

PARENTING PROGRAMMES FORMATIVE EVALUATION

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Emily Vargas-Barón

- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan



VOLUME I
OVERVIEW

***Formative Evaluation of Parenting Programmes in Four Countries of the
CEE/CIS Region: Belarus, Bosnia & Herzegovina, Georgia and Kazakhstan***
- Emily Vargas-Barón

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The Project

This document is the report of a formative evaluation of parenting programmes supported by UNICEF Country Offices (CO) of Belarus, Bosnia and Herzegovina, Georgia and Kazakhstan. The Regional Office for CEE.CIS selected these programmes in collaboration with each CO. The names of the parenting programmes are:

- Positive Parenting Programme, Belarus
- Parenting Project for Excluded Groups, Bosnia and Herzegovina
- Parent Education Programme on Early Child Development, Georgia
- Better Parenting Programme (known locally as “Kwan Sabi”), Kazakhstan.

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LIST OF ACRONYMS

BBP	Basic Benefit Package
BPP	Better Parenting Programme, Kazakhstan
BFH	Baby Friendly Hospital
BiH	Bosnia and Herzegovina
CDC	Centres for Disease Control
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEE.CIS	Central and Eastern Europe and Commonwealth of Independent States
CO	Country Office
CRC	Convention on the Rights of the Child
DFID	United Kingdom Department for International Development
ECD	Early Childhood Development
ECI	Early Childhood Intervention
EFA	Education for All
EPI	Expanded Programme on Immunization
GAIA	Environmental and Civic Education Centre (Georgian NGO)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency
IBFAN	International Baby Food Action Network
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorders
IDP	Internally Displaced Person
IMCI	Integrated Management of Childhood Illnesses
IMCI-C	Integrated Management of Childhood Illnesses – Community Plan
MCH	Maternal Child Health
MI	Micronutrient Initiative
MOE	Ministry of Education
MOES	Ministry of Education and Science (Kazakhstan)
MOF	Ministry of Finance
MOH	Ministry of Health
MOLHSA	Ministry of Labour, Health and Social Affairs (Georgia)
MOLSP	Ministry of Labour and Social Protection (Belarus)
MOSP	Ministry of Social Protection
MTSP	Medium Term Strategic Plan
NGO	Non-Governmental Organization
NHLC	National Healthy Lifestyle Centre, Kazakhstan
NIE	National Institute of Education, Belarus
NPA	National Plan of Action
OPM	Oxford Policy Management
PEP	Parent Education Program of Georgia
PPEG	Parenting Project for Excluded Groups of Bosnia and Herzegovina
PPP	Positive Parenting Programme of Belarus
PSA	Public service announcement
RO	Regional Office
TOR	Terms of Reference
TOT	Training of trainers
UNFPA	United Nations Population Fund
UNICEF	United National Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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PROLOGUE

Parenting programmes help parents and families to learn about child development and form skills that will improve the lives of their young children. Brain research and studies on child development have confirmed that robust programmes for parenting and early childhood development (ECD) should begin during the first three years of life, especially to ensure that more fragile children will achieve a good and fair start in life. All parents in all cultures can benefit from up-to-date knowledge and supportive programmes designed to help them to respond appropriately to their children's developmental needs.

To the extent possible, parenting programmes for families with vulnerable, fragile children should be integrated with enriched, intensive and culturally appropriate services that are home and centre-based and are provided by well-trained and supervised child development specialists and community parent educators. Comprehensive services for health, nutrition, sanitation and protection should also be accessible to parents. However, integrated parenting and ECD programmes require careful structuring, pre- and in-service training, materials that are evidence based and culturally appropriate, and continuous evaluation and monitoring.

This formative evaluation was conducted in Belarus, Bosnia and Herzegovina, Georgia and Kazakhstan where I found many outstanding national early childhood leaders, as well as creative and dedicated UNICEF specialists. The parenting programmes I reviewed represent a 180-degree change from earlier approaches to parenting, preschool education and health care. These countries no longer delegate to the State the primary responsibility for child rearing and ensuring basic child nutrition and health care. Rather, through forging partnerships between government and civil society, they are seeking to build on recent health and education reforms in order to establish child-centred and family-focused programmes. They provide parenting services variously in homes, Poli-Clinics, preschools, and family resource centres.

Each of the parenting programmes assessed by this formative evaluation has achieved valuable results. However, because they lacked comprehensive internal programme evaluations, it was impossible to assess their effectiveness in terms of child and family development outcomes. With the exception of Belarus, these programmes have a long way to go to become sustainable at the national level. UNICEF is well positioned to build on these and other parenting programmes it has helped to initiate in Eastern Europe, the Caucasus and Central Asia. Through working with institutions of government and civil society, UNICEF and its partners could help countries to ensure that all children, and especially vulnerable young children, will receive comprehensive services, achieve their full potential, and become productive citizens.

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EXECUTIVE SUMMARY

Parenting programmes of varying quality are found in all world regions but few evaluations have been conducted on them. The purpose of this formative evaluation is to assess four parenting programmes in the regions of Central and Eastern Europe and Commonwealth of Independent States (CEE.CIS). It also identifies implications and recommendations for developing parenting programmes that may have some relevance for other nations in these regions. Finally, it seeks to begin an international dialogue on possible standards in terms of criteria and enabling competencies for parenting programmes that are based on the findings of this formative evaluation and many other studies.

Objectives of the Formative Evaluation

1. To prepare an in-depth analysis of parenting materials in Belarus, Bosnia and Herzegovina (BiH), Georgia and Kazakhstan and their programme contexts.
2. To identify gaps, limitations and good practices with respect to the materials and how they are used.
3. To draw out a set of minimum criteria, content domains and messages against which existing parenting materials can be assessed and future ones can be developed.
4. To present insights and recommendations with respect to the design, implementation, monitoring and evaluation of parenting programmes.

Ultimately, this review seeks to support and help to develop “in-country capacity for designing and implementing parenting programs.”

Methodology

This project began with an extensive regional consultation process with UNICEF Country Offices. Parenting programmes in Belarus, BiH, Georgia and Kazakhstan were selected by UNICEF to represent each of the four major sub-regions within the CEE.CIS Region.

After a preliminary reading period, the Consultant made brief visits to each country to conduct interviews and on-site observations. In preparation, the Consultant prepared a conceptual outline and three discussion and observation guides. The following methodologies were used for this rapid review of parenting programmes and their materials:

1. Ethnographic techniques including participant observation were used to observe parents, parent educators, facilitators and places where activities are held.
2. Open-ended interviews were held with individuals and small groups, including ministerial personnel, UNICEF and NGO staff members, and parents.
3. Focus groups were held on leading issues identified during interviews.
4. Matrices were developed to conduct a comparative programme assessment.
5. A desk study was conducted of English translations of parenting materials that were developed for programmes.
6. A desk study was undertaken of a wide variety of UNICEF’s ECD and planning documents, the UNICEF Medium-Term Strategic Plan (MTSP) 2006-2009, programme reports, baseline studies, and many other documents secured in the countries.
7. Documents on parenting programmes in several other countries were reviewed as background for preparing Part III: Toward Creating Standards for Parenting Programmes: Criteria and Enabling Competencies
8. Extensive follow-up communications were undertaken with UNICEF Offices in each country to double-check initial country reports, observations and analyses.

9. Separate reports that were not requested in the terms of reference for this project were prepared for each country, including a mission report, a programme analysis, and a confidential document with recommendations.

Limitations

Some of the limitations of this formative evaluation were: the brevity of country visits that restricted the number and types of parenting activities that could be observed; the short amount of time available for interviewing respondents; the inability to ask precisely the same questions in the same ways to people in similar roles due to the use of interpreters with variable abilities; an inability to gather certain information in some countries due to major differences in programme approaches and cultural settings; and a lack of time to identify and interview pregnant women and parents of vulnerable children who were not involved in the programmes and who may have wished to have participated in them.

In spite of these major limitations, this evaluation yielded many useful findings regarding the parenting programmes and the professionals and families they serve.

Organization of the Formative Evaluation

This evaluation is presented in four parts: an introduction to the countries and the four parenting programmes and provides a comparative assessment of the programmes (Volume I); a detailed analyses of the parenting programmes in Belarus, BiH, Georgia and Kazakhstan, using the same format for each country (Volume II); tentative programme standards for parenting programmes (Volume III) and annexes that provide among other things comparative country charts, key domains of study, a list of data collection instruments, a list of persons interviewed and sites visited and a selected bibliography (Volume IV).

Major Findings and Recommendations

Baseline Studies and Age Ranges

All of the programmes conducted comprehensive baseline studies and profitably used their results to design and implement the parenting programmes. All of the programmes initially focused on pregnancy and children from birth to three years of age. With the help of the baseline studies, the programmes prioritised a few main parenting issues regarding these periods.

Recommendation: *Baseline studies on childrearing and care practices should be conducted before a parenting programme begins, and the results should be used to help design the programme and its materials. UNICEF's guidance notes for conducting baseline studies are recommended for use (Grover and Iltus, 2004).*

Programme Goals, Objectives and Results

All of the parenting programmes established goals and objectives but only two programmes established results chains. In general, the programmes lacked precision with respect to the statement of their objectives, results, results chains and main indicators.

Recommendation: *In order to ensure parenting programmes will focus on the results they seek to achieve over time, each programme's goals, objectives and sub-objectives should be carefully specified as well as their results and results chains. Programmes should also list the indicators, measures and targets for each of their results.*

Sectoral Leadership and Inter-sectoral Coordination

The Ministry of Health was the lead ministry in three of the countries. Close coordination usually – but not always – exists with education and social protection ministries. Belarus, the

country with the most complete array of parenting and early childhood development programmes, exhibits the strongest systems of coordination and inter-sectoral agreements between health, education and social protection ministries. Because of the predominance of Ministries of Health in parenting education, in some countries, health and nutrition messages were given far greater emphasis than child development knowledge and behaviours.

Recommendation: *All relevant sectors should be involved in developing comprehensive parenting systems, and nations should build on their sectoral strengths. In the CEE.CIS region where the Ministry of Health often has the greatest direct access to parents through home visits and clinic-based services, it has proven to be a strong and successful base of support for promoting, planning and implementing parenting programmes. Care should be taken, however, to ensure that child psychosocial development is emphasised adequately. Ministries of education and social policy as well as relevant NGOs, institutes and universities should also be fully involved in parenting programmes.*

ECD Policy Planning and Programme Coordination

None of the four countries has developed an ECD Policy or Policy Framework; however, governmental and civil society leaders in each country stated their interest in policy development. From this review of parenting programmes in only four countries, it appears that without an ECD Policy or Policy Framework, it may be difficult to develop sustainable national parenting programmes. However, it was clear that parenting programme leaders in each country are helping pave the way for ECD policy development. In the absence of a policy framework, each country developed strong vertical coordination systems but horizontal coordination tends to be weak or non-existent.

Recommendation: *Because the technical working groups that developed integrated parenting programmes in the four countries are promoting ECD policy development and improved inter-sectoral and inter-institutional coordination, potentially they could play leading roles in policy planning. However, consistent and high-level national leadership is required to ensure strong political support will be given to establishing an ECD Policy or Policy Framework. UNICEF regional offices and COs could provide technical assistance and could help build support for national ECD policy planning processes. UNICEF has provided such support very successfully in other world regions. With respect to programme coordination, greater attention should be given to horizontal and inter-sectoral coordination as well as to vertical coordination within sectors.*

National Generative Capacity

As yet, none of the countries has developed a national ECD resource and training centre with the capacity to generate parenting programmes, conduct pre- and in-service training workshops, design educational materials, and build evaluation and monitoring systems. The closest to a national centre in the four countries was a Kazakhstan centre that develops health materials. It designed the Kazakhstan training materials and workshops for preparing health nurses as parent educators, but this centre covers all areas of health education, and as yet it has not developed a strong capacity in integrated ECD. In Belarus, BiH and Georgia, coalitions of specialists from universities, ministries and ECD programmes developed parenting materials and training programmes.

Recommendation: *National capacity to design and develop high-quality parenting programmes is needed in all four countries and throughout the CEE.CIS region. Countries should consider establishing a national ECD resource and training centre that will embrace other civil society and public institutions serving parents and children. National centres should be able to generate, support, and potentially coordinate parenting and other ECD programmes as well as preserve the “institutional memory” of lessons learned during the implementation of parenting programmes.*

Parent Involvement in Programme and Materials Development

Apart from being interviewed during baseline studies, helping to review parenting materials in some countries, and participating in outreach activities in BiH, parents generally were not involved in programme design, implementation, or evaluation. As yet, programmes have not included selected parents as paraprofessional parent educators or as programme aides, although several programme leaders expressed interest in doing so in the future.

Recommendation: *To help ensure the development of culturally appropriate and fully relevant parenting services, parents should be involved in programme design, outreach, implementation, materials development, and programme evaluation, monitoring and revision.*

Internal vs. External Programme Design

In BiH and Georgia, training materials that were originally prepared by international specialists were translated and used with little adaptation; however, parent educators, many of whom were professionals, made creative changes during programme implementation. In Kazakhstan, parenting materials were built upon external health materials and child development messages but they focused on 14 key topics gleaned from the baseline study. Belarusian specialists prepared a rich array of original materials but also were inspired by the work of many Russian and European specialists.

Recommendation: *Parenting materials that were originally developed and used in other countries for different types of populations of parents can serve as sources of inspiration and basic scientific information. However, some of them tend to be didactic in format and they are highly “expert-driven.” Before use in other countries, they should be fully adapted, field-tested, revised and complemented by additional parenting materials that are derived from local cultures. Subsequently, their use in programmes should be carefully evaluated with the expectation of further revision and expansion over time.*

Cultural Derivation and Adaptation

None of the programmes conducted complete cultural derivation processes to plan and design their services and educational materials. In general, programme specialists tended to prepare materials for well-educated urban parents in the main national language rather than for low-income families and ethnic or linguistic minorities. In contrast, the BiH programme for Roma and resettled groups focuses on developing culturally appropriate materials and services. Kazakhstan is increasingly preparing materials in Kazakh as well as Russian, and Belarus is considering the adaptation of its materials for rural parent education programmes.

Recommendation: *Workshops on methods for the cultural derivation and adaptation of parenting programmes, their methods, materials and media might be offered on a sub-regional basis.*

Universal versus Targeted Services

Georgia and Kazakhstan provide “universal” parenting services that do not explicitly target vulnerable children, and intensive services for high-risk children are not provided. In BiH, Roma and resettled families and vulnerable children are targeted, and children with developmental delays or malnutrition receive greater attention from health professionals. Belarus offers both universal and targeted services, including intensive services for vulnerable children who are developmentally delayed, malnourished or disabled. Belarus, BiH, and Kazakhstan provide services to rural as well as urban populations.

Recommendation: *To provide comprehensive parenting programmes, both universal and targeted services should and can be provided. They are not mutually exclusive choices. Within universal services, targeted and more intensive home and centre-based activities for vulnerable children and families have been offered in various settings. The parents and families of vulnerable children should be given special attention and more intensive services.*

In addition, programmes should be carefully adapted to serve both urban and rural populations, and especially those who are living in poverty.

Integrated Parenting and Early Childhood Intervention (ECI) Services

UNICEF emphasises that vulnerable children should be prioritised for service, and to achieve expected programme results, more intensive services are required for such children and their parents. Even though each of the four countries has significant numbers of vulnerable children, only Belarus provides fully child-centred and family-focused early childhood intervention (ECI) services combined with parenting programmes.¹ All ECI specialists are fully trained to provide parent education and support services.

The other countries were observed to have significant numbers of children with developmental delays. In BiH, many moderately to severely malnourished children with notable developmental delays were identified. Government leaders and ECD specialists in all three of the other countries spontaneously expressed strong interest in developing parenting education combined with ECI services.

Recommendation: *Given the level of development and capacity of their public health and education systems, each of the other three nations could provide ECI services in collaboration with parenting services for the parents of high-risk, vulnerable children. Initially, a modest amount of additional funding for training and technical assistance would be required but short to long-term cost-savings in education and health services would be achieved as a result of investing in vulnerable young children and their parents.*

Programme Delivery Strategies

Parenting services are provided mainly through home visits in Belarus, BiH (in some communities) and Kazakhstan, although centre-based services are also offered in each country. Georgia provides only centre-based parenting services in Poli-Clinics and preschools. Poli-Clinics are used in all of the countries, although to a far lesser extent in BiH and Belarus. Belarus has the widest array of settings for parent education.

Recommendation: *To ensure maximum flexibility, parenting programmes should include both home visits and centre-based services that are provided by professionals and/or paraprofessionals. Community resource rooms, learning toy lending libraries, and referral and case management services should also be considered.*

Training Systems for Parent Educators

Pre-service training workshops for health, educational and social service professionals to prepare them for parenting education tended to be very short in duration (from one to two weeks). Only Belarus has developed continuous in-service training systems to meet the evolving needs of parent educators and the parents they serve. As yet, none of the programmes has trained community members as parent educators, although interest in doing so was expressed in each country. A wide variety of incentives have been used to encourage professionals to become trained as parent educators.

¹ Here is an operational definition: “Early childhood intervention (ECI) is a composite of services/provision for very young children and their families, provided at their request at a certain time in a child’s life, covering any action undertaken when a child needs special support to: ensure and enhance her/his personal development; strengthen the family’s own competences, and promote the social inclusion of the family and the child. These actions are to be provided in the child’s natural setting, preferably at a local level, with a family-oriented and multi-dimensional teamwork approach.” (Soriano, 2005) ECI programmes are the antithesis of the Soviet system of “defectology” that labelled children as “defective” and sought to separate them from their families. ECI programmes are often home-based, strongly family-focused and child-centred, respectful of family privacy, and highly inclusive. They serve high-risk children with incipient developmental delays as well as children with more pronounced delays or disabilities. ECI programmes usually provide comprehensive psychosocial services, parent-led child and family assessments, child stimulation activities, health and nutrition support, family case management, and tracking services.

Recommendation: *To ensure that parenting programmes achieve and maintain a high level of quality, comprehensive and continuous pre- and in-service training systems are needed. Under the supervision of professional parent educators, carefully selected and trained members of targeted communities could help expand programme coverage. To maximise the use of programme resources and keep costs low, in-service training activities could be combined with programme supervision, monitoring and evaluation. The provision of incentives is essential to ensuring professionals will enter training programmes to become parent educators.*

Child and Family Assessments, Plans and Programme Forms

Comprehensive child and family assessments and plans were linked to parenting programmes in Belarus. However, the other nations have not adopted such procedures as yet. Health and nutrition assessments conducted in Poli-Clinics identify vulnerable children but they are seldom linked to parenting programmes even though health ministries tend to manage both the programmes. Service planning and reporting forms are beginning to be designed and experimentally used in all of the countries. Belarus is the only country of the four that has established basic procedures for ensuring family privacy and parental leadership in child and family services and assessment activities. Observations revealed that family privacy was not protected in several instances in the other countries.

Recommendation: *Culturally appropriate child and family assessments that are brief, reliable, valid and easy to apply could help to ensure good programme quality and enable continuous monitoring and evaluation of parenting programmes. To the extent possible, health and nutrition assessments should be linked to parenting programmes to help identify, serve, track, and follow-up the parents and families of vulnerable children over time. In this regard, attention should be paid to ensuring parenting services are child-centred and family focused, respect family privacy, and reinforce parents' primary role in guiding their own services.*

Educational Materials, Media and Methods

A wide array of booklets, leaflets, manuals, calendars, posters, PSAs, television shows materials and media were found in the four countries. This was due to differing cultural requirements, national objectives, and types of parents, who ranged from highly literate to illiterate. Some of the materials were for parents but most of them were developed for use in training workshops for preparing professionals to become parent educators.

Programme materials tended to focus on the provision of parenting services for urban populations. Considerable adaptation will be needed for rural populations and ethnic and linguistic minorities. Teaching methods featured didactic lectures, the use of workbooks, questions and answers, and open dialogue. Some role-playing was found, along with the viewing of imported videos. With the exception of Belarus, most parent educators were not taught using demonstration and practice, and furthermore, they were not prepared to use active teaching methods that feature demonstration and practice.

In all countries, health and nutrition materials are fairly detailed, and baseline studies helped to ensure their relevance to major national maternal and child health care needs. However, with the exception of Belarus, child development materials tended to be very general and limited in their content, especially with respect to serving vulnerable children in developmentally appropriate ways. All of the materials reviewed were in line with the CRC, CEDAW and the MTSP; however, children's rights and vulnerable children were inadequately covered in some of the programmes. At the time of the review, none of the programmes had adequate materials with respect to child safety and protection as well as home and community sanitation.

Recommendation: Considerable attention should be given to training parent educators about child-centred and family-focused approaches. This should be linked to improving the methods and forms for providing programme services and conducting programme monitoring and evaluation.

The parenting sessions and written materials for parents should be provided in languages used in homes, and they should use visuals that reflect national cultural realities. Additional culturally derived materials on child development are required. The parenting materials and methods on young child growth and development should be developmentally appropriate and based on reliable research and “promising practices” regarding the balanced psychosocial stimulation of infants and children. Competent professionals from each culture should prepare these materials, and parents from local cultural groups should participate during the design and field-testing processes. Additional work is needed to ensure parenting programmes are comprehensive and cover all phases of holistic child development.

To elicit high levels of parental participation and achieve programme outcomes related to children and parents, programme materials, methods and media featuring demonstration and practice should be emphasised, along with the continued use of open dialogue. In this regard, advancements in the fields of social communications, behavioural change, and adult learning should be utilised by parenting programmes in order to reach more parents more effectively.

Countries should focus more consistently and comprehensively on meeting CRC, CEDAW, and MTSP goals, and especially on ensuring parenting programmes are accessed by the parents of the most vulnerable children in each country. Materials on child safety, protection, and home, yard and community sanitation should be added to all of the programmes.

Evaluation and Monitoring

Each programme has a small evaluation and monitoring component that includes only a few variables and times for data gathering and analysis. Current programme evaluations mainly relate to training seminars and the numbers of professionals trained and parents served. They rarely focus on child and parent outcomes in terms of knowledge and behaviours. In each of the countries, all of the parents and parent educators interviewed expressed enthusiasm for their programmes, and ministerial officials affirmed their support for the programmes.

Recommendation: Due to cost, it is likely that few comprehensive and longitudinal external programme evaluations will be conducted in the region. Therefore, robust internal evaluation designs that can assess programme outcomes and provide feedback to help improve programmes should be included in all parenting programmes. Programmes should devote from 10 to 12 percent of their annual budgets to develop internal evaluation and monitoring systems. The internal evaluations should focus on measuring programme, parental and child outcomes as well as programme inputs.

Standards for Parenting Programmes

Standards for parenting programmes have not been developed in any of the four nations. Belarus has developed preschool regulations and some standards for services, and it is currently contemplating the establishment of some ECD standards.

Recommendation: Although programme standards for parenting programmes do not exist in the four countries, guidelines for “criteria” and “enabling competencies” could be developed over time to help them improve programme quality and sustainability.

Partnerships

Each of the parenting programmes was successful in developing partnerships to enable the development of their parenting programmes. National universities and institutes have become vitally involved in parent education through these UNICEF-supported initiatives. However, apart from Step by Step's contributions to parenting education in preschools, few other parenting programmes were found in the four countries.

Recommendation: *To enable the rapid expansion of parenting programmes, ministries and other governmental units in the region should consider the possibility of developing partnerships with national NGOs, universities, institutes, professional associations and others engaged in or potentially interested in providing parenting education and support services.*

Advocacy for Parenting Programmes

Parents in two of the countries are not yet involved in advocating for parenting programmes but professionals are beginning to advocate for them. The exceptions were BiH where Roma and resettled communities are beginning to conduct advocacy activities to encourage the development of expanded parenting services, and Georgia where the parents of children with disabilities are advocating for expanded and improved services.

Recommendation: *Planning for policy and programme advocacy on the part of parents and their communities will be essential to help ministries, regional, and local governments secure expanded and long-term support for parenting programmes combined with ECD services.*

Programme Costs

With the exception of training costs in Kazakhstan and materials development and production costs in all four programmes, cost data for parenting services were found to be quite weak. Programme costs ranged from less than \$1 to \$49 per person served, in terms of a parent or a professional who received training. However, data regarding in-kind support for salaried professionals and their institutions have not been gathered, and if in-kind costs were to be calculated, they would increase the per capita cost.

Recommendation: *Improved methods for gathering and analysing cost data should be developed and disseminated widely in the region. Guidance and workshops on conducting cost studies and financing ECD and parenting programmes should be provided for governmental, UNICEF and NGO personnel involved in these programmes.*

Financial Support and Programme Sustainability

UNICEF provided funding support for initiating the four parenting programmes, and strong ministerial support was provided in three countries in terms of personnel and institutional support. In BiH, where ministries currently are weaker, personnel of the health system provided significant support along with IBFAN specialists. UNICEF COs have maximised the use of their funds by partnering with national ministries, semi-autonomous institutes and professional associations, but as yet they have not developed written agreements with government that would enable long-term programme sustainability. Training workshops and additional copies of parenting materials were eagerly requested by all countries, and more support is required in each case. Diversified funding will be needed to cover both recurrent costs and expenditures for continued programme innovation.

Recommendation: *In the future, reports and projections on programme costs, financing, and cost-effectiveness should be prepared and sent to government representatives to inform them about resource requirements for programme maintenance, growth and quality improvement over time. UNICEF COs and their partners should work to secure official governmental agreement to provide complementary and long-term support for parenting and related integrated ECD programmes.*

Plans to go to Scale

Only Belarusian parenting programmes have gone to scale. The other programmes currently lack essential design elements that would enable them to achieve national-level coverage. With additional design work and expanded national support, the other programmes have the potential to go to scale.

Recommendation: *When national specialists initially plan parenting programmes, they should design them to go to scale by using complete programme development processes. They also should have plans for achieving programme and financial sustainability that feature securing diversified financial support and involving all relevant agencies of government and civil society at all levels.*

Conclusion

The four parenting programmes in the CEE.CIS regions represent a promising beginning. However, increased governmental investment, ECD policy development, programme redesign work, materials innovation, tool development, standards setting, pre- and in-service training, and evaluation projects will be required to make a significant improvement in parenting skills and child development in these regions. Each country has a valuable base of institutions and specialists in health and education that can enable the rapid development of parenting programmes linked with a wide variety of ECD programmes. It is clear that leaders in these countries are committed to providing parenting programmes of high quality, and with modest and strategic technical assistance from agencies such as UNICEF, this goal can be achieved.

BACKGROUND

After years of significant effort to support the transition of health, education and ECD systems of the former Soviet Union to new child-centred and family-focused programmes, the UNICEF Regional Office (RO) for Central and Eastern Europe and Commonwealth of Independent States (CEE.CIS) plans to use this formative evaluation as a first step toward expanding and improving parenting programmes in the region. This evaluation will be followed by a desk review of other evaluations and reports of parenting programmes in the region. Subsequently, a Regional Consultation will be held on the scope, impact and sustainability of parenting programmes. A Regional Toolkit for the design, implementation, monitoring and evaluation of effective parenting programmes will be prepared. Finally, this evaluation will contribute to the development of the ECD Regional Strategy.

According to the Terms of Reference (TOR), this formative evaluation should help to answer the following question: **“How effectively do parenting programmes contribute to improving the survival, growth and development of young children?”** Although it is generally agreed that the programmes lack internal evaluation results that would enable an assessment of programme effectiveness in terms of child and family outcomes, nonetheless general notions of programme effectiveness can be assessed through site visits and reading translated programme materials.

The Consultant was asked to examine parenting materials for “format, content and structure and the changes in knowledge, attitudes and practice they aim to effect” as well as their “relevance, appropriateness, completeness, methods of dissemination and utilization of materials and methodologies.” The evaluation should also assess whether the materials adhere to and further human rights-based principles and values, especially for the most disadvantaged. The evaluator was requested “to demonstrate to individuals and agencies involved in parenting programmes, the technical rigor necessary for their planning and implementation” and “to generate a set of criteria (standards) for parenting programmes, as well as an enumeration of content areas and key information that should be contained in parenting materials for the most vulnerable.” In addition to analyzing the materials and methods, this formative evaluation was expected “to document the objectives, results chain, duration and costs of the parenting programmes in each of the selected countries.” These matters were not always established or articulated by programme personnel, but the Consultant attempted to gather and analyse all available information.

Project Objectives

The Terms of Reference prepared by the UNICEF RO for CEE.CIS established the following objectives for this Project (See Annex VI: Terms of Reference):

1. To prepare an in-depth analysis of parenting materials in four countries of the CEE.CIS region and the contexts within which they are used.
2. To identify gaps, limitations and good practices with respect to the materials and how they are used.
3. To draw out a set of minimum criteria, content domains and messages against which existing parenting materials can be assessed and future ones can be developed.
4. To present insights and recommendations with respect to the design, implementation, monitoring and evaluation of parenting programmes.

Ultimately, this review is to support and help develop “in-country capacity for designing and implementing parenting programs.”

Description of the Project and Its Methodologies

Four countries were selected for the evaluation each representing a sub-region within the larger CEE.CIS Region. The countries are: Belarus for the Russia, Ukraine and Belarus Sub-region; BiH for the Balkans sub-region; Georgia for the Caucasus sub-region; and Kazakhstan for the Central Asian Republics and Kazakhstan sub-region.

The following methodological approach was chosen to provide an analysis of the region's rich array of parenting programmes in the briefest possible time. The project began with a preliminary reading period, including translated educational materials and many UNICEF and regional and programmatic documents. Subsequently, the Consultant made brief three to four-day visits to Georgia, BiH, Kazakhstan and Belarus (in this order), during which she conducted the following activities:

- Reading of additional materials provided by each UNICEF CO
- Interviews of UNICEF and non-governmental (NGO) personnel who worked directly on the parenting programmes
- On-site observations of parenting programme activities
- Interviews of programme personnel, parents and others related to the programme initiative
- Interviews of pertinent ministerial personnel, as available
- Final briefing discussions with UNICEF CO directors, ECD Focal Point and other key personnel.

To achieve project objectives, the following methodologies were used for this rapid review of parenting programmes and their materials:

1. Observations of parents, parent educators or facilitators, the places programme activities are held and inter-personal interactions using ethnographic techniques of participant observation.
2. Open-ended interviews with individuals and small groups of ministerial, UNICEF and NGO personnel and parents.
3. Focus group discussions on leading issues that arose during the interviews.
4. Development of matrices to conduct a desk study of English language translations of parenting materials developed in the four countries.
5. Desk study of UNICEF ECD documents and materials, Evaluation Guidance and Medium-Term Strategic Plan, other Regional UNICEF planning documents, UNICEF CO Annual Reports, project reports, baseline studies, and other relevant UNICEF documents identified and secured in the countries.
6. Review of other documents belonging to the Consultant regarding parent education in various countries, institutions and agencies.
7. Follow-up email and telephone calls with the UNICEF ECD Regional Adviser and Focal Points in the four countries to double-check observations and analyses.
8. Preparation of separate reports for each country that included: a detailed mission report; a programme analysis for their consideration, and a separate confidential document with recommendations for action regarding their parenting programme. These 12 additional documents were not requested in the TOR but they were requested by the UNICEF COs.

Some of the limitations of this formative evaluation were: the brevity of country visits that restricted the number of parenting activities that could be observed; the short amount of time available to interview respondents; the inability to ask precisely the same questions in the same ways to people in similar roles due to the use of interpreters with variable abilities; the inability to gather certain information due to the great variability of programme approaches in the region; and above all, a lack of time to identify and interview pregnant women and parents of vulnerable children who were not involved in the programmes and who may have wished

to participate in them. However, in spite of these limitations considerable useful information was gathered and analysed.

All UNICEF ECD Focal Points and their colleagues made an enormous effort to prepare visit agendas that maximised the use of time during the brief country visits. They made last minute changes when requested and they helped secure special data and documents upon request. Without their advance planning and generous assistance during and after the visits, this review would not have been possible.

Data Sources, Data Collection and Analytic Methods

The Consultant initially outlined a general conceptual framework for the formative evaluation, and then prepared three discussion and observation guides for use during site visits and interviews in each country:

- **Discussion Guide for UNICEF and NGO Programme Staff** directly managing or overseeing the parenting programmes
- **Observation and Discussion Guide for Parents in Parenting Programmes** that included a checklist for observing programmes and holding focus group discussions with programme parents
- **Discussion Guide for Ministerial Officials** that was a brief guide to be used during visits to Ministries of Health, Education, or Social Affairs/Protection.

A list of the major topics of the evaluation is provided in Annex III, **Key Domains of Study**. Virtually all of the topics in these guides were covered in each country, but to make the interviews as effective as possible, they were handled in a dialogic way.

Every effort was made to ensure that interview questions were ethical and did not invade the personal privacy of parents, children or those who serve them. Unfortunately, it was impossible to conduct a review of the evaluation forms used by each parenting programme, and thus the ethical dimensions of the internal programme evaluations could not be considered. It is important to note that respondents are not identified in the text of this Report. In the Mission Reports, specific respondents are identified but these documents are purposefully not included here for reasons of confidentiality. Significant time was spent double-checking information gleaned from interviews with others to ensure responses were well understood, test inter-respondent reliability, and corroborate basic information. One of the recommendations of this review is that attention needs to be given to training programme personnel about individual and family privacy with respect to programme services, child and family development plans, and monitoring and evaluation activities. Several instances of open discussion of family issues were observed, as well as the sharing of family information without parental consent.

Organization of the Formative Evaluation

This report is divided into four volumes

- **Volume I** - provides an introduction, a general assessment of the four parenting programmes and their materials and then presents major recommendations that are grounded in the findings of the assessment.
- **Volume II** - presents analyses of the parenting programmes in Belarus, BiH, Georgia and Kazakhstan, using the same format for each country.
- **Volume III** offers tentative programme standards for parenting services in terms of “criteria” and “enabling competencies.” As standards become established, countries are encouraged to share them in order to develop an understanding of key domains for enriching and improving programmes.

- **Volume IV** - contains annexes with comparative country charts help the reader review details across countries in a consistent manner. Additional annexes provide information on key domains of study, data collection instruments, list of persons interviewed and sites visited, terms of reference, Belarusian parenting materials too extensive to include in the country analysis in Part II, and a selected bibliography.

GENERAL OBSERVATIONS AND RECOMMENDATIONS

Part I presents an overview of major results from the formative evaluation of four parenting programmes in Central and Eastern Europe and Central Asia:

- *Positive Parenting Programme, Belarus*
- *Parenting Project for Excluded Groups, Bosnia and Herzegovina*
- *Parent Education Programme on Early Child Development, Georgia*
- *Better Parenting Programme, Kazakhstan.*

Comments on the historical and regional setting are presented, followed by information regarding the status of young children and parents in each country. Subsequently, brief descriptions of each programme are provided. Finally, major findings of the evaluation are offered, coupled with recommendations for future parenting programmes in these and possibly other countries in the CEE.CIS regions.

The Historical and Regional Setting

The former states of the Soviet Union located in Eastern and South-eastern Europe, the Caucasus, and Central Asia shared many historical events and social and economic policies. They developed similar approaches for handling parenting, child rearing, health care, and preschool education. All of these countries suffered economic decline after the fall of the Soviet Union, and during recent years some of them have slowly improved their economies. With the exception of Belarus, services for children were generally negatively impacted by a major reduction of public sector investment in social and health services. Many clinics and preschools were closed or their services were severely curtailed. As will be noted below, the picture is not uniformly dismal because during recent years, improvements have been made in service quality.

During the time of the Soviet Union, children in most of the countries were placed in preschools from a very young age, often beginning at six months of age. Soviet leaders believed that parents would be enabled to work if they had access to comprehensive child care services. They also assumed that through comprehensive all-day preschools, primary and secondary schools, the State could mould the child in ways that would achieve national development goals. Preschools provided regimented group learning activities where the individual was taught not to take initiative but rather to work for the good of the group. As a consequence, traditional patterns of child rearing largely disappeared, and from two to three generations of parents essentially lacked experience with child care and development. They came to believe and expect that the State would assume the parenting role.

In the Soviet Union, children with developmental delays or disabilities were labelled as “defective.” A field called “defectology” emerged that sought to identify such children at infancy or very young ages, separate them from their families, and place them in institutional care. It is possible that some of these children were not disabled or developmentally delayed but they became so through placement in institutional settings. Some ECD specialists state that “defectology” is now used to mean “special education” or “language and physical therapies.”

Through the efforts of Russian, Belarusian, European and American child development specialists, new methods for child-centred and family-focused child development and preschool education are being developed. Over the past ten years, a new field of Early Childhood Intervention (ECI) based on European programme models combined with recent

Russian research on child development has replaced “defectology” in three Russian-speaking countries.² In cities of Russia, Belarus and the Ukraine, new programmes have been designed for the parents of children with slow development, malnutrition, chronic illnesses or disabilities. They seek to ensure parental leadership in planning and implementing more intensive services to help improve child development in the home environment. Strong programmes for child-centred and family-focused parent education and support, informed by European ECI programmes and parenting education and support, increasingly have replaced the former regime of “defectology” and of parental exclusion from their children’s lives. These combined parenting education and ECI programmes are sponsored by both health and education ministries. As yet, they are not widespread throughout the region due primarily to a lack of national capacity, materials, methods and tools for programme development. In general, institutional frameworks for health and education generally exist but family and child services lack specialists and aides trained to provide integrated parent and child development as well as basic case management services. The ECI and parenting movement is growing, and an international conference has been scheduled for November 2006 in Minsk to present and discuss ECI and parent education models, materials, methods and results.

Because of the situations described above, parents at all social levels in most former Soviet States require parent education and support services that include all topics of the integrated approach to ECD: prenatal education and care; child birth support and services; child health and nutrition; infant and child psychosocial stimulation activities with a strong emphasis on nurturing and social and emotional development; learning activities on cognitive, language, fine and gross motor, and perceptual development; and preparation for entering preschool, kindergarten and primary schooling.

Nowadays there is an increasing impetus from many ECD and education specialists worked to change preschools from places for communal socialisation to child-centred, family-focused and inclusive programmes uniting parents with their children and including children with developmental delays and disabilities in general preschool activities. With the help of Step by Step NGOs, many model preschools have been developed, and they usually feature strong parent involvement activities and inclusiveness. Parents are invited to parent education classes in preschools. Step by Step also prepares materials for parent-guided preschool learning at home.

Preschools and parenting education have proven to be especially important for mothers who work outside of the home, but mothers working in the home also lack the skills and the base of support from the State that all parents had counted on for rearing their children. In some countries, such as Belarus, preschool education is on the upswing in both urban and rural areas but in many other countries, it is not. As a result, in many former Soviet countries, comprehensive parenting programmes and expanded and improved family day care homes and preschools are urgently required.

Maternal and child health care systems have experienced a similar “revolution.” One of the strengths of the Soviet system was the close to universal provision of primary health care, including many home visits for pregnant women and newborn children. Home visits have been cut back in many countries or they are under-resourced and provided unevenly in rural areas and low-income urban areas. Many hospitals, health clinics, training centres and specialised services have declined in quality or have had to close their doors. As a part of health sector reform the quality and efficiency of services is being improved and some

² “Early childhood intervention (ECI) is a composite of services/provision for very young children and their families, provided at their request at a certain time in a child’s life, covering any action undertaken when a child needs special support to: ensure and enhance her/his personal development; strengthen the family’s own competences, and promote the social inclusion of the family and the child. These actions are to be provided in the child’s natural setting, preferably at a local level, with a family-oriented and multi-dimensional teamwork approach.” (Soriano, 2005)

countries are beginning to offer basic “baskets” of guaranteed minimum services, family health care (rather than specialist attention), and preventive health care services. Parenting programmes are increasingly being introduced into health care services in order to provide preventive education and home- and clinic-based support services that seek to help parents to ensure that their children will receive basic health care. The challenge is to move from a unidimensional view of child health to a cohesive understanding of young children’s survival, growth and development, including psycho-social development.

In many countries of this region, higher numbers of children live in poverty than before the fall of the Soviet Union. In several countries, the incidence of vulnerable children has risen, along with levels of child malnutrition, infant and child mortality and child morbidity. Certain minority ethnic and linguistic groups especially require culturally appropriate parenting programmes to ensure their children will develop well.

Status of Children and Parents in Each Country

A 2006 World Bank study on the attainment of Millennium Development Goals provides key data³ that offer a useful comparative overview of the status of mothers, children and their services in the four countries selected for this evaluation.

Georgia appears to be the most economically stressed country but it is possible BiH (that lacks reliable poverty statistics) is even more challenged by unemployment and poverty. Excluded groups in BiH (especially Roma and resettled families) were observed to be suffering from high levels of severe poverty, malnutrition and ill health. Kazakhstan has a relatively higher level of economic growth, but expansion has been recent and many rural families still live in poverty. Child mortality is high in both Georgia and Kazakhstan. Similarly, tuberculosis is quite high throughout the region but most especially in Georgia and Kazakhstan. Access to potable water is more limited in Georgia than in Kazakhstan.

Following are brief reviews of prevailing child and family issues that parenting programmes seek to address.

Belarus

Belarusians have a high level of formal education and are highly literate. Since the fall of the Soviet Union, health and education institutions have been maintained and revitalised. Education and health child development specialists have built strong ties with Russian and European counterparts who have helped them to revise prior systems. Because the country has maintained much of its health and education infrastructure, in general child status is strikingly good. However, prevailing low family income, unemployment and underemployment, and cramped living quarters, have resulted in significant mental health, substance abuse, family violence, and other social and economic problems typical of those that beset low-income families in many industrialised countries.

A baseline study found that most parents lack key parenting skills and support systems. Following is a list of some of the child and family needs identified through the baseline study conducted prior to the design of the Positive Parenting Programme:⁴

- Lack of parental understanding of children’s needs for social and emotional development as well as physical, language and cognitive development.
- Inadequate structuring of children’s environments in the home and an absence of positive disciplinary skills.

³ Newer data from countries may vary from this 2006 study.

⁴ For a full list of problems, see the section on Belarus in Part II.

- Poor understanding of the importance of early identification and intervention for high-risk and vulnerable children.
- Lack of parent education combined with family therapy and support services for families living in severe poverty, managing stress, or dealing with substance abuse, family violence or intra-familial communications problems.
- Poor quality, insufficient and out-of-date preschool services in rural areas and an absence of parenting materials for rural parents and preschools.
- Lack of knowledge about how to parent children with special needs, developmental delays and disabilities.
- Continued parental dependency upon some traditional practices that are at variance with positive parenting approaches.
- Need to reinforce key iodine deficiency, breastfeeding and injury prevention messages in combination with teaching parents essential skills of early psychosocial stimulation.

This list reflects needs for parenting education as well as the sophisticated capacity of Belarusian specialists to provide a wide array of ECD, health and education services.

Bosnia and Herzegovina

Roma and internally displaced populations (IDP) who have been resettled in many communities throughout BiH have significant health and child development problems. There are approximately 518,000 IDPs in the process of resettlement, and between 60,000 and 100,000 Roma, who are the largest ethnic minority group in BiH.

Roma are quite diverse in composition and most of them are ostracised by the majority society. Some have lived in BiH for centuries, while others arrived from five to 15 years ago from other places in South Eastern Europe. The majority speak only Romani while others are bilingual, and some speak Bosnian only. They have high rates of adolescent pregnancy, malnutrition, school drop out, and consequently, high levels of youth and adult unemployment. Some 64 percent of Roma children do not attend primary school.⁵ Other cultural groups in BiH tend to mistrust Roma and are loath to train or employ them, largely because they do not understand their culture.

Most resettled populations are traditional farming families who were displaced to cities and towns during the war that ended in 1995. Many are grandmothers and single mothers with children and youth who lack employable skills. They were recently forced to return to their rural communities where they fear their neighbours who ran them off of their lands during the war. Upon returning, they have received some help with housing but virtually no other economic or social service support. Scant educational opportunities are available for them or their children, and girls especially face cultural and economic barriers to schooling.⁶ These excluded populations lack outreach services for parenting education and support, child care, preschool, health care, and nutrition education.

Both groups lack consistent access to health care.⁷ Their children are not up-to-date in their immunizations and they have high incidences of illness and malnutrition. Few mothers engage in exclusive breastfeeding during the first six months after birth. Mothers were found to be depressed, traumatised and lacking adequate parenting information and skills. They need advocates to help them secure health care, education and skills training, food, and improved housing. Neither group has received continuous services for trauma healing,

⁵ UNICEF. (2005). *Inclusion of the Roma Children in the Education System*. Sarajevo: UNICEF Country Office.

⁶ UNICEF. (April 2004). *Ibid*.

⁷ UNICEF. (April 2004). *Country Programme Document*. Sarajevo: UNICEF Country Office. Some 90 percent of Roma lack health insurance and 50 percent of IDPs still pay for their health care.

conflict resolution and reconciliation. It is not surprising that high levels of family violence are reported for both populations.

Georgia

Georgia has faced considerable unrest and economic reversals since the fall of the Soviet Union. Preschool education that was never very high in Georgia has declined from serving 43 percent of eligible children in 1989 to an estimated 31 percent in 2001. Most of the preschools are located in urban centres. A preschool reform is currently underway to address prevailing problems. A major health reform seeks to emphasise prevention, improve services for the poor, implement family medicine, provide a basic health care package, and improve basic health protocols. The deinstitutionalisation of orphans and children with disabilities is underway, along with the establishment of alternative types of family support structures. However, given economic constraints, new investment is difficult so emphasis is given to realigning, reforming and maximising current human and institutional resources.

A child rearing study conducted by the Government of Georgia and UNICEF in 2005 found that parenting knowledge and child caregiving and development skills are severely limited, and health and education professionals have not been prepared to impart parenting services.⁸ The following results were found:

- Parental knowledge on the immunization status of the child is low.
- The average duration of exclusive breastfeeding is only 1.9 months.
- Children are rarely taken out of the home during the first year of life. Only 32 percent of families take children out regularly to a park or similar setting.
- Two thirds of families do not read to, or show picture books to children who are under one year of age.
- While playing with children under-one is quite frequent (87 percent of mothers report playing with their infant every day), it is much less frequent for children aged 3-6 (55 percent).
- Fathers are largely uninvolved in early childhood development.
- Some 56 percent of families do not have resources to promote ECD (i.e. books, toys).
- Corporal punishment seems to be common and frequent (60 percent).
- Child injury rates in the home are high (11 percent).

The UNICEF CO for Georgia states that it funded the innovative PEP programme to:

- Meet the need for reducing infant and maternal mortality;
- Improve parenting skills and prepare parents for positive parenting;
- Increase the appropriate use of health services;
- Improve preventive home health care practices;
- Increase rates of exclusive breastfeeding during first six months;
- Improve child nutrition and reduce micronutrient deficiencies;
- Improve child development, and
- Ensure children are safe and protected.

Kazakhstan

Kazakhstan has achieved rapid economic development in recent years, and it is racing to reform its health and education structures to meet the national goals for a well-educated, healthy and productive citizenry. Health leaders are seeking to change health care services from “sick child” approaches to preventive programming for wellness. Kazakhstan’s

⁸ Iltus, S. (2005). *Early Childhood Development and Preschool Education in Georgia: Research Findings and Recommendations*. Tbilisi: UNICEF.

specialists have been more isolated from international ECD activities, than for example, Belarus, and a study found that health professionals were lacking up-to-date knowledge and skills regarding parent education, home visits, counselling, training for breastfeeding, complementary feeding, child development, home health, prenatal nutrition and health care, and other topics. In general, there is a lack of understanding about child-centred, family-focused, community-based and integrated ECD services at all levels, including among health and education planners, national decision makers, communities, parents and the country's mass media.

In addition, many prevailing problems have been identified with respect to traditional practices of Kazak mothers that they inherited from earlier times of nomadic living, poverty and scarcity. These problems are believed to be preventing social progress.

A baseline study revealed many basic maternal, child care and child development requirements. Key family and community practices were identified as needing to be addressed in order to promote child survival, growth and development. These practices are considered to be of priority importance for improving the knowledge and skills of professionals and parents. These practices include:

- The use of *besik*⁹ and tight swaddling that retards infants' motor development.
- Lack of exclusive breastfeeding during the first six months of life and inadequate supplementary feeding thereafter.
- Inadequate nutrition for lactating women, with a focus on increased consumption of fresh vegetables, fruits, and overcoming anaemia.
- Improved maternal health and nutrition, micronutrient supplements during pregnancy to improve maternal survival.
- Lack of knowledge about the danger signs for childhood diseases.
- Inadequate home treatment and management of childhood diseases.
- Poor nutrition of young children, with a special focus on discouraging tea and providing a micronutrient rich diet.
- Inadequate growth monitoring.
- Lack of knowledge about developmental milestones.
- Lack of knowledge about the importance of play, and especially cognitive activities and early reading skills.
- Lack of skills for toy making for different age groups.
- Inadequate safety and injury prevention for young children.
- Lack of positive communication and disciplinary methods for young children.
- Inadequate expressions of affection and gender sensitivity with respect to young children.
- Lack of paternal involvement in child rearing.

The Programmes

The formative evaluation of parenting programmes in Belarus, BiH, Georgia and Kazakhstan found many points of commonality and divergence.¹⁰ Following is a thumbnail sketch of each programme. Succeeding sections will compare the programmes along a series of themes.

