

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 I
OVERVIEW

PARENTING PROGRAMMES

FORMATIVE EVALUATION

- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan

VOLUME I

OVERVIEW

Emily Vargas-Barón

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

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

The opinions expressed in this document do not necessarily reflect the policies or views of the United Nations Children's Fund. The designations employed and the presentation of the material (including maps) do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.

For further information, please contact:

Deepa Grover
Regional Adviser – Early Childhood Development
UNICEF - Regional Office for Central and Eastern Europe and the Commonwealth of Independent States
E-mail: degrover@unicef.org

For specific country-level information, please contact:

Natalia Mufel (Belarus)	<i>E-mail:</i> nmufel@unicef.org
Selena Bajraktarevic (Bosnia and Herzegovina)	<i>E-mail:</i> sbajraktarevic@unicef.org
Mariam Jashi (Georgia)	<i>E-mail:</i> mjashi@unicef.org
Aliya Kosbayeva (Kazakhstan)	<i>E-mail:</i> akosbayeva@unicef.org

To contact the author, please write to: Emily Vargas-Barón

E-mail: vargasbaron@hotmail.com

Cover photo: Bosnia and Herzegovina/2005/Vargas-Barón

Cover design: Alexandra Linnik

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.

The Evaluator

Emily Vargas-Barón directs the Institute for Reconstruction and International Security through Education (The RISE Institute), an international NGO based in Washington, D.C. and Bogotá, Colombia. She consults on topics of policy planning, program design and evaluation in education and integrated early childhood development. From 1994 to 2001, she was a Deputy Assistant Administrator of the U.S. Agency for International Development where she directed the Center for Human Capacity Development. Previously, she founded and directed the Center for Development, Education and Nutrition (CEDEN), now called “Any Baby Can,” located in Austin, Texas, a research and development institute with programmes for parenting and early childhood development. She served as Education Advisor for the Andean Region of The Ford Foundation, and was an Education Specialist at UNESCO in Paris. She has taught at the University of Washington, University of Texas, Javeriana University, and Sorbonne University. She holds a Ph.D. in Anthropology from Stanford University, California, where she was an Associate in the Stanford International Development Education Center (SIDECE). Dr. Vargas-Barón is the author of several books and articles in the fields of international education and early childhood development, including: *Planning Policies for Early Childhood Development: Guidelines for Action*, published in 2005 by UNICEF, UNESCO and ADEA; *From Bullets to Blackboards: Education for Peace in Latin America and Asia*, published in 2005 by the Inter-American Development Bank; and she is a co-author of *Strategic Foreign Assistance: Civil Society in International Security*, published in 2006 by Hoover Institution Press.

ACKNOWLEDGEMENTS

I wish to express my deep gratitude to Dr. Deepa Grover who designed this project with her colleagues in the CEE/CIS region. I also want to thank the following dedicated UNICEF and country leaders who so generously gave of their knowledge, experience and talents:

Republic of Belarus

- 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
- 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
- Aida Cemerlic-Kulic, MD, Paediatrician, Director Federal Public Health Institute
- Esmā Cemerlic Zecevic, Professor, retired Chief, Paediatric Hospital Association
- Halida Bijedic, Kindergarten teacher
- Fatima Zaimovic
- Jadranka Mumin, MD, Paediatrician
- Preschool Teachers and Parents of the Kindergarten “Slavuj” in Sarajevo
- Fahrrija 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

Republic of Georgia

- Ingrid Kolb-Hindamanto, UNICEF CO, Programme Coordinator
- 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
- 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
- Lela Tskitishvili, Head of Preschool Education, Ministry of Education and Science
- Manana Kenkadze, Education Specialist, Ministry of Education and Science
- Zaza Bokhua, MD, Head of Policy Development, Ministry of Health, Labour and Social Affairs
- 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
- Aigul Kadirova, MD, National Officer, HIV/AIDS and Young People, UNICEF CO
- Alexandre Zouev, MD, Representative, UNICEF CO
- Arslan Indershiev, MD, Director, Audio-Visual Centre of National Healthy Lifestyles Centre (NHLC), Coordinator Better Parenting Programme
- Kozhakhmet Nurmanov, MD, Director, Resource Centre of NHLC, Promoting Healthy Lifestyles/WHO and Communications Consultant
- Gulsim Abdreeva, MD, Regional Director BPP in Shymkent
- Nagima Zholdasova, MD, Deputy Head of Department of Health of South Kazakhstan Oblast
- Alexander V. Nersessov, Director, Department of Medical Care and Prevention

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

TABLE OF CONTENTS

Volume I

Acknowledgements

List of Acronyms

Table of Contents

Prologue

Executive Summary

Introduction

General Observations and Recommendations

Volume II

Analyses of Country Parenting Programmes

- **Belarus**
- **Bosnia and Herzegovina**
- **Georgia**
- **Kazakhstan**

Volume III

**Toward Creating Standards for Parenting Programmes:
Criteria and Enabling Competencies**

Volume IV

Annex I:	Characteristics of Parenting Programmes
Annex II:	Materials Review
Annex III:	Key Domains of Study
Annex IV:	Data Collection Instruments
Annex V:	List of Persons Interviewed and Sites Visited
Annex VI:	Terms of Reference
Annex VII:	Belarus: Positive Parenting Booklets and Professional Materials
Annex VIII:	Belarus: Programme Usage of Belarusian ECD Materials and Media
Annex IX:	Content Areas for Parenting Programmes
Annex X:	Bibliography

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.

Emily Vargas-Barón
2006

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.*