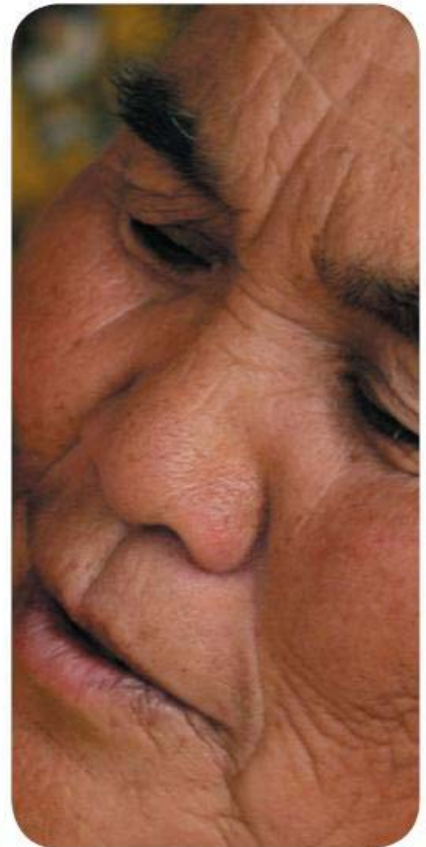


PARENTING PROGRAMMES FORMATIVE EVALUATION

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



Emily Vargas-Barón

VOLUME IV ANNEXES

- 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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Annex I: CHARACTERISTICS OF PARENTING PROGRAMMES

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

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

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

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

<p><i>Services for vulnerable, developmentally delayed or disabled children</i></p>	<ul style="list-style-type: none"> -PPP materials prepared for parents of well-developed children & vulnerable delayed or disabled children. -Quality of materials for vulnerable children & families excellent, & once adapted, could be used in Russian language countries. -Attention to families living in poverty, single mothers, unemployed parents, high-risk parents, & all religious groups. -Need field-tests in rural areas on applicability, comprehension & use. 	<ul style="list-style-type: none"> -Neither materials nor services were designed to meet developmental needs of developmentally delayed or disabled children. -Several fragile or disabled children were found & more intensive ECI services needed to provide enriched infant & child stimulation in family setting. 	<ul style="list-style-type: none"> -Except for one Rehabilitation Centre, there are no targeted services for vulnerable children. -Incidental children with delays or disabilities are served through universal services at Poli-Clinics. 	<ul style="list-style-type: none"> -No services specifically provided for developmentally delayed or disabled children in BPP. -Some effort made to identify such children with goal of referring them to Poli-Clinics for specialised health care services. -Reported that no developmental or ECI services currently available in Kazakhstan, & that ECD & ECI specialists not trained as yet.
<p><i>Programme locations, types, urban or rural</i></p>	<ul style="list-style-type: none"> -PPP materials are used in both urban & rural settings. -Are critical to development & expansion of new open rural preschool model & to training & support of regional programmes for special education & family support. 	<ul style="list-style-type: none"> -Project conducted in 28 urban & rural communities in 4 regions. Most were rural, requiring mobile teams. Activities mainly conducted in homes, community buildings or local NGOs. 	<ul style="list-style-type: none"> -Parent Resource Centres placed mainly in Poli-Clinics, children's hospitals & a few preschools in cities & towns. -No rural services as yet. 	<ul style="list-style-type: none"> -Programme in economically depressed South Kazakhstan where well-organised health system seeks to serve all families. -BPP expected to focus on serving rural populations lacking access to modern childrearing concepts.
<p><i>Programme activities as inputs, parent resource centres, parenting classes, home visits, referrals & other services</i></p>	<p>Parenting materials used in following programmes:</p> <ul style="list-style-type: none"> -Preschools use open preschool model, is child-centred, family-focused, comprehensive & flexible initially in urban areas, & changed for rural areas. -Flexible, from short-term parent groups to 24-hours -Offers integrated groups, Individualised Development Plans (IDPs) -Mothers of children 0 to 3: home visits or classes in preschools or schools. -Preschool free for rural areas affected by Chernobyl. Others 6% fee. -New rural preschool model with parent counselling in homes; cluster homes for several children; special preschool rooms; primary schools, community centres. -Services for children from 2 months to 6 years. -8 Early Childhood Intervention (ECI) Centres with physical, language & occupational therapists, nutritionists, nurses & doctors trained in Belarus, St. Petersburg or Moscow. -By 12/2006, MOH plans to provide ECI services in all regions & large towns. -ECI features child- 	<ul style="list-style-type: none"> -Mobile teams of parent educators integrated many activities flexibly into parenting classes including: <ul style="list-style-type: none"> -Dialogue on health, nutrition, hygiene, & child stimulation; -Developing play areas for children; -Counselling mothers; -Offering mobile primary health services; -Providing referrals & helping parents access essential health & social services; -Giving hygiene kits to families. No community parent resource centres developed. No individual home visits yet. No mother educators used. 	<p>Main PEP activities are small parenting classes, some family support services through home visits, referrals, & a telephone hotline in some regions.</p> <p>Poli-Clinic doctors & nurses provide varying numbers of home visits for pregnant women & new parents. PEP has not been integrated fully into health visits. Mother educators are not used.</p>	<ul style="list-style-type: none"> -BPP includes training sessions for outreach nurses & some fieldshers who make home visits. -Each training session for 20 nurses has 2 Master Trainers & 2 assistants giving 1 trainer for each 5 trainees. -Generally felt other health workers should receive BPP training, including: supervisors of outreach systems, doctors, Well-Baby nurses, all fieldshers & midwives. -Some believe social workers, mother educators, psychologists, preschool educators, & others should be trained. -Parents served by home visits or Poli-Clinic Well-Baby visits. -Parenting classes not offered. -No parent resource centres, per se, envisaged. -Health care services not articulated with preschools or community-level programmes. -Doctors, home visitors & Well-Baby nurses make referrals, but no formal referral system exists.