Positive Parenting Programme, Belarus

In Belarus, three ministries helped to develop a comprehensive nationwide parenting movement called the "Positive Parenting Programme" targets pregnant women and parents of

⁹ The besik is a cradle that has been used in Central Asia countries and Kazakhstan from nomadic times.

¹⁰ For greater detail on each area discussed in this section, please refer to the Country Studies in Part II and in Annex I: Characteristics of Parenting Programmes and Annex II: Materials Review.

children from birth to school entry. The Ministry of Health (MOH) offers flexible parenting programmes for vulnerable children through home and centre-based ECI services and close coordination with Poli-Clinics. The Ministry of Education (MOE) provides “Mother’s Clubs” in preschools for children from zero to three years of age who are not yet enrolled in preschool. “Parent Universities” and other parenting programmes are offered in preschools as well as through Development Centres for Special Education for children with developmental delays or disabilities.¹¹ New, flexible rural preschools also feature parent education and counselling. To assist high-risk families, the Ministry of Labour and Social Protection (MOLSP) offers parenting services combined with family therapy, referrals and counselling. All three ministries provide child-centred and family-focused parenting programmes with linked case management services. They share professional training activities as well as common methodologies and a wide variety of educational materials on parenting for professionals and parents.

Parenting Project for Excluded Groups, Bosnia and Herzegovina

After the war ended in BiH in November, 1995, with the help of the NGO “Step by Step,” parent education was initially provided in preschools. However, the number of preschools in BiH has declined drastically in recent years. To help meet the needs of vulnerable children and high-risk parents in post-war BiH, the MOH in collaboration with a Parenting Initiative Group and the International Baby Food Action Network (IBFAN), conducted a baseline study of caregiving knowledge and skills. They found that the most vulnerable, malnourished and chronically ill children were those living in poverty-stricken Roma and resettled communities. As a result, this parenting project is focused on serving both rural and urban Roma communities and recently resettled peasant groups who are surrounded by families who had expelled them from their lands over ten years ago. Professionals including paediatricians, neonatologists, obstetricians, and preschool educators provide all parenting services through small gatherings in homes and community centres. This innovative pilot project is currently being redesigned to permit it to begin to go to scale during 2006 – 2008. It will include strong collaboration at all levels among the Ministries of Health, Education, and Labour and Social Protection (MOLSP) in the Bosnian Federation and Republika Srpska.

Parent Education Programme on Early Child Development, Georgia

In collaboration with the national ECD Working Group and national NGO GAIA, the Ministry of Labour, Health and Social Affairs (MOLHSA) led the development of the Parent Education Programme in Georgia. Parenting classes are held in newly-created Parent Resource Rooms (also called Parent Resource Centres) in Poli-Clinics. Doctors and nurses provide the classes that are offered to all pregnant women and parents of children from birth to three years of age. The programme collaborates with the MOE for the provision of parenting education in a few preschools. It is being piloted in one or two urban Poli-Clinics in 10 of Georgia’s 11 regions, and as yet it is not provided in rural areas although there is considerable interest in doing so in the future. The programme features attractive parenting materials in Georgian and a television talk-show that received good reviews.

Better Parenting Programme, Kazakhstan.

The MOH of Kazakhstan and its National Healthy Lifestyles Centre (NHLC) developed an ambitious parenting initiative for pregnant women and parents of children from birth to three years of age. Outreach nurses, rural health workers, and some physicians are receiving training to provide parenting education through home visits and eventually some Well Baby Room visits in Poli-Clinics. The programme includes 14 topics on health, nutrition, child development and safety that were identified through a baseline study. A variety of training materials have been developed to train professionals to impart parenting messages; however, few materials have been developed as yet for parents due in part to linguistic variability and relatively low levels of functional literacy. The Ministry of Education and Science (MOES)

¹¹ As of 2005, 81 percent of children from three to six years of age participate in preschools.

helped develop some programme materials but it does not participate in providing parenting services, and preschools are not involved in the programme. Currently the programme is restricted to two oblasts, but there is considerable interest in designing the programme to take it to scale.

Comparison of the Parenting Programmes: Salient Results and Recommendations

This section evaluates and compares the four parenting programmes and their materials. Key elements of programme design, implementation, evaluation and sustainability are considered, and recommendations are offered for future parenting programmes in these and other countries.

Baseline Studies and Age Ranges

Each of the programmes conducted quite comprehensive baseline studies on pregnancy, childbirth, parenting skills, and child status from birth to at least three years of age in order to gain essential information required for planning their parenting programmes. Some of the baseline studies were conducted through interviews and observations. Others also included the use of focus groups. Only Belarus addressed the needs of parents of children from three to six years of age, including children with developmental delays and disabilities. The baseline studies in the four countries covered many of the same variables and identified many similar problems regarding pregnancy, parenting and child development. Due in large part to having conducted baseline studies, programmes in Belarus, Georgia and Kazakhstan were able to identify certain types of parenting skills for priority attention. In BiH, the review of parenting needs of Roma and resettled families led programme specialists to place greater emphasis on the needs of vulnerable children. In all countries, baseline studies led programme directors to emphasise services for pregnant women and younger children. They sought to improve and expand the contents of professional training, and give priority to specific issues of health, nutrition, child development, safety and protection. In all countries the baseline study took longer than originally planned but it was stated that results were worth the wait.

Recommendation: *Because baseline studies were well structured and successful in helping design the four parenting programmes, baseline studies should be considered for preparing all future parenting programmes.¹² The baseline study should be carried out well before a parenting programme begins, and enough time should be allowed for data to be well analysed in order that results may be used for programme and materials design.*

Programme Goals, Objectives and Results

The four parenting programmes shared the following explicit or implicit goals and objectives:

1. Improve birth outcomes
2. Improve infant and child health, nutrition and development
3. Increase parental knowledge, skills and support
4. Provide training for professionals and others serving families
5. Develop new parenting materials and media.

Some programmes also specified the following goals and objectives:

1. Ensure vulnerable and socially excluded groups access services (BiH)
2. Improve preschool and child care giving skills (BiH, Belarus, Georgia).

¹² For good guidance on conducting baseline studies for parenting programmes: Grover, D. and S. Iltus. (2004). *Asking the Right Questions – Correctly: Guidance Notes for Conducting Research to Assess Family Child Care and Rearing Practices*. UNICEF: New York

Belarus and BiH prepared results chains but the other UNICEF COs stated that their programmes were planned before UNICEF requested the formulation of results chains. It was clear that the countries would have benefited from a clearer consideration of anticipated results because the impacts on end-users (parental and child outcomes) were essentially “forgotten” in all countries when it came to variables for evaluation and monitoring.

Recommendation: *To design effective parenting programmes, goals, objectives and sub-objectives should be carefully specified as well as results chains and related programme indicators, measures, and targets. In general, the objectives, sub-objectives, and results statements should be much more precise than the ones currently in use in UNICEF parenting programmes in order to help guide the future development of those programmes as well as provide a solid basis for effective internal and external evaluation and monitoring.*

Sectoral Leadership and Inter-sectoral Coordination

Three types of ministries tend to play leading roles in developing, implementing and coordinating parenting programmes: the Ministry of Health (MOH), the Ministry of Education (MOE), and the Ministry of Social Protection (MOSP).

In BiH, Georgia and Kazakhstan, the lead agency is the MOH. In Belarus the MOH and MOE share programme leadership. Internationally, when children from birth to three years of age are targeted, the health sector often takes the lead. For children from three to six years of age, the education sector tends to lead parenting programmes, often in conjunction with preschool education.¹³

In Eastern Europe, the Caucasus and Central Asia, **health ministries** have policy mandates to provide maternal and child health (MCH) services, and they have promoted parenting efforts in all four of the countries studied. After the fall of the Soviet Union, health systems that had emphasised curative services initially declined, due mainly to fiscal cut-backs. Currently, efforts are underway to revitalise MCH systems through providing basic benefits packages, maintaining some level of home visits for pregnant women and infants, using family physicians, and emphasizing preventive health care and education. However, the health sectors remain limited in certain respects. In BiH, Georgia, and Kazakhstan, they lack systematic child assessments, early childhood development services, and adequate tracking and follow-up systems. It must be noted that when health ministries provide parenting services, they tend to emphasise health and nutrition care and education over infant stimulation and child development. With the exception of the ECI programme of the MOH in Belarus, parenting programmes of health ministries tend to provide very general and vague child development messages that are largely “expert-driven.” These messages are communicated through parenting classes that assume all parents learn from lectures and face the same issues. For example, in BiH the parenting messages and classes proved to be largely inadequate for serving high-risk families with vulnerable children who require more comprehensive and culturally appropriate services. As a result, programme specialists are redesigning the entire programme.

In many world areas, parenting programmes sponsored by **education ministries** tend to serve parents with children three years of age and older. This “late start” for child development means the critical period of brain development from pregnancy to age three has been missed. Increasingly, education ministries in many world areas are supporting parent education from birth onward through home visits or parenting classes in preschools, community centres, ECI services or special education programmes. This was found to be the case in Belarus, where

¹³ In situations of family stress or community conflict, the social protection sector may take the lead, and this has been found to be the case in some countries of Africa and Latin America. Increasingly, planning ministries are taking leadership in African countries because national planners have realised that adequate investment in young children and their parents and strong inter-ministerial coordination will be essential in order to attain their Millennium Development Goals and the objectives of their Poverty Reduction Strategies.

the MOE sponsors general parenting programmes as well as more intensive services for vulnerable children from birth to onward in a large variety of settings. They do this in order to reach all parents, including those with significant needs for family support services. The Belarusian MOE coordinates its parenting programmes for infants and toddlers with local preschools and health services in order to maximise the use of existing resources for children and their parents.

Recommendation: *All relevant sectors should be involved in developing comprehensive parenting systems. The health sector has been successfully involved in all four programmes and may become the lead sector in other countries of these regions. However, no single sector is always “the best” for leading parenting programmes. If one sector predominates and does not coordinate closely with others, countries run the risk of losing opportunities for comprehensive programming, quality assurance, inter-programme synergies, and maximising on their investments. Countries should build on their sectoral strengths while involving all other sectors to the extent possible. To achieve high programme quality, they should collaborate to provide culturally appropriate programming, build integrated training systems, develop shared materials and methods, and to the extent possible, conduct common supervisory, monitoring and evaluation activities.*

ECD Policy Planning and Programme Coordination

Policy makers in the region are beginning to understand that a high rate of return can be achieved from investing in parenting programmes for ECD. Although all four countries are interested in developing an ECD Policy Framework and a National ECD Plan of Action (NEPA) that would guide programme coordination and integration, none of the countries has developed them as yet.

In the meantime, other approaches are being used to coordinate programme planning, training and implementation. In Belarus, sectoral coordination and integration has occurred centrally through: 1) establishing an ECD Technical Council with representatives from all three ministries, universities, institutes, national NGOs and international agencies; 2) jointly convening training workshops for professionals from all programmes serving children and parents; 3) conducting complementary parenting programmes, and 4) forging inter-ministerial agreements and regulations for sharing programme contents, methods, materials and regulations. Programme integration and coordination has enabled ECD leaders to develop a full range of parenting and ECD services. Each programme conducts vertical activities for training, supervision and monitoring at regional and community levels; however, a horizontal network for inter-regional training, service and exchange has not yet been established.

In the other three countries, significant inter-sectoral coordination and integration has also occurred. Due to the Dayton Accords, the central government of BiH is relatively weak, making it difficult to develop inter-ministerial coordination. IBFAN stepped in to form a Parenting Initiative Group, composed of national ECD leaders in health, education, nutrition and protection, in order to develop parenting services for excluded communities. The Group secured strong inter-sectoral collaboration from the MOH, MOE, Poli-Clinics, hospitals, universities, institutes, preschools, national NGOs and international agencies. It developed training workshops for doctors, nurses, preschool teachers and community representatives, initial educational materials, and a pilot programme that features vertical and some horizontal communications and coordination.

In Georgia, representatives of MOLHSA, MOES, national NGOs, universities and institutes formed an ECD Working Group that developed the contents, methods, media and services for the parenting programme. Coordination with the regions is vertical, although some horizontal coordination occurs at the local level within major cities. No inter-regional network has been developed as yet.

In Kazakhstan, a Children's Council was formed by the MOH and NHLC that included the MOES, health institutes, and international agencies. Once the design for this pilot programme was completed, the Council was disbanded. Furthermore, little collaboration currently occurs with the MOES. The MOH and NHLC provide strong vertical programme coordination. Horizontal coordination has not been developed as yet.

Recommendation: *These four countries are poised to develop national ECD Policies or Policy Frameworks. UNICEF could usefully provide technical support for these policy-planning processes. Support could be provided to help them prepare effective policies that would include a strategy for the improvement of parenting knowledge and skills. In the meantime, they and other countries in the region could use Belarus as a role model and place more emphasis upon inter-sectoral coordination. All countries should place more emphasis upon horizontal coordination.*

National Generative Capacity

Each country has many highly trained professionals, universities and institutes in addition to ministerial officials prepared in fields essential for developing comprehensive parenting and ECD programmes. Yet none of the four countries has developed a national ECD resource and training centre that could reliably generate high quality, sustainable parenting and ECD programmes, culturally appropriate and scientifically valid materials, methods and media, and effective evaluation and monitoring systems. However, each of them has created important elements that could be brought together to form such a centre.

In Belarus, strong collaboration between public agencies, universities and institutes has enabled collective action for materials development and training. In BiH, IBFAN has played the convening role and attracted the country's best ECD specialists to collaborate in programme resource development and training. This ad hoc assembly of specialists could evolve into a consistent national ECD resource and training centre, and interest in creating one has been expressed. In Georgia, the MOLHSA, NGOs and universities collaborate to prepare materials and present training workshops for professionals. The small parent resource rooms in Poli-Clinics do not fill the function of a national resource and training centre. Georgians expressed interest in establishing a national ECD resource and training centre. In Kazakhstan, the NHLC addresses all health promotion areas. It has become the *de facto* ECD resource and training centre, and its directors have expressed their interest in playing both a national and regional role in ECD materials development and training.

Recommendation: *Each country should develop an in-country capacity to generate and provide technical assistance to maintain, expand and coordinate high-quality parenting programmes. UNICEF might consider helping countries design national ECD resource and training centres, with the understanding that national funding from public and private sources would be required to develop and maintain them over time.*

Parent Involvement in Programme and Materials Development

It is generally acknowledged that parental involvement in materials development and field testing, programme design, implementation and evaluation is essential to ensuring a programme will be successful, meet parental needs, and become more culturally appropriate. Although all parents cannot be involved, a few parents can be selected according to locally developed criteria, as in the case of Roma and resettled communities in BiH. In Belarus, selected parents participated in the baseline study and they reviewed parenting materials. As a result, significant changes were made in programme materials. In BiH, parents did not help design the pilot project but one to two parents per group served became community representatives, played a critically important role in outreach, explained activities to the community, managed some on-site activities, and helped adapt the programme to local cultural norms and needs. In Georgia, parents were not involved in programme design or implementation but a few urban parents were asked to review parenting materials and assess

parenting sessions. Parents living in rural areas have not reviewed the materials as yet, and some feel that once this occurs, the materials will require considerable revision. In Kazakhstan, some parents in two oblasts were interviewed for the baseline study but subsequently they were not involved in programme or materials development processes.

Recommendation: *To ensure parenting programmes are effective and culturally appropriate, it is advisable to include selected parents in programme design, implementation, materials development, evaluation, monitoring and revision. Parents can help with programme outreach, and criteria can be developed to select and train them as community parent educators. Potentially, this could help strengthen programme outcomes, expand coverage, and lower costs.*

Internal versus External Programme Design

In BiH, Georgia and Kazakhstan, international consultants assisted national ECD specialists to design their parenting programmes. In BiH and Georgia, Dr. Cassie Landers provided parenting modules and guidance regarding training workshops for professionals. In Kazakhstan, Dr. Jane Lucas helped design training manuals, materials and workshops. The materials, methods and media were not fully adapted to meet the requirements of local cultures in these countries. Although it is often helpful to have external assistance, it may be that programme schedules required that materials be applied before they were fully tested and adapted with additional components developed to meet local cultural needs. In contrast, in Belarus, national ECD specialists conducted all programme and materials design activities. They referred to research results and materials prepared by parenting and child development specialists in national universities, Russia and countries of Europe but their programmes are uniquely Belarusian.

Each national design team worked from a central place with the intention of providing decentralised services. Only in BiH and Belarus did regional coordinators become directly involved in programme revision during field services as they realised their modules were not culturally appropriate. In BiH parent educators quickly found that their materials did not meet the needs of Roma and resettled families. Georgian specialists designed their programme centrally and used urban families as their reference point. Kazakhstan's NHLC attempted to meet cultural needs revealed during their baseline study, and created strong but uniform professional training materials, especially for health and nutrition. The parenting skills and child development components require further work, because rural health nurses and health supervisors (*feldshers*) spoke of elements they found to be very difficult to accept.

Recommendation: *Countries that copy or only lightly adapt parenting materials developed in very different cultural settings for middle-income, urban parents of industrialised societies run the risk of using materials that may have a poor "cultural fit." If countries are multi-cultural, even though it takes considerable time to adapt parenting material, thorough adaptation is essential before use with each separate ethnic or linguistic group. Parenting materials from other societies and reliable research results can be very helpful as sources of inspiration and scientific knowledge, but national specialists should develop parenting materials in collaboration with members of the socio-economic and cultural groups in their countries that will be using the materials. Programmes should be derived from and fit local cultures, and if external materials are used, they should be thoroughly adapted, field tested and revised.*

Cultural Derivation and Adaptation

None of the programmes conducted cultural derivation processes; however, field personnel in all four countries demonstrated sensitivity to these important matters. In Belarus, parenting materials were developed only in Russian. Although families whose home language is Belarusian lack materials in their language, programme materials and methods incorporate many Belarusian traditions. Urban parents who reviewed them regard them to be culturally

appropriate; however, the materials are intended for use in both urban and rural settings and may need to be adapted for use in rural areas.

In BiH, the original modules were intended for use with urban preschool parents from industrialised countries. Subsequently they were little adapted to fit the traditions and needs of Roma and resettled parents. As a result, regional programme coordinators and local doctors, nurses and preschool teachers changed and augmented the modules, introduced many new materials, and prepared handouts and teaching aids that were more culturally appropriate. These initiatives will be captured in the revised programme, and some materials will be prepared in Romani. In Georgia, parenting materials focused on serving urban populations are provided in Georgian, and as yet they have not been derived to meet the needs of rural families of minority ethnic groups. In Kazakhstan, materials were prepared in Russian for use in both urban and rural areas, and a few items have been translated into Kazak but not derived from the Kazak culture. Some outreach nurses are requesting that more materials be prepared in Kazak, Uzbek and other languages spoken in Kazakhstan.

Recommendation: *Only a few parenting programmes and their materials and methods have been truly culturally derived. The majority simply adopt others' programme models and materials. Few attempt to adapt them to ethnic, linguistic and cultural traditions and perceptions of need. Training on the cultural derivation of parenting programmes and their methods, materials, media and evaluation should be provided in each country or region before programmes are designed.*

Universal versus Targeted Services

In line with UNICEF priorities for serving vulnerable children, BiH specialists targeted their most needy children and parents: socially excluded Roma and resettled peasant families where high levels of developmental delay, malnutrition, disease and disability are found. Belarus is providing both targeted and universal services. In addition to general parenting education, they serve the country's most vulnerable children through a variety of services: ECI programmes, inclusive preschools for children with disabilities, rural preschools, and family therapy *cum* parenting services. Georgia and Kazakhstan provide only universal services and they have not targeted vulnerable children. Through using Poli-Clinics and medical personnel, they hope to reach all parents; however, discussions in Georgia with parents of children with delays and disabilities revealed that many vulnerable children are not identified or are not receiving developmental services.

Recommendation: *Ideally both universal and targeted services should be offered to ensure high-risk parents with vulnerable children are served adequately in addition to all others. Initially, programmes may begin by targeting the most high-risk and vulnerable children and families with the greatest need for parenting education and support. However, over time, parenting services should seek to provide more universal services for both urban and rural populations as well as all ethnic and linguistic minority groups in a country.*

Integrated Parenting and Early Childhood Intervention (ECI) Services

UNICEF and WHO have championed the development of integrated programmes for health promotion and early childhood development. UNICEF's *Joint Health and Nutrition Strategy for 2006-2015* emphasises the importance of, "Empowering and building the capacities of poor communities, women and families for combined delivery of multiple interventions at community level that support the "continuum of care concept". This concept is stated to include a focus on the "recognition of danger signs and improved care-seeking behaviours, as well as improved behaviours and practices for a number of key maternal, newborn and child survival interventions, including PMTCT-plus, delivery of cotrimoxazole to HIV-infected children, and psychosocial support for orphans and other vulnerable children." It states that, "trained community volunteers can visit houses in their neighbourhoods to improve infant feeding and set up community mapping and monitoring systems. UNICEF acknowledges the

importance of monitoring growth of children at the individual and community levels and will review this intervention for improved action. Extensive experience gained over decades with integrated community-based approaches must now be scaled up and implemented more widely.” In point 8, the Strategy emphasises that, “Inappropriate feeding practices lead to increased exposure to microbiological contamination and leave children with weakened immune systems, resulting in excess illness and reduced growth. Even when a child survives her early years, under-nutrition and repeated infections can lead to life-long developmental delays.” And in point 12, the UNICEF Strategy notes, “To save these lives, the necessary interventions involve a continuum of care throughout pregnancy, childbirth and after delivery, leading to care for children in the crucial early years of life.”

In addition, the countries of the CEE.CIS Region look to the European region for policy guidance. The *2005 European Strategy for Child and Adolescent Health Development* distributed by the WHO Regional Office for Europe contains extensive guidance regarding psychosocial development and mental health, and labels it as a growing concern throughout all European regions. The Strategy’s Seventh Priority for Action states, “Psychosocial well-being throughout the life-course will benefit from an early investment in child and adolescent development, but very little is currently done, other than a few pioneering programmes to support parenting skills design to improve the psychological prospects of our young generations.” The strategy lists concrete activities to be undertaken before, during and after birth. It states, “Early stimulation through interaction with primary carers and play is of vital importance in ensuring appropriate development of the cognitive potential of the child’s brain and improving the child’s social skills thereafter.” The Strategy calls for policies, programmes and health systems to provide, among other activities, “stimulation through play, communication and social interaction.” The Action Tool for the European Strategy provides clear guidance regarding infant stimulation for Strategy Seven, “Promote early child cognitive and psychosocial stimulation program with specific attention paid to disadvantaged and minority groups.” For action, it recommends, “Provide training to first line child health professionals in cognitive and psychosocial stimulation,” and “Include advice to parents on psycho-cognitive and psychosocial stimulation in primary child care.” It also advises, “Ensure early detection, diagnosis and management of mild mental retardation and developmental disabilities.”

Of the country programmes evaluated, only one included parenting education as a part of ECI services. Belarus’ parenting components for ECI programmes are sponsored by the MOH and they are also used by the MOE’s Development Centres for Children with Special Needs. The two ministries and their services have developed agreements and regulations that enable effective inter-agency collaboration. The ECI programmes and Development Centres provide home and centre-based services throughout the country. They have developed a full array of child-centred and family-focused methods, learning materials and toy lending libraries, tools for assessment and programme management, and parenting modules for both individual learning and parenting groups. These combined parenting and child development services have training modules that could be used to prepare people from other countries to provide similar services.¹⁴

BiH currently lacks ECI services, but it has a hospital-based therapy centre in Sarajevo and a graduate programme for special education at Tuzla University. It plans to begin ECI services

¹⁴ It must be emphasised that the provision of ECI services is not an “either/or” proposition but rather a “both/and.” Parenting education for parents of high-risk children needs to be more intensive to ensure children will achieve their potential. Professionals and paraprofessionals can be trained to work with all types of parents and children through intentionally preparing enriched training materials and workshops. Additional costs usually include one-time costs for developing enriched training for professionals and paraprofessionals as well as continuing supervision combined with in-service training and monitoring, and the production of additional educational materials. But these costs are not substantially more than regular parenting programmes if they are well designed and blended into the usual work routines of health, education and social work personnel already *in situ*, as they are in Belarus.

as a component of its expanded parenting programme for Roma and resettled families where many children with developmental delays, disabilities and high-risk situations have been spotted. BiH has the institutional base to develop combined parenting and ECI services. Georgia has one Child Rehabilitation Centre in Tbilisi for children with developmental delays and disabilities. Many Georgian ECD specialists stated they hope to begin ECI services in the near future, and given the strength of their Poli-Clinics, it should be fairly easy to develop combined parenting and ECI programmes in urban settings. Rural services will require greater effort but Georgian specialists felt that their visiting nurse system could be used along with community-based health centres that could double as parent resource rooms. Apart from the visits of health nurses, Kazakhstan lacks services for vulnerable children. Poli-Clinics are abundant, and they could house such services. Rural nurses and *feldshers* stated that they try to provide greater attention to high-risk children but they said that they were yet to be trained in infant stimulation techniques. Although an ECI approach is not foreseen within the current parenting programme, a high-level representative of the MOH stated he is keenly interested in developing national ECI services combined with enriched parenting education and support.

Recommendation:

Each of the four countries has a sufficient base of health and education institutions to be able to establish modest ECI services combined with parenting programmes. Belarus is well advanced in developing effective ECI services, and the other three countries appear to be ready to take this next step in ensuring vulnerable parents and children receive the services they need. Belarus could serve as a training site for ECI and parenting education for other countries in the region. In addition, training could be provided through national workshops or combined training and site visits in Russia or selected countries of Europe and the Americas.

Programme Delivery Strategies

A variety of programme delivery strategies are used in the four countries. In Georgia Poli-Clinics are the main service delivery points for parenting education and support, with home outreach conducted by visiting health nurses in some regions. Parenting classes are provided in Parent Resource Rooms in a few Poli-Clinics of the main cities of the country. Future rural extensions of this programme may include community resource rooms and home visits. Kazakhstan currently trains its outreach nurses and rural health workers in Poli-Clinic settings. However, they provide parenting education services through brief home health care visits. Interest was expressed in expanding Well-Baby visits in Poli-Clinics to include more information on parenting skills, but at present parenting classes are not offered in the Clinics. In BiH, parenting groups are held in family homes or small community centres of Roma or resettled communities because it is necessary to bring parenting services to these socially excluded communities. Roma are located in separate enclaves in rural or urban neighbourhoods, and they seldom go to health facilities where they fear they will be rejected. Similarly, many Roma children do not attend school or they (and especially the girls) drop out before completing primary school. Resettled families often live surrounded by the people who violently expelled them from their ancestral lands. As a consequence, they fear to use local health and education services. The BiH parenting programme developed mobile teams composed of doctors, nurses, and preschool teachers who provide parenting sessions, play areas for children and counselling for parents. Home visits are being considered to expand and improve programme quality. Due to this outreach, Roma and resettled families are beginning to develop positive relationships with health and education services.

Belarus has the largest array of delivery strategies for parenting groups. Urban and rural preschools offer “Mothers’ Clubs” for mothers of infants and toddlers not yet in preschool. “Parent Universities” for are offered for the parents of older children enrolled in preschool, and some preschools also provide parenting sessions through home visits. Parenting classes and individual sessions are provided through home visits and classes as a basic part of ECI services and the MOE’s Development Centres for Children with Special Needs. The national

network of Family Support Centres now offers family therapy services and parenting classes. “Early socialisation groups” in Chernobyl-affected areas and various other NGO programmes also include parenting classes.

Recommendation: *Throughout the world, comprehensive parenting programmes often include home visits as well as centre-based parent education and support services. These and other countries in the region should consider how they could provide both types of services using existing health, education and social service institutions. Parenting programmes in the region tend to emphasise training and supervision by professionals, with direct services to families provided by varying numbers of professionals. This ultimately will result in very expensive programme models that may not be sustainable. It would be important to consider how professionals could be used to train and supervise community-based paraprofessionals (community parent educators). This will depend, of course, upon existing programme resources, capabilities and needs. In addition, the provision of more community resource rooms, children’s play areas, learning toy lending libraries, and referral and case management services should be considered.*

Training Systems for Parent Educators

Trainees and training systems for parenting programmes vary from country to country. In Belarus, the full range of health, nutrition, ECD and ECI specialists as well as social workers and family therapists have been trained to use a wide variety of parenting materials and methods. Professional materials constitute a resource for both pre- and in-service training that is enabling the development of decentralised services throughout the country. Training venues vary in accordance with the types of programmes receiving the materials. In BiH, doctors, nurses, preschool teachers and community representatives receive brief two to six-day pre-service training sessions and frequent on-site supervision and training. Since trainees are accomplished professionals, they share their broader knowledge avidly with Roma and resettled parents. The BiH programme trained community representatives to ensure effective outreach to excluded communities but these representatives were not expected to impart educational messages. For purposes of programme expansion and cultural appropriateness, the BiH programme plans to train community parent educators and father leaders. In Georgia, a one-time, six-day in-service training workshop is provided for medical personnel, psychologists and preschool teachers. These trained parent educators present a book for parents but augment it with personal knowledge and materials. In Kazakhstan, a single in-service training session of five days is provided for outreach nurses and rural health personnel to become parent educators. They are encouraged to impart the curriculum they are taught to parents but few materials are available for parents as yet.

In-service training is essential for enabling parenting programmes to reinforce and upgrade programme contents and methods as well as continuously develop innovations and share experiences among field workers. In-service training can be combined with programme supervision, monitoring and evaluation activities. This use of combined roles lowers programme costs and maximises the use of professional personnel. With the exception of Belarus, opportunities for continued in-service training have not been included in programme designs, although they may be considered in the future. However, Belarusian in-service training programmes currently are not combined with programme supervision, monitoring and evaluation.

Incentives for training are essential to ensuring professionals and others will want to participate in training programmes. Incentives used by the four programmes include: opportunities for professional training (all countries); provision of materials and/or equipment for services (all); diplomas or certificates (Belarus, Georgia, Kazakhstan); fees or a bonus (BiH, Georgia); and opportunities for professional advancement and recognition (Belarus, BiH, Georgia). Incentives other than additional hourly fees for parent education activities (BiH, Georgia) have not been developed as yet for the application of training contents. In

Kazakhstan and Belarus, trainees were expected to impart their knowledge as a part of their regular work. Trainees universally spoke of the value of their training experiences and their dedication to applying what they had learned in their daily work. Observations should be conducted to confirm they are using newly acquired knowledge and behaviours.

Recommendation: *Programme designs should include complete training systems with a clear specification of objectives and activities for both pre-service and continuous in-service training. To the extent possible, in-service training should be combined with programme supervision, monitoring and evaluation. Training community parent educators and father leaders should be considered in order to enable programmes to go to scale and help ensure cultural appropriateness and effective outreach. A full array of training incentives should also be considered to ensure professionals will want to become trained as parent educators and then will apply their new knowledge and behaviours successfully in field activities.*

Child and Family Assessments, Plans and Programme Forms

In Belarus, parent educators and early childhood specialists and others have been trained to use several assessments of child development and family status in order to ensure that parent education and child development activities are appropriate for children's developmental levels and for family needs and expectations. These assessments cover a wide range of child behaviours and developmental levels as well as family status and needs. Before assessments are applied, parents give their full consent. Early interventionists assist parents to use assessment results as they prepare their own family and child development plans. The other countries have not developed such assessments and plans for their parenting and ECD programmes. Although parents' wishes are often respected in those programmes, no regulations or standards exist to ensure parent educators are trained and supervised with respect to privacy. Some lack of respect for parental privacy was noted during site visits.

Apart from routine health and nutrition assessments conducted in Poli-Clinics, the parenting programmes of BiH, Georgia and Kazakhstan do not include any assessments of child or family status. Existing health assessments are not integrated into parenting programmes, although potentially this could be arranged. General and very brief lists of "child development milestones" are used in parenting materials. Unfortunately, observations revealed that these lists were being misused due to inadequate training and comprehension on the part of both the trainers and health service trainees. This misuse could potentially lead health workers to misidentify children as developmentally delayed. They could cause parents to become concerned that their children are developmentally delayed when they are actually performing within ranges of normalcy. Apparent simplicity can be misleading, and care should be taken to revise or delete these milestones approaches. Potentially, they could be replaced by brief, reliable and easy-to-apply child assessments that are handled ethically, use normed ranges of items, and are conducted reliably by parent educators and parents together.

Programme quality, evaluation and monitoring should be directly related to programme planning and reporting systems. Plans and reports for home visits and parenting sessions are prepared in Belarus, and they are directly linked to programme monitoring and evaluation. BiH and Georgia prepare parenting session plans and reports for their directors who compile them into reports. Outreach nurses in Kazakhstan do not prepare home visit plans but a reporting tool for monitoring their work is being developed.

Recommendation: *Additional attention needs to be paid to replacing misleading milestones approaches currently used in three of the parenting programmes, and to selecting or developing child and family assessments that are culturally appropriate, brief, easy to apply, and accurate. Health assessments should be linked to parenting programmes to help ensure children who have been identified to be high-risk, malnourished or chronically ill will receive more intensive attention. Similarly, parenting programmes should be linked to health programmes to follow up on emerging needs identified during home visits or group sessions.*

In both cases, improved systems for tracking and follow-up will be required. Considerable attention needs to be given to training personnel about privacy with respect to child and family assessments, programme services, and monitoring and evaluation. Improved methods and forms for home visit planning and reporting are critically needed. Plans and reports for parenting sessions need to be systematised and linked to supervisory, monitoring and evaluation activities.

Parenting Materials and Media

The following sub-sections discuss educational materials that were prepared by the four parenting programmes for training professionals and serving parents.

- ***Form and Structure***

Form and structure were assessed with respect to their type of presentation, use in parenting programmes, and appropriateness for the intended audiences. The form and structure of the materials prepared by the four parenting programmes varied greatly. Because Belarus has a high literacy rate, its materials and media were prepared to meet the needs and reading ability of parents who had completed secondary education. They do not cover all areas of parenting because some materials already existed; therefore, new materials were developed to fill gap areas identified through the baseline study and to meet demands of parent educators and parents. As a result, 42 brochures for parents were prepared (See Annex VII: Belarus: Positive Parenting Booklets and Professional Materials) for use during parenting group sessions or home visits, for training professionals, or for handing to parents to read on their own (See Annex VIII: Belarus: Programme Usage of Belarusian ECD Materials and Media). In addition, special booklets on toy making, child rights, and breastfeeding were prepared for parents, along with videos on parenting. To enable programme replication, 11 guidebooks for professionals were drafted. Finally, six public service announcements (PSAs), and three television talk shows were developed and broadcast widely. All of the materials for parents were field-tested with small groups of urban parents participating in various ECD programmes. Subsequently, they were revised before production and general distribution. With respect to form and structure for intended audiences, the materials for ECI and ECD professionals in Belarus appeared to be fully appropriate. The brochures for parents are warmly worded, respectful of parents' sensibilities, and rich in content. They are written at approximately an eighth grade level of readability that would be too high for some parents in other countries. Evaluations conducted with urban parents confirmed the materials are appropriate for them. However, it will be important to review these materials with rural Belarusian families.

In BiH, four modules were used that had been prepared by an external consultant. They provided general information on: pregnancy; breastfeeding and nutrition; infant growth; and toddler development. The modules were to be provided in parenting classes that would feature dialogue between the presenter and parents. They were briefly field-tested in a Sarajevo preschool and were found to be appropriate for well-educated parents, but they were not field tested with Roma or resettled parents. In addition, folios for training and handouts for parents were drafted by programme professionals. Additional handouts produced by IBFAN, WHO, UNICEF and IMCI were used that were written at a high level of readability. However, the parents were so eager to get materials that they took even densely worded brochures they could not read easily. Consequently, Bosnian parent educators designed and photocopied clear and effective handouts to meet the needs of Roma and resettled parents that they identified during parenting sessions. The four BiH modules had been structured for use in urban preschools, and then they were only slightly revised before field application. Although some content was valuable for Roma and resettled families, it quickly became apparent to programme professionals that parents required additional information and more complex materials to meet their needs. In addition, enriched materials on child health, nutrition and psychosocial development are needed for use with the parents of vulnerable children who were observed to have significant developmental delays, malnutrition and/or

chronic ill health. Because many parents are functionally illiterate or speak only Romani, they require more active styles of learning than authoritative lectures with a bit of dialogue. Slowly the parent educators adopted more active teaching methodologies, including some use of demonstration and practice. They expressed strong interest in learning more techniques for demonstration and practice.

In Georgia, a training manual for parenting class facilitators was prepared, along with a handbook for parents on child development, and five leaflets for parents on pregnancy, breastfeeding and nutrition, infant health and immunisation, brain and child development, and positive discipline. In addition, three posters, three videotapes, and 26 television talk shows were produced. The training manual and the leaflets were field tested in a Poli-Clinic with urban parents, and they were well understood. However, they have not been field tested with less literate rural or with ethnic minority parents. From a review of English translations, with a few edits for certain content issues, the materials and media appear to be generally useful for urban populations that have electricity and have attended secondary school. When the materials and media are used in rural areas and with other ethnic groups, parent educators stated that it would be important to evaluate and revise them to ensure appropriateness and readability.

In Kazakhstan, a large manual for course trainers was prepared that includes presentations, exercises and slides for participating health nurses, rural *feldshers* and others. Each trainee received this manual that includes exercise pages, a guide for home visits, and a booklet on “Facts for Life” in Russian or Kazak for use with parents. Leaflets for fathers and grandmothers and a calendar on child development for parents were also prepared. Four posters for use in Poli-Clinics, hospitals and rural health centres were designed with key messages for parents. Finally, leaflets were prepared for programme advocacy, decision makers, managers, and potential donors. In general, the training materials for professionals are very well structured but they remain highly linked to external materials with a small amount of adaptation. The programme’s posters are wordy and very hard to read on Poli-Clinic walls. Some complaints were heard about the density of training on the first day; however, based on these observations, the first training sessions are being modified. It is unclear that outreach nurses will be able to transmit all of the parenting messages as planned, and a future evaluation of programme outcomes will be important in this regard.

Recommendation: *Belarusian training materials could be useful to give ideas for professional training in other countries. The training manuals for professionals that were used in Georgia and Kazakhstan would provide useful methodological guides for other countries. Additional attention should be given to ensuring parenting leaders are fully trained in the latest methods of social communications, behavioural change and adult learning. Efforts should be made to ensure that all materials for parents are provided in appropriate forms with respect to their levels of readability and choice of language. Care should be given to using national artists and photographers who can provide adequate visuals that reflect cultural realities. Videos produced in other countries should be used as sources of inspiration and new videos should be prepared in each country to ensure cultural relevance.*

- ***Relevance to Context***

Relevance was assessed with regard to socio-cultural context and baseline study results, and international policies regarding health, nutrition and child development. To a large degree, health and nutrition materials were relevant to the socio-economic and health contexts of each country as assessed by the baseline studies and UNICEF, WHO and other country review documents. Due to having conducted detailed baseline studies and having worked with ECD specialists from the health sector, the materials on health and nutrition were based on UNICEF, IMCI, IBFAN and WHO’s evidenced-based source materials. Parenting materials were generally scientifically accurate and aligned with accepted international health and

nutrition messages, with the exception of some minor nutrition points in Georgia. For example, instructions were provided for the provision of sugar water for infants, a practice that is injurious to child nutrition and dental health.

Problems of relevance to context mainly occurred when programmes tried to deal with child development by providing only very general and vague messages – really mainly exhortations – in classes that are intended to improve parenting knowledge and behaviours. Only a few concrete activities and messages on child development were provided, and many important content areas regarding development from birth to three years of age were not presented. With the exception of Belarus, the materials lack sufficient content for trainees as well as appropriate training methods to meet the needs of vulnerable children. For example, parents living in poverty, enduring stress, or lacking literacy or a completed primary school education, usually best learn child development skills through demonstration and practice rather than passive, authoritative parenting classes and handouts they cannot read.

Because very few development activities are discussed during their training sessions, some parent educators were observed by the evaluator to “invent” parenting skills with respect to child development. For example, parent educators were encouraged to teach parents to do activities that were too advanced or were unsafe for infants and toddlers. This situation is dangerous, and it underlines the importance of enriching and improving the child development components of the programmes in order to give good, reliable and balanced guidance to parent educators.

Although current programme materials generally can be used with well-educated urban parents, programme leaders in BiH, Georgia and Kazakhstan stated that they also plan address the needs of rural populations, poor urban neighbourhoods, and ethnic and linguistic minorities. Because the materials are not fully relevant to these contexts, it will be essential to make further programme modifications.

Finally, surprisingly the four parenting programmes lacked materials on child safety, home and community sanitation including water and wastewater. They also lacked materials on child protection, with the exception of some Belarusian materials on child discipline and abuse. The programmes state they are attempting to take an “integrated approach” to parenting but these topics are generally absent.

Recommendation: Parenting materials should be based on research results and promising practices, with attention to cultural appropriateness. Each country will need to prioritise the topics they plan to address first, but a long-term plan should also be developed to ensure all materials would be relevant to the national context and to prevailing needs of parents and children. In the four countries, additional materials will be required on infant psychosocial stimulation and child development, as well as on special topics related to child safety, protection and home sanitation. Greater efforts need to be made to ensure programme materials become relevant to non-urban and poverty contexts. Special attention should be given to adapting materials and teaching methods to address the learning needs of rural families, ethnic and linguistic minorities, and parents with low literacy levels.

- ***Appropriateness***

Appropriateness was assessed with respect to the extent of stakeholder participation, the materials’ status as “expert driven,” pre-testing of materials for comprehension, and the use of principles of good communication. In all four countries, materials preparation was mainly expert driven; however, three baseline studies included substantial stakeholder input, and the results were used for programme and materials design. In addition, draft materials were peer reviewed in all four countries. In Belarus, BiH and Georgia, a small number of typical urban,

well-educated parents reviewed draft materials before they were revised and printed for use in training sessions for professionals or in parenting classes.

As noted above, BiH materials that were prepared by an international specialist and lightly revised by Bosnian specialists were found to be inadequate for Roma and resettled families. However, in Kazakhstan, field tests with Russian and Kazak health nurses and parents were not conducted at all. Trainees complained that some of the training materials were too dense and culturally abrasive. It remains to be seen in all four countries whether or not rural families will find the materials to be appropriate.

With respect to principles of good communication, the Belarusian materials that were aimed at a highly literate society are outstanding in terms of graphic design as well as content. Demonstration and practice is widely used in parenting sessions during home visits or group meetings to help parents acquire new parenting skills. BiH materials used many “jargon” words, abstract diagrams and matrices that are inappropriate for use with Roma and resettled families. To the BiH team’s credit, when they saw that the teaching modules would not work in their settings, they created innovative materials and adopted active teaching methodologies during the first phase of programme services. Georgian materials require some content revision and enrichment especially regarding nutrition and child development issues, but the warm style of writing and attractive graphics help ensure good communication with literate urban parents. It remains to be seen if these materials will be effective with rural parents, and in any case, the lack of electricity in many rural areas will limit the use of the programme’s videotapes. The training manual and related exercise sheets for Kazakhstan’s outreach nurses and health post directors are excellent, highly interactive, and include many principles of good communication. However, the videos used during training are foreign made. They feature parents from widely divergent cultures making the videos apparently “international” but in reality inappropriate for use in countries such as Kazakhstan. Trainees in Shymkent were observed to have difficulty understanding these videos. Considerably more work needs to be done in BiH, Georgia and Kazakhstan to provide more guidance for parent educators on how to conduct demonstration and practice sessions for each major stage of young child development. This will help them to teach and reinforce parenting skills as well as help ensure that programmes present content and methods that are developmentally appropriate.

Recommendation: *Baseline studies and stakeholder participation are essential to ensuring programmes will be appropriate to the parents they seek to support. Competent professionals should prepare parenting materials, and selected parents from targeted population groups should participate during the design process. Peer reviews and field-testing should be conducted with parents and professionals who will become parent educators. Only after the materials are fully revised and assessed to be appropriate for parent educators and parents should they be printed and distributed. All materials development teams should review principles of good communication prior to drafting materials and ensure that techniques for demonstration and practice are used to train parent educators as a method for encouraging them to use demonstration and practice in their home visits and/or parenting classes. Gifted national writers and graphics artists should be intimately involved in the design process and encouraged to pay attention to readability levels and the amount of words used in posters, brochures and other items intended for parents.*

- **Completeness**

Completeness was reviewed with regard to key knowledge, attitudes and areas of practice that parent educators or parents should know to promote holistic, balanced child development. Completeness is very difficult to assess because it is measured not by a “golden mean” but by meeting the needs and interests of parents in specific contexts. Nonetheless, in Annex II: Materials Review, a list of major potential content areas for parenting programmes is presented.

In general, Belarusian materials are quite comprehensive. They address all key areas identified through their baseline study and listed in their programme objectives. BiH materials are incomplete with respect to the overall list in Annex II, and even though doctors, nurses and preschool teachers cleverly supplemented them, new materials are needed to ensure adequate parenting education and support for impoverished Roma and resettled families. Additional topics are required, such as maternal depression, trauma healing, conflict resolution, preventive child health, potable water, home and community sanitation, nutritional supplementation and micronutrients for malnourished children, and infant and child stimulation for children who are malnourished and developmentally delayed.¹⁵ Georgian materials are comprehensive and cover most health, nutrition and general child development skills. Currently they do not attempt to meet vulnerable children's needs. Kazakhstan's training materials for parent educators focus on 14 content areas that were identified in their baseline study. The vast majority of the content areas are related to health and nutrition. As a consequence, their materials on child development are brief and very general.

With respect to themes, prenatal education is covered in all countries; however, more contents could be added regarding preparation for positive parenting and childbirth. Birth registration is covered in three of the countries. Belarus pays particular attention to neonatal care and development, and other countries could reinforce this area. Little attention is paid to identifying parents of low birth weight or fragile infants. Several medical specialists in BiH, Georgia and Kazakhstan lamented the lack of adequate systems for following up with the parents of fragile infants once they leave the hospital.

Except for Belarus, parenting programmes focus mainly on presenting a few milestones of child development, and they do not present expected ranges of normalcy for each developmental activity. In general, child development topics require far more attention; with enriched information and many more developmentally appropriate activities to do with children in all areas of development (perceptual, fine motor, gross motor, social, emotional, language and cognitive). More should be included on: home toy making; toy and home safety; guidance for promoting parent-child attachment; paternal involvement; dealing with child temperament, and promoting positive structuring and discipline.

Child health care, nutrition and breastfeeding are taught in detail due especially to the priority given to them by UNICEF, WHO, IBFAN and others. Exclusive breastfeeding up to six months and good nutrition is strongly promoted in all countries, but with the exception of BiH, surprisingly little is included on post-natal maternal health care and HIV/AIDS prevention. Child health care, immunisations, and primary health care are strong in all countries but child safety and home, yard and community sanitation are lacking. Most surprising was the lack of training in toy safety in all countries, although a booklet on toy safety is planned for Belarus.

Some child protection issues, including child abuse and family violence, and guidance on how to get help, are covered in Belarus but these topics are not presented in the other countries. Suggestions for assessing preschool quality are provided only in Belarus, but none of the four programmes prepare parents to assess caregiver quality. Once again, only Belarus helps parents with guidance for the transition from home or preschool to primary school.

Recommendation: Country teams should develop prioritised checklists to ensure materials are developed over time to meet all major parent education needs for prenatal education,

¹⁵ Although a study on the incidence of malnutrition, developmental delays and illness has not been conducted in Roma villages that were visited in Bosnia, from 15 to 35 percent of the Roma children appeared to be moderately to severely developmentally delayed and malnourished. Many Roma children also had respiratory and intestinal infections, and few had been fully immunized for their age levels. In both Roma and resettled villages, high levels of maternal depression were observed. Maternal depression is highly correlated with child delays in socio-emotional and cognitive development. It was also found to be prevalent in Georgia and Belarus and may well be a topic for region-wide attention. (Brooks-Gunn et al, 2003)

infant stimulation, child development, vulnerable children, child care, preschool education, and transition to school.

- ***Methods of Dissemination and Settings Used***

The review of methods of dissemination dealt with methods used for distributing materials and the type of training that is provided for their application in varying settings. In all four countries, materials were prepared for both training workshops for professionals, and some were prepared for parents. Training materials for Belarusian professionals are distributed directly to them in their places of work and through training workshops. Parenting materials are distributed directly to parents through home visits and group sessions. In BiH the four training modules are used in workshops to prepare professionals to become parent educators. They then present the modules in a lively format in parenting groups held in homes and community settings. They provide a few handouts to parents. In Georgia, professionals are trained in workshops, and then they develop Parent Resource Rooms in Poli-Clinics that are the venue for parenting groups and giving materials to parents. In Kazakhstan, health nurses and others are trained in workshops, and subsequently they are expected to provide parenting education through their regularly scheduled home visits. They give a few handouts to parents.

