EVALUATION OF EARLY CHILD DEVELOPMENT AND EARLY CHILDHOOD EDUCATION IN THE REPUBLIC OF KAZAKHSTAN

FINAL REPORT

RFP/KAZA/2016/010

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Evaluating Organization: Curatio International Foundation
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AUGUST 2017
Map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.
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<thead>
<tr>
<th>ACRONYM</th>
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<tbody>
<tr>
<td>BBP</td>
<td>Basic Benefit Package</td>
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<td>BPP</td>
<td>Better Parenting program</td>
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<td>CEE/CIS</td>
<td>Central, Eastern Europe and the Commonwealth of Independent States</td>
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<td>CRC</td>
<td>Convention of the Rights of the Child</td>
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<td>CO</td>
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<td>COAR</td>
<td>Country Office Annual Report</td>
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<td>CwD</td>
<td>Children with Disabilities</td>
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<td>DAC</td>
<td>Development Assistance Committee</td>
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<td>DPT</td>
<td>Diphtheria Pertussis and Tetanus</td>
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<td>DR</td>
<td>Desk Review</td>
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<td>ECD</td>
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<td>ECE</td>
<td>Early Child Education</td>
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<td>EF</td>
<td>Evaluation Framework</td>
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<td>Early Learning and Development Standards</td>
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<td>ELSR</td>
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<td>Gross Domestic Product</td>
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<td>Integrated Management of Childhood Illnesses</td>
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<td>Infant Mortality Rate</td>
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<td>KI</td>
<td>Key Informants</td>
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<td>MCH</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>Monitoring Results for Equity System</td>
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<td>Pre-primary education</td>
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<td>RFP</td>
<td>Request for Proposal</td>
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<td>RK</td>
<td>Republic of Kazakhstan</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>TOR</td>
<td>Terms of Reference</td>
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<td>Acronym</td>
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<td>U5MR</td>
<td>Under five mortality rate</td>
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EXECUTIVE SUMMARY

Background: Kazakhstan is a nation in Central Asia with dispersed and diverse population. Although fertility rates have now stabilized at 2.7 births per woman during her lifetime (2014), past fluctuations, from drastic reductions in the 1990s to a peak of 2.7 in 2014, has led to challenges for pre-school rolls. Population trends are not homogenous across the country. The northern areas are experiencing a decline while in the south there is a baby boom. Positive net migration raises concerns of equity. In recent years, a challenging external environment has caused a broad-based economic slowdown, along with an adjustment in income and domestic prices. To mitigate the impact of falling real incomes on the vulnerable, the authorities reacted by adjusting pensions and other social transfers and expanding employment support programs. An increasing number of policies in Kazakhstan now facilitate equity in the provision of all services.

ECD/ECE policies and programs: The country has set an ambitious agenda for economic diversification, which includes a focus on human capital development underpinned by commitments to invest in early childhood development, education and health. The Development Strategy Kazakhstan 2050 “One nation, one destiny”, adopted in 2012, provides a vision for the country for the years to come. Several strategies co-exist for the medium term. The Early Childhood Development (ECD) area is covered by the Healthy (Salamatty) Kazakhstan National Program for 2011-2015 aimed at strengthened inter-sectoral cooperation in health of citizens, the sanitary and epidemiological wellbeing promotion as well as at the reduction of infant mortality rates. The new national health program Densaulyk Kazakhstan for 2016-2019 is built on results and achievements of the previous program “Salamatty Kazakhstan”. The ECD and Early Childhood Education (ECE) component is also envisaged in the State Education Development Program for 2011-2020 aimed at the full coverage of children by quality early childhood development and education, equal access of children to different ECD/ECE programs for their school readiness. The new State program for the development of education and science for 2016-2019 aims to reach the full coverage of children of 3-6 years of age in 2019. Within the frames of above mentioned national reform programs various ECD/ECE services/programs were made available for the children under age seven in the spheres of health, nutrition, education and social protection.

Evaluation purpose and objectives: Despite consideration of the ECD/ECE areas as the priorities in Kazakhstan, no comprehensive system evaluation had been conducted in the past. Therefore, the main purpose of the evaluation was to assess the extent to which system-level changes have contributed to young children’s increased access to ECD/ECE programs and whether they have been successful in reduction of equity gaps and improvement of quality. The evaluation covers the period 2010-2016 and is targeted at Astana city, South, East Kazakhstan, Almaty region, Aktobe, Mangystau and Kyzylorda regions as these regions represent different country context and some had tested new ECD/ECE approaches with the support from UNICEF in the past.

Evaluation methodology: The evaluation examined five OECD DAC criteria of relevance, efficiency, effectiveness, sustainability, coordination and coherence. The evaluation was carried out in three phases by international and national consultants between January – May 2017 and applied a mixed-method approach to maximize validity and reliability. Fourteen days’ field mission to Kazakhstan was conducted in April with visits to South Kazakhstan and Almaty oblasts and Astana city. The data collection methodology included site visits and observations, face-to-face in-depth interviews, desk-based research and review of existing

1 TransMonEE database, 2016
2 The DAC Principles for the Evaluation of Development Assistance, OECD
3 Ethical review clearance was received
reports, documents and available secondary data. Main sources of information were: people—key informants and beneficiaries and documents. Overall 53 Key Informants (KI) have been interviewed representing government, parliament, service providers, non-governmental organizations (NGO) and 121 documents reviewed. Nine Focus Group Discussions were carried out with service providers and parents at health and preschool facilities. Internal and external quality assurance methods were used at all phases of the evaluation, findings were validated and at the end of the assignment evaluation findings and recommendations were presented to the wider stakeholder groups.

EVALUATION FINDINGS, LESSONS LEARNED AND RECOMMENDATIONS:

ECD/ECE is clearly a policy priority in the Republic of Kazakhstan (RK) and will remain on policy agenda for several years ahead. Kazakhstan has made an enormous effort to improve and enhance its ECD/ECE services and programs. This topic has received increased political attention over the last decade, which is reflected in the inclusion of ECD/ECE in the country’s main policy and planning programmes and increasing public investments remarkably in ECE sector.

Government efforts to boost ECD/ECE services and programs paid off in improved child health, nutrition, development and early learning outcomes. A pregnant woman and her child today are far more likely to survive pregnancy and infancy than ever before in Kazakhstan. Nutritional status of children under five gradually improved, showing notable decline of prevalence of underweight and stunting. The country demonstrates improvements in early start of lactation and proper feeding of infants and young children. Children under six months of age are increasingly exclusively breastfed, especially in rural areas. The coverage of children aged 3-6 years with pre-school education doubled since 2010. Five out of sixteen regions almost achieved full coverage of children 3 to 6 years old with preschool programs. Participation of under 3-year-olds significantly increased in Kazakhstan since 2010 and in 2016 30.6% of children under the age of three participated in some form of ECE. On average across OECD countries, approximately 33% (2010) of 0-2-year-olds attend some form of formal ECE programs. Majority of children currently in the first grade of primary school attended the preschool in previous year, though early childhood development index worsened since 2010.

Key policy reforms implemented also resulted in significant system level changes in all relevant sectors. In the health sector, reforms implemented in the PHC sector also prioritized strengthening of patronage/home visiting system; introduction of integrated management of childhood illnesses; opening child health cabinets for parent education in child health, nutrition and development issues; schools for pregnant women supporting education during pregnancy and preparation to responsive motherhood; implementation of better parenting initiatives; institutionalization of social workers in the health sector largely contributed to the improved mother and child health and development outcomes. International best practices in the management of pregnancy and delivery introduced, resulted in saving lives of young mothers and laying the foundation for the young child health, development and early learning. Intensive capacity building of health workers and introduction of different funding modalities according to the level of care accompanied these reform interventions. To further advance the role of the PHC in ensuring that every child reaches its full development potential, re-introduction of the district pediatricians in the PHC settings is planned. It is believed that given reform initiative will further improve child health, nutrition and promote positive parenting and stimulate early learning of young children.

In education sector, ECE programs benefited from extensive public investment and a strong policy focus on early childhood education. As a result, the great majority of children over the age of 3 receive some form of early education. Public private partnership modality,

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4 Ibid
5 Starting Strong IV, Early Childhood Education and Care Country Note, Kazakhstan, OECD, 2016
introduced in the education sector, along with liberalization of preschool organization licensing requirements, allowed the government to rapidly expand the network of preschool education settings. The system ensures per capita funding of ECE services in both public and private sectors. Contracting of private institutions for publicly financed service provision was another positive political decision, which removed access barriers to preschool education and advanced expansion of the private sector. Early childhood education infrastructure standards have been revised to improve efficient use of space and resources. The new, integrated curriculum standards developed, is a prerequisite for the quality of ECE services. National and local strategies foster improvements in the workforce. Kazakhstan has made both national and local efforts to increase the number of qualified teachers. Training programmes take diverse forms including seminars, workshops, and formal training courses, financed by the government and employers. New preschool teacher education strengthens the link between theory and practice.

The Government pays growing attention to equity issues at the policy level. Several policies aim to facilitate equity in the provision of ECD/ECE services, and several measures have been implemented to decrease inequality in the country. Albeit, inequalities remain particularly affecting most vulnerable, ethnic migrants and children with special needs. System level changes achieved as far are commendable, however challenges remain. The high political targets set in various government policy documents are achievable, if remaining challenges are adequately addressed.

Kazakhstan lacks integrated vision of ECD/ECE services: At the heart of quality ECD/ECE lays horizontal coordination, because holistic development often requires coordinated (and sometimes integrated) efforts and intersectoral approaches. Coordinated ECD/ECE are designed to enhance children’s health, nutrition, cognitive development, and psychological wellbeing and include sectors of health, education, social welfare and protection, which typically reside in different ministries and departments in Kazakhstan. Different sectors tend to be associated with different types of early child development services across the first years of life. At the system level, horizontal coordination (between sectors of health and education) at mid-levels of government is as critical for service provision as horizontal coordination in central and local levels of government.

The existing ECD/ECE service guidelines in the Republic of Kazakhstan, lack coherence and are not supported by a clear integrated policy framework. Without the integrated policy framework, the provision of ECD/ECE services and programmes has tended to take a segmented approach within fragmented sectoral initiatives. This means that numerous ECD/ECE service providers developed and implemented programmes without sufficient collaboration and coordination resulting in gaps in service delivery. Consequently, this counteracts the provision of quality services for holistic development of young children.

Recommendations:
- Develop and implement coordinated and integrated ECD/ECE policy
- Establish integrated administrative responsibilities

Weak governance and management capacity underscores results: Research on ECD/ECE has not yet been widely conducted in Kazakhstan, and information on how system is performing is limited. Data collected through regular reporting channels and other surveys are mainly used for policy making and planning at central levels, whereas at local levels data rarely informs political decisions.

Recommendations:
- Enhance managerial capacity, especially at subnational level on evidence-based planning, budgeting and monitoring
- Enhance the knowledge on effective ECD/ECE policies

ECD/ECE services and programs require adequate funding: Public expenditure on ECD
is difficult to track and expenditure on ECE as a percentage of GDP is below the OECD average. Number of reasons restricts RK to ensure adequate funding of ECD/ECE services and programs. Firstly, given that the returns to investment in ECD are longer term, it is difficult for the government to politically prioritize ECD investments. Secondly, ECD is largely seen as a part of the overall health program and in the absence of data on ECD actual expenditures, it is hard to advocate for adequate investments. It is easier to continue to invest in ECE programs, where services are defined and policy is in place to leverage greater public funding. The availability of adequate fiscal resources and systems to allocate financial resources will determine the extent to which the enabling environment supports the ECD/ECE system and services.

