

# PARENTING PROGRAMMES FORMATIVE EVALUATION

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



Emily Vargas-Barón



- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan

VOLUME II  
**PROGRAMME  
ANALYSES**



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## VOLUME II PROGRAMME ANALYSES

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

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

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## LIST OF ACRONYMS

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

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## ANALYSES OF COUNTRY PARENTING PROGRAMMES

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

### BELARUS: THE POSITIVE PARENTING PROGRAMME

#### *Introduction*

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

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

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

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

### *Problems addressed*

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

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

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

### *Goals, objectives and results chain*

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

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

Outputs: Improved capacities of ECD professionals and parents

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

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

All of these outputs were greatly exceeded in 2004.

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

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

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

***ECD Policy, Council or Working Group***

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

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

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

#### ***Inter-sectoral integration and coordination***

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

#### ***Baseline study***

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

#### ***Age ranges***

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

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

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

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

#### *Culturally derived or adapted programme, languages used and ethnicities*

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

#### *Universal and/or and targeted services*

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

#### *Services for vulnerable, developmentally delayed or disabled children*

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

#### *Programme locations, types, urban or rural*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### *Authors of materials*

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

### *Field tests*

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

### *Materials assessment*

- ***Relevance to context***

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

- ***Appropriateness***

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

- ***Completeness***

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

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

- ***Form***

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

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

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

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

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

- ***Complementarity***

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

- ***Settings***

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

- ***Effectiveness***

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

- ***Sustainability and impact***

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

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

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

### *Parenting sessions, and use of demonstration and practice*

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

### *Integrated parenting and ECI services*

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

### *Child and family assessments*

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

### *Child and family development plans and respect for parents’ roles*

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

### *Home visit plans and reports*

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

### *Evaluation and monitoring system design and parental involvement*

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

### *Standards or regulations*

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

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

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

#### *Advocacy for parenting programmes*

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

#### *Financing and financial management*

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

#### *Programme costs*

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

#### *Programme results: Outputs*

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

#### *Programme results: Outcomes*

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

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

#### *Programme sustainability*

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

#### *Remaining programme constraints*

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

#### *Plans to go to scale*

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

## **BOSNIA AND HERZEGOVINA: PARENTING PROJECT FOR EXCLUDED GROUPS**

### ***Introduction***

Within the Medium Term Strategic Plan, the Parenting Project for Excluded Groups<sup>2</sup> in Bosnia and Herzegovina (BiH) was begun in May 2005 and extended to October 2005. It was a brief, exploratory and innovative project that provided parent and child development services for Roma and resettled populations. The Project was based on a prior parent education project for parents of preschoolers that was led by Bosnian parent trainers in the fields of child health, nutrition and preschool education. From May to October 2004 a multi-sectoral team developed four modules on topics related to pregnancy, infancy and toddlers to three years of age. From October to December 2004 the modules were piloted in urban kindergartens (preschools) in the Federation, and an evaluation revealed they had been effective in improving parenting knowledge.

### ***Problems addressed***

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

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

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

<sup>3</sup> 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.

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

<sup>5</sup> UNICEF. (April 2004). *Ibid*.

### ***Goals, objectives and results chain***

General objectives included to:

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

Specific objectives were to:

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

The initial set of strategies for the project included:

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

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

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

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

### *ECD Policy, Council or Working Group*

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

### *Inter-sectoral integration and coordination*

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

### *Baseline study*

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

### *Age ranges*

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

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

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

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

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

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

#### *Culturally derived or adapted programme, languages used and ethnicities*

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

#### *Universal and/or targeted services*

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

#### *Services for vulnerable, developmentally delayed or disabled children*

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

#### *Programme locations, types, urban or rural*

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

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

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

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

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

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

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

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

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

### ***Authors of materials***

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

### ***Field tests***

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

### ***Materials assessment:***

- ***Relevance to context***

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

- ***Appropriateness***

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

- ***Completeness***

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

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

- ***Form***

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

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

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

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

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

- ***Complementarity***

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

- ***Settings***

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

- ***Effectiveness***

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

- ***Sustainability and impact***

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

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

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

### ***Parenting sessions, and use of demonstration and practice***

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

### ***Integrated parenting and ECI services***

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

### ***Child and family assessments***

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

### ***Child and family development plans and respect for parents' roles***

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

### ***Home visit plans and reports***

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

### ***Evaluation and monitoring system designed and parental involvement***

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

### ***Standards or regulations***

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

### ***Advocacy for parenting programmes***

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

### ***Financing and financial management***

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

### *Programme costs*

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

### *Programme results: Outputs*

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

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

### *Programme results: Outcomes*

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

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

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

### *Programme sustainability*

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

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

### *Remaining programme constraints*

Main constraints include:

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

### *Plans to go to scale*

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

## GEORGIA: PARENT EDUCATION PROGRAMME

### *Introduction*

The Parent Education Programme (PEP) was included within UNICEF's 2001 – 2005 Master Plan of Operations signed with the Government of Georgia. The programme began on 22 April 2003 and extended to 15 November 2005.<sup>7</sup> The Situation Analysis of 2003 encouraged the development of parent education and support services that would be integrated into maternal child health (MCH) services.<sup>8</sup> The PEP is a successful first effort to develop parenting education and support services in Georgia. It provides a good framework for materials and methods development, and it clearly is influencing national policy planning and programme development in health, education and child protection.

### *Problems addressed*

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

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

### *Goals, objectives and results chain*

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

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

Specific objectives included:

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

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

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

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

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

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

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

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

#### ***ECD Policy, Council or Working Group***

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

#### ***Inter-sectoral integration and coordination***

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

### *Baseline study*

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

### *Age ranges*

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

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

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

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

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

### *Culturally derived or adapted programme, languages used and ethnicities*

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

### *Universal and/or targeted services*

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<sup>9</sup> UNICEF. (2003), Ibid.

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

<sup>11</sup> Parent Education, Ibid.

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

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

#### ***Services for vulnerable, developmentally delayed or disabled children***

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

#### ***Programme locations, types, urban or rural***

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

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

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

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

The materials produced included:

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

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

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

### *Authors of materials*

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

### *Field tests*

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

### *Materials assessment*

- *Relevance to context*

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

- *Appropriateness*

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

- *Completeness*

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

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

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

- ***Form***

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

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

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

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

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

- ***Complementarity***

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

- ***Settings***

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

- *Effectiveness*

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

- *Sustainability and impact*

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

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

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

### *Parenting sessions, and use of demonstration and practice*

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

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

#### *Integrated parenting and ECI services*

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

#### *Child and family assessments*

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

#### *Child and family development plans and respect for parents' roles*

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

#### *Home visit plans and reports*

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

#### *Evaluation and monitoring system designed and parental involvement*

The PEP evaluation and monitoring system was to include:

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

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

#### *Standards or regulations*

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

#### *Advocacy for parenting programmes*

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

#### *Financing and financial management*

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

### *Programme costs*

Within the 2003 and 2004 budgets, the PEP produced and distributed:<sup>14</sup>

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

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

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

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

### *Programme results: Outputs*

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

### *Programme results: Outcomes*

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

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<sup>14</sup> UNICEF. (2004). *Annual Report*. Tbilisi: UNICEF Country Office.

### *Programme sustainability*

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

### *Remaining programme constraints*

Major constraints and gaps include:

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

### *Plans to go to scale*

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

## KAZAKHSTAN: BETTER PARENTING PROGRAMME

### *Introduction*

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

### *Problems addressed*

The BPP addresses the following major types of problems:

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

### *Goals, objectives and results chain*

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

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

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

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

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

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

The objectives of the BPP training sessions are to:

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

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

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

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

### *ECD Policy, Council or Working Group*

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

### *Inter-sectoral integration and coordination*

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

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

### ***Baseline study***

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

### ***Age ranges***

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

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

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

### ***Culturally derived or adapted programme, languages used and ethnicities***

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

### ***Universal and/or and targeted services***

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

### ***Services for vulnerable, developmentally delayed or disabled children***

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

### *Programme locations, types, urban or rural*

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

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

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

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

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

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

Materials for parents and other family members include:

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

### *Authors of materials*

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

### *Field tests*

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

### *Materials assessment*

- *Relevance to context*

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

- *Appropriateness*

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

- *Completeness*

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

- ***Form***

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

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

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

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

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

- ***Complementarity***

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

- ***Settings***

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

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

- ***Effectiveness and efficiency***

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

- ***Sustainability and impact***

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

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

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

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

### ***Parenting sessions, and use of demonstration and practice***

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

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

#### *Integrated Parenting and ECI services*

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

#### *Child and family assessments*

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

#### *Child and family development plans and respect for parents' roles*

No plans are prepared.

#### *Home visit plans and reports*

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

#### *Evaluation and monitoring system designed and parental involvement*

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

#### *Standards or regulations*

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

#### *Advocacy for parenting programmes*

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

#### *Financing and financial management*

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

#### *Programme costs*

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

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

### ***Programme results: Outputs***

To date, the following outputs have been achieved:

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

### ***Programme results: Outcomes***

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

### ***Programme sustainability***

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

### ***Remaining programme constraints***

The programme has the following constraints:

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

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

*Plans to go to scale*

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