Thus, in all four countries, professionals provide parent education, and except in Belarus, their training is short and lacks reinforcement. Community parent educators have not been selected and trained as yet; however, to achieve national coverage, it will be advisable to consider their use. Belarus is currently developing a programme for community parent educators in the Chernobyl-affected region. With respect to teaching methods, active methodologies including demonstration and practice have been used in Belarus, but as yet they are relatively little used in BiH, Georgia and Kazakhstan where lectures are given and sometimes dialogues are held to engage parents in topic areas. Given the importance of demonstration and practice to achieving behavioural change and improved child development, programmes should reinforce this aspect of their programmes.

Recommendation: *Countries should consider mixed dissemination approaches including the training of parent educators and the provision of home visits and group sessions. This will require careful planning to ensure adequate pre-service and continuous in-service training of parent educators who may be professionals or paraprofessionals. In addition to engaging parents in dialogue, materials and methods featuring demonstration and practice should be emphasised in order to elicit a high level of parental participation.*

- ***Adherence to Human Rights Based Principles and Values/ Furtherance of UNICEF's Mission and Mandate***

Adherence to rights-based principles and values and UNICEF's Medium Term Strategic Plan (MTSP) was assessed through interviewing programme personnel and reviewing programme materials and reports. All programmes were found to be generally in line with rights-based principles and values, and with the MTSP. However, only Belarusian and BiH materials target the most marginalised and disadvantaged families. Materials and programmes in all four countries identify families as "duty bearers." Advice on how to access available social and health services is provided in Belarus but less so in BiH, Georgia and Kazakhstan, where referral and case management systems are needed. The materials in Belarus creatively included all essential principles regarding Convention on the Rights of the Child (CRC) and Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) principles, while Georgia and Kazakhstan included some of these elements. Even though BiH materials did not focus explicitly on rights issues, trainers mentioned them during parenting groups.

It is interesting to note that all of the parenting programmes paid attention to the needs of fathers and grandmothers, but more work is needed in this regard because in some places,

such as resettled communities, grandmothers are the main child caregivers while their daughters work in the fields. Fathers' roles in Roma and other communities have been under-emphasised through the years. For this reason a special leaflet for fathers was prepared in Kazakhstan.

Recommendation: *Countries should focus more consistently and comprehensively on meeting human rights, CRC, CEDAW, and MTSP goals, especially with respect to targeting vulnerable children both through separate programmes and within universal programme services. More attention should be given to the roles of fathers and grandmothers.*

- **Complementarity**

Programmes were assessed with respect to the degree that they complement other existing parenting and child development programmes. The only other major regional provider of parent education, the NGO Step by Step that has national offices in most countries, is involved in parenting in all four countries through helping develop modules for parents of preschoolers and home-based preschool activities. In all cases, Step by Step collaborates closely with UNICEF as well as with other donor agencies. In Belarus, BiH and Georgia, universities and institutes help with parenting education, and a few national NGOs provide services for children with disabilities. Few other parenting programmes were found in the countries.

Recommendation: *Using the diversified model of Belarus, countries should seek to develop partnerships with NGOs, institutes, universities, clinics, schools, preschools and other institutions engaged in or potentially interested in parenting education and support in order to expand parenting services more quickly and ensure field-tested materials and methods of high quality are used.*

- **Effectiveness**

Effectiveness was assessed in a very general manner by asking parents about their perceptions of parenting materials, their value to them, new knowledge they had learned, and how they had applied it. Although it became impossible to access parents in Kazakhstan, in the other countries it was possible to talk extensively with programme participants, and parents were uniformly enthusiastic about parenting sessions and materials. Parents reported they had learned a great deal and were changing their attitudes and practices. In Kazakhstan it was possible to talk with rural health nurses, *feldshers* and medical doctors who had received or were receiving the training. They said they had learned a lot and planned to change the content of their advice for parents; however, no evaluations are available as yet to confirm these assertions.

In general, national parenting programme leaders stated they are pleased with their programmes, want to improve them, and plan to bring them to scale. Special synergies are occurring in each country. In Belarus, the parenting programme has reinforced inter-programme collaboration, and joint training activities have been held bringing together parent educators who work in a wide array of programmes. In BiH, outreach services for Roma and resettled families have provided impressive personal learning opportunities for health, nutrition and preschool specialists. The members of socially excluded groups served by these professionals stated they are developing useful new contacts with the majority culture and its resources. In Georgia, health professionals said they are building closer relationships with parents and they are helping ensure parents receive health care services. In Kazakhstan, the programme appears to be leading to the revitalisation of home health care and outreach practices. In each country, additional opportunities for synergies should be explored.

Recommendation: *Parenting programmes should be designed to be effective and efficient as judged by parents. As assessed by parenting professionals and parents, the four parenting*

programmes appear to have many positive outcomes. They should be thoroughly assessed through internal evaluations.

- ***Sustainability and Impact***

The sustainability and impact of parenting programmes and their materials with respect to parents, programmes and national policies is of major importance. In Belarus, thousands of copies of the parenting materials have been requested, and because the government funds a wide array of parenting programmes in which they are used, this has ensured that the use of these materials in home visits and parenting sessions will continue. However, a major challenge remains. To achieve full sustainability it will be essential to secure government support for printing the materials annually, holding pre-service training programmes, and providing periodic in-service training. It appears the government is interested in providing this critically important support.

In BiH, to achieve sustainability, significant work will be required to redesign parenting programme materials for Roma and resettled families. A proposal for programme revision and implementation has been prepared. The Georgian programme is highly appreciated but thousands of copies of the materials will be needed for urban centres and rural variants need to be developed. Many more training workshops and Parent Resource Rooms will be needed in Poli-Clinics and health centres throughout the nation. For this to occur, substantial support will be required from MOLHSA and MOES, and it appears that these ministries are interested in promoting this work after 2006. The Kazakhstan programme is very promising but it needs further design work for its training system, educational materials, and evaluation and monitoring system in order to make it a candidate for long-term national funding. The government appears to be very interested in taking the parenting programme to scale.

All of the four parenting programmes and their working groups are promoting the development of ECD Policy Frameworks and National Plans of Action that undoubtedly will feature an emphasis on parenting. This will help each country to develop sustainable parenting programmes.

Recommendation: *From the outset, countries should design parenting programmes to contain essential elements that will permit them to go to scale and become sustainable. They should involve government and civil society institutions at all levels in designing, implementing and evaluating programmes. Parenting programmes tend to promote ECD policy development, and their planning groups could play leading roles in policy planning.*

Evaluation and Monitoring

Each parenting programme has a small evaluation and monitoring component. However, internal evaluation and monitoring plans were unavailable or they were very sketchily prepared. All of them appeared to be limited in scope. From verbal reports, they appear to review salient aspects of training sessions for professionals as well as general statistics regarding the numbers of parents that are served by the parent educators. None of the evaluations was designed to assess parent outcomes in terms of knowledge or behaviour, child development outcomes, programme equity, quality, accessibility or cultural appropriateness.

Although comprehensive evaluation and monitoring systems do not exist, some specialised evaluations are underway. Professors of the Byelorussian State University are evaluating parenting sessions in preschools to assess their quality, and Belarusian ministries are using the results for programme review. In BiH, IBFAN and the Federal Public Health Institute are monitoring and evaluating parenting session outputs. In Georgia, the training of parent educators is being evaluated; however no evaluation of parents has been undertaken. In Kazakhstan, training sessions are evaluated and home visits with parents are monitored.

Recommendation: *Formative and summative evaluation may be the weakest area of the four parenting programmes. If at all possible, in the future at least 10 to 12 percent of programme budgets should be devoted to designing and conducting comprehensive evaluations, including programme inputs, programme outputs and outcomes for children and parents. Additional support should be sought to conduct external evaluations and longitudinal research projects.*

Standards for Parenting Programmes

Standards for parenting services have not been established in any of the four countries, which is not surprising because international standards have not been developed as yet. In Belarus, regulations for preschool education have been developed and ECD standards are being established with considerable debate regarding the latter. In BiH, preschool standards for children are being designed. In Georgia, the MOES has not developed preschool standards as yet.

Recommendation: *It is too early to establish standards for parenting programmes in the four countries, but regulations or guidelines dealing with basic criteria and “enabling competencies” are required for each of the programmes to help ensure quality and sustainability. (See Part III.)*

Advocacy for Parenting Programmes

In Belarus, parents participating in parenting sessions expressed strong support for their parenting, ECD and ECI programmes. Both they and the ECD Technical Council advocate for the maintenance and growth of parenting programmes. Although the BiH programme lacks a formal advocacy component, the Parenting Initiative Group and Roma and resettled parents are engaged in advocating for expanding programme services. In Georgia, the ECD Working Group advocates strongly for the parenting programme, but except for the parents of children with disabilities enrolled in a rehabilitation centre, participating parents have not become advocates. In Kazakhstan, programme advocates for parent education in the National Healthy Lifestyles Centre prepared a leaflet for advocacy with policy makers. Parents appear not to be involved in programme advocacy in Kazakhstan.

Recommendation: *Advocacy with ministries, regional, and local governments is essential to help secure long-term sustainable support for parenting programmes. Components for advocacy and securing consistent support should be included in parenting programmes, and as possible, parents should be encouraged to advocate for parenting services to demonstrate that they truly value them.*

Programme Costs

With the exception of Kazakhstan’s cost study for training sessions, the programmes lacked plans to gather detailed cost data. However, some general financial and cost data were available regarding UNICEF and other international grants. None of the programmes gathered information regarding in-kind costs. Each programme had several types of volunteers and received many institutional and community contributions. Given the time constraints of this study and the lack of detailed cost data, it was impossible to conduct a full review of financing and costs in relation to programme benefits. Finally and perhaps most importantly, comparing these programmes is like comparing apples and oranges because they have very different programme models and units of impact, varying from training professionals to educating and supporting parents.

For each programme, information on total annual funding and the numbers of parents or families served were obtained, enabling a crude estimate of programme cost per participant. Information on costing in each country is presented in Part II. In summary, the lowest costs were found in Belarus (US\$0.16 per parent) and Kazakhstan (US\$1.08 per parent). These

costs are misleading because they only reflect some of the add-on, one-time costs pertaining to training and materials development and printing. In both instances, programme costs are not fully calculated due to the high level of in-kind ministerial support provided with respect to rubrics such as professional personnel during and after training, facilities use, transportation, and supplies. The costs of US\$49.00 per family served in BiH and of US\$32.40 per parent in Georgia reflect more (but not all) of the programme costs. In both of these programmes, health and education personnel receive their basic salaries from the MOH or MOE, and in BiH they receive an additional honorarium for each parenting session. Some other in-kind contributions are not calculated in these costs per unit. These programmes depend upon having a number of professionals who are paid from other stable sources of public support. This dependency plus the lack of analysis of the real costs of parenting programmes may have inhibited the consideration of some lower cost approaches, such as training paraprofessionals to enable the expansion of programme services.

Recommendation: *From the programme design period forward, each parenting programme should have a plan to gather direct, indirect and in-kind costs regarding programme development and implementation. Guidance should be given to assist programmes to gather and analyse essential cost data. Cost projections and financial reports should be prepared, including external funding, national support and all forms of in-kind contribution. Cost analyses should be complemented by the assessment of results regarding programme effectiveness, thereby enabling cost-effectiveness studies, and if adequately structured, cost-benefit studies. Reports on cost-effectiveness should be sent to the government and disseminated widely throughout the region. Special attention should be paid to innovative pilot efforts, the cost of going to scale and issues of long-term sustainability.*

Financial Support and Programme Sustainability

In Belarus, UNICEF supported the design, development and production of educational materials for use in government-funded parenting programmes. UNICEF also supported rural preschool design activities and some training activities for rural areas. The MOH and MOE have yet to provide support for printing materials in their budgets. In BiH, UNICEF is the sole supporter of the parenting pilot, providing training costs for professionals, parent trainers' fees, and materials for local services. In order to redesign and expand this programme, governmental and external support will be required. In Georgia, UNICEF supported materials and media development and production, training costs, and provided equipment and materials for Parent Resource Rooms. Personnel funded by the MOH or MOE conduct parent education activities, and it is highly likely the MOH will provide programme support beginning in 2007. In Kazakhstan, UNICEF has given support to the MOH and NHLC for materials development and production, training seminars, equipment, furniture and materials. Parent training by home outreach nurses and rural health personnel is supported by the MOH, and it is expected that this support will continue and increase as an integral part of home outreach and Well Baby clinic services. UNICEF has maximised the use of its funds by partnering with national ministries.

Recommendation: *During the programme design phase, governmental commitment must be gained to consider providing complementary and long-term support for parenting programmes if they are evaluated to be successful. Written agreements should be obtained as the programme achieves positive results. It is also advisable to encourage other national and international partners to provide complementary support for the programme.*

Programme Results: Outputs and Outcomes

Each programme appears to have been very successful with respect to achieving its output targets (See details in Annex I: Characteristics of Parenting Programmes). Outcomes in terms of numbers of families served are impressive, but with the exception of some Belarusian programmes, outcomes regarding parental knowledge and behavioural change have not been

measured. Outcomes regarding infant mortality and birth weight, child development, child health, breastfeeding, child nutrition, family interaction, parenting behaviours, and attitudinal change are not being measured as yet.

Recommendation: *During the initial planning phase, parenting programmes should prepare complete evaluation and monitoring designs that include indicators to assess programme inputs, outputs and outcomes. If related to programme objectives and results, outcomes should be assessed with respect to the activities of professionals and others subsequent to training, parental knowledge, attitudes and behaviours, and child status and development.*

Plans to Go to Scale

The four parenting programmes were begun with the hope that they would attain nationwide coverage. However, at the time of this formative evaluation only Belarusian parenting programmes are achieving this goal. The designs of the Belarusian parenting programmes include strategies, plans and protocols for taking services to scale. These include: inter-sectoral policy support with national, regional and municipal financing; inter-agency agreements for coordination and exchanges; materials development, field testing and production; pre- and in-service teacher training programmes; national support systems comprising university, government and institute specialists; and built in systems of accountability.

In BiH, Georgia and Kazakhstan, even though programmes function as a part of or assist large-scale public sector health or education services that help thousands of people, these pilot programmes currently serve only a few communities or regions. Although the BiH has acquired valuable field experiences and established a strong group of dedicated specialists, the programme requires considerable revision to enable it to go to scale. The Georgian programme appears to be functioning well in urban Poli-Clinics but will need further adaptation and considerably expanded national support to take it to scale. The programme in Kazakhstan requires additional programme design elements and expanded national and regional support to make it a national programme. All indications in this regard appear to be positive.

Recommendation: *From the outset, all parenting programmes supported by UNICEF should be designed with elements that will be required to take them to scale. This implies that, at a minimum, programme planners should establish a strong organisational base, use complete programme development processes (i.e., at a minimum, objectives and results chain, programme contents, methods, materials, media, pre- and in-service training system, evaluation and monitoring system), secure sustainable and diversified sources of funding, and conduct vigorous programme advocacy.*

PARENTING PROGRAMMES FORMATIVE EVALUATION

UNICEF Regional Office for Central and Eastern Europe
and the Commonwealth of Independent States, Geneva 2006



Emily Vargas-Barón



- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan



VOLUME II
**PROGRAMME
ANALYSES**

***Formative Evaluation of Parenting Programmes in Four Countries of the
CEE/CIS Region: Belarus, Bosnia & Herzegovina, Georgia and Kazakhstan***
- Emily Vargas-Barón

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LIST OF ACRONYMS

BBP	Basic Benefit Package
BPP	Better Parenting Programme, Kazakhstan
BFH	Baby Friendly Hospital
BiH	Bosnia and Herzegovina
CDC	Centres for Disease Control
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEE.CIS	Central and Eastern Europe and Commonwealth of Independent States
CO	Country Office
CRC	Convention on the Rights of the Child
DFID	United Kingdom Department for International Development
ECD	Early Childhood Development
ECI	Early Childhood Intervention
EFA	Education for All
EPI	Expanded Programme on Immunization
GAIA	Environmental and Civic Education Centre (Georgian NGO)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency
IBFAN	International Baby Food Action Network
IDA	Iron Deficiency Anaemia
IDD	Iodine Deficiency Disorders
IDP	Internally Displaced Person
IMCI	Integrated Management of Childhood Illnesses
IMCI-C	Integrated Management of Childhood Illnesses – Community Plan
MCH	Maternal Child Health
MI	Micronutrient Initiative
MOE	Ministry of Education
MOES	Ministry of Education and Science (Kazakhstan)
MOF	Ministry of Finance
MOH	Ministry of Health
MOLHSA	Ministry of Labour, Health and Social Affairs (Georgia)
MOLSP	Ministry of Labour and Social Protection (Belarus)
MOSP	Ministry of Social Protection
MTSP	Medium Term Strategic Plan
NGO	Non-Governmental Organization
NHLC	National Healthy Lifestyle Centre, Kazakhstan
NIE	National Institute of Education, Belarus
NPA	National Plan of Action
OPM	Oxford Policy Management
PEP	Parent Education Program of Georgia
PPEG	Parenting Project for Excluded Groups of Bosnia and Herzegovina
PPP	Positive Parenting Programme of Belarus
PSA	Public service announcement
RO	Regional Office
TOR	Terms of Reference
TOT	Training of trainers
UNFPA	United Nations Population Fund
UNICEF	United National Children’s Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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ANALYSES OF COUNTRY PARENTING PROGRAMMES

The following country analyses use a consistent format to assess programme context as well as programme materials. (To review details regarding each national programme in relation to other programmes, please see Annex I: Characteristics of Parenting Programmes and Annex II: Materials Review.)

BELARUS: THE POSITIVE PARENTING PROGRAMME

Introduction

The Belarus Positive Parenting Programme (PPP)¹ was developed within the Medium Term Strategic Plan (MTSP). The UNICEF CO for Belarus has the following strategy: *Physical, psychosocial and cognitive development of young children improved within a family-supportive environment*. Under this strategy, Outcome 2 states, “Children are better cared for by parents and care providers,” and the following result was established: “Early Childhood professionals’ and parents’ knowledge and skills will be increased.”

To achieve this result, a baseline study was conducted in 2002 that revealed serious deficits in parental knowledge and skills. It was found that 60.1 percent of parents reported encountering problems in rearing their children, and 70 percent wanted training in parenting skills. As a consequence, the Ministry of Education with the assistance of the UNICEF CO conducted an International ECD Round Table of professionals from Belarus, Russia and the Ukraine to help develop the parenting strategy. They recommended the preparation of culturally appropriate parenting materials that would fill major gaps in Belarusian materials for a series of ECD programmes. From the end of 2003 to 2005, professionals from the National Preschool Centre and other professionals in preschools and parenting, early childhood intervention (ECI) and special education programmes drafted a wide variety of educational materials and media for professionals and parents. The PPP of Belarus complements and supplements other existing materials for parent education and support, especially in the fields of health and nutrition. The PPP is used in several innovative programmes and initiatives for young children and parents in Belarus. It provides a wide variety of elements that respond to the expressed needs of parents and specialists for guidance.

Varying models of parent education and support are called the “Parents’ University,” “Mothers’ Schools,” “Mothers’ Clubs” or “Family Clubs.” Regulations are being developed for these groups, constituting an initial form of standards for parent education and support in Belarus. These parenting programmes have been officially approved by the MOE for application in preschools and various health services throughout the country. Regulations have been developed for Mothers’ Schools and Family Clubs but they have not been approved as yet. In addition, the latest regulations for preschools and Development Centres for Children with Special Needs place priority on conducting activities and collaborating with families.

¹ In various papers the PPP is also referred to as the Better Parenting Package. The preferred name is used in this report.

Problems addressed

The main problems addressed by the PPP are related to professional and parental needs for training and materials. Specifically, they focus on priority issues facing parents and ECD professionals in post-Soviet society:

- Lack of parenting skills after generations of dependency upon state preschools from infancy onward.
- Lack of materials for developing positive parenting programmes at all levels and for all ECD programmes.
- Inadequate structuring of children’s environments in the home and an absence of positive disciplinary skills.
- Lack of parental understanding of children’s needs for social and emotional development as well as physical, language and cognitive development
- Poor understanding of the importance of early identification and intervention for high-risk and vulnerable children.
- Lack of parent education combined with family therapy and support services for families living in severe poverty, managing stress, or dealing with substance abuse, family violence or intra-familial communications problems.
- Poor quality, insufficient and out-of-date preschool services in rural areas and an absence of parenting materials for rural parents and preschools.
- Inadequate and insufficient services for children with special needs and their parents.
- Need to expand and improve professional training for ECI and Development Centres for Children with Special Needs.
- Lack of knowledge about how to parent children with special needs, developmental delays and disabilities.
- Continued parental dependency upon some traditional practices that are at variance with positive parenting approaches.
- Need to reinforce key iodine deficiency, breastfeeding and injury prevention messages in combination with teaching parents essential skills of early psychosocial stimulation.
- Need for additional materials for teacher training universities and colleges to prepare preschool educators and health specialists to work positively with parents of young children.

In addition, the PPP includes an emphasis on helping Belarus to develop a National ECD Policy (or Policy Framework), national ECD standards principally for preschools, and new open preschool models especially for rural preschools.

Goals, objectives and results chain

The overall goal of the PPP is noted above. A results chain was prepared for 2005 and it is presented below. To achieve the objective of “improved capacities of ECD professionals and parents,” the following sub-objectives were outlined:

- Assist the country to develop holistic programmes, guidelines and materials for parental education and the training of specialists who work with young children with special needs.
- Promote ECD in rural areas through the development and testing of preschool education models.
- Help build the capacity of professionals working in preschool education and health care, including those developing C-IMCI.

Outputs: Improved capacities of ECD professionals and parents

- Indicator: Number of ECD caregivers and parents trained
 - Target: 750 ECD caregivers and 1,500 parents trained in ECD issues
- Indicator: Integrated model for children with special needs developed

- Target: Integrated model for children with special needs is implemented in 9 centres in Minsk
- Indicator: Number of educational and informational materials published
 - Target: 5 methodological materials and 20 brochures for parents used for training.

All of these outputs were greatly exceeded in 2004.

Programme management, sectoral placement, stakeholder involvement and ECD resource and training centre

Three leading ministries are actively involved in and collaborate with the PPP: the Ministry of Health (MOH), the Ministry of Education (MOE), and the Ministry of Labour and Social Protection (MOLSP). Together these three ministries lead the PPP initiative. In addition, UNICEF's ECD specialist has played a proactive professional role and has personally contributed as an author. The Belarusian State University, Belarusian Pedagogical University, Academy of Post-Graduate Education, Belarusian Medical Academy of Post-Graduate Education, the National Institute of Education, Republic Research Centre "Mother and Child", various clinics and hospitals, and specialists in preschool education, ECI programmes, Development Centres for Special Education have participated in the PPP. The Christian Children's Fund is the only international NGO that has collaborated with the PPP and two national NGOs have participated: National NGO for Children with Disabilities and the Regional NGO for Chernobyl-affected Children ("Community Development Projects"). Parents have participated as members of focus groups that reviewed draft materials.

No ECD resource and training centre exists in Belarus; rather, specialists from several agencies work together to achieve shared goals. These agencies include: the National Institute for Education related to the MOE, the Research Centre on the Mother and Child of the MOH, and the Institute of Post-Graduate Studies that includes a laboratory for new methods for social workers in the field of child protection. These agencies appear to constitute a "critical mass" for attaining many of the goals that usually pertain to a national resource and training centre for ECD; however, this is a topic along with collaboration between the institutes that could be considered for discussion during the preparation of the ECD Policy Framework.

ECD Policy, Council or Working Group

An ECD Task Force formed in 2003 became the ECD Technical Council of Belarus. This Council has been a working group at the technical level. Its members are at the highest professional level in ECD fields, and with the support of their ministries, they have made a major impact upon children's services. For example, in 2003, only 69 percent of children from three to six/seven years of age attended preschools. With their dedicated work, now 81 percent of children from three to seven years of age attend preschool. Because coverage levels remain lower in rural areas, they helped design a new and flexible rural preschool model. The PPP was developed in parallel to the expansion of preschools as well as the development of ECI services of the MOH and of Development Centres for Children with Special Needs of the MOE.

The ECD Technical Council initially led the effort to develop PPP materials and media. However, apparently it has not met of late. Many believe it should be revived and its role reconsidered and strengthened. Belarus is beginning to structure its initiative to develop an ECD Policy, probably as an ECD Policy Framework. The Chief of the Department of Mother and Child Development has been delegated to lead work for the health sector within the MOH, and representatives of the MOE similarly expressed strong support for developing an ECD Policy. For this policy planning process, the current ECD Technical Council could become the ECD Policy Planning Committee, expanding its membership with more representatives of government and civil society. It could assist a new ECD Council composed of the highest level of decision makers, including representatives of the Council of Ministers,

to develop a comprehensive ECD Policy Framework and NPA containing high-priority strategies for achieving national goals for child and family development. Given the very high rates of return on investment of ECD services and the current NPA for Demographic Safety (2006 to 2010), this ECD Policy Framework could unite, reinforce and augment existing policies, plans, regulations and legislation. It could help achieve several of the country's major social policy goals.

Inter-sectoral integration and coordination

Inter-sectoral coordination is strikingly effective in Belarus. Clearly, the MOE, MOH and MOLSP have collaborated closely to promote the PPP. In addition, they have collaborated on specific regulations. For example, *The Rights for Parents and Children with Special Needs for Quality Education Services* were reflected in an accord between the MOE, MOH, MOLSP and the Ministry of Finance (MOF). Regulations were developed regarding: group size; teacher/child ratios; ages of children; hours of service; types of services using an open model; collaboration between parents, teachers and nurses; child-centred approaches to development; integration of parents into child development activities enabling them to take an active role as partners; provision of integrated services; and building inclusive approaches in preschools and primary schools. All ministerial representatives noted that although major progress has been made to coordinate ECD and family services, they are seeking to achieve greater inter-ministerial coordination and expanded collaboration with relevant institutions of civil society. Vertical coordination from the central government to the regions is strong; however, horizontal communication and coordination between ministries and programmes at regional levels sometimes is not as strong. On occasion, roundtables between groups have been held but systems for continuous and consistent exchanges often are lacking.

Baseline study

National ECD specialists conducted a baseline study in 2002. It revealed that most parents lacked parent education and required substantial support in numerous areas. It reviewed childrearing practices: families' social and economic conditions; parental knowledge; existing programmes and initiatives for parents; parental attitudes toward new forms of preschool education; and systems of family support provided by the MOE, MOH, and the MOLSP. With respect to services, the study included: newborn health; early diagnostics and intervention to prevent disabilities; use of iodised salt; and analyses of existing forms of preschool education. Finally, it promoted the development of a National ECD Policy. It noted that all social policies are connected to ECD. It listed all indicators used in Belarus to assess ECD. It identified general expenditures of national and regional budgets on programmes for child development, survival and protection, including some budgets for specific activities. Recommendations were provided after each chapter, and many of them have been implemented. In addition, in 2004 a situation study, *Analysis of the Situation of Children and Women in the Republic of Belarus* was conducted by the Centre for Sociological and Political Studies of the Belarusian State University. This rich study will be very useful for ECD policy planning activities.

Age ranges

PPP materials were prepared mainly for the prenatal/perinatal period and for parents and services for children from birth to three years of age. In addition, several booklets and some of the professional training materials deal with children from three to eight years of age including topics such as school readiness, transition to school, coping and adaptation to school and schools becoming ready for children with special needs.

Programme design, national/external, central/decentralised, and parental involvement

National ECD specialists designed the PPP at the national level but with the goal of serving regions and especially rural areas. No external specialists were involved in developing the PPP materials although sources included research conducted in other countries, principally Russia (St. Petersburg and Moscow universities) and the United States (Georgetown

University's Centre for Child and Human Development). Parents were not involved in programme or materials design activities; however, they assisted with field-testing materials in focus groups, along with professionals.

Culturally derived or adapted programme, languages used and ethnicities

PPP materials were centrally developed only in the Russian language, which is spoken by most people in Belarus. However, the home language of many people in certain regions is Belarusian, and some feel the materials should be translated and printed in that language as well. National ECD specialists authored the materials and they have been judged by other Belarusians to be culturally appropriate and reflective of appropriate parenting knowledge, attitudes and skills. Parents from various ethnic groups were part of the review process to help ensure the materials are culturally appropriate, although no ethnic ECD specialists *per se* were included in the process.

Universal and/or and targeted services

PPP materials were prepared for use in universal preschool services including their Parents' Clubs, Mothers' Clubs, and Parents' Universities, as well as in targeted services, e.g. developmentally delayed and disabled children served by ECI programmes, Development Centres for Children with Special Needs, Chernobyl-affected children, and Family Support Centres for use with family therapy services. It is planned that all targeted services will become universally available within five years' time.

Services for vulnerable, developmentally delayed or disabled children

PPP materials were prepared for parents of well-developed children as well as of vulnerable, developmentally delayed or disabled children. The quality of the materials for vulnerable children and high-risk families is generally excellent, and once carefully adapted for comprehension, they could be of potential use in other Russian-speaking countries of the region. Special attention was given to families living in poverty, single mothers, unemployed parents, high-risk parents, and parents from all religious groups. However, more field-testing and evaluation activities could be undertaken in rural areas to double-check applicability, comprehension and utilization patterns.

Programme locations, types, urban or rural

PPP materials are used in both urban and rural settings. Indeed, they are critical to the development and expansion of the new open rural preschool model and to training and supporting regional programmes for special education and family support.

Programme activities as inputs, parent resource centres, parenting classes, home visits, referrals and other services

The parenting materials are being used in the following programmes for children and their parents (See Annex VIII, Programme Usage of Belarusian ECD Materials and Media):

- Preschools
- Early Childhood Intervention Programme
- Development Centres for Children with Special Needs
- National NGO for Children with Disabilities
- Centres for Social Support for Family and Children
- Regional NGO for Chernobyl-Affected Children.

Preschools now use the open preschool model approach that is child-centred, family-focused, comprehensive and flexible for use initially in urban areas, and with specific modifications, in rural areas. With the assistance of UNICEF, a flexible rural preschool model was developed by the MOE in 2003-2004. In a new MOE regulation, rural areas lacking preschools for young children may develop activities including:

- Counselling for parents
- Provision of preschool activities in a variety of possible settings depending upon availability, including: homes; cluster homes bringing several children together; special preschool rooms; primary schools, or community centres
- Services for children from two months to six years of age
- Use of a child-centred approach and collaboration with the family
- Provision of flexible services, from short-term groups to 24-hour groups
- Offering of integrated groups and individual development programmes.

The objective is to serve from two to several children in a preschool setting in order to ensure all rural children receive preschool learning opportunities. Both urban and rural preschools are supposed to cover the entire period from birth to age six, but many believe they should begin at age three when most children begin preschool in Belarus. Mothers of children from zero to three years of age are trained through home visits or classes in nearby preschools or schools, and some monitoring of home visits and group sessions is also conducted. Preschool is free of charge for rural areas affected by Chernobyl. For other areas, there is a six percent fee, amounting to a monthly payment of US\$10 or less.

The MOH developed the **Early Childhood Intervention Programme (ECI)**. There are eight ECI Centres in Belarus, and they have a full range of professionals including physical therapists, language therapists and occupational therapists, nutritionists, nurses and physicians trained mainly in Belarus, St. Petersburg or Moscow. By December 2006, the MOH plans to provide ECI services in all regions and large towns. ECI programmes feature individualised, child-centred, family-focused, and integrated health, nutrition and developmental services for children accompanied by their parents. They provide assessments, child and family development plans, careful tracking and follow up. Parenting education for families enrolled in ECI services focuses on the needs of parents of children with disabilities, and several of the parenting brochures target such parents. ECI programmes have many therapeutic and learning equipment, materials and videos. Members of ECI Centres authored some parenting brochures.

The MOE's Department of Special Education sponsors the **Development Centres (Preschools) for Children with Special Needs**. Since 2002, the MOE has developed 149 Development Centres in all regions of Belarus to support parents and maximise development for children with delays and disabilities, and especially those with severe delays. They enable parents to work and give them a respite from care giving responsibilities. Services include assessments, planning, rehabilitation, child development, health, nutrition, and other basic ECI services. Staff members work with parents to develop child and family development plans with the goal of meeting the needs of each child and parent. The Development Centres take an integrated approach and feature strong inter-ministerial collaboration. Service quality is outstanding, and the best among these preschools could constitute an educational model for use in other countries, alongside the ECI model.

The **Family Support Centres**, also called Centres for Social Support for Families and Children, were developed more recently in response to the growth in the numbers of social orphans, divorces, family violence, and alcoholism. There are nearly 150 Family Support or Social Protection Centres in Belarus. The MOLSP sponsors them, and they take a systems approach to family assistance. Given the growth in demand for services and rapid programme expansion, the Centres require significant capacity improvement, especially with respect to improving parenting skills for stressed families and for family preservation. This valuable initiative should be observed carefully over time for potential lessons for other countries, especially if parenting education and support continue to be closely aligned with family therapy and preservation services.

The **National NGO for Children with Disabilities** serves children from birth to 18 years of age as a resource centre for parents, and is involved in providing parent education. The **Regional NGO for Chernobyl-Affected Children** “Community Development Projects” focuses on early socialization and family development. It provides “Family Clubs” that meet twice a week to discuss parenting issues and child development.

Materials/media for trainers, classes, home visits and parents

After the baseline study was completed, national specialists and UNICEF staff reviewed all existing materials in Russian for parents. They identified gap areas where additional materials were required. Various national specialists were commissioned to draft brochures and training materials. (See Annex VII, Positive Parenting Booklets and Professional Materials for a complete list of the materials and their uses.) The brochures are intended for use by fully literate parents because most Belarusians have completed secondary school and many have attended university. Some brochures are first presented and discussed in parenting classes while others may be used simply as handouts without attending a parenting class. Some of the brochures are also intended to help train new personnel as well as parents. As such, they could be beneficial for staff training in other countries, although technical words should be substituted or explained, and certain activities may have to be altered or deleted for use with parents unaccompanied by skilled therapists (for example, activities with uncooked rice and other small objects). A total of 42 brochures have been drafted and printed to date but only 1,000 copies of each were initially printed. Copies have been given to national and regional authorities and programmes of the MOH, MOE and MOLSP for further distribution. Demand is high, and institutions throughout Belarus have requested thousands of additional copies. In addition to the 42 brochures, the following materials were produced:

- Toy Making Booklet
- Child Rights Booklet
- Breastfeeding Pamphlets
- Video introduction to parenting for parenting classes
- Videos for training professionals
- Guidebooks for professionals
- ECD public service announcement (PSA)

With respect to the toy-making booklet, “*Learning Toys for Development*,” the ECD Focal Point in the UNICEF CO, with T.M. Korosteleva and other partners from the National Preschool Centre, visited preschools throughout the country to find and describe learning toys used with children from three to six years of age. An early learning toy making book for infants and toddlers may be developed in the future. The “*Child Rights Booklet*” is the best one seen in any country to date. It has been highly successful, and thousands of copies have been produced and used in parenting classes in institutions and schools throughout Belarus. The colourful yellow figurine in the booklet called “Uni-Uni” has been widely distributed as a toy for children. The booklet is also presented in many parenting classes. Breastfeeding pamphlets are used wherever possible and soon C-IMCI handouts will also be used. The MOH distributed these pamphlets, and also uses positive parenting messages combined with breastfeeding instruction during prenatal and postnatal education classes and visits. The video on positive parenting, “Sources for a Happy Childhood,” is presented during the introductory class of parenting programmes. ECD PSAs have been prepared and were aired at the end of 2005. These focused on the psychosocial nurturing of children and promoting learning through play. Four PSAs targeted childhood traumas, accidents and poisonings. A recent study revealed a high level of young child morbidity due to accidents. This led to a concern to show parents how to prevent and handle accidents, and where to call for help.

In addition, three television talk shows were held on family issues on the following topics: early intervention; breastfeeding; family delivery, and preschool education. Newspaper articles were published that included interviews of UNICEF staff and national professionals.

They served to build expectations regarding parenting services. Of special importance has been the development of complementary materials for professionals. Given the rapid expansion of ECI and other services for children and families, professional training in Belarus is a continuous pre- and in-service activity. The videos on child development feature the demonstration of key teaching skills and early intervention methodologies. They include instruction on how to teach parents using demonstration and practice. In addition, this UNICEF-sponsored materials programme has produced a series of guidebooks for professionals on child development and preschool education that have been distributed to all relevant institutions.

Authors of materials

The Belarusian authors of the materials who would agree to recognition are listed in Annex VII. No external authors were used. Approximately half of the brochures were drafted by members of the MOH or its ECI programme, and the other half were drafted by specialists of the MOE or its preschools and Development Centres.

Field tests

A comprehensive materials preparation process was followed. Once drafted, MOE, MOH, MOLSP and UNICEF specialists first reviewed the brochures. Then parents were asked to review them in focus groups. As a result of their suggestions, more colours and boxes were used to improve readability and make them as appealing as possible. Finally, the drafts were carefully edited for readability before printing.

Materials assessment

- ***Relevance to context***

The PPP materials are highly relevant to the needs and concerns of parents of children from newborn to three years of age who receive home visits or go to Mothers' Clubs in preschools. They are also highly relevant to parents of preschool children from three to six or seven years of age, children with developmental delays or disabilities. They appear to be relevant and useful for rural parents whose children are in small and flexible open preschools, although this should be double-checked over time through conducting careful field evaluations. Finally, the materials for professionals are essential because they provide them additional technical guidance. All of the materials reviewed were scientifically accurate and useful. Some could use additional information and in a couple of years, it would be good to review them with an eye to enriching some of them. The content of the materials is well aligned with other sectors; however, the materials do not repeat work already that has already been done in the fields of health and nutrition. Rather, PPP materials complement and extend already existing Belarusian, UNICEF, Facts for Life, IMCI, C-IMCI, IBFAN and WHO materials.

- ***Appropriateness***

National experts designed PPP materials after conducting a baseline study that surveyed parental needs, and in this way, parents helped ensure topics would meet their needs. Parents as well as specialists were included in focus groups that reviewed draft materials for comprehension and appeal. The materials incorporated principles of good communication, and some of the leaflets and booklets are outstanding in terms of graphic design and messages. It must be emphasised, though, that PPP materials target Belarusian parents, most of whom are highly literate, secondary school graduates and well-informed about many basic health messages. These materials would need to be revised for use with less literate populations not only in terms of wording and presentation but also of basic concepts held by parents. There is an immense difference between care giving traditions of a rural or tribal mother and a highly educated urbanite.

- ***Completeness***

PPP materials are comprehensive and address key areas essential for filling gaps in parents' knowledge, attitudes and skills. (Please refer to Annex II for the list of topic areas covered.)

Some topics were not covered because other materials already are used relating especially to health and nutrition, and the UNICEF CO wanted to avoid unnecessary duplication. The array of materials prepared in Belarus is especially notable because many topics are included related to: 1) children with developmental delays and disabilities, 2) professional training, and 3) difficult childhood behaviours.

- ***Form***

PPP materials include brochures (42), booklets (2), guidebooks for professionals (11), videos (several for professionals and one for parents), public service announcements (6), a television show and some newspaper articles. Many of the brochures and booklets are very attractive, and their layout makes them easy to read. In general, their presentation is appropriate for the intended audiences. Parents as well as ECD professionals clearly enjoy them. Rural parents should be included in future field reviews to ensure all pamphlets are appropriate for them and are provided in the language they usually use when talking and reading about child-related matters.

- ***Methods of dissemination and usage***

Some PPP materials are distributed directly to parents through the institutions they use. However, they are mainly provided through parenting sessions and home visits made by specialists of preschools, ECI services, Development Centres, Family Support Centres, and two NGOs. Home visitors, parent group facilitators, health educators, health nurses, nutritionists, paediatricians, therapists, preschool teachers, family caregivers, supervisors, social workers, psychologists, and child protection workers lead these activities. These parent educators are trained in how to use the materials through both pre-service and in-service training sessions. It is planned that soon these materials will form a permanent part of pre-service training for all health and preschool education personnel. This will help to sustain core parenting concepts and skills over time.

- ***Adherence to human rights based principles, values, and furtherance of UNICEF's mission and mandate***

PPP materials are especially designed for use with the most vulnerable populations. They take a very strong human and child rights approach, and they target poor and high-risk families as well as children with developmental delays and disabilities. PPP materials include a child rights booklet and other PPP materials are fully consistent with the CRC and CEDAW approaches. Parents are identified as “duty bearers,” and their roles are clearly outlined in various leaflets. Professionals are coached on how to ensure parents are the decision makers with respect to child and family development plans and the content of home visits and other activities. The materials are gender sensitive, featuring girl children, fathers in parenting roles, and grandparents in both the text and pictures. Because the materials and the programmes in which they are used are family-focused, fathers are included in many different ways. Further work is needed to encourage greater paternal involvement especially in poverty stricken and rural families. Parents are assisted to secure the services they require, and referral systems include regulations to ensure parents receive essential services. The content and usage of materials are in line with UNICEF's MTSP.

- ***Complementarity***

The positive impact of graduate training provided by universities in St. Petersburg and Moscow as well as technical advice from Georgetown University Centre for Child and Human Development and Step by Step may be observed in the child-centred and family-focused services in Belarus. In addition, PPP collaborates closely with the NGO for Chernobyl-Affected Children “Community Development Projects” and the NGO for Children with Disabilities. Christian Children's Fund is working in the Chernobyl-affected area and also collaborates in providing community-level parenting programmes. In addition to their own basic ECD materials, they also use PPP materials. The UNICEF CO collaborates with these programmes and also seeks to help build bridges between NGO programmes and ministry-sponsored services.

- ***Settings***

As noted above, PPP materials are used in homes and group sessions led by preschools, ECI programmes, Development Centres for Children with Special Needs, Family Support Centres, and NGOs. These settings are highly appropriate and they are managed very flexibly. Basically, parents are served where they are found: at home or in preschools or special health services. The most vulnerable are reached in these settings, and the programmes have excellent outreach systems, provide service referrals, and seek to maximise the use of centre-based services by those who most need them.

- ***Effectiveness***

Parents in ECI services, preschools and other services expressed enthusiasm about the PPP materials and the programmes in which they are used. Observations of their interaction with their own children confirmed they were learning and applying many new parenting skills. No changes in PPP materials were recommended and full satisfaction was expressed regarding services received. ECI specialists stated they are delighted to have been able to develop and use these materials in their programmes. They said PPP materials are helping them improve their services and ensure replication sites maintain programme quality. PPP materials are used in a variety of programmes for parents through preschools and home visits as well as for families with children with high-risks, developmental delays or disabilities. Synergies between these programmes are strong, and PPP materials help promote synergies. Including both developmental and printing expenditures, the cost per parent or specialist trained in 2004 is approximately US\$0.16.

- ***Sustainability and impact***

The UNICEF CO has been requested to enable a re-printing of current materials as well as the design and development of additional materials. However, to achieve long-term sustainability, it will be essential to obtain ministerial support for printing, training sessions for parent educators, and the provision of parenting services through home visits and group sessions. MOH and MOE leaders have expressed strong support for parenting programmes, and it is highly likely that progressively they will increasingly fold parenting education into on-going service programmes. PPP materials appear to be helping promote the development of a new ECD Policy Framework. In addition, the PPP has provided many of the contents for preschool education Mothers' Clubs, "Parent Universities," expanded rural preschools, the nationwide expansion of ECI programmes, and the union of parent education with family support services. Through this astute strategy, the UNICEF CO has definitely maximised the use of relatively limited funds for the benefit of Belarusian ministerial and NGO services.

Training System, types and numbers of trainers prepared, and incentives

PPP materials are used in many training systems, from pre-service training for preschool and health services to in-service training of professionals in all of the programmes listed above. Training is provided for home visitors, parent group facilitators, health educators, health nurses, nutritionists, paediatricians, therapists of all types, preschool teachers, family caregivers, supervisors, social workers, psychologists, child protection workers, evaluators and programme directors. In 2004, 280 ECD service providers were trained and many more were trained in 2005. A special course for training all students about parent education was established recently in the Belarusian State Pedagogical University, and it is required for obtaining a general diploma. No in-service training system exists for parent educators. However, each five years, all preschool teachers and schoolteachers must take post-graduate studies that last from one to three months, and they will include a module on parent education. Future training strategies will focus on pre-service training of medical staff and students in universities and targeting additional community parent educators, family child caregivers, preschool teachers, programme evaluators, some therapists, programme directors, social workers, supervisors and decision makers.

Parenting sessions, and use of demonstration and practice

Depending on the type of parenting activities of ECD programmes, parenting sessions vary from one to three hours in a day for several weeks in a row to seminars that last from two to five days. Home visits on parenting issues are provided on an “as needed” basis, as are many parenting sessions in preschools and other settings. The number of sessions is variable depending on parental interest and need. For group sessions, an average of 15 to 20 parents, including both mothers and fathers, usually participate. For Mothers’ Clubs, approximately the same number of mothers attends sessions. Children are present and participate when the topic is on demonstration and practice.

Integrated parenting and ECI services

An outstanding ECI system is sponsored by the MOH and the parenting programme is conducted as a component of its services. Development Centres for Children with Special Needs complement the ECI system, and they are managed throughout the country by the MOE and are also of high quality. Regulations for inter-institutional collaboration exist and appear to be followed carefully. Both services help meet the parenting and ECD needs of the countries’ most vulnerable children.

Child and family assessments

Therapists, special educators, social workers in child protective services and medical personnel use a variety of assessment tools to assess children. Further work is needed to select or develop assessment tools for these programmes and to link assessments with intervention activities and programme evaluation. However, no assessments of child development are used in preschools for identifying children with incipient delays, disabilities, malnutrition or other needs.

Child and family development plans and respect for parents’ roles

Child and family development plans are used in many ECD programmes in Belarus. They are prepared with parents who make decisions regarding their and their children’s services. A high level of respect is paid to parents who become full partners with preschool teachers and other personnel.

Home visit plans and reports

The ECI programme and other services prepare home visit plans and reports. These forms should be reviewed for content and use. The strategies, methods, contents as well as forms used for home visits could be of assistance to home health visits as well as home visiting programmes for parent education and health care in other countries.

Evaluation and monitoring system design and parental involvement

Supervisors monitor service provision and quality. Services for preschool children with special needs are to be evaluated by professors of the Byelorussian State University. Evaluations are to be made after each parent education session to assess programme quality. The completed evaluation forms are to be given to external evaluators. Results are being analysed, and will be used by the MOE, MOH, MOLSP, National Institute for Education and National Preschool Centre and UNICEF for programme reinforcement over time. No plan exists for longitudinal follow up and no evaluation of changes in parenting behaviours has been undertaken as yet. Similarly, assessments of programme equity, accessibility or cultural appropriateness are yet to be made. These studies will be greatly needed. With controls, natural comparison groups exist between un-intervened parents and children in prior and current cohorts.

Standards or regulations

Initial considerations regarding ECD standards have been drafted and are being reviewed by the MOE and the preschool community. With respect to ECD standards, two approaches are under discussion:

1. Standards to assess the process of education and training and the conditions in preschools that enable quality education
2. Standards to establish targets for child development.

The second area has been emphasised recently in Belarus; however, some specialists have found it to be virtually impossible to create standards for child development. They recognise that some milestone indicators exist; however, they feel the problem with milestones is that they require the specification of a certain number of months per milestone. They prefer to use ranges of months for each norm. Thus, they are moving away from milestones and are positing ranges of months for normed items. However, they fear that using this approach for national standards may cause some parents to force their children to do activities before they are ready or want to do them. Thus, increasingly ECD specialists are working on standards related to parental assessment of preschool services, regulations for preschools, and for requirements for licensing each five years, along with health and sanitation norms. These standards would focus on programme, processual, curricular, training and quality issues. Standards for parenting programmes are considered to be important but they have not been developed as yet. They expect standards to focus on programme issues and the abilities of parent educators but not on child development milestones.

Advocacy for parenting programmes

Parents are a supportive force in Development Centres for Children with Special Needs and in other programmes. Specialists said the reason so many Development Centres exist is due to parent advocacy. They have helped the general population understand the value of inclusive education since it has been a governmental initiative rather than a citizens' initiative. More positive parenting advocacy is expected in coming years.

Financing and financial management

UNICEF funded the contracts for the preparation of educational materials, for two trainers in rural preschools during the testing period, and for trainings and fees for trainers that are included in UNICEF-sponsored programmes. The MOH, MOE or programmes in which they serve have paid most of the parent trainers and minor costs related to providing parenting services, i.e., space, coffee breaks, small fees for the trainers, etc. Home visits and parenting sessions are free of charge for parents. Training seminars and materials for professionals are also free of charge.

Programme costs

UNICEF has provided approximately US\$20,000 for the development and printing of the PPP materials over a three-year period. The parent brochures cost from \$4,000 to \$5,000 per year, and the professional materials, booklets and training absorbed the balance. Small grants of from US\$100 to \$200 were provided the authors of each brochure. In 2004 alone, over 3,270 parents and specialists were trained using the materials yielding a cost of approximately US\$0.16 per person, and this includes both the developmental and printing costs. This does not include the salaries of specialists in many programmes that are being paid through other means. To replicate the programmes in other countries lacking such an infrastructure, programme costs would need to be calculated.

