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National Review of Parenting Programmes in Moldova through a Gender-Transformative Lens Review

Findings, Evaluation Framework and Key Recommendations

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The following individuals reviewed or provided input: Flore Rossi, Margherita Maglietti, Valentina Bordian and Cristina Gaberi at UNICEF; Olga Chișcă and Marie Toulemonde at UNFPA; Ruti Levtoy Prevention Collaborative.



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Acronyms

TASA	Territorial Agency for Social Assistance
CP	child protection
CSO	civil society organisation
CTWWC	Changing the Way We care
ECD	early childhood development
ECE	early childhood education
GBV	gender-based violence
IPV	intimate partner violence
M&E	monitoring and evaluation
MER	Ministry of Education and Research
MH	Ministry of Health
MLSP	Ministry of Labour and Social Protection
NGO	nongovernmental organisation
PSS	psychosocial support
SBC	social and behaviour change
SGBV	sexual and gender-based violence
ToC	theory of change
VAC	violence against children
VAW	violence against women

Core concepts

Accredited programme: In Moldova, programme accreditation is provided by the National Agency for Quality Assurance in Education and Research (NAQAER)¹.

Evidence of what works in parenting: The most rigorous sources of evidence for intervention and programme effectiveness includes systematic reviews, meta-analyses, and randomised trials or experimental evaluations. Other types of studies, like cohort studies and comparing the outcomes of individual who received the interventions with those of individual who did not received the intervention, provide less credible evidence on the effects of interventions.²

Evidence-informed key features of parenting interventions and programmes: In general, effective parenting programmes and interventions share common content related to: (1) the promotion of knowledge of children's and adolescents' development, behaviour, and needs through the life course, including the need for early learning/stimulation, health, nutrition and breastfeeding; (2) responsive caregiving; (3) quality time together; (4) nonviolent discipline (including positive reinforcement, rule setting, and appropriate consequences); (5) stress management and self-care; (6) communication and self-regulation skills; and (7) promoting gender transformative norms, among others. Similarly, parenting programmes are more likely to have positive impacts when they use strength-based approaches that build from caregivers' skills and lived experiences and when they implement the core content in ways that promote learning, for example through demonstrations and modelling, practice and rehearsal, and positive feedback. These approaches are equally effective in home and group delivery.³

Family support: A set of policies, services, interventions and other activities aimed at improving family functioning by grounding child-rearing and other familial activities in a network of supportive relationships and resources, both formal and informal. While parenting support and family support have distinct focuses, both are important. They complement each other by providing a focus for policies and plans to promote child development and support parents.⁴

Gender norms: social expectations that define what is considered "appropriate" behaviour for women and men. The different roles and behaviours of females and males, children as well as adults, are shaped and reinforced by gender norms within society.⁵

Gender-responsive parenting: Parenting that applies key principles such as gender equality and inclusion, and that promotes positive gender norms and socialization, in order to transform imbalanced power structures in families (and future generations).⁶

Gender-transformative approaches support gender equality by explicitly addressing the underlying causes of gender inequality. In doing so, they go further than activities that only address gender inequalities resulting from discriminatory root causes.⁷

¹ ANACEC is the National Agency for Quality Assurance in Education and Research of the Republic of Moldova. More information can be found here: <https://www.enqa.eu/membership-database/anacec-national-agency-for-quality-assurance-in-education-and-research/>

² Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. Retrieved from: <https://iris.who.int/bitstream/handle/10665/350994/9789240039872-eng.pdf?sequence=1>

³ Mapping of parenting programmes for adolescents in Latin America and the Caribbean. Panama: United Nations Children's Fund; 2021. Retrieved from: <https://www.unicef.org/lac/media/34526/file/Mapping-of-Parenting-Programmes.pdf>

⁴ Ibid.

⁵ INSPIRE: Seven strategies for ending violence against children. Geneva: World Health Organization; 2016. Retrieved from: <https://apps.who.int/iris/handle/10665/207717>

⁶ UNICEF (2019). Technical Note: Gender-Responsive Parenting. Retrieved from: https://www.unicef.org/eca/media/16436/file/Gender_Responsive_Parenting.pdf

⁷ Gender Transformative Approaches to Achieve Gender Equality and Sexual and Reproductive Health and Rights. UNFPA; 2023. Retrieved from: <https://www.unfpa.org/publications/gender-transformative-approaches-achieve-gender-equality-and-sexual-and-reproductive>

Gender-transformative parenting programmes: parenting programmes that intentionally seek to address the root causes of gender-based inequalities and to challenge or transform harmful gender roles, norms, and power imbalances between men and women, boys and girls. Such programmes recognise that these harmful norms and power imbalances can undermine parents' capacity to provide nurturing care, restrict children's opportunities, and be risk factors for GBV, including violence against children (VAC) and violence against women (VAW). They work with both female and male parents and caregivers to promote caring, equitable relationships and nonviolent interactions for the whole family.⁸ Gender-transformative parenting is about applying fundamental principles such as gender equality and inclusion and promoting positive gender norms, gender-transformative parenting supports a child's holistic development, well-being and positive gender socialization.⁹

Levels of parenting support: Parenting programmes can be classified into three tiers - universal, targeted, and intensive. Universal programmes are delivered to all parents regardless of risk levels (i.e., no screening or selection criteria are used). Targeted programmes are aimed for parents who have specific needs. Intensive interventions are aimed at families presenting with complex needs related to high-risk behaviours or diagnosable conditions, including families with emerging signs of the problem (e.g., child maltreatment) as identified by a screening assessment or referral systems.¹⁰

Monitoring and evaluation (M&E)¹¹ is critical to successful parenting programme implementation.

- **Monitoring** is the systematic process of collecting, analysing, and using information to track the progress of programme implementation and identify emerging problems and potential risks. Monitoring data is processed, analysed, and shared in a timely manner to allow programme implementers to solve problems, integrate learning, and adapt the programme to fit the needs of the community.¹²
- **Evaluation** is the systematic assessment of programme impact and processes of change, which focuses on what changes the programme has resulted in and what has been learned from the programme. Research-based impact evaluation is more complex and rigorous and often done through a standalone study led by or conducted in collaboration with an external partner. This type of evaluation can enable stakeholders to attribute the changes in outcomes to the specific programme.¹³



Parenting: Interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of care by parents/caregivers to children.¹⁴

⁸ Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2: UNICEF Innocenti, Florence, 2023. Retrieved from: <https://prevention-collaborative.org/wp-content/uploads/2023/08/Parenting-Brief-2-Gender-transformative-programmes-Feb-13.pdf>

⁹ UNICEF ECARO (July 2024). Parenting support framework for the early years. Retrieved from: <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

¹⁰ Ibid; also WHO guidelines on parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years. Geneva: World Health Organization; 2022; Parenting Support Framework for the Early Years. Geneva: United Nations Children's Fund Europe and Central Asia Regional Office; 2024. <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

¹¹ As also described in UNICEF's BRIEF 4. Parenting programmes to reduce violence against children and women: How to measure change, monitoring and evaluation are also sometimes referred to as monitoring, evaluation, and learning (MEL) or monitoring, evaluation, accountability, and learning (MEAL). The terms sometimes indicate a particular standpoint or philosophy, but they generally refer to similar activities. In this document, we use monitoring and evaluation, or M&E

¹² UN Women and Social Development Direct. 2020. RESPECT Framework Monitoring and Evaluation (M&E). Guidance. Retrieved from: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Monitoring-and-evaluation-guidance-en.pdf>; World Health Organization (WHO). 2024. Designing, Implementing, Evaluating, and Scaling Up Parenting Interventions: A Handbook for Decision-Makers and Implementers. Geneva. WHO. Retrieved from: <https://iris.who.int/server/api/core/bitstreams/207a825e-0327-4ddc-a22a-621c6e8ea35c/content>

¹³ Ibid

¹⁴ UNICEF (2017) Standards for ECD Parenting Programmes in Low- and Middle-Income Countries. Retrieved from: <https://www.unicef.org/media/107616/file/UNICEF-Programme-%20Guidance-for-Early-Childhood-Development-2017.pdf>

Parenting programmes and interventions: a set of activities or services aimed at improving how caregivers (including fathers, mothers, grandparents, and other adults) approach and execute their role as caregivers, specifically their parenting knowledge, attitudes, skills, behaviours and practices. Interventions can be integrated into existing services or delivered as a separate programme.¹⁵ WHO defines a parenting intervention as a set of activities or services directed at parents/caregivers, with the objective of “improving parent–child interactions and the overall quality of parenting that a child receives”.¹⁶

Positive parenting: Providing nurturing care in a stable environment that is sensitive to children’s needs, protects them from threats, and provides opportunities for learning through interactions that are responsive and playful, emotionally supportive and developmentally stimulating.¹⁷

Structured parenting programme: A parenting programme delivered according to an evidence-based curriculum and standardised teaching materials, implemented over multiple sessions (three or more), by specialised trainers. It includes pre- and post-programme assessment tools and requires parents or caregivers to attend all sessions.¹⁸

In contrast, an **unstructured parenting programme** is thus a programme delivered on an ad hoc or flexible basis, in which topics are introduced periodically or as needs arise, where participation is voluntary and parents or caregivers are not expected to attend the full series.



¹⁵ Daly, M., R. Bray, Z. Bruckhauf, J. Byrne, A. Margaria, N. Pecnik, and M. Samms-Vaughan. Family and Parenting Support: Policy and Provision in a Global Context. Florence: UNICEF Office of Research – Innocenti, 2015 (Innocenti Insights. Retrieved from: https://www.unicef-irc.org/publications/pdf/01%20family_support_layout_web.pdf

¹⁶ WHO. (2024). Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers. Retrieved from: <https://iris.who.int/bitstream/handle/10665/378237/9789240095595-eng.pdf>

¹⁷ UNICEF Europe and Central Asia Regional Office (July 2024). Parenting support framework for the early years. Retrieved from: <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

¹⁸ Mapping of parental education programmes provided in the Republic of Moldova. Research Report: National Center for the Prevention of Child Abuse (CNPAC) in partnership with the Ministry of Education, Culture and Research; 2020. Retrieved from: https://www.cnpac.md/wp-content/uploads/2020/11/Studiu-pilot_parenting_final.pdf

Executive summary

1. Purpose and Scope of the Review

This national review examines the landscape, quality, and effectiveness of parenting and caregiver programmes in Moldova through a gender-transformative lens, with a particular focus on their contribution to violence prevention, gender equality, and child and caregiver wellbeing. Commissioned under the Joint Programme of UNFPA and UNICEF, *Break the Cycle of Violence against Women and Children*, the review responds to growing recognition that parenting programmes are a critical entry point for transforming harmful gender norms, strengthening family relationships, and preventing violence against both children and women.

The review had three overarching objectives. First, it sought to map and analyse all active parenting programmes implemented in Moldova between 2023 and 2025, identifying their design features, target populations, delivery modalities, and institutional anchoring. Second, it assessed the extent to which existing programmes align with gender-transformative principles, including the promotion of shared caregiving, equitable decision-making, non-violent conflict resolution, and explicit links between violence against children (VAC) and violence against women (VAW). Third, the review aimed to develop a coherent Theory of Change and a proposed Monitoring, Evaluation and Learning (MEL) Framework to guide future scale-up, quality assurance, and system integration of gender-transformative parenting support in Moldova.

The review was explicitly framed as a system-strengthening exercise, recognising that parenting programmes in Moldova currently operate largely as fragmented, donor-funded initiatives delivered by civil society organisations, with limited sustainability, coordination, or integration into public service systems. The findings and recommendations are therefore intended to support government institutions, civil society actors, and development partners to transition from short-term projects toward a coherent national parenting support system that is gender-transformative, protective, and sustainable.

2. Methodology

The review employed a mixed-methods approach, combining desk review, programme mapping, quantitative data collection, and qualitative inquiry. Ethical approval for all research components was obtained from the Moldova State University Council, and the study adhered to strict safeguarding, confidentiality, and “do no harm” principles throughout.

A comprehensive desk review of 74 documents was conducted, including national policies and strategies, existing parenting programme documentation, gender-transformative guidance, and violence-prevention resources. This review informed both the conceptual framework and the analytical criteria applied to the assessment of programmes.

A national mapping and database of parenting programmes was developed, building on the 2020 mapping and updated to capture all parenting initiatives active between 2023 and 2025. This process identified 21 organisations implementing 30 active parenting programmes across the country. Particular attention was given to identifying programmes that explicitly address VAC and VAW, engage fathers and men, and incorporate gender-transformative elements.

Primary quantitative data were collected through two structured questionnaires: one administered to parenting programme managers and directors, and another to trainers and facilitators. In total, 21

programme providers and 72 facilitators participated in the survey. The quantitative component examined programme objectives, content, delivery models, target groups, workforce capacity, gender integration, and monitoring practices.

Qualitative data were collected through key informant interviews and focus group discussions with government representatives, civil society organisations, facilitators, and community-level stakeholders. These data provided deeper insight into perceptions of programme quality, gender responsiveness, implementation challenges, sustainability constraints, and the enabling environment for gender-transformative parenting.

Findings from all data sources were synthesised and analysed against a proposed gender-transformative Theory of Change and MEL Framework, allowing for a systematic comparison between current practice and desired standards for quality, protection, and impact.

3. Key Findings

✓ **Landscape and Sustainability of Parenting Programmes**

The review finds that parenting support in Moldova is fragile and declining in scale. While 52 parenting programmes were active in 2020, only 30 programmes remained active in 2023–2025, with 40 programmes discontinued over the past three years. Civil society organisations continue to be the primary service providers, accounting for 19 of the 21 active organisations, while public sector ownership remains minimal. This heavy reliance on project-based, donor-funded delivery poses significant risks to sustainability, continuity, and equitable national coverage.

Most programmes operate as short-term or one-off interventions, with limited follow-up, booster sessions, or referral-based continuity for families experiencing high levels of stress, violence, or vulnerability. Only a small number of programmes provide access to psychosocial support, counselling, or structured peer support, limiting their ability to achieve sustained change, particularly for families affected by trauma, displacement, or chronic adversity.

✓ **Gender-Transformative Content and Practice**

While many programmes promote positive parenting practices and improved parent–child relationships, the review finds that gender-transformative content is uneven and often limited. Only a minority of programmes explicitly address gender equality, shared caregiving, power dynamics within households, or masculinities. Engagement of fathers and male caregivers is emerging but remains inconsistent and insufficiently institutionalised.

Quantitative and qualitative findings indicate that most programmes are gender-sensitive rather than gender-transformative. They acknowledge gender differences but rarely challenge underlying norms, roles, and power relations that sustain unequal caregiving and violence. Measurement of gender-transformative outcomes is particularly weak, with no standard national indicators currently used to track changes in gender attitudes, co-parenting, or shared decision-making.

✓ **Violence Prevention, Safeguarding, and Referrals**

The review identifies critical gaps in safeguarding and response to violence. Although 26 of the 30 programmes include some content on VAC prevention, only a small number address GBV or VAW, and very few provide participants with clear information on where and how to seek help. Formal referral pathways to specialised services are largely absent: only seven programmes have structured referral mechanisms, and facilitator awareness of referral responsibilities is inconsistent.

This lack of safeguarding readiness significantly undermines the protective potential of parenting programmes and creates risks for participants disclosing violence without access to appropriate support. The findings highlight the absence of non-negotiable standards for risk identification, safe response, documentation, and referral tracking across programmes.

✓ **Workforce Capacity and Quality Assurance**

The review reveals substantial variation in facilitator training, competencies, and supervision. Less than one-third of facilitators have received training on child protection or violence prevention, and even fewer have been trained on GBV or VAW. There are no systematic mechanisms to assess facilitator competencies, observe practice, or provide structured supervision and corrective feedback.

Quality assurance systems are weak, with limited use of fidelity monitoring, reflective supervision, or learning-oriented performance management. This undermines both programme effectiveness and the ability to safely and effectively deliver gender-transformative content.

✓ **Monitoring, Evaluation, and Learning**

Current monitoring and evaluation practices are fragmented and insufficient. Existing data systems focus primarily on participation and outputs, with limited attention to implementation quality, safeguarding, gender-transformative change, or unintended consequences. While reported outcomes broadly align with the proposed MEL Framework's core outcome logic, the absence of standard tools, indicators, and data definitions prevents meaningful aggregation, comparison, and learning at national level.

The review concludes that strengthening MEL is not a technical add-on but a prerequisite for improving effectiveness, efficiency, accountability, and sustainability of parenting support in Moldova.

4. Conclusions and Priority Recommendations

The review concludes that parenting programmes in Moldova represent a promising but under-realised opportunity to advance child wellbeing, prevent violence, and promote gender equality. To move from a fragmented set of projects toward a coherent national system, decisive action is required across design, implementation, monitoring, and system integration.



Key priorities include:

- **Defining** national minimum standards for gender-transformative parenting, clarifying required content on co-parenting, power dynamics, non-violent conflict resolution, and links between VAC and VAW.
- **Embedding** safeguarding and referral systems as non-negotiable requirements, including risk-of-harm protocols, referral directories, staff training, and routine monitoring of referrals and follow-up.
- **Professionalising** the parenting workforce through national training pathways, competency-based certification, structured supervision, and continuous professional development.
- **Strengthening** male engagement strategies, using context-appropriate delivery models, male co-facilitators, and partnerships to normalise shared caregiving.
- **Implementing** a minimum, standardised MEL package for all programmes, with common indicators, tools, data disaggregation, and routine learning loops.
- **Institutionalising** parenting support within public systems, supported by costed models, government leadership, and clear pathways for sustainability and scale-up.

Taken together, these measures would enable Moldova to transform parenting support from a collection of isolated initiatives into a gender-transformative, protective, and sustainable national system that strengthens families, reduces violence, and fosters equitable and nurturing environments for all children.

In addition, the report provides a set of **practical tools and actionable recommendations** to support the strengthening of gender-transformative parenting programmes in Moldova, including:

- A Theory of Change and an accompanying Monitoring and Evaluation Framework for gender-transformative parenting programmes;
- Recommended minimum requirements for the implementation of gender-transformative parenting programmes in Moldova;
- Recommendations for supportive social and behaviour change (SBC) messaging;
- Recommendations for the development of standard operating procedures (SOPs) for gender-transformative parenting programme implementation; and
- Recommendations for the development of a gender-transformative parenting programme toolkit that can be integrated into existing programmes.



Introduction and background

General context

Evidence linking violence against children (VAC) and violence against women (VAW) has highlighted the potential of gender-transformative parenting programmes to address both issues simultaneously.¹⁹

Parenting programmes reduce violence against children and violence against women by addressing their shared root causes – such as gender inequality, harmful social norms, and stress within families – while promoting positive, equitable, and non-violent caregiving practices. Parenting programmes reduce violence against women by engaging both male and female caregivers to build healthy, non-violent relationships, promote gender equality, and challenge inequitable gender roles and power dynamics. Evidence shows that gender-transformative parenting and caregiver support programmes can lower the use of violent discipline and intimate partner violence within one to four years, fostering safer and more nurturing family environments. These programmes strengthen caregivers' relationship skills—such as communication, emotional regulation, and conflict resolution—while encouraging shared caregiving and decision-making. By fostering critical reflection on harmful gender norms and supporting positive masculinities, gender-transformative parenting programmes address the root causes of violence, improve couple relations, and reduce intimate partner violence (IPV) across diverse programme settings.

A 2020 Mapping of Parenting Education Programmes in the Republic of Moldova²⁰, conducted by the National Centre for the Prevention of Child Abuse (CNPAC) with the Ministry of Education, Culture and Research, identified 32 providers and 52 programmes, the vast majority implemented by NGOs and funded through externally supported projects. Most programmes were non-structural and long-term, focusing primarily on positive parenting, non-violent child-rearing, and care for children with disabilities, with limited governmental coordination or oversight. Gender-transformative content was addressed unevenly across programmes: while many promoted non-violent norms and positive discipline, only a small number explicitly focused on male involvement in caregiving (9.6%) or on developing equitable and nurturing parenting skills. Some programmes supported parents' emotional well-being and stress management, but few systematically addressed gender equality or the redistribution of caregiving roles within households. The study highlighted that the sector lacks a coherent framework for integrating gender-transformative approaches, and that fathers, young men, and other male caregivers remain underrepresented among participants. It concluded that strengthening Moldova's parenting education system requires clearer regulation, national coordination, accreditation mechanisms, and enhanced training and curricula that intentionally promote gender equality, mental well-being, and positive, non-violent caregiving practices.

¹⁹ UNICEF Innocenti – Global Office of Research and Foresight. (2024). Working at the Intersections of Violence Against Children and Violence Against Women: Parent and caregiver support programmes, UNICEF Innocenti, Florence, October 2024. Retrieved from: <https://www.unicef.org/innocenti/reports/working-intersections-violence-against-children-and-violence-against-women>; UNICEF Innocenti – Global Office of Research and Foresight. (2024). Working at the Intersections of Violence Against Children and Violence Against Women: Why it matters for children's protection and well-being, UNICEF Innocenti, Florence, October 2024. Retrieved from: <https://www.unicef.org/innocenti/media/9846/file/UNICEF-Innocenti-Why-it-Matters-for-Childrens-Protection-Brief1-November-2024.pdf>

²⁰ Mapping of parental education programmes provided in the Republic of Moldova. Research Report: National Center for the Prevention of Child Abuse (CNPAC) in partnership with the Ministry of Education, Culture and Research; 2020. https://www.cnpac.md/wp-content/uploads/2020/11/Studiu-pilot_parenting_final.pdf

An intersectoral strategy to develop parental skills (2016–2022) has been adopted and, more recently, a Comprehensive action plan for the Strategy on positive parenting with GBV focus has been developed and costed with UNICEF support, and validated, but it has not yet been approved. Current policies, such as the “Education 2030” Strategy, the National Child Protection Programme for 2022–2026 (Specific Objective 3.1), the National Programme on Preventing and Combating Violence against Women and Domestic Violence for 2023–2027 and EU-aligned commitments (Article 138 (d)), emphasise the need for capacity building in positive parenting practices.

In February 2025, to advance the implementation of the above-mentioned policies, the Ministry of Education and Research launched the National Platform on Parenting Education and the Promotion of Positive Parent–Child Relationships (hereafter referred to as the National Platform). In April 2025, the Ministry formally approved the regulation governing its operation.²¹ The National Platform’s mission is to facilitate dialogue between stakeholders in order to develop a national ecosystem of parenting education and promote positive parenting programmes that are effective, innovative and sustainable.

In August 2025, the Action Plan of the Platform for July 2025–December 2026 was approved²² and two working groups were established. Two working groups have been established to advance the national agenda on positive parenting education:

- **Working Group 1** is mandated to develop the strategic concept and vision for a national ecosystem of positive parenting education.
- **Working Group 2** is tasked with mapping and analysing existing parenting education programmes to identify those most suitable for integration into the national education system.



UNICEF and UNFPA are leading efforts to review existing parenting initiatives, assess their effectiveness, and advocate for their integration into national policies, aligning with global research on addressing VAC and VAW. This national review of parent/caregiver programmes, alongside public consultations, seeks to build upon and complete understanding of the effectiveness of current parenting programmes in Moldova to reduce VAC and VAW in order to generate evidence-based recommendations to strengthen parenting programmes and contribute to Moldova’s Social and Behaviour Change (SBC) agenda, fostering gender equity and violence prevention. This research report will also support the above described working groups by presenting key findings across their areas of focus, provide evidence-based insights about active parenting programmes and inform future strategic planning, programme selection, and implementation pathways.

Global evidence defining parenting programmes

✓ What is parenting?

‘Parenting’ is defined by UNICEF as the “interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care”.²³ UNICEF Europe and Central Asia Regional Office (ECARO)’s parenting support framework for the early years notes that “Decades of research have demonstrated that the impact of parents may never be greater than during the early years of life, when a child’s brain is rapidly developing and is shaped by interactions and experiences with parents, family and the broader environment”.^{24 25}

²¹ Ministry of Education and Research. Order nr.556/14.04.2025. Regulation on Consultative Platform for Parenting Education. 2025. https://mec.gov.md/sites/default/files/ordin_platforma_parenting_556_14.04.2025_1.pdf

²² Ministry of Education and Research. Order nr. 1372/05.08.2025. Action Plan of the Consultative Platform for Positive Parenting Education. 2025. https://mecc.gov.md/sites/default/files/ordin_nr_1372_05.08.2025.pdf

²³ UNICEF (2017) Standards for ECD Parenting Programmes in Low- and Middle-Income Countries. Retrieved from: <https://www.unicef.org/media/107616/file/UNICEF-Programme-%20Guidance-for-Early-Childhood-Development-2017.pdf>

²⁴ National Research Council, Institute of Medicine and Committee on Integrating the Science of Early Childhood Development, From Neurons to Neighborhoods: The science of early childhood development, edited by Jack P Shonkoff and Deborah A Phillips, National Academy Press, 2000. <https://pubmed.ncbi.nlm.nih.gov/25077268/>

²⁵ Scientific Council on the Developing Child (2007). The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do. Retrieved from www.developingchild.harvard.edu.

Parenting programmes of adolescents share features with parenting programmes of younger children and should consolidate and magnify positive benefits from earlier investments.²⁶

They are designed to respond to the evolving needs, specific priorities and preferences of adolescents and their relationship with their parents.

Positive parental relationships enhance developmental outcomes for children of all ages and can also alleviate the impact of negative external factors.²⁷ Parents thus help children to build their knowledge, skills and attitudes, charting a trajectory for later health, development and well-being.²⁸ In addition, the influence of parenting practices can extend across generations.²⁹

Parent support in the form of parenting interventions are an important and effective strategy to help countries and communities reduce child maltreatment and achieve SDG targets, including: Target 16.2 “End abuse, exploitation, trafficking and all forms of violence against children”; Target 5.2 “Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”, and Target 16.1 “Significantly reduce all forms of violence and related death rates everywhere”.³⁰ In addition, the sustained delivery of parenting interventions can advance the achievement of universal social protection systems (Target 1.3).³¹ However, such parenting interventions should complement rather than substitute for interventions addressing poverty, unemployment, and public health.³²

‘Parenting’ thus refers to the ongoing care given to a child by a biological parent, guardian, or any other day-to-day caregiver.³³ Caregivers can include parents, siblings, grandparents, and other relatives, as well as non-biological caregivers like stepparents or foster parents. Adolescents with children are also parents to their own children and potentially to younger siblings, while still requiring parenting support from their own caregivers.

✓ **Why support parenting?**

UNICEF’s framework for the early years highlights the wide benefits of parenting support for children, families, and society, including better early childhood development outcomes, reduced family violence, and strengthened communities.

The Nurturing Care Framework,³⁴ a UNICEF, World Health Organisation (WHO) and World Bank framework for early childhood, places parents at the centre, emphasizing the role of families, communities, and service providers in promoting child development and well-being.

²⁶ UNICEF. (2021). Programming Guidance for Parenting of Adolescents. Retrieved from: <https://www.unicef.org/media/97831/file/Parenting%20of%20Adolescents.pdf>

²⁷ Ibid

²⁸ UNICEF ECARO (July 2024). Parenting support framework for the early years. Retrieved from: <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

²⁹ UNICEF. (2021). Programming Guidance for Parenting of Adolescents. Retrieved from: <https://www.unicef.org/media/97831/file/Parenting%20of%20Adolescents.pdf>

³⁰ World Health Organisation. (2022). WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years. Retrieved from: <https://iris.who.int/bitstream/handle/10665/365814/9789240065505-eng.pdf?sequence=1>

³¹ Ibid

³² Ibid.

³³ UNICEF. (2020). Designing Parenting Programmes for Violence Prevention: A Guidance Note. UNICEF New York. Retrieved from: <https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf>

³⁴ World Health Organization, UNICEF, World Bank. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.

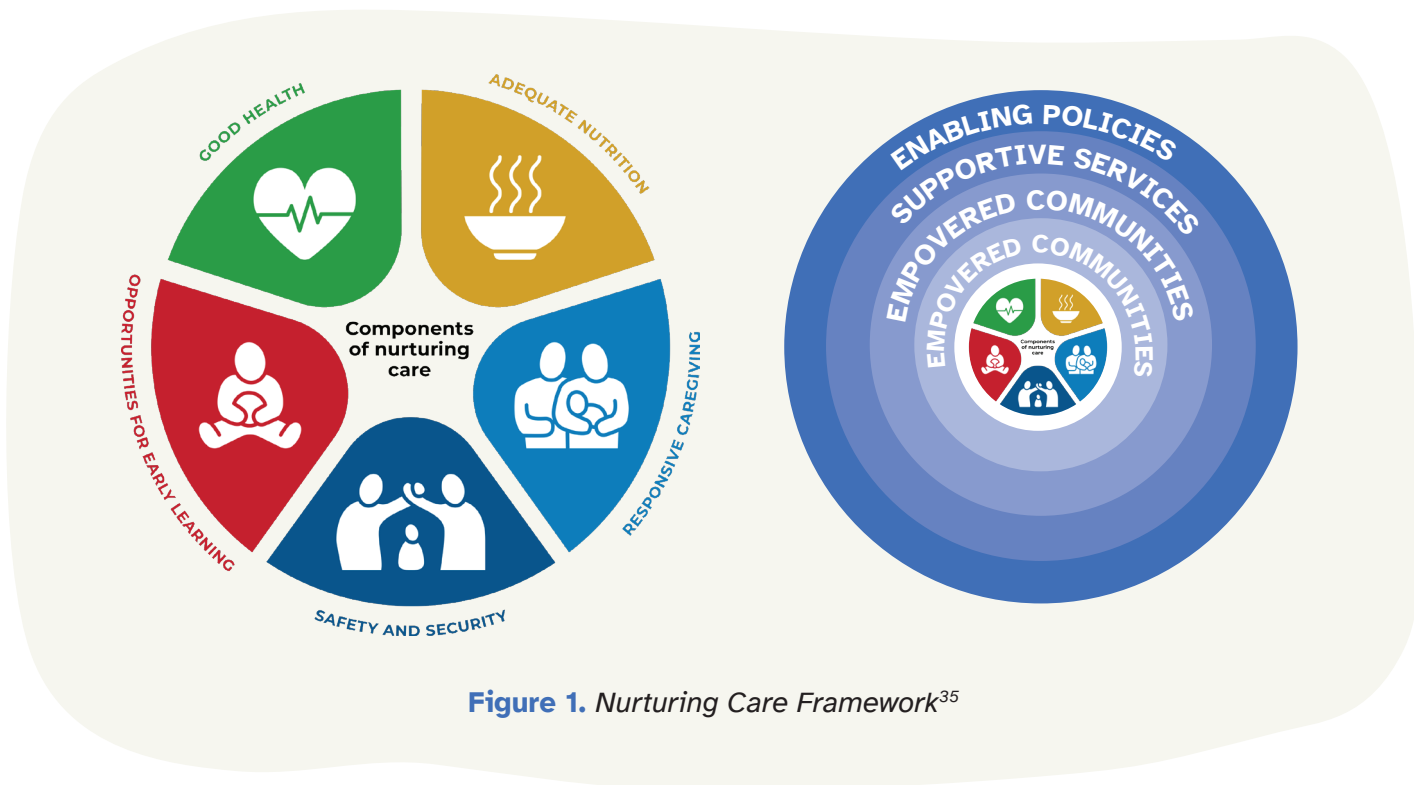


Figure 1. Nurturing Care Framework³⁵

Supporting parenting is crucial. Evidence-based parenting programmes are found to provide a cost-effective and scalable way to help caregivers and prevent child abuse, neglect, and adversity. Evidence-based parenting programmes lead to improved parent-child interactions, responsive care, positive parenting, caregiver mental health, and strengthened skills in non-violent discipline, emotional regulation, stress management, conflict resolution and communication. These programmes use participatory methods to build parenting knowledge and promote changes in attitudes and behaviour.³⁶

Evidence-based parenting programmes have also shown to lead to a range of positive parent and caregiver outcomes, including enhanced couple relationship quality, increased women’s participation in household decision-making, and increased men’s involvement in childcare and household tasks. Male engagement is essential for promoting gender equality within families, as men often hold significant decision-making power in the household. It is also a critical component of violence prevention, since men are most often the primary perpetrators of intimate partner violence. Actively engaging men as equitable and caring partners helps challenge unequal power relations and transform harmful gender norms. Male engagement includes supporting men to reflect on their gender attitudes and practices, adopt positive masculinities, and participate equitably and non-violently in caregiving and decision-making within the family. A gender-transformative approach is critical as it addresses the root causes of violence by challenging unequal gender attitudes, roles, and power dynamics, promoting respectful, caring, and nonviolent relationships, and fostering equitable caregiving and shared decision-making in families.³⁷

³⁵ Ibid.

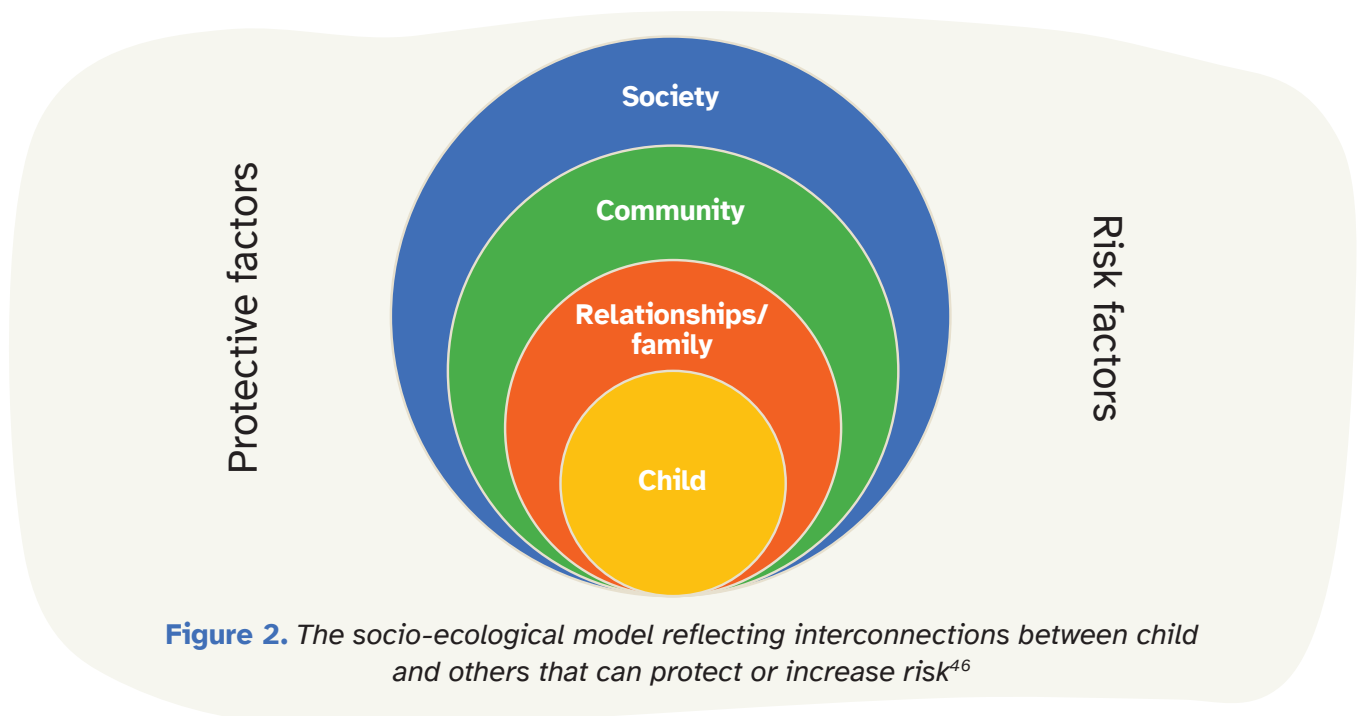
³⁶ UNICEF Innocenti – Global Office of Research and Foresight. (2024). Working at the Intersections of Violence Against Children and Violence Against Women: Parent and caregiver support programmes, UNICEF Innocenti, Florence, October 2024; UNICEF Innocenti – Global Office of Research and Foresight. (2024). Working at the Intersections of Violence Against Children and Violence Against Women: Why it matters for children’s protection and well-being, UNICEF Innocenti, Florence, October 2024

³⁷ Ibid, also UNICEF Innocenti, Florence (2023). Prevention Collaborative and Equimundo, Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2. <https://prevention-collaborative.org/wp-content/uploads/2023/08/Parenting-Brief-2-Gender-transformative-programmes-Feb-13.pdf>

Parenting programmes improve mental health and well-being for both children and caregivers,³⁸ reduce risk-taking behaviours³⁹ and violence between adult family members,⁴⁰ and promote positive family relationships.⁴¹ Once established, they are roughly comparable to the costs of routine vaccination programmes.⁴²

UNICEF’s parenting support framework for the early years highlights that parenting support improves early childhood development, reduces family violence, addresses gender inequality, and strengthens communities.⁴³ Parenting programmes are crucial for families, especially those facing challenges, to provide nurturing care.⁴⁴

Understanding how a child’s development and growth is influenced by connections between the individual child and his or her family, community and the wider society can help inform how parenting can contribute to building a child’s resiliency and what parents/ caregivers, frontline workers, programme managers and decision makers in government need to think about to prevent and respond to risks at the individual, family, community, and institutional levels. The INSPIRE social-ecological framework⁴⁵ is drawn from global evidence and shows the social, economic, and cultural factors that can either help protect children or increase their risk of violence.