Recommendations:
- Adopt ECD/ECE service packages with at least five essential packages of services and interventions such as: i) family support package; ii) pregnancy package; iii) Birth package; iv) child health and development package; and v) preschool package.
- Cost ECD/ECE services/programs and redefine funding modalities
- Ensure reliability and sustainability of funding streams, by improvement of allocative efficiency and refinement of funding modalities

Geographical, socio-economic and special needs inequity regarding access to services and participation in ECD/ECE programs has resulted in unequal early development opportunities for certain groups of children - An increasing number of policies in Kazakhstan facilitate equity in the provision of all services. While this is a step towards a more equitable society, large differences between regions occur regarding access to ECD/ECE, particularly affecting most vulnerable, ethnic migrants, children with special needs, etc.. Marginalized children often suffer from multiple disadvantages that reinforce each other. Large differences in provision between regions result in inequity in access to ECE, with great disparities of enrolment rates between regions. Government is in a unique position to facilitate the development of more inclusive systems, which meet the needs of the disadvantaged and marginalized groups of societies. The Government needs to ensure that the disadvantaged are not further handicapped and that inequity and educational poverty are not transmitted to the next generation.

Recommendations:
- Increase opportunities for all children to access quality ECD/ECE services
- Enhance mechanisms for early identification of most disadvantaged children through nationwide introduction of universal progressive model of home visiting
- Institutionalize effective screening programs to ensure early detection of developmental delays and disability
- Avail predefined places in preschool organizations for risk groups
- Develop differentiated ECE parent co-payment schemes
- Continue to advance inclusive education policy and practices
- Direct public ECE investments predominantly to rural areas

Reaching the right balance between the level and quantity of a qualified and skilled workforce is a challenge in the Republic of Kazakhstan and affect the quality of ECD/ECE services - Staff shortages, high turnover, geographical differences in distribution of qualified workforce, is common problem in Kazakhstan, but health and preschool education systems are most affected. The primary health care, bearing the major responsibility for early child development, health and nutrition, is particularly vulnerable compared to inpatient care settings. Healthcare professionals are unevenly distributed around the country, and tend to prefer living in cities, particularly Astana and Almaty. This again increases the likelihood of women and children living in more remote areas being unable to access the right care. The undergraduate and postgraduate medical and nursing education programs fail to produce resources with adequate knowledge and practical skills.
Similar to health sector, the education sector also lacks qualified staff and staff retention in rural and remote areas is a challenge. Preparing pre-primary teachers is key to increasing quality, yet untrained staff is often employed in private preschool organizations, and low status and pay lead to high turnover, damaging learning outcomes. The private sector tends to pay teachers as little as possible to keep costs down.

The knowledge, skills, and practices of early childhood educators are important factors in determining how much a young child learns and how prepared that child is for entry into school. Early childhood educators are being asked to have deeper understandings of child development and early education issues; provide richer educational experiences for all children, including those who are vulnerable and disadvantaged; engage children of varying abilities and backgrounds; connect with a diverse array of families; and do so with greater demands for accountability. In the face of increased attention to early childhood professional development there is a concomitant need for the promotion of role recognition, development of supervision and supportive systems.

**Recommendations:**
- Foster human resource development policy and planning
- Strengthen the existing education and training systems while making the health and early childhood education sector a more attractive employer
- Develop staff motivation systems and mechanisms
- Develop staff supervision and support systems in both, health and education sectors.

**The quest for quality is yet to be meaningfully addressed:** Children who do not receive health, nutrition and a pre-primary education of good quality are less likely to succeed in primary school and beyond. The drive to improve access to ECE has not been adequately accompanied by a parallel interest in issues of quality, leaving the country with very little information about how well children and families are being served. Quality in ECD/ECE is not a universal concept in Kazakhstan, and can mean different things to different stakeholders, whether governments or parents. Nevertheless, quality monitoring practiced in Kazakhstan fails to effectively monitor service quality in both health and preschool education sectors. Multiple agencies inspect different aspects of ECD/ECE services related to structure, standards, sanitation and hygiene, financial management etc., all considered as quality monitoring by service providing organizations. Albeit Kazakhstan has a solid basis of data collection on a limited set of indicators, it does not track important ECD/ECE indicators that can provide information on, for example, the level of quality, child development and the systems’ effectiveness.

The lack of information will present challenges regarding Kazakhstan’s capacity to project its resource requirements in the future. ECD/ECE is directly addressed in Sustainable Development Goal 4: “Ensure inclusive and equitable education and promote life-long learning opportunities for all” and is specifically mentioned in Target 4.2 “By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”. Therefore, there is a need for measurement tools to gather and analyze data to assess and monitor the quality and outcomes of ECD/ECE services, with a view to increasing both effectiveness and efficiency as well as report for attainment of SDG 4. Monitoring also has important implications for equity, as it has the potential to identify disparities in the provision of services and the kind of services available to different population groups.

**Recommendations:**
- Define/refine ECD/ECE national quality standards
- Develop national ECD/ECE monitoring framework and system
- Earmark funding for ECD/ECE research
LESSON LEARNED: Advancement of public private partnership in preschool education in Kazakhstan, expanded access to services and allowed the government to more focus on core functions

PPPs are common in several OECD countries where more than 20 per cent of public expenditure is transferred to private organizations, either directly or through households to pay for education services and enable school choice. But now, increasingly in developing countries, there is a recognition of the role of private education facilities and the development of mechanisms that use private schools’ capacity to expand access. The strengths of the of PPPs in education sector is assessed by how they assist in the attainment of three key objectives. These objectives are: (i) increased enrolment; (ii) improved educational outcomes; and (iii) enhanced equality in access to a quality preschool education. Does public private partnership in preschool education meet key PPP objectives in Kazakhstan?

Objective 1: Increased enrollment - The experience with the public-private partnership (PPP) model in Kazakhstan shows that PPP programs offer a means to quickly expand access to preschool education by supplementing public sector’s limited capacity. The liberalization of market entry requirements together with public funding of the private sector and leveraged taxation, encouraged fast growth of the private sector in Kazakhstan and boosted enrollment rates. Different forms of PPP arrangements are practiced in preschool education sector of Kazakhstan, but the most common form is when buildings, services and management of preschool education facilities is provided by the private sector and the public per capita funding follows an enrolled child in private sector. Almost 50% of annual ECE public funding is utilized by the private sector. Lesson Learned: Introduction of PPP in ECE rapidly increased child preschool enrollment rates in Kazakhstan.

Objective 2: Learning Outcome - PPP introduction allowed education authorities to focus more on core functions such as policy and planning, curriculum development and quality assurance where they have a comparative advantage over the private sector, rather than devoting resources to areas (e.g. infrastructure investments). Namely, the government enhanced the preschool education policy, legal and regulatory framework; revised curriculum according to international standards and took steps for human resource development and deployment and equalized per capita financing for public and private providers. Nevertheless, policy priority to achieve fast increase in enrolment rates through introduction of PPP mechanisms, left a little room to ensure the quality of preschool education by private providers. Lesson Learned: More robust analysis of all PPP models and their impact on learning outcomes must be considered to inform corrective measures that ensure value for money.

Objective 3: Enhanced equality in access to a quality preschool education - Albeit believed, that all mechanisms introduced will be sufficient to attract the private sector and engage in public ECE service provision in both rural and urban areas, the experience shows, that these measures were less effective to encourage private sector development in rural areas compared to urban settings, thus leaving vulnerable and disadvantaged rural children less attended. Lesson Learned: The policy should consider alternative mechanisms for private sector involvement in preschool education service delivery particularly in rural areas.

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6 M Latham, Public-private partnerships in education, Commonwealth Education Partnerships 2009
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REPORT STRUCTURE

This report presents the findings of an independent Evaluation commissioned by UNICEF Kazakhstan Country Office (CO) and conducted between January and May 2017 by international and national consultants. The evaluation report highlights evaluation findings, lessons learned and provides recommendations. The report is structured as follows:

Chapter 1. Briefly presents country background; addresses conceptual issues related to ECD/ECE issues; describes the structure of ECD/ECE services in the Republic of Kazakhstan as well as provides brief description of ECD/ECE policies and programs supported by the government during the evaluation period.

Chapter 2. Explains purpose, objectives, the scope of the evaluation and the audience. It also defines evaluation criteria, framework, data collection and analysis methods and limitations.

Chapter 3. Details the findings of the evaluation in relation to five OECD evaluation criteria and additional criteria on “coordination and coherence”. Each section (one for each of the six criteria) begins with a brief introduction of the key evaluation questions answered in the section to ensure that the reader understands the context for the findings, followed by a detailed discussion of the evaluation findings.

Chapter 4. Stipulates lessons learned based on the evaluation findings.

Chapter 5: Provides conclusions based on the evaluation findings and formulates recommendations for the Government and UNICEF.

These chapters are supported by Annexes, which include list of documents reviewed, list of people interviewed, detailed evaluation methodology and tools, evaluation framework, results framework, etc. Finally, annexes also include the original TOR of the assignment.
CHAPTER 1: INTRODUCTION

1.1 COUNTRY BACKGROUND

Kazakhstan has dispersed and diverse population. Kazakhstan is a nation in Central Asia and the world's biggest landlocked area in terms of land area. Turkmenistan, Uzbekistan, Kyrgyzstan, China, Russia, and the Caspian Sea border Kazakhstan. As of January 1, 2017, Kazakhstan has an estimated population of 18.06 million, which ranks 65th in the world. 57 percent of population lives in urban and 43 percent in rural areas. A big surface and small population result in a low density of population, which was estimated at 6.5 persons per square km in 2016. The ethnic majority of the country is the ethnic Kazakhs (63.1 percent), although there are large number of other ethnicities present as well, such as ethnic Russians (23.7 percent), Uzbeks (2.9 percent), Ukrainians (2.1 percent), Uygurs (1.4 percent), Tatars (1.3 percent) and Germans (1.1 percent). Kazakh, spoken by more than 52 percent of the population, is the State language. However, Russian, spoken by two thirds of the population, is used in everyday business and has an official status under the Constitution. 70 percent of people in Kazakhstan are Muslim while 26 percent are Christian.

Change in fertility rates challenges preschool enrolment. The population pyramid of Kazakhstan presents many irregularities. Although fertility rates have now stabilized at 2.7 births per woman during her lifetime (2014), past fluctuations, from drastic reductions in the 1990s to a peak of 2.7 in 2014, has led to challenges for pre-school enrolments. Population trends are not homogenous across the country. The northern areas are experiencing a decline while in the south there is a baby boom.

Positive net migration raises concerns of equity. The net migration rate (the difference between the number of emigrants and immigrants) is positive and accounted for 1.88 in 2015. There are marked differences in the skill levels of immigrants and emigrants. The number of emigrants with higher education is almost double that of immigrants. Foreign citizens, without Kazakh citizenship, account for only 0.4% of the population. In 2012, in an effort to combat child labour, Kazakhstan granted children of migrant workers, including seasonal migrants, the right to attend educational institutions with the same rights as Kazakh children.