Programme results: Outputs

The production of educational materials in Belarus exceeded expectations. A wide array of PPP brochures, booklets and methodological guidelines were drafted, field-tested, revised and printed. Visual media including videos for parents and professionals, a television show and newspaper articles were also developed. More specialists were trained than had been planned and enthusiasm was built for parenting programmes.

Programme results: Outcomes

According to many specialists and observers, the ability of ECD professionals and parents to access parenting information and skills was greatly improved. In 2004 alone, 280 ECD

service providers, 2,855 parents of preschool-age children, and 85 parents of children with special needs were trained using PPP materials. In addition, 50 social workers and teachers were trained in these new approaches, including specialists in the Family Support centres. The statistics for 2005 are unavailable as yet. The integrated ECD approach to children with special needs has been developed, and it is being applied through MOH ECI programmes and the Development Centres of the MOE. Anecdotally, ECD specialists in various programmes stated that they have observed impressive improvements in child development and parenting skills due to their services, including the use of PPP materials and approaches. However, no overall assessment of parenting behaviours and child development has been conducted as yet. Two evaluations of parenting behaviours have been conducted but no assessments of child development have been made. An evaluation of ECD knowledge, attitudes and practices of parents with children under three years of age was conducted in 2005, and also four focus groups were held with ECD professionals. A report will soon be available on these evaluations. The MOE opened innovative rural preschools in four regions, and as of 2004, the decision has been made to take them to scale. The PPP approach became the basis for developing a university course on positive parenting at the Belarusian State Pedagogical University. This course has been presented to the Pedagogical University' Board for approval.

Programme sustainability

According to ministerial officials of the MOH and MOE as well as specialists in the UNICEF CO, programme objectives have been amply achieved. The UNICEF CO will be needed for another round of printing as well as for the completion of additional brochures and guides as needed. Long-term sustainability will be achieved only through continuing and greatly expanded ministerial and programme support for printing, training and ensuring all parents of young children receive parenting education and support.

Remaining programme constraints

The main remaining constraint is the need to secure governmental approval for printing the materials and ensuring their continued support for parenting education within current ECD programmes. Commitment at the highest governmental levels will be essential for this to occur. It is also critically important that adequate numbers of professionals be trained to serve families through comprehensive ECI services, rural preschools and Family Support Centres all of which are being rapidly expanded.

Plans to go to scale

Many specialists stated they expected parenting services to go to scale, including the ECI programmes, rural preschools, and Family Support Centres until nationwide coverage is achieved. For this to occur, governmental support will be of critical importance. However, given the challenges facing Belarus with respect to family issues, this investment should be exceedingly low in cost as well as cost-effective. The emphasis on children's psychosocial development within a comprehensive array of parenting services with a child-centred and family-focused approach will help ensure the PPP will continue to be used throughout Belarus. The materials produced to date and others to come will be essential for maintaining programme quality.

BOSNIA AND HERZEGOVINA: PARENTING PROJECT FOR EXCLUDED GROUPS

Introduction

Within the Medium Term Strategic Plan, the Parenting Project for Excluded Groups² in Bosnia and Herzegovina (BiH) was begun in May 2005 and extended to October 2005. It was a brief, exploratory and innovative project that provided parent and child development services for Roma and resettled populations. The Project was based on a prior parent education project for parents of preschoolers that was led by Bosnian parent trainers in the fields of child health, nutrition and preschool education. From May to October 2004 a multi-sectoral team developed four modules on topics related to pregnancy, infancy and toddlers to three years of age. From October to December 2004 the modules were piloted in urban kindergartens (preschools) in the Federation, and an evaluation revealed they had been effective in improving parenting knowledge.

Problems addressed

Roma and internally displaced populations (IDP) who have been resettled in many communities throughout BiH have significant health and child development problems. At first the Project was going to work with IDP populations, but it was found that remaining IDP communities tend to be composed of older people who do not have young children. Because mothers with young children lacking services were abundant in the communities of resettled families, Project directors rapidly changed their strategy. There are approximately 518,000 IDPs in the process of resettlement, and between 60,000 and 100,000 Roma, who are the largest ethnic minority group in BiH. Both groups lack consistent access to health care services,³ are not up-to-date in their immunizations, have high incidences of illness and malnutrition, and inadequate parenting skills. Few mothers engage in exclusive breastfeeding during the first six months after birth. They are traumatised peoples who need advocates to help them secure health care, education and skills training, food, housing and hope. Neither has received consistent or continuous services for trauma healing, conflict resolution and reconciliation. All have lacked access to information about positive parenting. It is not surprising that high levels of family violence are reported for both populations.

Roma are quite diverse in composition and most are ostracised by the majority society. Some have lived in BiH for centuries, while others arrived from five to 15 years ago from other places in South Eastern Europe. The majority speak Roma only while others are bilingual, and some speak Bosnian only. They have high rates of adolescent pregnancy, malnutrition, school drop out and youth and adult unemployment. Some 64 percent of Roma children do not attend primary school.⁴ Other cultural groups in BiH tend to mistrust Roma largely because they do not understand their culture. As a result, many Bosnians are loath to train or employ them. Most resettled populations are traditional farming families who were displaced to cities and towns. Many are grandmothers and single mothers with children and youth who generally lack skills to earn a living. They have been returned to their rural communities where they often fear their neighbours who had run them off of their lands. Upon returning, they have received some help with housing but virtually no economic or social service support. Scant educational opportunities are available, and girls especially face cultural and economic barriers to schooling.⁵ Both of these excluded populations have lacked outreach services for parenting education and support, child care, preschool, health care, nutrition education, and help with referrals. This Project represented hope and opportunity for them.

² This Project has been called the "Parenting Project for Excluded Groups" and the "Better Parenting Project for Roma and Internally Displaced Persons." For purposes of brevity, the first title will be used here.

³ UNICEF. (April 2004). *Country Programme Document*. Sarajevo: UNICEF Country Office. Some 90 percent of Roma lack health insurance and 50 percent of IDPs still pay for their health care.

⁴ UNICEF. (2005). *Inclusion of the Roma Children in the Education System*. Sarajevo: UNICEF Country Office.

⁵ UNICEF. (April 2004). *Ibid*.

Goals, objectives and results chain

General objectives included to:

- Improve the competencies of health and education professionals
- Provide parent education for Roma and resettled families to promote holistic care and meet social, emotional, physical and cognitive development needs of young children, especially from zero to three years of age.

Specific objectives were to:

- Build the organizational capacity of representatives of Roma and resettled communities
- Ensure their active involvement in parenting classes at the community level
- Establish inter-sectoral and integrated collaboration between health, social and education sectors to address issues related to ECD.

The initial set of strategies for the project included:

1. Educate health and education professionals about new information on the growth and development of young children.
2. Motivate health professionals to identify minority groups in their communities and work with them to promote child development issues outside of this project's framework.
3. Achieve the inclusion of minority groups in their communities.
4. Enhance role of families in child nutrition, hygiene, and protection as well as promote active family participation in early childhood stimulation and learning.
5. Raise the level of parental knowledge regarding important problems of infancy and young children.

For Phase II, the UNICEF team plans to develop a refined results chain.

Programme management, sectoral placement, stakeholder involvement, and ECD resource and training centre

The branch of the International Baby Food Action Network (IBFAN) that has been established in the BiH Federation managed the Project. IBFAN collaborated closely with UNICEF, Federal Public Health Institute, Ministry of Health, Paediatric Hospital Association, Ministry of Education's Preschool Division, Ministry of Social Welfare that with UNHCR has jurisdiction for IDPs, relevant university departments, Poli-Clinics and Hospitals in the regions, Step by Step, the Roma NGO "Be My Friend," preschools where available, and others. Some representatives of these groups were selected to be Master Trainers or parent educators. This Project was mainly placed in the health sector but it also has strong support and participation from the Bosnian preschool and child protection communities. Representatives of Roma and resettled groups helped introduce the Project into their communities, making the decision to participate a local one. The Ministry of Education focuses mainly on children from three years of age onward, beginning with preschool services. The Ministry of Health of the Federation provides most of the services for infants and toddlers from birth to age three. The Ministry of Health and Social Welfare of Republika Srpska does the same. Most stakeholders participating in the Project were professionals. Parents were not involved in designing the Project but they helped with implementation. Representatives from both Roma and resettled communities helped invite other parents to participate in parenting sessions, assisted with initial discussions and introducing the topic of ECD in their communities, helped organise space for sessions, attended coordination and planning meetings with Project facilitators and coordinators, and ensured questionnaires were filled out at the end of parenting sessions. Roma NGOs *per se* were not involved in Project implementation but some of their representatives did help with these types of implementation activities at the community level. No ECD resource and training centre exists in BiH; however, some health and preschool education specialists, including doctors, nutritionists, and preschool educators are interested in developing such a centre.

ECD Policy, Council or Working Group

No ECD Policy or high-level ECD Council exists in BiH. No bridging Policy Framework exists for ECD, and many believe one should be developed in a participatory manner. The Parenting Initiative Group has formed the nucleus of a potential Policy Planning Team since it includes leaders from relevant institutions of the public sector and civil society. In addition, there is a Task Force dedicated to preschool education. This Task Force is engaged in the Preschool Reform focusing on children from three to six years of age and the development of preschool standards. The UNICEF CO has supported the establishment of a multi-sectoral (health, education and social welfare) ECD Task Force to develop a National ECD Strategy covering children from zero to six, with special attention to vulnerable children. In addition, BiH is conducting a Health Reform that includes children from zero to three years of age and attention to child and women's protection issues as well as a Basic Education and Higher Education Reform. Attention has been given to a countrywide campaign for breastfeeding and child protection that includes a pilot Project focusing on human rights promotion in five municipalities. Furthermore, due to the importance of cantonal and municipal structures in BiH, ECD planners must focus very especially on ensuring comprehensive ECD planning and programme development occurs at these local levels.

Inter-sectoral integration and coordination

IBFAN, which is well established in BiH, ensured good inter-sectoral integration for this Project. It maintained daily contact with each of the 20 field teams. Because IBFAN members are in both government and civil society organisations, collaboration across sectors was highly effective. They also organised frequent meetings by sub-region. Project coordinators travelled tirelessly throughout BiH to observe parenting sessions and provide supervision and in-service support for the field teams.

Baseline study

A rapid baseline study was conducted on parenting in resettlement and Roma populations that collected socio-demographic and health data in each Project site. Child rearing techniques, service access, and home environments were also observed and described.

Age ranges

Project papers state that it addresses the needs of pregnant women and parents of children from zero to six years of age, with special emphasis upon children from birth to three years of age. In actual fact, the major focus of the Project was upon the period from zero to three years of age. This will probably remain to be the emphasis for Phase II. Ultimately the Project will expand to address the needs of children from three to six years of age once initial services are well established. Project directors plan to place a greater emphasis on pregnant adolescents and women during Phase II. Very few men have been served, although some Roma men are directly involved in the Project.

Programme design, national/external, central/decentralised, and parental involvement

The current Project was planned both centrally in Sarajevo and in the regions. National specialists of IBFAN and Selena Bajraktarevic from UNICEF led the design of this Project. The leadership group of the Project included representatives of regional and ethnic groups, some of whom were parents or grandparents. This undoubtedly contributed greatly to the success of the Project and helped ensure the participation of communities who fear outsiders. The project design included:

- Modification of the four parent education modules
- Baseline study of potential communities, with an emphasis upon care giving
- Training of 20 teams of health and education professionals
- Identification of target Roma and resettlement communities
- Contact with communities and trust building
- Provision of parenting classes and health services

- Development of play areas and provision of toys for children
- Distribution of hygiene kits for families (soap, detergents, tooth brushes, etc.)
- Assistance with referrals to other services, depending upon needs
- Evaluation and monitoring of Project processes and some outcomes.

Parents of the target communities were not involved in designing the project. During Phase I, some mothers were selected to ask about the needs of local families, help organise parenting sessions, mobilise other mothers to attend, and help fill in forms after sessions. They also assisted with the distribution of hygiene kits. These activities helped the trainers tailor the Project to meet the needs of participants.

Culturally derived or adapted programme, languages used and ethnicities

At the beginning of the Project, the four modules were quickly revised and adapted for use with Roma and resettled families. They were provided in Bosnian but not in Roma. However, it is important to note that the trainers are experienced professionals, and they were able to transfer their knowledge in clear and compelling ways to the parents. They skilfully involved parents in discussions and enriched the curriculum with their own materials. These specialists as well as members of the target communities will be involved in developing and assessing new materials to ensure they are culturally derived and adapted and provided in the appropriate languages for each locale during Phase II.

Universal and/or targeted services

The project's parenting materials were prepared for universal services through preschools but the Project provided targeted services for vulnerable Roma and resettled populations.

Services for vulnerable, developmentally delayed or disabled children

Neither the materials nor the services were designed to deal with the developmental needs of developmentally delayed or disabled children. Several fragile or disabled children were found, and Phase II will need to address requirements for more intensive ECI services that provide enriched infant and child stimulation in the family setting.

Programme locations, types, urban or rural

The Project was conducted in the following urban and rural places:

- Sarajevo, the capitol city: four resettlement groups and six Roma settlements
- Tuzla, a large city: six resettlement villages and six Roma settlements
- Visoko, a town: three Roma settlements, both urban and rural.
- Gorazde, a town: two Roma settlements and one resettlement village

Most locations were rural, requiring the Project to provide mobile teams. Project activities were mainly conducted in homes or community buildings or in local NGOs.

Programme activities as inputs, parent resource centres, parenting classes, home visits, referrals, and other services

The Project's 20 mobile teams of parent educators integrated many activities flexibly into the parenting classes. They included:

- Presenting interactive parenting classes on health, nutrition, hygiene, and infant and child stimulation.
- Developing play areas for children.
- Counselling mothers on salient personal and familial problems.
- Offering mobile health services: monitoring child growth, check-ups, reviewing immunization status, and teaching parents preventive health practices.
- Providing referrals and helping parents access health and social services.
- Giving hygiene kits to families.

No community parent resource centres have been developed but there may be some in Phase II. No individual home visits have been provided but they too are under consideration.

Materials/media for trainers, classes, home visits and parents

Four modules were used to guide the parenting sessions: *Before Birth and the Newborn; Nutrition; Infant Growth, Development and Care during the First Year of Life; and Toddler Development: Year One to Three*. Handouts from IMCI, IBFAN breastfeeding materials, WHO and UNICEF were provided. New handouts prepared by the parent educators were also given to the mothers. No media were prepared for this Project. The preparation of new, culturally appropriate videotapes is under consideration.

Authors of materials

The four parent education modules in Bosnia were based on the parent education training materials of Cassie Landers who advised Step by Step of BiH. The authors of the revised materials were BiH specialists.

Field tests

Four modified parenting modules were essentially field tested through their use during the pilot Project. Parent trainers found they needed to augment the materials extensively.

Materials assessment:

- ***Relevance to context***

The topics and contents of the four modules are appropriate for trainers who are professionals in health or child development. The modules are incomplete and require a highly trained specialist to present their contents accurately to parents from excluded groups. The current materials are inadequate for rural, illiterate or functionally illiterate Roma parents or rural resettled groups but they represent a good exploratory beginning. Thanks to the ingenuity, professionalism and sensitivity of the trainers, the module topics were conveyed effectively and parents understood their contents. The modules were weak with respect to the identification of children with developmental delays or disabilities. The nutrition education materials are inappropriate for use with poverty-level families with little money for food and a poor understanding of the intricacies of diet analysis. However, the trainers modified them effectively. Many additional materials for trainers and parents will be needed. The information in the modules was generally accurate but some points need revision and more information is needed regarding safety, structuring of a child's day, child and women's rights, etc. The modules cover some of the important domains for parent education. Child safety, sanitation, some health and nutrition topics, and more on child development should be added. The materials are consistent with UNICEF's Facts for Life, IMCI and WHO materials.

- ***Appropriateness***

The materials were mainly expert driven. BiH experts revised the international expert's training materials that had been previously tested with the parents of children in urban preschools advised by Step by Step. The revised materials were not pre-tested before they were used in the field. Some community stakeholders in the Project group did review them; however, parents living in Roma and resettled populations did not review them before they were used in their communities. Considerably more work will be needed to ensure future materials for parent education and support are culturally derived and appropriate. The materials are filled with jargon, abstract diagrams, and matrices that many parents in excluded groups would be unable to read and understand. Because many of the parents are illiterate or functionally illiterate, it is advisable to ensure they learn through activities such as demonstration and practice. The training manuals will need to explain and describe how to do these activities.

- ***Completeness***

The modules are incomplete with respect to topics and the depth of information and activities provided. (Please see Annex II for the list of topic areas covered.) However, trainers supplemented them extensively with personal materials on health and nutrition. Some of the most basic areas of prenatal education and child health, nutrition and development were

included in the modules. However, much more information and activities are needed, and new sections should be added regarding: child rights; protection and safety; child care services, and home and environmental sanitation.

- ***Form***

The four modules for trainers were complemented with recommended folios for training and handouts for parents. Other materials were used informally. In the future, videos featuring families from excluded populations might be considered, although electricity is limited in some rural areas. Attractive colours, photographs and drawings should be used in materials for Roma and resettled populations. The modules as they stand have many useful elements for guiding highly trained parent educator but not a para-professional or mother educator. Completely revised manuals will be needed for such parent educators. Finally, the handouts I read were not appropriate for Roma and resettled populations; however, some of the hand-made teaching materials and handouts prepared by doctors were well conceived. They will require additional graphics work and field-testing.

- ***Methods of dissemination and usage***

Medical and educational professionals present parenting topics in discussions held in large homes or community centres located in Roma or resettlement communities. They also provide handouts and hygiene kits. Parent educators are professionals and include paediatricians, neonatologists, obstetricians, psychologists, preschool teachers and others. Some received six days of training; others received only two days. As noted above, training should be redesigned to include learning through demonstration and practice as well as dialogue. Continuous in-service training linked to supervision will be needed to ensure parent educators are routinely refreshed and exchange their experiences and innovations with each other.

- ***Adherence to human rights based principles, values, and furtherance of UNICEF's mission and mandate***

The Project itself exemplifies a rights approach but this is not reflected in the four modules. Vulnerable children and their mothers and grandmothers were targeted. In addition, girl Roma children have been given special emphasis due to their tendency to drop out of school and have their first child during early adolescence. Family support services are provided, and parents are actively involved in assessing their own situations in order to help empower them. Fathers are encouraged to join in Project activities with varying levels of success. In Roma villages they hover around the visit with interest. The materials were not designed to communicate well with excluded groups but trainers performed excellently, modifying materials and their approach in each community. Parents are not identified as “duty bearers” in the modules but parent trainers clearly emphasised this. Similarly, information on how to access services was not included in the modules but trainers provided abundant advice and help with referrals during their visits to the communities. No child and women’s rights messages were included in the materials; however, trainers did focus on their rights issues in many ways. The modules were gender sensitive to some extent, but importantly, the trainers provided many sensitive and progressive messages regarding gender relations, the importance of women’s pre- and post-natal health care, the roles of fathers, etc. Phase II will build on this exploratory initiative. The Project has a simple results chain (see above); however, it needs to be reconsidered for Phase II.

- ***Complementarity***

Step by Step for BiH has a parenting programme that it provides for preschools to use with the parents of older preschool children. It features group sessions. In addition to their modules, they have a very useful book for helping parents prepare their four or five year old children for success in school. It focuses especially on cognitive, language and fine motor development. The UNICEF CO works closely with Step by Step and has supported many of their valuable programmes.

- ***Settings***

The modules are guides for parent educators to conduct group sessions that are held in homes or community centres. They are not held in Poli-Clinics or preschools because they are not located in or near excluded communities. Furthermore, homes and community centres are very appropriate for working sensitively with excluded populations. Home visits would also be advisable in future, especially for parents with vulnerable, high-risk children who require more intensive and frequent services.

- ***Effectiveness***

All parents that were interviewed were satisfied with the group sessions and other services they received. In each case, this was the first time they had ever received parenting, early childhood and health services. They avidly took printed handouts even though very few of them could read them due to their complex sentence structure and vocabulary. What was critically important was that they had established a relationship of trust with the trainers. All mothers interviewed reported they had learned many new ways to support their children's development. Grandmothers as well as mothers explained how the Project was changing their attitudes and child rearing practices. Post-tests and observations will be needed in Phase II to assess behavioural changes with respect to parenting. The mothers did not recommend any Project changes but they said they wanted more learning sessions. All parent trainers also expressed their pleasure with the Project and affirmed their dedication help redesign it. Because the trainers selected by IBFAN work in Poli-Clinics, hospitals or preschools, the Project links high-level professionals with excluded groups, thereby helping them forge new, positive relationships. These synergies are helping parents access health services for their families and prepare their children for greater success in school. The current cost per family is approximately US\$49, and for children it is about US\$25.

- ***Sustainability and impact***

The Project is not sustainable as designed and conducted. The training and parent education materials need to be revised and greatly enriched. To become a national programme for parent education and support, it needs to undergo a complete design process that will ensure all elements are prepared and piloted in order that they may later be taken to scale. Because the Parenting Initiative Group is linked to national policy makers in the Ministries of Education and Health and its members have stated they want to contribute to the development of an ECD Policy, with UNICEF support this Project has the potential of achieving policy impact. In addition, some believe the World Bank is potentially interested in ECD policy and parenting programme development in BiH.

Training System, types and numbers of trainers prepared, and incentives

A total of 42 parent educators were trained by Master Trainers to use the four parent education modules. These service providers were divided into 20 teams that included medical doctors (paediatricians, neonatologists, and obstetricians), nurses, preschool and kindergarten teachers, university professors, psychologists, and policy planners in health and education. In the future, project leaders would like to train visiting and clinic-based nurses, family doctors, mother educators, municipal leaders, nutritionists, more kindergarten teachers, researchers, therapists, child assessment specialists, social workers, supervisors, child protective specialists, and others. Half of the parent educators received a one-week training seminar conducted by Step by Step and the other half received two days of training before beginning activities with the Roma and resettlement communities. No certification was provided but parent educators received a fee per session and opportunities for professional training, advancement, and recognition. Transportation and lunch funds for mobile teams were provided. No formal in-service training was planned; however, some training did occur through Project coordination meetings and frequent contact with the Project coordinators.

Parenting sessions, and use of demonstration and practice

Parenting sessions were provided weekly over a three-month period in each locale, with the goal of providing at least four sessions for each family. Each session was supposed to cover one module but actually, the parent educators included many more topics in response to parents' interests and needs. Thus usually three groups of families were served in each locale over a three-month period of field activities. The length of the sessions was from one to three or more hours, depending upon the interest of the parents. Each session had an average of 15 participants, most of whom were mothers and their mothers or mother in laws. Child care was provided but often children were included in the activities. The main training techniques used with parents were thematic presentations with diagrams, handouts, dialogue, and small group discussions.

Integrated parenting and ECI services

No ECI system exists in BiH although significant interest was expressed in developing one for vulnerable children. Children that were discovered to have developmental delays or disabilities were referred to Poli-Clinics and therapists in hospitals, as available.

Child and family assessments

The visitors gathered some basic family data but full family assessments were not conducted. No developmental assessments were made.

Child and family development plans and respect for parents' roles

Parents analysed their situations during dialogue and counselling sessions but they did not prepare child and family development plans. The parent educators clearly respected the parents and their roles but they did not formally observe parental privacy and their decision making responsibilities.

Home visit plans and reports

No independent home visits were conducted. They did plan their group sessions and provided session reports to IBFAN.

Evaluation and monitoring system designed and parental involvement

The Project has a participatory monitoring and evaluation design conducted by Dr. Aida Cemerlic and members of her faculty at the Federal Public Health Institute. First, a needs assessment was conducted and baseline data were collected with respect to the following areas: child rearing patterns in the socially excluded family; access to ECD services including health, nutrition and day care facilities; home environments; and positive child rearing practices. Subsequently, a Project evaluation has been conducted and the report should be forthcoming within two months of Project completion in October.

Standards or regulations

Preschool standards for children three to six years of age are being designed. There are no standards for services for children from birth to three years of age.

Advocacy for parenting programmes

The Project has not organised a parental advocacy effort. The Roma NGO, "Be My Friend" is engaging in parent advocacy, as are members of the Parenting Initiative Group. No nationwide ECD or parent advocacy effort has been organised as yet.

Financing and financial management

UNICEF provided all Project funding. IBFAN conducted financial management and submitted reports to UNICEF.

Programme costs

The Project's budget for the parenting sessions and related services was US\$23,590. This would make the cost per family US\$49. However, in many families, there were several children under six years of age. Hypothesizing that on average each family had two children, the cost per child was around US\$25. Separately, US\$5,000 was used to provide UNICEF hygiene kits to the parents as an additional service. Community volunteers helped the Project, and a few were given small fees for their help. They provided their homes as meeting places. Services were free of charge for parents.

Programme results: Outputs

The four parenting modules were developed in a prior project, and thus were not a result of this project. Outputs include:

- A Parenting Education Workshop for training master trainers was facilitated by International Step by Step specialists.
- A core team of 20 parenting master trainers was established.
- A Parent Education Network was established to support the Project. It includes 20 professionals and seven representatives of Roma and resettlement families.
- For Roma families, 100 parenting sessions were held.
- For resettled communities, 48 parenting sessions were held.

Programme results: Outcomes

UNICEF states that the Project served a total of 480 Roma and resettlement families. Of these 480 families, 383 completed the Project's questionnaires. Of them, 209 were Roma families and 174 were resettled families. Project leaders learned that it was possible to enter communities of excluded groups and gain their trust and friendship. They learned about the challenges the families face to survive and develop their children. In all, the experience has sensitised over 40 BiH health and ECD professionals to the needs and strengths of these peoples. General evaluation results from this brief Project included:

- Increased level of knowledge about ECD for 40 basic service providers.
- Improved understanding of the needs and requirements of minority group families and children on the part of 40 basic service providers.
- Major service gaps and problems of service access for the excluded identified.
- "Improved understanding of the child rearing, care practices, patterns, beliefs and values of Roma and IDP families and how they affect the life of the child."⁶
- Participating families increased their knowledge about health, nutrition, hygiene, child protection and early stimulation and learning for children.

The Project was too short to have had a measurable impact on child development, and in any case, the evaluation did not attempt to gather information on child development. At another level, the Project has impacted professional training systems. It is planned that parenting education will be included in the pre-service training of family doctors and health nurses, as well as in training programmes for preschool and Kindergarten teachers. As yet the Project has not directly impacted policy formulation. However, for Phase II, the Parenting Initiative Group is interested in helping to develop a national ECD Policy or Policy Framework. They also plan to work closely with municipal leaders.

Programme sustainability

The Project needs to be redesigned to become sustainable but given the commitment and knowledge of BiH health and education specialists, a sustainable programme can be designed, implemented and evaluated. This Project anticipates receiving renewed and expanded funding to support Phase II from UNICEF "other resources". Counterpart support will be sought from the Ministries of Education and Health. The World Bank, European Commission, WHO and USAID have expressed interest in ECD.

⁶ UNICEF. (October 2005). "Children's Chance for Change." Sarajevo: UNICEF Country Office.

Remaining programme constraints

Main constraints include:

- Need to develop a comprehensive programme development design
- Absence of a supportive ECD policy with a method of financing a parent education and support system, especially for vulnerable children and families
- Lack of culturally appropriate ECD materials, media, methods, and forms
- Need to design a built-in evaluation and monitoring system
- Lack of a national ECD resource and training centre that would help to sustain long-term, innovative services for parents and children.

Plans to go to scale

It is too early to recommend that this Project go to scale because further design work and piloting is needed. UNICEF plans to prepare an expanded and revised Phase II with all of the elements required to take it to scale throughout the country. It will be essential to attract governmental support for the Project, international and technical assistance.

GEORGIA: PARENT EDUCATION PROGRAMME

Introduction

The Parent Education Programme (PEP) was included within UNICEF's 2001 – 2005 Master Plan of Operations signed with the Government of Georgia. The programme began on 22 April 2003 and extended to 15 November 2005.⁷ The Situation Analysis of 2003 encouraged the development of parent education and support services that would be integrated into maternal child health (MCH) services.⁸ The PEP is a successful first effort to develop parenting education and support services in Georgia. It provides a good framework for materials and methods development, and it clearly is influencing national policy planning and programme development in health, education and child protection.

Problems addressed

The UNICEF CO for Georgia states that it funded the innovative PEP programme to:

- Meet growing needs for reducing infant and maternal mortality
- Improve parenting skills and prepare parents for positive parenting
- Increase the appropriate use of health services
- Improve preventive home health care practices
- Increase rates of exclusive breastfeeding during first six months
- Improve child nutrition and reduce micronutrient deficiencies
- Improve child development
- Ensure children are safe and protected.

Goals, objectives and results chain

The main **goal** of the programme is: **“to enhance early child development (under 3 years) by supporting parents in their role as primary caregivers.”** The general objectives of the PEP include to:

- Design, develop and implement media-based family education materials to upgrade the knowledge of primary health care workers, preschool teachers, parents and caregivers
- Provide parents and caregivers essential information on child care, nurturing, emotional, cognitive, and social development
- Enhance children's development during the first 3 years of life
- Promote the formation of a healthy and well-developed generation.
- Improve community child care services
- Combine basic nutrition and health care services with activities designed to stimulate children's mental, language, physical, and psychosocial skills.

Specific objectives included:

- Assess the needs and knowledge of parents regarding ECD issues in pilot regions
- Design the programme concept and prepare an information package on the development of children under three years of age on the following topics: child care, hygiene, nurturing, growth, emotional and social development and learning
- Develop a videotape
- Develop a facilitators' training guide
- Develop materials for parents (parenting book, booklets)
- Review and edit drafts
- Work with video production group and publisher to produce the package
- Conduct community mobilization to implement programme effectively

⁷ UNICEF documents have referred to this programme as the Parent Education Programme, the Parent Education Programme on Early Child Development or the Video-Based Parent Education Early Child Development and Care Strategy Programme. For purposes of brevity, in this document it will be called the “Parent Education Programme”.

⁸ UNICEF. (2003). *Children and Women in Georgia: A Situation Analysis*. Tbilisi: UNICEF Country Office.

- Raise the awareness of parents, primary level medical staff and early childhood educational professionals and improve family and community practices through providing direct services and producing a television talk show on parenting
- Monitor the quality and quantity of services provided to families by trainers
- Monitor programme activities.

It should be noted that these objectives relate to programme outputs and processes rather than outcomes. Programme objectives did not include outcomes with respect to child development or parental learning, attitudinal or behavioural change. Some expressed interest in evaluating parental knowledge, but it is not clear that this was consistently done and results are not available as yet. Because this programme was designed in 2002 to 2003, no results chain was prepared.

Programme management, sectoral placement, stakeholder involvement, and ECD resource and training centre

Under the leadership of the Ministry of Labour, Health and Social affairs (MOLHSA), the institutions involved in this programme include GAIA (a national NGO), Ministry of Education and Science (MOES), the ECD Working Group, Poli-Clinics, Children's Hospitals, Kindergartens and Preschools, a Rehabilitation Centre, the Pedagogical University, and UNICEF. The MOES is interested mainly in preschools for children three to six years of age rather than in services for children zero to three but it has participated actively in the programme and preschools have been included as vehicles for parenting education and support. Therefore, the programme has been led mainly by MOLHSA that provides child health and social protection services.

UNICEF grants were approved by the Public Health Department of MOLHSA and they were routed through the national NGO GAIA that worked in close collaboration with MOLHSA, MOES, the ECD Working Group, the Institutes of Pedagogy and Psychology, the Patriarchy of Georgia, and parents. Many of the key content specialists working on the programme were from the ministries. Parents and children were not involved in programme design or implementation. Some parents were requested to review materials during preparation, and participants were asked to evaluate the programme. No curriculum, materials and training centre for ECD exists in Georgia but interest was expressed in developing one, with a strong emphasis on parenting education and support.

ECD Policy, Council or Working Group

No ECD Policy or Policy Framework exists as yet in Georgia. An ECD Council that is inter-sectoral and composed of high-level representatives of both public/civil society institutions has not been established. However, a technical ECD Working Group has been set up and it successfully guided this first programme. Potentially, this Working Group could be expanded to become a technical Planning Team for ECD policy planning. The MOLHSA is creating a new working group for primary health reform in preparation for the focus on MCH in 2007. This important effort could be combined with developing an ECD Policy Framework thereby bridging all relevant ministries and institutions of civil society concerned with maternal health and wellbeing and children from zero to eight years of age.

Inter-sectoral integration and coordination

Good inter-sectoral planning was observed within this programme. Minor and healthy disagreements about strategy exist but there is strong consensus about the need to collaborate, develop a national ECD policy, and expand and improve parent education programmes. To date, coordination has been vertical from Tbilisi to the regions. As yet, there is no horizontal networking of Parent Resource Rooms and Preschools.

Baseline study

According to the 2004 Country Programme Report, a questionnaire was designed and applied to assess parental knowledge. Some 460 respondents (360 parents and 100 primary health care professionals and preschool teachers) were interviewed. A Situation Analysis on children and women was conducted in 2003 for purposes of preparing the five-year country programme, and it provided some useful elements for PEP design.⁹ In addition, pre-tests of trainees showed that specialists “underestimate [the] significance of early childhood in [the] mental development of [the] child and formation of personality.”¹⁰ They could not name harmful factors affecting foetal development, especially nicotine and stress, as well as danger signs during pregnancy and the importance of stimulation during the first three years of life. Topics not contemplated by the programme arose during training, including: how to dialogue with difficult parents; principles of child sexual development; expressing aggression to children; use of different types of toys, etc. Trainees scored only 24 percent of responses correctly on the pre-test but 87 percent on the post-test. The evaluation of the training seminar was very positive in all respects.¹¹ A recent survey of ECD and preschool education in Georgia provides valuable observations. It focuses on preschool education but it should be consulted as one basis for further parenting programme design work.¹²

Age ranges

The PEP was designed to serve pregnant women and parents of children zero to one year of age and from one to three years of age.

Programme design, national/external, central/decentralised, and parental involvement

The parenting materials of Cassie Landers were used extensively as resources for the programme, and she also served as a greatly appreciated consultant to the programme. National specialists of the ECD Working Group actually designed the programme centrally in the national capital of Tbilisi. They prepared a wide variety of programme materials in Georgian. In addition to the books and other materials listed elsewhere, programme materials included:

- Training Documentation
 - Registration form
 - Pre- and post-tests
 - Training evaluation form
 - Slides for training
 - Seminar agenda
- Agenda for the six-day training sessions
 - 3rd and 4th Quarter 2004
 - 13 training seminars in 10 regions for 300 specialists were conducted
- Selection of materials, equipment for Parent Resource Rooms in Poli-Clinics
- Parent education and support activities
- Evaluation and monitoring forms for the Parent Resource Rooms

Parents were not involved in the design of the programme or the materials. The materials were prepared entirely by professionals in Tbilisi.

Culturally derived or adapted programme, languages used and ethnicities

The current PEP materials are in Georgian. They have not been adapted and translated to the many other languages used in Georgia. The materials are based on Cassie Landers’ parenting guide, materials from UNICEF such as Facts for Life, IMCI manuals, and WHO guidance.

Universal and/or targeted services

⁹ UNICEF. (2003), Ibid.

¹⁰ “Parent Education Program on Early Child Development.” (2004). Tbilisi: UNICEF Country Office.

¹¹ Parent Education, Ibid.

¹² Iltus, S. (August 2005). *Early Childhood Development and Preschool Education in Georgia: Research Findings and Recommendations*. Tbilisi: UNICEF Country Office.

The programme provides only universal services. It has not as yet prepared materials for children with developmental delays or high-risk and vulnerable children. It has only one instance of targeted services in the Rehabilitation Centre, and the materials have not been adjusted to the needs of those children.

Services for vulnerable, developmentally delayed or disabled children

It is understood that the goal was to provide generalised parent education for the majority Georgian population because they are suffering from low-income status and unemployment, due to the economic decline of the country. The programme serves some vulnerable children and includes Georgia's one Rehabilitation Centre for disabled children living at home and their parents. It has not included, as yet, the three remaining institutions that house children with disabilities. The programme has not reached out in a targeted way to: ethnic minorities (representing approximately 20 percent of the population); violence zones such as Abkhazia or South Ossetia; internally displaced families; rural villages (other than ones close to Poli-Clinics that are included in the programme); remote rural areas; urban and rural families living in severe poverty; single and low-income mothers, malnourished children; children with developmental delays; children with high rates of morbidity, or children with disabilities hidden in homes. In subsequent programme stages, a purposeful effort to identify and serve marginalised pregnant women and parents of young children is being considered to target future parenting services to the country's most vulnerable children.

Programme locations, types, urban or rural

To date, the PEP has created Parent Resource Rooms mainly in Poli-Clinics and children's hospitals in cities and towns, including: Tbilisi (3 sites including 2 Poli-Clinics and 1 Rehabilitation Centre), Telavi, Gori, Zugdidi, Ozurgeti, Zestaponi, Kutaisi, Bolnisi, Rustavi, Ambrolauri, Dusheti and Batumi. In all there are 10 regions including the capital, and there is only one region in the country that is not included in the programme. No Parent Resource Rooms have been located in rural villages as yet. Some preschool teachers have been trained but they appear not to have held many parenting classes.

Programme activities as inputs, parent resource rooms, parenting classes, home visits, referrals and other services

Basically, the main PEP activities are parenting classes in small groups provided in Parent Resource Rooms of Poli-Clinics, children's hospitals and in some preschools. Parents are given a Parent's Handbook, leaflets and other handouts provided by the Parent Resource Rooms. Some family support services are provided through limited home visits made by some Room staff or Poli-Clinic doctors and nurses, referrals to other services, and the use of a telephone hotline in some regions. Throughout Georgia, Poli-Clinic doctors and nurses provide varying numbers of home visits for pregnant women and new parents. To date, the PEP has not been integrated fully into their home visit activities although major interest was expressed in exploring how this might be accomplished to complement centre-based activities. Home visits by mother educators may well be a better approach due to the fact that specialist home visits are very short and are focused mainly on specific medical and preventive health matters.

Materials/media for trainers, classes, home visits and parents

The materials produced included:

1. A Manual for professionals published for Georgian specialists for parenting classes: *"How to Conduct a Workshop on the Topic "Development of Children from Zero to Three,"* Public Health Dept., MOLHSA, Georgia and UNICEF.
2. A handbook for parents: *This Wonderful Early Age: Child Development from Birth to Age Three,* Public Health Dept., MOLHSA, Georgia and UNICEF.
3. Five leaflets were prepared for parents on: pregnancy; breastfeeding and infant feeding; protection from diseases; immunization; brain and child development zero to three years of age; and play, child development and positive discipline.

4. Three types of posters were printed for Poli-Clinics and Preschools on pregnancy, parenting, and children during their first three years.
5. A 45-minute videotape was prepared on pregnancy, the first year of life, and child development to age three.
6. A television talk show “First Step” on parenting was planned and produced. It featured national ECD and health leaders and provided 26 programmes from September 2004 to April 2005. A media evaluation found viewers profited from it greatly and wanted it to be continued.¹³ Its topics appear to have complemented and supplemented the print and video materials.

No use of educational radio or newspaper supplements has been contemplated as yet. However, newspapers articles were published regarding PEP services and its television shows. No books for toy making and use at home have been prepared as yet.

Authors of materials

The authors of the materials were national specialists in health, mental health, psychology, child development and preschool education. They made extensive use of international UNICEF and WHO parenting, health and nutrition materials as well as materials prepared by international ECD specialist, Cassie Landers.

Field tests

Once the materials were drafted, a few focus groups were held with Georgian speaking parents in Tbilisi to test the materials. No focus groups were held outside of Tbilisi or with non-Georgian parents. Afterward, the materials were revised and printed.

Materials assessment

- *Relevance to context*

The materials for parents are very relevant for urban parents with a secondary school education with whom the materials are used. They are clearly less relevant to rural or minority ethnic groups and the parents of children with developmental delays, malnutrition or disabilities who require considerable additional guidance and support. Generally, the materials are scientifically accurate but there are a few areas requiring revision that deal with mainly child nutrition and development. The materials are generally of good quality and represent an excellent start in parenting education for Georgia. They are well integrated with other sectoral messages in the fields of prenatal care, health, nutrition, and child development. They are largely consistent with Facts for Life and IMCI messages, as well as WHO guidance, although a few changes are needed.

- *Appropriateness*

The materials were mainly expert driven with contributions made by national and international experts. Focus groups in urban settings were used to test the materials and then they were revised for printing. They were not tested in rural or ethnic minority settings or with the parents of children with developmental delays or disabilities. With respect to communication, for parents lacking a full secondary or university education, attention would need to be given to readability through using shorter sentences and words but keeping the messages appropriately complex to reflect the realities all parents face. A warm writing style was used and drawings and photographs make the materials very attractive. The materials contain special messages for mothers, fathers, grandparents and other family members, including older siblings and this greatly expands their usefulness.

- *Completeness*

The materials address all key areas of knowledge, attitudes and skills regarding what families generally should know to develop their children well. (Please see Annex II for the list of

¹³ “Evaluation of TV Programme “First Step” Desk Research and Qualitative Survey for UNICEF.” (2005). Tbilisi: Marketing Communications.

topic areas covered.) However, some areas need greater attention and depth of information, as noted in the Annex. This is especially true with respect to the use of PEP materials with vulnerable children and families living in poverty.

- ***Form***

For reaching urban populations with electricity and secondary education, the videos and related materials are appropriate and very effective. However, they need to be adapted carefully for rural, and ethnically diverse groups. The videos will have only limited use in areas with no or sporadic electricity. Their form is very good in terms of the use of attractive colours, posters with few words, and the use of varied formats.

- ***Methods of dissemination and usage***

Parent Resource Rooms and preschools present parenting classes and give materials to parents for their continued use at home. Parent educators include medical specialists (paediatricians, neonatologists, nurses, and others) or teachers in preschools. The six-day training period for parent educators appears to be adequate as pre-service training. However, it is clear that in-service training is needed, especially in the form of networking meetings between service sites. These meetings could be combined with refresher courses that could include additional content and methodological presentations. Major additional training should be provided on psychosocial development combined with demonstrations and practice that would include mothers and their children.

- ***Adherence to human rights based principles, values, and furtherance of UNICEF's mission and mandate***

The materials are targeted mainly to the majority population. However, because of the period of economic decline in the 1990s, many families now living in poverty are being served. The programme represents a good start in meeting UNICEF's mission and mandate. More attention will need to be given to serving marginalised and disadvantaged populations. The programme seeks to embrace both fathers and mothers, although most of the services are given to mothers. As yet there are no programme services focused mainly or solely on fathers. The materials are generally gender sensitive. They definitely emphasise the family as the primary "duty bearers" for good child development in many effective and supportive ways. Health service access is carefully outlined but corresponding attention is not given regarding how to access preschool, social and protective services. This should be remedied in future materials. The materials generally embody the essential principles of the CRC and CEDAW but more attention will be needed to address the needs of vulnerable children in the future. More work will be needed to reach rural, impoverished and ethnic minority families and children with developmental delays, malnutrition and disabilities. The programme was formed before results chains were requested and thus, none is available.

- ***Complementarity***

Some contact has been made with Step by Step and with Save the Children but they do not have separate parenting programmes, other than UNICEF's programme for inclusive schools where there is a small linkage through the Rehabilitation Centre.

- ***Settings***

The materials are used mainly in Poli-Clinics and a few preschools. They are seldom used in home visits although some anecdotal information was provided. Home visits are an area for future growth, especially with the selection, training and fielding of mother home educators. The Poli-Clinics and preschools are good settings for parent education but coverage should be expanded greatly to include all Georgian Poli-Clinics. Culturally appropriate materials and home visits should be used to ensure the most vulnerable receive these critically important services.

- *Effectiveness*

All mothers who were interviewed were very positive about the materials and reported they shared them avidly with other mothers, their partners and relatives. All reported they had learned a great deal of valuable information, changed their attitudes and adopted new practices related to nutrition, health care and playing with their infants. No changes in the materials were recommended. Mothers stated they wanted more materials on toy making and how to develop their children well, as well as more classes for children from three to six years of age. They had clearly “bonded” with their Parent Resource Rooms. However, not all parents had joined the programme in each Poli-Clinic visited. One wonders about those who chose not to participate. Some of the experts said they want to develop older age materials; however, several others stressed the need to increase coverage and develop tailored materials for rural and needy populations and parents of children with delays or disabilities. There are strong synergies between the Poli-Clinics and parents. Synergies also exist with preschools, but less so. The latter need further attention. Synergy with the home has not been maximised as yet, and home visits will be needed to reach the most needy and ensure vulnerable children develop well.

- *Sustainability and impact*

The impact of the materials appears to be positive in urban and town settings. Thousands of additional copies of the materials will be needed to serve the rest of the population in those settings. At the same time, new materials should be developed to meet the needs listed above. The sustainability of programme materials ultimately will depend upon continued UNICEF dedication to this important programme, MOLHSA adoption of the programme in 2007, and possible MOES support in 2006/2007 and beyond. The PEP and its materials are already influencing dialogue regarding the importance of developing a national ECD policy or policy framework. The ECD Working Group and the UNICEF CO are beginning to explore this possibility with the MOLHSA and MOES as well as with other public sector and civil society institutions.

Training System, types and numbers of trainers prepared, and incentives

The programme has provided one-time, six-day training seminars for medical personnel (paediatricians, obstetricians, neonatologists, and nurses), psychologists, and preschool and kindergarten teachers. A total of 300 in-service and 200 pre-service health personnel and care providers have been trained. Incentives for training have included: a certificate of completion, opportunities for professional training and advancement, recognition and improved status, a bonus, opportunities to receive educational materials and media for their work as well as other material goods and equipment. The programme has been oriented toward training specialists rather than mother educators. A paediatrician or neonatologist is usually the parent educator. However, several parents reported they were already sharing what they had learned with other mothers and would like to be trained to become mother educators. Some trained specialists stated in the future they are interested in training mother educators, family caregivers and extended family members (grandmothers, aunts, uncles, others), child assessment specialists, therapists, social workers, child protection specialists, and public relations specialists. No in-service training system exists but this is contemplated through developing a national ECD Resource and Training Centre. Parents’ incentives for programme participation include receiving the Parents’ Handbook, leaflets, acquisition of new knowledge, and free basic health and nutrition services.

Parenting sessions, and use of demonstration and practice

Trainers were trained in methods for presenting materials and promoting dialogue. They were encouraged to use role-playing and various media to help them hold an effective educational consultation with parents. As a result, parenting sessions tend to be focused presentations followed by dialogue. They said they used demonstrations for topics such as breastfeeding. Little to no use of demonstration and practice was noted for teaching infant psychosocial activities with parents. No PEP guidelines have been established, and there are a great variety

of methods for scheduling parenting classes. Parenting sessions are held once or twice a week or monthly. They tend to last from one to two hours.

Integrated parenting and ECI services

No ECI system exists as yet in Georgia, and one is greatly needed. The one resource, the Rehabilitation Programme in Tbilisi, which is supported in part by UNICEF, provides parenting education and support as well as therapeutic services for children and parents. It also promotes inclusion in kindergartens and primary schools. Parents stated that they have been advocating for expanded services and have identified many other parents who need them. However, this programme needs technical and financial support. Also a national system for combined parenting and ECI services for malnourished, developmentally delayed and disabled children and their parents is greatly needed.

Child and family assessments

None are conducted to date. Health service assessments are separate from activities of the Parent Resource Rooms.

Child and family development plans and respect for parents' roles

Child and family development plans have not been developed for the PEP. However, the Rehabilitation Centre has begun to develop a plan that should be reviewed carefully for parental participation, content, privacy and methods.

Home visit plans and reports

No forms have been prepared for home visits that provide parent education and support.

Evaluation and monitoring system designed and parental involvement

The PEP evaluation and monitoring system was to include:

- Evaluation of qualitative and quantitative indicators of the training programme
 - Number of trained specialists (These exceeded the target.)
 - Post-test scores (These were quite high.)
- Assessment of parents' learning through questionnaire application
 - Some parents were assessed (No reports available yet.)

Parent Resource Room personnel are to prepare evaluation reports, and send them to GAIA that in turn prepares an annual report for UNICEF. More work should be conducted to re-design the evaluation and monitoring system, its contents and methods.

Standards or regulations

No standards or regulations have been established for the preschool education or the PEP. The MOES have been delegated the responsibility of developing preschool standards. No ministry has been asked to prepare PEP guidance.

Advocacy for parenting programmes

The ECD Working Group has conducted extensive advocacy for parents but to date, parents have not organised to advocate for more services for themselves, with the exception of the parents' association that is linked to the Rehabilitation Centre.

Financing and financial management

To date the PEP has been funded solely by UNICEF. Parents receive the services free of charge. It is hoped that ministries will assume the costs for this programme over time and that private sector contributions will also be forthcoming. It is possible that a part of the three percent payroll tax for health care services may be devoted to parenting services, as is the case in Colombia. Each Parent Resource Room Director conducts the financial management of local PEP services. GAIA prepares an annual financial report.