³⁸ McGinn, T. (2017). Blog, The Mental Elf, 19 January 2017, Parent training works for child and adolescent mental health. Retrieved from: <https://www.nationalelfservice.net/populations-and-settings/parenting/parent-training-works-for-child-and-adolescent-mental-health/> ; Website, Incredible Years/Research. Retrieved from: <https://www.incredibleyears.com/research>

³⁹ Kjøbli J., Melendez-Torres G.J., Gardner F., Backhaus S., Linnerud S., Leijten P. (2023). Research review: Effects of parenting programmes for children’s conduct problems on children’s emotional problems - a network meta-analysis. *Journal of Child Psychology and Psychiatry*, 2023 Mar;64(3):348-356. doi: 10.1111/jcpp.13697. Epub 2022 Sep 13.

⁴⁰ Bjorn Thota A., Gennari F., Guedes A. (2023). What Works to Reduce Violence against Children and Women in the Home in Low- and Middle-Income Countries? A review of parenting programmes, informed by Social and Behaviour Change (SBC) strategies. Evidence-to-Policy Brief, UNICEF Innocenti – Global Office of Research and Foresight. Retrieved from: <https://www.unicef.org/innocenti/media/2656/file/UNICEF-RF-SBC-Parenting-Policy-Brief-2023.pdf>

⁴¹ Ibid.

⁴² WHO, Office of the Special Representative of the Secretary-General on Violence Against Children, UNICEF (2021). Universal parenting support to prevent abuse and neglect: A policy call for national governments. Retrieved from: https://cdn.who.int/media/docs/default-source/documents/violence-prevention/universal-parenting-policy-note.pdf?sfvrsn=c0b411b2_21&download=true

⁴³ World Health Organization, UNICEF, World Bank. (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential*. Retrieved from: <https://iris.who.int/bitstream/handle/10665/272603/9789241514064-eng.pdf>

⁴⁴ UNICEF ECARO (July 2024). *Parenting Support Framework for the Early Years*.

⁴⁵ WHO. (2016). INSPIRE: seven strategies for ending violence against children. Pages 16-17. Retrieved from: <https://www.who.int/publications/i/item/9789241565356>

⁴⁶ Changing the Way We Care. (2021). Promoting Resilience-Informed Care: holistic prevention and response to adverse childhood experiences. A practical guidance resource for front-line workers and managers promoting family-based care.

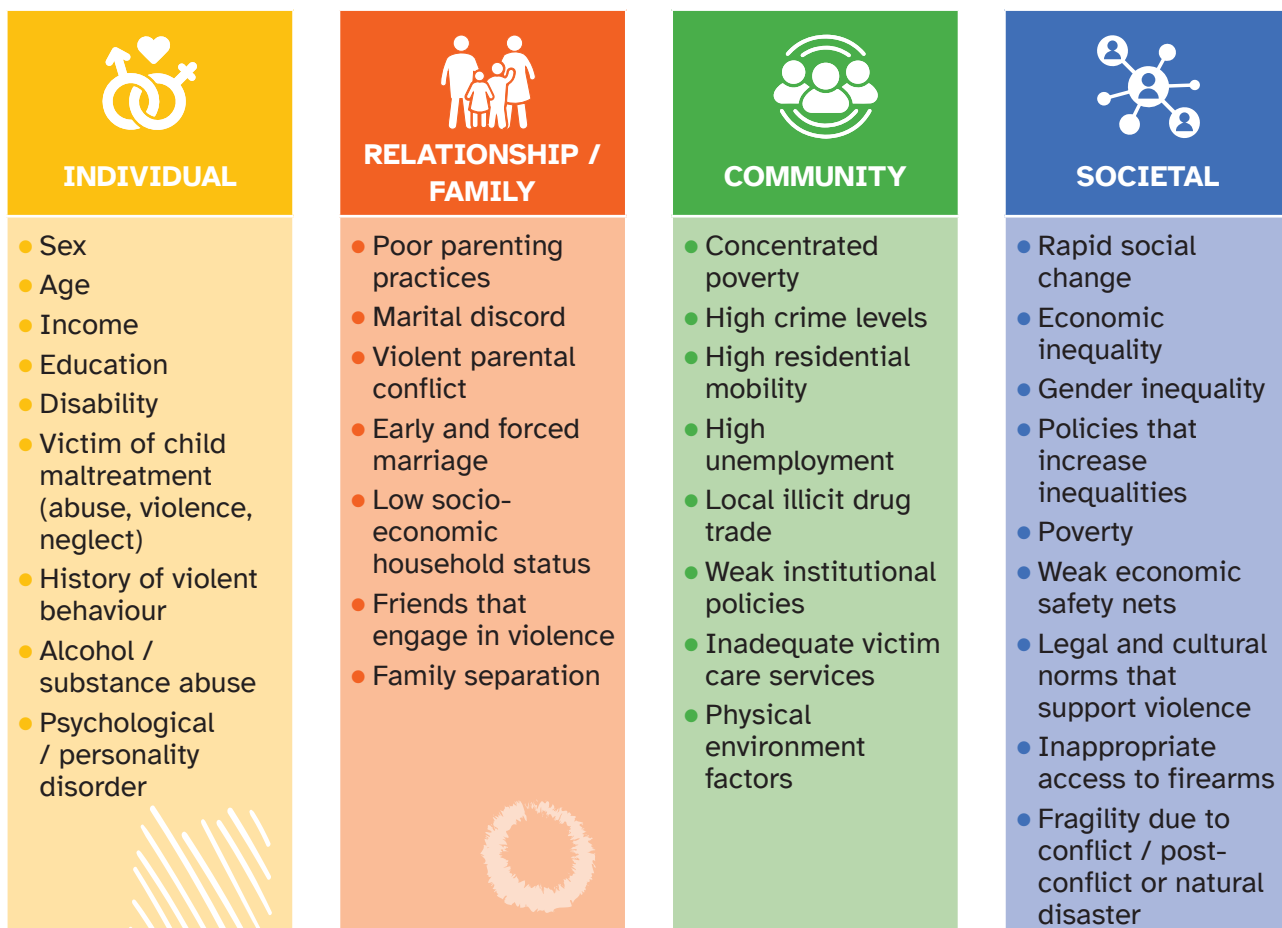


Figure 3. The factors at different levels of the socio-ecological model that may put a child at risk⁴⁷

While most parenting programmes work at the individual and family level to change attitudes and behaviour, violence prevention requires work at all levels of the socio-ecological model.⁴⁸ Some programmes operate at multiple levels, using social and behaviour change campaigns at the community level to challenge harmful gender and social norms and promote caring, nonviolent relationships and more equitable family dynamics, including men’s participation in childcare and unpaid care work. Others work within institutions to train service providers to engage men and support gender-transformative parenting, or advocate for supportive laws and policies such as ending corporal punishment, establishing VAW action plans, or providing paid parental leave. While not all programmes must work at every level, it is important to recognise the need to engage across the ecosystem and build appropriate partnerships and strategies.

✓ **What are parenting programmes and their outcomes?**

The World Health Organisation (WHO) defines a parenting intervention as a set of activities or services directed at parents/caregivers, with the objective of “improving parent–child interactions and the overall quality of parenting that a child receives”.⁴⁹ Parenting interventions together present a social behaviour change strategy that operates at community (group of parents) and family level. They focus on parents/caregivers strengthening their skills and behaviours to improve the way they relate to their child, although interventions may also address parental knowledge, attitudes, beliefs, and feelings.

⁴⁷ Ibid

⁴⁸ UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative and Equimundo, Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2.

⁴⁹ WHO. (2024). Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers. Retrieved from: <https://iris.who.int/bitstream/handle/10665/378237/9789240095595-eng.pdf>



“Families, parents and caregivers play a central role in child well-being and development. They offer identity, love, care, provision and protection to children and adolescents as well as economic security and stability. Families can be the greatest source of support for children but also – under unfortunate circumstances – the greatest source of harm.”⁵⁰

As described in the WHO parenting intervention design and scaling guide⁵¹, in the Nurturing Care Framework⁵², and in the recently published Global Parenting Support Framework⁵³, families’ parenting support needs vary significantly and evolve over time. Represented by a pyramid with three levels, universal, targeted, and intensive, the universal progressive approach combines broad, population-wide parenting support with progressively more intensive services based on family needs (see Figure 4).⁵⁴ This approach ensures that all caregivers have access to inclusive, non-stigmatising, and foundational support, while offering more specialised interventions to those facing additional or complex challenges. Social and Behaviour Change (SBC) strategies play a central role across all levels, ensuring that interventions promote positive parenting practices, shift harmful norms, and foster demand for services.⁵⁵

Universal parenting support aims to reach all caregivers to shift social norms, provide information and promote positive parenting practices. It can be delivered as a stand-alone parenting intervention or by integrating parenting support components (e.g., key messages, counselling or skills-building) into existing services. Universal parenting support is even stronger when it is coordinated to provide support across different sectors, ensuring continuity of services, avoiding gaps, and addressing different parenting needs.⁵⁶



⁵⁰ Ibid.

⁵¹ Ibid.

⁵² WHO, UNICEF, World Bank group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Retrieved from: <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/child-health/nurturing-care>

⁵³ UNICEF (2025). Global Parenting Support Framework. Retrieved from: <https://www.unicef.org/documents/global-parenting-support-framework>

⁵⁴ Ibid

⁵⁵ Ibid

⁵⁶ Ibid

Universal support can be structured into three complementary approaches⁵⁷:

- **Parenting** information and community engagement, which raises awareness and fosters positive social norms through accessible communication strategies and participatory community-based initiatives.
- **Interactive** and participatory learning builds parenting knowledge and skills through structured group sessions, peer exchange or digital courses.
- **Integration** into routine services delivers parenting support through frontline workers by embedding key messages and practices into regular family interactions across sectors

Targeted parenting support complements universal services by addressing specific risks and challenges.⁵⁸ Targeted support typically forms part of secondary prevention strategies and aims to respond to a person's stage of development and the circumstances that might affect their caregiving capacity. To prevent stigmatisation, access to targeted interventions should be embedded within broader universal programming. Trained professionals or supervised community workers typically deliver targeted support through trusted community-based platforms, such as local centres, faith-based groups, or support groups.⁵⁹

Targeted parenting support programmes would be suitable to address parenting challenges faced by families experiencing higher stress and reduced access to resources due to multiple risks, such as: poverty; displacement or living in contexts of fragility, conflict and violence (FCV); ongoing health conditions; food insecurity; social exclusion; or barriers related to access to services including education, legal status, caregiver mental health. Targeted adolescent-focused programs would be suitable to address child marriage, adolescent pregnancy and adolescent parenthood. Targeted parenting support can also be delivered to families.

Adaptation and co-design are especially important to increase relevance and impact and ensure responsiveness to diverse family needs in targeted and intensive interventions.⁶⁰

Intensive parenting support is distinct from targeted support because it responds to persistent and complex challenges that significantly impact a family's ability to provide nurturing care, often requiring a coordinated, multi-agency response. Intensive support is often highly individualised and may require a family-systems approach, recognising that working with one caregiver is rarely sufficient. It is tailored to the unique needs and understanding of a family's life and context, including their strengths and opportunities.⁶¹



⁵⁷ Ibid

⁵⁸ Ibid

⁵⁹ Ibid

⁶⁰ Ibid

⁶¹ Ibid

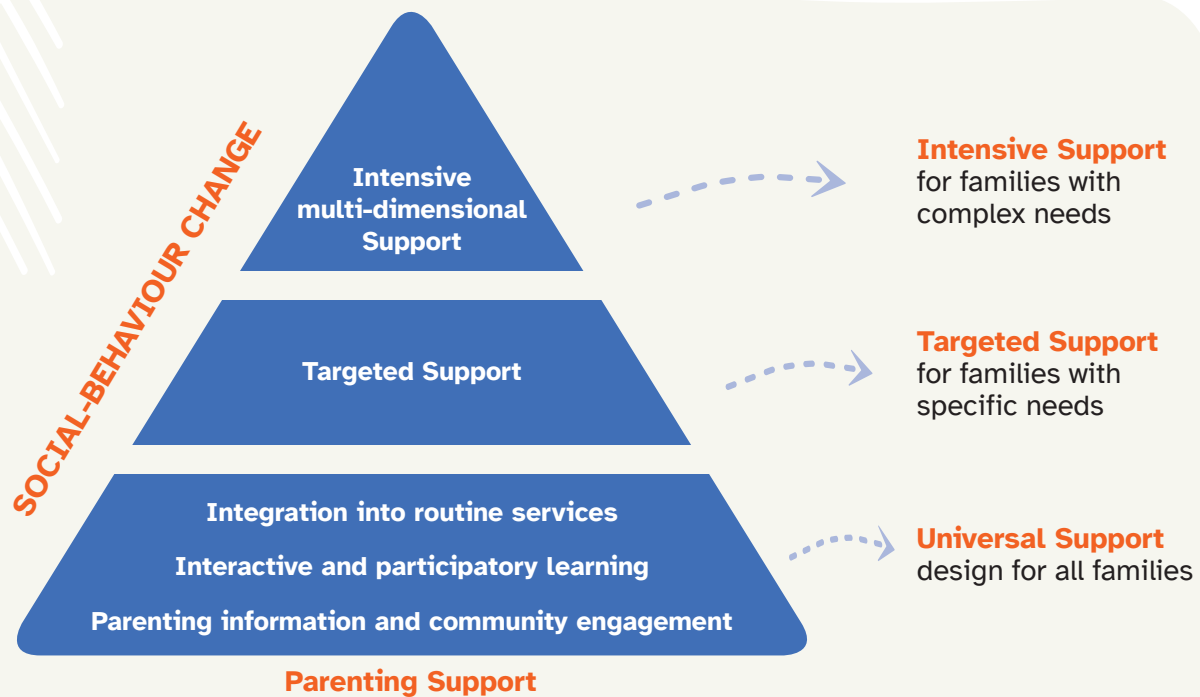


Figure 4. Parenting support pyramid ⁶²

Parenting programmes that aim to reduce VAC and VAW typically require targeted or intensive programme support as they are delivered to groups at higher risk for violence.

This is what is already known about what makes an effective parenting programme:

- **Core content** that is readily adaptable across many contexts:⁶³
 - ◆ Grounded in social learning theory and attachment principles; and
 - ◆ Focused on enhancing parenting skills through practical instruction in positive parent-child interaction, non-violent discipline, problem-solving, and emotional coaching, ensuring that caregivers are responsive to their child’s developmental needs.
- **Outcomes** vary depending on their goals but generally include some or all the following:
 - ◆ **Child and adolescent outcomes** in the following areas: improved cognitive, emotional, and behavioural development in children and adolescents, increased help-seeking behaviours among adolescents and trust in protection systems, as well as enhanced mental health and academic readiness;
 - ◆ **Early-years skills formation**, including cognitive and non-cognitive skills are vital for early childhood development (ECD) programmes;⁶⁴
 - ◆ **Parent and caregiver outcomes** in the following areas: protective factors needed for family resilience, emotional coping, better knowledge of child development, positive changes in attitudes and practices including reduced use of harsh discipline, improved relationships with their children and other adults in the family, enhanced couple relationship quality, increased women’s participation in household decision-making, and increased men’s involvement in childcare and household tasks;
 - ◆ While the evidence base on the effectiveness of parenting programmes to **reduce violence** in the home is still in the early stages, studies have demonstrated the impacts of parenting interventions in reducing both parents’ use of VAC and IPV, and in reducing both VAC and VAW.⁶⁵

⁶² UNICEF (2025). Global Parenting Support Framework. Retrieved from: <https://www.unicef.org/documents/global-parenting-support-framework>

⁶³ Gardner, F., Montgomery, P., & Knerr, W. (2016). Transporting Evidence-Based Parenting Programmes for Child Problem Behavior (Age 3–10) Between Countries: Systematic Review and Meta-Analysis. *Journal of Clinical Child & Adolescent Psychology*, 45(6), 749–762; McCoy A., Melendez-Torres G.J. & Gardner F. (2019). Parenting interventions to prevent violence against children in low- and middle-income countries in East and Southeast Asia: A systematic review and multi-level meta-analysis.

⁶⁴ Social Mobility Commission. (2023). Family and parenting programmes: Rapid evidence assessment. Retrieved from: <https://socialmobility.independent-commission.uk/app/uploads/2023/10/Family-and-parenting-programmes-rapid-evidence-assessment-pdf.pdf>

⁶⁵ Bacchus, L.J., Colombini, M., Pearson, I., Gevers, A., Stöckl, H. and Guedes, A.C. (2024). Interventions that prevent or respond to intimate

Parenting programmes that incorporate a gender-transformative approach have shown promising evidence of outcomes in reducing both VAC and VAW⁶⁶: the 15-year follow-up of the Nurse Family Partnership programme shows child abuse reduced by 48 percent⁶⁷; the Triple P (Positive Parenting Programme) has preventive effects on substantiated cases of child maltreatment, child out-of-home placements, and child injuries from maltreatment⁶⁸. Positive parent-child relationships and a positive parenting style can serve as a buffer for possible negative effects of family and community influences on children's development, including violent behaviour later in life⁶⁹; the Bandebereho programme in Rwanda engaged men during their partner's pregnancy and early fatherhood through gender-transformative group education sessions that challenged harmful gender norms and promoted caring, nonviolent relationships, resulting in significantly reduced physical, sexual, emotional, and economic violence against women by their male partners⁷⁰.

- **Characteristics of delivery:** depending on the target population and the parenting issues the programme aims to address, parenting programmes can be delivered through a range of modalities, often in combination, including:
 - ◆ large group sessions conducted at community hubs or existing services for up to 50 participants to build basic parenting skills and knowledge, fostering community-level discussion without the need for consecutive attendance – often based on structured content. Evidence shows that the parenting programmes that unilaterally talk to parents are not so effective as those that give parents an opportunity to actively apply what they are learning through role-playing or practice at home.⁷¹
 - ◆ smaller, structured group sessions focusing on targeted families, such as those identified as at-risk or court-ordered participants, providing hands-on skills development through regular sessions in health facilities or schools, often with childcare support and using a standard curriculum;
 - ◆ one-on-one coaching and counselling through home visits offer tailored support to at-risk families or as part of a maternal health service, enabling observation and guidance in the home environment;
 - ◆ peer support groups, and community support groups to enable and sustain behaviour change: family and peer support is particularly helpful to mitigate any pushback parents may face from family, friends, or community members as they take on behaviours that may go against prevailing gender and social norms;
 - ◆ programmes supporting couples to develop shared goals and encourage each other to sustain positive changes: this includes fostering healthy and respectful relationships between parents, encouraging men's participation in childcare and unpaid care work and fostering women's support for men's greater participation in such care⁷²;
 - ◆ digital parenting programme components or interventions, accessible via web platforms and social media such as WhatsApp, provide self-guided programmes and/or targeted information to help parents improve their parenting skills;⁷³

partner violence against women and violence against children: a systematic review. *The Lancet Public Health*, Volume 9, Issue 5, e326 – e338. doi: 10.1016/S2468-2667(24)00048-3. Retrieved from: <https://prevention-collaborative.org/parenting-programmes-to-reduce-violence-against-children-and-women/>

⁶⁶ UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative and Equimundo, Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2, UNICEF Innocenti, Florence, 2023.

⁶⁷ Olds D et al. Long-term effects of nurse home visitation on children's criminal and antisocial behavior: 15-year follow-up of a randomized controlled trial. *Journal of the American Medical Association*, 1998, 280: 1238–1244.

⁶⁸ World Health Organization. Preventing violence through the development of safe, stable and nurturing relationships between children and their parents and caregivers. *Violence prevention: the evidence*. Geneva, Switzerland, World Health Organization, 2009.

⁶⁹ UNICEF. (2021). *Programming Guidance for Parenting of Adolescents*; Wessels I, Mikton C, Ward CL, Kilbane T, Alves R, Campello G, Dubowitz H, Hutchings J, Jones L, Lynch M, Madrid B. Preventing violence: Evaluating outcomes of parenting programmes. Geneva, Switzerland, World Health Organization, 2013, P. 2

⁷⁰ Equimundo (2023). Core Elements of Gender-Transformative Fatherhood Programs to Promote Care Equality and Prevent Violence: Results from a Comparative Study of Program P Adaptations in Diverse Settings around the World. Retrieved from: <https://www.equimundo.org/resources/core-elements-of-gender-transformative-fatherhood-programs-to-promote-care-equality-and-prevent-violence/>

⁷¹ Huser M, Small SA, Eastman G. What research tells us about effective parenting education programs. What Works, Wisconsin Fact Sheet. Madison, WI, University of Wisconsin – Madison/Extension, 2008. Retrieved from http://whatworks.uwex.edu/attachment/factsheet_4parentinged.pdf

⁷² UNICEF Innocenti, Florence (2023). Prevention Collaborative and Equimundo, Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2 <https://prevention-collaborative.org/wp-content/uploads/2023/08/Parenting-Brief-2-Gender-transformative-programmes-Feb-13.pdf>

⁷³ UNICEF. (2020). *Designing Parenting Programmes for Violence Prevention: A Guidance Note*. UNICEF New York. Retrieved from: <https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf>

- ◆ it is recommended that the above programme modalities are supported through broad-based social and behavioural communication messages delivered through platforms like TV, radio, social media, and billboards targeted to the general population to create an environment that supports desired behavioural changes in parenting.
- **Venue** for delivery includes health facilities, early childhood education (ECE) settings such as early childhood learning institutions, schools, homes, youth centers, community centres and online, either integrated within an existing delivery platform (for example, within a community-based maternal and child health programme, or as part of a social protection programme) or as a stand-alone programme that has strong referrals to available family support and strengthening services.⁷⁴

A recent review of evidence-based parenting programmes in Europe⁷⁵ found no consistent pattern of positive outcomes due to differences in scale, content, or target groups. However, common benefits include improving protective factors such as parents' knowledge and skills, raising awareness of their role's importance, enhancing parental well-being, expanding social support networks, increasing access to services, building supportive networks, and fostering community integration. Barriers to success included overly complex or patronizing approaches, as well as time and resource limitations. Factors that promoted engagement and positive outcomes included boosting parental confidence, building trust with programme facilitators, creating group or community connections, delivering clear messages, and ensuring accessibility.

There is emerging evidence that hybrid delivery modalities may support recruitment and retention of fathers and male caregivers in parenting programmes. While past research often highlighted challenges in engaging fathers, recent adaptations of programmes, such as Program P⁷⁶, show that combining in-person group sessions with other strategies—like community outreach or institutional engagement—can help reach and retain men more effectively. These approaches create opportunities for men to participate in flexible and meaningful ways, challenging the notion that they are difficult to engage.

✓ **Intersections between VAC and VAW**

Violence against women and violence against children are interconnected human rights and public health issues that often co-occur and share common root causes such as gender inequality and harmful social norms. Research highlights a cycle of abuse in which child maltreatment increases the risk of both experiencing and perpetrating intimate partner violence later in life.⁷⁷ The UN Multi-Country Study on Men and Violence demonstrates that childhood trauma is linked to harsh parenting and violence against women in adulthood.

The 2016 review of linkages between violence against women (VAW) and violence against children (VAC)⁷⁸ describes intersections across six key areas (see figure 5 below): shared risk factors, social norms, co-occurrence, intergenerational effects, compounding consequences, and adolescence. Both VAW and VAC are more likely in contexts marked by gender inequality, weak legal protections, social tolerance of violence, and male dominance in households. Social norms that justify wife-beating and corporal punishment often overlap, with caregivers who support one form of violence more likely to support or practise the other. Child maltreatment and partner violence frequently co-occur in the same households, with children more likely to experience abuse when their mothers are subjected to partner violence. These overlapping patterns reflect not only shared environments of violence but also mutually reinforcing dynamics that perpetuate harm within families.

⁷⁴ Ibid.

⁷⁵ Social Mobility Commission (2023). Family and parenting programmes: Rapid evidence assessment.

⁷⁶ Equimundo (2023). Core Elements of Gender-Transformative Fatherhood Programs to Promote Care Equality and Prevent Violence: Results from a Comparative Study of Program P Adaptations in Diverse Settings around the World

⁷⁷ Fry, Deborah A et al. (2017). Understanding the linkages between violence against women and violence against children. The Lancet Global Health, Volume 5, Issue 5, e472 - e473. Retrieved from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30153-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30153-5/fulltext)

⁷⁸ Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. Global Health Action, 9(1). <https://doi.org/10.3402/gha.v9.31516>

VAW & VAC

<p>SHARED RISK FACTORS</p>	<ul style="list-style-type: none"> ● Gender inequality and discrimination ● Lack of responsive institutions ● Weak legal sanctions against violence ● Male dominance in the household ● Marital conflict ● Harmful use of alcohol and drugs
<p>ADOLESCENCE</p>	<ul style="list-style-type: none"> ● VAW and VAC intersect at adolescence ● Elevated vulnerability to some forms of VAC/VAW ● Perpetration and victimization of some forms of VAW often begin in adolescence ● Early marriage and childbearing – risk factors for VAW and VAC ● Adolescents sometimes overlooked by both fields ● Prevention opportunities exist
<p>COMMON & COMPOUNDING CONSEQUENCES</p>	<ul style="list-style-type: none"> ● Similar mental, physical, sexual and reproductive health consequences ● Violence (polyvictimization) may have cumulative compounding effects
<p>SOCIAL NORMS</p>	<p>Social norms that:</p> <ul style="list-style-type: none"> ● Condone violent discipline (wife-beating and corporal punishment) ● Promote masculinities based on violence and control ● Prioritize family reputation and blame victims ● Support gender inequality
<p>CO-OCCURENCE</p>	<ul style="list-style-type: none"> ● Partner violence and child maltreatment often occur in the same family ● Children in households where mother is abused more likely to experience violent discipline
<p>INTERGENERATIONAL EFFECTS</p>	<ul style="list-style-type: none"> ● Consequences of VAC last into adulthood ● Partner violence affects > low-birth weight, under-5 mortality, children's mental health and social development ● VAC increases risk of perpetrating or experiencing violence later in life

Figure 5. *Intersections between VAW and VAC* ⁷⁹

⁷⁹ Ibid

Parenting programmes have a critical role in addressing these intersections by targeting the root causes of family violence. Evidence suggests that integrated parenting interventions—particularly those that address gender inequality and engage both mothers and fathers—can prevent harsh parenting practices and reduce partner violence. Parenting interventions can break intergenerational cycles by supporting parents to manage stress, improve communication, and adopt nonviolent caregiving behaviours. Adolescence, a life stage where both victimisation and perpetration of certain forms of violence begin, presents a key opportunity for prevention. Strengthening parenting during this period, including promoting equitable gender norms and nonviolent discipline, is essential to protecting both women and children and to fostering healthier, safer family dynamics.

✓ **Gender-transformative approaches in parenting programmes**

Global evidence

Gender-transformative approaches in parenting programming intentionally seek to address the root causes of gender-based inequalities and to challenge or transform harmful gender roles, norms, and power imbalances between men and women, boys and girls. They involve both female and male parents and caregivers to promote caring, equitable relationships and nonviolent interactions, and supports parents in critically reflecting on gender attitudes and power dynamics, improving parenting and relationship skills, and raising children free from gender stereotypes.⁸⁰

Gender-transformative parenting programmes seek to transform parents' own gender attitudes and behaviours to improve couple relations and change the way parents raise their children. To do so, these programmes promote critical reflection and discussion of unequal gender attitudes, norms, and power dynamics, as well as support parents in identifying the benefits of more equitable ways of being. They build or strengthen relationship and parenting skills to improve the quality of co-parent and parent-child relationships (e.g., communication, emotional self-regulation, conflict resolution, stress management, and nonviolent discipline). Gender-transformative parenting programmes also seek to address caregiver health and emotional well-being which is key to promoting optimal child development. Such interventions provide opportunities to promote positive gender socialization messages and behaviour prior to adulthood and reduce exposure to gender-specific risk factors.

Parenting programmes using a gender-transformative approach do not only include fathers or teach equal roles — they actively engage parents in reflecting on and shifting internalized beliefs about masculinity, femininity, caregiving, authority, and emotional expression. The approach emphasizes shared responsibility in child-rearing, respect for children's rights regardless of gender, and the prevention of violence through early socialization.

According to UNICEF Technical note⁸¹, gender-responsive parenting applies key principles such as gender equality and inclusion, and that promotes positive gender norms and socialization, in order to transform imbalanced power structures in families (and future generations). This means promoting and supporting the holistic development, well-being and positive gender socialization of the child throughout their life course, through parenting interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices.

⁸⁰ UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, & Equipundo. (2023). Parenting Programmes to Reduce Violence against Children and Women: Why it is important. Brief 1 Retrieved from: <https://prevention-collaborative.org/wp-content/uploads/2023/08/Parenting-Brief-1-Why-is-it-important-Feb-13.pdf> ; UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, & Equipundo. (2023). Parenting Programmes to Reduce Violence against Children and Women: What gender-transformative programmes look like. Brief 2:

⁸¹ UNICEF. (2021). Technical Note: Gender-Responsive Parenting. Retrieved from: https://www.unicef.org/eca/media/16436/file/Gender_Responsive_Parenting.pdf

The evidence of impact of the gender-transformative approach on VAC and VAW is growing but it remains limited to a few programmes implemented in a few settings.⁸² Examples from African countries include the following:⁸³

- **Parenting for Respectability Programme outcomes (Uganda):** Men reported greater use of nonviolent discipline strategies with children (VAC), less spousal conflict and more mutual respect for female partners (VAW).
- **Graduation Approach (Burkina Faso):** significant reductions were found in children's self-reported past-year exposure to emotional violence and physical violence at 24-month follow-up, but not at 12-month follow-up (VAC); significant reductions were found in women's self-reported past-year experience of emotional IPV at 12-month follow-up (VAW).
- **Bandebereho (Program P) (Rwanda):** significant reductions were reported in both women's and men's use of physical punishment of children (VAC); significant reductions were found in women's self-reports of experiencing physical IPV and sexual IPV in the past year (VAW).

Evidence from the mapping and review of parenting programmes in Europe and Central Asia

The recent mapping and scoping review of experiences in Europe and Central Asia⁸⁴ found that although some programmes reflect a gender-transformative approach, no programmes were found to have been designed with this in mind. The report refers to a gender-transformative parenting mapping conducted by UNICEF ECARO, which identified many potential programmes that could be used for expanding a gender-transformative approach. It thus appears that many, if not all, of the widely used parenting approaches could take a more gender-transformative approach if this was more consciously considered in the design phase. There are examples of programmes from Africa and Latin America that have successfully added in gender-transformative approaches with emerging promising results.

Moldova-specific evidence

The Generations and Gender demographic study conducted in Moldova (2020) shows an unequal division of childcare and household responsibilities between women and men. Men tend to be less involved in both housework and childcare, which has implications for father-child interaction and family relationships, child development, but also for women's ability to be socio-economically active. The unequal division of unpaid care and domestic work affects women's economic and emotional well-being, leading to conflicts and violence in the family.⁸⁵ The comparative analysis of gender-responsive family policies in Moldova⁸⁶ reveals that early involvement of fathers in childcare makes the child more active and helps children to develop cognitive skills more easily in the future. Mothers also find it easier to return to the labour market if they receive their partners' support in unpaid care work. Experiences show that the presence and involvement of fathers at all stages of a child's development sets positive precedents for an equitable division of family responsibilities.

⁸² UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative and Equimundo, Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2, UNICEF Innocenti, Florence, 2023. P. 6

⁸³ Prevention Collaborative. 2022. Evidence Brief: Parenting and Caregiver Support Programmes to Prevent Violence in the Home. <https://prevention-collaborative.org/wp-content/uploads/2022/02/Prevention-Collaborative-Parenting-Brief.pdf>

⁸⁴ World Health Organization Regional Office for Europe (2024). Supporting parents and caregivers: a mapping and scoping review of experiences in Europe and central Asia. Retrieved from: <https://iris.who.int/bitstream/handle/10665/378817/9789289061094-eng.pdf?sequence=1&isAllowed=y>

⁸⁵ UNFPA, MLSP (2020) Generations and Gender Survey. NIDI-GGP <https://moldova.unfpa.org/en/publications/generations-and-gender-survey-report>

⁸⁶ UNFPA (2021) The comparative analysis of the gender sensitive family policies. <https://moldova.unfpa.org/ro/publications/analiza-comparativ%C4%83-%E2%80%9Cpolitici-familiale-sensibile-la-gen-reglement%C4%83rile-na%C8%9Bionale-prin?fbclid=IwAR1GFICDMEM48iGcX2HYt62kBpg5DwFY55gDxUawHgvI3p3zwyLSN2HTpGw>



The benefits of an equitable division of domestic and family care responsibilities also have a positive impact on society: relieving pressure on the community care system by encouraging home care; building a tolerant and non-discriminatory society; and in combination with other factors, such sharing of unpaid care responsibilities contributes to increasing birth rates and ensuring demographic well-being.⁸⁷

The 'International Men and Gender Equality Survey' (IMAGES)⁸⁸ shows an increase in fathers' overall involvement in the upbringing and education of children in Moldova, from 55 percent in 2015 to 68 percent in 2024. This confirms an important desire among men to be more involved in the care of their children, as reflected in the 2014 IMAGES survey⁸⁹ which showed that 59% of men would want to work less if they could spend more time with their children. However, preventing and combating the VAW is not an integral part of parenting education. Data shows that only 28 percent of men have had discussions with their sons or other boys in their care about violence against girls and women. These results suggest a lack of active involvement in gender equality education within parenting relationships, which may contribute to the perpetuation of violent stereotypes and behaviours in society.

The UNICEF Survey (2023) on 'Knowledge, Attitudes and Practices of Families in Early Childhood Care and Development'⁹⁰ underlines the need for integrating the prevention of VAC and VAW, as well as the promotion of gender equality, into parenting programmes in Moldova. The survey revealed a high incidence of family arguments, with as many as one in three children aged 0–6 occasionally or systematically witnessing arguments or conflict. More than half of parents/caregivers reported punishments such as: forcing children to perform certain activities, withdrawing certain privileges, yelling at children, and other methods that could be considered abusive. At least one third of children aged 1–14 were subjected to physical discipline, most often involving 'spanking'. Moreover, 8 percent of carers said they believed that physical punishment was necessary to properly bring up or educate a child. This was more common among people with a low or average level of education, those with low socioeconomic status, and those living in rural areas. The study also showed concerning findings in terms of children being left unaccompanied or in the care of another child: 3.5 percent of carers had left a child alone for more than one hour in the past week, and 12 percent had left a child in the care of another child under 10 years of age.

⁸⁷ Ibid.

⁸⁸ Chieianu-Andrei D., Zaporojan A., et al (2024). Men and Gender Equality in Moldova, <https://cdf.md/wp-content/uploads/2024/12/barbati-si-egalitatea-de-gen-in-rm-images-2024.pdf>

⁸⁹ Diana Cheianu-Andrei, Iurie Perevoznic, Angelina Zaporojan-Pîrgari et al. (2015). Men and gender equality in the Republic of Moldova. Based on IMAGES methodology. Women's Law Center, Center for Investigation and Consultation "SocioPolis". Chişinău. 2015. Page 68. Retrieved from: <https://www.equimundo.org/wp-content/uploads/2016/03/IMAGES-Moldova-English-web.pdf>

⁹⁰ UNICEF (2023) Knowledge, Attitudes and Practices of Families in Early Childhood Care and Development: Survey Report <https://www.unicef.org/moldova/media/12781/file/ECD%20KAP%20Study%20EN.pdf>

The recent study on knowledge, attitudes and challenges of parents and caregivers of children with disabilities in Moldova⁹¹ shows that, although most parents and caregivers of children with disabilities have some general awareness about disability, many still lack access to accurate information about its causes and risk factors. While 62% report having general information, 45% remain unsure how to interact with a child with a disability, and many continue to associate disability primarily with illness. Parents also face significant challenges, including limited knowledge, stigma, emotional exhaustion, self-stigmatization, and low confidence in their child's potential.

Findings from the 2023 ECD KAP study⁹² reinforce these concerns. Only 41,6% of parents/caregivers consider that children with disabilities should go to a regular preschool in the community, an improvement from 2018 but still low. Meanwhile, just 5% of parents/caregivers of children with disabilities say they would actually enrol their child in a community preschool, a reluctance likely driven by stigma, discrimination, and limited confidence in the support available. Mothers, in particular, report⁹³ feelings of guilt and social isolation and often become the primary or sole caregiver. Many parents across studies express a clear need for emotional support, practical guidance, and peer support networks to help manage caregiving responsibilities and cope with societal stigma.

A recent Innocenti report on parenting programmes⁹⁴ identified the key principles and programme content associated with gender-transformative parenting approaches, as follows:

● **Common programme principles:**

- ◆ grounded in gender equality and women's rights;
- ◆ engaging men as equitable parents and caregivers;
- ◆ promoting women's and children's safety and rights;
- ◆ engaging communities and other stakeholders in programme design or adaptation;
- ◆ applying a strengths-based approach and meeting parents where they are;
- ◆ recognising that violence prevention requires work at all socio-ecological levels.

