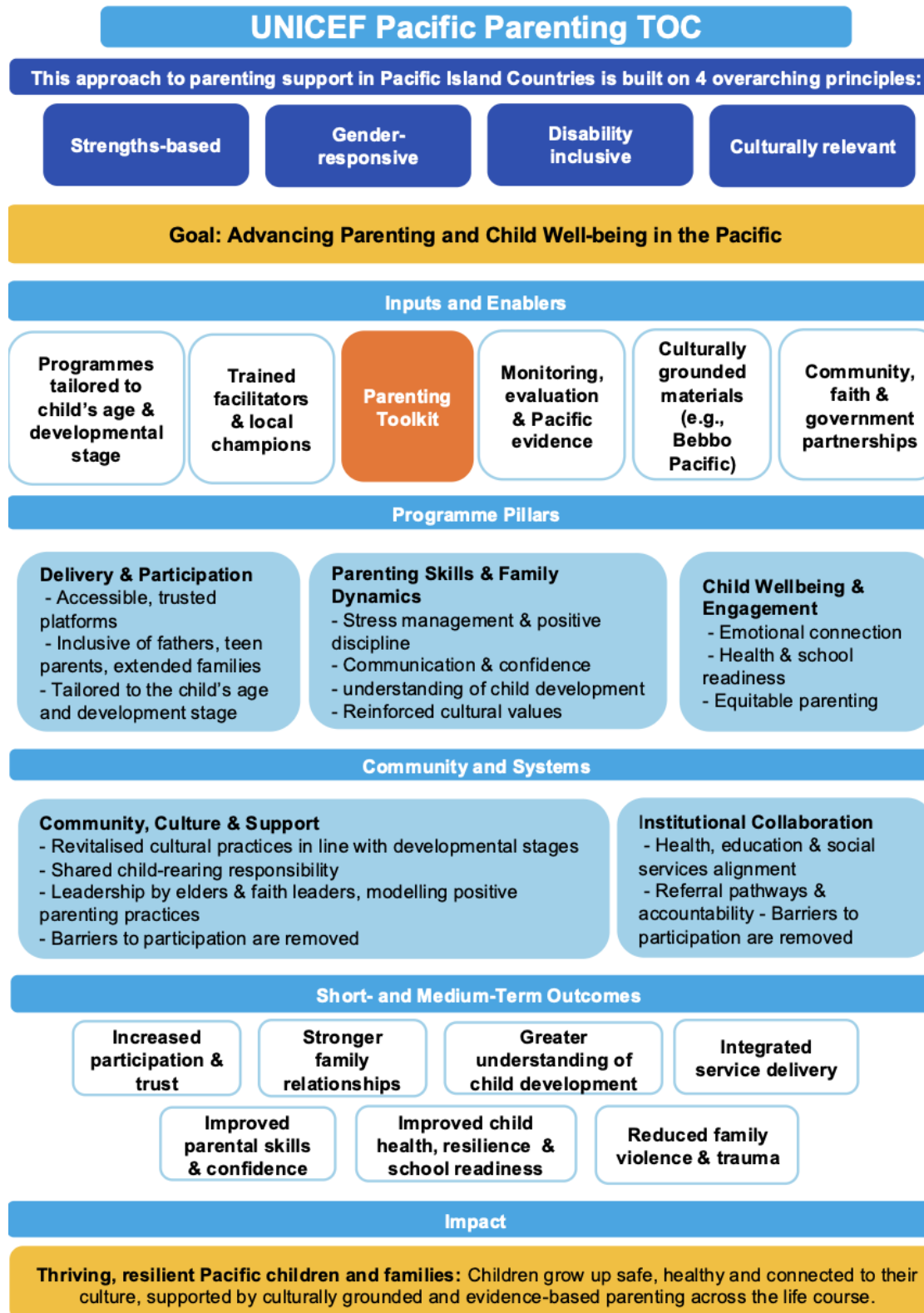
10. In the past 28 days, did you speak with your child's teacher or school staff?

No

Yes

Annexes

14. Example of the Draft UNICEF Pacific Parenting ToC Diagram



15. Pacific Parenting Toolkit Case Study Template

<p>Name of your organisation/group</p> <p><i>Who is implementing the parent support programme or activity?</i></p>	
<p>Contact details</p> <p><i>Name, email or phone number of the person completing the case study</i></p>	
<p>CASE STUDY</p>	
<p>Summary</p> <p><i>A brief summary of the case study, including:</i></p> <ul style="list-style-type: none"> <i>· the issue identified,</i> <i>· the actions taken to resolve the issue</i> <i>· the final results</i> 	
<p>Purpose of the parent support programme or activity</p> <ul style="list-style-type: none"> <i>· What was the purpose of the parent support programme or activity?</i> <i>· What is the challenge or problem being addressed?</i> <i>· What are the stated aims, goals, or objectives of the programme or activity?</i> 	

<p>Description of the parent support programme or activity</p> <ul style="list-style-type: none"> · <i>Briefly describe what the parenting support programme/activity is and what it does.</i> · <i>When did it start and when did/will it end?</i> · <i>Where did it take place?</i> · <i>Who was involved (staff, volunteers, partners)?</i> · <i>What funding has it received?</i> 	
<p>What data was collected for this case study?</p> <p>How was it collected?</p> <ul style="list-style-type: none"> · <i>What data was collected and by whom (i.e. by you/your organisation or group, external consultants, academics)?</i> - <i>How was the data collected? (routine monitoring, interviews, FGDs, etc.)</i> 	
<p>Results</p> <ul style="list-style-type: none"> · <i>Has anything changed as a result of the parent support programme/activity?</i> · <i>What impact has the project had on participants, the wider community, and your organisation?</i> · <i>Have you produced anything as a result of the project (i.e. reports, guidance, etc.)?</i> · <i>Were there any unexpected positive or negative outcomes?</i> 	

<p>Direct quotes from parents and caregivers</p> <p><i>Any direct quotes from parents and/or caregivers to support the results of the parent support programme or activity</i></p>	
<p>Enablers and barriers</p> <ul style="list-style-type: none"> · <i>What factors have supported the programme or activity?</i> · <i>What factors prevented it from being more successful?</i> <p><i>Examples might be amount and duration of funding, staff skills, availability of volunteers, enthusiasm of participants, weather, or scheduling.</i></p> <ul style="list-style-type: none"> · <i>What is the most important thing you learned?</i> · <i>What key advice can you give to others starting a similar parent support programme or activity?</i> 	
<p>Next steps and sustainability</p> <ul style="list-style-type: none"> · <i>Summarise any next steps you intend to take.</i> · <i>How sustainable is the programme or activity?</i> · <i>What needs to happen for the programme/activity to be sustained in the future?</i> 	
<p>Any other information</p> <p><i>Please detail here any further information you would like to add to be included in your case study.</i></p>	

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