Governance: The Republic of Kazakhstan (RK) has a highly-centralized top-down system that leaves very little political, administrative and fiscal authority to lower levels of a clearly delineated hierarchy. Administratively, the country is divided into 14 regions and two cities of special status: the current capital Astana and the former capital Almaty, which are referred to as oblasts or regions hereafter. Region governors serve as representatives of the president and are responsible for the implementation of the president’s policy decisions. The country is further divided into 175 districts, which are referred to as districts hereafter. These encompass 87 cities, 31 villages and 6,828 rural settlements. Region governors are also responsible for appointing and dismissing heads of the rayons.

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7 http://worldpopulationreview.com/ accessed on January 11, 2017
8 Demographic Yearbook, Kazakhstan, National Statistics Committee, 2016
10 Demographic Yearbook, Kazakhstan, National Statistics Committee, 2016
11 TransMonEE database, 2016
12 https://knoema.com/atlas/Kazakhstan/topics/Demographics/Population/Net-migration-rate, accessed on April 17, 2017
13 Early childhood education and care in Kazakhstan, OECD, 2017
14 Ibid 8
1.2 ECONOMIC ENVIRONMENT

A challenging external environment has caused a broad-based economic slowdown, along with an adjustment in income and domestic prices. Gross Domestic Product (GDP) growth slowed from 4.1% in 2014 to 1.2% in 2015. In 2016, Kazakhstan’s real GDP growth continued to slow and real wages declined further, adversely affecting poverty rates. The authorities reacted by extending additional spending measures and loosening monetary policy during the year\textsuperscript{15}.

To mitigate the impact of falling real incomes on the vulnerable, the authorities reacted by adjusting pensions and other social transfers and expanding employment support programs. The increase in social transfers from 3.8% of GDP in 2015 to 4.0% in 2016 was most beneficial to households that receive pensions, whose incomes remained steady. To support employment and labor productivity, the Government allocated additional funds for the Employment Road Map 2020 and adopted a new program on Productive Employment and Mass Entrepreneurship for 2017–21\textsuperscript{16}.

An increasing number of policies in Kazakhstan facilitate equity in the provision of all services. These policies derive from the long-term strategy “Kazakhstan-2030: Prosperity, security and improved living standards for all Kazakhs”, which was adopted in 1997. Since 1998, all the programmes in the country have been developed in accordance with the Development Strategy for Kazakhstan to the year 2030. Nevertheless, poverty rates are still high, with 42% of the population living in poverty in 2012 according to World Bank estimates\textsuperscript{17}, and 33% of the population according to a study by Roelen and Gassmann\textsuperscript{18}. The latter study calculated the child poverty rate of children below the age of 18 to be 45%.

Rural poverty is almost twice as high as urban poverty in Kazakhstan, according to 2010 data from the Asian Development Bank. Given the high incidence of migration from rural regions to the towns and cities in Kazakhstan\textsuperscript{19}, there is a risk that urban poverty will increase and that there will be an increasing number of children who need additional support in ECD/ECE, as children with low socio-economic backgrounds are at greater risk of learning disadvantages in ECE and later schooling.

The country has set an ambitious agenda for economic diversification, which includes a focus on human capital development underpinned by commitments to invest in early childhood development, education and health. However, due to its reliance on extractive industries to sustain the economy, year-on-year growth decreased across the cycle from 7 per cent in 2011, to 4.3 percent year in 2014 to 0.8 percent in 2015\textsuperscript{20}.

1.3 CONCEPTUAL ISSUES OF ECD/ECE

Children are by far the most diverse age group in society, and their healthy development is critical. Early childhood is a time of rapid development in body systems that are critical to health, including the brain, nervous, endocrine, and immune systems. These systems are under construction even before birth, and, from the earliest moments of life, a child’s experiences and environments exert powerful influences on his or her development and subsequent functioning. Social, cultural, and economic determinants of health shape the

\textsuperscript{15} Country Snap shot, Kazakhstan, The World Bank, 2017
\textsuperscript{16} Ibid
\textsuperscript{17} Country Snap shot, Kazakhstan, The World Bank, 2012
\textsuperscript{18} Roelen, K. and F. Gassmann, Child wellbeing in Kazakhstan, 2012 UNICEF, New York City.
\textsuperscript{20} UNICEF COAR, 2015
context of early experiences and environments and are particularly salient in early childhood when the roots of lifelong health and development are being established. Poorly constructed systems have an impact on health in early life, and these effects may be magnified as children grow into adulthood. Establishing strong systems in early childhood by meeting the foundational needs of all children may avoid costly and less effective solutions required to redress disease later in life\(^{21}\).

Clearly, good child health involves timely and appropriate (and therefore culturally sensitive) services for: good hygiene, nutrition, safe environment; screening to detect illness, injury, developmental disorders and congenital abnormalities, chronic and acute health conditions; stable and nurturing families who provide constant and consistent supervision; social institutions that reinforce healthy lifestyles and behaviors and provide opportunities for healthy growth and development. Interventions throughout the life course, starting from conception, maternal health and prenatal care, can make a positive difference. If we succeed, more young children will be able to survive and thrive, becoming developmentally ready to reap the full benefits of education when they reach school age.

What happens in pregnancy and in the early years of a child’s life have impacts on healthy brain development and thus on cognitive, social, and emotional functioning, therefore influencing a range of outcomes, from health to social adjustment and productivity, throughout the life course. The accumulation of adversities, beginning before conception and continuing throughout prenatal and early life, can disrupt brain development, attachment, and early learning\(^{22}\).

Neurological maturation is highest during the prenatal period and the first 2-3 years of life establishing the foundation for future cognitive and social development. As time goes on, the plasticity of the brain decreases. By the time children start school their developmental trajectory is well established and becomes increasingly difficult to change\(^{23}\). The way adult caregivers, parents in particular, interact with children during the early years can shape their brain architecture for life, for better and for worse. For optimum development, young children need responsive and emotionally available caregivers and a predictable, stimulating, and safe environment, in addition to good health and nutrition. Early interactions with caregiver(s) in a warm and predictable “serve and return” relationship enable children to develop a secure base of attachment from which they can explore and learn and to which they can return in times of stress\(^{24}\). Children who have experienced nurturing and positive connections have more secure, healthy relationships and are more likely to do well academically and socially into adulthood\(^{25}\) than children who experience insensitive or harsh caregiving\(^{26}\).

The term ECD/ECE used in this report, refer to services for children from birth until a child enters primary education. Given the needs of children in this age group, ECD/ECE services include much more than child care and education. They are holistic in approach and include health, nutrition, hygiene; cognitive, social, emotional and physical development; and social protection. Further, they encompass measures to support families, which include micronutrient supplementation to enhance maternal and child health; psychosocial support to families; programmes to promote household food security; and parental leave and

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23 Center on the Developing Child, Five numbers to remember about early childhood development (Brief), 2009, Retrieved from www.developingchild.harvard.edu
24 Center on the Developing Child at Harvard University, 2012
childcare allowance.

1.4 ECD/ECE STRUCTURE IN KAZAKHSTAN

ECD/ECE services are mostly provided by health and education sectors. The Primary Health care bears main responsibilities for ECD services through Family Doctors and nurses. PHC also provides ECD services through Child Health Cabinets, schools for pregnant women and patronage/home visits to children under five years old.

ECE services in RK are supplied by a comprehensive system of six types of setting. All are part of the official education system (Figure 1). Nursery and regular kindergartens are the main providers of ECE.

**Figure 1: ECD/ECE Structure**

Nursery kindergartens ensure early learning of children from age 1 to 3 years. Enrolment rates in nursery kindergartens is accounted for under kindergarten enrollment rates in the official statistics. Kindergartens cater to children from the age of 3 to 7 and provide preschool education services and programs. Family day care is offered in homes, with small groups, usually of 5-6 children. These small-capacity settings, which are formally registered, are considered part of the public ECE system. Health-focused nursery and kindergartens (or “sanatorium kindergartens”) specialize in children who need medical support (such as physical therapy, tuberculosis therapy or allergy therapy, etc.). For a child to be enrolled in these settings a medical certificate is needed and participation in ECE is free. Kazakhstan has 67 such settings. A network of 36 specialized kindergartens for children with special educational needs provides services for children with speech, hearing, mental, vision and other disabilities. Preschool mini-centres are the second largest provider of ECEC in Kazakhstan. School based kindergartens provide ECE for children aged 5 to 7.

1.4 ECD/ECE POLICY & PROGRAMS IN KAZAKHSTAN

Kazakhstan uses national strategic planning to broadly set out a vision for the country, but also to regulate every aspect of the education system at the central level. A number of strategies and planning documents ensure consistency and guide policymaking in the short-, medium- and long-term. All major strategies are considered as part of the legislative framework.

**Long-term:** Development Strategy Kazakhstan 2050 “One nation, one destiny”, adopted in 2012, provides a vision for the country for the years to come and superseded the Strategy Kazakhstan 2030 adopted in 1997.

**Medium-term:** Several strategies co-exist for the medium term. In 2011, Kazakhstan introduced new health, education and social policies designed to strengthen its domestic
socio-economic standing and political position in the international community. The ECD area was covered by the Healthy (Salamatty) Kazakhstan National Program for 2011-2015 aimed at strengthened inter-sectoral cooperation in health of citizens, the sanitary and epidemiological wellbeing promotion as well as at the reduction of infant mortality rates. Specifically, the program addresses: i) nutrition of pregnant women, breast feeding, infant and young child nutrition, education on nutrition related issues, monitoring of the nutritional status of pregnant women, mothers and children, ii) increased knowledge of population on the care, growth and development of young children; iii) enhancement of the health service quality specifically in rural areas; iv) prevention of communicable diseases among children and promotion of healthy lifestyle; v) introduction of the screening programs including early diagnosis of congenital malformations, different forms of disability and consequent rehabilitation. The new national health program Densaulyk Kazakhstan for 2016-2019 is built on results and achievements of the previous program “Salamatty Kazakhstan”.

The ECD/ECE components are also envisaged in the State Education Development Program for 2011-2020 aimed at the full coverage of children by quality early childhood development and education, equal access of children to different ECD/ECE programs for their school readiness. The progress indicators include 70 percent coverage of children by pre-schools by 2015 and 100 percent coverage of children of 3-6 years of age by ECD/ECE in urban and rural areas by 2020. The established baseline by the Ministry of Education and Science (MoES) in 2010 is 40 percent. The expected outputs of the program: new per capita financing of pre-schools, quality trained teaching personnel, updated pre-school curriculum and standards, public-private partnership, increased number of pre-schools.

The new State program for the development of education and science for 2016-2019 aims to reach the coverage of children of 3-6 years of age by renewed ECE programs in 2017 – 87.5 percent, in 2019 – 100 percent. In comparison to the old state programme, the revised Education and Science Development Programme in Kazakhstan for 2016-2019 changed the term ‘children with limited abilities’ to ‘children with special needs’, added early learning programmes covering children from 0-3 age group and focus on school readiness. The expected outputs are: improved quality of teaching and image of pre-school teachers; increased access; improved pre-school and pre-primary curriculum and standards with the focus on school readiness; improved management and monitoring in ECE.

Short term: The president's annual address to the nation provides an opportunity to present new initiatives and new strategies, which then are usually developed into strategic sectorial documents and laws. The ministries develop their own operational plans for each year.