● **Common programme content:**

- ◆ promoting reflection on gender norms and power imbalances;
- ◆ raising awareness of violence and its consequences;
- ◆ building couple relationship skills (e.g., communication, conflict resolution);
- ◆ building parents' skills to manage emotions (e.g., stress management);
- ◆ strengthening caregiving and positive parenting skills (e.g. parent-child communication and relationships)
- ◆ promoting more equitable family dynamics (e.g., shared caregiving, household tasks);
- ◆ encouraging reflection on participants' own childhoods;
- ◆ promoting positive gender socialisation to raise children free from stereotypes;
- ◆ addressing alcohol misuse where relevant to reduce risks of violence;
- ◆ fostering family, peer, and community support to sustain behaviour change.



⁹¹ Parascovia Munteanu and Tatiana Vasian. (2024). Knowledge, attitudes and challenges of parents and caregivers of children with disabilities in the Republic of Moldova. Retrieved from: <https://www.unicef.org/moldova/media/14311/file/Knowledge,%20attitudes%20and%20challenges%20of%20parents%20and%20caregivers%20of%20children%20with%20disabilities%20ENG.pdf>

⁹² UNICEF (2023) Knowledge, Attitudes and Practices of Families in Early Childhood Care and Development: Survey Report

⁹³ Parascovia Munteanu and Tatiana Vasian. (2024). Knowledge, attitudes and challenges of parents and caregivers of children with disabilities in the Republic of Moldova

⁹⁴ UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative and Equimundo. (2023). Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2, UNICEF Innocenti, Florence, 2023. Retrieved from: <https://prevention-collaborative.org/wp-content/uploads/2023/08/Parenting-Brief-2-Gender-transformative-programmes-Feb-13.pdf>

Thus, parenting programmes that take a gender-transformative approach — working with both mothers and fathers to challenge restrictive gender norms and create more equitable relationships — contribute to reducing the perpetuation and/or reinforcement of harmful gender stereotypes.

Given the paucity of parenting programmes initially designed to be gender transformative, guidance on how to adapt programmes to address both violence against children (VAC) and violence against women (VAW) set out crucial steps when considering the scale up of parenting programmes, starting with staff consultation to gain buy-in, engaging key stakeholders in programme adaptation, through to testing adapted programme components and recruitment strategies, ensuring there are clear referral processes and well-equipped facilitators who receive supportive supervision, and ensuring session timing and locations are accessible for priority participants at risk of or experiencing intimate partner violence (IPV).⁹⁵

Addressing gender-based violence as part of parenting programming is essential in Moldova given the above described evidence of VAC, VAW and IPV, which has reportedly increased in the past five years due to the impacts of the COVID pandemic⁹⁶ and the war in Ukraine⁹⁷.

As Moldova advances the development of its strategic concept and vision for a national ecosystem of positive parenting education, it is essential to embed both critical dimensions across all parenting programs: gender-transformative approach and addressing gender-based violence.



⁹⁵ UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, & Equimundo. (2023). Parenting programmes to reduce violence against children and women: How to adapt programmes to address both types of violence (Brief 3). Retrieved from: <https://prevention-collaborative.org/wp-content/uploads/2023/08/Parenting-Brief-3-How-to-adapt-programmes-Feb-13.pdf>

⁹⁶ UNWomen. (2020). Assessment of COVID-19 impact on gender roles. Retrieved from: <https://moldova.unwomen.org/en/biblioteca-digitala/publicatii/2020/09/gender-assessment-on-covid-19>

⁹⁷ UNHCR. (2024). Gender-Based Violence Safety Audit Report: Ukraine Refugee Response, Republic of Moldova. <https://data.unhcr.org/en/documents/details/108377>

Research Methodology

Research goal, objectives, principles and research questions

The **main goal of the research** was to conduct a situational analysis of parenting programmes in the Republic of Moldova through a gender transformative lens. The **objectives** of the research were:

- To identify parenting programmes that integrate a gender perspective and address VAC and VAW;
- To analyse the content of parenting programme and their impact on family life, prevention and combating VAC, VAW and GBV;
- To provide evidence-based data for developing a Theory of Change (ToC) and Evaluation framework that reflects positive parenting behaviours, support, quality services, and an environment conducive to change.

In general, Maestral took an approach that is based upon the following **core principles**:

- In full accordance with the principles of key child rights instruments including the United Nations Convention on the Rights of the Child, UN Convention on the Rights of Persons with Disabilities, UN Guidelines for the Alternative Care for Children, the European Commission's Directive criminalising certain forms of violence against women⁹⁸, Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, international best practices on child protection and child welfare, and laws, policies and national strategies of the Republic of Moldova including those described in the background section of this proposal;
- Participatory and transparent approaches through active engagement of stakeholders including government representatives, civil society members and service users;
- Commitment to considerations of age, gender, ability, ethnic, cultural, religious, economic and other factors that might influence children's, families, communities and service providers' ability to care for and support children in Moldova;
- A strengths-based approach recognizing that all caregivers bring strengths and assets to provide care and protection to their children, recognizing, however, that they often require support and services to be able to access their internal and external strengths;
- Respect and understanding of the unique cultural diversity of Moldova and its people, and recognition of the customs and practices that exist and support child wellbeing and development; and
- Build upon the existing evidence, systems, structures and platforms, and resources in the country.

Recognizing that gender equality is a fundamental human right and a cornerstone for building a peaceful, prosperous, and sustainable world, the Maestral team gave particular attention to gender transformative parenting strategies that promote positive gender norms, and grounded the review in the following definition of gender-transformative parenting:

Gender-responsive parenting is parenting that infuses key normative principles such as gender equality and inclusion and promotes positive gender norms and socialization to transform power structures in future generations.⁹⁹

⁹⁸ Directive 2024/1385/EU, Retrieved from: (ENG) https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L_202401385 and (in Romanian) https://eur-lex.europa.eu/legal-content/RO/TXT/PDF/?uri=OJ:L_202401385; also https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/ending-gender-based-violence_en#:~:text=law%20and%20policy,-,The%20Directive%20criminalises%20at%20EU%20level%20certain%20forms%20of%20violence,on%20the%20ground%20of%20gender.

⁹⁹ Shreyasi J., Blight, S., Guedes, A. UNICEF. Gender Transformative Parenting presentation. Date unknown. Accessed in March, 2025 from: <https://www.unicef.org/media/120731/file/Gender%20Transformative%20Parenting%20-%20A%20UNICEF%20presentation.pdf>

The following **research questions** guided the design of the research methodology.

1. How do decision-makers, programme implementers and programme beneficiaries perceive outcomes and benefits of current parenting programmes?
2. What are the parenting behaviours that current programmes are currently addressing?
3. How are existing parenting programmes being delivered (i.e. frequency, duration, target populations, delivery approaches, etc.)?
4. How do decision-makers, programme implementers and programme beneficiaries perceive quality of existing parenting programmes, including how they address gender?
5. In what ways can the enabling environment be more supportive of gender-transformative parenting?
6. How can current programmes adopt a more gender-transformative approach?
7. To what extent do parenting programmes contribute to combating gender stereotypes and raising awareness of the consequences of violence?
8. How do parenting programmes contribute to preventing and reducing violence against children (VAC) and violence against women (VAW)?
9. To what extent do parenting programmes influence the behaviour of parents/caregivers and contribute to improving family relationships?

Research methods

The following research methods were applied for the review of parenting programmes in Moldova:

1. Desk review
 2. Mapping and development of a database of existing parenting interventions/programmes in Moldova
 3. Obtaining ethical approval
 4. Primary qualitative and quantitative research
1. Desk review

A comprehensive review was conducted of a total of 74 documents (see Annex 2 for the full list of documents), including:



Mapping and development of a preliminary database of existing active parenting programmes in Moldova

In order to identify parenting/ caregiver support initiatives, the Maestral team analysed the data contained in the 2020 parenting programme mapping report¹⁰⁰ and complemented this information with additional data gathering through interviews with government officials, Civil Society Organisations (CSOs), and other key stakeholders as well as searches on the web and printed documentation, to identify new initiatives that have emerged since the 2020 mapping was conducted.

¹⁰⁰ Mapping of parental education programmes provided in the Republic of Moldova. Research Report: National Center for the Prevention of Child Abuse (CNPAC) in partnership with the Ministry of Education, Culture and Research; 2020. https://www.cnpac.md/wp-content/uploads/2020/11/Studiu-pilot_parenting_final.pdf

The desk review and mapping of emerging initiatives sought to identify all active parenting programmes implemented in Moldova in the past three years (2023-2025). Particular attention was given to identifying programmes that address violence against children (VAC) and violence against women (VAW) through gender-transformative approaches. These include initiatives that engage parents, adolescents, and men to challenge harmful gender norms, promote equitable relationships, and strengthen positive couple dynamics. The review also focused on programmes that support parental mental health, integrate interventions within routine services, and apply evidence-based practices with strong data collection and monitoring capacities.

Once existing parenting and caregiving programmes were identified, they were included in the sample for quantitative research.

Ethical approval

The Maestral team drew on its extensive experience in both qualitative and quantitative research to ensure that ethical standards were fully upheld throughout the design, implementation, and analysis phases of the study. Ethical principles guided all aspects of data collection—including focus group discussions (FGDs), key informant interviews (KIIs), quantitative survey administration, as well as data storage and use. All team members signed and adhered to Maestral’s Code of Conduct and Safeguarding Policy, which are grounded in internationally recognised standards and aligned with the United Nations Convention on the Rights of the Child. These policies incorporate specific ethical safeguards for conducting research involving or affecting children (Maestral’s Code of Conduct is available upon request). Informed consent was obtained from all participants, and the confidentiality of respondents was strictly maintained. No interviews were conducted with children.

UNICEF guidelines and ethical considerations with regard to research were respected. Such specific guidelines included:

- Ensuring that information and data is confidential and stored confidentially;
- Ensuring that all ethical permits are obtained for data collection and research, so as not to put participants at risk;
- Study/research applying the “do no harm” principle i.e. not constituting a risk to participants in the study, not preventing participants from benefitting from interventions etc.;
- Ensuring availability of support services in case of identification of cases of abuse;
- Ensuring availability of interviewers from both genders; and
- Ensuring researchers were well-trained, create comfortable interviewing spaces, and build trust.

All members of the research team completed UNICEF’s online course Introduction to Ethics in Evidence Generation (Basic)¹⁰¹. Ethical approval for the methodology and research tools was sought from, and granted by, the local ethical review body—the Moldova State University Council, specifically its Faculty of Psychology, Education, Sociology and Social Assistance, given the Department of Sociology’s involvement in field data collection. Within the Council, experts in education, psychology and social protection reviewed and approved the research methodology and tools, ensuring that the concepts and terminology used were aligned with a human rights-based approach and met safeguarding standards. See Annex 3 for the approval letters and minutes of the review meeting.

¹⁰¹ <https://agora.unicef.org/course/info.php?id=33813>

Primary qualitative and quantitative research

After obtaining ethical approval, primary qualitative and quantitative data was collected by the Moldova State University Laboratory of Sociology, under the supervision of the Maestral team members based in Moldova, to document evidence on the outcomes of parenting and caregiver programmes. The Maestral team provided a 3-day training to all data collectors on research ethics and the purpose, methodology and tools of this assessment. Data collectors had experience conducting similar research.

The quantitative research involved administering two types of survey questionnaires, either in person or online, to identify parenting programmes that address violence against children (VAC) and violence against women (VAW) through gender-transformative approaches:

- one questionnaire directed to directors of organisations or parenting programme providers, and
- another designed for parenting programme trainers and facilitators.

Both questionnaires were designed to understand:

- programme objectives and content, delivery mechanisms, coverage, funding, target groups etc.
- capacity strengthening of the programme facilitators, gender lens mainstreaming
- knowledge and attitudes of key stakeholders about the impact of parenting programmes on reducing violence against both children and the parents themselves and improve their well-being.

All 21 parenting programme providers identified as active since 2023 till current (2025) were covered through quantitative data collection, as follows.

Data collection method per respondent type/actor	Number questionnaires completed
Questionnaire for parenting programme managers/directors of the provider organisations <ul style="list-style-type: none"> ● 13 of the 30 providers identified in 2020 mapping found to be still active in 2023-2025 ● 8 new parenting programme providers identified 	21
Questionnaire for parenting programme facilitators (3-5 facilitators per parenting programme)	72

A total of 90 parenting programme facilitators and trainers affiliated with the 21 active parenting service providers were contacted to participate in the survey. Of these, 72 facilitators completed the questionnaire, while 18 were unable or declined to do so. Among those who did not respond, eight facilitators explained that although they had completed a training-of-trainers course, they had not yet begun implementing parenting programmes in their respective regions and therefore could not provide the required information. The remaining ten facilitators declined to complete the questionnaire for various reasons, including the short-term or project-based nature of their previous engagement, loss of contact with the contracting organisation, or other unspecified factors.

The Excel-based parenting programme database, developed by the Maestral team as part of the quantitative research, catalogues the key gender-transformative characteristics (see table below) of the 30 parenting programmes currently active in Moldova. These programmes are implemented by 21 providers and delivered by a total of 72 trained facilitators.

Key gender-transformative parenting programme parameters applied to catalogue programs

- Intervention type
- Name of the intervention
- Implementing organisation
- Main target audience(s) (including minority groups)
- Geographical coverage (including rural and urban)
- Has the intervention been accredited: Y/N, by what authority?
- Age group(s) of children and adolescents being addressed
- Number of parenting sessions included in the programme
- Main topics covered in the intervention
- Main desired parent-focused outcomes
- Main desired child/adolescent outcomes
- Positive gender norms are promoted: Y/N
- Facilitators are trained to address gender norm biases: Y/N
- Programme is accessible to both mothers and fathers: Y/N
- Male involvement in parenting is encouraged: Y/N
- Programme has been reviewed to be gender transformative and avoid gender stereotypes: Y/N
- Linkages/ referrals to services, including referrals to child/adolescent health, GBV, mental health, child/adolescent protection, psychosocial support, education support needs: Y/N
- How intervention was developed (whether adapted from an existing programme or fully new)
- Evidence-base that informs intervention
- Delivery and delivery methods (duration, in-person vs online or hybrid, at-home activities)
- Adult learning methods are used: Y/N
- The programme is inclusive and accommodates participation of people with disabilities: Y/N
- Capacity of the workforce used to deliver the parenting programme, and support provided to the workforce (provision of training, content of facilitator training, and/or other capacity strengthening, performance monitoring, supportive supervision)
- Monitoring and evaluation methods (if any)
- Funding source for the parenting programme
- List other organisations or entities the programme collaborates or partners with (e.g. schools, social welfare service, youth centres, youth clinics, libraries, etc.)



Qualitative research involved conducting 20 interviews and 8 FGDs in total, involving a total of 84 respondents. The qualitative research respondent sample included a the following diverse range of stakeholders involved either in the design and delivery of parenting programmes or representing their target groups.

- members of the national-level consultative platform on parenting programming
- the largest CSOs providers of parenting programmes at national and regional levels
- the public institutions at national and regional level beneficiaries of parenting programmes in different areas
- international organisations which provide support CSOs parenting programme delivery
- parent/caregiver beneficiaries of the parenting programmes in different areas
- parenting programme facilitators in different areas
- community specialists who interact with families and children

This inclusive approach was designed to ensure a comprehensive understanding of both the programmatic design and the perceived impact of parenting interventions.

A total of 20 key informants were interviewed, as detailed in the table below.

Key informant interview (KII) participants	Number of KIIs
Ministries with key roles in the national-level consultative platform on parenting programming <i>MER (1), MLSP (1), MH (1)</i>	3
International organisations <i>(UNICEF (2), UNFPA (1), CTWWC (1))</i>	4
Republican Center for Psycho-pedagogical Assistance	1
Independent expert involved in development and delivery of Training of Trainers in Parenting Programming	1
Public institutions that have implemented parenting programmes (<i>Directorate for Child Rights Protection Chişinău municipality (1), Center for Adults Training and Education Chişinău municipality (1), Territorial Agency for Social Assistance Northwest (1), Territorial Agency for Social Assistance South (1)</i>)	4
Organisations active in preventing and combating violence (<i>Gender Equality Platform, Life Without Violence Coalition, Artemida NGO, Casa Mărioarei, Gender Center, UNFPA Women and Girls Safe Space</i>)	7
TOTAL	20

A total of 64 respondents participated in focus group discussions, as follows.

FGD participants	Socio-demographic characteristics	Number
Parents/Caregivers	Mothers/caregivers of children with disabilities	24
	Fathers/caregivers of children	
	Parents/caregivers refugees from Ukraine	
Parenting programme facilitators	Parenting facilitators of the PANDA, MELLOW and PEACE programmes	9
	Parenting facilitators for fathers	
Community-level specialists	GBV specialists from TASA	31
	Child rights protection specialists from town halls and social workers	
	Members of local multidisciplinary teams	
TOTAL		64

Findings and analysis

The mapping of existing parenting programmes in Moldova identified **21 organisations currently implementing 30 active parenting programmes across the country**. This includes 13 organisations that were also mapped in 2020 and remain active, as well as eight newly identified providers offering parenting support services.

A comparison between the 2020 mapping and the 2025 review highlights several key developments. In 2020, 30 organisations were identified as providing parenting support to families—28 non-profit organisations, one limited liability company, and one public institution—collectively implementing 52 distinct parenting programmes.

Since then, 15 of these organisations have ceased their parenting activities, while two organisations (Terre des Hommes and La Strada) have temporarily suspended their programmes due to funding constraints but are expected to resume. Of the 52 programmes identified in 2020, 40 have been discontinued, leaving 12 still active.

At the same time, eight new organisations have begun implementing parenting support activities, launching 18 new programmes. Consequently, as of 2025, Moldova has 21 active organisations delivering 30 ongoing parenting programmes, comprising 19 non-profit organisations, one limited liability company, and one public institution.

It should be noted that three providers (Terre des Hommes Foundation, La Strada, AO Prietena Mea) are not included in the database as they are currently not providing parenting programmes but plan to re/engage with parenting programme delivery:

- 2 of these organisations are planning to reactivate their parenting programmes (Terre des Hommes and La Strada, were identified in the 2020 mapping)
- 1 organisation (AO Prietena Mea, newly identified in 2025) is in the process of preparing a new parenting programme for parents with disabilities/SEN and is currently training a group of support teachers as parenting programme trainers

Comparison of the findings from the 2020 and 2025 mappings of parenting programmes reveals that civil society organisations (CSOs) continue to serve as the main providers of parenting programmes in the country. While their contribution remains essential, this heavy reliance on CSOs poses significant risks to the long-term sustainability of parenting support, particularly in the absence of stable public funding and institutional ownership. The findings further show a notable decline in the number of parenting programmes, from 52 programmes documented in 2020 to 30 active programmes in 2025, highlighting the fragility of current delivery mechanisms and the need for stronger state engagement.

The following table shows a comparison of the status of parenting programmes in Moldova in 2020 and now.

Parenting Programmes mapped in 2020	Parenting Programmes studied in 2025
<p>52 parenting programmes active in 2020 40 parenting programmes were discontinued and have not been implemented in the last 3 years (2023-2025) Key finding: Lack of sustainability strategy of the parenting programs</p>	<p>30 Parenting Programmes active 2023-2025</p> <ul style="list-style-type: none"> 12 parenting programmes mapped in 2020 18 new parenting programmes identified Key finding: The newly identified parenting programmes are project-based and provided by CSOs
<p>30 Providers of parenting programmes</p> <ul style="list-style-type: none"> 28 Non-profit organisations 1 Limited Liability Company 1 Public Institution <p>Key findings:</p> <ul style="list-style-type: none"> 15 providers that were active in 2020, no longer provide parenting programmes in 2025 2 providers have temporarily discontinued their parenting support (Terre des Hommes, La Strada) Non-profit organisations discontinued the delivery of parenting programmes due to limited external donor funding and the absence of contracting mechanisms financed through the state budget. 	<p>21 providers of parenting programmes</p> <ul style="list-style-type: none"> 19 Non-profit organisations 1 Limited Liability Company 1 Public Institution <p><i>Of the 21, 8 are newly identified providers (organisations)</i></p> <p>Key findings:</p> <p>Of the 21 providers, eight providers are newly identified (organisations). The 21 organisations deliver different types of parenting programmes.</p>

The 21 identified organisations implementing parenting programmes deliver a total of 30 programmes, each with distinct characteristics.

- One NGO, **Partnership for Every Child**, provides four parenting programmes:
 - ◆ **Mellow Parenting**: A structured, evidence-based universal programme that consists of 14 group sessions and aims to support parents in developing parental skills at different stages of child development – from prenatal to pre-school age. The programme focuses on facilitating positive relationships between parents and children, improving their well-being, learning from experiences and understanding how they influence behaviour.
 - ◆ **PANDA**: An intensive parenting programme incorporating therapeutic elements for children and adults living with or affected by alcohol addiction. Participants include children aged 4–14 and their non-alcohol-dependent parents. The programme combines educational activities with access to individual and group counselling sessions to support both children and caregivers.
 - ◆ **PEACE**: A universal parenting programme comprising three structured sessions designed to help parents strengthen their parenting skills by promoting positive, empathetic, and non-violent practices grounded in gender equality. The programme also seeks to reduce parental stress and enhance family well-being.
 - ◆ **Parenting Programme for Refugees from Ukraine**: A targeted parenting programme adapted for crisis and displacement contexts, offering flexible, short-term psychoeducational sessions in community settings. The programme focuses on stress management, coping strategies, and promoting child well-being.

- The **National Centre for the Prevention of Child Abuse (CNPAC)**, provides three parenting programmes:
 - ◆ ***Without slapping (Fără palme)***: A universal, skills-based parenting programme that promotes non-violent parenting and positive discipline, delivered through structured workshops and public awareness campaigns.
 - ◆ ***CONECT (Adolescence Explained to Parents)***: A universal parenting programme designed for parents of adolescents, consisting of 15 sessions covering topics such as vocational guidance, health education, youth participation in decision-making, and supporting adolescents in coping with bullying.
 - ◆ ***SIGUR***: A universal parenting programme for parents and children aged 3–9 years, integrating child safety and protection themes. The programme includes eight sessions that train parents to identify, prevent, and respond to risks of sexual abuse and online exploitation.

- Four organisations (CIDDC, “Sanatate pentru Tineri”, “Caritas Moldova”, “Moldova fara Orfani”) provide parenting programmes which apply multiple mutually-reinforcing delivery mechanisms.
 - ◆ **The Child Rights Information Center (CRIC) / Centrul de Informare și Documentare privind Drepturile Copilului (CIDDC)**
 - Delivers structured, rights-based universal parenting education that integrates child participation and respect for children’s views. Sessions are interactive and use real-life case studies and group reflection.
 - They also deliver a second universal programme that emphasises building parents’ capacity to advocate for children’s rights in community and school settings, delivered through in-person workshops with practical exercises.
 - They also implement (targeted) Father’s Clubs in 5 rayons.
 - ◆ **Sănătate pentru Tineri (Health for Youth)**
 - Implements a universal health-oriented parenting education programme focusing on adolescent development, communication on sexuality, and prevention of risk behaviours.
 - They also provide a targeted parenting programme that uses a hybrid delivery model (in-person and online) combining health education and psychosocial support, often facilitated by trained youth-friendly service providers.
 - ◆ **Caritas Moldova**
 - Runs a universal structured group parenting programme linked to faith-based community centres, promoting nurturing care, empathy, and mutual support among parents.
 - They also provide universal participatory parenting workshops and home visits to reinforce key messages and adapt guidance to family circumstances.
 - ◆ **Moldova without orphans (Moldova fără orfani)**
 - The Trust-Based Relational Intervention is an intensive, family-based parenting programme specifically designed for parenting children who have experienced relationship-based trauma.
 - Know Your Worth is a universal parenting programme delivered through modular group sessions, complemented by ongoing mentorship and follow-up support for participating young people and their families.

- **The other 15 organisations are single-programme providers**
 - ◆ Each implements one parenting programme, typically short-term and locally adapted.
 - ◆ Most use structured curricula addressing positive parenting, child development, and non-violent discipline, targeting general parent populations.
 - ◆ Delivery is primarily face-to-face, with sessions organised periodically (often linked to schools or community centres).

Core Characteristics of identified parenting programmes

Quantitative and qualitative data analysis highlights several defining characteristics of the 30 parenting programmes currently implemented in Moldova.

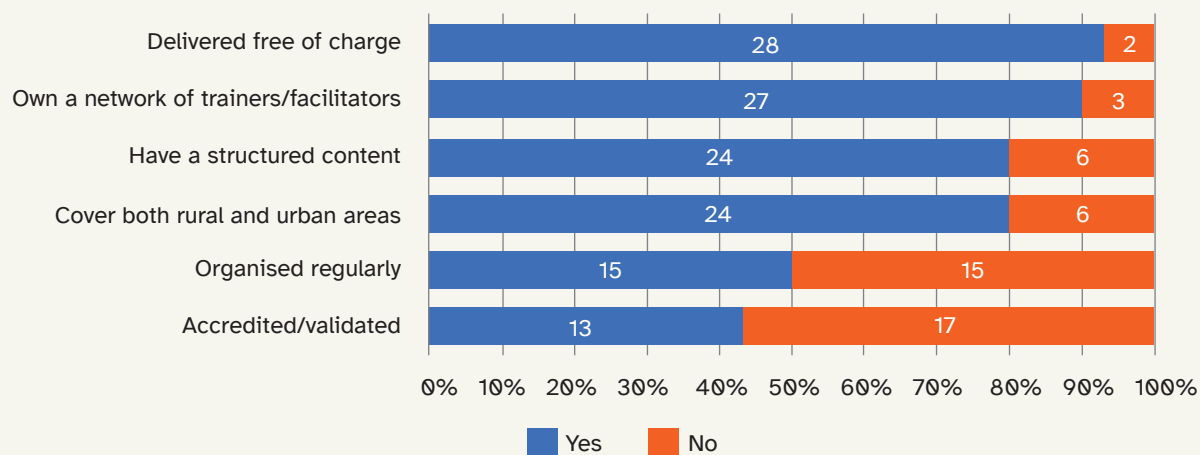


Figure 6. Parenting programme delivery characteristics

Programme delivery

Of the 30 parenting programmes, 28 are free of charge and funded by external donors, while two operate on a fee-based model, financed entirely through parental contributions. The latter specifically target parents and caregivers of children with autism spectrum disorder (ASD) and are implemented by one limited liability company and one non-governmental organisation (NGO).

A total of 27 programmes engage a stable pool of trainers or facilitators, ensuring continuity and quality in delivery. However, three programmes lack permanent trainers, which undermines programme consistency and sustainability.

Notably, 24 parenting programmes use a structured curriculum with standardised content. These are well positioned for evaluation under the proposed framework and, if proven effective, could be scaled up nationally. Their standardised design provides a strong foundation for large-scale implementation, either through public institutions or contracted service providers, supporting broader access and consistent quality.

However, only 15 programmes are implemented regularly (more than once per year), with frequency largely determined by available resources and participant demand.

Accreditation and Validation

The accreditation and validation of parenting programmes remain a significant challenge. Currently, only 13 programmes are internationally validated, *i.e.*, based on evidence-based models previously tested and validated through randomized controlled trials (RCTs). The national accreditation process poses several barriers:

- The process is bureaucratic and difficult to navigate for many organisations.
- Financial requirements are prohibitive, particularly for civil society organisations (CSOs).
- There is no institutional mechanism, at either ministerial or academic level, to provide technical guidance or support for programme validation.

These constraints delay the formal recognition and scale-up of quality parenting programmes and may discourage innovation and investment in programme development.

Target Groups

All 30 parenting programmes target parents and caregivers, with 15 programmes specifically designed for families in vulnerable or at-risk situations, and five intended primarily for frontline professionals working with families.

However, discrepancies were noted between trainers and programme managers regarding target group definitions. In some cases, managers viewed programmes as designed exclusively for mothers, while trainers considered them applicable to both parents. This highlights the need for clearer guidance and communication on targeting criteria.



“Programmes must be highly measurable, specific, and concrete for certain categories of parents, and take into account the level of education and development of the parent. A good programme also depends on the trainer’s skills and ability to adapt to different groups of adults. A group of parents with a low level of education and a trainer who uses complex or unfamiliar terminology will not achieve the intended impact.”

(Key Informant Interview, Public Institution)

Age Groups of Children Covered

Analysis by age group shows that half of all programmes are general in nature, addressing parenting topics relevant across all stages of child development. The most common programmes are for parents of preschool-aged children (3–6 years) and school-aged children (7–17 years). Several target pre-adolescence and adolescence, while 14 programmes focus on early childhood development (0–3 years).

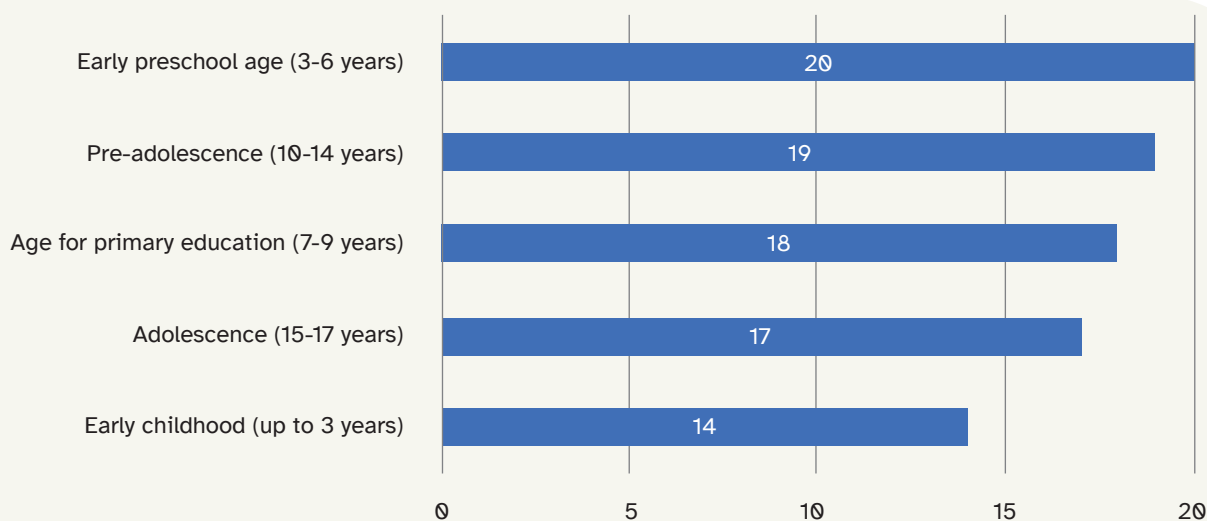


Figure 7. Parenting programmes by child age range, number (N=30)

Programme content generally reflects the child’s developmental stage:

- School and preschool-focused programmes are typically linked to educational institutions and recommended for parents with enrolled children.
- Early childhood programmes (0–3 years) are often integrated within the health system, promoting nurturing care and responsive parenting.

Programme Typology Based on the WHO Framework

Using the WHO Framework for the Design and Scale-up of Parenting Programmes¹⁰², the 30 identified programmes can be categorised as follows:

- **20 of the 30 identified programmes (2/3)** represent universal parenting support, designed for all families with preschool- or school-aged children. Their primary objective is to provide parents and caregivers with basic guidance on nurturing care, improve parent–child interactions, and enhance the overall quality of caregiving that children receive.
- **10 of the 30 identified programmes (1/3)** can be classified as targeted parenting support, developed for parents, caregivers, or families at risk of higher levels of maltreatment or adverse outcomes due to complex circumstances—such as poverty, alcohol misuse, refugee or migrant status, or caregiving for children separated from their biological families. These programmes aim to strengthen caregivers’ capacities to manage risks, promote protective factors, and prevent violence and other harmful situations.
- **6 of the 30 identified programmes (1/5)** qualify as intensive parenting support, delivered to parents, caregivers, or children identified for additional or specialised assistance—for example, young children (0–3 years) requiring early intervention, children with disabilities, or parents of children exhibiting significant behavioural difficulties. These interventions provide specialised guidance and therapeutic support to parents and caregivers involved in or referred through the child protection system.

“UNICEF supports the implementation of universal and targeted parenting programmes and is in ongoing dialogue with public authorities to ensure their financial sustainability. Each programme has its specific target group and contributes—directly or indirectly—to promoting positive parenting and preventing violence against children.”

(Key Informant Interview, UNICEF)



¹⁰² WHO. (2024). *Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers*. Retrieved from: <https://iris.who.int/bitstream/handle/10665/378237/9789240095595-eng.pdf>

Understanding of Parenting Intervention Levels

Qualitative findings reveal that many service providers and community specialists lack a clear understanding of the three levels of parenting interventions - universal, targeted and intensive - as well as the criteria for identifying appropriate participants. This limits the ability to refer families effectively and to ensure that interventions are matched to needs and risk levels.

Development of a National Parenting Ecosystem

Through the Consultative Platform on Parenting, the Ministry of Health (MH), Ministry of Labour and Social Protection (MLSP), and Ministry of Education and Research (MER) have initiated work to map resources and develop a national concept for an integrated parenting programme ecosystem.

Stakeholders emphasised the need to share a common vision for parenting programmes across sectors:



“It is very important to have and share a common vision about parenting programmes.”

(Key Informant Interview, International Organisation)

Members of the Platform (MER, MLSP, UNICEF, UNFPA) underscored the importance of identifying evidence-based and piloted programmes with proven impact that could be scaled nationally. Recommendations include:

- **Universal programmes:** For health, education, and social welfare providers, benefiting both children and families. Curricula for frontline professionals should be updated to include parenting education components, and training-of-trainers mechanisms established for ongoing capacity building. An example of a cross-sector application supporting universal parenting content is the digital platform Bebbbo, which provides resources for parents and caregivers of children under 7 years old.
- **Targeted programmes:** For vulnerable groups, such as parents using violent discipline, families living in poverty, or caregivers of children separated from their biological families and parents of children with disabilities. These should be reviewed through a gender-transformative lens to ensure sensitivity to VAC and VAW.
- **Intensive programmes:** For families requiring intensive support, implemented in partnership with specialised service providers.

Child’s Participation in Parenting Programmes

Child participation in parenting programmes should be structured, consistent, and meaningful, ensuring that children’s voices are actively involved in shaping family dynamics and programme design. This includes encouraging parents to listen to their children’s views, fostering children’s agency, and integrating their perspectives into programme development. Children should be engaged in safe, age- and gender-appropriate ways to provide feedback on their wellbeing, safety, and relationships with caregivers. Furthermore, both parents and children should contribute to defining success within the programme, ensuring that outcomes reflect their needs and experiences. Ultimately, child participation should be an ongoing process that recognises children as active contributors to their own family’s development.

This review of parenting programmes in Moldova found that one-third of active parenting programmes involve children at various stages, either through joint parent-child sessions or dedicated activities. In these settings, children are encouraged to ask questions, share experiences, and provide feedback on practical exercises. Focus group discussions with parents highlighted the positive impact of joint participation. However, most programmes remain predominantly adult-centred, with limited integration of children’s voices in programme design and implementation.



“Child participation is very important in some programmes. They have the opportunity to take part with their parents or caregivers in joint activities. For most of them, these are unique experiences.”

(Key Informant Interview, Trainer)

Parenting Programmes through a Gender-Transformative Lens

Findings from the qualitative research underscore that parenting programmes are essential tools for fostering positive family relationships and preventing violence, but their effectiveness depends on their ability to address deeply rooted social norms related to violence and gender inequality. When designed through a gender-transformative lens, parenting programmes can go beyond teaching basic caregiving skills to promote equitable family dynamics and long-term behavioural change.

Link between Family Violence and Bullying

Participants in focus group discussions highlighted strong links between domestic violence and bullying among children. Violence experienced or witnessed at home often manifests as aggression toward peers in schools. Children exposed to such environments may internalise violent behaviours, perpetuating intergenerational cycles of harm that are reinforced by family messages normalising aggression.



“There are still many families where children are beaten or humiliated. Bullying in schools has also increased and, unfortunately, is often supported at home, through messages like: ‘If someone said something to you, you have to hit back’ or ‘You have to humiliate someone’. There are certain areas and traditions in the country where violence is perceived as the norm, as something natural.”

(Key Informant Interview, Violence Prevention Sector)

Capacity Building and Gender-Sensitive Facilitation

The analysis revealed that not all training-of-trainers and capacity-building programmes for facilitators include topics related to gender-sensitive facilitation, responses to violence against children (VAC) and violence against women (VAW), or positive masculinity.



“Adult education is the most difficult to achieve. Most parents who participate in the programmes are referred by specialists from universal services. These parents hold certain beliefs and stereotypes that trainers must challenge. Without training of trainers in gender equality and violence, transformative social change cannot be achieved.”

(Key Informant Interview, CSO, Gender Equality Sector)

Gaps in Gender-Transformative Approaches

While many programmes in Moldova are gender-sensitive, few are genuinely gender-transformative. Most lack explicit modules addressing gender roles, power dynamics, and non-violent communication. Discussions around masculinity and femininity are rare and often not led by men, limiting opportunities to challenge entrenched gender norms.



“In the Republic of Moldova, the number of gender-sensitive parenting programmes aimed at social transformation is modest. Few programmes include standardised topics such as gender equality, gender inheritance, combating gender stereotypes, masculinity, femininity, and division of responsibilities. One example is the Fathers’ Club, a programme recognised in six countries in Southeast Europe: Armenia, Georgia, Ukraine, etc.”