Programme costs

Within the 2003 and 2004 budgets, the PEP produced and distributed:¹⁴

• 25,000 copies of Parents' Handbook	USD	31,200
• 1,250 Manuals for ECD Trainers		1,390
• 25,000 copies of 5 types of booklets for parents		1,400
• 1,500 copies of 3 posters		1,533
• 26 talk shows were prepared and it was aired		62,881
• 40 times television talk shows		
• Three-part video (45 minutes)		<u>18,000</u>
Total		116,404

In addition, in 2004, the Annual Report states that this Programme had a total budget of US\$162,000 and accomplished the following results:

- Trained 250 primary health and preschool specialists
- Provided information and counselling to an estimated 10,000 parents
- Equipped and provided materials for 5 Poli-Clinic based Parent Resource Rooms in four regions
- Engaged the MOLHSA sufficiently to achieve the inclusion of these materials in pre- and in-service training for health care workers.

According to verbal reports, during 2005 ECD programme again received \$162,000 and increased the number of Poli-Clinics to 13, thereby providing at least one Poli-Clinic in 10 of the 11 regions of the Republic. Figuring a total two-year budget of at least \$324,000 and total service coverage of at least 10,000 parents, the approximate cost per participant was \$32.40.

Programme results: Outputs

- Information kits prepared as planned, including the videotape, printed materials including the facilitators' training manual, parents handbook, leaflets and posters
- A total of 300 in-service and 200 pre-service health personnel and preschool providers have been trained.
- 11 Parent Resources Rooms were established in Poli-Clinics and equipped with video monitors, videotapes, booklets, manuals, posters and toys.

Programme results: Outcomes

- Information was disseminated to over 10,000 pregnant women and parents of children 0 to 3 years of age through Parent Resource Rooms in the Poli-Clinics.
- Community mobilization is believed to have improved parent ECD awareness, knowledge and skills. (Only anecdotal information is available to date.)
- PEP methods and materials are now included in pre- and in-service training for nurses and doctors through MOLHSA regional Training Resource Centres in all regions as well as in their six-month training programme for family medicine.
- UNICEF plans to include PEP materials in its IMCI activities.
- The improvement of child care and supervision is reported to be leading to reductions in child morbidity and disability. (Anecdotal information only)
- There is a continued use of educational and video materials for nation-wide use including re-broadcasting.
- The programme is making an impact with respect to issues for the development of a national ECD Policy Framework that specialists expect to include a strategy for parenting education and support.
- UNICEF specialists report the programme has had a positive impact on other donors and organizations including USAID, DFID, GAIA, and OPM.

¹⁴ UNICEF. (2004). *Annual Report*. Tbilisi: UNICEF Country Office.

Programme sustainability

Because representatives of the health and education sectors view the programme as having successfully met its objectives, the PEP is expected to be a “continuous” programme within the Maternal Child Health (MCH) Programme of the UNICEF Office. PEP is expected to receive increasing ministerial support over time especially in 2007 when the MOLHSA expects to focus on MCH and parent education and support within it. The UNICEF CO is concerned about securing funds for printing more copies of the parenting materials and is seeking to develop an alliance of groups for joint cooperation for printing. The Office is reflecting on strategies for expanding programme coverage including partnerships with national and international NGOs, expanding to more Poli-Clinics with a focus on prenatal care and on training home visitors for both prenatal and neonatal health care. UNICEF also needs assurances that the MOLHSA and MOES will participate in financing the PEP in the future.

Remaining programme constraints

Major constraints and gaps include:

- Lack of appropriate services for vulnerable children, children with developmental delays, malnutrition, chronic ill health or disabilities, IDP children and children of minority ethnic and linguistic groups
- Need to develop culturally and linguistically appropriate materials and methods for an ECI system that would serve these children
- Lack of services for rural areas with appropriate methods for developing community parenting rooms and mother educators
- Need for a better-designed and more effective evaluation and monitoring system.

Plans to go to scale

Although there is general and enthusiastic agreement that the PEP should achieve nation-wide coverage, no concrete plans have been prepared as yet for scaling up the programme. Various alternatives for going to scale will be under consideration in 2006. UNICEF notes that they are generally pleased with the materials, counterparts and partners are competent and they are very dedicated to the PEP.

KAZAKHSTAN: BETTER PARENTING PROGRAMME

Introduction

The Better Parenting Programme (BPP) is a main activity of the UNICEF CO within the Medium Term Strategic Plan.¹⁵ The BPP seeks to improve parenting skills in Kazakhstan through improving the skills of professionals who provide health care services directly to families with children zero to three years of age. The BPP has been developed by the National Healthy Lifestyles Centre (NHLC) in conjunction with the Ministry of Health (MOH) within the framework of the National Programme on Reform and Development of the Health Care System of 2005 to 2010. An excellent baseline study revealed basic child care giving needs, and as a result 14 key family and community practices were identified to promote child survival, growth and development. These practices were considered to be of priority importance to improving the knowledge and skills of professionals and parents but they pertain mainly to health and nutrition. Only one identified practice is directly related to psychosocial stimulation and child development, although the importance of stimulation is often mentioned in the training materials. Little emphasis is placed on sanitation, safety, child rights and protection. Programme materials are based on *Facts for Life*, IMCI training materials on health and care for development, and other UNICEF and WHO materials. The BPP makes effective use of interactive training methods to prepare outreach nurses and feldshers who provide home visits for pregnant women and parents with infants and young children.¹⁶

Problems addressed

The BPP addresses the following major types of problems:

- Lack of parent skills in home health, breastfeeding, nutrition, and ECD.
- Poor professional capacity in parent education, including home visiting and counselling techniques, breastfeeding, complementary feeding, child development, home health, prenatal nutrition and health care and other topics.
- Health system still focuses more on serving the sick child than on providing preventive primary health care for mothers and children.
- Lack of understanding about child-centred, family-focused, community-based and integrated ECD services at all levels: planners, decision makers, communities, parents and national mass media.

Goals, objectives and results chain

A major report provides a “primary programme objective” of “improving the knowledge and skills of parents and communities on early childhood care that ensures survival, growth and development.”¹⁷ Programme objectives include to:

- Train medical workers to provide health care and developmental services for child at an early age (from zero to 36 months of age)
- Promote UNICEF and WHO principles among Kazakhstan’s parents and families, local authorities and other donors
- Design educational materials and a training module
- Develop communication materials for promoting the programme in pilot regions
- Improve parenting skills through training of parents
- Enhance maternal health and child survival and development.

¹⁵ The “Better Parenting Programme” is the most commonly used English name for the UNICEF supported parent education and support programme of Kazakhstan. In Russian it is called “Programme for the Improvement of Parenting Skills,” and in Kazak, it is called “Happy Baby” – perhaps the best name of all.

¹⁶ Feldshers are intermediate health providers who especially work in rural health clinics. They receive training in addition to nursing medical college but they lack medical school and a doctor’s degree. They often guide the work of health care nurses in their rural clinics.

¹⁷ UNICEF. (2004). *Kazakhstan: Final Progress Report, Dutch Partnership Funds for Early Childhood Development*. Astana: UNICEF Country Office.

In addition, the BPP seeks to further the MOH health reform that focuses on Maternal Child Health (MCH) and preventive health practices.

The objectives of the BPP training sessions are to:

- Identify major tasks of a visiting nurse in counselling families on safety, good health, growth, and psychosocial development of their children.
- Counsel families on infant feeding and care for the cognitive and social development of young children.
- Counsel families on how to care for their sick children at home.
- Counsel families on care and nutrition of pregnant and breastfeeding women.

No results chain has been developed for this programme as yet.

Programme management, sectoral placement, stakeholder involvement and ECD resource and training centre

Leadership of the BPP is with the Ministry of Health, and the NHLC manages the BPP materials development and training activities, in collaboration with UNICEF, the Ministry of Education and Science (MOES), the Republican IMCI Centre, WHO, UNFPA, USAID's ZdravPlus, and the World Bank. In 1997, a strategic plan was established for the protection of mothers and children. Kazakhstan's Vision 2030 also guides the work of the NHLC. The National Health Plan emphasises maternal and child health issues. In addition to health care services, a Social Protection Scheme provides a maternity benefit and child allowances as incentives for families to have more children. Parents have not been involved in programme management or programme development processes. The NHLC functions as a national ECD resource and training centre; however, additional professional competencies will be needed in the area of ECD and early childhood intervention (ECI) to make NHLC a full-fledged ECD resource and training centre. It is clear that the basic organisation and technical quality of its initial work position it well for becoming an ECD resource and training centre for Kazakhstan, and potentially for the Central Asian region.

ECD Policy, Council or Working Group

UNICEF noted its intention to help develop a Kazakhstan ECD Policy in its 2004 Annual Report and in various other UNICEF documents; however, a policy has not been developed as yet. Additional synergies for parent education and support could be achieved through exploring options during a participatory policy planning process. Furthermore, there is a need for greater collaboration between the MOES and MOH for purposes of enhancing parenting skills and child development in Kazakhstan.

Inter-sectoral integration and coordination

Inter-sectoral integration does not exist in Kazakhstan, although agreements for inter-sectoral coordination have been developed. The MOES focuses mainly on preschools, some of which receive infants and continue with services for children up to seven years of age.¹⁸ However, in Kazakhstan many Soviet era preschools for children have been closed. Up to the present time, the MOES has not been used as an active vehicle for parent education, although the MOH and MOES have signed a multi-lateral agreement for collaboration regarding children that includes the Ministries of Internal Affairs, Information, Culture and Defence. For purposes of the BPP, the National Inter-sectoral Council for the Promotion of Healthy Development that seeks to ensure preventive health services are provided to persons of all ages, created a "Council for Children" with the Ministry of Education. However, once BPP development work was completed, the Council ended its work. As structured, the BPP does not envisage strong collaboration between the MOH and MOES, and this could be a future growth area.

¹⁸ UNESCO. (2005). *Policy Review Report Number 12: Early Childhood Care and Education in Kazakhstan*. Paris: UNESCO. In 2004, preschool enrolment stood overall at 20.7 percent for children from one to six years of age, and as high as 66 percent among children five to six years of age.

Baseline study

An outstanding baseline child rearing study, conducted in 2002 – 2003, focused on parenting knowledge, attitudes and practices. It resulted in a very fine summary presentation, *Parenting in Kazakhstan: A Study of Childrearing Practices in Kyzylorda and East Kazakhstan Oblasts* (2004). Elements of this study are used effectively in the BPP training sessions. This study was complemented by two other UNICEF studies, *Access to and Quality of Health Care Services* (2003) and a *Public Expenditure Review* (2002). These studies highlighted the need to train home health workers, and especially outreach nurses, in integrated ECD skills.

Age ranges

The BPP focuses on the period from prenatal to three years of age. Future programme extension to seven years of age is envisaged.

Programme design, national/external, central/decentralised, and parental involvement

Excellent professional training materials were developed centrally in Almaty by the NHLC with the help of Jane Lucas, an accomplished international consultant. National health and communications specialists drafted the BPP materials using especially UNICEF and WHO core materials. Parents did not participate directly in developing the programme or its materials, and their main role has been simply to receive programme services. However, the baseline study that included abundant parental input was used as a basis for programme materials development.

Culturally derived or adapted programme, languages used and ethnicities

All BPP materials were prepared first in English and Russian. A few outreach materials have been translated into Kazak, and more materials in Kazak have been requested in Kazak speaking areas. However, no attempt has been made as yet to adapt them to meet the needs of minority ethnic and linguistic groups of the country, including Uzbek.

Universal and/or and targeted services

The BPP provides “universal services” with the goal of reaching vulnerable children through serving all pregnant women and parents with young children. They have not tried to target vulnerable children, and no sub-group has been prioritised. It is believed that if nurses identify low-income, single mothers with limited access to health services, they will be able to ensure these mothers will receive the services they need.

Services for vulnerable, developmentally delayed or disabled children

No services are specifically provided for developmentally delayed or disabled children in the BPP. Some effort has been made to help identify such children with the goal of referring them to Poli-Clinics for specialised health care services. It was reported in several places that no developmental or ECI services are available in Kazakhstan, and that ECD and ECI specialists have not been trained as yet.

Programme locations, types, urban or rural

The programme has been mainly delivered in the economically depressed region of South Kazakhstan where a well-organised health system seeks to serve all families. Documents report that programme activities have been initiated in East Kazakhstan but no information was forthcoming on the status of this initiative. The BPP is expected to focus on serving rural populations who lack access to modern childrearing concepts. Most Poli-Clinics whose nurses have been trained to date work in urban areas but this is changing rapidly as training proceeds.

Programme activities as inputs, parent resource centres, parenting classes, home visits, referrals and other services

The BPP includes training sessions for outreach nurses and some feldshers who make home visits. Each training session serving 20 nurses has two Master Trainers, including a session director and a clinical instructor, along with two assistants. This provides one trainer for each five trainees. It is generally felt that other health workers should receive BPP training, including: supervisors of outreach systems, doctors, Well-Baby nurses, all feldshers and midwives. In addition, some believe that social workers, mother educators, psychologists, preschool educators, and others should be trained as well. Parents are served through home visits or Poli-Clinic Well-Baby visits. Parenting classes are not offered. No parent resource centres, *per se*, are envisaged. Health care services are not articulated with preschools or community-level programmes. Doctors, home visitors and Well-Baby nurses make referrals, as needed, but no formal referral system exists.

Materials/media for trainers, classes, home visits and parents

The materials produced for the BPP emphasise 14 key family and community practices. Training materials include:

- Manual for Course Trainers, *Early Childhood Care in the Family: Nutrition, Child's Physical and Psychosocial Growth and Development*, including a Facilitator's Guide for presentations, and a Facilitator's Guide for exercises, training module slides, and a sample training schedule
- Participants' exercise pages
- Training videos on child development that were prepared in other countries
- Booklet guide, *Early Childhood Care in the Family* covering expected home visit tasks and activities including how to counsel families, breastfeeding, home health care during sickness, food pyramid, portion sizes, 24 hour diet recalls for pregnant woman and young child, feeding and care forms including space for child development, and a growth chart
- A booklet on "Facts for Life" in Russian and Kazak
- Additional reading materials

Materials for parents and other family members include:

- Leaflet for fathers
- Leaflet for grandmothers
- Calendar for parents
- Four posters for Poli-Clinics and health posts with messages for parents of young children (children zero to six months of age; children six to 12 months of age; children 12 to 36 months of age; prevention of child abuse and neglect)
- Leaflets for advocacy, decision makers, administrators and potential donors

Authors of materials

In collaboration with other national health experts, specialists of the NHLC prepared the materials. They are based upon materials prepared by an international consultant, UNICEF and WHO. Parents were not included in the design process.

Field tests

National and international specialists reviewed the materials, and once they were prepared, participants in the training courses reviewed them. Most materials intended for parents or grandmothers were not tested in the field with their intended recipients.

Materials assessment

- *Relevance to context*

The BPP materials are very well designed and highly relevant for training outreach nurses and fieldshers. They provide key messages for pregnant women and parents of children from birth to three years of age. The parenting materials are relevant to the assessed needs of the predominantly Russian and Kazak-speaking families of Kazakhstan, and it is likely they are less relevant to minority ethnic and linguistic groups. They may need further adaptation to meet the needs of these groups, rural families with very traditional behaviours, and families living in severe poverty. The materials are basic but they are less relevant to and useful for parents of vulnerable children with developmental delays or disabilities. Additional materials are needed to meet the needs of these children. In any case, additional materials are needed on child development, sanitation, child and home safety and child rights and protection. The materials are scientifically accurate and they are based on Facts for Life, WHO and IMCI materials. In general, the health and nutrition content is especially rich, and it is well aligned with content pertaining to other sectors; however, more information is needed on child development, sanitation, safety, rights and protection.

- *Appropriateness*

The materials for professionals and parents are expert driven, in terms of both international and national experts, but they are based on an excellent baseline study that included interviews and focus groups with many families. The materials for the direct use of families tend to be very dense and filled with words. They would be difficult for rural and less formally educated parents to read, understand and apply. The stakeholders who participated in materials design were other experts who reviewed the drafts for comprehension. Little testing with families occurred, although some outreach nurses reported they shared the materials with some parents. The training materials for professionals are excellent, highly interactive and they include an effective use of principles of good communication. The materials for parents lack some key elements that will help ensure they will understand and use materials. The videos used for training professionals are foreign made, and the one viewed was inadequate. It would be best to design and develop national videos for training parent educators.

- *Completeness*

The BPP materials treat key topics of nutrition and health in very comprehensive manner. (Please see Annex II for the list of topic areas covered by the BPP.) However, the child development materials are only introductory. Much more concrete guidance will be needed soon on child development in order to ensure home visitors will be effective. They need to be able to give developmentally appropriate guidance, and they lack the materials to be able to do this appropriately. Also it would be advisable to consider adding more content and activities on child safety (including home, yard and neighbourhood), home sanitation issues, child rights and child protection issues. New materials should be developed for the parents of children with developmental delays or disabilities. Information on how to assess preschools would be helpful.

- ***Form***

The BPP materials for training outreach nurses and parents are listed above. The training materials for professionals are excellent: well structured, interactive, very rich and appropriate. However, they are limited to priority topics identified during the baseline study, which is appropriate, but as parents ask questions, home visitors will need information on other related areas very soon or they may begin to “invent” answers. The posters for parents and Poli-Clinics are attractive but they require careful review for communicability and form. Additional materials and new videos are needed for professionals, and the materials for parents should be greatly expanded and enriched over time. The programme is overly dependent upon the ingenuity of home visitors who lack adequate guidance, supervision, in-service training and monitoring.

- ***Methods of dissemination and usage***

The materials for parents are used during home visits and in Poli-Clinics during Well-Baby visits. Parent educators include doctors (paediatricians, neonatologists and obstetricians), outreach nurses, some Well-Baby Room nurses, and feldshers. No preschool teachers, ECD specialists, mother educators, social workers, psychologists are being trained to be parent educators. The five-day, one-time training course provides a basic introduction to parent education for some doctors, 80 percent of outreach nurses, and some feldshers. Very soon, continuous in-service training will be needed for these specialists, and many others will want and need the training. The Master Trainers observed are competent in interactive training but they need more training especially in child development, sanitation, safety, rights and protection.

- ***Adherence to human rights based principles, values, and furtherance of UNICEF’s mission and mandate***

The BPP materials are designed for universal use but they are also targeted to some extent on topics of importance for marginalised, poor populations. However, parenting services are not specifically targeted to serve the most vulnerable children. Parents are identified as “duty bearers” through the BPP’s emphasis upon parenting roles and responsibilities. The materials do not provide information on how to access services because outreach nurses are expected to invite parents to use Poli-Clinic health services. The BPP generally covers key aspects of CRS and CEDAW; however, no explicit mention is made of child and maternal rights nor did programme directors intend to cover all principles. It will be important to add content on child and maternal rights and protection in the future. No mention is made directly about children’s rights and mothers’ rights. BPP materials are very gender sensitive, and they include a strong emphasis on both fathers and grandmothers. The materials are in line with the MTSP in terms of the integrated approach to ECD. However, the materials and training sessions lack an explicit focus on vulnerable children and ethnic and linguistic minorities. The programme was formed before results chains were requested, and no results chain was found in programme documents. Programme objectives varied over the past three years revealing the need to reconsider the basic goals, objectives and results of the BPP.

- ***Complementarity***

Step by Step is reported to be developing a parenting programme for children from four to six years of age attending preschool. Apparently, no other agencies in the country have parenting programmes. One national NGO has expressed interest in developing a parenting programme using mother educators but it has not been begun as yet.

- ***Settings***

BPP training materials are being used in training sessions for professionals in Poli-Clinics whereas the parent education materials are used in home visits and some Well-Baby Room services in Poli-Clinics. BPP materials are not used as yet in preschools or community centres. The Poli-Clinics and homes are appropriate settings for the current programme; however, it would be good to add ECI services for vulnerable children, and additional parenting education activities in preschools and community centres to reinforce BPP

messages. Ultimately, if the health system is successful in reaching them, vulnerable children will be served by the BPP. As usual, everything depends upon the development of adequate outreach activities, the quality of services, and the allowance of enough time for home visits and Well-Baby Room visits in busy Poli-Clinics. The BPP lacks adequate materials to serve vulnerable children with developmental delays, disabilities or complex family situations. It will need specialists trained to serve the most vulnerable children. Essentially, a parallel ECI programme is needed.

- ***Effectiveness and efficiency***

Health professionals including doctors, nurses and feldshers reported they liked BPP materials. They requested more cultural adaptation and more materials for parents in Kazak and Uzbek. No parents receiving home visits from trained outreach nurses were interviewed. An evaluation of programme impact on parents and children will be needed. All outreach nurses visited reported gaining new knowledge and new skills to develop children well, breastfeed effectively, nourish children well, and teach parents home health care skills. An evaluation of the impact of BPP training on outreach nurses' home visits is needed. Outreach nurses in training have requested that doctors, midwives and others be trained. They urged that more materials be developed for parents, in Kazak as well as in Uzbek. They also hoped that additional training opportunities would be provided. Health, NHLC and UNICEF officials seem to be very pleased with the BPP. They state they want to take it to scale; however, in order to do so the programme will need additional elements. Synergies are strong within health care system where the BPP is being used to revitalise, improve and expand the outreach nurse system for maternal and health care plus add elements for child development. Potential synergies with the MOES and other agencies have not been explored fully as yet.

- ***Sustainability and impact***

The BPP is effective in training professionals but it is not a sustainable programme. Basically, it is a one-time training programme. Sustainability will depend on programme design and development work, additional materials design, testing and production, expanded and continuous training, and the addition of managerial, supervisory, monitoring and evaluation activities. For this to occur, strong support will be required from the MOH and others. The BPP has the potential to make a major impact on national health and child development policies, health care systems, and especially the primary care and MCH systems of family doctors, paediatricians, neonatologists, obstetricians, outreach nurses, feldshers and Well-Baby Rooms nurses, midwives and others.

Training System, types and numbers of trainers prepared, and incentives

No BPP pre-service training system exists but one is under consideration. The in-service training session is a one-time, five-day training approach. No continuous in-service training system has been designed as yet. At the present time, 30 Master Trainers have been prepared. In the South Kazakhstan region, a total of 1,467 outreach nurses are to be trained, representing 80 percent of the existing outreach nurses in the region. As of 31 October 2005, at least 370 nurses and feldshers had been trained, and more are in process. Incentives provided to nurse trainees include:

- A certificate that potentially will help nurses and feldshers secure their five-year re-certification (this is under consideration)
- Opportunities for professional training and learning new approaches
- Provision of new educational materials for parents, Poli-Clinics or health posts.

Parenting sessions, and use of demonstration and practice

BPP training programme sessions and videos emphasise the use of demonstration and practice and other active teaching and learning methodologies. However, the videos tell parents or visitors how to do activities, rather than demonstrating them. Overall, the highly interactive approach for training outreach nurses represents a good beginning. It is not known as yet whether or not outreach nurses will use demonstration and practice when they make home visits. From time-limited observation in Well-Baby Rooms, it appears that nurses tend to

conduct an activity for the parent and then encourage the parent to do it at home. No practice occurs during the visit. This situation is probably due to the very short time periods allotted to visits: only 10 to 15 minutes.

Integrated Parenting and ECI services

The current parenting programme lacks content and educational materials related to the parents of high-risk, fragile children. At present, no ECI system exists in Kazakhstan.

Child and family assessments

It is reported that Kazakhstan specialists are beginning to work on child assessments but they are not yet used in the BPP. Additional attention will be required with respect to assessment, service planning and reporting, child tracking and follow-up over time.

Child and family development plans and respect for parents' roles

No plans are prepared.

Home visit plans and reports

No forms for home visit plans are used but a reporting form has been prepared. It overlaps with other forms. This system could be revised, streamlined and strengthened to help ensure home visit quality.

Evaluation and monitoring system designed and parental involvement

It has been stated that the evaluation of the BPP will focus on assessing knowledge, attitudes and practices but not on outcomes for births, infants, children and their educational attainment, and parental interests in learning. Yet no child or family assessments are being conducted. No evaluation reports are available as yet.

Standards or regulations

No standards have been prepared for the BPP, and it is too early to do so since the programme still requires further design work. General training guidance has been prepared by the NHLC.

Advocacy for parenting programmes

The programme includes an advocacy effort with policymakers, local leadership and representatives of the mass media. A leaflet for policy and decision makers has been prepared. Communications workshops have been held to develop communications strategies for BPP. It appears that parents are not involved in these efforts as yet.

Financing and financial management

The MOH and regional governments (using local taxes) finance basic health services and some BPP training costs. UNICEF, with the generous help of Partnership Funds from The Netherlands Government for ECD, supported BPP materials development, some of the BPP training services, and the renovation of two training centres. To complement these efforts, WHO sponsors an array of health education services, USAID has supported nutrition and health services, and UNICEF supports IMCI services. To date, no international NGOs, businesses, foundations or other groups have partnered with the NHLC to conduct the BPP. Parenting services are free of charge for parents, and no fees of any sort are charged to professionals for training sessions. The NHLC Centre in Shymkent manages the finances of the training programme very carefully. Expenditure and programme service reports can be produced upon request.

Programme costs

Representatives of the NHLC said that overall BPP programme costs have not been analysed as yet. According to the Annual CO Report, projected UNICEF costs for the BPP for 2005 were to be US\$424,000. A Final 2004 Progress Report to the Netherlands provides an annual expenditure of US\$136,000 for the BPP. According to the careful accounting records of the

NHLC regional centre in Shymkent, the cost for each five-day training session for an average of 20 nurses is US\$1,072 or approximately \$54 per outreach nurse. This total cost includes transportation, *per diem*, hotel, materials, and *honoraria* for the Master Trainers. The space for training sessions is provided by the MOH, and UNICEF has donated the training equipment, furniture and supplies (video monitors, desks, overhead projectors, other). According to the Deputy Director of the South Kazakhstan Department of Health, each of the outreach nurses is expected to serve at least 50 infants at a time. Thus at a gross level, the cost per family would be only \$1.08 for the first set of mothers and infants served, and far less thereafter.

Programme results: Outputs

To date, the following outputs have been achieved:

- The NHLC has designed and produced the training materials, leaflets for parents, and others (see list above).
- At least 19 training sessions have been conducted in South Kazakhstan, with many more to come.
- The NHLC training centre has developed an initial system for monitoring outreach nurses (that is being revised).

Programme results: Outcomes

- At least 370 outreach nurses (including a few feldshers) have been trained.
- At least 18,500 families are being served with new information and materials because each outreach nurse serves approximately 50 to 60 newborns at a time.
- The MOH is interested in redesigning the BPP to achieve nationwide coverage.
- Increasing interest has been expressed in developing an ECD Policy that would feature parenting education and support.

Programme sustainability

As designed, the BPP is not sustainable but with additional design work and strong support from the MOH and NHLC, it could become a long-term and sustainable programme. (Recommendations for additional design work have been provided in a separate document.)

Remaining programme constraints

The programme has the following constraints:

- Lack of a pre-service and continuous in-service training programme that is linked to supervision, monitoring and evaluation and programme revision.
- Lack of several essential elements in terms of programme design including:
 - Specification of programme objectives, sub-objectives and results, indicators, measures and targets for health, child and parental outcomes
 - Strengthening of child development, sanitation, rights and protection areas
 - Design of complete programme structure, institutional and managerial roles, responsibilities and terms of reference
 - Design of an expanded materials development strategy including major linguistic, ethnic and other vulnerable groups
 - Preparation of a comprehensive infant stimulation curriculum for doctors, feldshers, nurses, social workers, mother educators, and others
 - Development of a methodological guide for conducting home visits and Well-Baby visits, emphasising demonstration and practice
 - Design, field testing and preparation of more materials for parents
 - Development of new, comprehensive training videos in Kazakhstan
 - Development of mass media segments to reinforce parenting messages
 - Cost projections for programme services in addition to training costs.
- Need for an ECI system.
- Lack of a firm decision to go to scale with a revised programme.

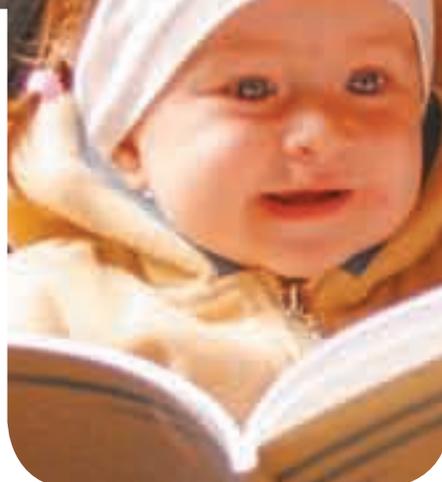
- Requirements for training doctors and supervisors in Poli-Clinics and hospitals as well as more feldshers, midwives, social workers, mother educators, psychologists and others.
- Need for a complete programme evaluation, monitoring and reporting system.
- Requirement for a better and more comprehensive costing system for purposes of programme planning and accountability.

Plans to go to scale

The programme meets several fundamental requirements of professionals and parents of young children that were identified in the baseline study. To go to scale and become sustainable, changes are needed. The NHLC and the MOH are actively studying how to bring this valuable initiative to scale.

PARENTING PROGRAMMES FORMATIVE EVALUATION

UNICEF Regional Office for Central and Eastern Europe
and the Commonwealth of Independent States, Geneva 2006



Emily Vargas-Barón



VOLUME III STANDARDS

- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan

***Formative Evaluation of Parenting Programmes in Four Countries of the
CEE/CIS Region: Belarus, Bosnia & Herzegovina, Georgia and Kazakhstan***
- Emily Vargas-Barón

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TOWARD CREATING STANDARDS FOR PARENTING PROGRAMMES CRITERIA AND ENABLING COMPETENCIES

Introduction

In virtually all fields of international development and especially in those pertaining to the social sector, “programme standards” and “minimum standards” are being developed to help countries improve programme quality, especially as they expand their services.

Standards may be defined as generally accepted expectations and/or principles establishing a level of quality or of excellence. Standards can form the basis for creating criteria, sets of rules, and courses of action. In some cases, they become legal regulations that must be followed.

Minimum standards are those standards considered to be acceptable but less than ideal for achieving core results.

National standards often list “key content related standards” that are sometimes called “learning standards,” such as:

- Programme participants understand concepts related to infant health care;
- Parents demonstrate the ability to conduct home health care skills or
- Parents ensure their children are immunised on schedule.

Such outcome statements are not offered below because they are linked to specific programme objectives, activities and results that may differ by country context. Learning standards will vary widely by country and they are always linked to specific curricular objectives and results.

Some early childhood development specialists believe that by creating standards for parenting programmes, countries will be provided guidance for establishing parent education and support services and for improving their quality over time. It should be kept in mind that when programme standards are poorly developed or incorrectly applied, they can do more harm than good. Inflexible standards can become barriers to the cultural derivation of programme contents and methods. Sometimes programme standards can “set the bar” so high that national specialists become discouraged from trying to develop certain types of programmes. For example, standards that impose rigid requirements for professional training that initially are beyond the reach of some countries can lead decision makers to decide to make other types of investments. In some countries, professional associations have helped establish “quality standards” as a way to ensure that their members will have secure employment and high salary levels, thereby effectively disallowing the development of paraprofessional service providers. How can such potential pitfalls be avoided while helping countries consider essential elements for establishing effective and culturally appropriate parenting programmes, and especially for the parents of vulnerable young children?

In response to this question, a few initial “touchstones” for parenting programmes are offered. These touchstones and the tentative standards presented below are based on the findings of this study and studies of parenting programmes in different regions of the world.

Touchstones for Parenting Programmes

In each nation, standards for programmes that provide parent education and support should be established through a collaborative process that includes open dialogue, negotiation and consensus building. Suggestions regarding international standards can help countries consider their options but they should not be imposed on any country. Each country should engage collaboratively in open dialogue and consensus building at every level in order to ensure standards for parenting programmes are appropriate to achieving key policy and programme results for early childhood and family development.

Standards for parenting programmes should be flexible and culturally appropriate in order to avoid discouraging countries from establishing them. Lists of national standards for parenting programmes should provide flexible ranges of criteria with varying “levels of achievement,” in order to provide an evolving framework for improvement over time. They should ensure that care-giving skills promoted by national parenting programmes will be culturally appropriate, and to the extent possible, culturally derived.

Yet, to the extent possible, standards for parenting programmes should be harmonised within the country. Standards for different parenting programmes within a country should reinforce the same core values. This does not mean that standards for all cultural groups or programmes should be the same. Also, for reasons of relevance, some programmes may include certain standards for child protection or for nutrition education and supplementation that others may not. However, every effort should be made to ensure programmes are comprehensive and to harmonise core elements to the extent possible.

Standards for the qualifications of programme personnel should cover a wide array of potential actors. In integrated programmes for early childhood development, these actors could range from: 1) national leaders, professionals and trainers of trainers, 2) regional trainers, supervisors and monitors, to 3) local service providers, including paraprofessional community parent educators and their colleagues. Standards for the pre- and in-service training of all personnel should be provided.

Core values should be established at the outset in each country to help ensure that a common vision for parenting programmes is created. Such core values might include:

- Programmes are results-oriented and focus mainly on achieving programme outcomes rather than on simply providing programme inputs and achieving outputs.
- To the extent possible parent education activities are incorporated into existing basic services – health, education and social welfare – in order to ensure their sustainability.
- Programme contents are integrated across sectors and this integrated approach guides programme development activities. Parenting programmes take an integrated approach through embracing health, nutrition, infant stimulation and child development, preschool education, sanitation and hygiene, safety, juridical protection and protective services.
- Programmes are reinforced and enriched by partnerships and networks.
- Programme formulators and implementers are committed to programme values, set the framework for parent education and support, and serve as outstanding role models.
- Programme personnel are dedicated to continuous learning in order to improve their knowledge and skills.
- Programme personnel participate actively in combined supervisory, in-service training and monitoring activities.

- Programmes are culturally appropriate, community based, flexible, socially responsible, and responsive to community needs and traditions and the emerging needs of children and parents as well as the larger society.
- A child-centred and family-focused approach is used wherein each family is treated individually, their privacy is respected, and their special needs are taken into account.
- Parents can participate fully in parenting services, and they lead the preparation of their own plan for their child and family.
- Children’s and women’s rights are fully respected, taught and reinforced within every aspect of the parenting programme. The programme is gender sensitive and promotes equity between the sexes.

If standards are to be established, then a national system for providing quality improvement should also be created. Such a system should include: outreach and quality advocacy to all regions of the country; expanded pre-service training; supervision combined with in-service training and monitoring, and evaluation; financial support for quality improvements; and technical assistance for community and regional parenting programmes.

To achieve maximum flexibility, standards for parenting programmes may best be viewed in terms of “programme criteria” and “enabling competencies” for achieving programme results. In the sections below, a series of initial approaches are offered for formulating criteria and enabling competencies for parenting programmes.

Standards for Parenting Programmes

Lessons learned from the formative evaluation of parenting programmes in the four countries are coupled with similar experiences in other regions of the world with the goal of launching a broad-based discussion of standards setting for parenting programmes.

A framework is presented for the consideration of potential standards. The framework includes seven phases of programme design, development and consolidation. Each phase has a series of discrete standard statements. Each standard is accompanied by a discussion based on lessons learned from the four countries as well as reflections on experiences from elsewhere.

Framework and Standards for Parenting Programmes

The framework for the standards includes the following phases:

- | | |
|------------|--|
| Phase I: | Initial Programme Planning |
| Phase II: | Planning Programme Implementation Approaches |
| Phase III: | Planning Programme Contents, Materials, Methods and Media |
| Phase IV: | Planning Personnel Training |
| Phase V: | Programme Implementation |
| Phase VI: | Programme Monitoring and Evaluation |
| Phase VII: | Programme Consolidation, Sustainability and Going to Scale |

Phase I Initial Programme Planning

The most important phase of programme development is the design phase, when the framework for success and growth or failure is established. From the outset, the programme design should include elements essential for scaling up a pilot project to the level of a national parenting programme or for using elements of the pilot in national-level programmes. Leaders of parenting programmes should be guided by a common vision of developing culturally and developmentally appropriate parenting services that are child-centred and family-focused. Ultimately, parents also should guide their own parent education and support activities.

<p>Standard I.1 A Programme Planning Committee is established that includes stakeholders from government, civil society, private sector, and the cultures and communities to be served.</p>	<p>Each of the four countries established a Programme Planning Committee. It usually included representatives of institutions of government and civil society but not the private sector. However, in BiH the lack of representatives from Roma and resettled communities resulted in major programme readjustments after the planning phase. In contrast, the presence of parents and a wide array of specialists from many different institutions of government and civil society enabled the Belarusian programme to develop culturally appropriate materials.</p>
<p>Standard I.2 All stakeholders are identified and consulted regarding their needs, ideas and potential contributions to the parenting programme.</p>	<p>The Programme Planning Committees of the four countries sought to identify and consult all stakeholders. Some stakeholders became less involved after the initial consultation and others continued to play active roles. In BiH, the Parenting Initiative Group helped ensure stakeholders were involved. In Belarus, inter-agency agreements promoted continuous consultation and involvement. The ECD Working Group in Kazakhstan actively included many stakeholders, as did the Kazakh National Healthy Lifestyles Centre at the beginning of its work.</p>
<p>Standard I.3 All stakeholders, and especially parents and communities, are involved in designing, planning, implementing and evaluating the programme.</p>	<p>The countries differed greatly with respect to parent involvement. In Belarus parents were involved in programme review. In BiH, Roma and resettled parents were also involved in helping with programme implementation and review. In Kazakhstan and Georgia they were only consulted through the baseline study. However, programme evaluations may help involve parents more directly in the future. None of the programmes offered parents the opportunity to become trained as community parent educators or to take shared community “ownership” of the programme. Parenting programmes in other world areas that have featured active parent participation in programme design, planning, implementation and evaluation have helped to ensure long-term sustainability as well as continuous and effective programme revision.</p>
<p>Standard I.4 A baseline study on child and maternal status and care giving practices and needs and child rearing is completed before the programme is planned.</p>	<p>All four countries conducted baseline studies that helped them focus programme contents on priority parenting needs.¹ Enough time must be allowed for data collection, analysis and interpretation in order to be able to use evaluation results effectively for programme planning, and prioritising and preparing programme contents and methods.</p>
<p>Standard I.5 A Strategic Action Plan is developed, along with a Planning Manual and an</p>	<p>All of the programmes submitted programme proposals to UNICEF, but they lacked a detailed, thorough and comprehensive Strategic Action Plan, a Programme Planning Manual, and an Annual Work Plan. As a result, it was very difficult to recreate the history of programme development and</p>

¹ Grover, D and Iltus, S. (2004). *Asking the Right Questions – Correctly: Guidance Notes for Conducting Research to Assess Family Child Care and Rearing Practices*. UNICEF: New York.

Annual Work Plan.	check details of programme planning against programme implementation. Furthermore, many critically important areas were left out of planning including: evaluation and monitoring designs; cost studies; plans for financial diversification; plans for going to scale; in-service training; and other activities for achieving long-term sustainability.
Standard I.6 A programme justification is clearly stated, and risks, potential barriers and opportunities for programme implementation and sustainability are identified.	None of the programmes provided clearly worded justifications and statements of risk, barriers and opportunities. As a result, each of them encountered challenges they could have anticipated, such as a lack of official governmental support for taking the programme to scale (BiH, Georgia, Kazakhstan), difficulties in serving ethnic minority populations (BiH), and inadequate attention to the needs of rural populations (Georgia).
Standard I.7 The vision and mission of the parenting programme are clearly stated and programme leaders are committed to them.	Programme leaders should communicate and reinforce the programme's vision and mission effectively to personnel and parents at all levels, from the community to regional and national levels. This was accomplished in all four programmes, and as a result, programme personnel and many national leaders became strong programme advocates.
Standard I.8 Goals, objectives, results and results chains are clearly specified.	Most of the programmes did not state clearly their goals, objectives, results and results chains. It was often unclear what the results chains were, and it was very difficult to create them <i>ex post facto</i> . As a consequence, programme leaders did not identify adequately their programme inputs, outputs and outcomes in terms of impact on parents and children. They did not list the indicators, measures and targets that are essential for programme monitoring and evaluation. The programme evaluations were uniformly weak, and they did not permit an assessment of programme outcomes, costs and cost-effectiveness studies. A clearer statement of goals, objectives, outcomes, and results chains would have permitted better targeting as well as programme contents, methods, media, and training systems that were better prioritised and developed.
Standard I.9 The parenting programme is designed to go to scale from the outset.	Each of the programmes had an initial goal to go to scale; however, only Belarus conscientiously included all of the elements required to achieve this goal. This was due largely to the existence of a diversified array of settings for parenting education. Georgia and Kazakhstan planned to use the health system as a backbone for going to scale but both countries lack certain essential elements to ensure scale will be attained. BiH would like to take its programme to scale to serve all Roma and resettled communities; however, additional design work will be required to achieve this goal. Experience from elsewhere has revealed that if programmes are not designed to go to scale from the outset, it is very difficult to achieve this goal later because some of the requisite elements and institutional and financial support factors usually are lacking.
Standard I.10 The parenting programme fits within the national ECD policy or policy framework or helps develop a policy.	None of the four countries had an ECD policy or policy framework but each of the planning teams declared their dedication to developing a policy. Countries in other world regions with ECD policies usually include the establishment of parenting programmes as one of their major national strategies for ECD programme development.
Standard I.11 The programme is officially sanctioned and community-based .	Each of the programmes had some level of governmental sanction and support at national, regional and/or local levels. However, even though they were intended to be community-based, most of them did not include community members in the initial planning phase. This led to the need to hire community representatives (BiH) or to develop programmes mainly in major urban centres, national health Poli-Clinics, preschools or other national networks (Belarus, Georgia, Kazakhstan). To develop successful

	programmes in rural settings, more community representation and involvement in planning activities will be essential.
Standard I.12 All relevant sectors are included in designing and planning the parenting programme.	In each of the countries, the health and education sectors were represented in programme planning. In addition, in Belarus, BiH and Georgia, the social protection sector was also involved.
Standard I.13 Programme leadership is provided by the strongest sector, and close coordination is developed with the other sectors.	In three of the countries, the health sector was the strongest sector in serving mothers and young children. In Belarus, the MOH and MOE shared programme leadership. In other parts of the world, and especially in countries beset by conflict or severe poverty, the protection sector may lead. In some countries, to achieve coordination, the planning ministry leads parenting programmes. Inter-sectoral coordination was strongest in Belarus where written inter-ministerial agreements and shared regulations ensure close collaboration among a wide variety of parenting programmes.
Standard I.14 Parenting programmes should be closely linked with existing ECD programmes.	Belarus has developed an array of collaborations among parenting programmes and ECD, ECI, preschool, health, and family protection and therapy programmes. These linkages help programmes ensure consistency of message and they have rapidly expanded parenting programme coverage. Other country programmes also featured a wide array of linkages, but mainly with the health and education sectors (Georgia, BiH). Countries have used such linkages to expand and improve their parenting programmes and provide case management and referrals to essential services for programme families.

Phase II Planning Programme Implementation Approaches

Various approaches should be considered for programme implementation. Parenting programmes should attempt to support all parents, especially to avoid internal divisions that can occur within a community when only some families are served. In every community, some children and parents have greater needs than others. These can include families living in severe poverty and those where children have developmental delays, malnutrition, chronic ill health, disabilities or other special needs. In some cases, all children in a community or camp will need intensive services, such as those who are affected by armed conflict, HIV/AIDS, severe poverty, malnutrition, disease, etc. In other situations, only a percentage of the children and parents will require more intensive services.²

Standard II.1 Parenting programmes provide universal as well as targeted services for more vulnerable and high-risk children.	Belarus and BiH provide both universal and targeted services. In Roma and resettled communities, all parents are served but more attention is given to parents of children with developmental delays, malnutrition and ill health. In Georgia and Kazakhstan currently only universal services are provided, but in both countries, interest was expressed in using Poli-Clinic staff to provide more intensive services for parents of vulnerable and high risk children.
Standard II.2 More intensive parenting education and support services are provided to the	Belarus provides early childhood intervention (ECI) services. BiH provides intensive coaching for the parents of vulnerable and high-risk children. In some other countries, many programme models with different service intensity have been developed, and costs have been kept low by

² Disabled children in a community can vary from four to over 15 percent, depending upon maternal health and nutritional status, diseases, war, and other variables. Developmentally delayed children tend to be a function of stunting and other measures of malnutrition. They can vary in frequency from an additional five percent to over 50 percent of the children, depending upon levels of stimulation by parents and caregivers, poverty, famine, and untreated illnesses (malaria, tuberculosis, HIV/AIDS, etc.).

parents of vulnerable children.	providing enriched pre- and in-service training combined with continuous supervisory and monitoring systems.
Standard II.3 Parents of vulnerable children are given priority if a country decides to target its parenting services narrowly.	BiH decided to target its parenting services on families with vulnerable children from Roma and resettled communities and provided universal services in those communities.
Standard II.4 Parenting programmes place initial priority on the period from pregnancy to age three.	All four countries prioritised the period from pregnancy to age three, with Belarus extending parenting programmes up to six years of age. Given international research results on how to improve birth outcomes, brain development and other areas of early child development, as far as possible parenting programmes should begin during the prenatal period and continue up to at least three years of age. Once services for parents of infants and toddlers are well developed, most parenting programmes expand their content to serve families with children up to six or eight years of age.
Standard II.5 A variety of locations for parenting programmes are considered.	In the four countries, Poli-Clinics, ECI programmes, preschools, community centres and homes were used as programme locations. In other regions, schools, youth centres, child development centres, and religious centres also are utilised. By using a wide variety of access points, parents can be supported where they feel most comfortable participating.
Standard II.6 Parenting programmes include both home visits and group sessions.	Home visits were used in Belarus, Kazakhstan and BiH, but group sessions predominated in Georgia in Poli-Clinics and preschools. Most programmes in Belarus feature both approaches, depending upon the needs and preferences of parents. In Kazakhstan and BiH, individual or small group home visits are the main form of parent education but referrals are made to maternal-child health services in Poli-Clinics. Home visits are usually the most effective approach for parent education because parents can explore their options, practice and adopt new skills in the privacy of their homes. However, new knowledge and skills can be reinforced through also providing group sessions. Groups tend to lessen parental isolation, and can promote other types of learning and personal empowerment. It is advisable to develop both home visits and group sessions, using home visits to provide more intensive services.
Standard II.7 Home visits are scheduled more frequently for the parents of vulnerable children.	Parents of vulnerable children usually are visited weekly in Belarus. The frequency of home visits can be reduced as the status of the parents and children improves. Home visits ideally should continue until both parents and programme personnel assess that they are no longer essential for good child and family development.
Standard II.8 The duration of home visits and group sessions are specified and meet generally accepted levels.	Parents of vulnerable children should receive programme services as long and frequently as possible. Usually, to ensure fragile, high-risk and vulnerable children will be well parented, at least nine months to one year of intensive services should be provided. It is most beneficial, though, to consolidate gains through continuing monthly home visits or group sessions until at least age three. In Belarus, parenting programme duration was usually from pregnancy to age three, with continuing support during the preschool years. In BiH, Phase I services were to last from two to four months but it was generally agreed they would be lengthened and supplemented in the next phase. In Georgia, pregnant women and parents of children birth to three are invited to visit Parent Resource Rooms and attend group sessions whenever they wish. In Kazakhstan, continuous home visits are provided for pregnant women and parents of children from birth to age three.

<p>Standard II.9 “Loading” of the number of parents per parent educator is realistic.</p>	<p>Loading varied greatly among the programmes. In Belarus, the number of parents served by parent educators was dependent upon the type of programme, ranging from individual home visits to group sessions of up to 25 to 30 parents. In BiH, the usual group size observed was from 10 to 25 parents, plus individual home visits, as needed. In Georgia, parenting groups ranged from one couple to up to 30 at a time. In Kazakhstan, all parenting education is delivered through home visits, although consideration is being given to providing parent education during well-baby check-ups. However, home visit loads in Kazakhstan are abnormally high: from 50 to over 90 parents in a caseload. For this reason, it is advisable to reflect on what research has found regarding caseloads. For home visit caseloads, from 10 to 12 can be managed well at a time. Nonetheless, caseloads of up to 25 are often the case but this is very difficult for parent educators (especially if they have multiple other responsibilities). For group sessions, only 10 to 15 parents should be invited in order to ensure open dialogue and a willingness to practice new activities in front of others. Often groups are larger but they are likely to be less effective.</p>
<p>Standard II.10 Communications media are used to reinforce programme messages but they do not replace person-to-person parenting services.</p>	<p>Communications media that were used included television programmes (Belarus and Kazakhstan) and videos (Belarus, Georgia and Kazakhstan). Written materials were used in all four countries. Visual media were useful for complementing and reinforcing key programme messages in each of the countries. They did not substitute for inter-personal interaction through home visits and/or group sessions.</p>
<p>Standard II.11 Auxiliary parent support services complement home visits and group sessions.</p>	<p>Toy making and toy lending libraries were well developed in Belarus, and begun in BiH and Georgia. Parenting resource rooms were developed in Poli-Clinics in Georgia along with child play areas in communities of BiH. Case management and referrals were very well managed in Belarus but greater emphasis on them is needed in the other countries.</p>
<p>Standard II.12 Criteria for programme personnel are carefully developed and applied for personnel selection.</p>	<p>The four parenting programmes had implicit criteria for the selection of programme personnel. It would have been valuable to have explicitly stated those criteria. In all four countries, parent educators were professionals. Medical doctors, nurses and nutritionists were selected in all countries, with a focus on outreach nurses in Kazakhstan. Preschool teachers were used in Belarus, BiH and Georgia. Child therapists were used in Belarus, and to a limited extent in BiH and Georgia. Family therapists and counsellors were also selected in Belarus. As yet, none of the countries used community parent educators, as has been the case in other regions of the world. This would enable programmes to greatly expand programme coverage and lower service delivery costs. Criteria should be developed for community parent educators, for example: ability to read at the 8th grade level; highly respected by the community; knowledgeable and devoted to parents and children; interested in learning and eager to be trained; gentle and outgoing; good listener, facilitator and communicator; works well in teams; relates positively to supervisors; honest and reliable; can afford to work at the level of remuneration offered; has sufficient time during weekdays and/or weekends; etc.</p>

Phase III Planning Programme Contents, Materials, Methods and Media

Once initial programme planning has been completed and programme parameters established, then programme contents, methods, media and training systems can be developed. Each parenting programme should strive to present knowledge, behaviours and skills that are essential for holistic child development. In **Annex IX: Content Areas for Parenting Programmes**, a detailed list of potential content areas is presented. Many more topics and refinements can be added to this list. Each country must prioritise its list of programme curricula.