Within the frames of above mentioned national reform programs various ECD/ECE services/programs were made available for the children under age seven (
Figure 2) in the spheres of health, nutrition, education and social protection.

Since 2010 in the health sector, RK continues to provide nutritional, immunization, integrated Management of Childhood Illnesses (IMCI) (at both outpatient and inpatient settings) to the children before they enter the school. To better address needs of the given age group, efforts are placed to enhance home visiting services by patronage nurses and social workers at the primary health care level (PHC) directed at early identification of child health determinants, development disorders and consequent follow up, as well as care for healthy and sick children. The government’s health program made available screening of congenital disorders and rehabilitation services to children with disabilities.
The government of Kazakhstan follows OECD policies and standards in education and runs programs for improving the quality of pre-school education. Reforms in education sector prioritize preschool and preprimary education, along with promotion of early learning.

Due to the brief nature of in-country visit, the evaluation concentrated mostly on health and education, with less emphasis on other sectors.

1.5 UNICEF SUPPORT TO ECD/ECE POLICY & PROGRAMS IN KAZAKHSTAN

UNICEF through its Country Program of Cooperation supported government at national and local levels and empowered to practice evidence based planning, implement and monitor the quality and access of children and women, especially from vulnerable groups, to integrated maternal child health and ECD services.

UNICEF’s efforts to improve the quality of services also progressed, with the recent introduction of World Health Organization (WHO) planning, quality assessment and monitoring tools on antenatal, perinatal and pediatric care into the existing health service quality control system, including the development of related regulations and facilitation of capacity development for a core group of MCH managers. UNICEF helped to institutionalize health workforce capacity development into the existing health service quality control system, including through the development of related regulations. The core group of national specialists is now applying the WHO-UNICEF tools for monitoring MCH quality at the regional and district levels.

With UNICEF’s support, district health management plans in East Kazakhstan included integrated health and social services, which integrate the lot quality assurance sampling methodology as a way to monitor patient satisfaction with the quality of home visiting services. The private sector was also engaged in providing equipment for resuscitating mothers and newborns, equipping healthy child rooms, and printing and distribution of ECD and young child feeding materials.
With the assessment of patronage nursing service with equity analysis, UNICEF guided national partners in the development of a universal progressive patronage service model, which focuses on parent empowerment in early stimulation and early learning of children.

UNICEF influenced the formulation of inter-sectoral plans for eliminating violence against children in educational settings and sexual abuse. Advocacy by UNICEF also mobilized legislative amendments that expand independent monitoring of child rights to all types of closed institutions for children, including care and detention institutions. UNICEF also engaged partners in horizontal exchange of knowledge beyond borders to influence and accelerate results for children.

UNICEF Country Program of Cooperation was less focused on ECE related issues.
CHAPTER 2: EVALUATION PURPOSE AND METHODOLOGY

2.1 EVALUATION PURPOSE, OBJECTIVES AND SCOPE

Evaluation Purpose: Despite consideration of the ECD/ECE areas as the priorities for Kazakhstan, no comprehensive system evaluation had been conducted in the past. Therefore, the main purpose of the evaluation is to assess the extent to which system-level changes have contributed to young children’s increased access to ECD/ECE programs and whether they have been successful in reduction of equity gaps and improvement of quality.

Evaluation Objectives: More specifically, the joint ECD/ECE evaluation aims to make an overall assessment of the impact of the ECD/ECE on child’s wellbeing in Kazakhstan and attempts a) to understand sustained progress of the system reforms, b) to analyze remaining bottlenecks and barriers that hamper the realization of child’s rights to early childhood development and education, c) to identify the key lessons learned, to inform the country office on innovations and transformed engagement in these areas and d) to develop recommendations for strengthening the Early Childhood Development and Early Childhood Education Systems in Kazakhstan.

Scope: The evaluation covers the period 2010-2016. Data collection was performed in Astana, Almaty and South Kazakhstan regions.

Evaluation Target Audience & Benefits: The Ministry of Health, Ministry of Labour and Social Protection, Ministry of Education and Science, local governments, line ministries will use the results of the Evaluation as the main developers and implementers of the national programs who need to monitor the progress based of effectiveness and efficiency criteria, to introduce corrective actions if needed, to use the best available practices, to engage trained/informed HR, to bridge the inequality gaps and to allocate sufficient funds. International partners, academic, will also use the knowledge generated by the evaluation private and civil society organizations including UN agencies, to review their partnership around the ECD/ECE sector and adjust their advocacy and practical actions accordingly for the achievement of the organizational and national policy targets; review and evaluate ECD/ECE programs' support strategies in the country. UNICEF as one of the main knowledge brokers in ECD/ECE practices providing technical assistance for effective implementation of ECD/ECE interventions worldwide, will use evaluation findings in their advocacy and program strategies and guide their assistance to the Republic of Kazakhstan.

2.2 EVALUATION METHODOLOGY

This section summarizes the methodology used for answering the evaluation questions and accomplishing the evaluation objectives. See Annex 3: Evaluation Framework for more details.

Evaluation framework: To measure coverage with and bottlenecks to effective ECD/ECE services, the evaluation used an adapted UNICEF global MoRES framework (Figure 3), based on the Tanahashi model.

Proposed framework examines four domains influencing effective ECD/ECE service coverage: 1) the enabling environment, 2) supply, 3) demand and 4) quality. Within each domain specific determinants, which directly affect coverage are analyzed. This framework aids to identify which bottlenecks were removed during the period subject to evaluation and how change was achieved.
Evaluation Criteria: Evaluation criteria, used during the evaluation (Table 1) were selected as a) the standard international criteria for development evaluation, as reflected in OECD/DAC Manual, b) appropriately geared to the purpose and objectives of the evaluation, as set out above, and c) appropriate for the learning emphasis of the study. In accordance with UN policies, gender mainstreaming will be assessed as a crosscutting issue. According to the Request for Proposal (RFP), the evaluation examined the relevance, effectiveness, efficiency, impact, and sustainability of the ECD/ECE program’s contribution towards main objectives (Table 1). For this purpose, the evaluation utilized OECD DAC evaluation approach27, though it is revised/adapted according to the specific evaluation questions per each criterion elaborated in close consultation with UNICEF CO during the inception phase.

Table 1: Evaluation Criteria

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>Relevance is understood as the alignment importance or significance of the programmatic interventions and approaches in addressing key challenges and the needs of rights holders/primary beneficiaries and duty bearers.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Effectiveness will be measured as the Program contribution to the achievement of intended results.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Efficiency is understood as the extent to which the cost of the interventions is justified by its results and timeliness of interventions.</td>
</tr>
<tr>
<td>Impact</td>
<td>Impact is defined as positive and/or negative, primary and secondary long-term effects produced in the course of Programs’ implementation, directly or indirectly, intended or unintended. As far as feasible, given data limitations, tracing contribution to higher-level results will be examined.</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Sustainability is understood as the extent to which the benefits from the intervention are likely to continue, after the end of the program and the extent to which measures have been put in place with a view to ensuring the medium to long-term ownership of rights holders and commitment by duty-bearers and</td>
</tr>
</tbody>
</table>

27 The DAC Principles for the Evaluation of Development Assistance, OECD
The impact of ECD/ECE (access, equity and quality) on ECD/ECE was measured against a set of international ECD/ECE targets using available routine statistics indicators. At the same time, available information was collected through secondary quantitative sources such as MICS, household surveys, specific studies, administrative data from MoES and MoH, etc.

To the extent possible the evaluation attempted to examine the following additional criteria:

- **Coverage:** Which groups have been reached as a result of Government and UNICEF’s interventions/contributions, such as e.g. poor, rural/remote, ethnic minorities, disabled children
- **Coordination:** What were the results of coordination among different stakeholders and development partners at national, subnational and local levels
- **Coherence:** What were areas and ways of cooperation with other development partners in achievement of Early Learning and Development Standards (ELDS) goals and objectives? Was there coherence across policies of development partners and national stakeholders?

For achieving evaluation objectives, the evaluation framework (EF) ([Annex 3: Evaluation Framework](#)) has been developed.

Equity has been a primary focus of the evaluation: impacts, system changes were examined not only in relation to marginalized groups, but also in relation to whether equity gaps in the ECD/ECE sector as a whole have grown or decreased between the most and least marginalized children. Gender equality and human rights considerations were mainstreamed in the evaluation.

**Data collection methodology, tools and data sources:** The data collection methodology comprised a mix of site visits and observations, face-to-face in-depth interviews, desk-based research and review of existing reports, documents and available secondary data. Main sources of information were: people –key informants and beneficiaries and documents. Overall 53 Key Informants (KI) have been interviewed ([Annex 2](#)) representing government, parliament, service providers, NGOs and 121 documents reviewed ([Annex 1](#)). Nine Focus Group Discussions were carried out with service providers and parents at health and preschool facilities.

**Triangulation of findings:** Both quantitative and qualitative data were studied to assess evaluation domains and criteria. All data collected during the evaluation were analyzed using NVivo 10™ software[28]. To ensure robustness of evaluation findings, the qualitative and quantitative data were triangulated across key informants, compared with available documentary evidence before drawing conclusions and formulating recommendations. To account for the data quality and assess the strength of evaluation findings and conclusions the “robustness scoring” approach was used for each finding ([Annex 3: Evaluation Framework](#))

**Stakeholder participation and ethical issue:** In order to develop ownership and ensure the involvement and interest of the stakeholders for sustainable changes and future developments, the evaluation was conducted in a participatory way, involving policy makers, service providers and partners’ staff, beneficiaries and their partners and other people directly or indirectly involved in the ECD/ECE programs at all phases of the evaluation. The

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[28] NVivo is a qualitative data analysis (QDA) computer software package produced by QSR International. It has been designed for qualitative researchers working with very rich text-based and/or multimedia information, where deep levels of analysis on small or large volumes of data are required. The software allows users to classify, sort and arrange information; examine relationships in the data; and combine analysis with linking, shaping, searching and modeling.
ET ensured impartiality and independence at all stages of the evaluation process, which contributed to the credibility of evaluation and the avoidance of bias in findings, analyses and conclusions. The evaluation at all phases was guided by the UNEG ethical guidelines for evaluation\textsuperscript{29} (Annex 3: Evaluation Framework).

**Evaluation limitations:** The evaluation team faced some limitations. Due to the brief nature of in-country visit, the evaluation concentrated mostly on health and education sectors (as prescribed by the TOR), with less emphasis on the assessment of interventions and policies related to ECD/ECE in other sectors. Difficulties in obtaining financial data limited more robust assessment of the funding trends of ECD/ECE services and programs. Nevertheless, these limitations had moderate to no impact on the evaluation findings.

\textsuperscript{29} UN Evaluation Group Ethical Guidelines for evaluation, March 2008, [http://www.unevaluation.org/ethicalguidelines](http://www.unevaluation.org/ethicalguidelines)
CHAPTER 3: EVALUATION FINDINGS

This chapter describes findings from the evaluation and is broken down into the following evaluation areas: relevance, efficiency, effectiveness, impact, sustainability, coordination and coherence. The guiding questions, included in the Terms of Reference (see Annex 7) and refined during the inception phase (stipulated in the Annex 3: Evaluation Framework), are provided at the beginning of each section and are referenced throughout the text.