(Focus Group Discussion, Facilitators)

At national level, there is no set of gender-specific indicators to measure changes in attitudes and behaviours among parenting programme participants or frontline professionals. This gap may inadvertently reinforce traditional gender roles rather than challenge them.



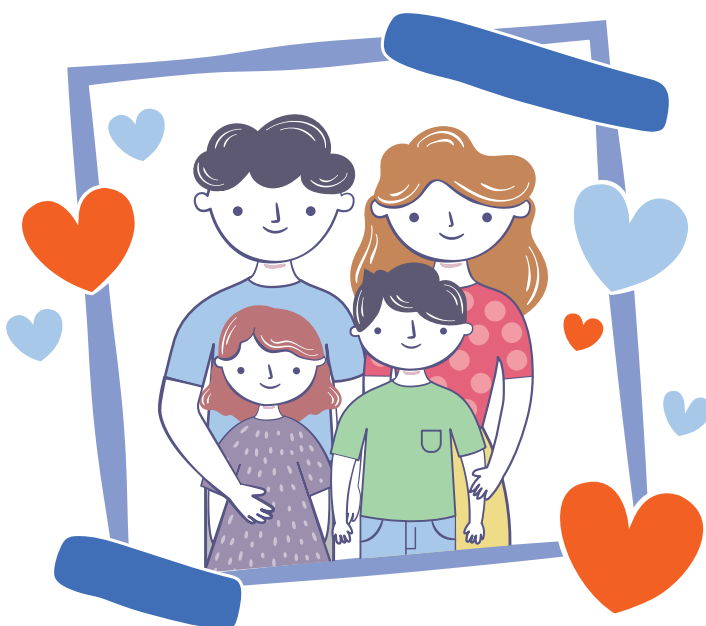
“There are often cases when the mother tells her children that the father will come and take disciplinary measures. The man is considered to have an authoritarian role in the family and is expected to impose discipline.”

(Key Informant Interview, Social Service Provider)

Addressing Parental Mental Health and Well-Being

No evidence-based data currently exist on the impact of parenting programmes on parents’ and children’s mental health and well-being. Facilitators noted that many organisations do not provide safe spaces for parents to discuss emotional challenges. Fathers rarely have opportunities to speak about the vulnerabilities of fatherhood, while mothers often face burnout without adequate psychosocial support. Without addressing these issues, programmes cannot fully promote healthy family environments.

This gap also highlights the need to integrate modules on adolescent development and stress management, which can help reduce parental frustration and cycles of blame.



Parenting Support in Crisis Contexts

In the context of crises such as the war in Ukraine, parenting programmes play a vital role in addressing post-traumatic stress and fostering social cohesion. They can serve as an entry point for psychosocial support for families affected by displacement and separation.



“I can say that I’ve definitely become more experienced in parenting. Children grow up and their needs change, and the psychological meetings we have with such qualified specialists help us not only in parenting but also in self-care.”

(Focus Group Discussion, Ukrainian Mother)

“Everyone wants to be strong and bright, nice Ukrainian people who will overcome everything... but families suffer a lot — both those who are together and those who are separated.”



(Ukrainian Specialist, Working Group on Social Services)

Beyond parenting education, there is a need for specialised individual and group therapy to help families process trauma. Many people are reluctant to discuss distress openly, and separation and displacement place additional strain on family relationships, making such programmes essential for maintaining well-being.

Integrating Sexual and Reproductive Health

Sexual and reproductive health (SRH) remains largely absent from current parenting programmes. Many gender stereotypes are linked to biological assumptions about sex and reproduction. By including topics such as puberty, menstrual hygiene, and contraception, parenting programmes could help dismantle harmful myths and biases that perpetuate gender inequality and gender-based violence (GBV).



“For example, there was a delicate question about my sister’s menstrual cycle. I tried to explain to my son that she had experienced age-related changes. It was very interesting for him. He had many questions. But finally, he realised how important this information is for future relationships, especially when he will have a girlfriend and become a father.”

(Focus Group Discussion, Ukrainian Mother)

However, many respondents noted that SRH education is still seen as controversial and is absent from both parenting programmes and school curricula due to traditional social norms.



“The curriculum in schools on sexual education has not been approved yet. There are many reasons rooted in traditional norms. Adolescents need quality education about body changes and sexual life. It is difficult to overcome this barrier, as many teachers are influenced by stereotypes and prejudice.”

(Key Informant Interview, CSO, Violence Prevention Sector)

7. Overlooked Topic: Role Reversal in Families

Although not strictly a gender issue, role reversal within families—where children assume parental responsibilities while parents behave immaturely—emerged as a recurrent concern.



“This dynamic damages the parent–child bond and requires specialised interventions combining individual and family sessions to restore emotional connections and establish clear boundaries.”

(Key Informant Interview, Public Institution, Education Sector)

8. Fragmentation and Limited Coverage

Most parenting programmes are concentrated in urban areas, leaving rural communities—where traditional norms and gender stereotypes are most entrenched—with limited access to support. Additionally, weak collaboration between organisations working on parenting, violence prevention, and gender equality limits the potential for coordinated, system-wide impact.



“CSOs active in the field of violence prevention and gender equality promotion do not offer parenting programmes. In the field of VAC, only CNPAC provides parenting programmes. Unfortunately, there is no cooperation between parenting programme providers and actors working on violence and gender equality.”

(Key Informant Interview, NGO in the Field of Violence and Gender Equality)

Parenting Programmes Analysed through a VAC/VAW Lens

✓ Provider Policies on Preventing and Responding to Violence

Most of the identified parenting programme providers have a child protection policy in place to safeguard the children with whom they come in contact - an essential first step in recognising risks of violence against children (VAC) and understanding organisational responsibilities to minimise these risks. However, far fewer organisations have formal policies or procedures for identifying and responding to gender-based violence (GBV) or violence against women (VAW). This gap indicates a limited awareness of the gender-specific risks that may arise within parenting programmes.

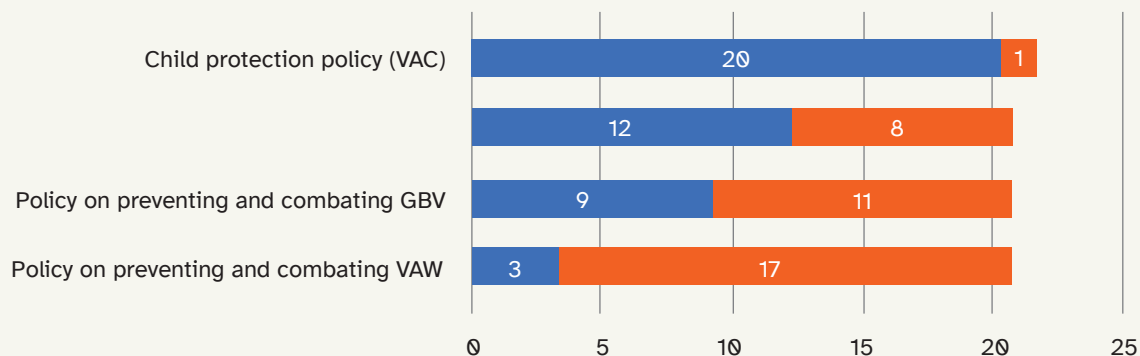


Figure 8. Providers with policies to prevent and combat violence (N=21)

These findings suggest that current parenting programmes do not sufficiently address the intersections between VAC and VAW and that VAW and GBV remain underrepresented in organisational policies, reducing the capacity of parenting interventions to recognise and respond to the full spectrum of violence affecting families.

✓ **Violence-Related Topics covered by Parenting Programmes**

While the majority of parenting programmes address the prevention of violence against children (VAC), the integration of gender-based violence (GBV) and violence against women (VAW) remains limited. This narrow focus reduces the potential of parenting programmes to contribute effectively to broader violence-prevention and gender-equality objectives.

Survey data show that, among the 30 parenting programmes analysed, 26 include content on VAC prevention, while only 10 integrate topics related to GBV prevention, and just 4 address VAW.

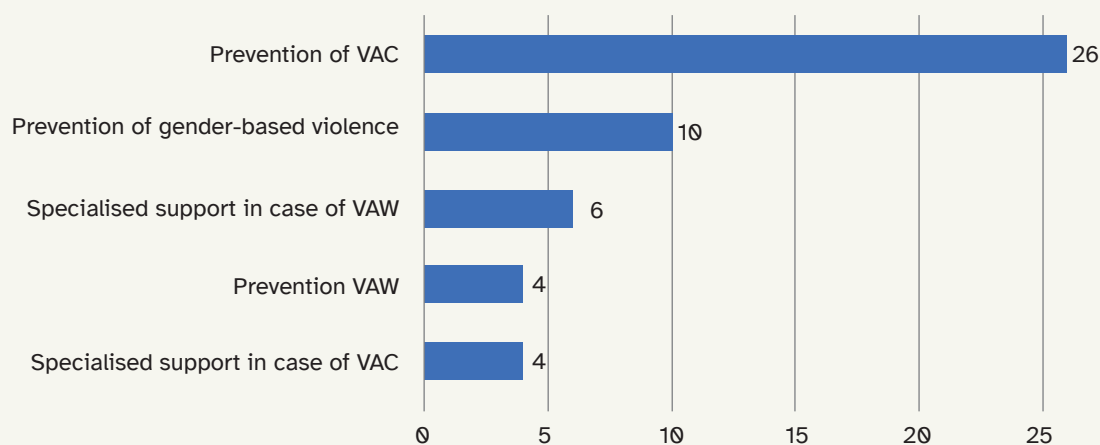


Figure 9. Violence topics covered by parenting programmes (N=30)

Despite the sensitive nature of these issues, only six programmes provide participants with information on how to access specialised support services in cases of VAW, and only four do so for VAC. In other words, among the 26 programmes that include VAC prevention content, none provide guidance on response or referral pathways. This absence of clear information on where to seek help significantly undermines the protective role of parenting programming and may leave families without essential avenues for support and intervention.

✓ **Capacity Building for Trainers/Facilitators (ToT)**

The data analysis reveals considerable variation in the level of training that trainers and facilitators have received in key areas of violence prevention and gender equality. Out of 72 trainers and facilitators assessed, only 23 have completed basic training on their organisation’s child protection policy and on preventing and responding to violence.

- **18 trainers/facilitators** have received training on preventing and combating all forms of violence.
- **Specific training on gender-based violence (GBV)** and violence against women (VAW) remains particularly limited—completed by only 11 and 10 trainers respectively.
- **10 trainers/facilitators** have not participated in any related training as part of their ToT.

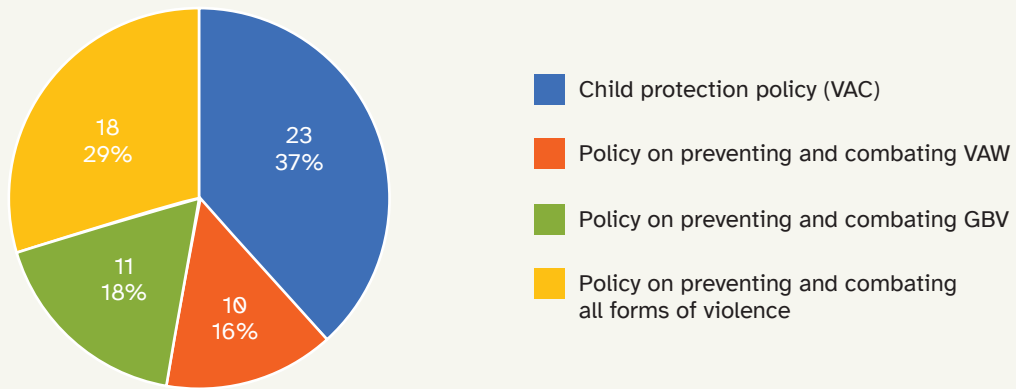


Figure 10. Trainers/facilitators receiving capacity building from a gender-transformative lens (N=63)

These findings highlight a critical capacity gap in equipping trainers to address the full range of violence and gender-related issues within parenting programmes. Moreover, coordination between parenting programme providers and the broader violence prevention and gender equality sectors remains weak.

Qualitative data further confirm the absence of a functional mechanism to assess trainers' competencies in core areas such as child protection, violence prevention, and GBV/VAW response. This lack of structured oversight undermines efforts to deliver parenting programmes through a comprehensive, protection- and gender-transformative approach.

✓ **Content of parenting programmes**

Across the 30 parenting programmes analysed, the integration of key thematic areas varies significantly. Only 19 programmes include sessions on positive parenting, reflecting partial alignment with global best practices in nurturing care and child development.

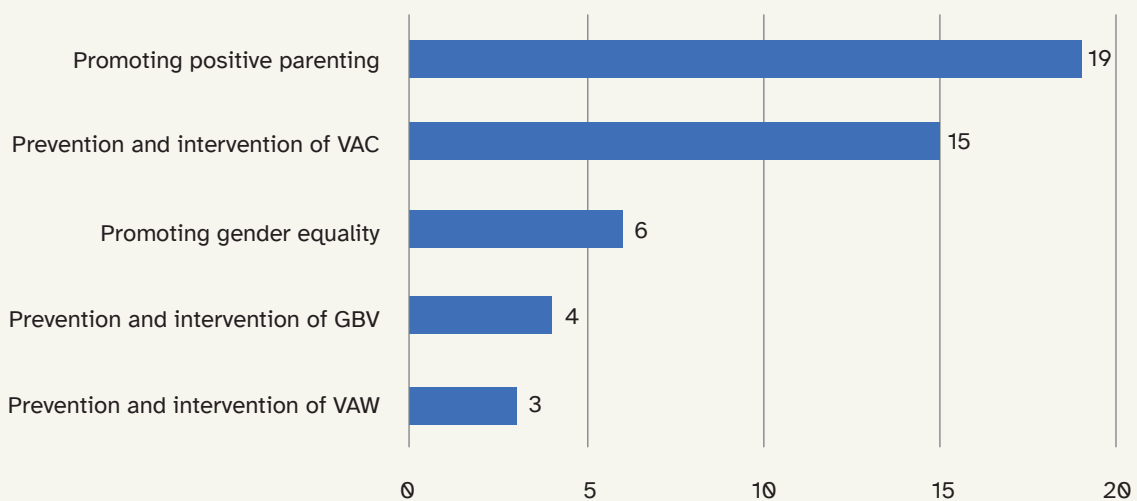


Figure 11. Topics covered by parenting programmes (N=30)

Prevention and response to violence against children (VAC) are moderately addressed—covered in approximately half of the programmes—indicating some alignment with international safeguarding standards, though with clear room for improvement.

However, gender-sensitive content remains critically underrepresented. Only six programmes explicitly promote gender equality, while just four address gender-based violence (GBV) and three include content on violence against women (VAW). This limited coverage reduces the potential of parenting programmes to contribute to broader gender-transformative and violence-prevention goals.

Findings from the qualitative research reinforce these gaps. Representatives from line ministries acknowledged the absence of a clear monitoring and evaluation framework and the lack of standardised evaluation tools, both of which undermine quality assurance and limit the ability to assess trainer preparedness and programme effectiveness.

Without structured training and systematic evaluation, delivering parenting programmes through a gender-transformative lens remains highly challenging. Trainers often lack the conceptual understanding, practical tools, and facilitation skills required to effectively challenge harmful norms, promote equitable caregiving roles, and respond appropriately to violence-related risks.

✓ Perceived Programme Impact (Gender-Transformative Dimensions)

Quantitative data highlight nine key areas of impact where the identified parenting programmes contribute to change when viewed through a gender-transformative lens.

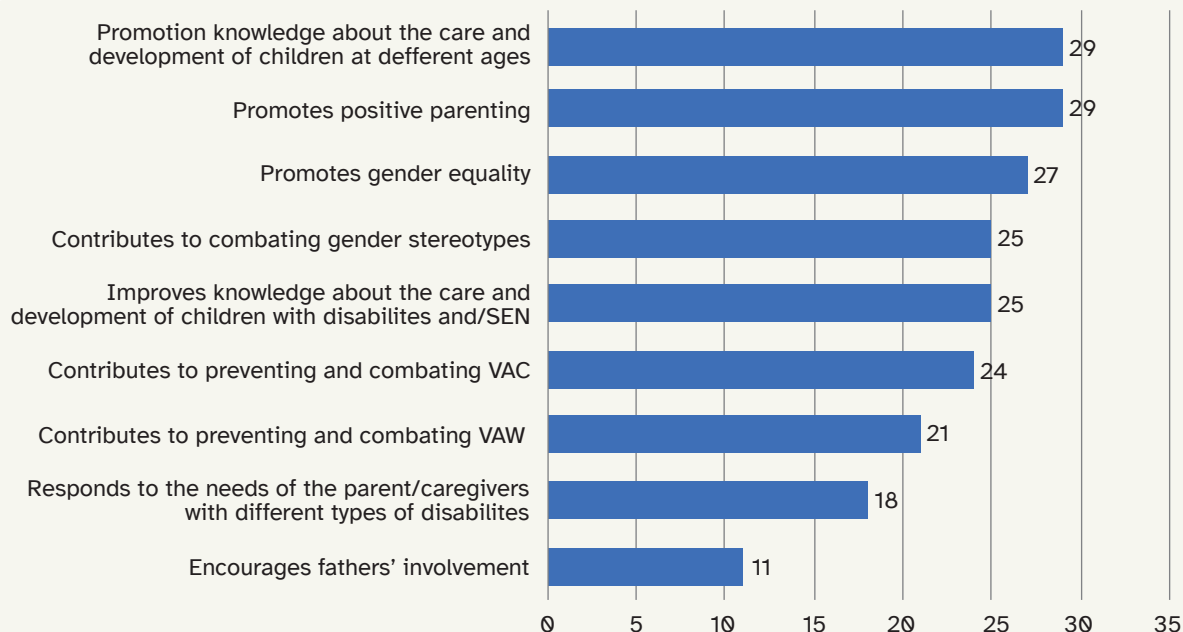


Figure 12. Reported impacts of parenting programmes (N=30)

The strongest effects, reported by 29 out of 30 programmes, relate to improvements in nurturing care and parenting skills, demonstrating strong alignment with global standards such as the Nurturing Care Framework¹⁰³.

A significant proportion of programmes also report positive shifts in gender-related attitudes—with 27 programmes promoting gender equality and 25 addressing gender stereotypes—indicating sub-

¹⁰³World Health Organization, UNICEF, World Bank. (2018). *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.*

stantial potential for gender-transformative impact. However, these efforts need to be reinforced through deeper integration of gender-based violence (GBV) and violence against women (VAW) content in both curricula and facilitator training.

Topics related to violence prevention are addressed but not yet central. Violence against children (VAC) is covered in 24 programmes and VAW in 21, suggesting that while the issue is recognised, it is not addressed consistently or comprehensively across all interventions.

Furthermore, only 18 programmes were identified as responsive to the needs of parents or caregivers with disabilities, and just 11 programmes actively encourage fathers' participation. These gaps represent missed opportunities to strengthen inclusion, shared caregiving, and the transformative potential of parenting programmes.

✓ **Changes Observed among Parents/Caregivers**

Survey data highlight five key areas of change reported by providers across the parenting programmes. The most commonly cited outcome is an improvement in parent-child relationships, noted in all 30 programmes, suggesting that parenting interventions are effectively strengthening emotional bonds and communication within families.

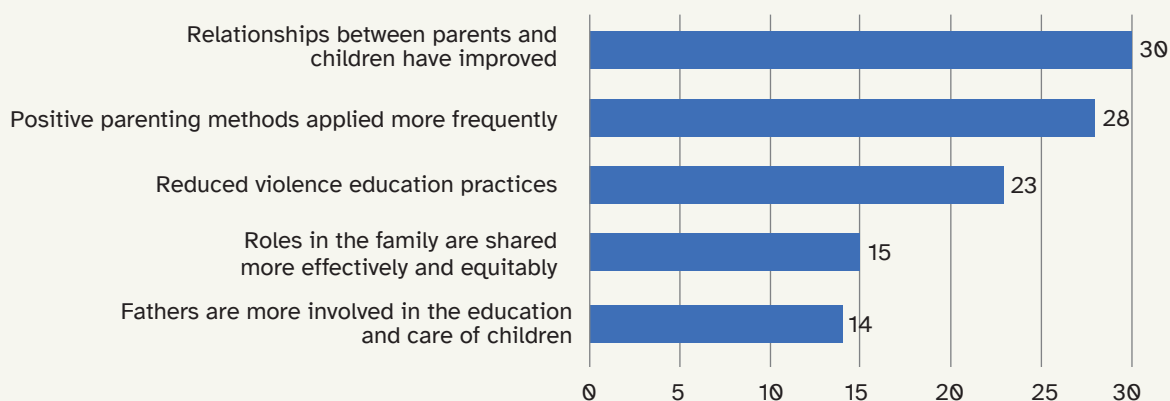


Figure 13. Changes reported among parents/caregivers per programme (N=30)

In 28 programmes, the increased use of positive parenting practices demonstrates a clear shift away from punitive or authoritarian discipline toward more nurturing and responsive caregiving.

Evidence of violence reduction is similarly encouraging, though not yet comprehensive. Twenty-three programmes reported decreases in violent disciplinary practices, suggesting positive behavioural change among caregivers. However, further work is needed to strengthen violence prevention strategies - particularly in settings where corporal punishment remains socially accepted - and to address forms of violence beyond corporal punishment, including emotional and sexual violence.

Progress toward gender equity in caregiving is emerging but remains limited. Only 15 programmes reported a more equitable division of family responsibilities, and 14 noted increased father involvement. These results suggest that while attitudes toward shared caregiving are beginning to evolve, entrenched gender norms continue to pose a significant barrier to transformative and sustained change.

✓ Referral Mechanisms within Parenting Programmes

The data analysis reveals a significant gap in referral mechanisms across parenting programmes. Not all trainers and facilitators are aware of their mandatory responsibility to identify and refer suspected cases of violence against children (VAC) or how to support a case of violence against women (VAW) that may arise during programme sessions.

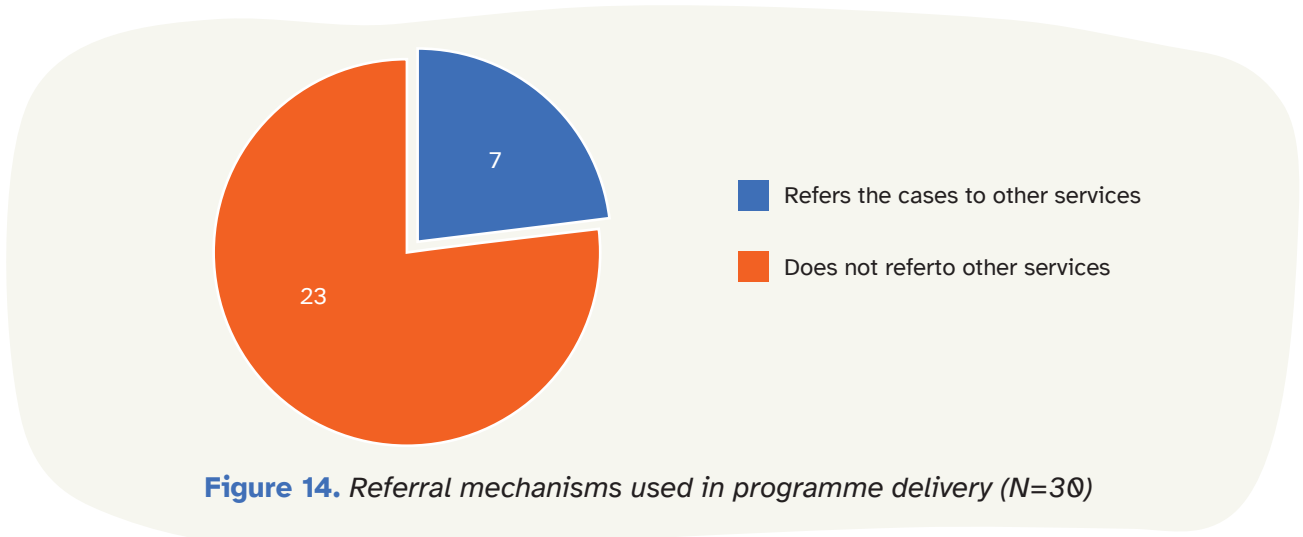


Figure 14. Referral mechanisms used in programme delivery (N=30)

Among the 30 parenting programmes analysed, only seven have established formal referral pathways to specialised services in cases where violence is suspected or disclosed. The vast majority—23 programmes—lack any structured referral mechanism, leaving families without access to essential protection and support services.

Over the past three years, trainers reported identifying 15 cases of suspected violence through parenting sessions, of which 10 were confirmed as actual cases following referral. This demonstrates that parenting programmes can serve as an important entry point for early identification and response to violence. However, the low number of programmes with referral mechanisms suggests that many cases may go undetected or unsupported due to the absence of clear procedures and coordination.



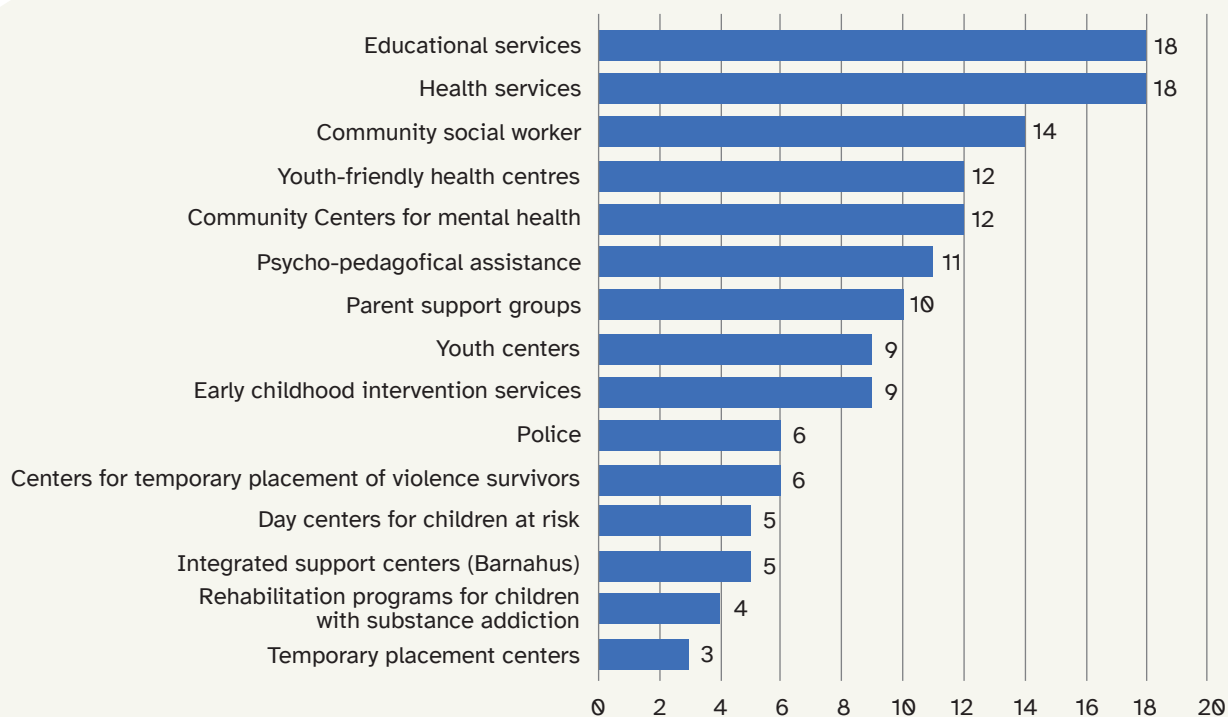


Figure 15. Services to which parenting programmes refer parents/caregivers (N=30)

The distribution of referral destinations highlights both strengths and critical gaps:

- Most common referrals are to education (18 programmes) and health services (18 programmes), reflecting the strong link between parenting interventions, child development, and overall family well-being at the universal service level.
- Referrals to community social workers (14 programmes) and mental health centres (11 programmes) indicate a growing awareness of psychosocial needs, though coverage remains uneven. These referrals are primarily associated with targeted parenting programmes targeting families at risk and those known to the child protection system.
- Only six programmes report referrals to police authorities or placement centres for survivors of violence, and just five to centres for the rehabilitation of children who are victims of abuse (*Barnahus*), signalling major gaps in formal protection pathways for families experiencing violence.
- Referrals to addiction services (4 programmes) and temporary placement facilities (3 programmes) are infrequent, likely due to limited awareness, unclear referral protocols, and the scarcity of intensive parenting interventions for these specific groups of children.

The quantitative data also reveal a limited and uneven distribution of supplementary support services, underscoring that the number of intensive parenting programmes remains insufficient.

- Only five programmes offer psychological counselling, and just two provide specialised psychotherapy for trauma related to violence—an especially critical gap given the prevalence of GBV and VAC in Moldova.
- Follow-up mentoring (four programmes) and parent support groups (three programmes) are rare, suggesting that most interventions function as stand-alone activities without sustained engagement or follow-up.
- Only two programmes engage in community awareness or communication campaigns, limiting the broader visibility and preventive impact of parenting initiatives.
- Similarly, only two programmes provide home-based counselling or social support, despite the importance of outreach to families facing mobility challenges or access barriers.

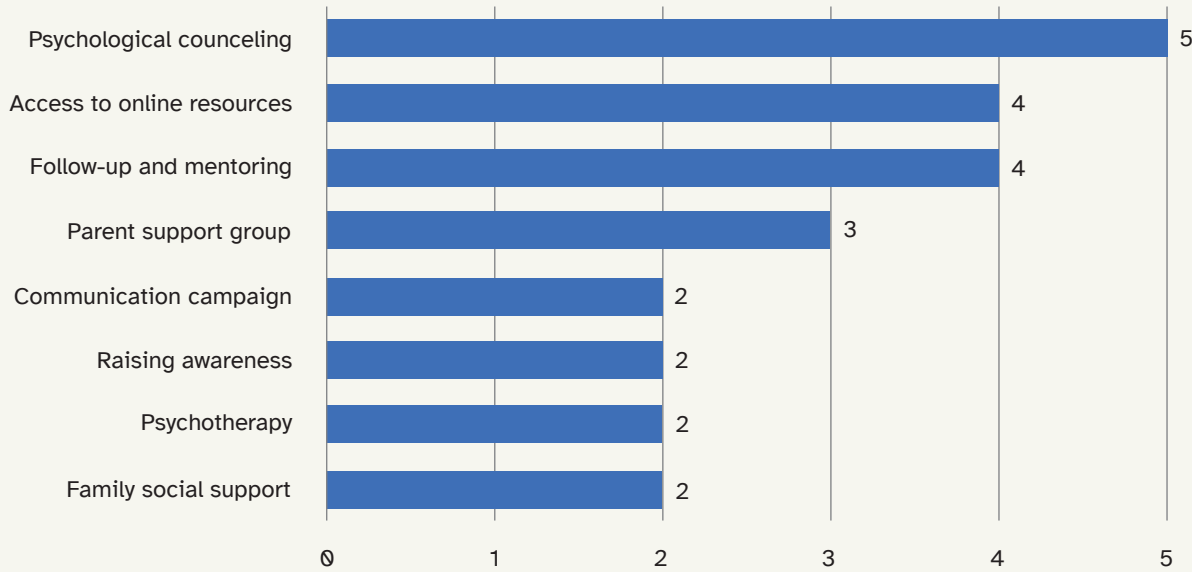


Figure 16. Additional support services per parenting programme (N=30)

✓ Trainer/Facilitator Profile

A total of 72 trainers and facilitators completed the quantitative research questionnaire for trainers/facilitators, including 69 women and 3 men. All respondents were nominated by organisations that implement parenting programmes and contract trainers for programme delivery. Among the participants, 44 identified as trainers and 28 as facilitators.

The overwhelming representation of women among parenting programme providers—both trainers and facilitators—reflects broader societal expectations that view caregiving as primarily a female role. This gender imbalance has important implications for programme design and impact: it may limit the engagement of fathers and male caregivers, reinforce traditional gender divisions of labour within families, and constrain the gender-transformative potential of parenting programmes.

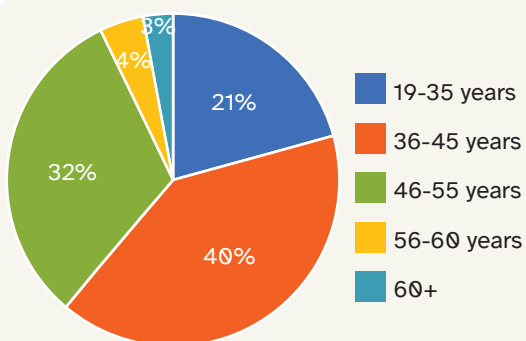


Figure 17. Age of trainers/facilitators (N=72)

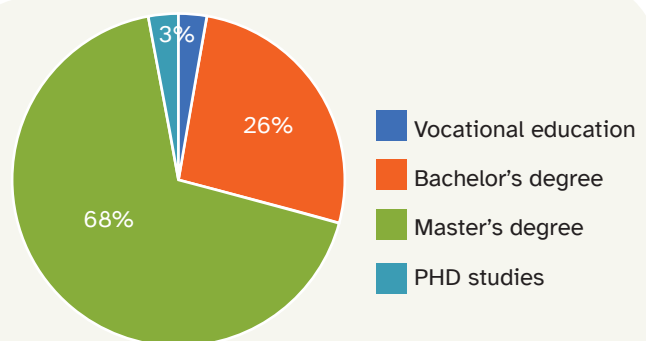


Figure 18. Educational background of trainers/facilitators (N=72)

The age profile of trainers and facilitators involved in parenting programmes shows a strong concentration of mid-career professionals. Around 40% (29 individuals) are aged 36–45, and 32% (23 individuals) fall within the 46–55 age group. Meanwhile, about one in five (20%) trainers and facilitators are young specialists under 35. This distribution indicates a workforce with substantial professional experience, complemented by the growing participation of younger professionals. The resulting generational mix provides valuable opportunities for mentorship, innovation, and continuity within the parenting programme workforce.

In terms of education, the data reflect a highly qualified and academically diverse workforce. A majority, 68%, hold a master’s degree, demonstrating strong academic preparation and subject-matter expertise. Another 26% possess a bachelor’s degree, providing solid foundational qualifications, while 3% have completed doctoral studies, contributing advanced research and analytical skills to the field. Additionally, 3% hold vocational qualifications, often associated with hands-on, community-based experience. This educational profile reflects a strong foundation for delivering structured and evidence-based parenting programmes, while also underscoring the need to diversify training pathways and value experiential learning alongside formal education.

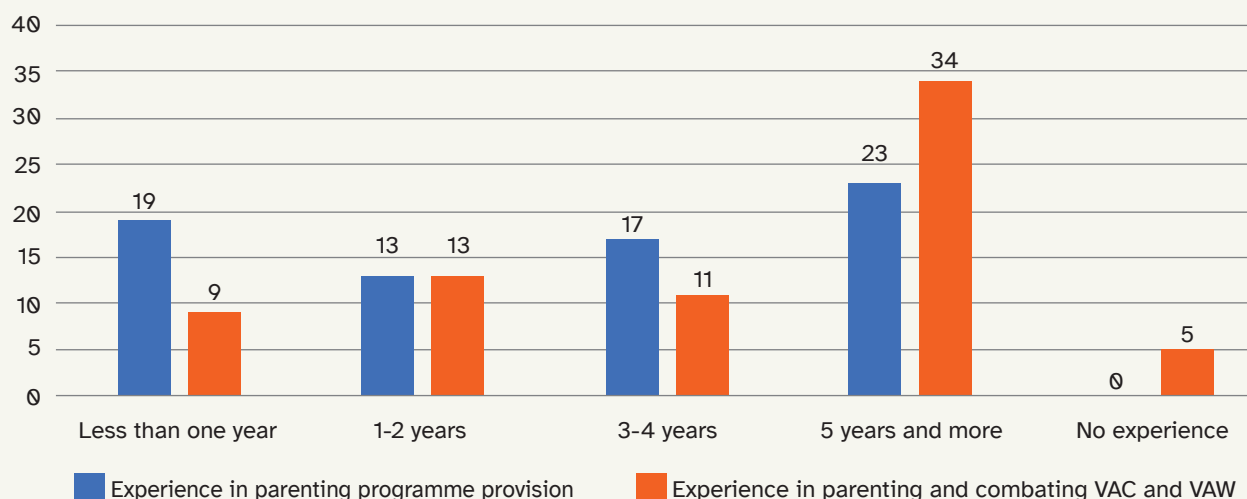


Figure 19. Experience in parenting provision and VAC/VAW (N=72)

The data analysis indicates that the largest group of respondents (34 trainers and facilitators) has more than five years of experience in preventing and combating violence against children (VAC) and violence against women (VAW), reflecting a strong foundation in protection-related work. This expertise presents an opportunity to enrich parenting programmes with protection-sensitive content and strengthen the integration between violence prevention and positive parenting.

A notable share of respondents (19 individuals) reported less than one year of experience in delivering parenting programmes, suggesting that this area of work is either relatively new or expanding rapidly in Moldova. Another 13 respondents indicated one to two years of experience in both parenting and VAC/VAW domains, possibly reflecting recent cross-sectoral training or programme integration efforts.