Parenting materials designed for use in Western urban industrialised societies rarely are appropriate for application in other countries without major adaptation. National ECD, health, nutrition, sanitation, education and protection specialists should develop new curricula, materials, methods and media derived from their own cultural experience as well as scientific research results.³

Curricula and materials are culturally appropriate when they fit local cultural behaviours, attitudes, norms and values. Such materials should not only fit major “traits.” They should also reflect deeper values, attitudes and behaviours that underlie childrearing practices. Cognitive domains pertaining to child rearing, health and nutrition, family safety, home sanitation, and child protection vary greatly from culture to culture. Certain cultural norms that may have been functional in earlier times sometimes are judged by national ECD specialists to be counterproductive for good child development (i.e. not feeding colostrum; tight swaddling; taboos against foods for pregnant women and children; low-verbal interaction with children; corporal punishment for infants, and other negative behaviours). In such situations, other cultural strengths and positive cultural ideals can be emphasised while behaviours identified for change are modified or ended.

<p>Standard III.1 Curricular materials are designed by national specialists in parenting and ECD, health, nutrition, education, sanitation and protection, in collaboration with parents from targeted groups.</p>	<p>External consultants designed the curricular materials of three of the programmes. Only Belarus exclusively used national authors. They used others’ writings and research as sources of inspiration but they adapted messages to meet the needs of Belarusian parents. Major modifications of curricula are underway in BiH. Georgian and Kazakh specialists have attempted to meet specific needs identified in baseline studies.</p>
<p>Standard III. 2 Child development curricula and methods are based on scientific research results, as well as cultural traditions, principles of good communication and adult learning</p>	<p>Scientific results were used for the health and nutrition sections of all four programmes. Systems of cultural knowledge and skills were taken into account in preparing the curricula, materials and methods of the parenting programmes in Belarus, and to some extent in Kazakhstan. Rapid adjustments were made in BiH to revise curricula for improving communication with Roma and resettled families. If curricula are not culturally appropriate and do not use principles of good communication and adult learning, they will not be effective with parents.</p>
<p>Standard III.3 A baseline study and a participatory enquiry process are conducted to identify key</p>	<p>The baseline study should be consulted to identify areas of need for parenting education and support. Areas where parents are confused about parenting and child development should be covered. Each of the four programmes conducted a baseline study, and results were fundamental for</p>

³ Hepburn, K. S. (2004). *Building Culturally and Linguistically Competent Services to Support Young Children, Their Families and School Readiness*. Baltimore, MD: The Annie E. Casey Foundation. This useful book is available only in English. Although it focuses on the United States, some of its observations may be useful for other multi-ethnic nations. <http://www.aecf.org/publications/>

<p>content areas for the development of culturally appropriate curricula, materials, methods and media.</p>	<p>guiding programme contents in Belarus, Georgia and Kazakhstan. In BiH study results were used more to define target groups than to develop programme contents.</p>
<p>Standard III.4 Parents’ cognitive domains are derived and their parenting behaviours are observed in order to prepare parenting materials.</p>	<p>None of the programmes fully derived parenting materials from local cultures, although the Belarusian materials come close to achieving this standard. Excessive dependency upon foreign sources that are “expert-driven” led to the creation of some materials that were not culturally appropriate and did not fit literacy levels, especially in BiH.</p>
<p>Standard III.5 Nations develop checklists of programme contents and also prioritise the most important areas for emphasis and initial development.</p>	<p>After conducting baseline studies, Kazakhstan and Belarus identified leading topics for parenting education and support. They then listed and prioritised their programme contents. Georgia also developed a discrete list of areas but they chose to cover many areas rather than prioritising a few for greater emphasis. As a result, parent educators reported that they added their own materials to what was presented in the general book for parents. BiH has yet to define a revised list of priorities to meet the needs of Roma and resettled parents that were identified during Phase I of the programme. Prioritisation does not mean that topics will be left out forever. Rather emphasis is given to certain topics first to attain specific parenting and child development results.</p>
<p>Standard III.6 The following priority areas are considered as “core topics” in the CEE.CIS region:</p> <ol style="list-style-type: none"> 1. Prenatal education on maternal health, nutrition, childbirth, and preparation for parenting 2. Birth registration 3. Neonatal care and stimulation 4. Infant health and nutrition, with emphasis on breastfeeding, iodised salt and other micronutrients 5. Nurturing care of infants and toddlers 6. General stages of infant and child development 7. Developmentally appropriate infant and child psychosocial stimulation and 	<p>All of the programmes served parents from pregnancy to children three years of age. In this age range, the programmes covered most of the priority areas recommended in this standard. They were stronger with respect to health and nutrition education because they followed IMCI and IMCI-C recommendations. In general, they were notably weaker with respect to:</p> <ul style="list-style-type: none"> • Prenatal education for preparation for positive parenting • Neonatal stimulation and home care • Balanced and developmentally appropriate infant and child psychosocial stimulation for each developmental stage and/or each month of normal development • Combining nutritional supplementation with parent education and concrete child stimulation activities for vulnerable children⁴ • Toy making and toy safety, keyed appropriately to children’s developmental levels • Home, yard and community safety and sanitation • Assessment of child caregivers and child care centres, crèches and preschools • Child abuse and neglect, and how to access child protective services

⁴ Morris, J et al. (2005). “Mental health and severe food shortage situations: Psychosocial considerations.” Geneva: World Health Organization.

Super, C.M, M. Herrera, G. and Mora, J.O. (1992). “Long-Term Effects of Food Supplementation and Psychosocial Intervention on the Physical Growth of Colombian Infants at Risk of Malnutrition,” Annual Progress in Child Psychiatry and Child Development 1991, pp. 160-189. New York: Bruner/Mazel, Publishers.

<p>development; the importance of play, interaction, reading to young children and developing their self-esteem.</p> <ol style="list-style-type: none"> 8. Toy making and toy safety 9. Home, yard and community safety and sanitation 10. Child and women's rights 11. Assessment of child caregivers and child care centres, crèches and preschools 12. Child abuse and neglect, and child protective services 	
<p>Standard III.7 Special attention should be given in the CEE.CIS region to focusing on parents with:</p> <ol style="list-style-type: none"> 1. Depression 2. Substance abuse 3. Children affected or infected by HIV/AIDS 4. Malnourished children 5. Children with chronic illnesses 6. Child abuse and neglect 7. Children affected by war or violence 8. Street children 9. Children with disabilities (landmines, foetal alcohol syndrome, Down syndrome, cerebral palsy, etc.) 	<p>Only certain countries or populations will need specialised parenting materials on certain topics. Maternal depression was notable in BiH, Georgia and Belarus. Malnourished children were identified especially in BiH and Kazakhstan. Chronic illnesses such as tuberculosis affect especially children living in poverty in countries of the region. BiH has many traumatised parents and children due to the war. Street children are especially found in BiH. All of the countries are dealing with child abuse and neglect as well as children with disabilities and “social orphans.” Though initial priority may not be placed upon these especially vulnerable children, national ECD specialists should reconsider such decisions in the light of trying to reach their countries’ most vulnerable children and high-risk parents.</p>
<p>Standard III.8 Personnel working with parents and children that may have HIV/AIDS, tuberculosis or other infectious diseases are trained in Universal Precautions and other personal safety and sanitation issues.</p>	<p>Because HIV/AIDS and tuberculosis are found in the CEE.CIS region, it would be wise to include special components on Universal Precautions for trainers and parent educators at all levels. Such training was not included in any of the four programmes, although separate training may have been provided in workshops for health professionals. This would still leave educational specialists, psychologists and social workers without essential training. For example, many programmes were observed not to clean toys and other objects before and after use with parents and children.</p>

<p>Standard III.9 A scientifically valid, and gender sensitive curriculum is developed and consistently used for training supervisors, home visitors and facilitators.</p>	<p>Most of the programmes developed their materials before training their parent educators; however, it became clear after training in BiH, that new curricular materials would be required. All of the programmes used scientifically valid messages for health and nutrition items (with a few small exceptions). However, except for Belarus, materials for developmentally appropriate child development activities were very general and inadequate for meeting the needs of parents of vulnerable children. Materials were generally gender sensitive, and attention was given in two countries to the learning needs of fathers and grandmothers.</p>
<p>Standard III.10 The “home language” (either the mother tongue or the national language) is used for all materials in the parenting programme.</p>	<p>Parenting materials provided in a language parents do not use or understand well will not be effective. Requests for additional home languages were heard in all four countries. It will be important to develop culturally and linguistically appropriate materials for ethnic and linguistic minorities and excluded social groups, such as Roma and resettled families in BiH.</p>
<p>Standard III.11 All curricula, materials, methods and media are rigorously field- tested with “typical” families who will be receiving them.</p>	<p>Field-testing of educational materials was conducted in Belarus and to some extent in Georgia. However, only urban groups were used and for materials destined for application also in rural areas or with ethnic minorities. In BiH, due to a lack of prior field-testing, materials had to be totally modified for Roma and resettled groups.</p>
<p>Standard III.12 Curricula, materials and media are revised and retested, as necessary, before final production. They are also reviewed periodically before printing additional copies.</p>	<p>Belarus revised and retested its parenting materials, as needed. Programme personnel in other countries stated they plan to do so before their next printings. Continuous review and revision helps to improve materials and ensure that contents keep up with the latest research findings as well as socio-cultural changes and emerging parental needs in local settings.</p>
<p>Standard III.13 Materials are appropriate for programme participants’ literacy levels, visual understanding, and preferred learning styles.</p>	<p>Belarusian, Georgian and Kazakh reading materials appeared to be appropriate for literate urban societies but possibly less so for rural communities, and especially ethnic and linguistic minorities. BiH materials were not appropriate for the intended audience of illiterate or semi-literate Roma and resettled communities. Visual understanding was not taken into account in many materials that were dense and wordy. Preferred learning styles was assessed fully only in Belarus where demonstration and practice were used extensively.</p>
<p>Standard III.14 For low-literate parents, parenting programmes provide family literacy training by seamlessly tying educational materials on child development, health, nutrition, sanitation and protection to literacy activities.</p>	<p>None of the programmes purposefully provide family literacy as yet although undoubtedly many of the materials serve this end. In BiH this is planned for the future. In many other countries, parenting programmes are intimately tied to family literacy, with outstanding intergenerational results.</p>

Standard III.15

New **active teaching and learning methods featuring demonstration and practice** are pilot tested, used to train parent educators, and applied in home visits and group sessions.

To teach parenting knowledge and skills, most of the countries depend upon the provision of lectures, exhorting parents to do certain activities. Some open dialogue and role-playing was used as well. However, most parent educators were not trained using demonstration and practice, and consequently, they rarely used these methods during home visits or group sessions. Research has clearly shown that demonstration and practice is the most effective approach for parenting education – exceeded only by teaching through demonstration and practice. Care must be taken to ensure teaching and learning methods are culturally appropriate. For example, people from some cultures do not like to participate in role-playing, but they may enjoy demonstration and practice, the use of marionettes or community theatre.

Phase IV Planning Personnel Training

Most parenting programmes include both home and centre-based services, although some are only home or centre-based. Types of personnel vary, depending on the services provided. Home-based programmes tend to place a greater emphasis upon serving vulnerable children and parents but this is not always the case. In some countries, highly skilled professionals from health, nutrition, education, sanitation, community development, and protective services fields provide parenting services. In others, professionals train community paraprofessionals who in turn provide home visits and/or parenting sessions. They are often called “community parent educators” or “mother educators.” Given this wide range of specialists and lay personnel, it is important to develop flexible and comprehensive training systems to ensure quality parent education and support services.

Standard IV.1

Criteria are established for personnel selection including professionals and paraprofessionals, both paid and unpaid.

Personnel selection criteria should reflect cultural as well as technical requirements for effective parent education and programme management. Often programmes forget to establish criteria for unpaid, volunteer personnel. Staff selection should be based on using established criteria. Employment policies should be official and transparent in order to avoid misunderstandings. Each of the four programmes established informal criteria for personnel selection. Greater specificity would have helped improve selection, especially of field personnel. None of the programmes uses paraprofessionals although all were interested in doing so. Many professionals were paid only for training, and thereafter, they were expected to incorporate new parenting content into their on-going health home visits or clinic-based services.

Standard IV.2

Terms of reference are prepared for all positions.

Terms of reference should be prepared in a collaborative manner to reach agreement regarding roles, responsibilities and tasks. Terms of reference should be prepared for teams at all levels in order that personnel will understand their roles and performance expectations within team contexts. This is especially important when inter-disciplinary parenting teams are established, as is the case in some countries, such as Belarus and BiH.

<p>Standard IV.3 Trainers of trainers (TOT) at the national level are highly trained professionals and have extensive field experience.</p>	<p>Most national or sub-national parenting programmes develop a TOT system, as is the case in each of the four countries. Trainers should be experienced in providing parent education at the community level for vulnerable children and high-risk families as well as others. They should be experienced in conducting parenting education through home visits as well as centre-based parenting classes and services. Some trainers observed in the four programmes were narrowly prepared in health, nutrition or preschool education, and they were new to parenting education. Over time, countries will develop a cadre of skilled trainers of trainers.</p>
<p>Standard IV.4 A comprehensive and intensive programme of pre-service training is provided for all personnel, including directors, regional supervisors, materials and methods specialists, community supervisors, and all parent educators and paraprofessional parent education and support staff.</p>	<p>Each of the programmes held at least one pre-service training session for professionals to prepare them to become parent educators. The sessions were relatively short but very intensive. They ranged from a very complete training system and manual in Kazakhstan to more simple curricula, as in BiH. These training materials were exclusively for parent educators. No separate training was prepared for programme directors, regional supervisors and community supervisors. Since no paraprofessionals were used, no training materials were prepared for them. In the future this will be essential.</p>
<p>Standard IV.5 Duration of pre-service training is at least one week in length, and two weeks if possible.</p>	<p>Across the four programmes, the duration of pre-service training ranged from three days to two weeks. Three days is usually far too short, even for highly skilled and experienced professionals. The best length is two weeks, but if programme budgets are limited, one week of intensive training will suffice for experienced professionals. For community paraprofessionals, the usual rule of thumb is at least two weeks of initial training. It is critically important for both professionals and paraprofessionals to reinforce and expand initial training through providing continuous and frequent in-service training.</p>
<p>Standard IV.6 Training contents reflect the integrated approach of the contents that are to be shared with parents.</p>	<p>All four of the programmes used an integrated approach, although the emphasis in three of the countries was on child health and nutrition, while in Belarus it was on child development.</p>
<p>Standard IV.7 Trainers of trainers of parent educators adhere to the core curriculum.</p>	<p>If programme contents are well designed, trainers should augment the curriculum only to ensure cultural relevance and good communication with programme participants. This is essential because unusual contents sometimes are “created” by well-meaning trainers who lack adequate preparation for their role. Such personal “inventions” can be inimical to good child development. When in doubt about the right response to a question, parent educators should be coached to respond, “I do not know but I shall find out by our next visit (or class).”</p>
<p>Standard IV.8 Methods for training parent educators should feature active teaching and learning methods.</p>	<p>If parent educators are expected to use effective adult education methods emphasising active approaches such as demonstration and practice, role-playing and open dialogue, then they should be trained in the same way.</p>

<p>Standard IV.9 Trainers of trainers require on-going in-service training and support.</p>	<p>Continuous in-service training of trainers was provided only in Belarus, although the other countries expressed interest in developing on-going in-service training for trainers of trainers and parent educators.</p>
<p>Standard IV.10 Professional parent educators, community parent educators or mother educators receive frequent and intensive in-service training.</p>	<p>Only Belarus has developed a system for intensive and frequent in-service training. Successful and sustainable parenting programmes in other world regions feature frequent in-service training and reinforcement. In-service training should be provided ideally each two weeks for at least four hours, using a system of reporting for purposes of monitoring and reinforcing achievements, presenting new skills through demonstration and practice, making a new learning toy, and planning new activities for the next two weeks. This system can be made monthly, but then a biweekly supervisory session will still be needed.</p>
<p>Standard IV.11 In-service training is combined with supervision and monitoring activities.</p>	<p>None of the countries has developed an in-service training system that is combined with supervision and monitoring. As described in Standard IV.10, parenting education programmes in other regions have used combined systems of in-service training, supervision and monitoring to improve programme quality and lower programme costs.</p>
<p>Standard IV.12 Trainers and parent educators are observed to be dedicated to continuous learning to achieve a high level of quality and competence.</p>	<p>Trainers and parent educators seek to attain professionalism in their work, acquire new knowledge, and improve their capacity to conduct demonstration and practice activities. Trainers and parent educators in all four programmes stated their interest in continued learning, but except for Belarus, they lacked access to in-service training activities.</p>
<p>Standard IV.13 Parent educators, whether professional or paraprofessional, are compensated appropriately through payment or in-kind services.</p>	<p>As professionals, parent educators in the four countries were either paid an additional fee (BiH, and in some cases Georgia) or they simply were expected to adopt parent education messages as a part of their normally compensated roles (Belarus, Kazakhstan). Without evaluation of parental knowledge acquisition and behaviour change, it is impossible to know if uncompensated parent educators are consistently successful in achieving programme goals. When paraprofessionals are prepared to be parent educators, often they are expected to volunteer their services. However, many programmes that have not provided paraprofessionals payment or in-kind services (such as help with their garden plot, food, clothing, or other items for them and their families) have been short-lived and unsuccessful.</p>
<p>Standard IV.14 Incentives for parent educators include additional training opportunities, recognition of achievements, and increased compensation or a bonus, as possible.</p>	<p>All four programmes used pre-service training and professional recognition as an incentive. Some offered a special honorarium or fee per service rendered. Community recognition can also serve as a strong incentive in many nations, as well as in-kind support such as certification, carrying bags and materials, help with home gardens, food, clothing, transportation, repairing homes, etc.</p>

Phase V Programme Implementation

Programme implementation processes include many managerial, supervisory, and coordination activities at all levels. These activities are essential to achieving successful programme outcomes and to bringing a parenting programme to scale. The development of programme finance and costing systems is often neglected when parenting programmes are first designed. Yet cost data are essential for projecting programme budgetary requirements, growth, and geographical and population coverage. Without these data, it is impossible to plan well for the maximisation of human, material, training and financial resources.

<p>Standard V.1 Programme directors design a competent system of programme management that will evolve and mature over time.</p>	<p>All four programmes were competently managed, with special recognition going to the institutional arrangements in Belarus and Kazakhstan. Georgia used the strength of its Poli-Clinics, and BiH capitalised on the leadership of IBFAN.</p>
<p>Standard V.2 Programme coordination processes are conducted both vertically and horizontally.</p>	<p>Coordination systems were particularly striking in Belarus and BiH where intra-agency and inter-agency agreement regarding coordination was outstanding. Horizontal coordination activities can become networks for programme sharing, inter-site exchange, and training. Programmes should include systems for sharing experiences and approaches among programme personnel working in all communities in a region; sharing between regional teams; and sharing across sectors through ECD Councils, Parenting Councils or ECD Fora.</p>
<p>Standard V.3 Access to programme services is clearly stated, transparent and appropriately communicated to potential communities.</p>	<p>Clear statements of access to community services are essential in order to avoid misunderstandings and confusion, and to ensure vulnerable children and parents receive needed services. Programme access was clearly stated in all four programmes and helped ensure adequate use of the services. BiH made effective use of community outreach workers to ensure all Roma and resettled parents were personally invited to parenting sessions.</p>
<p>Standard V.4 Programme activity requirements, internal checklists, and chronograms are prepared and used to ensure consistent performance at the community level as well as supervise the timely gathering of monitoring and evaluation data.</p>	<p>Belarus has good internal guidance documents. The other programmes found they needed to improve the planning and execution of activities and ensure the consistent recording and collection of data. This area is often neglected during programme design, and later, personnel have to try to reconstruct this information for purposes of improving services and constructing reports. Parenting programmes in all world areas have neglected these important activities.</p>
<p>Standard V.5 The programme meets all fiscal, legal, ethical, safety, environmental, and other regulations of the country.</p>	<p>Due to linkage with local health, education or protective services, the parenting programmes appeared to meet various fiscal, legal, safety and environmental regulations. However, they will have to remain vigilant that they meet emerging requirements and help establish national standards and regulations for their programmes as they grow.</p>
<p>Standard V.6 A diversified financial plan is</p>	<p>UNICEF partially supports all four of the parenting programmes. In-kind governmental support is significant in Belarus, Georgia and</p>

developed to ensure resources will be available to maintain, expand and improve services.	Kazakhstan, but in post-war BiH, it is weaker. During Phase II, BiH will seek municipal level support. Civil society institutions provide in-kind technical support in each country. The private sector has not been tapped in most countries although it plays fundamental roles in other world regions. Diversified funding should include support from the national, provincial and/or municipal governments as well as institutions of civil society and the private sector. Risks regarding financial, managerial, training and human resources should be assessed in order to plan creatively. Financial sources and amounts should be tracked over time to assess growth, change and the level of financial diversification. As a rule of thumb, a diversified array of financial support should be attained within a ten-year period.
Standard V.7 The parenting programme is linked to on-going institutional services as a way to lower additional costs and maximise programme access, but it also creates additional activities to expand programme coverage.	Each of the four programmes is linked to health care, educational, or family support services. Most of them use existing professional staff and facilities. Although this reduced the amount of additional funding required for institutional support, in-kind programme costs should be calculated to learn the real cost of the parenting programme and to help national planners assess the potential use of lower-cost alternatives, such as trained, well-supervised and paid community paraprofessionals – instead of only employing professionals.
Standard V.8 Detailed annual budgets are prepared and reviewed frequently to assess on-going expenditures.	All of the programmes had general budgets but only Kazakhstan was able to provide careful and up-to-date cost accounting of its training programmes. Administrative, developmental, training, direct service and indirect costs should be tracked and assessed.
Standard V.9 To achieve fiscal accountability , a cost accounting system is established and kept up-to-date, providing monthly, quarterly and annual reports.	Kazakhstan’s training programme was highly accountable and transparent. Such information is essential for calculating programme costs per parent, per child, per type of service, per community, per region and nationally. Programme costs should be calculated annually at a minimum, with an eye to maximising the use of funds and discerning areas of potential cost savings.
Standard V.10 A Personnel Guide is developed that includes the programme’s core values, all TOR, personnel policies, administrative rules, compensation, benefits, and other essential matters.	None of the programmes was able to provide a personnel guide. Often they are not developed until a programme becomes more mature; however, they are essential for ensuring transparency, workers’ rights, avoiding misunderstandings, and creating good personnel relations.
Standard V.11 Programme directors develop a “learning organisation.”	Learning organisations seek to achieve programme results by evaluating core processes and responding flexibly to recommendations from programme personnel, participants and others. This attitude was observed in all of the programmes, and helped to enable them to achieve striking short-term results in terms of inputs and outputs.
Standard V.12 Parent educators communicate effectively and respectfully with parents.	Parent educators should communicate with parents respectfully and maintain confidentiality at all times. They must protect the privacy of the parents they serve or difficulties will occur that could threaten the standing of the programme in the community. Parent educators need to be trained to help parents consider their options without dictating to them. Family privacy was occasionally neglected in three countries. This is a function of training and supervision.
Standard V.13	Parent educators were observed to communicate very well in three of

Parent educators expand their ability to communicate effectively both individually and in groups.	the countries, and in the third, observations with parents were not made. They exhibited a notable ability to consider others' perspectives, and they demonstrated significant personal flexibility when facing challenging circumstances. However, additional training in effective interpersonal communication would be helpful.
Standard V.14 Personal and team performance is evaluated at least once each year.	The four programmes did not employ formal performance evaluations. They could consider employing self-evaluation, evaluation by a supervisor or director and as far as possible, group, peer and parent evaluation. If not developed initially, a performance evaluation system is usually instituted as the programme becomes consolidated. Performance reviews should identify each staff member's areas of strength, initiative, innovation, and potential growth. Both paid and unpaid personnel should be evaluated.
Standard V.15 Programme supervisors at regional and local levels are trained to conduct in-service training and programme monitoring and evaluation activities.	In all four countries, supervisors functioned as informal trainers and programme monitors but with the exception of certain programmes of Belarus, they were not trained for their roles and they did not perform their functions consistently. A formal supervisory system combined with in-service training, evaluation and monitoring activities will be needed to achieve national level coverage.
Standard V.16 A grid for upward employment mobility is established.	With the exception of IBFAN in BiH, parenting programmes are placed within established institutional employment grids. To consolidate the programmes and encourage parent educators, supervisor/trainers, managers and evaluators to grow and improve in their work, over time, it will be important to establish a grid for upward mobility. In addition, as people leave their positions, a system for personnel transition should be developed to ensure knowledge and skills transfer as well as continuous service provision.
Standard V.17 Partnerships are established.	Collaborations between governmental agencies, private sector preschools, schools and health clinics, and NGOs, universities, institutes, religious organisations, and other institutions of civil society should become formalised through the establishment of partnerships. Each of the countries reviewed had established partnerships with NGOs, universities and institutes, but more partnerships will be needed to help promote rapid programme expansion in all regions.

Phase VI Programme Monitoring and Evaluation

Programme monitoring and evaluation is essential to programme success as well as ensuring long-term financial support. Results are often stated in terms of inputs and outcomes; however, in order to ascertain whether or not a parenting programme is truly effective, outcomes should be specified.

Standard VI.1 From 10 to 20 percent of programme budgets are devoted to internal monitoring and evaluation activities.	None of the four programmes had an effective monitoring and evaluation system, and very little money was devoted to this activity. Often monitoring was expected as a basic function of programme management, and no special funding line was allotted to evaluation. In other cases a part-time person was hired to help analyse data and produce brief reports.
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<p>Standard VI.2 The programme has an internal system of programme monitoring and formative and summative evaluation.</p>	<p>None of the four programmes had a complete system of monitoring and formative and summative evaluation, although Belarus had partial systems in several delivery points and Kazakhstan had a basic monitoring system for its training workshops. Some attempt at monitoring was found in BiH and Georgia, but the elements were very restricted. Sustainable parenting programmes should develop comprehensive, internal monitoring and evaluation systems.</p>
<p>Standard VI.3 The design for the internal monitoring and evaluation system clearly states expected results in terms of 1) inputs and outputs related to expected programme processes, personnel and activities, and 2) outcomes for child status and development, parenting knowledge and behaviours, and key programme achievements.</p>	<p>As noted, the programmes lacked complete evaluation designs, statements of inputs and outputs and none of the programmes gathered data related to programme outcomes. Programmes in the design stage should receive advisory assistance to ensure a complete system with these elements will be planned and then implemented effectively. Results should also be assessed in terms of financial diversification and stability, personnel retention, performance, quality improvement and satisfaction, partnership creation and maintenance, and stakeholder relations.</p>
<p>Standard VI.4 Support is sought for an external, longitudinal evaluation.</p>	<p>External programme evaluations were not conducted on the four programmes. It is understood that external evaluations are quite expensive but they can be very useful for advancing the field, programme advocacy and programme improvement over time. Evaluation expertise should be involved in initial programme planning and design to ensure that essential elements for evaluation are in place, baseline data in programme sites are collected, implementation processes are recorded, and data are routinely collected and analysed.</p>
<p>Standard VI.5 Stated programme results are consistent with key goals of the CRC, CEDAW, and other rights instruments related to human development, education, health and nutrition as well as with the goals and indicators of national MDGs, the PRSP, the EFA Plan, and other national policies or plans.</p>	<p>The four parenting programmes sought results that were consistent with the CRC, CEDAW, other rights instruments, MDGs, PRSPs and EFA and other policies and plans (as they existed). Attention to international rights documents may have occurred largely due to UNICEF involvement in the programmes. The programmes included elements of these instruments in their curricula. However programme results statements tended to be vague and lacking in specificity. Outcome measures to see if the rights and other goals were achieved were not assessed through programme evaluations.</p>
<p>Standard VI.6 For each results area, indicators with their measures, targets and trend lines are provided.</p>	<p>The four programmes did not provide key indicators, measures, targets and trend lines. It is recommended that this exercise be undertaken at the initiation of each programme for a few high-priority indicators, linking them, as far as possible, to national development goals for education, health, nutrition, sanitation and protection.</p>
<p>Standard VI.7 A monitoring and evaluation manual is prepared.</p>	<p>None of the programmes had yet developed a comprehensive monitoring and evaluation manual. To ensure each parenting programme has a consistent system for monitoring and evaluation, such a manual should be prepared. The manual should contain all forms and instruments used by the programme, as well as TOR for each staff member involved in evaluation. Explicit instructions should be provided for gathering, analysing and interpreting data at each programme level.</p>

<p>Standard VI.8 The programme has a continuous follow-up and tracking system regarding the status of children and parents.</p>	<p>Of the four parenting programmes, only Belarusian programmes had continuous follow-up and tracking systems. Some attempt was made in Poli-Clinics of Georgia and Kazakhstan to monitor programme parents, but these systems were undergoing revision. BiH foresaw the need for this but had not developed a follow-up and tracking system as yet. These systems are also useful for handling complaints, responding to urgent requests, meeting in-service training needs, managing personnel changes for serving families, ensuring monitoring and evaluation activities are undertaken continuously, and other issues</p>
<p>Standard VI.9 Stakeholder satisfaction is assessed on an annual or semi-annual basis.</p>	<p>Assessment of stakeholder satisfaction regarding programme organisation, activities, cultural appropriateness, and support services helps parenting programmes evolve appropriately to meet emerging needs. Although none of the programmes formally conducted such evaluations, parent educators usually were asked to evaluate their training workshops. Parents, however, did not assess programme services. Over time, this will become increasingly essential.</p>
<p>Standard VI.10 Child and family assessments to measure programme outcomes are applied only with full parental consent and participation.</p>	<p>The four programmes assessed family status in their baseline studies but thereafter only general statistical data were gathered by three of the programmes. Many parenting programmes in other world areas conduct regular child and family assessments. To observe parental rights, they should be applied only with full parental consent and participation in the assessment process. In Belarus, parenting programmes are linked with ECD programmes that use assessments, and they are applied using protocols related to parental consent, participation and privacy. Parents routinely receive reports on assessment results as well as guidance based upon those results.</p>
<p>Standard VI.11 Programme personnel evaluate their own programmes.</p>	<p>Programme personnel should conduct self and team assessments regarding major programme processes and inputs, i.e., participant persistence, service loads, service completion rates, availability of materials, satisfaction with supervision and in-service training, support issues, programme achievements, etc. They should also evaluate their own competence in working appropriately in the local culture. Informal self and team assessments were observed in all four countries but formal and regular systems for internal performance assessment were lacking in BiH and Georgia.</p>
<p>Standard VI.12 Monthly, quarterly and annual programme reports are prepared and distributed widely.</p>	<p>Reports should be prepared and submitted in a timely manner and shared throughout the parenting system and with decision makers at all levels, thereby establishing a level of expected follow-through. With the exception of Kazakhstan’s training programme for outreach nurses, regular, frequent programme reports were not prepared. Regular report preparation is a mark of a mature programme where systems are in place for full and transparent accountability. These reporting systems will help attract long-term financial support and other support to the programmes.</p>
<p>Standard VI.13 All results are used annually to review, revise and adapt the parenting programme.</p>	<p>Possibly the most important use of monitoring and evaluation results is their application in regular programme revision. This was lacking in the four programmes although informally each of them was actively learning from programme experiences. BiH, for example, was in the process of completely revising their programme on the basis of initial programme results.</p>

Phase VII Programme Consolidation, Sustainability and Going to Scale

Parenting programmes are required in all countries for pregnant women and the parents of young children. Most programmes are designed to be pilot efforts, and consequently, they rarely are taken to scale. To become fully sustainable, programmes should be designed with certain essential elements. They need to become formally consolidated and then evolve flexibly over time with a programme ethos that emphasises continuous innovation for programme improvement.

<p>Standard VII.1 Programmes are designed intentionally to have complete programme development processes.</p>	<p>In order to be able to go to scale, programmes require complete programme development processes, and these should be designed from the initial planning phase of the programme forward. In Belarus, the parenting programme was blended with ECD programmes that exemplify complete processes. In Kazakhstan, Georgia and BiH, various missing elements were identified and the programmes are working to develop them over time.</p>
<p>Standard VII.2 A system for long-term, sustainable national support is planned and developed during the initial implementation period of the programme.</p>	<p>Reliable diversified sources of annual financial support are required to cover the core recurrent costs of parenting programmes. Each of the four parenting programmes is developing a plan for long-term, sustainable national support, including government at all levels, civil society and private support. The programmes should be able to go to scale and serve the entire country through direct services and partnerships with additional organisations of government, civil society and the private sector.</p>
<p>Standard VII.3 Additional support for special activities is sought annually.</p>	<p>To ensure continuous programme innovation and quality improvement, it is essential to seek support – financial and material - over and above annual recurrent costs. Additional support is usually used to conduct evaluation research, design new programme components, and improve and expand programme activities.</p>
<p>Standard VII.4 International support is used exclusively for programme design, training and innovations.</p>	<p>Countries should not rely on international support for long-term programme sustainability. International support should be used for activities such as programme design, materials and media preparation and production, special training workshops, international training, special evaluations and action research, and other innovative work that will not imply additional major recurrent costs.</p>
<p>Standard VII.5 An effective organisational and coordination structure with partnerships and networks is established, linking all main national actors in parent education and support services.</p>	<p>Leaders of the parenting programme should be flexible and open to participating in coordination activities, partnerships and networks. For their programmes to evolve flexibly over time, they should also consider and implement innovations in terms of programmes structure, contents and methods. Parents should play an integral part in helping to implement parenting programmes through participating in regular community-wide comprehensive planning to meet child development needs.</p>
<p>Standard VII.6 A national centre for parenting and early childhood development is established to help ensure continuous innovation,</p>	<p>The generative capacity for continuous innovation, coordination, training, materials and media development, evaluation and quality improvement needs to be established in each country. At present, with the exception of Kazakhstan, coalitions of parenting and ECD specialists and their institutions are playing the role of generating parenting programmes. Such coalitions may not be sustainable. In the</p>

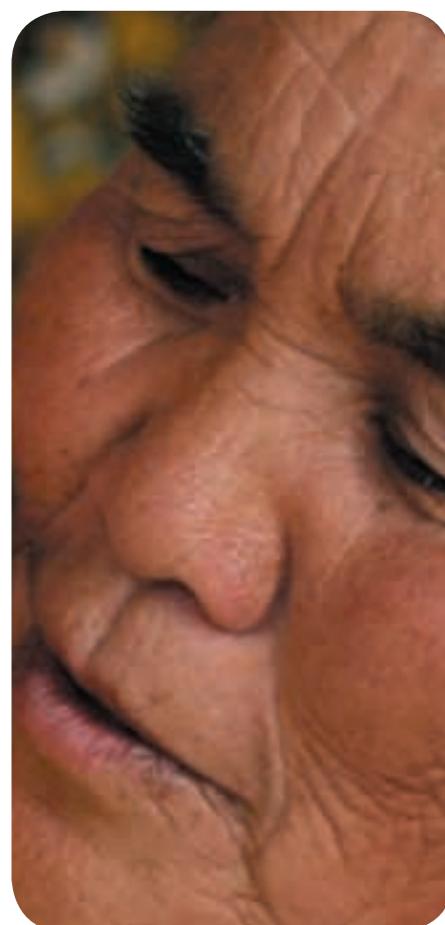
coordination research, training and evaluation.	future, this capacity should be institutionalised to ensure the development of sustainable programmes of high quality.
<p>Standard VII.7 The parenting programme is fully accountable and transparent in both financial and programmatic terms.</p>	<p>Accountability and transparency is essential in parenting programmes to ensure long-term financial and institutional support. A high level of transparency was found in the four programmes but because crucial programme data were not readily available, they tended not to be fully accountable. This was a systems issue rather than an ethical issue. With additional programme design work, each of the programmes can become fully accountable.</p>
<p>Standard VII.8 A programme advocacy plan is prepared and updated annually.</p>	<p>Each of the programmes conducted some level of advocacy either managed by planning teams or in some cases through collaboration with groups of parents (Georgia, BiH). To help ensure programmes will become sustainable and go to scale, an Advocacy Plan is required. The Plan should include a full schedule of communications activities, the involvement of national and local media, meetings with decision makers, report preparation and distribution, and other activities.</p>

Note: The author encourages dialogue regarding standards for parenting programmes. As some national standards begin to be established, it will be important to share them widely, along with their checklists and review formats. Evaluations of their effectiveness should be conducted. It is hoped that this dialogue will lead to improving and expanding programmes that provide essential support for families and children in countries throughout the world.

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PARENTING PROGRAMMES FORMATIVE EVALUATION

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VOLUME IV ANNEXES

- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan

***Formative Evaluation of Parenting Programmes in Four Countries of the
CEE/CIS Region: Belarus, Bosnia & Herzegovina, Georgia and Kazakhstan***
- Emily Vargas-Barón

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Annex I: CHARACTERISTICS OF PARENTING PROGRAMMES

	<i>Belarus</i>	<i>Bosnia & Herzegovina</i>	<i>Georgia</i>	<i>Kazakhstan</i>
<i>Problems to be addressed</i>	<ul style="list-style-type: none"> -Poor parenting skills due to preschool dependency. -Lack of materials for parenting programmes. -Inadequate home structuring & discipline. -Parents lack understanding of holistic child needs. -Lack of understanding of early ID & intervention for high-risk children. -Lack of parent education with family therapy. -Poor quality rural preschools. -Poor services for parents of special needs children. -Need professional training for ECI Centres & Special Needs Centres. -Parental use of harmful traditional practices. -Need to reinforce IDD, breastfeeding & safety. -Materials needed re preschool teacher training. 	<ul style="list-style-type: none"> -Need to expand health & child development services for Roma & resettled populations -Reduce cultural ostracism of both groups -Improve immunization rate, breastfeeding, parenting skills, information & referrals. -Reduce high levels of morbidity, malnutrition, family violence, adolescent pregnancy, & school drop out -Expand consistent & continuous services for trauma healing, conflict resolution & reconciliation 	<ul style="list-style-type: none"> -Need to reduce infant & maternal mortality -Improve parenting skills -Increase appropriate health service use -Improve home health care -Increase exclusive breastfeeding -Improve child nutrition & reduce micronutrient deficiencies -Improve child development -Ensure child safety & protection 	<ul style="list-style-type: none"> -Need to improve parental skills for home health care, breastfeeding, nutrition, & child development. -Improve professional capacity in parent education, including home visiting & counselling techniques, breastfeeding, complementary feeding, child development, home health care, prenatal nutrition & health care. -Expand emphasis on preventive primary health care for mothers & children. -Improve understanding of planners, decision makers, communities, parents & national mass media about child-centred, family-focused, community-based & integrated ECD services.
<i>Goal, objectives & results chain</i>	<p>General Strategy: Physical, psychosocial & cognitive development of young children are improved within a family-supportive environment.</p> <p>-Outcome 2: Children are better cared for by parents & care providers,”</p> <p>-Result: ECD professionals’ & parents’ knowledge & skills will be increased.</p> <p>Objective: improved capacities ECD professionals & parents.</p> <p>Sub-objectives: -Assist country to develop holistic programmes, guidelines & materials for parental education & training of specialists who work with special needs children.</p> <p>-Promote ECD in rural areas though new preschool models.</p> <p>-Help build capacity of professionals working in preschool education & health care, including those developing IMCI-C.</p> <p>Outputs: Improved capacities of ECD professionals & parents</p> <p>-Indicator: Number of ECD caregivers & parents trained</p> <p>-Indicator: Integrated</p>	<p>General objectives of Parenting Project for Excluded Groups</p> <ul style="list-style-type: none"> -Improve competencies of health & education professionals -Provide parent education for Roma & resettled families to promote holistic care & meet developmental needs of young children 0 to 3 years of age. <p>Specific objectives to: -Build organizational capacity of representatives of Roma & resettled communities</p> <ul style="list-style-type: none"> -Ensure active involvement in parenting classes at community level -Establish inter-sectoral collaboration between health, social & education sectors to address early childhood development. <p>Results chain presented.</p>	<p>Goal: to enhance early child development (under 3 years) by supporting parents.</p> <p>General PEP objectives</p> <ul style="list-style-type: none"> -Design & implement media-based family education materials to upgrade knowledge of health care workers, preschool teachers, parents & caregivers -Provide parents & caregivers information on child care & ECD. -Enhance children’s development, 0 to 3 -Promote healthy, mentally & physically well-developed generation. -Improve child care -Combine nutrition, health & ECD activities. <p>Specific objectives: -Assess parental needs & knowledge re ECD</p> <ul style="list-style-type: none"> -Design programme concept & prepare package on child care, hygiene, nurturing, growth, emotional & social development -Develop a videotape -Develop facilitators’ training guide -Develop parenting book, & leaflets -Review & edit drafts -Produce package -Conduct community 	<p>General Objective: to improve the knowledge & skills of parents & communities on early childhood care that ensures survival, growth & development</p> <p>Programme objectives: -Train medical workers to provide health care & developmental services for child at an early age (from zero to 36 months of age)</p> <ul style="list-style-type: none"> -Promote UNICEF & WHO principles among Kazakhstan’s parents & families, local authorities & other donors -Design educational materials & a training module -Develop communication materials for promoting project in pilot regions -Improve parenting skills through training of parents -Enhance maternal health & child survival & development. <p>BPP training objectives: -Identify major tasks of a visiting nurse in counselling families on safety, good health, growth, & psychosocial development of their children under 3 years.</p> <ul style="list-style-type: none"> -Counsel families on infant feeding & care for cognitive & social development of young children. -Counsel families on how to care for their sick children at

	<p>model for children with special needs developed</p> <ul style="list-style-type: none"> -Indicator: Number of educational & informational materials published 		<p>mobilization to implement programme</p> <ul style="list-style-type: none"> -Raise awareness of parents, medical, ECE staff -Improve family & community practices -Monitor service quality & quantity -No results chain. 	<p>home.</p> <ul style="list-style-type: none"> -Counsel families on how to care for nutrition of pregnant & breastfeeding women.
<p><i>Programme management, sectoral placement, stakeholder involvement, & ECD resource & training centre</i></p>	<p>Three ministries lead & collaborate with PPP: MOH, MOE, MOLSP. UNICEF's ECD specialist plays a professional role. Belarusian State University, Belarusian Pedagogical University, Academy of Post-Graduate Education, Belarusian Medical Academy of Post-Graduate Education, National Institute of Education, Republic Research Centre "Mother & Child", clinics & hospitals, & specialists in preschool education, ECI programmes, Development Centres for Special Education participate</p> <ul style="list-style-type: none"> -Christian Children's Fund is only international NGO. -Two national NGOs participate: National NGO for Children with Disabilities & Regional NGO for Chernobyl-affected Children. -Parent focus groups review draft materials. -Belarus lacks ECD resource & training centre; rather, specialists from several agencies work together. Agencies appear to constitute "critical mass" for attaining goals that usually found in national ECD centre. 	<p>IBFAN manages project collaborating with UNICEF, Public Health Institute, Ministry of Health, Paediatric Hospital Association, Ministry of Education's Preschool Division, Ministry of Social Welfare, relevant university departments, Poli-Clinics & Hospitals, Step by Step, Roma NGO "Be My Friend," preschools, & others</p> <ul style="list-style-type: none"> -Some became Master Trainers or parent educators -Project mainly in health sector but has strong participation of preschool & protection communities. -Roma & resettlement groups helped introduce Project into own communities, making decision to participate local. -Most of stakeholders participating in Project were professionals. Parents did not help design Project. But some parents were community representatives & introduced & managed aspects of Project. -No ECD resource & training centre exists in BiH but are interested. 	<p>Lead: (MOLHSA) & GAIA NGO manages activities. Stakeholders: GAIA, (MOES), ECD Working Group, Poli-Clinics, Children's Hospitals, Kindergartens & Preschools, a Rehabilitation Centre, Pedagogical University, & UNICEF.</p> <ul style="list-style-type: none"> -Parents not involved in programme design or implementation. Some were requested to review materials & some participants helped evaluate program. -At present no ECD curriculum, materials & training centre in Georgia but interest in developing one. 	<ul style="list-style-type: none"> -BPP Leadership: Ministry of Health. National Healthy Lifestyles Centre (NHLC) manages BPP materials development & training activities, in collaboration with UNICEF, the Ministry of Education & Science (MOES), the Republican IMCI Centre, WHO, UNFPA, USAID's ZdravPlus, & the World Bank. -In 1997, a strategic plan was established for the protection of mothers & children. Kazakhstan's Vision 2030 also guides the work of the NHLC. The National Health Plan emphasizes maternal & child health issues. -Parents have not been involved in programme management or programme development processes. -NHLC functions as a national ECD resource & training centre
<p><i>ECD policy, Council or Working Groups</i></p>	<ul style="list-style-type: none"> -ECD Task Force, formed in 2003, became ECD Council, a technical working group; has made major impact on children's services. -In 2003, only 69% of children 3 to 6/7 years in preschools; now 89% attend preschool. -Rural preschool coverage stayed lower; designed rural preschool model. -PPP developed to support preschool expansion, MOH early childhood intervention (ECI) services & MOE Devt. Centres for Special Needs Children. 	<ul style="list-style-type: none"> -No ECD Policy or high-level ECD Council currently exists in BiH but strong interest in developing them. -Parenting Initiative Group formed could become an ECD Policy Planning Team. -Task Force for preschool education exists & focuses on Preschool Reform. -UNICEF CO has supported establishment of a multi-sectoral ECD Task Force to develop an ECD strategy for children 0 to 6, & especially vulnerable children. -Health & Education Reforms & breastfeeding campaign underway; however, no bridging ECD Policy Framework exists. 	<ul style="list-style-type: none"> -No ECD Policy exists but there is interest in developing one -No ECD Council exists. -ECD Working Group guided this programme & could expand to become Policy Planning Team along with MOLHSA's working group for health reform. 	<ul style="list-style-type: none"> -No ECD Policy exists but UNICEF intends to help develop one. -No ECD Council exists although for a short period a Children's Council was formed for BPP. -Additional synergies for parent education & support could be achieved through exploring options during a participatory policy planning process. -There is a need for greater collaboration between MOES & MOH for purposes of enhancing parenting skills & child development in Kazakhstan.