3.1 RELEVANCE

This section of the report examines the relevance of Government programs, strategies, interventions and approaches applied to address the eminent challenges of early child development and early childhood education in the Republic of Kazakhstan (RK) and summarizes the information derived from the desk review and collected from key informant interviews and FGDs. The evaluation findings presented below are structured in a way to provide answers to the questions outlined for the given criterion in the Evaluation Framework (Annex 3) and the text box on the right.

Relevance is understood as the alignment importance or significance of the programmatic interventions and approaches in addressing key challenges and the needs of rights holders/primary beneficiaries and right bearers.

Evaluation questions
- Were the government’ programs relevant to expanding access to quality ECD/ECE services?
- What is the value of the government programmes in ECD/ECE in relation to global principles of early education and early development of children?
- Were the government and UNICEF interventions in ECD/ECE relevant to existing in Kazakhstan service delivery structure?
- Were the needs of the most marginalized groups addressed?
- Was the mechanism of ECE/ECD coordination with other services formulated and relevant?

The government promoted reforms and programs are highly relevant to the needs of direct beneficiaries as well as are aligned to international best practices. The Government programs in health and education sectors promoted expanding access to quality ECD/ECE services. In the health system, reforms endorsed in the sphere of the service delivery with emphasis on PHC along with the financial reforms ensured improved access to health, nutrition and early stimulation and learning services. Health financing reforms allowed improved financial access of all, and particularly to the most disadvantaged and marginalized children. Reforms and government programs emphasized focus on the advancement of the service quality in health and nutrition through introduction of modern technologies and evidence based interventions and consequent health workforce capacity building.

In education sector, government programs promoted expansion of the existing ECE service delivery structures through institutionalization of public private partnerships (PPP) and capital investments, thus ensuring gradual increase of enrollment rates. Rising Public funding for ECE services were thought to minimize the financial access barriers to ECE programs for all children, exceptionally for those most needed. Curriculum reforms endorsed, aimed at alignment of ECD programs and services with global principles and improvement of their quality. Capacity building of the education system workforce also was expected to contribute better preschool education quality.

Government policies and programs lacked clear formulation of strategies for reaching out the most marginalized groups. Policies and programs in both, health and education sector, addressed the needs of the most marginalized groups, though lacked explicit formulation of strategies for reaching out. Furthermore, ECD/ECE coordination mechanisms between sectors and services are not explicitly formulated in policies and programs.
3.2 EFFECTIVENESS

This section of the report focuses on the evaluation of Government programs’ effectiveness by examining the ECD/ECE programs’ contribution towards achieving the intended results; its effectiveness in facilitation of sectoral reforms; improvements in service quality and targeting. Findings are presented to provide answers to the questions outlined for the given criterion in the EF (Annex 3) and the text box on the right.

**Effectiveness** is measured as the ECD/ECE Programs’ contribution to the achievement of intended results.

**Evaluation questions**
- To what extent were system level changes achieved? Did these catalyze equity-focused results for children?
- Were contextual factors taken into account in the design/implementation of the ECD/ECE interventions?
- Were efforts made to establish an enabling environment for the expansion of ECD/ECE programmes?
- Did public and private service delivery systems reach the most marginalized groups?
- Extent to which supply side bottlenecks were addressed?
- What were the main constraints on demand?
- Which programmes in ECD/ECE were most and least effective?
- Did the intervention results contribute to reducing the underlying causes of inequality and discrimination?
- What were the effects of coordination among different stakeholders and donors at national and subnational level?

3.2.1 HEALTH, NUTRITION AND EARLY STIMULATION

The government implemented reforms and programs were highly relevant and contributed to the achievement of system level changes.

All pregnant women are entitled to free antenatal care and delivery, and there is a free package of healthcare for all children under five. The country continues to further enhance access to health services for pregnant women and children. The National Healthcare Reform Programme for 2012-2016 optimized and scaled up integrated packages of low cost, high impact maternal and child survival interventions through routine health services and community support. State guaranteed Basic Benefit Package (BBP) funds both, outpatient and inpatient services for children under five. Under the Primary Health Care (PHC) component prevention, diagnosis, treatment of acute and chronic diseases in outpatient settings, medical rehabilitation and referral of patients for special care is financed.

Legal environment set by the government ensures that every child receives appropriate doses of vaccines in the recommended age-appropriate period. In accordance with the national immunization schedule, with amendments approved in 2013 by the Ministry of Health (MoH), every child should receive appropriate doses of vaccines in the recommended age-appropriate period. Exceptions may include a medical exemption from immunization due to illness of the child, as well as the parents’ refusal of vaccinations for valid reasons. In Kazakhstan, vaccinations are made with the consent of children’s parents or their legal caretakers. Information about all received vaccinations is necessarily recorded in the child’s outpatient medical record or vaccination passport. Subsequently, the outpatient medical record or vaccination passport shall be presented at the child’s enrollment to kindergarten or school.

Healthy Child Cabinets and schools for pregnant women are established at PHC level to improve provider professionalism in promoting ECD through parent education. In support of the maternal and child health, within the frames of PHC sector reforms, the ministry of health issued number of regulatory documents. The MoH Decree No. 164, March 2011 on measures to improve medical care in the field of maternal and child health. The given decree establishes enabling environment for the operation of the “Healthy Child Cabinet” in all PHC facilities, as an organization sub-division responsible for continuous education of medical personnel in health promotion and prevention related counseling of
caretakers and children. In addition, the school for pregnant women opened at PHC facilities supports pregnant women education during pregnancy and preparation to responsive motherhood. The same decree defines roles and responsibilities of the PHC for the prevention function and regulates the system of the Patronage nursing/home visiting.

Table 2: Screening of health status of children (0-6 years)

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<tr>
<th></th>
<th>1 Year</th>
<th>2 Year</th>
<th>3 Year</th>
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<td>Surgeon</td>
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<td>Dentist</td>
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<td>Blood test</td>
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<td>Urine Test</td>
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<td>Test on Helminth</td>
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Early detection of illness and developmental delays is continued through child screening programs. In order to enhance preventive activities of the health care system annual screening programs are implemented regulated by the MoH Decree No. 685 of 2009 on screening programs for children and adult population. Children 0-6 years old are entitled to free annual specialists’ consultation and laboratory testing (Table 2).

The country continued to further promote Integrated Management of Childhood illnesses within the frames of State program “Salamaty Kazakhstan”. At the moment, IMCI is the only pediatric strategy for improving primary and secondary care for children, with the opportunity to strengthen the knowledge and skills of the family and community to care for young children. 16 regional IMCI training centres provide in-service trainings on a regular basis, where a component for Early Child Care for Development is included into the programme to develop counselling skills of health providers (both for doctors and home visiting nurses) at PHC level. The IMCI component is strengthened by expanding information on nutrition, positive parenting etc. Notably, the Government has abolished the Republican IMCI Center and the future role of 16 remaining regional centers is not yet defined. This decision will negatively affect further advancement of IMCI as an important component of the early child development and wellbeing.

The IMCI component is integrated into the patronage/home visiting services. In parallel with the introduction of IMCI, the UNICEF program is being implemented in the country to strengthen the existing system for the patronage home visiting of children of the first five years of life. This system provides for the visits of the child by a medical worker (family doctor and nurse) at home. Starting from 2016 the government pilots a new, universal progressive model of patronage/home visiting with UNICEF’s support30. In parallel to planned home visits to children under five years old by patronage nurses, the given model ensures early identification of vulnerable and disadvantaged households; development of the individual family/household plan, which addresses all identified risks together with the family physician, social worker and patronage nurse.

The government plans to reintroduce district pediatricians at PHC facilities to further advance child health and development. To further advance the role of the PHC in ensuring that every child reaches its full development potential, re-introduction of the district pediatricians in the PHC settings is planned. At the time of the evaluation, there is no clear vision on the roles and responsibilities of district pediatricians and their contribution to comprehensive young child health, development and wellbeing. It is believed, that given reform initiative will further improve child health, nutrition and promote positive parenting and stimulate early learning of young children.

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30 T. Got graduated, Assessment of Patronage Nursing System in Kazakhstan with the Equity Focus, 2014, Curatio International Foundation, UNICEF Report
To address socio–economic determinants of health, specialized social services have been introduced at PHC level. According to the provisions of the law on “Specialized Social Services” adopted in 2008, the MoH issued a Decree No. 630 and 907 in 2009 and 2011, which regulates recruitment of the social workers in health facilities, their functions and reporting forms. The social workers deployed at the PHC facility are responsible for provision of socio medical, psychological, legal, vocational, employment and other services. Special social health services are provided to a person (family) in difficult life situations and include complex of available, special social services provided at the level of individual, family and society by: Counseling (individual or group); Active attendance, surveillance and home care (nursing and social support); Assistance (counseling) for "helpline"; Creation of support groups, trainings, works with initiative groups and self-help groups.

The Nutrition Policy views nutritional support for women from conception and during pregnancy, and for infants and young children, as critical. This includes exclusive breast-feeding in the first six months after birth, safe and adequate nutritional practices. Poor nutrition in these crucial periods can lead to irreversible stunting and developmental delays, resultant in poor cognitive development, and ultimately lower educational and labour market performance. Stunting, wasting, under-weight, over-weight and obesity have been identified as areas for implementation focus.

Public expenditure on ECD/ECE requires adequate funding. Public expenditure on ECD in the health sector is difficult to track. Given the ECD services in the health sector being mostly provided at the PHC level and the per capita funding modality used, it is difficult to single out health sector expenditure on ECD programs/services. In the absence of this information, the report looks at overall health expenditure and attempts to assess the government political willingness to invest in the health sector.

Table 3: Health Expenditure trend 2010-2014

<table>
<thead>
<tr>
<th>Health expenditure, total (% of GDP)</th>
<th>2010</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Health expenditure, public (% of GDP)</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Health expenditure, public (% of government expenditure)</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Health expenditure, public (% of total health expenditure)</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Health expenditure, private (% of GDP)</td>
<td>57</td>
<td>54</td>
</tr>
<tr>
<td>Health expenditure, private (% of government expenditure)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Health expenditure per capita (current US$)</td>
<td>401</td>
<td>539</td>
</tr>
<tr>
<td>Out-of-pocket health expenditure (% of total expenditure on health)</td>
<td>42</td>
<td>45</td>
</tr>
</tbody>
</table>

Source: World Development Indicators, accessed April 1, 2017

Overall health-care spending has increased 1.5 times between 2010-2014 (from US$ 1.69 billion in 2010 to US$ 2.61 in 2014) 31. With increases in health spending in line with overall economic growth, health expenditure as a share of GDP has remained stable in recent years at 4.4 percent (Table 3), which is twice as low as OECD average of 8.9 percent (2013) 32. In the given period, the public share of expenditure on health as a percentage of the total government expenditure dropped by one percentage point. Likewise, the country shows declining trend in the share of public expenditure out of total health expenditure by 3 percentage points. Shrinking public funding for health puts increasing burden on population. If in 2010, out of pocket spending represented 42 percent of the total health expenditure; in 2014 it increased by 3 percentage points (2013). (Table 3). In 2014, the RK introduced the capitation payment method, which allowed increasing health-care financing at PHC level from 16 percent in 2008 to 26 percent in 2014. With the given funding landscape it is difficult to conclude that the country spends sufficient amount of funds in support of ECD services.