Five respondents reported no direct experience in VAC/VAW prevention, though all had some level of experience in parenting support. This finding highlights a need for targeted capacity-building on violence prevention and response among parenting programme providers.

Qualitative data further confirmed several training and capacity gaps:

- Trainers involved in parenting programmes require updated knowledge and practical guidance on referral procedures and case management for VAC and VAW.
- They also need access to a directory of specialised services for appropriate referrals when cases of violence are identified or disclosed during sessions.
- Programmes designed exclusively for mothers should be reoriented to include both parents, as focusing solely on women risks reinforcing traditional gender stereotypes around caregiving.
- Men, who remain underrepresented both as participants and trainers, should be actively encouraged to engage in programme delivery.
- Fathers participating in focus group discussions also recommended inviting both parents to attend parenting sessions, noting that this could help increase male participation overall.

Findings from the qualitative data also reveal a significant gap in specialised training for trainers and facilitators, particularly in empathy, effective communication, and gender sensitivity. Without opportunities for reflection and learning in these areas, facilitators may unintentionally reinforce harmful stereotypes or perpetuate traditional gender norms that the programmes aim to challenge. To ensure meaningful impact, facilitators must be equipped to guide open and sensitive discussions on topics such as gender roles, family dynamics, and shared caregiving—creating a safe and respectful space where parents feel comfortable expressing vulnerabilities and learning from one another.



“As a facilitator you have to respond to the needs of parents/caregivers. If you don’t respond during current sessions, you will lose them next time. We have a painful statistic—half of the parents no longer want to participate.”

(Key Informant Interview, UNFPA)

A rigorous selection and training process for facilitators is essential to ensure the quality and impact of parenting programmes. Training should go beyond programme content, focusing on developing empathy, active listening, and the capacity to create a “circle of trust” and facilitate peer support groups. These skills are vital for building safe, inclusive spaces that foster positive change within families and communities.

At the same time, a persistent stereotype continues to frame parenting programmes as “women’s territory,” discouraging men from participating. This perception—rooted in traditional gender norms that position men primarily as financial providers rather than nurturing caregivers—creates a dilemma for fathers who wish to engage more actively in their children’s lives but fear judgment or stigma.



“The wife was suspicious: ‘What are you doing there?’ ... I told her a colleague comes with his wife—come too! She didn’t. I came for myself... as a patient.”

(Parent, Fathers’ Club)

Overcoming these barriers will require a concerted effort to challenge social attitudes and adapt programme design to be more inclusive, accessible, and welcoming to fathers and male caregivers.

Theory of Change and Proposed Monitoring & Evaluation Framework for Gender-Transformative Parenting Programmes in Moldova

Theory of Change

The Maestral team proposes the following Theory of Change (ToC), aligned with the Global Initiative to Support Parents Inter-Agency Vision¹⁰⁴, the Global Parenting Framework¹⁰⁵, the Parenting Benchmarking Tool¹⁰⁶, and the guidance provided in the UNICEF Innocenti – Prevention Collaborative gender-transformative parenting briefs ¹⁰⁷, to inform the design, implementation and monitoring of gender-transformative parenting programmes in Moldova.



¹⁰⁴ UNICEF, WHO, Parenting for Lifelong Health, et. Al. 2023. Global Initiative to Support Parents Inter-Agency Vision. <https://www.who.int/publications/m/item/global-initiative-to-support-parents>

¹⁰⁵ UNICEF. (2025). Global Parenting Support Framework. Retrieved from, <https://www.unicef.org/documents/policy-analysis-and-benchmarking-tool-universal-parenting-support>

¹⁰⁶ UNICEF. (2025). Policy Analysis and Benchmarking Tool for Universal Parenting Support. Retrieved from: <https://www.unicef.org/documents/global-parenting-support-framework>

¹⁰⁷ UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, & Equipundo. (2023). Brief 1. Parenting Programmes to Reduce Violence against Children and Women: Why it is important.; UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, & Equipundo. (2023). Brief 2. Parenting Programmes to Reduce Violence against Children and Women: What gender-transformative programmes look like.; UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, & Equipundo. (2023). Brief 3. Parenting programmes to reduce violence against children and women: How to adapt programmes to address both types of violence.; UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, & Equipundo. (2023). Brief 4. Parenting programmes to reduce violence against children and women: How to measure change. Retrieved from: <https://www.unicef.org/innocenti/reports/parenting-programmes-reduce-violence-against-children-and-women>

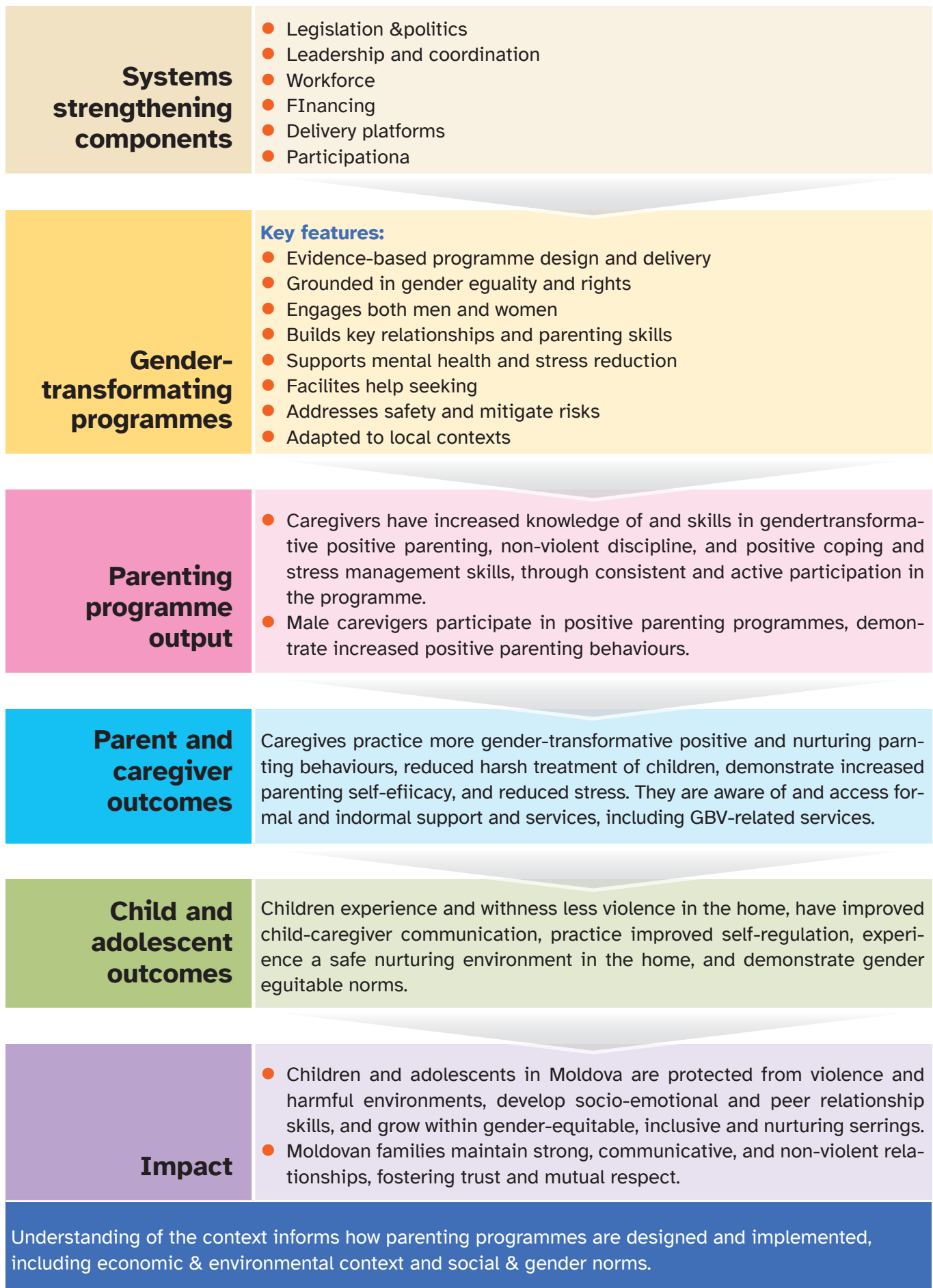


Figure 20. Theory of Change for gender transformative parenting programmes in Moldova

The ToC, as represented in Figure 20 above, articulates the intended outcomes for caregivers and children, the programme and systems-strengthening inputs required to achieve them, and the pathways through which change is expected to occur. The outcomes and indicators included in the M&E framework are directly aligned with the ToC and are designed to support both routine monitoring of implementation quality and evaluation of short-, medium- and long-term results.

✓ **Impact (long-term)**

Working backwards, the intended long-term impact of gender-transformative parenting programmes is presented on the far right of the ToC (**in purple**). Programme impact is centred on child and family wellbeing, articulated as follows:

Children and adolescents in Moldova are protected from violence and harmful environments, develop socio-emotional and peer relationship skills, and grow up in gender-equitable, inclusive, and nurturing settings. Moldovan families maintain strong, communicative, and non-violent relationships, fostering trust and mutual respect.

✓ **Child and adolescent outcomes**

The child-level outcomes (**in green**) represent the specific and measurable changes expected during programme implementation. These include:

- reduced experience and witnessing of violence in the home;
- improved child-caregiver communication and relationships;
- improved self-regulation and socio-emotional skills;
- safer and more nurturing home environments; and
- adoption of more gender-equitable norms.

These outcomes include the core outcomes that are measured in evidence-based parenting programmes and additionally were prioritised based on findings from the review of parenting programmes in Moldova, which highlighted gaps in male engagement, gender-transformative content, and explicit focus on VAC/VAW prevention. Global evidence¹⁰⁸ demonstrates that gender-transformative positive parenting contributes to reductions in harsh discipline and improvements in child wellbeing across the life course, which in turn can have multi-generational positive impacts.

✓ **Caregiver outcomes**

The ToC also identifies caregiver-level outcomes (**in blue**), including:

- increased practice of gender-transformative, positive and nurturing parenting behaviours;
- reduced use of harsh or violent discipline;
- increased parenting self-efficacy and reduced parenting stress; and
- increased awareness of, and access to, formal and informal support services, including GBV-related services.

Achievement of these caregiver outcomes is expected to directly contribute to the child-level outcomes described above.

✓ **Programme outputs**

To reach these outcomes, the ToC specifies a set of programme outputs (**in pink**), including:

- increased caregiver knowledge and skills related to positive, non-violent and gender-transformative parenting;
- strengthened coping and stress management skills; and
- increased participation of male caregivers and improved positive parenting practices among men.

¹⁰⁸ UNICEF, WHO, Parenting for Lifelong Health, et. Al. 2023.; UNICEF. (2025). Global Parenting Support Framework; UNICEF. (2025). Policy Analysis and Benchmarking Tool for Universal Parenting Support

The sequencing from outputs → caregiver outcomes → child outcomes reflects robust evidence that knowledge and skills acquisition precedes behaviour change, and that changes in caregiver behaviour are the most proximal drivers of child wellbeing outcomes.

✓ **Programme inputs and systems strengthening**

The ToC further identifies:

- **key programme features (in yellow)**, including participatory, culturally relevant and gender-transformative approaches; and
- **systems-strengthening components (in beige)**, including policy alignment, workforce capacity, supervision, coordination, safeguarding, referral pathways, and data systems.

These inputs enable parenting programmes to function effectively and sustainably across individual, community, service delivery and policy levels.

✓ **Contextual factors**

Finally, the ToC recognises the importance of contextual factors - including economic conditions, environmental stressors, and prevailing social and gender norms - in shaping programme design, delivery and scale-up.

This Theory of Change provides the conceptual foundation for the M&E framework for gender-transformative parenting programmes in Moldova.



Proposed Monitoring & Evaluation Framework for Gender-Transformative Positive Parenting Programmes in Moldova

The M&E Framework provides a structured approach to support the systematic collection, analysis and use of data to track programme implementation, assess results and impacts, identify risks and lessons learned, and inform timely learning, adaptation and accountability throughout the programme lifecycle. It sets out expected results and indicators by level of change and parenting programme intensity, enabling partners to capture both the breadth of coverage and the depth of change.

The framework is guided by the following core principles and approaches:

✓ **Monitoring both programme implementation and results**

Whether a programme achieves its intended outcomes depends not only on its design, but also on how it is implemented. Key implementation factors - such as acceptability, fidelity, coverage, cost, quality, and sustainability - strongly influence programme effectiveness. However, M&E efforts often focus primarily on measuring outcomes, with limited attention to these critical implementation dimensions.

This M&E Framework therefore explicitly includes indicators that track:

- programme delivery and quality, as well as
- caregiver- and child-level outcomes.

By doing so, the framework enables a more complete understanding of what is being implemented, how well it is delivered, and whether it is achieving the intended results.

✓ **M&E for continuous learning and quality improvement**

M&E is often perceived primarily as a requirement for donor reporting. While reporting is important for accountability and advocacy, the primary purpose of M&E should be to understand whether, how, and why a programme is working - or not working.

This framework emphasises the regular and timely collection, analysis, and use of M&E data to support:

- real-time learning,
- adaptive management, and
- continuous improvement of programme quality and effectiveness.

Strong linkages between M&E and supervision systems are prioritised, enabling implementers to identify challenges early, make course corrections, and strengthen programme delivery. M&E is viewed as an ongoing, cyclical process, in which evidence and lessons learned continuously inform programme refinement and scale-up.

✓ **Complementarity of monitoring and evaluation**

The framework recognises the distinct but complementary roles of monitoring and evaluation:

- Monitoring refers to the routine collection, analysis, and use of data to track programme performance. It is typically embedded within programme implementation and conducted by programme staff to support reporting, supervision, and quality improvement.
- Evaluation is usually more periodic and resource-intensive, and is designed to answer specific questions related to programme design, implementation, outcomes, or impact. This may include:

- ◆ process evaluations, focusing on how a programme is implemented;
- ◆ outcome or impact evaluations, assessing whether the programme achieves its intended results; or
- ◆ a combination of both.

This M&E Framework highlights the importance of linking monitoring and evaluation in order to generate a coherent understanding of programme performance and effectiveness.

✓ **Use of mixed methods**

Both quantitative and qualitative data are essential for understanding programme performance and outcomes.

- Quantitative data allow for measurement of the magnitude and direction of change (e.g. reductions in harsh discipline or improvements in parenting confidence).
- Qualitative data provide insight into the mechanisms, processes, and contextual factors underlying observed changes, or lack thereof.

While qualitative data collection can be more resource-intensive, it is critical for interpretation and learning. This framework therefore promotes a pragmatic mixed-methods approach, combining routine quantitative monitoring with targeted qualitative data collection where feasible and appropriate.

✓ **Data security and confidentiality**

Protecting participant confidentiality and data security is essential. All implementing agencies must have clear procedures in place to minimise the risk of data loss, misuse, or confidentiality breaches. Key measures include:

a) *De-identification of participant data*

Data collection and management procedures must ensure that individual participants cannot be identified. Each participant should be assigned a unique identification code that does not include personal information (e.g. name, address, date of birth). Personal identifying information must be stored separately and accessed only by designated staff.

b) *Secure data storage and handling*

- Paper-based data should be stored in locked cabinets with restricted access.
- Electronic data collection devices must be password-protected.
- Data should be uploaded to secure servers regularly and deleted from devices once transferred.
- Staff should be trained in measures to minimise the risk of loss or theft of data or devices.

c) *Confidentiality training and agreements*

All staff involved in data collection and management must be trained on confidentiality requirements and sign confidentiality agreements prior to engaging in M&E activities.

✓ **Data analysis and use**

Data collection alone does not improve programme performance; data must be systematically analysed, interpreted and actively used to inform decision-making.

Too often, limited resources or capacity are allocated to data analysis, resulting in underutilised information and missed opportunities for learning and improvement. In addition, it is essential that staff involved in data collection and analysis are trained in gender-transformative parenting approaches, in order to minimise gender bias and ensure accurate interpretation of findings.

To address these challenges, implementing agencies should:

- designate trained staff responsible for data analysis and reporting, with appropriate capacity in gender-transformative approaches; and

- ensure findings are shared regularly with programme teams to inform adaptive management and decision-making.

This framework prioritises the timely use of data to support responsive programme management, learning, and accountability.

✓ **Ethics and informed consent**

All M&E activities must adhere to ethical standards and protect the wellbeing of participants. Implementing agencies must ensure that staff are trained and equipped to uphold ethical principles, including:

a) *Informed consent and assent*

Participants must be informed - using a standard script - about:

- what information will be collected;
- how it will be used;
- how confidentiality will be protected; and
- circumstances under which confidentiality may be breached (e.g. child protection concerns).

Documented verbal or written consent must be obtained, including parental consent and child assent when interviewing children.

b) *Staff training*

All staff involved in M&E must be trained on:

- ethics and informed consent;
- confidentiality;
- gender-transformative approaches;
- child-sensitive and trauma-informed data collection; and
- referral procedures for cases of risk or distress.

c) *Safeguarding and risk management*

Given the likelihood that cases of gender-based violence or child protection concerns may arise during M&E activities, staff must be trained to:

- recognise signs of distress or risk;
- respond appropriately and sensitively; and
- activate referral pathways in line with established protocols.

Interviewing children requires particular care. Staff must be trained to avoid leading questions, minimise distress, and ensure that interviews are conducted in a safe and supportive manner. A Risk of Harm protocol should guide responses to any safeguarding concerns identified.

#	Indicators	Indicator description	Means of verification/ Data Source	Frequency	Entity responsible	Universal	Targeted	Intensive
1. LEVEL: IMPACT								
RESULT AREA: CHILD AND FAMILY WELLBEING								
1.1	% of violence against children and adolescents in the home	Percentage of children and adolescents who report experiencing or witnessing physical, emotional or psychological violence in the home.	Multiple Indicator Cluster Surveys (MICS); national VAC surveys; population-based surveys	Every 5 years	National Bureau of Statistics, Agency for EAW/ DV, MLSP, UNFPA/UNICEF	✓	✓	✓
1.2	% of families reporting strong, communicative and non-violent relationships	Percentage of families reporting high levels of positive family functioning, including non-violent conflict resolution, trust, mutual respect and open communication between caregivers and children.	MICS add-on modules; national family wellbeing surveys	Every 5 years	National Bureau of Statistics, Agency for EAW/ DV, MLSP, UNFPA/UNICEF and research institutions	✓	✓	✓
1.3	% of children/adolescents demonstrating socio-emotional and peer relationship skills	Percentage of children and adolescents demonstrating age-appropriate socio-emotional skills, including emotional regulation, empathy, and positive peer relationships.	MICS; education/youth surveys	Every 5 years	National Bureau of Statistics, Agency for EAW/ DV, MLSP, MER, UNFPA/UNICEF	✓	✓	✓
1.4	% of children/adolescents reporting nurturing home environments	Percentage of children and adolescents reporting that their home environment is nurturing and supportive of their emotional wellbeing.	MICS; child wellbeing surveys	Every 5 years	National Bureau of Statistics, Agency for EAW/ DV, MLSP, UNFPA/UNICEF	✓	✓	✓
1.4	% of caregivers, children and adolescents expressing gender-equitable attitudes	Percentage of caregivers, children and adolescents expressing gender-equitable attitudes related to caregiving roles, decision-making, non-violence, and respect for women's and children's rights.	Social norms surveys; MICS/DHS (where applicable)	Every 5 years	National Bureau of Statistics, Agency for EAW/ DV, MLSP, UNFPA/UNICEF, other UN partners as appropriate	✓	✓	✓
2. LEVEL: OUTCOMES - CHILDREN & ADOLESCENTS								
RESULT AREA: PROTECTION AND WELLBEING								
2.1	% of children/adolescents experiencing or witnessing less violence in the home	Percentage of children and adolescents who report experiencing or witnessing less physical, emotional or psychological violence in the home.	Qualitative methods (FGDs, child-friendly participatory tools) Note: Routine case data used only for trend analysis, not attribution; VAC surveys	For targeted and intensive programmes that involve children: baseline and endline (per programme cycle); Very 5 years for VAC surveys	Implementing partners and programme M&E teams; Agency for EAW/ DV, MLSP, UNFPA/UNICEF for VAC surveys		✓	✓

2.2	% reporting improved child-care-giver communication and trust	Percentage of children and adolescents reporting improved communication, trust and emotional connectedness with their primary caregivers.	Child/adolescent surveys (communication/relationship scales) Child-friendly qualitative tools (draw-and-tell, story cards, adolescent FGDs); Caregiver-child paired feedback tools (where appropriate)	For targeted and intensive programmes that involve children: baseline, midline, endline	Implementing partners and programme M&E teams; Agency for EAW /DV, MLSP, MER, UNFPE/UNICEF (technical guidance on child-friendly methods)	✓	✓
2.3	% demonstrating improved self-regulation and socio-emotional skills	Percentage of children and adolescents demonstrating improved emotional regulation, coping skills and positive behaviour.	Age-appropriate socio-emotional/self-regulation scales (child or caregiver report); Facilitator/teacher observation checklists (where programmes interface with schools); Qualitative child/adolescent reflections	For targeted and intensive programmes that involve children: baseline, midline, endline	Implementing partners; Education/child protection service providers (where relevant); Agency for EAW /DV, MLSP, MER UNFPA/UNICEF (quality assurance)	✓	✓
2.4	% reporting feeling safe and emotionally secure at home	Percentage of children and adolescents who report feeling safe, supported and emotionally secure in their home environment.	Child/adolescent perception surveys (sense of safety, emotional security); Qualitative interviews or participatory safety mapping; Caregiver corroboration tools (used cautiously)	For targeted and intensive programmes that involve children: endline per programme cycle; Annually for system-level monitoring of through child protection services	Implementing partners and programme M&E teams; Agency for EAW /DV, MLSP, MER, UNFPA/UNICEF	✓	✓
2.5	% demonstrating gender-equitable attitudes and norms	Percentage of children and adolescents demonstrating gender-equitable attitudes and norms, including respect for girls' and boys' rights, non-violent conflict resolution, and equitable roles within the family.	Child/adolescent attitude surveys (gender norms modules); Qualitative methods (vignettes, scenario discussions, adolescent FGDs); School or community-based participatory assessments (where relevant)	For targeted and intensive programmes that involve children: baseline and endline, periodic qualitative reviews during scale-up	Implementing partners and programme M&E teams; research partners; Agency for EAW /DV, MLSP, MER, UNFPA/UNICEF	✓	✓

#	Indicators	Indicator description	Means of verification/ Data Source	Frequency	Entity responsible	Universal	Targeted	Intensive
3. LEVEL: OUTCOMES - CAREGIVERS								
RESULT AREA: PARENTING PRACTICES & WELLBEING								
3.1	% of caregivers practicing positive, nurturing and gender-transformative parenting behaviours	Percentage of caregivers (disaggregated by sex) who demonstrate increased use of positive, nurturing and gender-equitable parenting practices, including shared caregiving responsibilities, non-violent discipline, equitable decision-making, and respectful communication with children and partners.	Pre- and post-programme caregiver surveys; Validated parenting behaviour and gender-equity scales (where available); Facilitator observation tools or session reflection records; Qualitative methods (FGDs, participatory reflection sessions)	Baseline and endline (per programme cycle); Midline for programmes longer than 6 months	Implementing partners (primary data collection); Programme M&E teams; Agency for EAW /DV, MLSP; UNFPA/UNICEF	✓	✓	✓
3.2	% reporting reduced harsh or violent discipline	Percentage of caregivers reporting a reduction in the use of harsh discipline or violent practices against children, including physical punishment, psychological aggression, or humiliating discipline.	Caregiver self-report surveys (aligned with VAC/discipline modules where possible); Validated harsh discipline or non-violent parenting scales; Qualitative interviews or FGDs with caregivers; Where appropriate, anonymised routine case or referral data (trend analysis only)	Baseline and endline; Annually for programmes operating at scale	Implementing partners (primary data collection); Programme M&E teams; Agency for EAW /DV, MLSP; UNFPA/UNICEF	✓	✓	✓
3.3	% reporting increased parenting self-efficacy and reduced stress	Percentage of caregivers reporting increased confidence and self-efficacy in their parenting role.	Caregiver self-report tools (validated self-efficacy and stress scales where available); Pre/post assessments linked to programme participation; Qualitative feedback (FGDs, individual reflections)	Baseline and endline; Midline for longer or intensive programmes	Implementing partners (primary data collection); Programme M&E teams; Agency for EAW /DV, MLSP; UNFPA/UNICEF	✓	✓	✓
3.4		Percentage of caregivers reporting reduced parenting-related stress and improved coping skills.	Caregiver self-report tools (validated self-efficacy and stress scales where available); Pre/post assessments linked to programme participation; Qualitative feedback (FGDs, individual reflections)	Baseline and endline; Midline for longer or intensive programmes	Implementing partners (primary data collection); Programme M&E teams; Agency for EAW /DV, MLSP; UNFPA/UNICEF	✓	✓	✓

3.5	% aware of and using formal/informal support services (incl. GBV)	Percentage of caregivers who are aware of, and report using when needed, formal and informal support services, including parenting support, social protection, psycho-social support, and gender-based violence (GBV) prevention and response services.	Caregiver surveys (awareness and help-seeking behaviour); Programme monitoring and referral records; Case management or referral tracking systems (where applicable); Qualitative interviews on help-seeking pathways	Endline per programme cycle Annually for system-level monitoring	Implementing partners (primary data); Service providers receiving referrals (verification); Agency for EVAW /DV, MLSP (system integration and reporting); UNFPA/UNICEF	✓	✓	✓
3.6	Proportion of children of parenting programme participants that access available age and development appropriate quality services, including early learning.	Programme post-test: reported child wellbeing status provided by parents and caregivers attending parenting programmes	Programme post-test: reported child wellbeing status provided by parents and caregivers attending parenting programmes	Endline per programme cycle	Programme provider	✓	✓	✓
3.7	% communities engaged in promoting positive parenting messages	Number or percentage of communities implementing participatory parenting information and engagement activities (e.g. community dialogues, peer groups, co-designed initiatives) that address parenting practices and social and gender norms.	Programme monitoring data from implementing partners; Community-level reports (CSOs, local authorities); Administrative data from community platforms (parenting hubs, outreach units)	Annually	Local authorities and community-based organisations; Implementing NGOs; Line ministries with decentralised service delivery; UNFPA/UNICEF	✓		

4. LEVEL: OUTPUTS

RESULT AREA: KNOWLEDGE, SKILLS & ENGAGEMENT

4.1	% of caregivers reporting improved knowledge and skills regarding positive, nurturing and gender-transformative parenting behaviours	Percentage change in caregivers' knowledge and skills from before to after the programme (extent to which the parenting programme promotes and builds knowledge and skills in communication, emotional regulation, conflict resolution, and nonviolent discipline)	Pre/post surveys; Facilitator records; observation tools; FGDs	Per cycle.	Survey administered to programme participants in individual or group meetings before and after the programme	✓	✓	✓
4.2	Percentage change in self-reported caregiver wellbeing (extent to which the parenting programme strengthens caregiver well-being and self-care as part of parenting support, and caregiver awareness and use of formal and informal support and services, including GBV services)	Pre-/post-tests (self-reported change)	Pre-/post-tests (self-reported change)	Per cycle.	Survey administered to programme participants in individual or group meetings before and after the programme	✓	✓	✓

#	Indicators	Indicator description	Means of verification/ Data Source	Frequency	Entity responsible	Universal	Targeted	Intensive
4.3	% of programme participants who are male caregivers	Percentage of programme participants who are male caregivers (including fathers, grandfathers and adolescent fathers), who regularly attend and actively participate in positive parenting programme sessions.	Programme registration and attendance records (disaggregated by sex, age, caregiver type); Facilitator session attendance sheets; Programme MIS / routine monitoring reports	Session-by-session (attendance); Quarterly aggregation for programme monitoring; Annually for reporting and scale-up reviews	Facilitators (primary data recording); Implementing partners (aggregation and reporting); Agency for EAVW /DV, MLSP, other sector ministries as relevant; UNFPA/UNICEF	✓	✓	✓
4.4	% of male caregivers demonstrating positive parenting behaviours	Percentage of male caregivers participating in parenting programmes who demonstrate increased positive parenting behaviours and gender-equitable practices, including shared caregiving responsibilities, non-violent discipline, joint decision-making, and respect for women's and children's rights.	Pre- and post-programme caregiver surveys; Validated parenting behaviour or gender-equity scales (where available); Facilitator observation tools or reflective session records; Qualitative methods (focus group discussions, participatory reflections)	Baseline and endline (per programme cycle); Midline, where programmes are longer than 6 months; Periodic qualitative assessments during scale-up	Implementing partners (primary data collection); Programme M&E teams; Research partners (if external evaluation is used); Agency for EAVW /DV, MLSP, other sector ministries as relevant; UNFPA/UNICEF (analysis, learning and use)	✓	✓	✓
5. LEVEL: PROGRAMME QUALITY & IMPLEMENTATION								
RESULT AREA: DELIVERY & SAFEGUARDS								
5.1	% of programmes meeting fidelity standards	Percentage of parenting sessions observed or reviewed that meet defined programme fidelity standards (e.g. use of core curriculum content, participatory methods, session duration, facilitator practices), based on structured supervision or fidelity checklists.	Structured fidelity checklists or observation tools completed during sessions; supervision and coaching reports (routine or spot checks); and facilitator session logs (to verify session content and methods delivered)	Per session for facilitators; Quarterly or at least 2 x per cycle for supervisors	Facilitators (self-reporting); supervisors / master trainers; implementing partner organisations; Agency for EAVW /DV, MLSP, MER, MH and/or UNFPA/UNICEF (for aggregation, QA and oversight)	✓	✓	✓
5.2	Average amount of human, technical, and other resources (monetised) required to deliver the programme per participant.		Expenditure tracking records	Per cycle	Finance staff track all expenditures related to programme implementation.	✓	✓	✓

5.3	Percentage of participating caregivers reporting that the parenting programme content, examples, and facilitation were culturally relevant, respectful, and applicable to their family context.	Participant feedback forms (post-session or end-of-cycle); Short client satisfaction surveys; Qualitative methods (focus group discussions, participatory reflection sessions); Complaints and feedback mechanisms (where available)	Endline; Annually	Implementing partners (primary responsibility); Community facilitators (supported by M&E staff); Agency for EAW /DV, MLSP, MER, MH, UNFPA/ UNICEF, and research partners (for analysis and learning)	✓	✓	✓
5.4	Percentage of parenting programmes that have identified key barriers to male caregiver participation (e.g. time constraints, social norms, service design, stigma, age-related barriers for adolescent fathers) and have implemented strategies to address these barriers.	Programme design documents and implementation plans; Barrier analyses or formative research reports; Documentation of adaptations (e.g. session timing, male facilitators, targeted outreach, adolescent-father-friendly approaches); Supervision and learning review reports	Baseline; Annually	Implementing partners (documentation and reporting); Programme supervisors / coordination bodies; Agency for EAW /DV, MLSP, MER, MH (policy alignment and scale-up decisions); UNFPA/ UNICEF	✓	✓	✓
5.5	% of targeted population participating in programme	Percent of the targeted population participating in the programme by the end of the funding cycle.	Programme session attendance records	Every session	Facilitators take participant attendance at each session.	✓	✓
5.6	Percentage of female and male participants who have attended at least 75% of the programme sessions.	Programme session attendance records	Every session	Facilitators take participant attendance at each session.	✓	✓	✓
5.7	% of programmes with safeguarding protocols implemented	Programme safeguarding policies and SOPs; Codes of conduct and reporting procedures; Training records and facilitator induction materials; Supervision and quality-assurance reports.	Annually	Implementing partners (primary documentation); Programme supervisors; Agency for EAW /DV, MLSP, MER, MH; UNFPA/UNICEF	✓	✓	✓

#	Indicators	Indicator description	Means of verification/ Data Source	Frequency	Entity responsible	Universal	Targeted	Intensive
5.8	% of programmes with functional referral pathways	Percentage of parenting programmes with clearly defined and operational referral pathways linking caregivers and children to additional services (e.g. child protection, GBV response, mental health and psychosocial support, social protection), and evidence of referrals being made when needed.	M&E frameworks including risk and mitigation components; Routine monitoring reports and learning logs; Facilitator reflection notes and supervision records; Participant feedback tools (complaints, feedback, satisfaction surveys); Documentation of programme adaptations made in response to risks	Quarterly	Implementing partners (primary data collection); Programme M&E teams; Agency for EAW / DV, MLSP, MER, MH (aggregation and learning); UNFPA/UNICEF (support for adaptive management and learning)	✓	✓	✓
5.9	% of programmes monitoring unintended consequences	Existence and use of a mechanism within parenting programmes to routinely monitor, document and respond to unintended consequences or risks (e.g. increased caregiver stress, backlash related to gender norms, exclusion or stigma).	Documented referral protocols and service directories; Case management or referral registers; Programme reports showing referrals made and followed up; Coordination meeting minutes with service providers	Annually	Facilitators and implementing partners (referral records); Service providers receiving referrals; District/local coordination bodies; Agency for EAW / DV, MLSP, MER, MH (oversight and system strengthening); UNFPA/UNICEF (technical support and system integration)	✓	✓	✓
5.10	Extent to which gender transformative programme is implemented at scale	Number and proportion of caregivers reached through interactive and participatory parenting programmes, disaggregated by child age group and geographic area.	Programme monitoring and reporting systems; Facilitator attendance registers; Administrative programme databases (national or subnational); Where relevant, integration into government service delivery records	Annually	Facilitators and implementing partners (primary data entry); Local government / service delivery units (where integrated into services); Consolidation and reporting: Agency for EAW / DV, UNFPA/UNICEF support	✓	✓	✓

5.11	Percentage of routine service delivery points (e.g. health facilities, schools, social service centres) that have integrated evidence-based caregiving guidance and counselling into standard service delivery protocols.	Service delivery protocols and guidelines; Facility/service readiness assessments; Administrative service mapping and supervision reports	Annually (with updates during major programme revisions)	Line ministries (MLSP, MER, MH) Supported by UNFPA/UNICEF and implementing partners through systems-strengthening reviews	✓		
5.12	Proportion of frontline service providers who have been trained and are certified/competent to deliver evidence-based caregiving guidance and counselling as part of routine services.	Training databases and attendance records; Human resources information systems; Post-training assessments and supervision records	Biannually or annually	Relevant sectoral training institutions and ministries; Service managers and supervisors at district/facility level	✓		
5.13	Percentage of caregivers who report exposure to parenting-related information or messages in the last 12 months, disaggregated by child-age group (pregnancy, early childhood, middle childhood, adolescence).	National household surveys (e.g. MICS, DHS modules where available); Campaign monitoring reports; Digital analytics (reach, impressions) for online platforms	Every 5 years (household surveys) Annually (programme and campaign monitoring)	National statistics office (for surveys); Lead ministry for parenting support (Agency for EVAW /DV) UNFPA/UNICEF and implementing partners (campaign monitoring)	✓		
6. LEVEL: ENABLING ENVIRONMENT AND SYSTEMS (MONITORING)							
RESULT AREA: POLICY, COORDINATION & FINANCING							
6.1	Existence of national policies supporting positive	Existence of national policies promoting positive, non-violent and gender-equitable parenting.	Annually	Agency for EVAW /DV, MLSP, MER, MH, UNFPA, UNICEF	✓	✓	✓
6.2	Functional intersectoral coordination mechanisms	Existence and regular functioning of inter-sectoral coordination between social, health and education services, including between parenting providers and the broader violence prevention and gender equality sectors.	Annually	Agency for EVAW /DV, MLSP, MER, MH; UNFPA/UNICEF	✓	✓	✓

Key learning from the review of parenting programmes in Moldova with a gender-transformative lens and comparison with the proposed Monitoring & Evaluation Framework

The Preliminary Findings of the Review of Parenting Programmes in Moldova (2025) and the Database of Quantitative Data on Parenting Programmes were compared with the Proposed Monitoring & Evaluation (M&E) Framework. This comparative analysis highlights both strong alignment and critical gaps in current monitoring, evaluation and learning (MEL) practices.

While existing programmes broadly align with the M&E Framework's emphasis on positive parenting practices, improved parent-child relationships and emerging male engagement, the review reveals uneven implementation quality, limited gender-transformative content and measurement, and significant gaps in safeguarding, referral pathways and documentation of responses to violence.

The analysis underscores the need to strengthen MEL systems beyond outcome measurement, prioritising implementation quality, male engagement, risk management and referral tracking, and continuous learning through supervision and feedback loops.

- To support scale-up and sustainability, priority actions include:
- establishing a minimum, standardised MEL package for all implementing partners,
- operationalising gender-transformative indicators,
- embedding safeguarding and referral monitoring as non-negotiable elements, and
- aligning MEL more closely with financing, system integration and government ownership.

Alignment Between Current Programme Practice and the M&E Framework

a. The “core outcome story” matches what providers report

Providers most commonly report improvements in parent-child relationships and use of positive parenting practices, with many also reporting decreases in violent disciplinary practices.

This aligns strongly with the M&E framework's emphasis on measuring caregiver knowledge/skills, caregiver wellbeing, and downstream changes in parenting practices and child outcomes.

b. The framework's explicit focus on male engagement fits a documented (but still limited) trend

The findings show emerging but limited progress on gender equity in caregiving and father involvement.