	<ul style="list-style-type: none"> -ECD Council led PPP preparation of materials & media; lately has not met & many want to revive it. -Belarus is beginning to develop ECD Policy. -Current ECD Council could help form ECD Policy Planning Group. 			
<i>Inter-sectoral integration & coordination</i>	<ul style="list-style-type: none"> -Inter-sectoral coordination is strikingly effective. -MOE, MOH & MOLSP collaborated closely on PPP & regulations: Rights for Parents & Children with Special Needs for Quality Education Services. -Regulations developed on: group size; teacher/child ratios; ages of children; hours of service; open preschool model; collaboration parents & teachers/nurses; child-centred approaches; parent involvement; integration; inclusion in preschools & schools. -Seek inter-ministerial coordination with civil society institutions. -Vertical coordination to regions is strong; however, horizontal communication & coordination at regional levels sometimes is not. 	<ul style="list-style-type: none"> -IBFAN ensured good inter-sectoral integration for Project due to members in government & private sector. -Maintained daily contact with 20 teams, held frequent regional meetings & coordinators conducted widespread field supervision. -No horizontal networking of projects but strong communication within regions. 	<ul style="list-style-type: none"> -Good inter-sectoral planning observed with minor discord about strategy but strong consensus re collaborating, developing ECD policy & expanding parent education programmes. -Coordination is vertical, from Tbilisi to regions. No horizontal networking of Parent Resource Centres. 	<ul style="list-style-type: none"> -Inter-sectoral integration does not exist in Kazakhstan, although agreements for inter-sectoral coordination have been developed. -MOES focuses mainly on preschools. -MOES inactive in parent education, although MOH & MOES signed agreement for collaboration re children with Ministries of Internal Affairs, Information, Culture & Defence. -As currently structured, BPP does not envisage strong collaboration between MOH & MOES, but possible in future.
<i>Baseline study</i>	<ul style="list-style-type: none"> -National ECD specialists conducted baseline study in 2002, & found a lack of parent education. -Study reviewed childrearing practices; families' socio-economic status; parental knowledge; programmes for parents; parental attitudes toward new forms of preschool education & systems of family support by MOE, MOH & MOLSP; services for newborn health, early diagnostics & intervention to prevent disabilities. -Study promoted development of a National ECD Policy, listing all indicators used in Belarus to assess ECD, identified expenditures of national & regional budgets on child development, survival & protection. -Many recommendations at end of chapters have been implemented. -In 2004 an Analysis of Situation of Children & 	<ul style="list-style-type: none"> -Rapid baseline study conducted on parenting in resettlement & Roma populations, including socio-demographic & health data. -Child rearing techniques, service access, & home environments also observed & described. 	<ul style="list-style-type: none"> -Questionnaire assessed knowledge of 360 parents & 100 primary health care professionals & preschool teachers. -Situation Analysis on children & women conducted in 2003 to prepare 5-year CO programme. -Used to design PEP. -Plus trainee pre-tests showed specialists underestimate importance of ECD. -Unable to name harmful factors affecting fetal development, danger signs during pregnancy & importance of infant stimulation 0 to 3. New topic identified: how to dialogue with difficult parents; principles of child sexual development; expressing aggression to children; use of different types of toys, etc. -Trainees scored 24 % of responses correctly on pre-test but 87 % post-test. -Recent ECD & preschool survey valuable also for parenting programmes. 	<ul style="list-style-type: none"> -Outstanding baseline child rearing study conducted 2002 – 2003 on parent knowledge, attitudes & practices. -Fine summary presentation, Parenting in Kazakhstan (2004). -Elements of study used effectively in BPP training sessions. -Study was complemented by 2 other UNICEF studies, Access to and Quality of Health Care Services (2003) & Public Expenditure Review (2002). -Studies highlighted need to train home health workers, especially outreach nurses in integrated ECD skills.

	Women in Belarus was conducted will be used for ECD policy planning.			
<i>Age ranges</i>	PPP materials prepared mainly pregnant women, parents of children 0 to 3. Some booklets & training materials re children 3 to 8 on: school readiness, transition to school, coping & adaptation to school, & schools ready for special needs child.	Pregnant women & children 0 to 3 mainly.	Pregnant women & parents of children 0 to 3.	-BPP focuses on prenatal to 3. -Future programme extension to 7 years is envisaged.
<i>Programme design, national/external, central/decentralised, & parental involvement</i>	-National ECD specialists designed PPP at national level but with goal of serving regions & especially rural areas. -No external specialists were involved in developing PPP materials, although sources included research conducted in other nations, principally Russia (St. Petersburg & Moscow universities) & U.S. (Georgetown University's Centre for Child & Human Development). -Parents not involved in programme or materials design but assisted with field-testing materials in focus groups, along with professionals.	-Project planned centrally & in regions. -IBFAN & UNICEF led Project design. -IBFAN project group, including some representatives of regional & ethnic groups modified parenting materials of Cassie Landers. -Parents of target communities did not help design project but will for Phase II. -Some mothers asked local families about their needs, helped organise parenting sessions, mobilised mothers to attend, & helped fill in forms after sessions.	-Parenting materials of Cassie Landers used. -National specialists of ECD Working Group designed programme centrally & prepared programme materials & forms in Georgian. -Parents not involved in design.	-Excellent professional training materials developed centrally in Almaty by NHLC with help of Jane Lucas, international consultant. -National health & communications specialists drafted BPP materials using UNICEF & WHO materials. -Parents did not participate in developing programme or materials, & main role was to receive programme services. -However, baseline study included parental input used for programme materials development.
<i>Culturally derived or adapted programme, languages use & ethnicities</i>	-PPP materials centrally developed only in Russian language, spoken by most people in Belarus but home language of in certain regions is Belarusian, & some feel materials should be translated & printed in Belarusian too. -National ECD experts authored materials & were judged by other Belarusians to be culturally appropriate. -Parents from various ethnic groups reviewed materials to ensure they were culturally competent but no ethnic ECD specialists were included.	-4 modules quickly revised & partially adapted for Roma & resettled families. -Provided in Bosnian but not in Roma. -Because trainers were experienced professionals, they transferred knowledge effectively to parents. -Skillfully involved parents in discussions & enriched classes with own materials.	PEP materials are in Georgian. They have not been adapted & translated to other languages.	-All BPP materials first prepared in English & Russian. -Some outreach materials translated into Kazak, and more materials in Kazak requested. No attempt made yet to adapt them to meet needs of minority ethnic and linguistic groups of country, including Uzbek.
<i>Universal &/or targeted services</i>	-PPP materials prepared for universal preschool services including Parents' Clubs, Mothers' Clubs, & Parents' Universities, & targeted services for delayed & disabled children. -All targeted services to be universally available in 5 years.	-Parenting materials were prepared originally for universal services through preschools but Project provided highly targeted services for vulnerable Roma & resettled populations. -Programme seeks universal coverage of excluded communities in 5 years.	-Programme provides only universal services. -It has not yet targeted or prepared materials for children with developmental delays & vulnerable children.	-BPP provides "universal services" with the goal of reaching vulnerable children through serving all pregnant women & parents with young children. -Have not tried to target vulnerable children and no sub-group yet prioritised. -Believed if nurses identify low-income, single mothers with low access to health services, they will ensure mothers receive services they need.

<p><i>Services for vulnerable, developmentally delayed or disabled children</i></p>	<p>-PPP materials prepared for parents of well-developed children & vulnerable delayed or disabled children. -Quality of materials for vulnerable children & families excellent, & once adapted, could be used in Russian language countries. -Attention to families living in poverty, single mothers, unemployed parents, high-risk parents, & all religious groups. -Need field-tests in rural areas on applicability, comprehension & use.</p>	<p>-Neither materials nor services were designed to meet developmental needs of developmentally delayed or disabled children. -Several fragile or disabled children were found & more intensive ECI services needed to provide enriched infant & child stimulation in family setting.</p>	<p>-Except for one Rehabilitation Centre, there are no targeted services for vulnerable children. -Incidental children with delays or disabilities are served through universal services at Poli-Clinics.</p>	<p>-No services specifically provided for developmentally delayed or disabled children in BPP. -Some effort made to identify such children with goal of referring them to Poli-Clinics for specialised health care services. -Reported that no developmental or ECI services currently available in Kazakhstan, & that ECD & ECI specialists not trained as yet.</p>
<p><i>Programme locations, types, urban or rural</i></p>	<p>-PPP materials are used in both urban & rural settings. -Are critical to development & expansion of new open rural preschool model & to training & support of regional programmes for special education & family support.</p>	<p>-Project conducted in 28 urban & rural communities in 4 regions. Most were rural, requiring mobile teams. Activities mainly conducted in homes, community buildings or local NGOs.</p>	<p>-Parent Resource Centres placed mainly in Poli-Clinics, children's hospitals & a few preschools in cities & towns. -No rural services as yet.</p>	<p>-Programme in economically depressed South Kazakhstan where well-organised health system seeks to serve all families. -BPP expected to focus on serving rural populations lacking access to modern childrearing concepts.</p>
<p><i>Programme activities as inputs, parent resource centres, parenting classes, home visits, referrals & other services</i></p>	<p>Parenting materials used in following programmes: -Preschools use open preschool model, is child-centred, family-focused, comprehensive & flexible initially in urban areas, & changed for rural areas. -Flexible, from short-term parent groups to 24-hours -Offers integrated groups, Individualised Development Plans (IDPs) -Mothers of children 0 to 3: home visits or classes in preschools or schools. -Preschool free for rural areas affected by Chernobyl. Others 6% fee. -New rural preschool model with parent counselling in homes; cluster homes for several children; special preschool rooms; primary schools, community centres. -Services for children from 2 months to 6 years. -8 Early Childhood Intervention (ECI) Centres with physical, language & occupational therapists, nutritionists, nurses & doctors trained in Belarus, St. Petersburg or Moscow. -By 12/2006, MOH plans to provide ECI services in all regions & large towns. -ECI features child-</p>	<p>-Mobile teams of parent educators integrated many activities flexibly into parenting classes including: -Dialogue on health, nutrition, hygiene, & child stimulation; -Developing play areas for children; -Counselling mothers; -Offering mobile primary health services; -Providing referrals & helping parents access essential health & social services; -Giving hygiene kits to families. No community parent resource centres developed. No individual home visits yet. No mother educators used.</p>	<p>Main PEP activities are small parenting classes, some family support services through home visits, referrals, & a telephone hotline in some regions. Poli-Clinic doctors & nurses provide varying numbers of home visits for pregnant women & new parents. PEP has not been integrated fully into health visits. Mother educators are not used.</p>	<p>-BPP includes training sessions for outreach nurses & some fieldshers who make home visits. -Each training session for 20 nurses has 2 Master Trainers & 2 assistants giving 1 trainer for each 5 trainees. -Generally felt other health workers should receive BPP training, including: supervisors of outreach systems, doctors, Well-Baby nurses, all fieldshers & midwives. -Some believe social workers, mother educators, psychologists, preschool educators, & others should be trained. -Parents served by home visits or Poli-Clinic Well-Baby visits. -Parenting classes not offered. -No parent resource centres, per se, envisaged. -Health care services not articulated with preschools or community-level programmes. -Doctors, home visitors & Well-Baby nurses make referrals, but no formal referral system exists.</p>

	<p>centred, family-focused, integrated health, nutrition & ECD services for children with their parents, assessments, IDPs, tracking, follow up, therapeutic learning materials, equipment & videos.</p> <ul style="list-style-type: none"> -ECI specialists authored booklets -Programme replication in CEE/CIS nations possible. -Development Centres for Children with Special Needs by MOE, 149 in all regions support parents, improve development for children with severe delays & disabilities, enable parents to work, make assessments, IDPs, rehab, ECD, health, nutrition, & ECI services. - ECI and Dev Centres take integrated approach & feature strong inter-ministerial collaboration. -Quality outstanding, & best Centres could become model for other nations, alongside ECI model. -Family Support Centres developed recently for social orphans, divorces, family violence & alcoholism. -150 MOLSP Family Support or Social Protection Centres, parenting education & support closely aligned with family therapy & preservation services. -National NGO for Children with Disabilities serves children 0 to 18 resource centre for parents & parent education. -Regional NGO for Chernobyl-Affected Children “Community Development Projects” on child & family development provide “Family Clubs” on parenting & ECD. 			
<p><i>Materials/media for trainers, classes, home visits & parents</i></p>	<ul style="list-style-type: none"> -Materials developed to fill identified gap areas for professional & parent training. -National specialists drafted brochures & training materials. -Brochures intended for fully literate parents because most Belarusians have completed secondary school & many have attended university. Some are first discussed in parenting classes; 	<p>4 modules used to guide sessions:</p> <ul style="list-style-type: none"> -Before Birth & the Newborn -Nutrition -Infant Growth, Development & Care during the First Year of Life Toddler Development: Year One to Three -Handouts from IMCI, IBFAN, WHO & UNICEF were provided. -New handouts prepared by parent educators also given to mothers. 	<ul style="list-style-type: none"> -Manual for parenting class facilitators: How to Conduct a Workshop on the Topic “Development of Children from Zero to Three -A parent handbook: This Wonderful Early Age: Child Development from Birth to Age Three -5 leaflets for parents on: pregnancy; breastfeeding & infant feeding; protection from diseases & immunization; brain & child development zero to three 	<ul style="list-style-type: none"> -Materials produced for BPP cover 14 key family & community practices. Training materials include: -Manual for Course Trainers, Early Childhood Care in the Family; Nutrition, Child’s Physical and Psychosocial Growth and Development, including Facilitator’s Guide for presentations & Facilitator’s Guide for exercises, training module slides, & sample training schedule.

	<p>others used simply as handouts.</p> <p>Some brochures also used to train new personnel as well as parents, & could be beneficial for staff training in other nations.</p> <p>-42 brochures drafted & printed to date, & copies given to national & regional authorities & all ECD programmes of MOH, MOE & MOLSP. Demand is high</p> <p>-Also produced:</p> <ul style="list-style-type: none"> *Toy Making Booklet *Child Rights Booklet *Breastfeeding Pamphlets *Video introduction to parenting for parenting classes *Guidebooks: replication & in-service training. * Child development videos for specialists with demonstration of teaching skills & ECI methods. *ECD PSAs *3 TV talk shows on ECD, breastfeeding & preschool. *Newspaper articles 	<p>-No media were prepared for Project.</p>	<p>years of age; play, child development & positive discipline.</p> <ul style="list-style-type: none"> -Three types of posters for Poli-Clinics & preschools -45-minute videotape on pregnancy, first year, & child development to 3. -26 television talk shows "First Step" on parenting, featuring ECD & health leaders. -No educational radio or newspaper supplements used -No books for toy making & home use as yet. 	<ul style="list-style-type: none"> -Participants' exercise pages -ECD training videos prepared in other countries. -Booklet guide, Early Childhood Care in Family covers home visit topics, including how to counsel families, breastfeeding, home health care during sickness, food pyramid, portion sizes, 24 hour diet recalls for pregnant women & children, feeding & care forms including space for child development & a growth chart -A booklet on "Facts for Life" in Russian & Kazak -Additional reading materials -Materials for parents & other family members include: <ul style="list-style-type: none"> *Leaflet for fathers *Leaflet for grandmothers *Calendar for parents *Four posters for Poli-Clinics & health posts with messages for parents of young children *Leaflets for project advocacy, decision makers, administrators & potential donors.
<i>Authors of materials</i>	<ul style="list-style-type: none"> -Belarusians were authors of all materials. No external authors were used. -About half of brochures were drafted by members of MOH or its ECI programme, & other half by MOE specialist, preschools & Development Centres. 	<ul style="list-style-type: none"> -Parent education modules in Bosnia were based on parent education materials of Cassie Landers, Step by Step of BiH advisor. -Authors of revised materials were BiH specialists. 	<ul style="list-style-type: none"> -National health, mental health, psychology, child & preschool education specialists used materials prepared by Cassie Landers, UNICEF & WHO. 	<ul style="list-style-type: none"> -Specialists of NHLC prepared materials in collaboration with other health experts. -Based on materials prepared by an international consultant, UNICEF & WHO. -Parents not included in design process.
<i>Field tests</i>	<ul style="list-style-type: none"> -Comprehensive materials development process used. -MOE, MOH, MOLSP & UNICEF reviewed them. -Parents reviewed them in focus groups. -Drafts edited for readability before printing. 	<ul style="list-style-type: none"> -Modified parenting modules were field tested through their use during pilot Project. -Parent trainers found they needed to augment materials extensively. 	<ul style="list-style-type: none"> -A few focus groups were held with Georgian speaking parents in Tbilisi to test materials 	<ul style="list-style-type: none"> -National & international specialists reviewed materials. -Participants in training courses reviewed them. -Most materials intended for parents or grandmothers not tested with intended recipients.
<i>Training System, types & numbers of trainers prepared & incentives</i>	<ul style="list-style-type: none"> -PPP materials used in many training systems, from pre-service training for preschool & health services to in-service training of professionals. -Training provided for home visitors, parent group facilitators, health educators, health nurses, nutritionists, paediatricians, therapists, preschool teachers, family caregivers, supervisors, social workers, psychologists, child protection workers, evaluators & programme directors. -2004, 280 ECD service providers trained & many more in 2005. Special 	<ul style="list-style-type: none"> -Master trainers prepared 42 parent educators who formed 20 teams. -Included medical doctors, nurses, preschool teachers, professors, psychologists, & planners in health & education. -Half of parent educators received 6 days of training from Step by Step; other half received only 2 days of training. -No certification provided but parent educators received a fee per session & opportunities for professional training, advancement & recognition. -Transportation & lunch funds for mobile teams provided. -No formal in-service training was planned but some training 	<ul style="list-style-type: none"> -Provided one-time, six-day training seminars for medical personnel, psychologists, & preschool teachers. -Incentives for training have included: certificate, training, recognition & improved status, a bonus, educational materials, media, goods & equipment. -Parent educators are medical or preschool personnel, not mother educators. -Parents report sharing what learn with other mothers. -No in-service training system. -Parents' incentives are: Parents' Handbook, leaflets, gaining new knowledge, & 	<ul style="list-style-type: none"> -No BPP pre-service training system exists but is under consideration. -In-service training session is 1-time, 5-day training approach. -No continuous in-service training system designed as yet. -30 Master Trainers prepared. -South Kazakhstan region, 1,467 outreach nurses to be trained, representing 80% of outreach nurses. -As of October 2005, 370 nurses and fieldshers trained, & more in process. -Incentives to nurse trainees include: <ul style="list-style-type: none"> *Certificate considered for nurses & fieldshers' 5-year re-certification

	<p>parent education course for all students in Belarusian State Pedagogical University & required for basic diploma.</p> <p>-No in-service training system exists for parent educators but each 5 years all preschool & primary teachers take 1 to 3 months of graduate studies & parent education module.</p> <p>-Future training strategies will focus on pre-service training of medical staff & students in universities, community parent educators, family child caregivers, preschool teachers, programme evaluators, therapists, directors, social workers, supervisors & decision makers.</p>	<p>occurred through coordination meetings & frequent contact with coordinators.</p>	<p>free basic health & nutrition services.</p>	<p>*Opportunities for professional training & learning new approaches</p> <p>*Provision of new educational materials for parents, Poli-Clinics & health posts.</p>
<p><i>Parenting sessions & use of demonstration & practice</i></p>	<p>-Parenting sessions vary from 1 to 3 hours a day for several weeks to seminars: 2 to 5 days.</p> <p>-Home visits on parenting issues provided "as needed" as are many parenting sessions in preschools & other settings.</p> <p>-Number of sessions varies with parental interest & need.</p> <p>-Family sessions average 15 to 20 parents, including both mothers & fathers.</p> <p>-For Mothers' Clubs, 15 to 20 attend sessions.</p> <p>-Children are present & participate in demonstration & practice of child development activities.</p>	<p>-Training techniques: thematic presentations with handouts, small groups, dialogue.</p> <p>-Little demonstration & practice used.</p> <p>-Sessions provided weekly in 3-month period in each locale, with goal of giving 4 sessions per family.</p> <p>-Each session to cover 1 module but educators included more topics as per parents' interests.</p> <p>-Usually 3 groups of families in each locale over 3-month period.</p> <p>-Session length: 1 to 3 hours for 15 mothers, some fathers, grandmothers.</p> <p>-Child care provided, or children in sessions.</p>	<p>-Trainers were trained to present materials & promote dialogue, use role-playing & various media. They reported using demonstrations breastfeeding but not for child development activities.</p> <p>-No PEP guidelines have been established.</p> <p>-Meetings held once or twice a week or monthly, & last from one to two hours.</p>	<p>-BPP training programme sessions include demonstration & practice & other active teaching & learning methods.</p> <p>-Videos mainly tell parent how to do activities, not demonstrate them.</p> <p>-Interactive approach for training outreach nurses is good beginning.</p> <p>-Unknown if outreach nurses will use demonstration & practice for home visits.</p> <p>-It appears nurses tend to do activities for parents & encourage them to do them at home. No practice occurs during visit. This may be due to short time allotted to visits: only 10 to 15 minutes.</p>
<p><i>ECI system</i></p>	<p>-Outstanding ECI system is sponsored by MOH & complement Development Centres for Children with Special Needs managed by MOE & high in quality.</p> <p>-Regulations for institution collaboration exist & appear to be followed carefully.</p> <p>Complement each other & help meet needs of nations' most vulnerable children.</p>	<p>-No ECI system exists in BiH although significant interest expressed.</p> <p>-Children with developmental delays or disabilities were referred to therapists in hospital.</p> <p>-Very few therapists available.</p>	<p>-No ECI system as yet although interest high.</p> <p>-Only 1 Rehabilitation Centre for families.</p>	<p>-No ECI system in Kazakhstan.</p>

<i>Child & family assessments</i>	<ul style="list-style-type: none"> -Therapists, special educators & medical personnel use a variety of child assessments. -Further work needed to select or develop assessment tools for programmes & to link assessments with intervention activities & programme evaluation. -No assessments of child development used in preschools to identify children with delays, disabilities & malnutrition. 	<ul style="list-style-type: none"> -Visitors gathered basic family data but full family assessments not conducted. -No developmental assessments made. 	<ul style="list-style-type: none"> -None to date. -Health service assessments are separate from Parent Resource Centres. 	<ul style="list-style-type: none"> -Reported that Kazakhstan has begun to work on child assessments but are not integrated into BPP at present. -Additional attention will be required for assessment, service planning & reporting, child tracking & follow-up over time.
<i>Individualised Development Plans & respect for parents' roles</i>	<ul style="list-style-type: none"> -IDPs used effectively in many ECD programmes. -IDPs prepared with parents who make decisions re their services. -High level of respect paid to parents as full partners with professionals. 	<ul style="list-style-type: none"> -Parents analysed their situations during dialogue & counselling sessions but no IDPs used. -Parent educators respected parents & their roles but formal privacy rules not used. 	<ul style="list-style-type: none"> -No IDPs used in PEP. Parental roles respected informally. 	<ul style="list-style-type: none"> None.
<i>Home visit plans & reports</i>	<ul style="list-style-type: none"> -ECI programme & other services prepare home visit plans & reports. -Forms should be reviewed for content & use. -Visit strategies, methods, contents & forms could be useful in other nations. 	<ul style="list-style-type: none"> -No home visits were conducted. -Planned group sessions provided reports. 	<ul style="list-style-type: none"> -No home visit plans or reports. 	<ul style="list-style-type: none"> -No forms for home visit plans used but reporting form prepared. -It duplicates other forms. -This system could be revised, streamlined & strengthened to help ensure home visit quality.
<i>Evaluation & monitoring system designed & parental involvement</i>	<ul style="list-style-type: none"> -Supervisors monitor service provision & quality. -Byelorussian State Univ. professors evaluate preschools for children with disabilities. -Evaluations after parenting sessions to assess quality. -Completed evaluation forms given to external evaluators. -Results used by MOE, MOH, MOLSP, Nat Inst for Education, Nat Preschool Centre & UNICEF. -No plans for longitudinal follow up or assessing parenting behaviours. -No evaluation of programme equity, accessibility or cultural appropriateness as yet. 	<ul style="list-style-type: none"> -Project had participatory monitoring & evaluation design conducted by IBFAN & Federal Public Health Institute. -Needs assessment was conducted, & baseline data collected on: <ul style="list-style-type: none"> -Child rearing patterns in excluded families -Access to ECD services including health, nutrition & day care facilities -Home environments -Positive child rearing practices. Project evaluation report expected. 	<ul style="list-style-type: none"> -PEP evaluation & monitoring system includes: <ul style="list-style-type: none"> -Evaluation of training for parent educators -Parent Resource Centres to prepare evaluation reports. -Evaluation needs to be completed & redesigned. 	<ul style="list-style-type: none"> -Evaluation of BPP to focus on assessing parental knowledge, attitudes & practices but not outcomes for births, infants, children & educational attainment, parents' learning interests. -No child or family assessments being conducted. -No evaluation reports available as yet.
<i>Standards or regulations</i>	<ul style="list-style-type: none"> -Initial ECD standards drafted & preschool standards being developed. -MOE & preschools reviewing ECD standards. -Two approaches are under discussion in Belarus: <ul style="list-style-type: none"> *Standards to assess preschool quality, training & conditions. 	<ul style="list-style-type: none"> -Preschool standards for children 3 to 6 years currently being designed. -No standards exist for services for children from 0 to 3 years. 	<ul style="list-style-type: none"> -No standards established for preschool education or PEP. -MOES responsible for preschool standards; no agency for parenting standards. 	<ul style="list-style-type: none"> -No standards prepared for BPP, & it is too early to do so since programme requires further design work. -General training guidance has been prepared by NHLIC.

	<p>*Standards for targets for child development; some reject such targets.</p> <p>-Some milestone indicators exist but prefer to use ranges per norm.</p> <p>-Are moving away from milestones & are positing ranges of months for items</p> <p>-Fear may cause parents to force children to do activities before they are ready or want to do them.</p> <p>-ECD specialists working on standards re parental assessment of preschools; preschool regulations & licensing requirements each 5 years; health & sanitation norms; processes, curricula, training & quality of programmes; & abilities of parent educators.</p>			
<i>Parenting advocacy</i>	<p>-Parents are supportive force in Development Centres for Special Needs Children & in other programmes. Specialists said reason so many Development Centres exist is due to parent advocacy.</p> <p>-Helped citizens value inclusive education since it was a governmental initiative not citizens.</p> <p>-More positive parent advocacy expected.</p>	<p>-Project has no organised parental advocacy.</p> <p>-Roma NGOs & community reps are engaged in parent advocacy, as are members of Parenting Initiative Group.</p> <p>-No nation-wide ECD or parent advocacy effort organised as yet.</p>	<p>-ECD Working Group has conducted extensive advocacy for parenting. - Parents have not advocated for more services, except parents of disabled children.</p>	<p>-Programme includes advocacy effort with policymakers, local leadership & representatives of the mass media.</p> <p>-Leaflet for policy & decision makers prepared.</p> <p>-Communications workshops held to develop communications strategies for BPP.</p> <p>-Appears parents not yet involved in these efforts.</p>
<i>Financing & financial management</i>	<p>-UNICEF funded contracts for preparation of educational materials, for 2 trainers in rural preschools during testing period, & for trainings & fees for trainers in UNICEF-sponsored projects.</p> <p>-MOH, MOE or programmes paid most of parent trainers & costs for parenting services.</p> <p>-Home visits & parenting sessions are free for parents.</p> <p>-Training seminars & materials for professionals are also free.</p>	<p>-UNICEF provided all Project funding.</p> <p>-IBFAN conducted financial management & submitted reports to UNICEF.</p> <p>-UNICEF hopes governments at all levels will contribute to parenting education & support for vulnerable groups.</p>	<p>-UNICEF funds PEP. -Services are free.</p> <p>-UNICEF hopes ministries & private sector will assume costs for programme over time --Possibly part of 3% payroll tax may be used.</p> <p>-Each Centre Director conducts PEP financial management.</p> <p>-GAIA prepares annual financial report.</p>	<p>-MOH & regional governments (using local taxes) finance basic health services & some BPP training costs.</p> <p>-UNICEF & Netherlands ECD Fund supported BPP materials development, some BPP training services, & renovation of two training centres.</p> <p>-WHO sponsors health education services, USAID supported nutrition & health services, & UNICEF supports IMCI.</p> <p>-No international NGOs, businesses, foundations or others partnered with NHLC to conduct BPP.</p> <p>-Free professional & parent training services.</p>
<i>Programme costs</i>	<p>-UNICEF provided about US\$20,000 for development & printing of PPP materials over 3-year period.</p> <p>-Parent brochures cost from \$4,000 to \$5,000 per year, & professional materials, booklets & training absorbed balance.</p> <p>-Small grants of from US\$100 to \$200 were provided authors of each brochure.</p>	<p>-Budget was US\$25,590 for parenting sessions & related services.</p> <p>-Cost per family \$49 & per child about \$25.</p> <p>-Separately, \$5,000 for UNICEF hygiene kits.</p> <p>-Community volunteers helped Project and some given small fees.</p> <p>-Homes provided as meeting places.</p> <p>-Services free of charge for parents.</p>	<p>Within 2003 & 2004 budgets, PEP produced & distributed:</p> <p>-25,000 copies of Parents' Handbook: \$31,200</p> <p>-1,250 Manuals for ECD Trainers \$1,390</p> <p>-25,000 copies of 5 types of booklets for parents \$1,400</p> <p>-1,500 copies of 3 posters \$1,533</p> <p>-26 talk shows were prepared \$62,881</p> <p>-Three-part video (45</p>	<p>-Overall BPP programme costs not yet analysed.</p> <p>-Projected UNICEF costs for BPP 2005 were US\$424,000.</p> <p>-Final 2004 Progress Report to Netherlands states annual US\$136,000 for BPP.</p> <p>-According to NHLC in Shymkent, cost for 5-day training session for average of 20 nurses is US\$1,072 or \$54 per outreach nurse.</p> <p>-Total cost includes transportation, per diem, hotel,</p>

	<ul style="list-style-type: none"> -In 2004, over 3,270 parents & specialists trained using materials, yielding a cost of about US\$0.16 per person, including developmental & printing costs. -This does not include salaries of specialists in programmes being paid separately. -Additional programme costs would need to be calculated for replication in nations. 		<ul style="list-style-type: none"> minutes) <u>\$18,000</u> -Total \$116,404 -2004 Annual Report: PEP total budget of US\$162,000 -2005 ECD programme again received \$162,000 -Figuring a total two-year budget of at least \$324,000 & total service coverage at least 10,000 parents, approximate cost per participant was \$32.40. 	<ul style="list-style-type: none"> materials, & honoraria for Master Trainers. -Space for training sessions provided by MOH & UNICEF donated training equipment, furniture & supplies (video monitors, desks, overhead projectors, other). -Each outreach nurse expected to serve 50 infants at a time. -At gross level, cost per family would be only \$1.08 for first set of mothers & infants served, & far less thereafter.
Programme results: Outputs	<ul style="list-style-type: none"> Outputs include: -Production of educational materials in Belarus exceeded expectations. -Wide array of PPP brochures, booklets & methodological guidelines were drafted, field-tested, revised & printed. -Visual media including videos for parents & professionals, a television show & newspaper articles were developed. -More specialists trained than had been planned & enthusiasm was built for parenting programmes. 	<ul style="list-style-type: none"> Outputs include: -Parenting Education Workshop for training master trainers facilitated by Step by Step -Core team of 20 parenting master trainers established. -Parent Education Network created to support Project with 20 professionals & 7 members of Roma & resettlement families. For Roma families, 100 parenting sessions were held. For resettled families, 48 sessions were held. 	<ul style="list-style-type: none"> Outputs include: -Information kits prepared as planned, including videotape, facilitators' training manual, parents handbook, leaflets & posters. -300 in-service & 200 pre-service health personnel & preschool providers trained. -11 Parent Resource Centres established in Poli-Clinics & equipped with video monitors, videotapes, booklets, manuals, posters & toys. 	<ul style="list-style-type: none"> Outputs include: -NHLC designed & produced training materials, leaflets for parents & others (see list above). -19 training sessions in South Kazakhstan, many more to come. -NHLC training centre developed initial system for monitoring outreach nurses (that is being revised).
Programme results: Outcomes	<ul style="list-style-type: none"> -According to specialists & observers, ability of ECD professionals & parents to access parenting information & skills was greatly improved. -In 2004 alone, 280 ECD service providers, 2,855 parents of preschool-age children, & 85 parents of children with special needs trained using PPP materials. -In addition, 50 social workers & teachers trained in new approaches, including specialists in Family Support centres but statistics for 2005 unavailable as yet. -Integrated ECD approach to children with special needs developed, & being applied through MOH ECI services & Dev. Centres. -Anecdotally, ECD specialists in various programmes stated have observed impressive improvements in child development & parenting skills due to services, use of PPP materials. -No assessment of parenting behaviours & child development conducted yet. 	<ul style="list-style-type: none"> -Served 480 Roma & resettlement families. Of them, 383 filled out questionnaires. Of them, 209 were Roma families & 174 were resettled families. -Project leaders learned it was possible to enter communities of excluded groups & gain their trust & friendship. -Learned about challenges families face to survive & develop their children. Experience has sensitized over 40 BiH health & ECD professionals to needs & strengths of Roma & resettled peoples. General evaluation results from this brief Project included: -Increased level of knowledge about early child development for 40 service providers. -Improved understanding of needs & requirements of minority group families & children on part of 40 basic service providers. -Major service gaps & problems of service access for excluded identified. -Improved understanding of child rearing, care practices, patterns, beliefs & values of Roma & IDP families & how they affect children. -Participating families increased their knowledge about health, nutrition, 	<ul style="list-style-type: none"> -Information disseminated to 10,000+ pregnant women & parents of children 0 to 3 through Parent Resource Centres in Poli-Clinics. -Community mobilization anecdotally reported to improve parent ECD awareness, knowledge & skills. -PEP methods & materials now included in pre- & in-service training for nurses & doctors in MOLHSA Regional Training Resource Centres & 6-month family medicine training programme. -UNICEF to include PEP materials in IMCI. -Improvement of child care & supervision reported anecdotally to reduce child morbidity and disability. -Continued use of education & video materials for nation-wide re-broadcasting. -Programme impacting development of national ECD Policy Framework likely to include strategy for parenting education. -UNICEF specialists report programme had positive impact on other donors & organizations including USAID, DFID, GAIA, & OPM. 	<ul style="list-style-type: none"> -At least 370 outreach nurses (including a few fieldshers) trained. -18,500 families served with new information & materials; each outreach nurse serves 50 to 60 newborns at a time. -MOH interested in preparing BPP to achieve nationwide coverage. -Increasing interest expressed in developing ECD Policy including parent education & support.

	<p>-2 evaluations of parenting behaviours but no assessments of child development made.</p> <p>-Evaluation of ECD knowledge, attitudes & practices of parents with children under 3 in 2005, & also 4 focus groups with ECD professionals.</p> <p>-Evaluation report soon.</p> <p>-MOE opened innovative rural preschools in 4 regions, & in 2004 decided to take them to scale.</p> <p>-PPP approach basis for university course on positive parenting at university.</p>	<p>hygiene, child protection & child stimulation.</p> <p>-Project too short to have measurable impact on child development.</p> <p>-Impacted professional training systems; parenting to be included in training family doctors, nurses, preschool teachers.</p> <p>-Project not yet impacted ECD policy formulation.</p>		
<i>Programme sustainability</i>	<p>According to officials of MOH, MOE & UNICEF CO, programme objectives amply achieved.</p> <p>-UNICEF CO needed to print copies & complete more brochures & guides.</p> <p>-Long-term sustainability will be achieved only through continuing & greatly expanded ministerial & programme support for printing, training & ensuring all parents of young children receive parenting education & support.</p>	<p>-Project needs to be redesigned to become sustainable. Given commitment & knowledge of BiH health & education specialists, a sustainable programme can be designed, implemented & evaluated.</p> <p>-Project anticipates receiving renewed & expanded funding to support Phase II from UNICEF & counterpart is being sought from MOE & MOH, and international donors.</p>	<p>-PEP expected to continue within UNICEF's MCH programme.</p> <p>-PEP expected to receive increasing ministerial support.</p> <p>-UNICEF concerned about printing more copies of materials & seeks new programme & funding alliances.</p> <p>-UNICEF needs assurances that MOLHSA & MOES will participate in financing PEP in future.</p>	<p>-As currently designed, BPP is not sustainable but with additional design work & strong support from MOH & NHLC, it could become sustainable programme.</p>
<i>Remaining programme constraints</i>	<p>Main constraints:</p> <p>-Need to secure governmental approval for printing materials & ensuring continued support for parenting education within current ECD programmes.</p> <p>-Governmental commitment at highest levels essential.</p> <p>-Important to train adequate numbers of professionals for ECI services, rural preschools & Family Support Centres, all of which currently are being rapidly expanded.</p>	<p>Main constraints:</p> <p>-Need to develop comprehensive & complete programme design</p> <p>-Absence of supportive ECD policy with method of financing a parent education & support system, especially for vulnerable children & families.</p> <p>-Lack of culturally appropriate ECD materials, media, methods, & programme forms</p> <p>-Need to design built-in evaluation & monitoring.</p> <p>-Lack of national ECD resource & training centre that would sustain long-term, innovative services for parents & children.</p>	<p>Main constraints:</p> <p>-Lack of appropriate services for vulnerable children, children with developmental delays, malnutrition, chronic ill health or disabilities, IDP children & minority children</p> <p>-Need to develop culturally appropriate materials & methods for an ECI system.</p> <p>-Lack of rural services with methods for developing community parenting centres & mother educators</p> <p>-Need for better-designed & more effective evaluation & monitoring system.</p>	<p>Main constraints:</p> <p>-Lack of pre-service & continuous in-service training linked to supervision, monitoring, evaluation & revision.</p> <p>-Lack of essential elements for programme design:</p> <ul style="list-style-type: none"> *Programme objectives, sub-objectives & results, indicators, measures & targets for health service, child & parental outcomes *Strengthening of child development, sanitation, rights & protection content *Design of complete programme structure, institutional & managerial roles, responsibilities & terms of reference *Design of expanded materials development strategy including ethnic & other vulnerable groups *Preparation of comprehensive infant stimulation curriculum *Development of guide for conducting home visits & Well-Baby visits *Preparation of training videos in Kazakhstan *Development of mass media segments *Cost projections for programme services -Need for ECI system.

				<ul style="list-style-type: none"> -Need for complete programme evaluation, monitoring & reporting system. -Requirement for comprehensive costing system for programme planning & accountability.
<i>Plans to go to scale</i>	<ul style="list-style-type: none"> -Many specialists stated they expect parenting services to go to scale, including ECI services, rural preschools, & Family Support Centres, until nationwide coverage achieved. -Government support will be of critical importance. -Emphasis on children's psychosocial development & parenting services with child-centred & family-focused approach will help ensure PPP will continue to be used. -Materials will be essential for programme quality. 	<ul style="list-style-type: none"> -Too early to recommend Project go to scale because further design work & piloting needed. -UNICEF plans to prepare expanded & revised Phase II with all required elements to take it to scale. It will be essential to attract government support for Project as well as more international funding & technical assistance. 	<ul style="list-style-type: none"> -General & enthusiastic agreement PEP should achieve nation-wide coverage. -No concrete plans as yet for scaling up programme. -Alternatives for going to scale will be considered in 2006. 	<ul style="list-style-type: none"> -Programme meets several fundamental requirements of professionals & parents of young children identified in baseline study. -To go to scale & become sustainable, changes needed. - NHLC & MOH actively studying how to bring this valuable initiative to scale.

Annex II: Materials Review

<i>Materials</i>	<i>Belarus</i>	<i>Bosnia & Herzegovina</i>	<i>Georgia</i>	<i>Kazakhstan</i>
Relevance To context, needs where used?	<ul style="list-style-type: none"> -Highly relevant to needs & concerns of parents of children newborn to 3 years of age who receive home visits or go to Mothers' Clubs in preschools. -Highly relevant to parents of preschool children. -Highly relevant & essential for parents of children with developmental delays or disabilities both in cities & rural areas. -Apparently highly useful for rural parents with small, flexible open preschools. -Essential for professionals who need additional technical guidance. 	<ul style="list-style-type: none"> -4 modules for urban, literate training professionals. -Modules incomplete & need highly trained specialist to present to excluded groups. -Current materials are inadequate for rural, illiterate or functionally illiterate Roma parents or rural resettled groups. -Weak identification of children with developmental delays or disabilities. -Nutritional materials inappropriate for use with poverty-level families with little money for food. -Additional materials for parents needed. 	<ul style="list-style-type: none"> -Very relevant for urban, middle income, secondary school educated parents where materials are currently used. -Less relevant to rural or minority ethnic groups who are less or un-served. -Less relevant to parents of children with developmental delays, malnutrition or disabilities. Additional materials needed. 	<ul style="list-style-type: none"> -BPP materials are very well designed & highly relevant for training outreach nurses to give key messages for pregnant women & parents of children 0 to 3 years. -Parenting materials are relevant to needs of Russian & Kazak speaking families & possibly less to minority groups; may need further adaptation. -Less relevant to & useful for parents of vulnerable children with delays or disabilities. -Additional materials needed on child development, sanitation, child & home safety & child rights & protection.
Content scientifically accurate?	Scientifically accurate.	Generally accurate but some revisions needed, safety issues left out, & lack of cultural adaptation.	Generally scientifically accurate but there are a few areas requiring revision.	Scientifically accurate & based on Facts for Life, WHO & UNICEF IMCI materials.
Content aligned with other sectors?	ECD & ECI content is well aligned with health & nutrition. Does not repeat work already done, adds IMCI & IMCI-C materials to the PPP materials.	Some health, nutrition, & child development content but enrichment needed throughout.	Yes, general curriculum well integrated across health, nutrition, child development & parenting skills.	Health & nutrition content well aligned to other sectors. more information needed on child development, sanitation, safety, rights & protection.
Appropriateness Developed with stakeholder participation or expert driven?	National experts designed PPP materials after conducting a baseline study that surveyed parental needs. Materials needed for ECI & other programmes for vulnerable children were peer reviewed. Parent stakeholders reviewed all materials for parents.	BiH experts revised international expert's parenting materials. Some stakeholders reviewed them but they were not members of Roma & resettled populations. More work needed to make them culturally appropriate & ensure stakeholders review them.	Expert driven (both national & international) but focus groups of stakeholder parents in urban settings were used to test the materials, leading to useful revisions. More attention required to meet needs of rural or ethnic minority stakeholders.	Materials for professionals & parents are expert driven (international & national) but based on excellent baseline study. Materials for families tend to be dense & difficult for rural & less formally educated parents to read, understand & apply. Stakeholder participation only experts.
Were they pre-tested for comprehension?	Tested by parents & other specialists for comprehension & appeal.	Tested only with parents of urban preschoolers. Revised materials not pre-tested.	Yes, in urban settings but not in rural or ethnic minority settings.	Tested by professionals for comprehension & revised. Little testing of items for families with parents.
Incorporate principles	Yes. Some are	-No. Filled with	Issue of readability:	Professional

of good communication?	outstanding in terms of graphic design & messages. In Belarus materials target highly literate secondary school graduates.	jargon, abstract diagrams, matrices. -Illiterate or functionally illiterate parents should learn through activities.	shorter sentences & words needed. Warm style of writing is good. Address mothers & all family members.	training materials excellent, highly interactive, & include communication principles. Materials lack some key elements to ensure parents understand & use materials. Videos foreign made & require revision.
Completeness Materials address all key knowledge/attitude/skills areas parents should know	PPP materials are comprehensive & address key identified as essential for filling gaps in parents' knowledge, attitudes & skills.	Incomplete materials but the modules were supplemented with personal materials of medical & educational professionals. More information or activities are needed in all areas: health, nutrition, child development, child rights & protection, child safety, & home & environmental sanitation.	Generally, materials are comprehensive, basic, essential, & useful in terms of knowledge, attitudes recommended & skills.	Materials treat nutrition & health topics in very comprehensive manner. More concrete guidance will be needed soon on child development. Also it would be advisable to consider adding more on child & home safety, home sanitation issues, child rights & child protection issues, how to assess preschools, etc.
Prenatal & perinatal Conception & fetal growth	Yes, in combination with other Belarus health materials	Yes, plus earlier material developed by BiH parent educators.	Yes, general	Not present
Prenatal education	Yes (same)	Yes, (same)	Yes, general	Some, mainly nutrition
Prenatal health care	Yes (same)	Yes, (same)	Yes, detailed	Some
Prenatal nutrition	Yes (same)	Yes, (same)	Yes, detailed	Yes
Avoid harmful substances	Yes (same)	Yes, (same)	Yes, detailed	Very little
Prepare for parenting	Yes especially	Yes, (same)	Yes, general	Some
Preparation for birthing	Yes (same)	Yes, (same)	Yes, more needed	No
Neonatal visit immediately after birth	None	None	None suggested, is advisable	Some elements
Birth registration	Yes (same)	Yes	Yes	No
0 to 3 Neonatal care & dev.	Yes	Some, could add more	Yes, could add more on reflexes	Some
Neonatal assessment	No	No	No	Some aspects
Identification of delays	Yes but by therapists, some in materials	Some lists of delays using incomplete & confusing milestone approach. Should use age ranges.	Only appendix with a few items (more items needed with ranges rather than milestones)	Some aspects
Attention to low birth weight or fragile infants	Yes	No (One mention)	No mention	Some, in terms of nutrition & stimulation
ECI services & education	Yes, strong ECI services	No. (BiH is interested in ECI services for Phase II.)	No ECI system exists in Georgia. One Rehab Centre for children & parents in Tbilisi.	No ECI system exists in Kazakhstan. Greatly needed.
Perinatal health care	Yes	Yes, earlier materials	Yes, detailed	Yes, detailed
Perinatal nutrition	Yes	Yes, (same)	Yes, detailed	Yes, detailed
Exclusive breastfeeding (to 6 months)	Yes	Yes, (same)	Yes, emphasized	Yes, detailed
Maternal nutrition	Yes	Yes, (same)	Yes, detailed	Yes, detailed
ECD items: by age/dev stage	Many ECD items are included in materials. Belarus could use an additional ECD curriculum.	-Parents should learn through activities not learn about stages abstractly. -Limited number of general items	Very few. ECD curriculum needed.	Some ECD items included by age ranges rather than developmental levels. ECD curriculum and

		provided. -Stages need more work. -Need to check accuracy of some items. ECD curriculum needed.		cards or leaflets needed to complement good general guidance in BPP.
Importance of brain development	Yes, strong emphasis	Yes, some mention.	Yes	Yes, mentioned
Infant stimulation items:				
Perceptual	Yes, many items	Some items	Some items	Some items
Fine Motor	(Same)	(Same)	(Same)	(Same)
Gross Motor	(Same)	(Same)	(Same)	(Same)
Social/Emotional	(Same)	(Same)	(Same)	(Same)
Language	(Same)	(Same)	(Same)	(Same)
Cognitive	(Same)	(Same)	(Same)	(Same)
Demonstrations in ea area?	Yes, more needed	No	No	Yes, more needed
Play techniques	Yes	Yes, some	Yes	Yes
Toy selection & homemade toys	Yes	Yes, very little	Yes, some	Yes, some
Infant psychosocial stimulation curriculum?	Some elements, no complete curriculum	No	No	No
Paternal involvement	Yes	Yes, but little mention	Yes, recommended	Yes, emphasised & leaflet for fathers
Parental child attachment items	Yes, strong	Yes, some	Yes, strong	Yes, strong
Child temperament	Yes	Yes	Yes, a bit confusing	Very little
Positive structuring & discipline	Yes	Some, more needed	Yes, detailed	Very little
Maternal health	Promotes exclusive breastfeeding	Strong emphasis on breastfeeding	Breastfeeding & care but not enough on post-natal maternal health.	Breastfeeding & nutrition section strong
Postnatal health visits	No, link to services	Yes, other materials	No	No
Reproductive health	No, (same)	Yes, other materials	No	Very little
HIV/AIDS & STDs	No, (same)	Yes, other materials	Some, much more will be needed for HIV positive pregnant, lactating mothers	No
Child health				
Regular well child checks	Link to services	Yes, other materials used	Yes, detailed	Yes
Immunizations	(same)	Yes, other materials used	Yes, detailed	Yes
Morbidity & home health	(same)	Yes, other materials used	Yes, detailed	Yes, strong sections
Child nutrition				
Breastfeeding/food introduction	Yes	Yes, other materials used	Yes, detailed	Yes, detailed instruction
Diet assessment	Yes	Yes, other materials used	Yes, detailed	Yes, 24 hour recalls
Child measurement	No, (refer to services)	Yes, weighing emphasis questionable	Yes, needs redrafting – too detailed re weighing for home use	Yes, emphasized
Nutrition education/culturally appropriate	No, (other materials)	Yes, provided but highly doubtful that it is culturally appropriate	Yes, appears to be, use of salt & sugar should be deleted	Yes, apparently appropriate for Russian & Kazak speakers
Vitamins & micronutrients	Yes	No	Yes, could use more	Yes, detailed
Supplements for malnourished children	No, (other materials)	No	None mentioned	None mentioned
Safety & sanitation				
Toy safety	Yes, some	No	No	Yes, some guidance
Home	Yes, some (poisoning, accidents, home care)	Yes, other materials	Some	One small section on home safety & one on toy safety

Yard	No	No	No	No
Neighbourhood	No	No	No	No
Child & maternal protection				
Anti-abuse, anti-family violence & child protection	Yes	No	Some mentions, more needed	Some mention
How to spot child abuse	Yes	No	No	No
How to get help	Yes	No	No	No
Early child care				
How find child care	Yes	No	No	No
How assess home/centre	Yes	No	No	No
How assess caregiver	No	No	No	No
How relate to caregivers	Yes	No	No	No
How caregivers relate to parents	Yes	No	No	No
3 to 6 Years		No, planning for future	None	None, planning for future
Child care & preschools				
How find child care	Yes	-	-	-
How assess home/centre	Yes	-	-	-
How assess caregiver	No	-	-	-
How relate to caregivers	Yes	-	-	-
How caregivers relate to parents	Yes	-	-	-
Child Development				
ECD items appropriate for age/dev stage	Yes	-	-	-
Adequate child development curriculum	Some, more needed	-	-	-
Health care	No, referrals	-	-	-
Nutrition	No, referrals	-	-	-
Safety & Sanitation	Yes	-	-	-
Spotting child abuse	Yes	-	-	-
How to get help	Yes	-	-	-
Positive discipline	Yes	-	-	-
Transition to school				
Parent readiness	Yes	-	-	-
Child readiness	Yes	-	-	-
School readiness	Yes	-	-	-
Inclusive education	Yes	-	-	-
Special topics related to baseline study ID needs:				
Materials for parents of children with disabilities	Yes	-	-	A few references, more needed
Materials for training professionals	Yes, ECI, health, preschool personnel, social workers, others	-	-	Yes, outreach nurses, feldshers & doctors
Childhood aggression & other difficult behaviours	Yes	-	-	A few references, more needed
Form presented: booklets, pamphlets, manuals, posters, teaching aids, video films?	Brochures (42) Booklets (2) Guidebooks for professionals (11) Videos (?) Public service announcements (6) TV show	-4 modules for trainers with recommended folios for training & handouts for parents. -Other materials used informally. -Videos & colourful materials might be considered in future.	Trainers' Manual (1) Parents' Handbook (1) Parents' leaflets (5) Posters (3) Videos (3) TV show (26)	Materials for training outreach nurses -Manual for trainers for presentations & exercises -Trainees' exercise book --Booklet "Facts for Life" Russian/Kazak