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31 WHO data
32 OECD Health Statistics, [www.oecd.org/health], accessed on April 5, 2017
The range of government policies implemented in health and nutrition sector, lead to the improvement of care, but issues remain and prevent the achievement of better results.

Figure 4: Immunization

More children are vaccinated with recommended vaccines. 84.1 percentage of children received all vaccinations recommended in the national immunization schedule by their first birthday (for measles – by their second birthday), but disparities remain among population groups. Albeit the percentage of vaccinated children declines with each subsequent dose for each type of vaccination. The reduction in the percentage of vaccinated children with each subsequent dose for all types of vaccines is greater for urban areas (Figure 4). In addition, it is noted that children living in households in the richest wealth index quintile are less likely to be vaccinated than those living in households in the poorest index quintile. Although it’s a complex problem, health officials say one key culprit is that more and more people are choosing not to get their kids vaccinated against vaccine preventable diseases, mainly in urban areas. While substantial efforts were put in place by the government and donors for public education and awareness rising, regular communication activities are lacking. Absence of regular social mobilization potentially could have positioned immunization program vulnerable to anti vaccine movement, but in the absence of data on knowledge, attitudes and practices, it cannot be directly evaluated. Presumably the PHC sector also fails to influence parent’s decision due to: i) inadequate time for counselling; ii) inappropriate communication skills and/or iii) increasing tendency of mothers more respecting internet based sources rather their family health professionals.

Institutionalization of the IMCI program along with enhancement of patronage system and Healthy Child Cabinets resulted in increased access to quality child health care. Since 2010, the country continued extensive health worker (physicians and nurses, including those responsible for home visits and parent/caregiver information and education) capacity building at PHC and hospital level along with the distribution of the IMCI pocket guide. The IMCI form was institutionalized and included into the individual medical form. All these efforts contributed to improved results.

Figure 5: Quality of health services

More children receive higher quality care in 2011, compared to 2006 (Figure 5). Kazakhstan’s 2011 Multiple Indicator Cluster Survey (MICS) reported that 64.7 percent of children that had diarrhoea in the previous two weeks had received oral rehydration salt or a recommended homemade fluid in 2011, a large increase from 20.4 percent in the 2006 MICS. MICS data further informs that more boys receive oral rehydration therapy with continuous feeding (60 per cent boys, 46 per cent girls), and more boys than girls are taken to health facilities. 81.4 percent of children who had symptoms of pneumonia during the two weeks preceding the survey (MICS 2011), sought care and advice in various healthcare facilities.

33 MICS 2015-2016. https://mics-surveys
More mothers in rural areas and from poorest quintiles can recognize at least one danger sign that would cause them to take their child immediately to a health facility. The understanding of caregivers on when to seek medical care is an important factor contributing to morbidity and mortality rates in children. As per MICS 2015 findings, 36.7 percent of women know at least one of the two danger signs of pneumonia: fast breathing and/or difficult breathing as a symptom that would cause them to take their child immediately to a health facility. 27.6 percent of mothers recognize difficult breathing, and 15.5 percent of mothers recognize fast breathing. The lowest level of knowledge of at least one of the two danger signs of pneumonia were reported in Karaganda (17.9 percent) and Kyzylorda (20.2 percent) regions. More than half of mothers from Kostanai region and more than 47 percent of mothers from Atyrau and South Kazakhstan regions are the most aware of at least one of the two main symptoms of pneumonia. The range of the percentage of mothers who recognize fast breathing as one of the danger signs of pneumonia varies from 3.2 percent in the Karaganda region to 28.8 percent in the South-Kazakhstan region. At least one of the two danger signs of pneumonia are recognized by 39.0 percent of mothers living in rural areas and 34.4 percent in urban areas. It is interesting to note that mothers living in the poorest households (40.7 percent) are more likely to recognize at least one of the danger signs of pneumonia than mothers living in the richest households (31.5 percent). Although the following symptom is not a danger sign of pneumonia, about 90 percent of mothers said that they would take their child under age 5 immediately to a health facility if they develop a fever.

Better Parenting program (BPP) introduced in Kazakhstan, improved mother child relationship and their involvement in child's early stimulation and learning. It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home/family care is a major determinant of the child’s development during this period. Early stimulation and interaction with parents and caregivers jumpstart brain development and promote wellbeing. Extensive research shows that nurturing, stimulating interaction between young children and their parents and caregivers positively and permanently strengthens the ability to learn – and may even change brain function for life. In this context, engagement of adults in activities with children, presence of books in the home for the child, and the conditions of care are important indicators of quality of home care. As set out in A World Fit for Children, “children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn.”

Figure 6: Parent engagement

Working caregivers with serious time constraints today raise most young children. Despite the rise in maternal workforce participation, recent studies have observed an increase in the number of hours parents spend with their children. The 2015 MICS Survey in RK shows that 96.8 percent of children aged 36-59 months live with their mother. At the same time, with half of children (50.7 percent) mothers engage in four (or more) activities that promote learning and development.
school readiness; mean number of activities with mothers is recoded at 3.3. Mothers in playing with the children depends on level of wealth. In the richest households, mothers more frequently than in the poorest households play with the children (68.5 and 38.9 percent respectively).

**There is a limited father's involvement in in early stimulation and learning of their children.** The percentage of children with whom the father engaged in four or more activities is only 6.6 percent, while at the same time 87.3 percent of children aged 36-59 months are living with their fathers. The mean number of activities that fathers engaged in with children was 1.1. Fathers living in Almaty city (0.6 percent) and the Zhambyl region (1.4 percent) were less likely to engage with their children in activities that promote learning and school readiness. Fathers in the Karaganda and Pavlodar regions (22.5 and 22.7 percent, respectively) were more commonly engaged in such activities. There are no notable differences by sex or age of child in the engagement of biological fathers and mothers in four or more activities that promote learning and school readiness.

**Figure 7: Adult household involvement**

Adult members of the wealthy households and from urban areas are more commonly engaged in activities with children. Involvement of adult household members in activities that promote learning and school readiness ranges amongst regions. Involvement of adult household members in activities that promote learning and school readiness ranges from 69.7 percent in the South Kazakhstan region and 73.9 percent in the Kyzlorda region, to percent in the Kostanai region (98.5 percent) (Figure 7). Adult members of the households more commonly engage in activities with children in urban areas and in the richest households (91.1 and 95.4 percent, respectively) than those in rural areas and in the poorest households (80.4 and 82.7 percent, respectively).

**More than half of children aged 0-59 months live in households where at least 3 children's books are available for the child.** Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also give the child opportunities to see others reading, such as older siblings doing school work. Presence of books at home is important for later school performance.

**Figure 8: Availability of books**

In Kazakhstan, more than half (50.9 percent) of children aged 0-59 months live in households where at least 3 children’s books are available for the child (Figure 8). The proportion of children with 10 or more books was 22 percent. The availability of children’s books is not related to the child’s gender, but there are differences in access to children's books across other background characteristics: urban children (60.1 percent) are more likely to have 3 or more children’s books compared to children living in rural areas (42.0 percent). The presence of children’s books is positively correlated with the child's age, 64.0 percent of
children aged of 24-59 months have 3 or more children’s books, the same indicator for children aged 0-23 months is twice as low and is 30.3 percent39.

**Figure 9: Availability of playthings**

<table>
<thead>
<tr>
<th>Children aged 0-59 months who have two or more playthings</th>
<th>Children aged 24-59 months, who have two or more playthings</th>
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<tr>
<td>59.5%</td>
<td>71.7%</td>
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**Figure 9: Availability of playthings**

Children aged 0-24 months, who have two or more playthings 40.3%

Source: MICS 2015

Every six children out of ten have playthings at home. 59.5 percent of children aged 0-59 months had 2 or more types of playthings to play with in their homes. In terms of the presence in the house of 2 or more types of playthings, gender differences and differences between urban and rural areas are negligible (Figure 9). The percentage of children aged 24-59 months, who have two or more playthings at home is about 1.5 times higher than children aged 0-23 months (71.7 and 40.3 percent respectively). Differentials are small by socioeconomic status of households, and regions.

**Figure 10: Children left with inadequate care**

Better parenting program, fall short to improve child safety, as more parents leave children alone or in the presence of other young children. Leaving children alone or in the presence of other young children is known to increase the risk of injuries40.

4.6 percent of children aged 0-59 months were left in the care of other children in 2015 (Figure 10) compared to 4.4 percent in 2010, whereas the share of children left alone in 2015 is comparatively lower (0.7 percent) than in 2010 (2 percent). No differences are observed by the sex of the child or between urban and rural areas. Children aged 2-4 was left with inadequate care more often (6.2 per cent) than younger children (1.7 per cent)41.

**More children experience violent discipline.** 52.7 percent of children aged 1-14 years are subjected to at least one form of psychological or physical punishment by the adult members of the household. 47.2 percent of children were subjected to psychological aggression. The most severe forms of physical punishment (hitting the child on the head, ears or face, or repetitive hits) are not common in the country: 1.0 percent of children are subjected to severe punishment. 55.2 percent of boys and 49.9 percent of girls have been subjected to any violent discipline method. At school, two of every three children experience or witness violence by children or teachers. A high rate of violence was observed in shelters, and schools for children with “deviant” behaviour42. Negative social norms, such as tolerance towards violence against children, remain strong. Only 4.7 percent of respondents believe

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39 MICS 2015, [https://mics-surveys](https://mics-surveys)
41 MICS 2015, [https://mics-surveys](https://mics-surveys)
42 COAR 2015, UNICEF
that physical punishment is a necessary part of child-rearing, while in practice, about 26 percent of children are subjected to physical punishment\textsuperscript{43}.

Salt iodization policy implemented in the country-improved consumption of iodized salt, every nine households out of ten consume adequately iodized salt. Nearly 91 percent of households consumed adequately iodized (≥15 ppm) salt; 3.7 percent of household’s salts contain less than 15 ppm, while in 5.0 percent of households’ salt was not iodized (0 ppm). Consumption of salt with at least 15 ppm of iodine was lowest in the West Kazakhstan region (51.0 percent), where 40 percent of the households consumed salt with no iodine at all. In urban areas, 94.0 percent of households were consuming adequately iodized salt (≥15 ppm) while for rural areas the figure was 85.6 percent. Consumption of adequately iodized salt (≥15 ppm) was higher among richest households when compared to the poorest households (95.4 and 82.5 percent, respectively). In 10.4 percent of the poorest households’ salt was not iodized.

Government reforms, policies and programs addressed majority of system level bottlenecks affecting early childhood development, but remaining bottlenecks limits attainment of better results. A thorough analysis of the system revealed the number of bottlenecks that hinder achievement of better results. The below sections summarize strength and weakness of the health and nutrition system in relation to effective early childhood development services.

Despite efforts made by the State to facilitate life for children with disabilities, there are still barriers to their leading full lives. The true number of children with disabilities is largely unknown. Different figures arise because the different Ministries assess children’s conditions in different ways. The Ministry of Education and Science figures include the hearing impaired, the visually impaired, those with speech disorders, and those with disorders of the musculoskeletal system, those with mental retardation and intellectual disabilities, those with emotional and behavioral disorders and those with multiple disabilities. Meanwhile, the Ministry of Labour and Social Protection counts those children with persistent disorders of body functions, caused by disease, injury, and their consequences, and defects, which lead to restrictions in their lives and the need for social protection\textsuperscript{44}. While children assessed as having disabilities by the Ministry of Labour and Social Protection are entitled to certain benefits and some equipment, this does not apply to more than half the children registered with special educational needs by the Ministry of Education and Science. This means that there is no comprehensive interagency approach to addressing the needs of all children with disabilities. This report uses the term “children with disabilities” to refer to all children with disabilities in the country, whether or not they have been registered as such.