The M&E Framework includes a clear set of male engagement indicators - covering barrier identification and mitigation, male participation, and behavioural change in gender-equitable practices - which is highly responsive to the Moldova context.

c. The framework's attention to implementation quality variables matches real-world risks

The 2025 review highlights fragility in delivery (e.g., reliance on project funding and discontinuation of programmes over time).

The M&E framework's inclusion of implementation dimensions (not only results) is therefore well targeted.

Key gaps the comparison reveals

a. Referral pathways and safeguarding readiness are not consistently in place

A major gap identified is that most programmes lack structured referral mechanisms: only 7 of 30 analysed programmes have formal referral pathways to specialised services when violence is suspected or disclosed.

The findings also note that not all trainers/facilitators are aware of responsibilities and procedures around VAC/VAW referral and response.

Implication for MEL: even a strong outcome framework will underperform if risk identification, safe response, and referral documentation are not standardised.





b. Gender-transformative content and measurement are uneven

Qualitative findings suggest many programmes are gender-sensitive but fewer are genuinely gender-transformative, with limited explicit modules on gender roles, power dynamics, and masculinities - and no set of national gender-specific indicators currently used to track change.

The M&E framework proposes relevant gender-transformative indicators, but the system-wide “enablement” (tools, shared definitions, routine use) appears to be missing.

c. Limited evidence generation on mental health and specialised support

The review notes no evidence-based data on impacts on caregiver/child mental health and wellbeing, and limited safe spaces and psychosocial supports within many programmes.

This creates a gap between the ambition of measuring wellbeing-related outcomes and the current feasibility/capacity to do so well at scale.

d. Workforce gender imbalance and facilitator capacity constraints

The overwhelming majority of trainers/facilitators are women, which may constrain male participation and reinforce norms that parenting is “women’s territory.”

There are also identified gaps in training on gender sensitivity, empathy, communication, and VAC/VAW response - skills that directly affect both programme fidelity and participant safety.

e. Sustainability and institutionalisation remain structural weaknesses

The review highlights heavy reliance on CSOs and external funding, with many programmes discontinued since 2020 due to limited donor funding and lack of state contracting mechanisms.

This is a core “systems” risk for MEL: without sustained delivery platforms and financing, it is hard to measure impact consistently over time.

Priorities for strengthening monitoring, evaluation, and learning (MEL)

PRIORITY 1	
<p>Establish a “minimum MEL package” that every implementing partner can realistically deliver</p>	<ul style="list-style-type: none"> ● Focus first on a small, standardised set of indicators/tools that match the M&E Framework, including: <ul style="list-style-type: none"> ● coverage/scale (who is reached, where, and with what intensity) ● fidelity/quality (session completion, supervision/observation, adherence to core content) ● male engagement (participation + barrier actions) ● referrals and safeguarding (see Priority 2) <p>This creates comparability across CSO programmes while remaining feasible.</p>
PRIORITY 2	
<p>Make safeguarding, risk management, and referral monitoring “non-negotiable” and measurable</p>	<ul style="list-style-type: none"> ● Given the documented gap in referral pathways, strengthen MEL by introducing/standardising: <ul style="list-style-type: none"> ● a simple referral protocol and decision tree (VAC/VAW) used by all facilitators ● routine tracking of: # cases identified, # referred, % receiving feedback loop, and timeliness ● minimum training requirements and supervision checks for safe handling of disclosures <p>This responds directly to evidence that most programmes currently lack formal referral systems.</p>
PRIORITY 3	
<p>Operationalise gender-transformative measurement (not only gender-sensitive language)</p>	<ul style="list-style-type: none"> ● Move from “intent” to measurement by ensuring programmes can capture: <ul style="list-style-type: none"> ● shifts in co-parenting, shared decision-making, attitudes toward gender roles, and non-violent conflict resolution ● documentation that programmes identify barriers to male participation and implement adaptations, as already specified in the M&E Framework <p>This is especially important because the review flags the absence of national gender-specific indicators and limited gender-transformative content in many programmes.</p>
PRIORITY 4	
<p>Strengthen learning loops through supervision and rapid feedback (continuous quality improvement)</p>	<ul style="list-style-type: none"> ● The system should ensure data are: <ul style="list-style-type: none"> ● reviewed regularly in supervision and learning meetings ● used for course correction (e.g., attendance drop-off, low male participation, low facilitator fidelity) <p>This is also consistent with the M&E Framework’s emphasis on linking M&E to supervision and adaptive learning.</p>
PRIORITY 5	
<p>Align MEL with sustainability planning and system integration</p>	<ul style="list-style-type: none"> ● Because the review highlights discontinuation risk and limited state financing/ownership, MEL priorities should include: <ul style="list-style-type: none"> ● routine tracking of financing sources, unit costs, and integration into routine services/systems ● evidence products that support government decisions on scale-up (what works, for whom, at what cost) <p>The review’s sustainability findings make this a practical priority, not just a strategic one.</p>

Evaluation of current parenting programmes per OECD-DAC Parameters of relevance, effectiveness, efficiency and sustainability

The terms of reference for this assignment included assessing the extent to which current parenting programmes in Moldova reflect OECD-DAC parameters of relevance, effectiveness, efficiency, and sustainability.

The evaluation questions that were applied to assess OECD-DAC alignment are reflected below.

OECD-DAC evaluation questions and parameters assessed

✓ **Relevance**

Definition: The extent to which the programme's objectives, design, and interventions respond to the priorities and needs of children, caregivers, and systems in Moldova.

1. Key evaluation questions:
2. To what extent does the programme respond to Moldova's national priorities, policies, and strategies on family and child protection?
3. How well is the programme adapted to the local social, cultural, and gender context?
4. Does the programme address the real needs of parents/caregivers, children, and communities?

To what extent does it address gender inequality and social inclusion?



Key Parameters:

Dimension	Relevant Indicators	Explanation of Relevance
Alignment with national policies and priorities	<ul style="list-style-type: none"> Family-friendly policies enacted or revised. Parenting education mainstreamed in health, education, and social services. 	Shows the programme's responsiveness to Moldova's national child protection and family support agenda.
Cultural and contextual adaptation	<ul style="list-style-type: none"> Parenting programmes adapted to local context, culture, and age of children. Gender-transformative components reflect Moldovan social norms. 	Demonstrates sensitivity to social and cultural realities affecting parenting, gender, and violence.
Addressing gender and social inequalities	<ul style="list-style-type: none"> Programmes incorporate content and methods that promote equality and prevent violence. Reduction of gender-based power imbalances in households. 	Reflects the programme's responsiveness to gender dynamics and inequalities in caregiving.
Stakeholder engagement	<ul style="list-style-type: none"> Existence of coordination mechanisms and community-based initiatives. Local leaders promoting violence-free parenting. 	Indicates participatory design and ownership by local actors and beneficiaries.

✓ Effectiveness

Definition: The extent to which the programme achieves its intended outcomes — particularly changes in knowledge, behaviour, and social norms.

Key evaluation questions:

- To what extent have the programme's intended outcomes been achieved (parents, children, systems)?
- What behavioural or social norm changes are evident among parents, caregivers, and communities?
- What evidence exists of improved gender equality within households and community structures?
- How effectively has the programme built the capacity of systems and the workforce?

Key Parameters:

Dimension	Relevant Indicators	Explanation of Relevance
Improvement in parenting practices	<ul style="list-style-type: none"> Increased use of non-violent discipline. Improved communication and attachment. Increased participation in stimulating/nurturing activities with children. Improved service- and support-seeking behaviours. 	Demonstrates direct behavioural outcomes among parents/caregivers.
Enhanced gender equality in caregiving	<ul style="list-style-type: none"> More equitable division of childcare between women and men. Early involvement of fathers. Increased joint and equitable decision-making within the household on matters related to child care, discipline, household responsibilities, and use of resources 	Captures shifts in household gender roles and norms.

Improved child and adolescent wellbeing	<ul style="list-style-type: none"> ● Reduced violence against children. ● Improved socio-emotional and cognitive development. ● Increased child participation in decisions on matters that affect them. 	Measures positive outcomes for children as the core beneficiaries.
Capacity of workforce and community	<ul style="list-style-type: none"> ● Increased percentage of professionals trained in positive parenting, violence prevention and gender-transformative approaches. ● Increased community awareness of harmful discipline practices. 	Assesses how capacity strengthening translates into improved practice and community awareness.
Reduction in violence and separation rates	Decreased prevalence of VAC and VAW. Reduction in child-family separation and institutional placements.	Reflects overall impact on protection and family wellbeing systems.

✓ **Efficiency**

Definition: The extent to which programme results are achieved at the lowest possible cost and with optimal use of available resources and coordination.

Key evaluation questions:

1. How efficiently were human, financial, and institutional resources used to deliver programme results?
2. To what extent were activities implemented through existing systems and coordination mechanisms?
3. Were monitoring and learning systems used to optimise performance and prevent duplication?
4. How cost-effective were delivery modalities and partnerships?
5. To what extent can evidence-based programme design and delivery mechanisms be scaled within existing national and local systems to achieve cost efficiencies?

Key Parameters:

Dimension	Relevant Indicators / Evidence Sources	Explanation of Relevance
Integration into existing systems	<ul style="list-style-type: none"> ● Parenting programmes mainstreamed into education, health, and social service structures. ● Cross-sectoral coordination mechanisms functioning, including between parenting providers and the broader violence prevention and gender equality sectors. 	Reduces duplication and ensures cost-effective delivery through existing government systems.
Resource use and cost-effectiveness	<ul style="list-style-type: none"> ● Budgeted action plans with clear cost allocations. ● Leveraging of community-based resources and workforce capacities. 	Evaluates financial efficiency and sustainability of delivery mechanisms, including reduced costs due to effective use of scaled up evidence-based parenting support.

Capacity utilisation	<ul style="list-style-type: none"> ● Workforce trained across sectors (health, social, education). ● Efficient use of existing referral systems and resource maps. 	Examines efficient deployment of trained human resources and how they can be leveraged to enable cost-efficient programme scale up within existing national and local systems.
Monitoring and learning systems	Regular monitoring of risks, unintended consequences, and gender outcomes. Feedback loops for adaptation.	Ensures adaptive management and prevents inefficient or harmful practices.

✓ Sustainability

Definition: The likelihood that the benefits of the programme will continue after donor or external support ends.

Key evaluation questions:

1. To what extent are programme results likely to continue after external support ends?
2. How strong is institutional and financial ownership by government and local actors?
3. Are social and gender norms shifting in ways that sustain positive parenting practices?
4. Is the programme scalable and adaptable nationally?

Key Parameters:

Dimension	Relevant Indicators / Evidence Sources	Explanation of Relevance
Institutionalisation within government systems	<ul style="list-style-type: none"> ● Parenting programmes included in national and local policy frameworks. ● Institutional training modules integrated into pre-service curricula. 	Ensures long-term continuation within government structures.
Local ownership and leadership	<ul style="list-style-type: none"> ● Local leadership in safeguarding and promoting positive parenting. ● Functioning multi-sectoral coordination at community and national levels, including between parenting providers and the broader violence prevention and gender equality sectors. 	Builds sustainable local capacity and commitment.
Financial sustainability	<ul style="list-style-type: none"> ● Allocation of domestic funding to parenting and family support programmes. ● Budget lines within social protection and child protection systems. 	Measures the transition from donor to national resource mobilisation.
Social norm change	<ul style="list-style-type: none"> ● Sustained increase in public support for non-violent and gender-equitable parenting. ● Reduction in acceptance of harsh discipline and gender bias. 	Reflects long-term behavioural and attitudinal shifts that maintain programme benefits.
Programme scalability	<ul style="list-style-type: none"> ● Successful adaptation and expansion to new regions. ● Integration into community-based services and platforms. 	Assesses replicability and scale potential within Moldova.

Extent to which current parenting programmes in Moldova meet OECD-DAC evaluation criteria

The analysis of parenting programmes in Moldova, drawing on the Preliminary Findings of the 2025 Parenting Programme Review and the key learning generated through comparison with the proposed Monitoring and Evaluation (M&E) Framework, indicates that parenting support interventions are broadly **relevant** to the needs of families, but face important challenges in achieving consistent, gender-transformative and sustainable results at scale.

From a **relevance** perspective, the evidence suggests that existing parenting programmes respond well to core family needs related to strengthening parent–child relationships and promoting positive parenting practices. These outcomes are consistently reported across programmes and align with widely recognised priorities in child development and wellbeing. Many programmes also demonstrate relevance to violence prevention objectives, particularly in relation to reducing harsh disciplinary practices. However, the review highlights that violence prevention is often narrowly framed, with less systematic attention to emotional or sexual violence, and limited integration with broader child protection and gender-based violence (GBV) systems. While gender equality is recognised as an important objective, programmes vary considerably in the extent to which they move beyond gender-sensitive approaches to explicitly address power dynamics, masculinities, co-parenting, and shared decision-making within households. As a result, the relevance of programmes to Moldova’s broader gender equality and violence prevention agenda is uneven and could be strengthened through clearer national guidance and shared indicators for gender-transformative change.

In terms of **effectiveness**, the findings indicate that many programmes are likely effective in achieving proximal outcomes at the caregiver level. The majority of programmes report improvements in positive parenting behaviours and parent–child relationships, and a substantial proportion report reductions in violent discipline. These patterns suggest that parenting programmes are functioning as effective entry points for behaviour change among caregivers. However, effectiveness is less evident for outcomes related to gender-equitable caregiving and sustained shifts in household power relations, which are reported less consistently and are often weakly measured. Moreover, the effectiveness of programmes in contributing to child protection outcomes is constrained by gaps in safeguarding readiness and referral systems. Only a minority of programmes have formalised pathways to specialised services when violence is identified or disclosed, which limits their ability to respond safely and effectively to risks that may surface during programme delivery. Workforce capacity gaps—particularly in gender sensitivity, communication, and trauma-informed response—further affect fidelity, participant safety, and the likelihood of achieving intended outcomes.

With regard to **efficiency**, the analysis points to structural and systemic constraints rather than inefficiencies at the programme level per se. Many programmes are delivered through civil society organisations on a project basis, with limited integration into routine government systems. This fragmentation reduces opportunities for economies of scale, coordinated learning, and efficient use of resources. The lack of standardised monitoring and learning approaches across implementing partners further limits efficiency, as data are not consistently comparable or used to inform rapid course correction. At the same time, the review and accompanying key learning highlight clear opportunities to improve efficiency through the adoption of a minimum, standardised MEL package, stronger supervision and feedback loops, and routine tracking of implementation quality and costs in relation to outcomes.

Finally, **sustainability** emerges as a significant concern. Many parenting programmes have been discontinued or operate intermittently due to reliance on external donor funding and the absence of

stable state financing or contracting mechanisms. While there is growing recognition of the value of parenting support within national policy discussions, programmes are not yet sufficiently institutionalised within health, education, social protection or child protection systems to ensure continuity and scale. Workforce challenges—including uneven facilitator capacity and a strong gender imbalance among facilitators—also pose risks to the sustainability of gender-transformative outcomes, particularly with respect to engaging male caregivers over time. The findings suggest that long-term sustainability will depend not only on programme effectiveness, but on deliberate system strengthening, including government ownership, financing, workforce development, supervision, and integration of parenting support into routine service delivery platforms.

Overall, the OECD-DAC analysis indicates that parenting programmes in Moldova have a solid foundation and demonstrate promising results in improving parenting practices and family relationships. However, to strengthen relevance, effectiveness, efficiency and sustainability simultaneously, greater emphasis is needed on implementation quality, gender-transformative design and measurement, safeguarding and referral systems, and learning-oriented MEL that supports system integration and scale.



Conclusions

The review of parenting programmes in Moldova, analysed through a gender-transformative lens, highlights meaningful progress alongside persistent systemic and programmatic gaps. A wide range of civil society and public actors continue to deliver parenting interventions across the country, demonstrating commitment and innovation. However, the current system of parenting support is fragmented, donor-dependent, and unevenly aligned with gender equality and violence prevention principles. Recurring challenges related to sustainability, accreditation, workforce capacity, gender balance, safeguarding, mental health integration, and monitoring and evaluation limit the scale, quality, and long-term impact of programmes. Addressing these challenges is essential to strengthen the effectiveness, inclusiveness and long-term impact of parenting programmes, and to ensure that they contribute effectively to a more equitable and protective environment for all children and families in Moldova.

1. Civil society remains the backbone of parenting programme delivery, but sustainability is at risk

Civil society organisations (CSOs) continue to serve as the primary providers of parenting programmes across Moldova. While this leadership has enabled flexibility and reach, heavy reliance on CSOs - without stable public funding or institutional integration - poses serious risks to sustainability and equitable access. The reduction from 52 programmes documented in 2020 to only 30 active programmes in 2025 underscores the urgent need for stronger government ownership, predictable financing mechanisms, and formal integration of parenting support within public systems.

2. Structural barriers hinder the accreditation and scaling of quality programmes

Accreditation and validation remain major bottlenecks for scaling effective parenting interventions. Only 13 programmes have international validation, while national accreditation processes are hindered by bureaucratic complexity, high financial costs (particularly for CSOs), and limited technical guidance. These barriers delay formal recognition, limit innovation, and restrict innovation, and limit the expansion of high-quality, evidence-based interventions.

3. Relevance to family needs is strong, but alignment with gender and violence prevention agendas is uneven

Parenting programmes in Moldova are relevant to the immediate needs of families, particularly in promoting positive parenting practices, strengthening parent-child communication, and reducing harsh discipline. These priorities align well with national child wellbeing and violence prevention objectives. However, alignment with gender equality and integrated violence prevention agendas remains inconsistent. While many programmes are gender-sensitive, few explicitly address power dynamics, masculinities, co-parenting, shared decision-making, or the intersections between violence against children (VAC) and violence against women (VAW). As a result, programmes only partially address the structural and normative drivers of violence and inequality within families. Qualitative findings further highlight strong links between domestic violence and bullying in schools, reinforcing the need for parenting programmes to challenge harmful family norms that normalise aggression and authoritarian discipline.

4. Effectiveness is evident for proximal outcomes, but deeper and sustained change is limited

The review indicates that many programmes are effective in achieving proximal outcomes, including improved parenting skills, stronger parent-child relationships, and reported reductions in physical punishment. These gains are consistently reported across programme types. However, evidence of deeper and more sustained change - such as shifts in caregiving roles, household decision-making, caregiver wellbeing, and child-level socio-emotional outcomes - is more limited and inconsistently measured. Effectiveness is further constrained by weak safeguarding readiness and referral mechanisms, which limit programmes' ability to respond safely and appropriately when violence or serious family distress is identified.

5. Most programmes are gender-sensitive rather than gender-transformative

A central conclusion of the review is that most parenting programmes remain gender-sensitive rather than gender-transformative. Explicit content addressing gender norms, power relations, positive masculinity, and non-violent conflict resolution is rare, male caregiver participation remains limited, and facilitators are often insufficiently trained to challenge harmful norms. The absence of standardised gender-transformative indicators, tools and guidance further weakens accountability for change. Without stronger programme design, facilitation and measurement, parenting interventions risk reinforcing traditional caregiving roles rather than transforming them.

6. Mental health, sexual and reproductive health, and role reversal are insufficiently addressed

Mental health, sexual and reproductive health, and family role dynamics remain largely overlooked. Few programmes create safe spaces for parents - particularly fathers, survivors of violence, refugees and displaced families - to discuss emotional wellbeing, stress, or trauma. Modules on adolescent development and sexual and reproductive health are largely absent, despite their importance for healthy relationships and dismantling stereotypes. In addition, the phenomenon of "role reversal," whereby children assume adult responsibilities, is insufficiently addressed and requires targeted interventions to restore family balance and emotional stability.

7. Gender imbalance among trainers may limit inclusive participation

The parenting workforce is overwhelmingly female, with 96 per cent of trainers and facilitators being women. While reflective of broader social norms, this imbalance risks reinforcing stereotypes that caregiving is women's responsibility and may deter male participation. Recruiting, training and supporting male facilitators is critical to normalising shared caregiving and promoting meaningful engagement of fathers and other male caregivers.

8. Training of trainers lacks a gender-transformative and violence prevention focus

Although many facilitators are academically qualified, few receive specialised training in gender-transformative facilitation, empathy, inclusive communication, or VAC/VAW prevention and response. There is no national mechanism to assess or accredit competencies in violence prevention, and coordination between parenting and protection sectors remains limited. Consequently, facilitators may lack the skills and confidence to respond appropriately to disclosures or to guide meaningful, transformative discussions. In the absence of structured training that addresses personal biases and promotes reflective practice, facilitators risk reinforcing harmful norms rather than challenging them. A national, values-based training framework is therefore needed to equip trainers to lead transformative dialogue on gender, family dynamics, and violence prevention.

9. Limited integration of VAC, GBV, and VAW content weakens the protective impact

While most providers report having child protection policies, explicit and systematic integration of VAC, GBV, and VAW prevention and response within parenting curricula remains limited. This narrow scope reduces the potential of parenting programmes to contribute meaningfully to broader violence prevention and gender equality agendas.

10. Referral mechanisms are weak and inconsistently applied

Only seven parenting programmes have formal referral pathways for cases of suspected violence against children or intimate partner violence. Trainers are not always aware of reporting obligations or available services, leaving children and adult survivors without timely protection and support. The absence of standardised referral procedures undermines safeguarding and reduces programme accountability.

11. Support services and follow-up mechanisms are underdeveloped

Most programmes operate as one-off interventions with limited follow-up. Only five programmes offer psychological counselling, two provide psychotherapy, and four facilitate mentoring or support groups. The lack of sustained engagement limits long-term outcomes, particularly for families affected by trauma, displacement, or chronic stress.

12. Alignment with the proposed M&E Framework highlights critical gaps

Current parenting programmes broadly align with the core outcome logic of the proposed M&E Framework, particularly in relation to positive parenting practices and improved family relationships. However, major gaps remain in tracking implementation quality, safeguarding, referral pathways, unintended consequences, gender-transformative change and system integration. Existing data are generally sufficient to describe *what* is being done, but insufficient to assess *how well* programmes are achieving gender-transformative and protective outcomes. Strengthening monitoring, evaluation and learning is therefore not a technical add-on, but a prerequisite for improving effectiveness, efficiency and sustainability simultaneously.

In conclusion, parenting programmes in Moldova represent a promising but under-realised opportunity to advance child wellbeing, violence prevention and gender equality. To transition from a collection of short-term projects to a coherent, effective and sustainable national parenting system, priority must be given to: institutionalising parenting support within public systems; strengthening gender-transformative design, facilitation and measurement; embedding safeguarding and referral pathways as non-negotiable standards; strengthening workforce capacity and gender balance; and operationalising a unified, learning-oriented M&E framework that supports quality, scale, accountability and long-term impact.



Recommendations

■ Recommendations for improving the design, implementation, monitoring and evaluation of parenting/caregiver programmes considering Moldovan realities with a gender-transformative lens

Building on the review findings, these recommendations aim to strengthen the design, implementation, monitoring and evaluation of parenting and caregiver programmes in Moldova through a gender-transformative lens. They respond directly to the identified gaps in programme quality, safeguarding, workforce capacity, male engagement, monitoring and sustainability, while recognising the operational and institutional realities of the Moldovan context. The following recommendations are intended to support government and implementing partners to move from fragmented, project-based interventions toward a coherent, effective and sustainable system of parenting support that promotes gender equality, prevents violence, and improves outcomes for children, caregivers and families.

1) Design recommendations

1.1 Define a national “minimum standard” for gender-transformative parenting

- Establish a short national guidance note that defines what “gender-transformative parenting” means in Moldova and sets minimum content expectations: co-parenting, shared decision-making, non-violent conflict resolution, positive masculinity, respect for women’s and children’s rights, and links between VAC/VAW.
- Require explicit modules on power dynamics and household decision-making (who decides, how decisions are negotiated, and how conflict is managed without violence).

1.2 Strengthen the protective core: integrate VAC/GBV/VAW prevention and safe response

- Ensure all curricula include: recognising violence, safe disclosure handling, supportive responses, and clear help-seeking and referral information for both children and adult survivors.
- Expand beyond corporal punishment to address emotional violence, coercive control, neglect and online risks, using child-safe language.

1.3 Address Moldova-specific stressors and family realities

- Integrate practical content for families facing poverty, migration, displacement and chronic stress: positive coping, stress management, emotional regulation, and family problem-solving.
- Include content on role reversal (children taking adult roles), and on adolescent development including healthy relationships and SRH-adjacent themes (consent, respect, boundaries, body autonomy) in age-appropriate ways.

1.4 Design for differentiated intensity and continuity

- Operationalise the universal/targeted/intensive model: define simple eligibility and escalation criteria (e.g., high stress, disability, exposure to violence, parenting adolescents).

- Build continuity mechanisms: booster sessions, parent peer groups, and light-touch follow-up for higher-risk households.

2) Implementation recommendations

1.1 Professionalise facilitation with a national, values-based training pathway

- Develop a national training pathway for facilitators and supervisors that includes:
 - gender-transformative facilitation skills (challenging norms safely),
 - trauma-informed communication,
 - inclusive practice (disability, Roma, language accessibility),
 - VAC/GBV/VAW prevention and response,
 - reflective practice and bias awareness.
- Introduce competency checks (practical demonstrations, observed sessions) rather than training completion only.

1.2 Improve male caregiver engagement using tested, context-appropriate strategies

- Adapt delivery to increase men's participation: evening/weekend sessions, male-friendly venues, couples or co-parenting sessions, and "entry topics" (child success at school, stress, discipline alternatives).
- Recruit and support male co-facilitators and male champions (not as a substitute for women's leadership, but to normalise shared caregiving).
- Build partnerships with employers, sports/community groups, faith/community leaders to reach men without stigma.

1.3 Make safeguarding and referral systems non-negotiable

- Require each programme site to have:
 - a simple risk of harm protocol,
 - a referral directory updated at least twice a year,
 - a documented referral pathway with feedback loops (where feasible),
 - staff trained on what to do when a child/adult discloses violence.
- Strengthen coordination between parenting implementers and child protection/GBV services (including social assistants, case managers, and specialised services).

1.4 Strengthen supervision and quality assurance

- Institutionalise supervision: regular session observation, structured debriefs, peer supervision, and corrective coaching.
- Include fidelity monitoring as supportive learning, not punitive inspection.

3) Monitoring recommendations

1.1 Implement a "minimum MEL package" for all partners (feasible and comparable)

- Introduce a small set of standard indicators and tools that every implementer can report on, covering:
 - coverage and intensity (who reached; dosage; retention; male participation),
 - implementation quality (fidelity; facilitator competence; supervision frequency),
 - gender-transformative change (co-parenting, shared decision-making, attitudes),
 - safeguarding/referrals (cases identified; referrals made; timeliness; follow-up),
 - participant experience (cultural appropriateness; safety; satisfaction).

1.2 Harmonise tools and data definitions across programmes

- Use standard registration forms, attendance templates, brief pre/post tools, fidelity checklists and supervision forms.
- Set minimum disaggregation: caregiver sex, caregiver type (mother/father/other), age group, programme intensity, location, vulnerability markers (where safe and ethical).

1.3 Build rapid feedback loops into routine management

- Require monthly/quarterly “data review and learning” meetings at implementer level and a quarterly synthesis at national level to drive course correction (attendance drop-off, low male engagement, fidelity issues).

4) Evaluation recommendations

1.1 Prioritise a small number of evaluation questions linked to the Theory of Change

- Focus evaluations on the questions Moldova most needs answered for scale-up:
 - What works best to increase male engagement and co-parenting?
 - Which programme intensities produce measurable reductions in violent discipline and improvements in caregiver wellbeing?
 - What implementation conditions (fidelity, supervision, facilitator competency) are necessary for outcomes?

1.2 Use mixed methods with child-safe approaches

- Combine quantitative pre/post with qualitative interviews/FGDs/vignettes to explain *why* change occurs.
- For any child data collection: ensure assent/consent, safe interviewing, referral readiness and ethical review.

1.3 Track sustainability and system integration as evaluation outcomes

- Include measures of institutionalisation: integration into health/education/social protection touchpoints, domestic financing, workforce retention, and functioning referral networks.

5) System and sustainability recommendations

1.1 Establish government leadership and financing pathways

- Develop a national plan for parenting support that clarifies roles across ministries and sets a pathway for contracting CSOs and integrating services into public platforms.
- Introduce costed models and budget lines for parenting support (including supervision and MEL, not only delivery).

1.2 Strengthen accreditation/validation pathways that do not exclude CSOs

- Simplify national accreditation processes, reduce financial barriers, and provide technical support so smaller CSOs can meet standards.
- Use a tiered accreditation approach: minimum standards first, then advanced certification for validated models.

■ Recommended *minimum requirements* for gender-transformative parenting programme implementation in Moldova

The following **minimum requirements** set out the **essential standards** that parenting and caregiver programmes should meet **to be considered gender-transformative in the Moldovan context**. Drawing on global evidence-based parenting programme standards and informed by the findings of the Moldova parenting programme review, they respond directly to identified gaps in programme quality, safeguarding, workforce capacity, gender transformation, monitoring and sustainability. The requirements are intended to provide a clear, practical baseline for government and implementing partners to guide programme design, implementation, monitoring and evaluation, and to support the transition from fragmented, project-based interventions toward a coherent, high-quality and sustainable system of parenting support that promotes gender equality, prevents violence and improves outcomes for children and families.

A. Programme purpose and core standards

1. Clear gender-transformative intent and definition

- The programme must explicitly aim to transform unequal gender norms and power dynamics (not only be “gender-sensitive”), including promotion of co-parenting, shared decision-making, positive masculinity, and respect for women’s and children’s rights.

2. Violence prevention and protection focus embedded

- The programme must include explicit content on preventing violence against children (VAC) and the intersections with violence against women (VAW)/GBV, including how gender inequality drives violence and how to change norms that normalise aggression and authoritarian discipline.

3. Evidence-informed curriculum with participatory methods

- The curriculum must be structured and evidence-informed (e.g., grounded in social learning/attachment principles) and delivered using active, participatory methods (role-play, practice at home, peer learning), not lecture-based delivery.

B. Essential content package

4. Core parenting skills and nurturing care

- Minimum content must cover: positive parent–child interaction, non-violent discipline, emotional coaching, stress management and problem-solving, tailored to child developmental stages (including adolescents where relevant).

5. Gender-transformative modules

- Minimum content must include:
 - reflection on gender norms and power imbalances,
 - communication and conflict resolution in couple/co-parent relationships,
 - shared caregiving and unpaid care work,
 - positive gender socialisation (raising children free from stereotypes),
 - decision-making and negotiation skills.

6. Moldova-relevant stressors and family dynamics

- Programmes must integrate practical support for families facing high stress (economic strain, migration/displacement, trauma), and address role reversal where children take on adult responsibilities.

C. Workforce, facilitation and supervision

7. Minimum facilitator competency standards

- Facilitators must demonstrate competency in:
 - gender-transformative facilitation (challenging norms safely),
 - trauma-informed and inclusive communication,
 - basic VAC/GBV awareness and safe response,
 - managing sensitive discussions without reinforcing stigma.

8. Mandatory training + competency checks (not attendance-only)

- A minimum pre-service training package must be completed, and competency verified through observed practice (e.g., demonstration sessions) before independent facilitation.

9. Supportive supervision and quality assurance

- Programmes must have routine supervision, including:
 - session observation,
 - structured debriefs and coaching,
 - peer supervision/case discussions for sensitive situations,
 - corrective support where fidelity or safeguarding concerns arise.

10. Gender balance strategy for facilitation teams

- Each implementing partner must have a plan to increase male caregiver engagement, including efforts to recruit/support male co-facilitators or champions (without displacing women's leadership).

D. Safeguarding, referral and ethical practice

11. Non-negotiable safeguarding package

- Every programme site must have:
 - a written safeguarding protocol,
 - a clear "risk of harm" procedure for child/adult disclosures,
 - staff trained on confidentiality limits and safe handling of disclosures.

12. Functional referral pathways (minimum service map + feedback loop)

- Programmes must maintain an up-to-date referral directory (reviewed at least twice yearly) and a documented referral pathway linking to child protection and GBV/VAW services, with a feasible feedback loop where appropriate.

13. Do-no-harm and monitoring for unintended consequences

- Programmes must monitor risks such as backlash, increased conflict, or stigma (especially when engaging men or addressing gender norms) and have mitigation actions.

E. Implementation model and accessibility

14. Defined target group and intensity level

- Each programme must clearly state whether it is universal/targeted/intensive, with simple criteria for escalation to more intensive support for high-risk families.

15. Accessibility, inclusion and participation measures

- Minimum measures should include:
 - Provide inclusive and accessible venues, schedules and materials suitable for caregivers of children with disabilities, rural families, and minority groups.
 - Adopt flexible engagement strategies to increase male participation, addressing barriers such as timing, location, and social stigma.
 - Encourage child and adolescent participation in safe, age and gender appropriate ways to ensure their perspectives inform family change (also see textbox below).

16. Continuity mechanisms

- At minimum, programmes should include at least one continuity feature: booster session(s), peer support groups, mentoring links, or structured follow-up for higher-risk families.

F. Minimum monitoring, evaluation and learning requirements

17. Minimum MEL package with shared tools

- All implementers must report a minimum set of indicators and use standard tools covering:
 - coverage and intensity (reach, dosage, retention, male participation),
 - implementation quality (fidelity and supervision frequency),
 - gender-transformative change (co-parenting/shared decision-making + attitudes),
 - safeguarding/referrals (cases identified, referrals made, timeliness),
 - participant experience (perceived cultural appropriateness, safety, satisfaction).

18. Disaggregation requirements

- Minimum disaggregation: caregiver sex, caregiver role (mother/father/other), programme intensity, age group, and location—plus vulnerability markers only where safe/ethical.

19. Routine learning loops

- Implementers must hold periodic (e.g., monthly/quarterly) data review sessions and document actions taken (“you said/we did”), linked to supervision and quality improvement.

G. Coordination and sustainability (minimum system-fit)

20. Coordination with public systems

- Each programme must define coordination arrangements with relevant public services (health, education, social protection, child protection), including referral roles and participation in local coordination mechanisms.

21. Costing and sustainability plan (even at pilot stage)

- Implementers must provide basic costing assumptions and an institutionalisation pathway (how the programme could be integrated/contracted within public systems over time).



Child participation in parenting programmes should be more than just an occasional or ad hoc activity; it should be a structured, consistent process that actively involves children in shaping the family dynamics and the programmes designed to support them. Practically, this means creating safe, age- and gender-appropriate spaces where children's voices can be heard and their perspectives meaningfully integrated into programme design, content, and delivery.

In practice, child participation should reflect the following:

- 1. Engaging children's views:** Parents should be encouraged to listen to and respect their children's views, fostering children's agency within the family. This can be done through activities or discussions that enable children to express their opinions, concerns, and ideas about family life and parenting approaches.
- 2. Active involvement in programme design:** Both parents and children should be encouraged to contribute their insights to state and civil society organisations (CSOs) in the development and refinement of parenting programmes. By seeking children's input during the design phase, programmes can be better tailored to their needs, experiences, and concerns.
- 3. Continuous feedback:** Regular and structured mechanisms should be in place to collect feedback from children about their wellbeing, safety, and relationships with caregivers. This can include surveys, focus groups, or interviews designed to capture children's perceptions and experiences.
- 4. Age- and gender-appropriate participation:** Children and adolescents should participate in ways that are suitable for their developmental stage and gender, ensuring their input is meaningful and respectful of their maturity and experiences. For example, younger children may engage through creative activities (drawing, storytelling), while adolescents could take part in more structured discussions or feedback sessions.
- 5. Defining success together:** Success should be defined not only by caregivers and facilitators but also with input from children. This ensures that the programme's outcomes align with the lived experiences of children and reflect what they believe to be important in family dynamics and their own development.

■ Recommendations for *supportive SBC messaging*

Effective social and behavioural communication (SBC) in Moldova's gender-transformative parenting programmes must be reflective, empowering, and relational. They should challenge harmful gender norms while celebrating the love, resilience, and everyday acts of care already present in families.

By promoting shared responsibility, non-violence, open communication, and inclusion, SBC messaging can transform how parenting, and parenthood itself, is understood in Moldova: not as a mother's duty or a father's authority, but as a shared journey of care, equality, and respect. The following ten recommendations show how this can be achieved.

1. Ground communication in evidence about gender, caregiving, and violence

The review and database show that most parenting programmes in Moldova already promote positive relationships, but few explicitly challenge the gender and social norms that sustain violence and unequal caregiving. SBC messaging must therefore move beyond awareness-raising to **encourage reflection and dialogue about beliefs and power relations within families**.

Messages should normalise the idea that:

- *Caring for children is equally the responsibility of mothers and fathers.*
- *Violence is never an acceptable way to teach or control children. Evidence also shows it's not effective in the long-run.*
- *Violence at home is never acceptable.*
- *Respectful communication and emotional regulation are signs of strength, not weakness.*

These messages should be conveyed through relatable, real-life examples that highlight the positive impact of parenting programmes on both children and adults, using clear, everyday language and imagery that reflects the lived experiences of Moldovan families.

2. Promote positive, hopeful framing that builds on existing strengths

Findings from the programme review indicate that parents respond best to **encouraging messages** rather than those that blame or shame. Communication should therefore highlight parents' existing strengths—such as resilience, affection, and the desire to protect their children—and connect these to new, positive practices.

