

PARENTING PROGRAMMES FORMATIVE EVALUATION

UNICEF Regional Office for Central and Eastern Europe
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Emily Vargas-Barón

VOLUME III STANDARDS

- Belarus
- Bosnia & Herzegovina
- Georgia
- Kazakhstan

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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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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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TOWARD CREATING STANDARDS FOR PARENTING PROGRAMMES CRITERIA AND ENABLING COMPETENCIES

Introduction

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

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

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

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

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

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

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

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

Touchstones for Parenting Programmes

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

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

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

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

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

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

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

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

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

Standards for Parenting Programmes

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

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

Framework and Standards for Parenting Programmes

The framework for the standards includes the following phases:

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

Phase I Initial Programme Planning

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

Standard I.1
A Programme Planning Committee is established that includes stakeholders from government, civil society, private sector, and the cultures and communities to be served.

Each of the four countries established a Programme Planning Committee. It usually included representatives of institutions of government and civil society but not the private sector. However, in BiH the lack of representatives from Roma and resettled communities resulted in major programme readjustments after the planning phase. In contrast, the presence of parents and a wide array of specialists from many different institutions of government and civil society enabled the Belarusian programme to develop culturally appropriate materials.

Standard I.2
All stakeholders are identified and consulted regarding their needs, ideas and potential contributions to the parenting programme.

The Programme Planning Committees of the four countries sought to identify and consult all stakeholders. Some stakeholders became less involved after the initial consultation and others continued to play active roles. In BiH, the Parenting Initiative Group helped ensure stakeholders were involved. In Belarus, inter-agency agreements promoted continuous consultation and involvement. The ECD Working Group in Kazakhstan actively included many stakeholders, as did the Kazakh National Healthy Lifestyles Centre at the beginning of its work.

Standard I.3
All stakeholders, and especially parents and communities, are involved in designing, planning, implementing and evaluating the programme.

The countries differed greatly with respect to parent involvement. In Belarus parents were involved in programme review. In BiH, Roma and resettled parents were also involved in helping with programme implementation and review. In Kazakhstan and Georgia they were only consulted through the baseline study. However, programme evaluations may help involve parents more directly in the future. None of the programmes offered parents the opportunity to become trained as community parent educators or to take shared community “ownership” of the programme. Parenting programmes in other world areas that have featured active parent participation in programme design, planning, implementation and evaluation have helped to ensure long-term sustainability as well as continuous and effective programme revision.

Standard I.4
A baseline study on child and maternal status and care giving practices and needs and child rearing is completed before the programme is planned.

All four countries conducted baseline studies that helped them focus programme contents on priority parenting needs.¹ Enough time must be allowed for data collection, analysis and interpretation in order to be able to use evaluation results effectively for programme planning, and prioritising and preparing programme contents and methods.

Standard I.5
A Strategic Action Plan is developed, along with a Planning Manual and an

All of the programmes submitted programme proposals to UNICEF, but they lacked a detailed, thorough and comprehensive Strategic Action Plan, a Programme Planning Manual, and an Annual Work Plan. As a result, it was very difficult to recreate the history of programme development and

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

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

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

Phase II Planning Programme Implementation Approaches

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

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

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

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

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

Phase III Planning Programme Contents, Materials, Methods and Media

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

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

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

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

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

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

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

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

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

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

Standard III.15

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

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

Phase IV Planning Personnel Training

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

Standard IV.1

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

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

Standard IV.2

Terms of reference are prepared for all positions.

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

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

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

Phase V Programme Implementation

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

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

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

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

Phase VI Programme Monitoring and Evaluation

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

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

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

Phase VII Programme Consolidation, Sustainability and Going to Scale

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

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

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

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

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