Since early 2000s, several new laws were adopted affecting children with disabilities and their cares. Of particular relevance is the 2008 Law on Specialized Social Services, which provides for interagency coordination in the delivery of social services, especially between education, health and social protection authorities\textsuperscript{45}. The implementation of the Law has reportedly led to changes in the attitudes of parents, who are now less likely to abandon children with disabilities, but rather keep their children and seek assistance from health and social professionals to assist the children’s development\textsuperscript{46}.

\textsuperscript{43} ibid
\textsuperscript{44} Analysis of situation of women and children in Kazakhstan, UNICEF, 2012
\textsuperscript{45} Law No.114-IV 3 of 29 December 2008
\textsuperscript{46} Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialized Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012
There are significant variations in the cost of specialized social services between regions. The analysis also disclosed that there are significant variations in the cost of specialized social services between regions. In Atyrau province the average cost of home-based care for a child with disability is 80,000 Tenge ($530) per year while in Almaty city it is 218,000 Tenge ($1440). Significant regional differences also exist in the residential and semi-residential care facilities for children with disabilities, meaning that children in different regions may receive different qualities of services. However, the Ministry of Labour and Social Protection is currently working to define a common approach to funding social services and regulatory requirements for organizations providing social services, considering regional issues, and thereby establish a common mechanism in calculating the cost of social services per person per day.47

An assessment of implementation of the Law on Specialized Social Services48 reveals that not all children with the right to receive special services under the Law, can in fact access the services. While under the Law children with disabilities are entitled to access day-care facilities, the analysis shows that children with disabilities face waiting lists for these facilities, though they can still easily be admitted to residential care. Children with disabilities in some rural areas that have neither state-run day care centres nor NGO service providers have no access to day care services at all.49

Assessment for support of children with special needs remains focused on the medical categorization of the child's disability rather than determining the needs of the individual child. This assessment is undertaken by the Pedagogical, Medical and Psychological Committee (PMPHC), a group of professionals from different disciplines who describe and define the additional needs children may have, so that the children can be allocated an appropriate level or type of education.

Coordination and cooperation within health and with other sectors is limited or lacking restricting continuity of care. Referral systems within and outside the health sector are not yet well established. It is common to bypass the PHC and seek care at inpatient settings. There are number of reasons that guide patient health seeking behaviour. Firstly, non-availability of all required services at the place of residence, particularly in rural areas, force patients to seek care in urban setting and mostly at hospitals which offer wide range of services. Secondly, there is no regulation, which requires patient to be referred to the next level of care by the PHC. Thirdly, suboptimal quality of care at public health institutions promotes utilization of private services. Information about patient discharge from hospitals is not channelled down to PHC for adequate follow-up and continuation of treatment and care. Social workers deployed in the health sector attempt to link the most vulnerable and disadvantaged families and their children to the needed services outside the health sector, but referral links are not yet well defined. The system also lacks well-established case management function.

Coordinated and sustainable responses are required from a range of stakeholders at all levels to ensure that the rights and needs of young children in general and those with disabilities and their families are met. Critical are family members and those stakeholders who deal directly with young children to meet their health, education, protection and other needs.

47 Analysis of situation of women and children in Kazakhstan, UNICEF, 2012
48 Assessment of implementation of the Law on Specialized Social Services, 2012
49 Aleksandr Kovalevsky, Evaluation of Implementation of the Law on Specialized Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012
needs. Essential are those who contribute to the development, implementation and monitoring of policies, budgets and services (e.g. governments, NGOs, professional organizations, media, private sector, and parent and disability advocacy organizations).

3.2.2 EDUCATION

Early childhood education is a priority in the Republic of Kazakhstan. Kazakhstan has several state programmes to increase the number of ECE settings and the enrolment of children in preschools and care settings. Clear participation targets for the future have been set, such as the objective to reach universal enrolment of all 3 to 6-year-old children by 2020. In addition, policy documents indicate that the enrolment of children under the age of 3 should be made a policy priority. The strong focus on ECE is enshrined in President Nazarbayev's development plan: "Kazakhstan – 2050". The goal of this plan is to bring Kazakhstan into the ranks of the 30 most competitive countries around the world through a focus on eliminating corruption and ensuring a healthy, well-educated population. As part of this policy strategy, plans for improving the quality of the education system have been developed and are being implemented. ECD/ECE has been recognized as an important means of achieving a strong, active, well-educated, innovative and healthy society.

In 2010, the program to provide children with preschool education and training "Balapan" (2010 – 2014) was adopted aiming at equalization of the starting opportunities of all Kazakhstan children. Given the high birth rate and the continuing demographic growth, the Strategy "Kazakhstan-2050", a new political course of the state, decided to extend the program "Balapan" until 2020 and set the task for the national and local Governments to achieve universal preschool coverage by 2020.

Education now begins for most children well before they are 5 years old. This has been made possible, in part, by the extension of legal entitlements to a place and the efforts to ensure free access to preschool education programs. Later, the program "Balapan" was integrated into the new Education and Science Development Programme 2016-2019. The program aims at provision of early access to quality preschool education and sets the following objectives: i) expansion of the coverage by opening of additional preschool education facilities; ii) revision of the preschool education program oriented towards quality preschool education of children; iii) enhancement of the human resource capacity in preschool education facilities; iv) increase the prestige of teacher's profession.

Legislation promotes dual Government-regulated model of public and private delivery of preschool Programmes. Policy supports dual government regulated model of public and private delivery of services with universal access for all children. Parents have a choice between private and public delivery of services and programmes.

Kazakhstan included the provision on inclusive education into the Education Law. The article 8 presents it as a state guarantee. The government, realizing the goal of inclusive education, ensures development of special conditions for education, correction of developmental disorders and social adaptation at all levels of education for the citizens with disabilities. Furthermore, the State Education and Science Development Programme aims at reaching 30% of pre-schools, creating the conditions for inclusion into education, albeit strategy for realization of stated objectives remains undefined. In comparison to the old state

Education Development Programme (2011-2020), the revised Education and Science Development Programme in Kazakhstan for 2016-2019 changed the term 'children with limited abilities' to 'children with special needs', added early learning programmes covering children from 0-3 age group and focus on school readiness. The expected outputs are: improved quality of teaching and image of pre-school teachers; increased access; improved pre-school and pre-primary curriculum and standards with the focus on school readiness;
improved management and monitoring in ECE.

**Legal entitlement to parents and children and their families are ensured.** The Address of the First President of the country N.A. Nazarbayev to people of Kazakhstan of October 10, 1997 devoted to the Kazakhstan Development Strategy up to 2030, states as a long-term priority that “maternal and child health should be in the focus of attention by the state, health authorities and the public”\(^50\). The Strategic Plan of Kazakhstan Development up to 2020 names the system of mothers and children social support as a key one. Thus, it aims at promoting the actions to increase birth rate and support large families by developing a set of measures, including tangible and intangible incentives\(^51\). Kazakhstan 2050 Strategy states the need for “continuous improvement of the social and pension systems and comprehensive protection of mothers and children”\(^52\).

The Law of the RK "On State Benefits for Families with Children (with amendments and additions as of November 17, 2015)" regulates number of cash benefits such as: i) one time cash benefit at the time of birth of a child; ii) monthly cash benefit (care allowance) to families with children under one years old; iii) monthly state allowance for children up to the age of eighteen and orphans; iv) monthly disability allowance, paid to the mother or father, the adoptive parent, guardian (guardian), for bringing up the disabled child; and v) monthly poverty benefits for the families below poverty line.

The article 99 of the amended Labor Code of the RK in 2016 makes provisions for paid and unpaid parental leave in case of childbirths and adoption of a newborn. Women are entitled to paid leave during pregnancy (70 days) and after the birth (56 days). Parents are also entitled to unpaid leave up to the age of three years.

Kazakhstan is among the few countries (with Finland, Norway and Sweden) where there is a legal entitlement to a place in ECE for all children aged 1 to 6 years (starting age of compulsory school is set at 6 years since 2016). Public pre-school education is free, but parents must pay monthly for school meals. Sanatorium kindergartens and kindergartens for children with disabilities and/or special needs are completely free of parental costs\(^53\).

The social protection of disabled people is ensured through the provision of social, charitable assistance, medical, social and professional rehabilitation, access to education and other measures aimed at creating opportunities for disabled people to participate in society in equal ways with other citizens and is regulated by the Law on the “social protection of disabled people in the Republic of Kazakhstan (amendments and additions as of 03.12.2015)".

**Public expenditure on ECE as a percentage of GDP is below the OECD average.** The financial investment in ECE settings and equipment is a key requirement for the development of good and high-quality learning environments, and indicates that political priority is being given to the care and education of young children. Sustainable public funding is essential to recruit competent and qualified staff, ensure the quality of educational programmes and promote their development. In Kazakhstan, public spending on the early education of young children represented 0.6% of GDP in 2013, somewhat lower than the

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50 Address of the First President of the Country N.A. Nazarbayev to People of Kazakhstan of October 10, 1997, on the Kazakhstan Development Strategy till 2030. Available from: [www.adilet.zan.kz](http://www.adilet.zan.kz)
OECD average of 0.8% in 2013 and far below countries that regard ECE as a top priority, such as Denmark where 2% of the country’s GDP is spent on ECE 54.

Preschool education has two sources of public funding, national and local (the budgets of Oblasts and Rayons), the latter making up the most of its funding. The training and a part of the re-training of preschool teaching staff are funded by the national budget. While the central government determines spending priorities, the national budget is decentralized to the region and district levels; the amount the region and district receive varies according to the local situation (e.g., number of preschool age children, level of income tax revenue). Budget disputes between national and local governments are moderated by the National Budget Commission, which also approves the Government’s expenditure priorities. Parental contributions are another important financing source.

The increase in the access to preschool and pre-primary education is achieved not only through the construction of pre-school organizations at the expense of the republican and local budgets, but also through the opening of private kindergartens and mini-centers. Government investments in the public sector resulted in 24% increase in the number of public kindergartens since 2012 (Figure 11).

Figure 11: Change in enrollment rates 2010-2016

The introduction of the public private partnership strategy stemmed in increase of the number of private kindergartens more than 2 times and by 100 percent mini centers. As of January 2017, 67 percent increase in the number of kindergartens in the rural areas and 61 percent in urban areas are registered since 2012. In line with State program on Education and Science Development 2016-2019, which intends to minimize the number of mini centers and gradually shift to the full day preschool education, the overall number of mini centers declined by 17 percent, mostly at the expense of closure of public mini centers.