For example, messages might emphasise that:

- *Every parent can learn new ways to guide children with love and respect.*
- *Seeking support is a sign of strength - parenting can be challenging, but together we can make it easier and help our children thrive.*
- *Strong families grow through listening, patience, and shared responsibility.*
- *Spending time together and playing builds confidence and trust in children.*

Such affirming framing encourages participation and reduces defensiveness among parents who may initially be sceptical about changing their disciplinary practices.

3. Model equitable partnerships and redefine fatherhood

Both the MEL findings and the core concepts highlight **the need to increase male participation** and reduce gender stereotypes in parenting. Social and behavioural communication should intentionally portray men as **nurturing, competent, and emotionally present caregivers**, not only as breadwinners or disciplinarians.

Campaigns can feature images and stories of Moldovan fathers who:

- *Comfort a crying child or help with homework.*
- *Share household chores or family decisions with their partner.*
- *Speak about how caring for children strengthens their identity and relationships.*

Messaging should emphasise that men's involvement benefits everyone—children's development, women's wellbeing, and men's own sense of purpose and connection.

4. Strengthen couple communication and mutual respect

Programme data show that many families struggle with stress, poor communication, and conflict, which can escalate into violence. SBC messaging should promote **healthy couple relationships** as a foundation for positive parenting.

Key messages might include:

- *Listening and solving problems together teaches children how to manage conflict peacefully.*
- *Respect between partners creates security and love for children.*
- *Asking for help is a sign of care, not failure.*

These messages should be embedded in training materials, radio spots, or social media campaigns that depict couples navigating everyday challenges with empathy and cooperation.

5. Link parenting and violence prevention through simple, practical actions

The review noted that while many programmes mention violence prevention, few provide clear behavioural guidance. SBC messaging should therefore give parents **specific, achievable alternatives** to violent or harsh discipline.

Examples include:

- *Take a deep breath and count to five before responding to a child's misbehaviour.*
- *Stop, breathe, and count to five before reacting during a disagreement with your partner.*
- *Explain what went wrong and what the child can do differently next time.*
- *Praise effort rather than perfection.*

Messages should reinforce that small, consistent changes in daily interactions reduce stress, improve children's behaviour, and prevent violence more effectively than punishment.

6. Address harmful norms through community dialogue and peer example

The core concepts emphasise that **gender-transformative change requires community-level reinforcement**. The review showed that most Moldovan parenting programmes work with individual families but rarely influence broader norms. SBC strategies should therefore extend beyond individual sessions to **community conversations, group discussions, and role-modelling**.

Recommended approaches include:

- *Organising public dialogues where parents, teachers, and local leaders discuss shared caregiving and the harms of violence.*
- *Using “father champions” and “parent ambassadors” to share personal stories of change.*
- *Incorporating messages into community events, schools, and local media that celebrate caregiving as a joint responsibility.*

Such peer-led storytelling humanises the change process and allows people to see themselves reflected in others’ journeys.

7. Ensure inclusion and representation of all families

Findings highlight that some programmes focus narrowly on mothers or particular age groups, excluding fathers, grandparents, or caregivers of children with disabilities. SBC messaging must affirm that **every caregiver matters**, and all families - urban and rural, single-parent, refugee, or extended - have the capacity to nurture and protect children.

Communication materials should feature **diverse family forms** and avoid reinforcing stereotypes about gender, disability, or economic status. Language should be inclusive, clear, and free of jargon, ensuring that parents of different literacy levels can engage with the messages.

8. Embed messages on emotional wellbeing and stress management

The review found that parental stress and limited coping mechanisms often lead to harsh discipline. Communication should therefore integrate **simple, culturally appropriate self-care and stress-management messages** such as:

- *Take time to rest and talk with someone you trust when you feel overwhelmed.*
- *Playing or reading with your child can also reduce your own stress.*
- *Calm parents help children feel safe and calm too.*

These messages normalise emotional struggles while offering practical ways to manage them, thus reducing stigma and preventing escalation into violence.

9. Reinforce social norms supportive of equality and care

SBC campaigns should highlight stories of positive norm change already emerging in Moldova-fathers joining parenting groups, couples sharing decisions, communities supporting non-violent approaches. Reinforcing these examples strengthens **perceived social approval** of equitable and caring behaviour.

Messages should stress that:

- *Kindness and equality are values shared by modern Moldovan families.*
- *Communities thrive when everyone contributes to raising children safely.*

This approach shifts norms from “what people should not do” toward “what families and communities can proudly do together.”

10. Integrate communication with monitoring and learning

Finally, consistent with the MEL framework, SBC messaging should be treated not as one-way information but as a **learning and feedback process**. Each campaign or message should be accompanied by:

- *Feedback channels (community discussions, surveys, online comments) to gauge resonance.*
- *Regular analysis of which messages prompt reflection or behaviour change.*
- *Adaptation of content based on participant feedback and gender-sensitive monitoring.*

This ensures that communication remains responsive, evidence-based, and reflective of families' evolving realities.

■ Recommendations for development of Standard Operating Procedures (SoPs) for gender-transformative parenting programme implementation

The SOPs should provide a unified, practical guide to implementing gender-transformative parenting programmes across Moldova's national, local, and NGO-led initiatives. They should translate policy and framework principles into step-by-step operational guidance, ensuring quality, coherence, and accountability in programme delivery. The following areas should be covered (also see Annex 4 for a proposed SOP outline and Annex 5 for a few sample SOPs).

1. Programme Design and Alignment

- Define clear procedures for embedding theories of change that explicitly link improved caregiving, violence prevention, and gender equality outcomes.
- Establish criteria for programme classification by intensity level (universal, targeted, intensive), including clear referral mechanisms between tiers.
- Ensure that all programme curricula include content on gender equality, shared caregiving, positive discipline, non-violent relationships, and child participation, consistent with the Integrated MEL Framework.
- Ensure that programmes use participatory method/activities that prompt critical reflection, discussion, and skill-building.
- Mandate programme alignment with national policies on gender equality, family strengthening, and child protection, ensuring integration into local service delivery systems.

2. Workforce Standards and Capacity Building

- Establish national standards for the selection, training, and certification of facilitators, ensuring mandatory competencies in gender-transformative facilitation, trauma-informed practice, and violence prevention (VAC/GBV/VAW).

Define national standards for all service providers delivering parenting support and guidance through programme implementation – for example nurses and family doctors (home visiting programmes), educators (ECE programmes), and child protection specialists – including ensuring clear safeguarding responsibilities and accountability.

- Encourage balanced gender representation among facilitators. Institutionalise supervision and reflective practice through periodic performance reviews and continuous professional development.
- Include standard tools for assessing facilitator attitudes, competencies and adherence to safeguarding practices.

3. Safeguarding, Ethics, and Referrals

- Define safeguarding protocols by programme intensity: informed consent (universal), confidentiality (targeted), a child-centred and survivor-focused approach that recognises that the best interests of the child and the safety and dignity of survivors take precedence in all decisions, and mandatory referral procedures for cases of violence against children (intensive).
- Require every implementing organisation to maintain written referral pathways linking social, health, education, and protection services.
- Include checklists for safe data handling, confidentiality, and ethical reporting of violence or neglect.
- Establish monitoring systems to verify referral outcomes and ensure families successfully access protection and support services.

4. Monitoring, Evaluation, and Learning (MEL)

- Standardise a minimum set of indicators, data collection tools, and reporting formats across all implementing partners, disaggregated by sex, age, and disability.
- Integrate MEL procedures into the SOPs, including regular review cycles: annual (universal), quarterly (targeted), and monthly or per case (intensive).
- Define procedures for data validation, ethical oversight, and dissemination of learning to inform programme adaptation.
- Align MEL reporting with the national integrated system to enable aggregation, comparability, and evidence-based policy refinement.

5. Coordination and Systems Integration

- Specify coordination mechanisms linking the Ministry of Labour and Social Protection (MLSP), the Ministry of Education and Research (MER), the National Agency for Preventing and Combating Violence against Women and Domestic Violence, and key platforms such as the Coalition Against Violence and the Gender Equality Platform.
- Require participation of key actors in the Consultative Parenting Platform — including the National Agency for Preventing and Combating Violence against Women and Domestic Violence, the Coalition Against Violence, and the Gender Equality Platform — to jointly develop and support a gender-transformative parenting framework and social transformation principles at every stage of design, implementation, and evaluation.
- Strengthen multi-sectoral professional engagement in joint case conferences for high-risk families, ensuring confidential and well-coordinated case management across sectors and services to support families with complex needs.
- Establish SOPs for joint planning, budgeting, and review at both central and local levels to ensure coherence across sectors (education, health, social protection).

6. Inclusion, Accessibility, and Participation

- Incorporate inclusive standards ensuring accessibility for caregivers of children with disabilities, rural families, and minority groups.
- Outline methods to promote father and male caregiver engagement, addressing barriers such as timing, stigma, and delivery format.
- Include guidance on meaningful child and adolescent participation in programme design, feedback, and monitoring.

7. Sustainability and Continuous Learning

- Require integration of parenting support and gender-transformative content into national curricula and service standards.
- Include procedures for periodic SOP review, drawing on MEL data and practitioner feedback.
- Promote national learning platforms for sharing evidence and good practice across universal, targeted, and intensive levels.
- Define responsibilities for government ministries to progressively assume financial and institutional ownership of parenting programmes.

■ **Recommendations for development of a gender transformative parenting programme toolkit that can be integrated into existing programmes**

The following section outlines recommendations for the development of a Gender-Transformative Parenting Programme Toolkit that can be integrated into existing parenting interventions in Moldova. The toolkit is envisioned as both a capacity-building and harmonisation resource, designed to help Moldova's diverse parenting initiatives embed gender-transformative approaches, align with the national Monitoring, Evaluation and Learning (MEL) Framework, and ensure coherence across sectors. By combining evidence-based guidance, practical implementation tools, and an accessible, user-friendly design, the toolkit will enhance the quality and consistency of parenting support nationwide—contributing to a culture of gender equality, shared caregiving, and non-violence as enduring social norms.

1. Purpose of the Toolkit

The toolkit should serve as a practical, adaptable resource that enables existing parenting programmes to integrate gender-transformative principles, content, and facilitation methods without needing to redesign their entire approach. It should promote coherence across actors, support facilitator capacity, and contribute to measurable reductions in violence and gender inequality.

2. Core Components of the Toolkit

A. Conceptual and Guidance Materials

- Provide a conceptual overview of gender-transformative parenting and its links to child wellbeing, violence prevention (VAC/VAW), and gender equality.
- Include simplified explanations of the theory of change, showing how challenging gender norms and promoting shared caregiving lead to long-term positive outcomes.
- Outline the three levels of programme intensity (universal, targeted, intensive) and show how gender transformation can be embedded at each level.

B. Guidance for the process of adapting existing parenting programmes to be more gender-transformative

Adapting an existing parenting programme to be more gender-transformative¹⁰⁹ should be an iterative, participatory process rather than a one-off technical revision. It typically begins with organisational reflection and buy-in, supporting staff and facilitators to examine their own attitudes on gender, power and violence, followed by consultation with parents, children and communities to understand local norms, risks, and priorities. Programmes then review and adjust recruitment strategies, session

¹⁰⁹ UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative and Equipundo, Parenting Programmes to Reduce Violence against Children and Women. How to adapt programmes to address both types of violence. Brief 3, UNICEF Innocenti, Florence, 2023

design and curriculum content to explicitly address gender norms, power dynamics, co-parenting, and the links between violence against children and violence against women, while ensuring that adaptations are culturally resonant and grounded in participants' lived experiences

The process continues through testing, piloting and refinement, alongside strengthening facilitator training, supervision, safeguarding and referral systems to manage disclosures and prevent unintended harm. Importantly, the guidance recognises that the depth and sequence of these steps will vary: some programmes may require substantial redesign, while others may integrate targeted adaptations within existing structures. Across all contexts, however, effective adaptation relies on ongoing learning, risk monitoring, and feedback loops to ensure programmes safely promote equitable, caring and non-violent family relationships over time.

C. Core Curriculum Content

Adaptable modules should align with Moldova's Monitoring and Evaluation Framework and complement existing programme curricula. Each module should include session objectives, facilitation steps, reflection questions, and materials for practice.

Proposed core modules:

1. Understanding Gender and Caregiving: exploring how gender roles are formed and their effects on parenting.
2. Positive Discipline and Non-Violent Relationships: linking power, respect, and communication within families.
3. Shared Caregiving and Father Engagement: encouraging equitable division of childcare and household roles.
4. Emotional Wellbeing and Stress Management: promoting self-care to reduce stress and violence.
5. Children's Rights and Participation: listening to children's perspectives and strengthening their agency both within family life and in state and CSO efforts to gain their inputs in the design of parenting programmes.
6. Preventing and Responding to Violence: identifying risks and following referral pathways.
7. Community Norms and Collective Change: linking household change to community dialogue and action.

Modules should be culturally adapted, use simple, inclusive language, and include locally relevant examples and illustrations.

3. Facilitation and Workforce Support Tools

- Develop facilitator guides with participatory exercises, case studies, and reflective prompts to encourage critical thinking about gender norms and power dynamics.
- Include self-reflection checklists to help facilitators identify and address personal biases.
- Provide a competency framework aligned with national workforce standards, including gender sensitivity, trauma-informed facilitation, and ethical communication.
- Create short training videos or micro-learning materials demonstrating effective facilitation of sensitive topics (e.g., father engagement, VAW discussions).

4. Safeguarding and Referral Tools

- Integrate simple, standardised safeguarding and referral protocols consistent with the SOPs and national child protection procedures.
- Include a one-page referral flowchart and sample forms for cases of suspected violence.
- Provide ethical data collection and confidentiality checklists for facilitators and supervisors.

5. Social and Behaviour Change (SBC) Resources

- Include ready-to-use communication materials (e.g., posters, short videos, social media messages) promoting shared caregiving, positive masculinities, and non-violence.
- Provide discussion cards and community dialogue guides to facilitate conversations beyond parenting groups.
- Encourage use of “father champions” and “parent ambassadors” to model change and reduce stigma.
- Ensure messages reflect diverse family structures, including single parents, caregivers of children with disabilities, and families affected by displacement.

6. Monitoring, Evaluation, and Learning (MEL) Tools

- Provide a harmonised set of indicators and simple data-collection tools for monitoring gender- and/or violence- related outcomes (e.g., male engagement, shifts in attitudes toward violence, improved caregiver wellbeing).
- Include pre-/post-session reflection forms, participant feedback templates, and outcome tracking sheets aligned with the integrated MEL framework.
- Encourage participatory monitoring through learning journals and peer exchange sessions among facilitators.

7. Integration and Adaptation Guidance

- Include a step-by-step integration guide showing how existing programmes (e.g., PLH, Reach Up & Learn, EASE) can incorporate toolkit modules without losing fidelity.
- Provide mapping templates for implementers to identify where gender-transformative content fits within current curricula.
- Offer sequencing guidance (core vs. optional sessions) to tailor content by programme intensity and participant needs.

8. Implementation Support

- Develop a Quick-Start Manual summarising the key principles, implementation checklist, and minimum standards for rollout.
- Include facilitator supervision templates, reflection forms, and peer-support meeting agendas.
- Provide digital versions of the toolkit for easy use in blended and remote delivery formats.

9. Institutionalisation and Sustainability

- Ensure the toolkit is officially endorsed and housed under the Consultative Parenting Platform, with contributions from the Ministry of Education and Research, MLSP, and the National Agency for Preventing and Combating Violence against Women and Domestic Violence.
- Embed toolkit use into programme accreditation criteria (through NAQAER) and facilitator certification processes.
- Establish a learning repository (e.g., digital platform) for continuous sharing of tools, adaptations, and evidence.

Annex 1: Glossary

Accredited programme: programme accredited according to NAQAER¹¹⁰ procedures.

Adolescent: individuals between 10–19 years of age. Younger adolescents are between 10 to 14 years of age and older adolescents are between 15 to 19 years of age.¹¹¹

Caregiver: An adult who is responsible for the daily care and support of a child. Primary caregivers include mothers, fathers, other family members, and other people who are directly responsible for the child at home.¹¹²

Child: Any person under the age of 18 years.¹¹³

Children and adults with disabilities: includes individuals who have long-term physical, mental, intellectual or sensory impairments which, without adequate support, could hinder their equal, full, and effective participation in society.¹¹⁴

Developmental difficulty: Any condition that puts a child at risk of suboptimal development or causes a child to have a developmental deviance, delay, disorder or disability. This term encompasses all children with limitations in functioning and developing to their full potential. It includes those living with hunger or social deprivation, those who had a low birth weight, and those with persistent behavioural problems (such as autism), sensory problems, cognitive impairments (such as Down syndrome) or physical disabilities (such as cerebral palsy and spina bifida).¹¹⁵

Disability: A long-term mental, physical, intellectual or sensory impairment that – in interaction with the environment – limits activity and restricts participation in society on an equal basis with others.¹¹⁶

Early childhood development: period of 0–8 years of age characterised by rapid physical, cognitive and social-emotional development.¹¹⁷

Evidence of what works in parenting: The most rigorous sources of evidence for intervention and programme effectiveness includes systematic reviews, meta-analyses, and randomised trials or experimental evaluations. Other types of studies, like cohort studies and comparing the outcomes of individual who received the interventions with those of individual who did not received the intervention, provide less credible evidence on the effects of interventions.¹¹⁸

¹¹⁰ ANACEC is the National Agency for Quality Assurance in Education and Research of the Republic of Moldova. More information can be found here: <https://www.enqa.eu/membership-database/anacec-national-agency-for-quality-assurance-in-education-and-research/>

¹¹¹ Programming Guidance for Parenting of Adolescents. New York: UNICEF, 2021. Retrieved from: <https://www.unicef.org/media/97966/file/Parenting%20of%20Adolescents%20Guidance%20.pdf>

¹¹² Designing Parenting Programmes for Violence Prevention: A Guidance Note. New York: United Nations Children's Fund; 2020. Retrieved from: <https://www.unicef.org/media/77866/file/Parenting-Guidance-Note.pdf>; WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. Retrieved from: <https://iris.who.int/bitstream/handle/10665/365814/9789240065505-eng.pdf?sequence=1>

¹¹³ Convention on the rights of the child (1989) Treaty no. 27531. United Nations Treaty Series, 1577, pp. 3–178. Retrieved from: https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf

¹¹⁴ Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings. New York: United Nations Children's Fund; 2022. Retrieved from: <https://www.unicef.org/media/109086/file/Global%20multi-sectorial%20operational%20framework.pdf>

¹¹⁵ Ibid.

¹¹⁶ United Nations, Convention on the Rights of Persons With Disabilities (CRPD), New York, 30 March. Retrieved from: <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-articles>

¹¹⁷ Early Childhood Development. In: UNICEF data [website]. New York: United Nations Children's Fund; 2022. Retrieved from: <https://data.unicef.org/topic/early-childhood-development/overview/>

¹¹⁸ Evidence, policy, impact. WHO guide for evidence-informed decision-making. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. Retrieved from: <https://iris.who.int/bitstream/handle/10665/350994/9789240039872-eng.pdf?sequence=1>

Evidence-informed key features of parenting interventions and programmes: In general, effective parenting programmes and interventions share common content related to (1) the promotion of knowledge of children’s and adolescents’ development, behaviour, and needs through the life course, (2) responsive caregiving, (3) quality time together, (4) nonviolent discipline (including positive reinforcement, rule setting, and appropriate consequences), (5) stress management and self-care, (6) communication and self-regulation skills, (7) and promoting gender transformative norms, among others. Similarly, parenting programmes are more likely to have positive impacts when they use strength-based approaches that build from caregivers’ skills and lived experiences and when they implement the core content in ways that promote learning, for example through demonstrations and modelling, practice and rehearsal, and positive feedback. These approaches are equally effective in home and group delivery.¹¹⁹

Family support: A set of policies, services, interventions and other activities aimed at improving family functioning by grounding child-rearing and other familial activities in a network of supportive relationships and resources, both formal and informal. While parenting support and family support have distinct focuses, both are important. They complement each other by providing a focus for policies and plans to promote child development and support parents.¹²⁰

Family-centred approach: Policies, procedures and practices tailored to focus on the needs, beliefs and cultural values of children and their families. This approach means working with families and recognizing and building on their strengths.¹²¹

Family-centred practice: A set of principles and practices that seek to respect family values and preferences, establish a mutually trusting partnership with families, base services on family priorities, and build on family strengths and competencies.¹²²

Gender norms: social expectations that define what is considered “appropriate” behaviour for women and men. The different roles and behaviours of females and males, children as well as adults, are shaped and reinforced by gender norms within society.¹²³

Gender-based Violence (GBV): an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.¹²⁴

Gender-responsive parenting: Parenting that applies key principles such as gender equality and inclusion, and that promotes positive gender norms and socialization, in order to transform imbalanced power structures in families (and future generations).¹²⁵

Gender-transformative approaches support gender equality by explicitly addressing the underlying causes of gender inequality. In doing so, they go further than activities that only address gender inequalities resulting from discriminatory root causes.¹²⁶

¹¹⁹ Mapping of parenting programmes for adolescents in Latin America and the Caribbean. Panama: United Nations Children’s Fund; 2021. Retrieved from: <https://www.unicef.org/lac/media/34526/file/Mapping-of-Parenting-Programmes.pdf>

¹²⁰ Ibid.

¹²¹ UNICEF ECARO (July 2024). Parenting support framework for the early years. Retrieved from: <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

¹²² Ibid.

¹²³ INSPIRE: Seven strategies for ending violence against children. Geneva: World Health Organization; 2016. Retrieved from: <https://apps.who.int/iris/handle/10665/207717>

¹²⁴ UNICEF (2025). Practical Guide for capacity building of social assistance workforce. Retrieved from: <https://www.unicef.org/moldova/media/18791/file/Ghid%20practic%20pentru%20formatori.pdf.pdf>

¹²⁵ UNICEF (2019). Technical Note: Gender-Responsive Parenting. Retrieved from: https://www.unicef.org/eca/media/16436/file/Gender_Responsive_Parenting.pdf

¹²⁶ Gender Transformative Approaches to Achieve Gender Equality and Sexual and Reproductive Health and Rights. UNFPA; 2023. Retrieved from: <https://www.unfpa.org/publications/gender-transformative-approaches-achieve-gender-equality-and-sexual-and-reproductive>

Gender-transformative parenting programmes: parenting programmes that intentionally seek to address the root causes of gender-based inequalities and to challenge or transform harmful gender roles, norms, and power imbalances between men and women, boys and girls. Such programmes recognise that these harmful norms and power imbalances can undermine parents' capacity to provide nurturing care, restrict children's opportunities, and be risk factors for GBV, including violence against children (VAC) and violence against women (VAW). They work with both female and male parents and caregivers to promote caring, equitable relationships and nonviolent interactions for the whole family.¹²⁷ Gender-transformative parenting is about applying fundamental principles such as gender equality and inclusion and promoting positive gender norms, gender-transformative parenting supports a child's holistic development, well-being and positive gender socialization.¹²⁸

Implementing at scale: reaching in proportion to need, where meeting and reducing the need is the objective in order to bring transformational impacts for children at families at national scale.¹²⁹

Integration into existing service delivery platforms. Parenting programmes can be delivered as part of an existing service provision platforms, including health and social services (e.g., cash transfer programmes), school or early education services, child protection and justice systems or through civil society platforms (e.g., non-formal learning platforms, communities, religious institutions, NGOs) to maximize implementation outcomes and ensure their scalability.¹³⁰

Level of parenting support: Parenting programmes can be classified into three tiers - universal, targeted, and intensive. **Universal programmes** are delivered to all parents regardless of risk levels (i.e., no screening or selection criteria are used). **Targeted programmes** are aimed for parents who have specific needs). **Intensive interventions** are aimed at families presenting with complex needs related to high-risk behaviours or diagnosable conditions, including families with emerging signs of the problem (e.g., child maltreatment) as identified by a screening assessment or referral systems.¹³¹

Life-course approach: includes recognizing that all moments of a person's life are entwined with each other, with the lives of other people, and with other generations of their families and the development, wellbeing, and health of people depend on interactions between risk and protection factors throughout the lifespan.¹³²

Monitoring and evaluation (M&E)¹³³ is critical to successful parenting programme implementation.

- **Monitoring** is the systematic process of collecting, analysing, and using information to track the progress of programme implementation and identify emerging problems and potential risks. Monitoring data is processed, analysed, and shared in a timely manner to allow programme implementers to solve problems, integrate learning, and adapt the programme to fit the needs of the community.¹³⁴

¹²⁷ Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2: UNICEF Innocenti, Florence, 2023. Retrieved from: <https://prevention-collaborative.org/wp-content/uploads/2023/08/Parenting-Brief-2-Gender-transformative-programmes-Feb-13.pdf>

¹²⁸ UNICEF ECARO (July 2024). Parenting support framework for the early years. Retrieved from: <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

¹²⁹ Accone, T. Scaling innovation for every child. New York: United Nations Children's Fund; 2019. Retrieved from: <https://www.unicef.org/innovation/media/4551/file/Scaling%20Innovation%20for%20Every%20Child%20v2.pdf>

¹³⁰ Mapping of parenting programmes for adolescents in Latin America and the Caribbean. Panama: United Nations Children's Fund; 2021

¹³¹ WHO guidelines on parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years. Geneva: World Health Organization; 2022; Parenting Support Framework for the Early Years. Geneva: United Nations Children's Fund Europe and Central Asia Regional Office; 2024. <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

¹³² World Health Organization, Regional Office for Europe. (2015). The Minsk declaration: the life-course approach in the context of health 2020

¹³³ As also described in UNICEF's *BRIEF 4. Parenting programmes to reduce violence against children and women: How to measure change*, monitoring and evaluation are also sometimes referred to as monitoring, evaluation, and learning (MEL) or monitoring, evaluation, accountability, and learning (MEAL). The terms sometimes indicate a particular standpoint or philosophy, but they generally refer to similar activities. In this document, we use monitoring and evaluation, or M&E

¹³⁴ UN Women and Social Development Direct. 2020. RESPECT Framework Monitoring and Evaluation (M&E) Guidance. Retrieved from: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/RESPECT-implementation-guide-Monitoring-and-evaluation-guidance-en.pdf>; World Health Organization (WHO). 2024. Designing, Implementing, Evaluating, and Scaling Up Parenting Interventions: A Handbook for Decision-Makers and Implementers. Geneva. WHO. Retrieved from: <https://iris.who.int/server/api/core/bitstreams/207a825e-0327-4ddc-a22a-621c6e8ea35c/content>

- **Evaluation** is the systematic assessment of programme impact and processes of change, which focuses on what changes the programme has resulted in and what has been learned from the programme. Research-based impact evaluation is more complex and rigorous and often done through a standalone study led by or conducted in collaboration with an external partner. This type of evaluation can enable stakeholders to attribute the changes in outcomes to the specific programme.¹³⁵

Nurturing care: An environment created by caregivers, ensuring children’s good health and nutrition, protecting them from threats and providing them with opportunities for early learning through interactions that are both emotionally supportive and responsive.¹³⁶

Paraprofessional: would typically work next to or support the work of a professional in the same field. A para professional worker is trained to perform certain functions, but not always legally certified or licensed to practice as a full professional, which in some fields requires college or university degrees or specialised training.¹³⁷

Parenting programmes and interventions: a set of activities or services aimed at improving how caregivers (including fathers, mothers, grandparents, and other adults) approach and execute their role as caregivers, specifically their parenting knowledge, attitudes, skills, behaviours and practices. Interventions can be integrated into existing services or delivered as a separate programme.¹³⁸ WHO defines a parenting intervention as a set of activities or services directed at parents/caregivers, with the objective of “improving parent–child interactions and the overall quality of parenting that a child receives”.¹³⁹

Parenting support: Equipping caregivers with the knowledge and skills to provide nurturing care and bolstering their own mental health and emotional well-being. When caregivers receive the support to cope with stress and manage their mental health, they are better able to care for their children.¹⁴⁰

Parenting: Interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of care by parents/caregivers to children.¹⁴¹

Parents: refers to the main caregiver of the child; they are not limited to biological or legal parents, or even to parents. This breadth is especially important given that significant numbers of children are reared by people other than their parents. The term ‘parent’ or ‘parenting’ thus extends to any guardian or caregiver that provides consistent care to the child.¹⁴²

Positive parenting: Providing nurturing care in a stable environment that is sensitive to children’s needs, protects them from threats, and provides opportunities for learning through interactions that are responsive and playful, emotionally supportive and developmentally stimulating.¹⁴³

¹³⁵ Ibid

¹³⁶ UNICEF ECARO (July 2024). Parenting support framework for the early years.

¹³⁷ WHO guidelines on parenting interventions to prevent maltreatment and enhance parent–child relationships with children aged 0–17 years. Geneva: World Health Organization; 2022

¹³⁸ Daly, M., R. Bray, Z. Bruckhauf, J. Byrne, A. Margaria, N. Pecnik, and M. Samms-Vaughan. Family and Parenting Support: Policy and Provision in a Global Context. Florence: UNICEF Office of Research – Innocenti, 2015 (Innocenti Insights. Retrieved from: https://www.unicef-irc.org/publications/pdf/01%20family_support_layout_web.pdf

¹³⁹ WHO. (2024). Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers. Retrieved from: <https://iris.who.int/bitstream/handle/10665/378237/9789240095595-eng.pdf>

¹⁴⁰ Support for parenting. In: UNICEF data [website]. New York: United Nations Children’s Fund; 2023. Retrieved from: <https://www.unicef.org/support-parenting>

¹⁴¹ UNICEF (2017) Standards for ECD Parenting Programmes in Low- and Middle-Income Countries. Retrieved from: <https://www.unicef.org/media/107616/file/UNICEF-Programme-%20Guidance-for-Early-Childhood-Development-2017.pdf>

¹⁴² Parenting Support Framework for the Early Years. Geneva: United Nations Children’s Fund Europe and Central Asia Regional Office; 2024

¹⁴³ UNICEF Europe and Central Asia Regional Office (July 2024). Parenting support framework for the early years. Retrieved from: <https://www.unicef.org/eca/reports/parenting-support-framework-early-years>

Professional: typically denotes membership in a profession that is well recognized, often for the specific degree or level of education that it requires, a particular ethical or moral code of conduct, and/or licensing or certification to practice. Generally refers to those workers with at least a bachelor's degree in a field directly related to social services, such as social work.¹⁴⁴

Responsive caregiving: The ability of caregivers to notice, understand, and sensitively respond to their child's signals in a timely and appropriate manner, and with awareness of the child's acts and vocalizations as communicative signals to indicate needs and wants. It is considered the foundational component of nurturing care.¹⁴⁵

Structured parenting programme: A parenting programme delivered according to an evidence-based curriculum and standardised teaching materials, implemented over multiple sessions (three or more), by specialised trainers. It includes pre- and post-programme assessment tools and requires parents or caregivers to attend all sessions.¹⁴⁶ In contrast, an **unstructured parenting programme** is thus a programme delivered on an ad hoc or flexible basis, in which topics are introduced periodically or as needs arise. Participation in sessions is voluntary, and parents or caregivers are not expected to attend the full series.

Validated programme: internationally recognized programme validated at a national level by a recognized authority or academic institution.

Violence against children: forms of ill-treatment by parents/legal representatives/caregivers or any other person, which cause actual or potential harm to the child's health and endanger their life, development, dignity, or morality.¹⁴⁷

Violence against women: acts of gender-based violence, including through information technology or electronic communications, which cause or may cause physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty.¹⁴⁸

Vulnerable children and families: children and families who face numerous deprivations and challenges to reach their full potential, including marginalized families, families living in extreme poverty, exposed to domestic and/or contextual violence, exposed to racism and discrimination, or forcibly displaced, among others.¹⁴⁹

¹⁴⁴ Interest Group on Para Professionals in the Social Service Workforce. Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies. Washington DC: Global Social Service Workforce Alliance; 2015. Retrieved from: <https://www.socialserviceworkforce.org/system/files/resource/files/Para%20Professional%20Guiding%20Principles%20Functions%20and%20Competencies.pdf>

¹⁴⁵ Ibid.

¹⁴⁶ Mapping of parental education programmes provided in the Republic of Moldova. Research Report: National Center for the Prevention of Child Abuse (CNPAC) in partnership with the Ministry of Education, Culture and Research; 2020. Retrieved from: https://www.cnpac.md/wp-content/uploads/2020/11/Studiu-pilot-parenting_final.pdf

¹⁴⁷ Republic of Moldova Law nr. 140/2023 on special protection of children in risk situations. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=146836&lang=ro

¹⁴⁸ Law nr.45/2007 on preventing and combating violence against women and domestic violence. Retrieved from: https://www.legis.md/cautare/getResults?doc_id=150772&lang=ro#

¹⁴⁹ Support for vulnerable children and families. In: UNICEF Bulgaria [website]. Sofia: United Nations Children's Fund; 2023. <https://www.unicef.org/bulgaria/en/stop-violence-against-children/support-vulnerable-children-and-families>

Annex 2: Desk review documents

Moldova national government policies/strategies and research studies

1. Chieianu-Andrei D., Zaporojan A., et all (2024). Men and Gender Equality in Moldova, <https://cdf.md/wp-content/uploads/2024/12/barbatii-si-egalitatea-de-gen-in-rm-images-2024.pdf>
2. Diana Cheianu-Andrei, Iurie Perevoznic, Angelina Zaporojan-Pîrgari et al. (2015). Men and gender equality in the Republic of Moldova. Based on IMAGES methodology. Women’s Law Center, Center for Investigation and Consultation “SocioPolis”. Chişinău. 2015. Retrieved from: <https://www.equimundo.org/wp-content/uploads/2016/03/IMAGES-Moldova-English-web.pdf>
3. Parascovia Munteanu and Tatiana Vasian. (2024). Knowledge, attitudes and challenges of parents and caregivers of children with disabilities in the Republic of Moldova. Retrieved from: <https://www.unicef.org/moldova/media/14311/file/Knowledge,%20attitudes%20and%20challenges%20of%20parents%20and%20caregivers%20of%20children%20with%20disabilities%20ENG.pdf.pdf>
4. Republic of Moldova Decision No. 114 on the approval of the Development Strategy “Education 2030” and the Implementation Programme for the years 2023-2025: Government of the Republic of Moldova; 2023. https://www.legis.md/cautare/getResults?doc_id=136600&lang=ro
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6. Republic of Moldova. Order nr.556/14.04.2025. Regulation on Consultative Platform for Parenting Education. Ministry of Education and Research. https://mec.gov.md/sites/default/files/ordin_plat-forma_parenting_556_14.04.2025_1.pdf
7. Republic of Moldova. Regulation on the organization and functioning of the permanent consultative platform in the field of parental education and promotion of positive parenting within the Ministry of Education and Research and MLSPF and CCF¹⁵⁹. No date.
8. Republic of Moldova Decision No 332 on the approval of the National Programme on preventing and Combating Violence against Women and Domestic Violence for 2023-2027, Government of the Republic of Moldova; 2023. https://www.legis.md/cautare/getResults?doc_id=140367&lang=ro#
9. UNHCR. (2024). Gender-Based Violence Safety Audit Report: Ukraine Refugee Response, Republic of Moldova. <https://data.unhcr.org/en/documents/details/108377>
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Parenting programmes in Moldova

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¹⁵⁹ <https://parinteste.md/>

12. Republic of Moldova. Intersectoral programme for developing parenting skills for the years 2016-2022. Government of the Republic of Moldova; 2016. https://gov.md/sites/default/files/document/attachments/intr16_2_0.pdf
13. UNICEF. Knowledge, Attitudes and Practices of Families in Early Childhood Care and Development: Survey Report, 2023 <https://www.unicef.org/moldova/media/12781/file/ECD%20KAP%20Study%20EN.pdf>

Gender-transformative approaches

14. A Synthesis Paper on the Gender-Transformative Accelerator: UNFPA-UNICEF Global Programme to End Child Marriage; 2022. <https://www.unicef.org/media/125016/file/GTA-2022-Synthesis-Report.pdf>
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16. Core Elements of Gender-Transformative Fatherhood Programs to Promote Care Equality and Prevent Violence: Results from a Comparative Study of Program P Adaptations in Diverse Settings around the World. Equimundo, 2023. Retrieved from: <https://www.equimundo.org/resources/core-elements-of-gender-transformative-fatherhood-programs-to-promote-care-equality-and-prevent-violence/>
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22. Men and Gender Equality in the Republic of Moldova: Angelina Zaporozhan-Pîrgari, Eleonora Grosu, Igor Andrei; Women's Law Center, Sociopolis Consultancy – Chisinau; 2024. <https://cdf.md/en/category/publications/>
23. Men and Gender Equality in the Republic of Moldova: Summary; 2024. <https://cdf.md/en/category/publications/>
24. Technical Note on Gender-Transformative Approaches: A summary for practitioners: UNFPA, UNICEF, UN Women; 2020. <https://www.unfpa.org/resources/technical-note-gender-transformative-approaches-summary-practitioners>
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32. UNICEF Webinar ‘How gender transformative parenting programmes can reduce violence against children and women’ (February 2025). Bandedereho scale up in the Rwandan health system: Positive parenting, prevention of violence against women and children through the promotion of men’s engagement. Emmanuel Karamage, Project Coordinator, Rwanda Men’s Resource Center. PowerPoint slides.
33. UNICEF Webinar ‘How gender transformative parenting programmes can reduce violence against children and women’ (February 2025). 30 years of creating safe and nurturing environments for children to reach their full developmental potential. Beatrice Ogutu, Executive Director, ICS-SP Africa. PowerPoint slides.