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

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

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

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

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

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

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

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

Annex II: Materials Review

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

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

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

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

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

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

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

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

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

ANNEX III

KEY DOMAINS OF THE STUDY

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

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

ANNEX IV DATA COLLECTION INSTRUMENTS

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

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

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

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

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

ANNEX V

LIST OF PERSONS INTERVIEWED AND SITES VISITED

Republic of Belarus, All programmes were in Minsk

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

Bosnia and Herzegovina

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

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

Republic of Georgia

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ANNEX VI

TERMS OF REFERENCE

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

Formative Evaluation - I

TOR for Consultancy Services (Individual Contractor)

Title

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

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

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

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

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

Background

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

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

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

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

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

Examples of Parenting Programmes in CEE/CIS supported by UNICEF

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

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

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

Objectives of the Formative Evaluation

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

More on the Purpose of this Formative Evaluation

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

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

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

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

Scope and Focus

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

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

with the content of information disseminated by other relevant sectors (e.g. on the subject of say complementary feeding)?

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

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

Existing Information Sources

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

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

Evaluation Process and Research Methods

The stages involved will be as follows:

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

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

The Role and Participation of Country Offices

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

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

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

Final Deliverable

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

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

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

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

ANNEX VII

POSITIVE PARENTING BOOKLETS AND PROFESSIONAL MATERIALS

BELARUS

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

For parents of normal children:

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

For parents of children with disabilities:

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

For parents of both normal children and children with disabilities:

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

Positive Parenting Booklets for direct distribution to parents without training

For parents of normal children:

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

For parents of children with special needs:

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

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

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

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

Methodological materials for professionals

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

ANNEX VIII

PROGRAMME USAGE OF BELARUSIAN ECD MATERIALS AND MEDIA

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

ANNEX IX

CONTENT AREAS FOR PARENTING PROGRAMMES

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

PREGNANCY AND PRENATAL EDUCATION

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

NEONATAL CHILD CARE

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

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

CHILDREN: THREE MONTHS TO THREE YEARS OF AGE

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

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

CHILDREN: THREE TO SIX YEARS OF AGE

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

CHILDREN: SIX TO EIGHT YEARS OF AGE

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

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

SPECIAL THEMES: CURRICULA RELATED TO FOLLOWING TOPICS

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

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

ANNEX X

BIBLIOGRAPHY

- Anon. (2005). "Evaluation of TV Programme "First Step" Desk Research and Qualitative Survey for UNICEF." Tbilisi: Marketing Communications.
- Brooks-Gunn, J, Sidel Guligni, A, and Berlin, L. (2003). *Early Child Development in the 21st Century: Profiles of Current Research Initiatives*. New York: Teachers College Press.
- 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.
- Iltus, S. (August 2005). *Early Childhood Development and Preschool Education in Georgia: Research Findings and Recommendations*. Tbilisi: UNICEF Country Office.
- Knitzer, J. and Raver, C.C. (2002). *Ready to Enter: What Research Tells Policymakers about Strategies to Promote Social and Emotional School Readiness Among Three- and Four-year-old Children*. Kansas City: The Ewing Marion Kauffman Foundation
- Lynch, R. G. (2004). *Exceptional Returns: Economic, Fiscal and Social Benefits of Investment in Early Childhood Development*. Washington, DC: Economic Policy Institute.
- Shonkoff, J. and Phillips, D. (2000). *From Neurons to Neighborhoods: the Science of Early Childhood Development*. Washington, DC: National Academy Press.
- Soriano, V. (2005). *Early Childhood Intervention: Analysis of Situations in Europe, Key Aspects and Recommendations, Summary Report*. Middlefart, Denmark: European Agency for Development in Special Needs Education.
- Sundberg, M. 2006. *Global Monitoring Report, Millennium Development Goals: Strengthening Mutual Accountability, Aid, Trade and Governance*. Washington, DC: World Bank.
- UNESCO. (2005). *Policy Review Report Number 12: Early Childhood Care and Education in Kazakhstan*. Paris: UNESCO.
- UNICEF. (2002). *World Fit for Children: Declaration and Plan of Action*. New York: United Nations General Assembly.
- UNICEF. (2003). *Children and Women in Georgia: A Situation Analysis*. Tbilisi: UNICEF Country Office.
- UNICEF. (April 2004). *Country Programme Document*. Sarajevo: UNICEF Country Office.
- UNICEF. (2004). "Parent Education Program on Early Child Development." Tbilisi: UNICEF Country Office.
- UNICEF. (2004). *Annual Report*. Tbilisi: UNICEF Country Office.
- UNICEF. (2004). *Kazakhstan: Final Progress Report, Dutch Partnership Funds for Early Childhood Development*. Astana: UNICEF Country Office.

- UNICEF. (2004). "Implementing Child Rights in Early Childhood." Geneva: UNICEF Regional Office.
- UNICEF. (2005). *Inclusion of the Roma Children in the Education System*. Sarajevo: UNICEF Country Office.
- UNICEF. (October 2005). "Children's Chance for Change." Sarajevo: UNICEF Country Office.
- UNICEF. (2005). *Investing in Development: A Practical Plan to achieve the Millennium Development Goals*. New York: UNICEF.
- UNICEF. (2005). *The UNICEF medium-term strategic plan, 2006-2009: Investing in Children: the UNICEF contribution to poverty reduction and the Millennium Agenda*. New York: UNICEF.
- UNICEF. (November 2005). *UNICEF Joint Health and Nutrition Strategy for 2006 – 2015*. New York: United Nations Economic and Social Council.
- Vargas-Barón, E. (2005). *Planning Policies for Early Childhood Development: Guidelines for Action*. Paris: UNICEF, UNESCO and ADEA.
- World Health Organization. (2004). *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review*. Geneva: World Health Organization.
- World Health Organization. (2005). *European Strategy for Child and Adolescent Health and Development*. Copenhagen: Regional Office for Europe.
- World Health Organization. (2005). *European Strategy for Child and Adolescent Health and Development: Action Tool*. Copenhagen: Regional Office for Europe. *advocacy*.