				<p>Training videos</p> <p>-Home visit guide</p> <p>For parents:</p> <p>-Handouts given by outreach nurses</p> <p>-Leaflet: fathers</p> <p>-Leaflet: grandmothers</p> <p>-Calendar</p> <p>-4 posters</p> <p>-Leaflets for project advocacy, managers & potential donors</p>
<p>Appropriate form & structure for intended audience/s?</p>	<p>-Materials for ECI & ECD professionals appropriate in form & structure.</p> <p>-Materials for parents are appropriate for the highly literate citizenry of Belarus.</p> <p>-Parent reviews were very positive & led to revisions.</p> <p>-Rural parents should be included in future reviews to ensure pamphlets are appropriate for them.</p>	<p>-Modules are structured appropriately to guide a highly trained parent educator but not a para-professional or mother educator.</p> <p>-Materials & handouts not appropriate for Roma & resettled populations.</p> <p>-New materials needed for parents of vulnerable children.</p>	<p>-For reaching urban populations with electricity & secondary education, the materials are appropriate & effective.</p> <p>-Materials need to be adapted carefully for rural, ethnically diverse groups.</p> <p>-New materials needed for ECI use.</p>	<p>-Training materials for professionals are excellent: well structured, interactive, very rich & appropriate.</p> <p>-Training materials limited to priority topics identified during baseline study</p> <p>-Materials for parents & posters are attractive but require review for communicability & form & revision</p> <p>-Additional materials needed for professionals & parents</p> <p>-Videos not appropriate in methodology, cultural messages.</p>
<p>Methods of dissemination & usage</p> <p>How are materials distributed & used?</p>	<p>-Distributed directly to parents & through parenting sessions & home visits by preschools, ECI services, Development Centres, Family Support Centres, & 2 NGOs</p>	<p>-Medical & education professionals present topics in discussions held in large homes & community centres.</p> <p>-Handouts & hygiene kits are given to parents.</p>	<p>Parent Resource Centres & preschools present classes & give materials to parents.</p>	<p>-BPP training materials used by 2 Master Trainers & 2 Aides in training sessions for 20 outreach nurses at a time.</p> <p>-Parent materials used in home visits & Poli-Clinics Well-Baby visits.</p>
<p>Who are involved in these activities?</p>	<p>Home visitors, parent group facilitators, health educators, health nurses, nutritionists, paediatricians, therapists, preschool teachers, family caregivers, supervisors, social workers, psychologists, child protection workers</p>	<p>Paediatricians, neonatologists, obstetricians, psychologists, preschool teachers & others</p>	<p>Paediatricians, neonatologists, nurses, other medical or preschool teachers</p>	<p>-Doctors (paediatricians, neonatologists & obstetricians), outreach nurses, some Well-Baby Room nurses, feldshers.</p> <p>-No preschool teachers, ECD specialists, mother educators, social workers, psychologists trained at present.</p>
<p>Are trainers adequately trained to do so?</p>	<p>-Both pre- & in-service trainings are provided for trainers.</p> <p>-They ensure trainers are & continue to be well trained.</p>	<p>-Some received a six-day training period; others received two days.</p> <p>-Future training of trainers should be redesigned</p> <p>-In-service training will be needed.</p>	<p>-Six-day initial training period appears adequate for programme as currently designed.</p> <p>-Regular in-service training will be needed.</p>	<p>-Five-day, one-time training course provides basic introduction.</p> <p>-Continuous in-service training will be needed.</p> <p>-Master Trainers are competent at interactive training but need more training in child</p>

				development, sanitation, safety, rights & protection.
Adherence to human rights Materials designed & distributed/used targeted for the most marginalized, poor populations?	-Very strong human & child rights materials & approach. -Target the poor, high-risk families, children with delays & disabilities -Materials for targeted groups assist both professionals & parents effectively	-Marginalized & poor groups were appropriately targeted. -Materials were not designed to communicate well with excluded groups but trainers performed excellently, modifying materials & approach in each community.	They are targeted mainly to the majority population. However, because of economic decline, many families living in poverty are served. Program represents a good start.	Materials are designed for universal use but are also targeted to some extent to cover topics of importance for marginalised, poor populations. However, services are not specifically targeted to serve the most vulnerable children.
Do materials identify families as duty bearers & their roles?	-Yes, very effectively -Combined with IDPs & other approaches affirming parental decision roles	No. But trainers clearly emphasized this.	Yes, in many effective & supportive ways	Yes, through their emphasis upon parenting roles & responsibilities.
Advice on how to access/avail of/demand quality services?	Yes. Referral systems include regulations to ensure parents receive essential services.	No. But trainers provided abundant advice during visits.	Access health services but not social services for protection, etc.	No. Parents are expected to use health services. Outreach nurses are to help ensure parents access & use Poli-Clinic health services.
Do the materials embody the essential principles of the CRC & CEDAW?	Yes, in all respects.	No rights messages in modules. However, trainers did focus on rights issues during visits.	Generally yes, but more will be needed on vulnerable children in the future.	Generally yes, but no mention is made about rights of children & mothers. More will be needed in future.
Are they gender sensitive/progressive re young children & their caregivers?	Yes, very gender sensitive through child-centred & family-focused work, fathers, girls grandmothers in text & pictures.	Yes, to some extent. Trainers provided sensitive & progressive messages.	Yes, with good items on fathers' & grandparents' roles.	Yes, materials are very gender sensitive, including both fathers & grandmothers.
Is content & usage of materials in line with UNICEF's MTSP?	Yes, fully in line with MTSP. Work to support development of flexible rural model & improve services for vulnerable children with developmental delays & disabilities.	Yes. This is a valuable initial pilot effort under MTSP to reach BiH's most excluded, poverty-stricken groups. Phase II will build on this exploratory initiative.	Yes, as a general good start for parenting education in Georgia. More work needed to reach rural, impoverished & ethnic minority families & children with delays, malnutrition & disabilities.	Yes, in terms of integrated approach to ECD. But materials & training sessions lack an explicit focus on vulnerable children & ethnic & linguistic minorities.
Was logical results chain articulated at start of programme?	Yes, programme has a very well conceived results chain.	Yes. However, it needs to be reconsidered for Phase II.	No. It was formed before results chains were requested.	No results chain was found & objectives varied from document to document.
Complementarity Do other agencies have parenting programmes? If so, which	Step by Step helped develop aspects of Open Preschool Model & First Step programme in Belarus. PPP collaborates closely with NGO for Chernobyl-Affected Children & NGO for Children with Disabilities. CCF working in Chernobyl-affected area & provides community parenting programmes.	Step by Step for BiH has a parenting programme for parents of older preschool children.	Some contact has been made with Step by Step & with Save the Children but they do not have separate parenting programmes.	Step by Step is developing a parenting programme for preschools for children from four to six years of age. No other agencies have parenting programmes. One national NGO expressed interest in developing a parenting programme using mother educators.
What method &	In addition to their basic ECD materials,	Group sessions. In addition to modules,	NA	NA Step by Step's

materials do they employ?	they now also use PPP materials.	have module for school readiness for parents to use with children 4 - 5 years.		programme is in the design stage.
Connected to other UNICEF-supported parenting programmes?	Yes. UNICEF CO seeks to build bridges between NGO programmes & ministry-sponsored services.	Yes. UNICEF CO works closely with Step by Step.	NA, other than the programme for inclusive schools where there is a small linkage through the Rehabilitation Centre.	NA, other than possible UNICEF CO interest in the Step by Step programme currently being designed.
Settings appropriate & adequate What are the settings where materials are used? Home? Community-based events? Point of service – health centre or preschool?	-PPP materials are used to train professionals in agencies. -Parent materials used in homes & group sessions in preschools, ECI programmes, Development Centres for Children with Special Needs, Family Support Centres, & NGOs.	-Materials used during group sessions that are held in homes or community centres. -Services not used in Poli-Clinics or preschools since they are not located in targeted excluded communities.	-Materials used mainly in Poli-Clinics & a few preschools. -They are seldom used in home visits although some anecdotal information was provided. -Home visits are an area for future growth.	-BPP training materials used in sessions in Poli-Clinics. -Parent education materials are used in home visits & some Well-Baby Room visits in Poli-Clinics. -BPP materials not used as yet in preschools or community centres.
How appropriate are settings?	-Settings are highly appropriate & very flexible. -Parents are served where they are found: homes, preschools or special health services.	-Settings very appropriate for working sensitively with excluded populations. -Individual home visits would also be advisable in the future, especially for parents with vulnerable, high-risk children.	-Are good settings but programme coverage should be expanded to include <u>all Poli-Clinics</u> . -Culturally appropriate materials & home visits should be added to serve vulnerable children.	-Poli-Clinics & homes are appropriate settings for current programme. -It would be good to add ECI services for vulnerable children, & parenting education in preschools & community centres.
Are the most vulnerable reached in these settings?	-Yes. Excellent outreach & programmes. -Programmes promote referrals, conduct active outreach, & use of a wide variety of centre-based services.	-Yes. Programme focuses on & reaches the most vulnerable. -Programme should be enriched to ensure children & parents are served adequately. -Ultimately, ECI services will be needed to ensure quality.	Some vulnerable children & families are served through Poli-Centres -Vulnerable are not targeted & may be missed if outreach inadequate or do not choose to attend prenatal or parenting classes. -Rural services inadequate. -ECI services lacking.	-Ultimately yes, if health system serves them. Everything depends on outreach, response & time for services in Poli-Clinics -Programme lacks materials & trained people to serve the most vulnerable children adequately. -ECI programme needed.
Effectiveness What do families feel about the materials & their use?	Parents in ECI services, preschools & other services interviewed were enthusiastic about the materials & the programmes in which they are used.	All parents interviewed were delighted with training sessions & services. They avidly took the handouts even though few could read the ones with complex sentence structure & technical words. They had established relationships of trust with trainers.	All parents interviewed praised the materials & shared them avidly with other mothers, husbands & relatives.	-Professionals reported they liked the materials, wanted more cultural adaptation & more items in Kazak & Uzbek. -No parents receiving home visits were interviewed. Evaluation needed of programme impact on parents & children.
Do they report having learnt something new?	All reported they were learning many new parenting skills.	All reported they had learned many new ways to parent their children.	All reported they had learned much valuable information.	All outreach nurses visited reported gaining new knowledge.
Do they report changes in their attitudes & practices?	Parents report many changes & improvements in parenting capacity & skills. Evaluation of these changes would	Grandmothers as well as mothers explained how the programme was changing their attitudes & practices. Post-tests &	They all reported changes in attitudes & specific practices related to nutrition, health care & playing with their infants.	Outreach nurses reported learning new skills & ways to develop children, breastfeed, nourish & teach home health

	be valuable.	observations will be needed to assess behavioural change in future.	Evaluation of parenting & child outcomes is needed.	care. Evaluation of impact of training on their home visits is needed.
Do they recommend changes?	No changes were recommended & they expressed full satisfaction with services received.	No changes were recommended but they said they wanted more learning sessions & materials.	No changes recommended. They want more materials & more classes as their children grow (3 to 6 years).	Outreach nurses requested doctors & others be trained, encouraged more materials for parents, more in Kazak, & additional training opportunities.
What do the experts say?	All experts are delighted to have been able to develop & use these materials in their programmes. They are helping them improve their services & ensure replication sites maintain programme quality.	All expressed their pleasure in the programme & their dedication to helping to revise it in order to improve teaching content & methods.	Some experts want to develop materials for older children. Several stress need to increase coverage & develop materials for rural & needy populations, & for parents of delayed & disabled children.	Health, NHLC & UNICEF officials are very pleased with the BPP. They want to take it to scale but first it needs more development to do so.
What is the programming context & wider environment within which the parenting materials are used – are there synergies?	Materials are used in a variety of programmes for the general population of parents through preschools, & home visits & for families with children with high-risks, developmental delays or disabilities. Synergies between these programmes are strong, & the PPP materials help promote these synergies.	Trainers selected by IBFAN work in Poli-Clinics, hospitals or preschools. Programme links high-level professionals with excluded groups, helping them forge new & positive relationships. Helps parents access health services for families & prepare their children for success in school.	There are strong synergies between the Poli-Clinics & parents. Synergies also exist with preschools, but less so. The latter needs work. The synergy with the home has not been maximized as yet & home visits will be needed to reach the most vulnerable.	Currently, synergies are strong within health care system where the BPP is being used to revitalize, improve & expand the outreach nurse system for maternal & health care plus add elements for child development. Potential synergies with the MOES & other agencies have not been developed as yet.
What were the costs involved? (Including per capita costs for young children?)	Cost per parent or specialist trained is approximately US\$0.16.	Current cost per family served in pilot programme is approximately US\$49.	Cost per participant is approximately US\$32.40	-Current cost per trained outreach nurse is US\$54. -Cost per initial family served is around US\$1.08.
Sustainability & Impact What is the sustainability & impact of parenting ed materials & methods?	UNICEF CO is needed for another printing & completion of additional materials. Gaining ministerial & programme support for printing, training & parenting services, will achieve long-term sustainability. MOH & MOE leaders have expressed strong support for parenting programs.	Programme as currently designed & conducted is not sustainable. Training materials need to be revised & enriched. Programme needs to undergo a complete design process that will ensure all elements are prepared & piloted so they may be taken to scale.	The impact of the materials is very high in urban & town settings. Thousands of copies will be needed to serve the rest of the population in those settings. New materials should be developed to meet the needs listed above. The sustainability ultimately will depend upon UNICEF's continued dedication to this important programme, MOLHSA adoption of the programme in 2007 & possible MOES support in 2006/2007.	The BPP is effective in training professionals but is unsustainable. Is a one-time training project & lacks elements required to become a sustainable programme. Sustainability will depend upon further programme design & development work, additional materials design, testing & production, expanded training, managerial, supervisory, monitoring & evaluation activities, & strong support from the MOH & others.

<p>Do they have potential of influencing national policies, systems & mechanisms?</p>	<p>PPP materials appear to be helping promote new ECD Policy Framework, preschool education Mothers' Clubs, "Parent Universities," expanded rural preschools, nationwide expansion of ECI programmes & the union of parent education with family support services.</p>	<p>Because the Parenting Initiative Group is linked to national policy makers & has a goal of contributing to development of an ECD Policy, this project has the potential of achieving policy impact.</p>	<p>Yes, greatly. The ECD Working Group & the PEP are already having an impact.</p>	<p>The BPP has potential to influence national health & child care policies, health care systems, & especially preventive primary care & MCH systems of family doctors, paediatricians, neonatologists, obstetricians, outreach nurses, fieldshers & Well-Baby Rooms nurses, midwives & others.</p>
<p>Is this potential being explored/exploited?</p>	<p>Yes, by UNICEF CO through its plans for next year & local ECD Council leaders.</p>	<p>Yes, by UNICEF CO & Parenting Initiative Group.</p>	<p>Yes, by both the ECD Working Group & the UNICEF CO.</p>	<p>Yes, both MOH & UNICEF actively exploring alternatives for developing, scaling up BPP.</p>

ANNEX III

KEY DOMAINS OF THE STUDY

During individual and group discussions, the Consultant covered key domains usually included in national parenting programmes.

- Programme goals and objectives
- Results
- Programme structure, sectors and management
- Organization of the parenting programme
- Age ranges covered
- Populations and numbers of mothers, fathers, and children served
- Populations and types of people “targeted” by programmes
- Cultural derivation and appropriateness
- Child and women’s rights and family support
- Parents’ roles in programmes
- Planning and programme design
- Programme location
- Types of parenting personnel
- Criteria for selection of personnel
- Pre- and in-service training for programmes
- Supervision
- Curriculum, materials and resource development and centres
- Types and topics of parenting support and education
- Family resource centres
- Parent education materials
- Parent education media
- Teaching methods used
- Internal evaluation and monitoring
- Relationships to other programmes
- Social communications and advocacy
- Programme financing and financial management
- Programme sustainability
- Taking programmes to scale
- Programme gaps, limitations or needs
- Future planning process

ANNEX IV DATA COLLECTION INSTRUMENTS

Three data collection instruments were used and modified as data were gathered in each country:

1. Discussion Guide for UNICEF and NGO Programme Staff
2. Observation and Discussion Guide for Parents in Parenting Programmes
3. Discussion Guide for Ministerial Officials

In many instances, the people interviewed lacked some of the requested information because programme designs did not foresee certain activities or they did not work in specific areas. In the end, some areas could not be studied because data were not available or the forms of data were inconsistent between national programmes (i.e., criteria for selection of personnel, designs for evaluation and monitoring, statistical information on people served, certain programme costs, etc.).

Nonetheless, substantial amounts of data were collected through the application of these instruments. They also served as a valuable method for crosschecking information from different respondents.

Copies of the guides are available upon request from the author.

ANNEX V

LIST OF PERSONS INTERVIEWED AND SITES VISITED

Republic of Belarus, All programmes were in Minsk

- Natalia Mufel, Assistant Programme Officer for Early Childhood Development, UNICEF CO
- Branislav Jekic, Assistant Representative, UNICEF CO
- Irina Gitko, Dr. Sc., Dean, Preschool Education Department, Belarusian State Pedagogical University
- Raisa Kosenuk, Deputy Director of the National Preschool Centre, and Officer in Charge, National Institute of Education
- Olga Avila, Chief, ECI Centre and Team
- Victor Kolbanov, First Deputy Minister of Health
- Irina V. Mitroshanko, MD, Chief, Department of Mother and Child Development
- Svetlana Eremitseva, MD National Coordinator, Early Intervention Project, Chief Psychologist of Minsk
- Pavel Ryncov, MD, Chief Psychiatrist of the Ministry of Health
- Tatyana Kovaleva, Ph.D., Deputy Minister of Education
- Henadzi Palchyk, Ph.D., Director, National Institute for Education
- Galina Makarenkova, Ph.D., Chief, Preschool Education Department
- Andrei Turavets, Director Family Support Centre, and staff members
- Natalia Markovka, Director, Development Centre for Children with Special Needs
- Victoria Troinich, Coordinator, Development Centre
- Tamara Murashko, MD, Director and medical team

Bosnia and Herzegovina

- Helena Eversole, Representative, UNICEF Country Office, Sarajevo
- Selena Bajraktarevic, Assistant Programme Officer, ECD and Health, UNICEF CO
- Yulia Krieger, Programme Coordinator, UNICEF CO
- Kerry Neal, Project Officer, Inclusive Basic and Child Protection Services and Policy, UNICEF CO
- Erna Ribar, Programme Officer Governance, UNICEF CO
- Amela Saskic, Programme Assistant and Roma Specialist, UNICEF CO
- Mira Ademovic, MD, Programme Coordinator, President of IBFAN, Sarajevo
- Aida Cemerlic-Kulic, MD, Paediatrician, Director Federal Public Health Institute, Sarajevo
- Esma Cemerlic Zecevic, Professor, retired Chief, Paediatric Hospital Association, Sarajevo
- Halida Bijedic, Kindergarten teacher, Sarajevo
- Fatima Zaimovic, Sarajevo
- Jadranka Mumin, MD, Paediatrician, Sarajevo
- Preschool Teachers and Parents of the Kindergarten “Slavuj” in Sarajevo
- Fahrija Skokic, MD, Neonatologist, Tuzla
- Vesna Dropic, MD, Paediatrician, Tuzla
- Gordana Radoja, MD, Neonatologist, Tuzla
- Hatidza Avdagic, Gynaecologist, Visoko
- Sabaheta Catic, Nurse, Visoko

- Osman Halilovic, Community Leader and Director, “Be My Friend,” a Roma NGO, Malo Cajno Village near Visoko
- Radmila Rangelov Jusovic, Executive Director, Step by Step for BiH, Sarajevo

Republic of Georgia

- Ingrid Kolb-Hindamanto, UNICEF CO, Programme Coordinator, Tbilisi
- Nino Shatberashili, UNICEF, CO APO Child Development/Child Protection
- Mariam Jashi, UNICEF CO, APO Health
- Taduli Kekenadze, Special Education Teacher and Rehabilitation Centre Director, Tbilisi
- Mediko Zarnadze, MD, Director of Poli-Clinic #10, Tbilisi
- Khatuna Peikrishvili, MD, Paediatrician and Director of Parent Resource Centre, Poli-Clinic #10, Tbilisi
- Tamar Meipariani, MD, Vice President, NGO GAIA, Tbilisi
- Maia Tenishvili, MD, Executive Director of the NGO, Environmental and Civil Education Centre “GAIA,” and Director of the Clinical Diagnostic Centre, “Healthy Family,” Poli-Clinic No. 9, Tbilisi
- Tamar Manjavidze, MD, Advisor to the Minister of Health, Labour and Social Affairs, Tbilisi
- Lela Tskitishvili, Head of Preschool Education, Ministry of Education and Science, Tbilisi
- Manana Kenkadze, Education Specialist, Ministry of Education and Science. Tbilisi
- Zaza Bokhua, MD, Head of Policy Development, Ministry of Health, Labour and Social Affairs, Tbilisi
- Tamila Teimurazishvili, MD, Director Children’s Health Clinic and Hospital, Telavi
- Nino Chkheidze, MD, Paediatrician and Head, Parent Resource Centre, Telavi
- Avelesiani Gvelesiani, MD, Paediatrician of General Practice and Parent Trainer, Poli-Clinic No. 9, Tbilisi
- Maisuradze Ketevan, MD, Paediatrician of General Practice and Parent Trainer, Poli-Clinic No. 9, Tbilisi
- Nona Gogia, MD, Director, Poli-Clinic and Parent Resource Centre, Gori
- Inga Tsutskiridze, MD, Paediatrician, Parent Trainer, Parent Resource Centre, Gori

Kazakhstan

- Aliya Kosbayeva, MD, National Officer for Health and Nutrition, UNICEF CO, Almaty
- Aigul Kadirova, MD, National Officer, HIV/AIDS and Young People, UNICEF CO, Astana
- Alexandre Zouev, MD, Representative, UNICEF CO, Astana
- Arslan Indershiey, MD, Director, Audio-Visual Centre of National Healthy Lifestyles Centre (NHLC), Coordinator Better Parenting Programme, Astana
- Kozhakhmet Nurmanov, MD, Director, Resource Centre of NHLC, Promoting Healthy Lifestyles/WHO and Communications Consultant, Astana
- Gulsim Abdreeva, MD, Regional Director BPP in Shymkent
- Nagima Zholdasova, MD, Deputy Head of Department of Health of South Kazakhstan Oblast, Shymkent
- Alexander V. Nersessov, Director, Department of Medical Care and Prevention, Ministry of Health, Astana

ANNEX VI

TERMS OF REFERENCE

Ensuring the “best start in life” through comprehensive and effective parenting programmes in the CEE.CIS Region

Formative Evaluation - I

TOR for Consultancy Services (Individual Contractor)

Title

Review of parenting initiatives in 4 countries of the CEE.CIS Region

This formative evaluation study represents Phase I of a larger initiative to ensure the “best start in life” through comprehensive and effective parenting programmes in the CEE.CIS Region. The purpose of the initiative, which will be conducted in four phases, is to develop within the region a body of knowledge and recommended methodology for designing, conducting, monitoring and evaluating comprehensive, human rights-based parenting programmes that contribute meaningfully to the survival, growth and development of young children. The four phases will be as follows:

- Phase I – in-depth case studies of 4 parenting programmes (focus on parenting materials and their usage); development of minimum criteria for such programmes (October to December, 2005)
- Phase II – desk review of evaluations of parenting programmes that have been conducted in CEE.CIS (March, 2006)
- Phase III – Regional Consultation on the Scope, Impact and Sustainability of Parenting Programmes (June, 2006)
- Phase IV – Development of a Regional Toolkit for the Design, Implementation, Monitoring and Evaluation of Effective Parenting Programmes. (October 2006).

[Please Note: An ECD Regional Strategy will be developed in 2005/2006 in a parallel process. Phases I, II and III will feed into the Strategy, which should be finalised before or simultaneously with Phase IV]

The entire exercise will be aimed at supporting and developing in-country capacity for designing and implementing parenting programmes.

Background

Countries of the CEE.CIS Region have seen a return to economic recovery in recent years. However, economic growth has not necessarily been accompanied by social progress and equitable distribution. The 2004 Innocenti Social Monitor highlights two important facts: one, the numbers of children in poverty remain considerable, and two, the child population in the poorest countries of the region is expanding. Sharp declines in social spending have had a negative impact on the quality and coverage of basic services and this in turn has aggravated the situation of vulnerable groups, especially children.

In the transitional economies of CEE.CIS, families that traditionally depended on the State to support their child care and rearing responsibilities now have to do so almost entirely on their own. Research confirms that, in addition to economic hardship, many families lack the appropriate resources - knowledge and skills - to provide a healthy, safe and nurturing environment for children in the most vulnerable and formative time of their lives – the 0-6

years period. Few have the know how of the importance of developmental readiness for schooling or of how to foster it. Families and communities need to recognize what they can do to support the survival, growth and development of their young children, what constitutes good services, to demand such services and also to understand that they have a role to play in supporting and enhancing the quality and reach of basic services. But again sources of information and guidance are few and far between. Frontline health and education workers who come into contact with children and families are not necessarily equipped to guide families or communicate with them.

Generally speaking, at the national level there is little acknowledgement of the fact that investment in early childhood is one the most cost-effective investments in human development. What State actions exist, are under-resourced and sporadic rather than systematic, sectoral rather than integrated; and there are few if any articulated responses (e.g. national support for parenting programmes) that address the rights of young children in a holistic way. In the context of the many features shared by countries in transition UNICEF in CEE.CIS regards building the capacity of families and provision of good quality basic services, supported and realized by appropriate policy commitments as necessary conditions to ensure the health and development of children everywhere.

In the last few years, UNICEF has developed in conjunction with country governments and other stakeholders many parenting programme efforts in the CEE.CIS Region. Apart from UNICEF and Step by Step NGOs (that often work very closely with UNICEF), few, if any other agencies work in the arena of parenting. The continuing effort is to make these programmes evidence based (i.e. based on the findings of child rearing studies, pertinent national surveys, and specific research studies), scientifically informed (e.g. based on the information available in – where relevant, locally adapted versions of – *Facts For Life*) and culturally sensitive. Front line workers are being equipped to support young children in families through providing modern scientific parenting education in child care and rearing and informing families and communities of available services and how to access them. However, it is observed that overall, conventional parenting education approaches have been applied, materials that have been developed are didactic and expert driven, content is non-standard, families in greatest need of support are below the radar and family educators are not conversant with the fundamentals of adult learning, social dialogue, community participation and behaviour change communication. Communication strategies that are likely to encourage improvements in child care and rearing and have a wide reach are still to be developed, implemented, evaluated and propagated. In-country capacity needs to be developed within government and civil society to design and implement comprehensive and high quality parenting programmes.

Examples of Parenting Programmes in CEE/CIS supported by UNICEF

In **Moldova**, the role of health personnel who come into contact with the family is being enriched. Based on the fact that primary health services are widespread and that they constitute the most trusted source of information for parents, pediatricians, PHC workers and home visiting nurses are being trained to provide families with the knowledge and skills needed to effectively meet the survival, growth, development and protection rights of their young children. This represents a significant departure from the traditional “health only” approach. In **Kazakhstan** social patronage nurses discuss similar subjects with parents and families during home visits. There are also examples of Parents’ Schools in **Georgia** and Parent Support Groups established in health centres in **Bosnia and Herzegovina**. In **Serbia and Montenegro**, phone counselling reached 95% of families with newborns in Belgrade during 2002-3.

The formative evaluation will be conducted in four countries. Each of these countries represents a sub-region within the larger CEE.CIS Region. The proposed countries are **Kazakhstan** (CARK sub-region), **Georgia** (Caucases sub-region), **Belarus** (RUB sub-region) and **Bosnia & Herzegovina** (Balkans sub-region). Other criteria used in the selection of countries included: parenting programmes in place, parenting materials in use, no previous

research in parenting conducted and willingness to participate in the research. As things stand, there is a great deal of variety in the objectives (not always articulated), scope, contents and methodologies of the programmes in the four countries.

Objectives of the Formative Evaluation

1. To prepare an in-depth analysis of parenting materials in 4 countries of the CEE.CIS region and the contexts within which they are used.
2. To identify gaps, limitations and good practices with respect to the materials and how they are used.
3. To draw out a set of minimum criteria, content domains and messages against which existing parenting materials can be assessed and future ones can be developed.
4. To present insights and recommendations with respect to the design, implementation, monitoring and evaluation of parenting programmes.

More on the Purpose of this Formative Evaluation

The formative evaluation will be the first step towards answering the big question, “**How effectively do parenting programmes contribute to improving the survival, growth and development of young children?**” Using the entry point of parenting materials in 4 countries, it will examine them for format, content and structure and the changes in knowledge, attitudes and practice they aim to effect. In particular the formative evaluation will

- With respect to materials and methodologies, assess their relevance, appropriateness, completeness, methods of dissemination and utilization
- Assess whether the materials/methods adhere to human rights-based principles and values, and further the rights of young children and their families, especially the most disadvantaged
- Demonstrate to individuals and agencies involved in parenting programmes, the technical rigor necessary for their planning and implementation
- Generate a set of criteria (standards) for parenting programmes, as well as an enumeration of content areas and key information that should be contained in parenting materials for the most vulnerable

In addition to analyzing the materials and methods, the formative evaluation will document the objectives (not always articulated), results chain, duration and costs of the parenting programmes in each of the selected countries.

The outcome of the formative evaluation will be of value to all groups involved in parenting programmes within the selected countries, within all the countries of the CEE.CIS region as well as to interested individuals and agencies from other countries in other regions. Among those who will benefit directly (e.g. for planning, design and implementation purposes) and indirectly (for making decisions to allocate resources) are: UNICEF Offices, NGOs, relevant individual and agencies associated with the Ministries of Health, Education and Welfare, development partners and development finance institutions (World Bank, ADB, etc.). Given that parenting is a key strategy to support the survival, growth and development of young children in the CEE.CIS region, the time for a technical consultation on the subject is overdue. This formative evaluation will provide a strong basis for such a consultation, which will be held in mid-2006.

Scope and Focus

Specifically, the materials will be studied keeping in mind the following questions:

- a. **Relevance** to the particular context within which they are used – e.g. do they address the concerns and priorities identified through primary and secondary research and analysis? Is the content scientifically accurate? Is the content aligned and in harmony

- with the content of information disseminated by other relevant sectors (e.g. on the subject of say complementary feeding)?
- b. **Appropriateness** - were they developed with wide stakeholder participation or were they expert driven? Were they pre-tested for comprehension? Do they incorporate principles of good communication?
 - c. **Completeness** – e.g. do the materials address all key knowledge/attitude/practice areas relating to what families should know and be able to do to support the survival, growth and development of their young children?
 - d. **Form** – in what form are the materials presented, booklets, pamphlets, manuals, and posters, teaching aids, video films? Is their form and structure appropriate for the intended audience/s?
 - e. **Methods of dissemination and usage** – e.g. how are the materials distributed and used? Who is involved in these activities? Are they adequately trained to do so?
 - f. **Adherence to human rights based principles and values/ furtherance of UNICEF’s mission and mandate** – e.g. have the materials been designed and are they distributed/used in a targeted way i.e. with/for the most marginalized/disadvantaged populations? Do the materials clearly identify what families as duty bearers can and should do? Do they provide advice on how to access/avail of/demand quality services? Do the materials embody the essential principles of the CRC and CEDAW? Are they gender sensitive/progressive with respect to both young children and their caregivers? Is the content and usage of the materials in line with UNICEF’s MTSP? Was a logical results chain articulated at the start of the respective programmes?
 - g. **Complementarity** – are there other agencies involved in parenting programmes? Who are they? What method and materials do they employ? Are they connected to UNICEF-supported parenting programmes in any way?
 - h. **Settings** – what are the settings in which the materials are used? The home? Community-based events/gatherings? Point of service – health centre or preschool? How appropriate are these settings? Are the most vulnerable reached in these settings?
 - i. **Effectiveness and efficiency** – e.g. what do families feel about the materials and their use? Do they report having learnt something new? Do they report changes in their attitudes and practices? Do they recommend changes? What do the experts say? What is the programming context and wider environment within which the parenting materials are used – are there synergies? What were the costs involved, including per capita costs for young children?
 - j. **Sustainability and impact** – what can be said about the sustainability and impact of the parenting education materials and methods? Do they have the potential of influencing national policies, systems and mechanisms? Is this potential being explored/exploited?

The results of the formative evaluation will be disseminated widely in the region (and beyond) in order to encourage countries to conduct local reviews of their material and effect necessary improvements/changes. Good practices and lessons learned will be shared with partners and counterparts.

Existing Information Sources

1. Annual Reports
2. Project Reports
3. ECD Baseline Studies
4. Parenting Education Material (English Versions)
5. Parenting Education Toolkit (NYHQ)
6. Early Childhood Resource Pack (NYHQ)
7. Any other documents/reports recommended by the respective country offices.

8. Communication Strategy Documents
9. UNICEF Medium-term Strategic Plans (2002-2005 & 2006-2009)
10. UNICEF Evaluation Guidelines and Standards

Evaluation Process and Research Methods

The stages involved will be as follows:

1. Consultant selected and contracted; parenting materials translated
2. Consultant briefed; translated materials plus other background material sent to Consultant
3. Detailed research outline prepared by Consultant; data collection instruments developed; detailed travel plan made by Consultant in consultation with country offices and RO.
4. Outline approved; travel approved; Consultant undertakes desk review of English versions of parenting education material;
5. Consultant undertakes country visits. During country visits Consultant will meet with UNICEF team, ECD Focal Point, individuals/agencies involved with the design and implementation of parenting education, including government counterparts, and families (at least 5 families) who have received parenting education. COs will arrange for a translator – fluent in English and the local language – to accompany the Consultant as and where necessary. Wherever possible, the ECD Focal Point will accompany the Consultant for visits and meetings. At the end of his/her visit, the consultant will be debriefed. RO ECD Adviser will accompany the Consultant on at least one country visit (Kazakhstan).
6. Report of preliminary findings to be shared with RO (upon completion of field work; approx. between Nov. 10 – Nov 15, 2005)
7. Preparation of final report (to be submitted during early-December, 2005)
8. Incorporation of comments and finalization of report (within 10 days of receiving comments and preferably by December 31, 2005)
9. Translation of report into Russian (January 31, 2006).
10. Publication of report in English and Russian versions (1st quarter 2006).

Research methods will include desk review of English version of parenting materials. Interviews and focus group discussions with principal stakeholders in selected countries. Where possible, participant observation in parenting education activities.

The Role and Participation of Country Offices

The 4 COs will support and participate in this formative evaluation in the following ways:

- Provide Consultant with detailed briefing on the parenting programme.
- Review and provide feedback on the research outline prepared by the Consultant.
- Review and provide feedback on the instruments of data collection as appropriate.
- In consultation with the Consultant, arrange for meetings with stakeholders (including counterparts and partners) as well as frontline workers and families of young children.
- Arrange for debriefing with the Consultant, with entire country team; Consultant will share findings, impressions and observations with the country team and if possible other important stakeholders identified by the CO. S/he will lead a discussion on the importance of parenting education and the importance of inputs of the different sectors (health, education, protection etc.) into such initiatives.

- Logistics:
 - Assist the Consultant in finalizing itineraries for travel and local visits.
 - Logistics: translator, local transport, access to computer equipment/office space if necessary.

Final Deliverable

This will be a 60-70-page report in three sections:

- The first part will be devoted to overall observations and recommendations,
- The second part will provide a detailed analysis of each country example (including a reflection on the evaluation methodology employed and its limitations) and,
- The third part will be a list of criteria (standards) for parenting programmes, as well as an enumeration of content areas and key information that should be contained in parenting materials for the most vulnerable.

Annexes will provide detailed descriptions (with illustrations/photographs as appropriate) of each of the items reviewed. A comprehensive Executive Summary will form a part of the report. All parts of the report will adhere to **UNICEF Evaluation Guidelines and Standards** (to be provided to the Consultant by the RO).

The final deliverable will be submitted in English and transmitted via e-mail.

ANNEX VII

POSITIVE PARENTING BOOKLETS AND PROFESSIONAL MATERIALS

BELARUS

Positive Parenting Booklets for use in training and then giving to parents

For parents of normal children:

- *Ability to Love*. K. Koseniuk.
- *Exercises to Develop Attention*. A. Leunenko
- *Child Sexual Development*. T. Zenkevich
- *Never Enough Games for Playing with Your Child*. O. V. Doronina

For parents of children with disabilities:

- *Supportive Framework for Parents* O. Miruts, T. Poshilova, S. Boonas.
 1. Trainings for children with special needs. T. Poshilova;
 2. Psycho-gymnastics for children with special needs. S. Boonas
 3. Exercises for children with speech problems. O. Miruts and T. Poshilova,
 4. Sensory training for children with combined disabilities. O. Miruts,

For parents of both normal children and children with disabilities:

- *How to Improve a Child's Vocabulary*. A. Leunenko.
- *Motor Development*. A. Leunenko.
- *Childhood Phobias*. G. Guminskaya.
- *The Child Learns to Speak*. A. Petrikevich.

Positive Parenting Booklets for direct distribution to parents without training

For parents of normal children:

- *How to Handle Naughtiness and Hysterics of Small Children*. N. Ivancova.

For parents of children with special needs:

- *When Mother is Near*.
- *Story of Sasha (about asthma)*.
- *Acupuncture Information*. M. V. Buzenkov

For parents of both normal children and children with special needs:

- *Child Aggression*. L. A. Sinyavskaya.
- *Child Anxiety and Health*. N. Ivankova.
- *Children and Computers*. O. Gladkevich.
- *Confident Behaviour of Your Child*. A. Leunenko.
- *Why Does Your Baby Cry?* O. Avila, A. Nichkasova.
- *Divorcing Parents... What Impact Does This Have on the Child?* O. Gladkevich.
- *Why are Children Greedy?* T. Zenkevich
- *How to Communicate with a Little Child*. A. Nichkasova.
- *How to Determine if Your Child is Ready for School?* O. Gladkevich.
- *The Hyperactive Child*. V. Gubkin.
- *Your Child Goes to Preschool*. T. Korbut.
- *Tips for Parents of Anxious Children*. A. Nichkasova
- *Small Children at Play*. N. Evdokimova.

- *Encouragement and Punishment during the Process of Child Development.* O. Kudryavtseva.
- *Role of the Father in the Family.* O. Gladkevich.
- *How to Overcome Shyness.* O. Raychenko.
- *Sibling Rivalry.* L. A. Sinyavskaya.
- *Infant Sleep Disorders.* O. Avila, A. Nichkasova.
- *When Your Child is Stealing.* T. Zenkevich
- *How to Toilet Train a Child.* O. S. Gladkevich, N. S. Ivancova.
- *Visiting a Doctor.* V. Gubkin.
- *Why do Children Wet Their Bed, and How to Cope with It?* O. Gladkevich.
- *What Methods do Psychotherapists Employ in Child Treatment?* O. Gladkevich.
- *Should you be afraid of your children's psychiatrist?* S. Gladkevich.
- *Path to motherhood.* R. Kosenuik.
- *Anxious children.*

Methodological materials for professionals

- *The Programme of Psychological and Pedagogical Support for Parents.* A. B. Davodovich.
- *The Programme of Family Preschools.* A. A. Petrikevuch.
- *Collaboration with Families.* M. M. Yarmolinskaya, T. P. Eliseeva.
- *Training for Effective Interpersonal Cooperation.* N. V. Astreiko and U. B. Goncharik.
- *Psychological Support for Parents with Children with Diseases.* V. B. Parhomovich
- *The Model of Psychological Support for Children with Inadequate Adaptation to Preschool and School.* I. N. Nosevich.
- *Autism.* O. A. Trofimovich.
- *Collaboration between Families and the Preschool.* T. M. Korosteleva and V. Chechet.
- *Management of Traumas and Poisoning, A Training Course for Professionals.* L. I. Matush, E. K. Kapitonova.
- *Technology of Physical Training for Preschool Children in Institutions.* M. N. Dedulevich.
- *Methodological Recommendations for the Development of Children with Cognitive Delays.* E. S. Slepovich and A. Polyakov.
- *Activity Programme of the Parents' University, 2004 – 2006.* Ministry of Education, UNICEF, National Institute of Education.
- *Children's Ability to Speak: First Steps.* (Methodological recommendations for parents with children under three years of age).
- *The Integrated Model for Children with Special Needs.* (Methodological recommendations). V. Troinich.
- *My Child is Special.* A. Ripich and N. Krivopusk.
- *Methodological Recommendations for Parents with Children with Locomotor Problems and Apparatus Needs.* T. Varenova.
- *Methodological Materials for Training Professionals in Breastfeeding Issues.*

ANNEX VIII

PROGRAMME USAGE OF BELARUSIAN ECD MATERIALS AND MEDIA

<i>Materials & Media Produced</i>	<i>Preschools with Positive Parenting</i>	<i>ECI Programmes, MOH</i>	<i>Development Centres for Children with Special Needs, MOE</i>	<i>National NGO for Children with Disabilities</i>	<i>Family Support Centres</i>	<i>Regional NGO for Chernobyl affected children</i>
<u><i>Materials for Parents</i></u>						
<i>42 Brochures</i>	*	*	*	*	*	*
<i>Toy Making Booklet</i>	*	*	*	*	*	*
<i>Child Rights Booklet</i>	*	*	*	*	*	*
<i>Breastfeeding Pamphlets</i>	*	*	*	*		
<i>Video for parents</i>	*					
<i>ECD PSA</i>	All citizens					
<u><i>Materials for Professionals</i></u>						
<i>Videos for professional training</i>	*	*	*	*		*
<i>Small Books for Professionals Booklets</i>	*	*	*	*		*

ANNEX IX

CONTENT AREAS FOR PARENTING PROGRAMMES

From birth onward, parents should learn to observe, respond to, and stimulate their infants and young children. In addition, new parents should understand and be able to put into perspective the cultural expectations of their families and societies regarding their role as parents. Both fathers and mothers should become involved in parenting programmes. Following is a list of potential content areas for parenting programmes. It is expected that each country will add more topics to meet the needs of their parents in all social, ethnic and linguistic groups.

PREGNANCY AND PRENATAL EDUCATION

- Preparation for conception
- Conception, the growing foetus and its abilities
- Prenatal health care visits (reasons, number, timing)
- HIV/AIDS testing, counselling, treatment, and implications for post-natal care
- Home health care during pregnancy
- Avoidance of harmful substances and drugs
- Danger signs – when to call the doctor or go to health centre
- Nutrition during pregnancy
- Fathers' roles during pregnancy and birth
- Emotional support and stability during pregnancy
- Pregnancy roles in the family and personal expectations
- Preparation for childbirth and for child registration
- Preparation for breastfeeding
- Preparation for positive parenting and introduction to child development
- Neonatal care and development
- Community expectations for pregnancy, childbirth and new mothers

NEONATAL CHILD CARE

- Birth registration
- Abilities of the newborn
- Importance of psychosocial stimulation to child development
- Learning to nurture, observe and respond appropriately to your child
- Neonatal care: baths, appropriate clothing, beds, positioning,
- Neonatal health care and expected health care visits
- Neonatal assessment
- Identification of early developmental delays and initial activities
- Identification of fragile infants (low birth weight, malnutrition, illnesses) and initial activities
- Immunisations
- Measuring height and weight to assess nutritional status
- Exclusive breastfeeding to six months of age
- Maternal nutrition for breastfeeding
- Maternal health care
- Special activities for infants who may have HIV infection
- Environmental sanitation (room, home, yard, community)
- Home and yard safety
- Child assessment to ensure normalcy

- Infant stimulation activities from birth to three months of age: reflexes and perceptual, social, emotional, language, gross motor and fine motor development
- Family expectations
- Danger signs and what to do

CHILDREN: THREE MONTHS TO THREE YEARS OF AGE

- Expected infant and toddler abilities at various stages of development
- Importance of early brain growth for especially for social, emotional and cognitive development
- Importance of maternal and paternal involvement and bonding with infant and toddler
- Child care: baths, appropriate clothing, beds
- Appropriate positioning, lifting, holding and swinging
- Expected schedule and content of well-child health care visits
- Child health and nutrition danger signs and what to do
- Preventive home health practices (bed nets, boiling water, washing hands, etc.)
- Care for the ill child (prevalent childhood illnesses and diseases in community)
- Immunisations
- Measuring height and weight to assess nutritional status
- Breastfeeding
- Progressive introduction of nutritious foods after 6 months of age, including food preparation instructions
- Child measurement
- Vitamins, micronutrients and nutritional supplementation as needed
- Maternal health care guidelines
- Special activities for infants who may have HIV infection and retesting between 18 and 24 months
- Child assessment keyed to developmentally appropriate activities
- Comprehensive array of infant stimulation activities from three months to three years of age in all areas of development: perceptual, social, emotional, cognitive, language, gross motor and fine motor development
- Introduction to play techniques by means of demonstration and practice
- Toy selection, toy safety, and homemade toys
- Activities and attitudes regarding children with developmental delays or disabilities
- Ensuring a child feels secure and progressively able to meet its own needs
- Family and community expectations regarding the young child and his/her parents
- Environmental sanitation, water and wastewater (room, home, yard, community)
- Home, yard and community safety for children (poisons, knives, firearms, water buckets, etc.)
- Avoiding child abuse and domestic violence and how to spot it
- How to get help (child protective services), as needed, to deal with child abuse and domestic violence
- Conflict resolution, trauma healing, reconciliation and positive communication skills for children and parents affected by wars, community displacement, or other severe stresses or traumas.
- Toilet training, bed wetting, and gradual introduction of developmentally appropriate self-care activities
- Positive discipline and structuring of the child's day
- Dealing with different child temperaments

- Child care giving by others: number of primary caregivers in the home, their abilities, preparation and supervision
- How to find and assess the quality of child care (crèches) services
- How to manage and relate to child caregivers and services
- Parental responsibilities for initial learning, ensuring basic care and needs are met, etc.
- Where and how to get parental support, help and advice.
- Foster care, adoption rules, child welfare regulations, and court or legal procedures, as needed and appropriate.

CHILDREN: THREE TO SIX YEARS OF AGE

- Developmentally appropriate activities for children in the home and the child care centre
- Identification and intensive ECI services for children with developmental delays, malnutrition or chronic illnesses
- Home health care practices for children 3 to 6 years of age
- Health care services continued according to schedule
- Nutrition for children 3 to 6 years of age
- Safety issues
- Sanitation issues
- Dealing with childhood aggression and other difficult behaviours
- Spotting child abuse
- How to find and assess a family day care home
- How to find and assess a child care centre
- How to assess child caregivers
- How to relate to child caregivers and they to parents
- How to spot child abuse or domestic violence
- How to deal with child abuse or domestic violence, and how to find help
- Home structuring and positive discipline for children 3 to 6 years of age
- Preparation of parents for sending their children to school
- Activities for parents to do with their children to prepare them for school
- Activities for schools to prepare for parent involvement in the schools
- Activities for schools to prepare for entry level capacities of the children
- Preparation for inclusive education (children with disabilities or developmental delays)

CHILDREN: SIX TO EIGHT YEARS OF AGE

- Importance of schooling for the child and family's futures, and especially girls' education
- Parental involvement and roles in all aspects of primary school (objectives setting, budgeting, teacher selection and assessment, school support, teachers' aides, annual evaluation reviews, etc.)
- Inclusive education
- School preparation for parental involvement and support
- Parental support of children to improve achievement, attendance, persistence and lower grade repetition, attrition and absenteeism
- School feeding programmes
- Home nutrition for the school age child
- School health programmes and home health for school age children
- School sanitation (bathrooms or latrines for girls, potable water, etc.)

- Identification of child abuse or neglect
- Challenges of parenting the school age child
- Structuring the family day and ensuring sleep needed by the growing child
- Avoidance of abusive child labour

SPECIAL THEMES: CURRICULA RELATED TO FOLLOWING TOPICS

Focused programmes for parent education and support should be provided for special populations affected by the following issues:

- Children affected or infected by HIV/AIDS
- Children with malnutrition
- Children with chronic illnesses requiring special attention
- Child abuse and neglect
- Children affected by war, violence or natural disasters
- Children involved in abusive child labour
- Street children
- Mendicant children (religious base)
- Children with disabilities (landmines, foetal alcohol syndrome, Down syndrome, cerebral palsy, etc.)
- Other vulnerable children and their parents or care givers

ANNEX X

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