Parenting programmes to reduce violence

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Annex 3: Ethical approval letters and minutes of the ethical review meeting

EXTRAS

din procesul-verbal nr. 8 al Consiliului
Facultății de Psihologie și Științe ale Educației, Sociologie și Asistență Socială,
din 30 iunie 2025

Membrii Consiliului Facultății prezenți:

Maia Șevciuc, dr., prof. univ., decanul Facultății Psihologie și Științe ale Educației, Sociologie și Asistență Socială;

Viorica Șaitan, dr., lector universitar, Secretar al Consiliului;

Valeria Botezatu, dr. lector univ., prodecan;

Angela Potâng, dr. conf. univ., șef Departament Psihologie;

Viorica Reaboi-Petrachi, dr. conf. univ., Șef Departament Științe ale Educației;

Anastasia Oceretnii, dr. conf. univ., Șef Departament Sociologie și Asistență Socială;

V. Guțu, dr. hab., prof. univ., M. Bulgaru, dr. hab., prof. univ., Z. Bolea, dr. hab., conf. univ., A. Grati, dr. hab., prof. univ., C. Țurcanu, dr. conf. cercet., O. Paladi, dr. hab., prof. univ., R. Cerlat, dr., conf. univ., S. Milicenco, dr., conf. univ., A. Tarnovschi, dr., conf. univ., N. Bîrmaz, dr. conf. univ., L. Darii, dr., conf. univ., G. Pravițchi, dr., lector univ., V. Pascaru-Goncear, dr., lector univ., O. Bondarenco, dr., lector univ., N. Butnari, dr., lector univ., C. Dolinschi, dr., lector univ.

Ordinea de zi:

La Ordinea de zi a ședinței Consiliului Facultății Psihologie și Științe ale Educației, Sociologie și Asistență Socială, s-a înaintat aprobarea proiectului de cercetare "Analiza programelor de educație parentală din perspectiva prevenirii violenței împotriva copilului și a violenței împotriva femeii" care este realizată pentru Agenția Națională de Prevenire și Combatere a Violenței Agenția Națională pentru Prevenirea și Combaterea Violenței împotriva Femeii și a Violenței în Familie în continuare (ANPCV) în colaborarea cu UNICEF și UNFPA Moldova.

S-a decis:

Aprobarea proiectului de cercetare "Analiza programelor de educație parentală din perspectiva prevenirii violenței împotriva copilului și a violenței împotriva femeii" care este realizată pentru Agenția Națională de Prevenire și Combatere a Violenței Agenția Națională pentru Prevenirea și Combaterea Violenței împotriva Femeii și a Violenței în Familie în continuare (ANPCV) în colaborarea cu UNICEF și UNFPA Moldova.

Președinte al Consiliului Facultății PȘESAS

Șevciuc Maia, dr., prof. univ.

Secretar al Consiliul Facultății PȘESAS

Viorica Șaitan, dr., lector univ.





AGENȚIA NAȚIONALĂ DE PREVENIRE ȘI
COMBATERE A VIOLENȚEI ÎMPOTRIVA
FEMEILOR ȘI A VIOLENȚEI ÎN FAMILIE

Nr. 03/397 din 04.07.2025

SOLICITARE

Agencia Națională de Prevenire și Combatere a Violentei împotriva Femeilor și a Violentei în Familie (ANPCV) și Ministerul Educației și Cercetării, vă invită respectuos să **participați la cercetarea „Analiza programelor de educație parentală din perspectiva prevenirii violentei împotriva copilului și a violentei împotriva femeii”.**

Contextul cercetării: Programele de educație parentală reprezintă o oportunitate pentru conștientizarea fenomenului de violență și consolidarea competențelor părinților/ingrijitorilor în vederea prevenirii și reducerii atât a violentei împotriva copiilor, cât și a violentei împotriva femeilor și bărbaților care contribuie la îngrijirea și dezvoltarea copilului. Există evidențe că unele programe de educație parentală promovează parentalitatea pozitivă/parenting pozitiv, însă lipsesc date despre programele de educație parentală din Republica Moldova care abordează subiecte despre violența împotriva copilului, violența împotriva femeii, violența de gen și violența din partea partenerului intim.

Colectarea datelor în teren are la bază cartografierea programelor realizată în 2020 în scopul actualizării Listei programelor de educație parentală active în Republica Moldova în perioada 2023-2025 și analiza modului în care aceste programe contribuie/sau pot contribui la prevenirea și combaterea violentei împotriva copilului și a violentei împotriva femeii.

Importanța datelor: Aceste date sunt necesare pentru autoritățile publice centrale pentru a valorifica Programele de educație parentală existente prin integrarea abordării fenomenului de violență cauzată de cele mai dese ori de inegalitățile de gen și imparțialitatea partajării rolurilor ambilor părinți în îngrijirea copiilor, de normele sociale și dezechilibrele de putere între bărbați și femei, băieți și fete. Experiențele internaționale pozitive arată că Programele de educație parentală care implică în calitate de participanți, atât femei, cât și bărbați, au un impact mai mare în promovarea relațiilor de sprijin reciproc, roluri echitabile, comunicare și relaționare pozitivă între toți membri familiei.

Utilizarea datelor: Scopul cercetării este actualizarea Listei programelor de educație parentală funcționale/active din Republica Moldova și identificarea programelor care pot fi îmbunătățite din perspectiva de gen cu potențial de integrare a componentei de prevenire a violentei. Totodată, în urma cercetării vor fi elaborate recomandări de îmbunătățirea a programelor existente de educație parentală din perspectiva prevenirii și combaterii violentei

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și va fi dezvoltat un cadru de monitorizare și evaluare a acestora dintr-o perspectivă de transformatoare de gen.

Selectarea participanților: Echipa de cercetare a propus discuții și colectare date de la principalii actori interesați care elaborează politici în domeniul educației parentale, coordonează acest domeniu sau implementează direct diverse programe de educație parentală. Experiența și expertiza acestor actori, datele furnizate de ei constituie informații valoroase pentru realizarea cercetării.

Informații colectate în cercetare: Echipa de cercetare utilizează mai multe metode de colectare a datelor: ancheta sociologică în baza de chestionar, interviu și discuții de tip focus grup. Veți primi invitație să participați prin completarea unui chestionar și/sau participare la interviu/discuție de tip focus grup. Informațiile colectate vor fi utilizate doar în scopul cercetării.

Participare voluntară: Participarea la această cercetare este voluntară, iar respondentul poate refuza să răspundă la orice întrebare sau să întrerupă discuția în orice moment, fără consecințe.

Durata și înregistrarea discuției: Pentru chestionar respondentul va avea nevoie de circa 20-30 minute pentru completare. Discuția de tip focus grup sau interviul va avea o durată de aproximativ 45-60 minute. În cazul interviului și al discuției de tip focus grup, doar cu permisiunea persoanei care participă, discuția va fi înregistrată, astfel încât, în cazul în care cercetătorului i-a scăpat ceva, atunci când a luat notițe sau ceva nu va fi clar, să poată reveni și să verifice dacă a surprins cu exactitate ceea ce a fost menționat.

Confidențialitate: Înregistrarea și notițele, informații de identificare personală nu vor fi partajate cu nimeni din afara echipei de cercetare. Toate aceste date vor fi distruse de către Maestral International și Departamentul Sociologie și Asistență Socială a USM după finalizarea raportului și expedierea acestuia către ANPCV, UNICEF și UNFPA.

Protecția fetelor și băieților, femeilor și bărbaților aflați în situații de risc: Singurul lucru pe care echipa de cercetare nu îl va păstra confidențial, sunt cazurile de violență identificate în timpul colectării datelor, în situația în care vor afla despre un copil, adolescent sau adult care este în pericol. În astfel de situații, echipa de cercetare se va autosesiza și va apela la liniile telefonice de urgență de pe pagina web ale ANPCV și va monitoriza dacă toate intervențiile ulterioare asigură protecție persoanei.

Riscuri: Nu anticipăm riscuri asociate cu participarea Dvs. la acest studiu. În cazul în care aveți unele neclarități sau orice alte probleme legate de cercetare, rugăm să o contactați pe dna Parascovia Munteanu, dr. în sociologie, coordonatoarea cercetării din partea Maestral International, la numărul de telefon 068794794 sau la email: munteanup@yahoo.com

Consimțământ: În contextul celor menționate, solicităm acordul Dvs. de participare la această cercetare importantă pentru prevenirea violenței. Dacă acceptați invitația noastră,

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rugăm să semnați Declarația de consimțământ care ați primit-o de la echipa de cercetare și să o expediați înapoi la adresa de mail de la care veți primi prezenta solicitare.

Menționăm că, această cercetarea este realizată cu suportul UNICEF și UNFPA, în cadrul proiectului comun „Rupe cercul violenței față de femei și copii”, realizat cu sprijinul financiar al Guvernului Marii Britanii.

Colectarea datelor va fi realizată de Maestral International și Departamentul Sociologie și Asistență Socială a Universității de Stat din Moldova în perioada iunie-august 2025.

Vă mulțumim anticipat pentru cooperare și contribuția la realizarea cercetării!

Directoare generală

Digitally signed by Țîmbălarî Viorica
Date: 2025.07.04 15:16:52 EEST
Reason: MoldSign Signature
Location: Moldova
MOLDOVA EUROPEANĂ



Viorica ȚÎMBĂLARI

Ex.: Rodica Terehovschi,
Secția formare profesională și suport metodologic
rodica.terehovschi@anpcv.gov.md tel.: 022 822 095

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Annex 4: Proposed Outline: Standard Operating Procedures (SOPs) for Gender-Transformative Parenting Programmes in Moldova

The following presents a proposed structured outline for the development of the Standard Operating Procedures (SOPs) for Gender-Transformative Parenting Programmes in Moldova. It is designed so that the SOPs can function as a practical implementation manual for both national and local actors. The outline can be directly used as a table of contents and annotated framework for drafting the full SOP document. Each section provides a concise description of its purpose, key content areas, and the primary actors responsible for implementation.

I. Introduction

1.1 Purpose and Scope

Defines the overall purpose of the SOPs – to establish consistent standards for the design, delivery, monitoring, and coordination of parenting programmes that promote gender equality, positive parenting, and violence prevention.

Key focus: alignment with Moldova’s national frameworks on child protection, gender equality, and family strengthening.

1.2 Rationale

Explains the social and policy context for adopting gender-transformative parenting programmes:

- Parenting as a key entry point for socialisation of gender norms and prevention of violence.
- Evidence from Moldova (2020–2025) showing gaps in sustainability, gender integration, and coordination.
- Need for system-wide, evidence-based, and ethically implemented parenting support.

1.3 Alignment and Policy Framework

Situates the SOP within:

- The National Platform on Parenting Education and Positive Relationships (2025);
 - The National Strategy on Gender Equality;
 - The National Strategy for Preventing and Combating Violence Against Women and Domestic Violence;
 - The National Child Protection System Framework.
- Describes coherence with international instruments (UNCRC, CEDAW, INSPIRE, RESPECT, and Nurturing Care Framework).

II. Foundational Principles and Conceptual Framework

2.1 Definition of Gender-Transformative Parenting

Clarifies what makes a parenting programme *gender-transformative* (as opposed to gender-sensitive):

- Challenges unequal gender norms and power dynamics.
- Promotes shared caregiving, respect, and non-violence.
- Builds caregiver wellbeing and equitable couple and family relationships.

2.2 Foundational Principles

All programme design and delivery must be guided by:

- Child-centred and rights-based approaches.
- Gender equality and social inclusion.
- Evidence-based practice and ethical standards.
- Participation and empowerment of caregivers and children.
- Do-no-harm, confidentiality, and dignity.

2.3 The Three Levels of Parenting Support

Defines the universal, targeted, and intensive levels of intensity and their objectives. Each level is linked to the wider system of family support and social protection.

2.4 Theory of Change (Conceptual Map)

Illustrates how gender-transformative parenting leads to:

1. Improved caregiver knowledge, attitudes, and skills.
2. Strengthened family relationships and equitable roles.
3. Reduction of VAC and VAW.
4. Change in gender norms.

III. Programme Design and Delivery Standards

3.1 Curriculum Design

- Minimum thematic domains: nurturing care, positive discipline, VAC/VAW prevention, gender roles, co-parenting, stress management, and mental health.
- Integrate two pillars: gender-responsive parenting and gender-transformative outcomes.
- Use adult-learning methods (experiential, reflective, and participatory).
- Ensure accessibility for low-literacy participants and persons with disabilities.

3.2 Programme Delivery

- Implement through community, preschools/school, and health platforms.
- Maintain consistent quality through structured curricula, supervision, and fidelity monitoring.
- Prioritise inclusive participation of both parents, especially fathers.
- Choose delivery formats (in-person, hybrid, online) based on accessibility and safeguarding needs.

3.3 Minimum Duration and Structure

- Universal: 6–10 sessions (15–20 participants).
- Targeted: 8–12 sessions (10–15 participants).
- Intensive: tailored, ongoing sessions linked to specialised services.

3.4 Facilitator Selection and Certification

- Transparent recruitment, background checks, and gender balance (≥30% male facilitators).
- Certification through MER in collaboration with MLSP, ANPDV, UNICEF, and UNFPA.
- Validity: 3 years, renewable with refresher training.

3.5 Core Competency Framework

Outlines required knowledge, skills, and values for facilitators:

- Gender awareness, inclusive facilitation, empathy, conflict management, and safeguarding.
- Reflective practice and ability to manage resistance.
- Self-awareness and gender reflexivity.

3.6 Supervision and Quality Assurance

- Quarterly supervision, observation, and feedback sessions.
- Standardised supervision tools and performance checklists.
- Integration of supervision data into MEL system.

3.7 Ethical and Professional Conduct

All facilitators sign and comply with a Code of Conduct covering confidentiality, respect, non-discrimination, and safe engagement.

Breaches are reported and addressed through institutional disciplinary mechanisms.

IV. Safeguarding and Referral Protocols

4.1 Purpose

Ensure that all programme activities protect participants, identify risks, and connect families to appropriate support services.

4.2 Safeguarding Standards

- Mandatory orientation for all facilitators on how to refer cases of VAC/VAW/GBV.
- Zero tolerance for sexual exploitation, abuse, or harassment (SEA/H).
- Clear risk-assessment and referral procedures.

4.3 Referral Pathways

- Standardised national referral form and service directory.
- Referrals to education, health, social assistance, mental-health, police, and Barnahus centres.
- Follow-up mechanism to confirm service uptake.

4.4 Confidentiality and Informed Consent

- Participants must understand the limits of confidentiality (e.g., mandatory reporting).
- Sensitive information stored securely and anonymised.

V. Monitoring, Evaluation, and Learning (MEL)

5.1 MEL Objectives

- Measure progress, quality, and gender- and violence-related outcomes.
- Strengthen accountability and enable adaptive learning.

5.2 Core Indicators

Organised by programme intensity:

- Universal: participation, awareness, male engagement.
- Targeted: behavioural and relational change.
- Intensive: risk reduction and referrals.
- Cross-cutting: gender-attitude shifts, facilitator competence, safeguarding incidents.

5.3 Tools and Data Management

- Standardised national reporting templates.
- Disaggregation by sex, age, disability, and programme level.
- Secure storage and ethical data-handling protocols.

5.4 Evaluation and Learning

- Mixed-methods evaluations every 3–5 years.
- Biannual reflection meetings at organisational level.
- Annual National Learning Forum under the Consultative Parenting Platform.

5.5 Roles and Responsibilities

Defines MEL duties for:

- Implementing organisations,
- Facilitators,
- M&E focal points,
- Ministries (MER, MLSP, MH),
- Consultative Parenting Platform.

VI. Coordination and Systems Integration

6.1 System Anchoring

All parenting programmes must operate within existing public systems, not as isolated projects.

6.2 Coordination Mechanisms

- The Consultative Parenting Platform serves as the national coordination body.
- Inclusion of ANPDV, “Coalition Against Violence,” and “Gender Equality Platform” in working groups.
- Integration of parenting support within gender, education, and protection policy frameworks.

6.3 Data Integration

- Unified MEL database under MER and MLSP.
- Regular data exchange and joint review meetings.

6.4 Financing and Resource Mobilisation

- Gradual inclusion of parenting support in state budgets at national and local levels.
- Clear cost-sharing mechanisms with CSOs and development partners.

VII. Minimum Requirements for Implementation

Summarises non-negotiable conditions for programme approval and funding:

1. Alignment with national frameworks and curricula.
2. Trained and certified facilitators.
3. Inclusion of gender-transformative modules.
4. Functioning referral and safeguarding system.
5. Standardised MEL reporting.
6. Regular supervision and learning reviews.
7. Documented community engagement plan.

VIII. Annexes

Annex 1. Glossary of Key Terms (VAC, GBV, VAW, gender transformation, nurturing care, etc.)

Annex 2. Gender-Transformative Facilitation Guide

Annex 3. Facilitator Code of Conduct

Annex 4. Standard Referral Form and Service Directory

Annex 5. Core MEL Indicator Framework and Data Collection Templates

Annex 6. Supervision Checklist and Performance Review Template

Annex 7. Example of Annual Learning Review Format



Annex 5: Sample SOPs

SAMPLE SOP III. Programme Delivery and Workforce Standards

3.1 Purpose and Scope

This section establishes the minimum professional, ethical, and operational standards for individuals and organisations responsible for implementing gender-transformative parenting programmes in Moldova. It applies to all programme types—universal, targeted, and intensive—and aims to ensure that all facilitators, trainers, and supervisors possess the required skills, values, and tools to deliver consistent, inclusive, and high-quality interventions that promote positive parenting, gender equality, and the prevention of violence.

3.2 Principles of Effective Programme Delivery

All implementing organisations must ensure that programme delivery reflects the following principles:

- Rights-based and gender-transformative: Programmes should actively challenge harmful gender norms and promote shared caregiving and equality between women and men.
- Participant-centred: Delivery must respond to parents' and caregivers' needs, education levels, and lived experiences, using accessible language and culturally relevant examples.
- Consistency and quality: All sessions must follow standard curricula, ensuring uniformity of messages and methods across sites.
- Ethical facilitation: Facilitators must uphold confidentiality, respect, and inclusivity throughout all programme activities.
- Accountability and reflection: Continuous supervision, feedback, and learning are integral to maintaining programme quality and participant trust.

3.3 Selection and Certification of Facilitators

Implementing partners must establish transparent and merit-based selection procedures for facilitators and trainers.

Minimum requirements:

- Demonstrated experience in working with families, children, or community groups.
- Completion of national training and certification in gender-transformative parenting programming.
- No prior record of violence, abuse, or ethical misconduct (mandatory background check).

Gender balance:

Organisations must aim for at least 30 percent male representation among facilitators to promote positive male role models and shared caregiving messages.

Certification:

A standard certification process will be coordinated by the Ministry of Education and Research (MER) in collaboration with UNICEF, UNFPA, and the National Agency for Preventing and Combating Violence against Women and Domestic Violence (ANPDV). Certification will be valid for three years and renewable through refresher training.

3.4 Capacity Building and Continuous Learning

All facilitators must complete a core training package covering:

- Fundamentals of positive and nurturing parenting;
- Gender equality and transformative facilitation skills;
- Prevention of VAC, GBV, and VAW;
- Trauma-informed and psychosocial support approaches;
- Communication, empathy, and group dynamics management;
- Ethical standards, safeguarding, and referral procedures;
- Monitoring, documentation, and reporting requirements.

Ongoing learning:

- Annual refresher courses and thematic workshops;
- Peer exchange sessions to share experiences and good practices;
- Access to digital learning platforms and knowledge resources coordinated by the Consultative Parenting Platform.

3.5 Supervision and Quality Assurance

Implementing organisations must ensure that every facilitator receives structured supervision. Supervision requirements:

- At least one observation and feedback session per facilitator per quarter.
- Regular reflective practice meetings (individual or group).
- Use of standard supervision forms and competency checklists.
- Documentation of strengths, challenges, and follow-up actions.

Quality assurance measures:

- Periodic review of session delivery, materials, and participant feedback.
- Random spot-checks by supervisors or ministry focal points.
- Inclusion of quality-related indicators in quarterly monitoring reports.

3.6 Ethical and Professional Conduct

All facilitators and trainers must adhere to the Code of Conduct included in Annex 3 of these SOPs. Key expectations include:

- Treat all participants with respect, dignity, and impartiality.
- Maintain confidentiality of personal information shared during sessions.
- Avoid discrimination, harassment, or any form of exploitation.
- Refrain from engaging in dual relationships that could compromise professional boundaries.
- Report immediately any safeguarding concerns or ethical breaches.

Violations will be handled in accordance with the organisation's disciplinary procedures and national legislation.

3.7 Delivery Modalities

Programmes may be delivered in-person, online, or in hybrid formats depending on context and accessibility. In-person delivery:

- Ensure safe, inclusive, and accessible venues for participants with disabilities.
- Use participatory and experiential learning methods (role-plays, discussions, joint parent-child activities).

Online and hybrid delivery:

- Maintain data protection and participant privacy in virtual environments.
- Provide additional technical support to participants with limited digital literacy.

Session frequency and group size:

- Universal programmes: 6–10 sessions, 15–20 participants per group.
- Targeted programmes: 8–12 sessions, 10–15 participants per group.
- Intensive programmes: individual or small-group sessions tailored to needs, in coordination with specialised services.

3.8 Gender-Transformative Facilitation Practices

Facilitators must actively promote gender equality and shared caregiving roles through:

- Inclusive language and materials that portray men and women as equal caregivers and caregivers and children in non-traditional roles
- Encouraging reflection on gender norms, stereotypes, and power relations.
- Creating a safe space for fathers and mothers to share experiences and support one another.

Facilitators should use the Gender-Transformative Facilitation Guide (Annex 2) as a reference to ensure consistent practice across all programmes.

3.9 Monitoring Workforce Performance

Each implementing organisation must maintain a Facilitator Database capturing:

- Gender, professional background, and training history;
- Certification and supervision status;
- Session delivery records;
- Participant satisfaction and feedback scores.

Quarterly reports summarising facilitator performance and training needs must be submitted to the Consultative Parenting Platform for national aggregation and review.

3.10 Minimum Workforce Standards Checklist

All organisations implementing parenting programmes must:

- Recruit and vet facilitators using transparent, merit-based criteria
- Ensure at least 30 % male facilitator representation
- Provide core and refresher training on gender-transformative facilitation
- Conduct regular supervision and reflective practice sessions
- Implement the facilitator Code of Conduct
- Monitor and report on facilitator performance quarterly

SAMPLE SOP IV. Safeguarding, Ethics, and Referrals

4.1 Purpose and Scope

This section sets out the minimum safeguarding and ethical standards that all parenting programme implementers in Moldova must uphold to ensure the protection, safety, and dignity of all participants—particularly children, women, and caregivers at risk of violence or neglect. It applies to all levels of programme intensity—universal, targeted and intensive—and to all implementing organisations, whether public or civil society.

Safeguarding refers to the set of policies, procedures, and practices that ensure the well-being of all participants and prevent harm, abuse, neglect, and exploitation in the context of programme delivery.

4.2 Safeguarding Principles

All implementers must ensure that parenting programmes are delivered in accordance with the following principles:

- **Do no harm:** Every activity must be designed and implemented to avoid causing physical, emotional, or psychological harm.
- **Child-centred and survivor-focused approach:** The best interests of the child and the safety and dignity of survivors take precedence in all decisions.
- **Informed consent and confidentiality:** Participants must understand the purpose of the programme, their right to withdraw, and how information about them will be used and protected.
- **Accountability:** Implementing organisations are responsible for upholding these principles and for ensuring that staff and facilitators adhere to established safeguarding standards.
- **Gender equality and inclusion:** Safeguarding must be applied in a manner that promotes gender equity, respects diversity, and ensures accessibility for persons with disabilities and marginalised groups.

4.3 Roles and Responsibilities

- *Implementing organisations* are responsible for developing, approving, and enforcing safeguarding policies in line with national and international standards.
- *Programme managers* must ensure that facilitators receive training on safeguarding and ethical conduct before programme delivery.
- *Facilitators and trainers* must apply these principles in all interactions, maintain confidentiality, and report any concerns in accordance with established procedures.
- *Participants and caregivers* should be informed of their rights, complaint channels, and available support services.

4.4 Identification and Response to Cases of Violence

All facilitators and trainers have a **mandatory obligation** to identify and refer any suspected or disclosed cases of violence against children (VAC). Management of adult cases of gender-based violence (GBV) or violence against women (VAW) must follow survivor-centred and trauma-informed principles, including informed consent, “do no harm”, and safe and timely reporting.¹⁵¹ The *IASC GBV Pocket Guide*¹⁵² can be used as a reference tool and is available in English, Romanian, Ukrainian and Russian.

Procedures for identification and response differ for cases of violence children or violence against adults.

For cases of VAC, the guidance is as follows:

1. **Observation and listening:** Be alert to signs of distress, fear, or behavioural changes that may indicate violence or neglect.
2. **Initial response:** Listen without judgment, ensure the participant’s immediate safety, and avoid asking leading questions.
3. **Documentation:** Record only essential facts (who, what, when, where) using standardised forms; do not include personal opinions or details irrelevant to the case.
4. **Referral:**
 - For *universal programmes*: Inform participants about available support services and voluntary access points.
 - For *targeted programmes*: Facilitate direct referral to social, health, or psychological support services.

¹⁵¹ UNFPA. (2022). *Addressing Gender-Based Violence Across Contexts. Gender-based violence in interagency minimum standards and the essential services package for women and girls subject to violence*. Guidance Note. Retrieved from: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20GBViE%20Guidance%20Note_ENv2.pdf; UN Joint Programme on Essential Services for Women and Girls Subject to Violence. (2015 and 2017). *Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines*. Retrieved from: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-to-violence>

¹⁵² Inter-Agency Standing Committee (IASC) and Global Protection Cluster. (2015) *How to support survivors of gender-based violence when a GBV actor is not available in your area. A step-by-step pocket guide for humanitarian practitioners*. Retrieved from: https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_PocketGuide021718.pdf

- For *intensive programmes*: Immediately refer the case to the designated local authority or specialised service, following national child protection and EAW/DV procedures.
5. Follow-up: Implementing organisations must ensure that referral outcomes are tracked, and that the safety and well-being of the survivor are maintained.

For cases of violence against adults (GBV or VAW), the procedures for identification and response are as follows¹⁵³:

1. Safe, private identification: Use sensitive enquiry in safe, private settings by trained staff; avoid universal screening and never pressure disclosure. Provide written information on services and offer follow-up.
2. Provide first-line support immediately: Offer non-judgemental listening, validate the survivor, address immediate emotional/physical needs, assess safety (including children), share options, and help connect to supports.
3. Respect informed consent, confidentiality, and reporting rules: Obtain informed consent before sharing information or referrals; prohibit mandatory reporting except in immediate danger/child/special vulnerability; health-provider reporting to police is not recommended.
4. Address urgent health needs and documentation: Treat injuries, offer sexual assault care as appropriate, and complete medico-legal documentation per clinical guidance; ensure availability of trained providers and commodities at primary care level.
5. Activate clear referral pathways: Link survivors to medical, psychosocial, social, protection and legal services via agreed protocols/MOUs; keep pathways updated and known to staff; communicate roles and responsibilities across agencies.
6. Enable access to justice where desired by the survivor: Ensure 24/7, accessible entry points; prioritize survivor safety and choice; provide legal information/aid; fast-track VAW cases; apply fair procedures and evidentiary standards.
7. Coordinate a multi-sector response: Establish/participate in formal coordination with agreed leadership, information-sharing protocols, regular joint trainings, risk assessments at every stage, and multidisciplinary case reviews.
8. Monitor, review, and improve: Track cases (with consent), anonymise data for M&E, collect survivor feedback, and conduct internal/external audits and fatality reviews to strengthen accountability and prevent re-victimisation.
9. Ensure system foundations are in place: Deliver services that are survivor-centred, rights-based and coordinated across health, justice/policing, and social services, underpinned by governance, workforce development, resourcing, and M&E.

4.5 Referral Pathways

Each implementing organisation must maintain an up-to-date **directory of referral services**, including contact details of:

- Community social workers and family support services
- Police units and specialised prosecutors on child protection and domestic violence
- Health facilities offering psychosocial and trauma-informed support
- Mental health centres and crisis intervention services
- Shelters and Barnahus centres for survivors of violence

A referral flowchart should be displayed in all training and facilitation sites.

Referrals must be documented using the standard national referral form, and all data should be anonymised before reporting to coordinating bodies.

¹⁵³ UNFPA. (2022). *Addressing Gender-Based Violence Across Contexts. Gender-based violence in interagency minimum standards and the essential services package for women and girls subject to violence*. Guidance Note; UN Joint Programme on Essential Services for Women and Girls Subject to Violence. (2015 and 2017). Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines

4.6 Informed Consent and Confidentiality

- Participants must provide written or verbal informed consent before engaging in programme activities.
- All personal data must be stored securely and accessible only to authorised personnel.
- Information shared during group sessions must remain confidential; facilitators are responsible for maintaining a safe space and discouraging gossip or breaches of privacy.
- Exceptions to confidentiality apply only in cases where disclosure is required by law to protect the safety of a child or adult.

4.7 Ethical Conduct of Facilitators

Facilitators and trainers must adhere to the Code of Conduct included in the SOP annexes. Key ethical standards include:

- Respect for participants' rights, dignity, and autonomy.
- Non-discrimination on the basis of gender, ethnicity, disability, religion, or socioeconomic status.
- Avoidance of dual relationships, favouritism, or conflicts of interest.
- Commitment to ongoing self-reflection and professional development.

Violations of the Code of Conduct must be reported immediately to the implementing organisation's safeguarding focal point, who will initiate an internal review and report the case to the relevant national authority as required.

4.8 Monitoring and Reporting on Safeguarding

- Each implementing partner must submit quarterly safeguarding reports detailing identified cases, referrals made, and follow-up actions taken.
- National oversight of safeguarding will be ensured through the Consultative Parenting Platform, which will compile and review aggregate data in collaboration with the National Agency for Preventing and Combating Violence against Women and Domestic Violence, UNFPA, and UNICEF.
- Lessons learned from case reviews will be incorporated into facilitator training and programme revisions.

4.9 Minimum Safeguarding Requirements Checklist

All organisations implementing gender-transformative parenting programmes must:

- Have an approved safeguarding policy consistent with national standards
- Provide safeguarding and referral training to all facilitators
- Use standardised referral and incident reporting forms
- Maintain a service directory and referral flowchart at each implementation site
- Ensure all data is anonymised and stored securely
- Conduct annual safeguarding audits and submit findings to the Consultative Parenting Platform

SAMPLE SOP V. Monitoring, Evaluation, and Learning (MEL)

5.1 Purpose and Scope

This section defines the minimum standards for monitoring, evaluation, and learning (MEL) in gender-transformative parenting programmes. Its purpose is to ensure that all implementing organisations systematically collect, analyse, and use data to improve programme quality, demonstrate results, and strengthen accountability.

The MEL system applies to all parenting programmes in Moldova - universal, targeted and intensive - implemented by government institutions and civil-society partners. It establishes common indicators, tools, and reporting procedures aligned with the Integrated Monitoring, Evaluation and Learning (MEL) Framework and the Proposed Monitoring Framework developed under the Consultative Parenting Platform.

5.2 Principles of the MEL System

The MEL approach must reflect the following guiding principles:

- **Participation and inclusion:** Caregivers, children, and facilitators contribute to defining what success looks like and how progress is measured.
- **Measurement of gender-related outcomes:** Data collection must capture shifts in gender attitudes, power dynamics, and caregiving roles, not only participation numbers.
- **Ethical and safe monitoring:** All data collection respects confidentiality, informed consent, and do-no-harm principles.
- **Learning for improvement:** Data are used not only for reporting but to adjust programming, policies, and training.
- **Alignment and comparability:** All providers use standard tools and indicators so that national data can be aggregated and compared.

5.3 Core MEL Functions

The MEL system serves four main functions:

1. **Monitoring:** routine tracking of inputs, activities, and outputs (e.g. number of sessions delivered, participants reached).
2. **Evaluation:** periodic assessment of effectiveness, relevance, and outcomes, including behavioural and attitudinal change.
3. **Learning:** continuous reflection and adaptation based on monitoring data, participant feedback, and evaluation findings.
4. **Accountability:** transparent reporting of achievements and gaps to participants, partners, and government authorities.

5.4 Core Indicators

Each programme must monitor and report on a standard set of indicators, disaggregated by sex, age, disability, and programme intensity.

Universal level (reach and awareness):

- Number and proportion of caregivers participating in sessions.
- Percentage of fathers or male caregivers participating.
- Number of community awareness or outreach activities conducted.

Targeted level (behavioural and relational change):

- Percentage of caregivers reporting use of positive parenting practices.
- Percentage of participants demonstrating improved communication and conflict-resolution skills.
- Percentage of caregivers reporting reduced use of violent discipline.

Intensive level (risk reduction and protection):

- Number of high-risk families referred to specialised services.
- Percentage of referred cases receiving follow-up support.
- Evidence of improved family functioning and child safety following intervention.

Cross-cutting indicators (applied at all levels):

- Percentage of facilitators trained in gender-transformative facilitation and safeguarding.
- Changes in participant attitudes towards gender equality and shared caregiving.
- Existence and functionality of referral mechanisms (VAC/VAW/GBV).

5.5 Data Collection and Tools

All providers must use standardised data-collection tools approved by the Consultative Parenting Platform, including:

- Session attendance registers and pre/post-test forms;
- Participant satisfaction and feedback questionnaires;
- Referral and case-tracking forms;
- Quarterly monitoring templates;
- Facilitator supervision and performance forms.

Data should be collected in real time, using both paper and digital formats where feasible. Sensitive information (e.g. violence disclosures) must be stored securely and anonymised before aggregation.

5.6 Data Management and Reporting

- Frequency: Implementing partners submit quarterly monitoring reports and annual performance summaries.
- Submission: Reports are submitted to the Coordinating Ministry (MER or MLSP, depending on mandate) and copied to the Consultative Parenting Platform Secretariat.
- Review: Data are consolidated at national level by the Secretariat, with technical input from UNICEF, UNFPA, and the National Agency for Preventing and Combating Violence against Women and Domestic Violence.
- Feedback: Summary dashboards and analytical briefs are shared back with implementing partners to support learning and adaptive management.

5.7 Evaluation Standards

Evaluations of gender-transformative parenting programmes must follow national and international quality standards, including:

- Clear evaluation questions linked to gender, equity, and protection outcomes;
- Mixed-methods approaches that combine quantitative and qualitative data;
- Inclusion of voices of fathers, mothers, children, and persons with disabilities;
- Independent evaluation teams with gender and safeguarding expertise;
- Dissemination of findings through the Consultative Parenting Platform and public channels.

Evaluations should be conducted at least every three to five years for long-term programmes, or at project completion for donor-funded initiatives.

5.8 Learning and Adaptation

Learning must be embedded as a continuous process throughout programme cycles.

Implementers must:

- Conduct reflection meetings at least twice per year to analyse monitoring results;
- Document lessons learned, promising practices, and innovations;
- Share learning notes and success stories through the national Parenting Knowledge Hub;
- Use findings to adapt curricula, facilitation approaches, and targeting strategies.

The Consultative Parenting Platform will convene an annual national learning forum bringing together ministries, CSOs, academia, and donors to review evidence, agree on priorities, and update policies and SOPs accordingly.

5.9 Data Quality Assurance (DQA)

To maintain data integrity, all organisations must:

- Conduct quarterly internal data reviews;
- Verify reported figures against source documents;
- Apply standard definitions and data dictionaries;
- Participate in annual external data quality assessments led by the Coordinating Ministry;
- Correct and re-submit data when inconsistencies are identified.

5.10 Ethical Considerations in MEL

Monitoring and evaluation must uphold ethical principles:

- Obtain informed consent from participants, including children when applicable.
- Ensure voluntary participation and the right to withdraw without consequence.
- Maintain anonymity in data storage, analysis, and dissemination.
- Train all MEL personnel on ethical interviewing, safeguarding, and confidentiality.
- Avoid collecting information that could cause distress or risk to participants.

5.11 MEL Roles and Responsibilities

Actor	Key Responsibilities
Implementing organisations	Collect, analyse, and report programme data; ensure ethical standards and data security.
Facilitators	Record attendance, participant feedback, and referrals accurately.
Supervisors / M&E focal points	Validate data, review reports, and provide feedback to facilitators.
Consultative Parenting Platform	Aggregate national data, coordinate evaluations, and disseminate findings.
Line Ministries (MER, MLSP, MH)	Oversee data integration into national systems and ensure cross-sectoral coordination.

5.12 Minimum MEL Requirements Checklist

All organisations implementing parenting programmes must:

- Use standard national monitoring and reporting tools
- Collect disaggregated data by sex, age, and disability
- Report quarterly and participate in annual review meetings
- Conduct at least one evaluation every three to five years
- Document and share lessons learned through the Parenting Platform
- Ensure ethical and gender-sensitive data collection practices