Given a need for fast expansion of ECE services up until presently, the Government has sought increased access across broad categories of marginalization (such as rural locations) before addressing more complex inequities and vulnerabilities. The local governments put special emphasis to open public kindergartens and promoted private sector engagement in urban as well as rural areas. Albeit they acknowledge, that opening private preschool institutions in rural settings is difficult due to the lack of economic activities in rural areas and absence of private investors. Furthermore, public private partnership (PPP) mechanisms introduced in the country is not sufficient to leverage private investments in the rural settings. Access to ECE is also linked to a child’s socio-economic background. Despite government policies aimed at reducing the cost of ECE for low-income families, about 52.4% of children in the fourth richest quintile households and 60.5% of children in the richest quintile attend ECE programmes. This figure drops to 29.4% for the second poorest and 18.7% for the poorest quintile households. Low-income parents

54 Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017
also devote more of their income to ECE; almost half of their expenditure is on ECE, while high-income families may spend less than 5%.\textsuperscript{55} As the country reached almost 85 percent coverage of children with preschool and pre-primary education, a nuanced understanding of the needs of the most marginalized has only recently started to emerge. As a result, there has been little attention given to equity at a systemic level so far.

**Fast development of the private sector was essentially promoted by removal of the licensing requirement.** Attainment of ambitious targets for preschool enrolment rates required an easy entrance of private sector into the market. In response, the government abolished licensing requirements for private sector that boosted expansion of the given sector.

**The introduction of the public funding (contracting of private institutions for publicly financed service provision), so called “state order”, for both, public and private sectors, was another positive political decision, which removed access barriers to preschool education and advanced expansion of the private sector.** Pre-school institutions receive per capita financing from local budgets and parents are responsible for monthly payment to cover cost of the meals. The per capita funding differs across regions and as per key informants are defined based on regional characteristics. The number of private kindergartens receiving “state order” almost doubled in the period of 2013-2015 (from 898 in 2013 to 1553 in 2015)\textsuperscript{56}. In 2017, the government allocated more than 0.34 billion US$\textsuperscript{57} for public funding of preschool institution, of which 42.9% are for private preschool organizations. The leaders in public-private partnership among the regions of Kazakhstan are East Kazakhstan, Almaty, Aktobe, North Kazakhstan and Akmola regions.

**Equalization of per capita financing of public and private kindergartens is a step forward for further expansion and enhancement of the private preschool institutions.** Up until recently, per-capita funding of public and private preschool institutions differed. Private preschool institutions were paid less than public institutions, which put the private sector in disadvantaged position. Stretch budgets in the private sector could have potentially affected the quality of preschool programs. In response to the given challenge, the government introduced equal per capita funding for both sectors.

**The precise division between the state and parents’ contribution differs greatly across regions and between public and private sectors.** In addition to publicly guaranteed per-capita funding, parents are requested to pay for meals. In the absence of official information about parental fee, the report mostly relies on the information collected from parents in different locations. On average 30-35 percent of costs are born by parents. This significantly lower compared to other countries such as Slovenia (80 percent) and Belgium (45 percent)\textsuperscript{58}

\textsuperscript{55} Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017
\textsuperscript{56} Ministry of Education and Science data, 2016
\textsuperscript{57} Average exchange rate 1 US$ = 300 Tenge
\textsuperscript{58} Starting Strong IV, Monitoring Quality in Early Childhood Education and Care, OECD, 2015
Despite the expansion of low-cost model of preschool program provision, affordability of preschool services continues to be a barrier for socially vulnerable families. The affordability to enroll a child in the public or private kindergarten is often a barrier among most vulnerable families and families with many children. As an alternative measure, such families prefer either to keep a child at home, or place them in informal sector. Informal care services continue to play an important role in Republic of Kazakhstan. Relatives, friends, neighbors, babysitters or nannies undertake this unregulated service provision. Given that these services typically lie outside ECE regulations, the size of informal sector along with their quality is unknown and thus an area of concern for policy makers. Furthermore, while all 16 regions in the country have specialized groups for children with special needs, not all have established specialized settings. This is likely to result in inequitable access to the support that children with special needs require, and thus, unequal opportunities for development.

Increase in access and participation is an impressive achievement, through some challenges remain, particularly in effective management of the waiting lists.

Figure 12: Share of children on waiting lists, 2016

<table>
<thead>
<tr>
<th>SHARE OF CHILDREN ON WAITING LISTS 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 TO 3 YEARS OLD</td>
</tr>
<tr>
<td>3 TO 6 YEARS OLD</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
<tr>
<td>UrbAn</td>
</tr>
<tr>
<td>RURAl</td>
</tr>
<tr>
<td>13.2%</td>
</tr>
<tr>
<td>16.2%</td>
</tr>
<tr>
<td>83.9%</td>
</tr>
<tr>
<td>83.8%</td>
</tr>
<tr>
<td>16.1%</td>
</tr>
<tr>
<td>16.2%</td>
</tr>
</tbody>
</table>

Source: National Information Analytical Center, MoES, 2016

Interviewed, demand on enrollment of a child in parents, due to the higher employment opportunities, whereas unemployed parents prefer to keep a child at home till the pre-primary education age.

Enrollment rates in preschool education include both public and private organizations, but queuing for a place in kindergarten, only applies to public kindergartens. In some regions, where the waiting list is not based on electronic platform, the system fails to effectively manage que. Children who are registered on waiting list and eventually enroll in the private kindergarten, are not automatically removed from the list. The latter creates ambiguity in analyzing coverage rates and share of children on the waiting lists. For example, in the five oblasts with 100% coverage

We are on a waiting list for a long time for public kindergarten. There was a possibility to place a child in private kindergarten, but fee for meals was higher... Families with many children find difficult to afford parental fee....

Quotes: from Key informants (direct beneficiaries)

Despite the fairly high level of coverage with preschool education for children, the problem of waiting lists in kindergartens remains. The waiting lists to enroll in preschool programmes are long. This demonstrates that ECE is highly valued by parents, but that their needs have not been yet fully met. Share of children on a waiting list for placement in the kindergarten varies by residency and between urban and rural areas (Figure 12). Share of children of both age groups is higher in urban settings compared to rural areas. As per parent/caregivers preschool program is higher among urban parents, due to the higher employment opportunities, whereas unemployed parents prefer to keep a child at home till the pre-primary education age.

I register my child right after birth and we were put on a waiting list. We waited 4 years, but there was no place in public kindergarten. I had no other choice rather to select a private kindergarten. My child is still on the waiting list for the public sector...

Children enrolled in private kindergartens still remain on waiting lists...

Quotes: from Government Key informants and FGD participants

59 Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017
60 Key informant from MoES
by preschool education, there are yet children on the waiting lists. This does not suggest that parents would not prefer their children to attend a public setting, but it may mean that it is less urgent to provide these children a space in public kindergartens, as their parents are able to afford private provision. To mitigate the problem, the MoES initiated development of the electronic waiting list software system. The system will allow parent to choose the kindergarten, public or private, that meets their requirements and allocate a place. Upon placement of a child in the selected kindergarten, the child will automatically be removed from the waiting list.

Long waiting lists indicate that there is insufficient access and provision. Kazakhstan recognizes this issue and acknowledges that it is a particular challenge in urban areas, where less space is available and there are fewer suitable buildings to use for ECE provision. The government is planning to increase the construction of new ECE facilities. In addition, for parents whose children are not covered by preschool education and training, Consultation centers are operating in preschool organizations.

Inequity in early childhood education affects children with special needs and disabilities as well as migrants the most. Number of children with special needs enrolled in preschool programs gradually increases. According to the official MoES data, only 33 percent of registered preschool children with special needs are enrolled in PSE programs. While all 16 regions in the country have specialized groups for children with special needs, not all have established specialized settings. This is likely to result in inequitable access to the support that children with special needs require, and thus, unequal opportunities for development. It is possible that regions are fully integrating children with special needs into preschool groups for the general population, which may compensate, to some extent, for the level of inequity between regions. However, it would also mean that these children may not be receiving the support they need or the development opportunities that specialized groups or settings offer. This is partly because local authorities and the national government do not precisely know how many special needs children a region or the country has, and therefore do not reach out to these children. Children from migrant families have limited access to preschool education. There is no regulation that grants the access, albeit informal strategies are adopted by public kindergartens that offer targeted interventions twice per week for few hours to migrant children. Migrant children often belong to asylum seeker families and thus cannot officially apply for the placement into preschool education facilities.

The Kazakh government has improved the quality of its ECE system by developing new, integrated curriculum. In 2016, under the leadership of the Republican Preschool Education Center (RPEC), the experts developed a single national overarching ECE curriculum standards based on goals and areas of development. As per PREC Director, the integrated curriculum framework ensures that the content and pedagogical approach for different age groups is well aligned. The current frameworks for curriculum, learning and teaching in Kazakhstan show an increasing awareness of the importance of developing socio-emotional, health and physical skills at an early age, as well as teaching children early academic skills, such as mathematics and reading. Extensive training of preschool teachers preceded the introduction of new curriculum from all regions of the country. The new curriculum has been integrated in postgraduate professional education

In private kindergartens, we mostly use our own methods, or methods used in Russia or Belarus... We cannot pay for our staff to attend state offered professional development courses...

Quotes: from Key informants from private kindergartens

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61 Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017
64 Assessment of the quality of the unified curriculum was beyond the scope of this assignment
system. Since 2016, 7,600 teachers took courses on updated professional development program. Currently, the government considers funding for additional 9,540 pre-school teachers. Teachers deployed in public preschool settings can benefit from state funded professional development courses, whereas the teachers from private preschool organizations have to improve the professional knowledge of staff at their own expense. Considering the underfunding of the private sector by the government, private ECE providers tend not to comply with the new national curriculum as find difficult to afford staff professional development fees and give the priority to innovative methods used in other countries.
3.3 EFFICIENCY

This section of the evaluation report examines efficiency of the government strategies, interventions and resources to achieve programs’ outcomes and outputs. Findings are presented to provide answers to the questions outlined for the given criterion in the EF (Annex 3) and the text box on the right.

Efficiency is understood as the extent to which the cost of the interventions is justified by its results and timeliness of interventions.

Evaluation questions
- What strategies of Government were the most efficient in influencing improvements in access and equity?
- Could the intended results been achieved at a higher level of quantity / quality?
- Did Government ECD/ECE initiatives use resources in the most economical manner to achieve expected results?
- How cost-effective were alternative approaches for reaching the most marginalized groups?
- Who finances services? Was funding leveraged from external and internal sources?

3.3.1 HEALTH AND NUTRITION

Inefficiencies are observed in provision of early child development services. The evaluation revealed that the potential of Healthy Child Cabinets (HCC) at PHC level are not fully utilized. Parent counselling and education services are offered to only those that are referred by the Family Doctor (FD) or at parent's request. FDs and/or Patronage Nurses (PN) fail to identify child developmental delays and/or lack of parent/caretaker knowledge how to nurture the child early on and direct them to receive required services in HCC. Health workers in general and at HCC lack counselling skills in child development issues.

Patronage nursing/ home visiting for effective childcare is still highly “medicalized” with primary emphasis on child health and nutrition. Another mechanism used for child development screening applied in the health system is regular home visits by PNs. Problems in family wellbeing and/or in the caregiver child relationship can be addressed through information and counselling by adequately trained personnel. The assessment of the patronage nursing system in Kazakhstan discovered ineffectiveness of the patronage system. Patronage nursing/ home visiting for effective childcare is still highly “medicalized” with primary emphasis on child health and nutrition.

Carrying out home visits is too difficult due to the high number of visits required and lack of adequate time..... Although we are required to assess socio-economic conditions of the family where child lives, and educate mothers how to develop their children, duration of the visit is not sufficient....

Quotes: from FGD participants

Time PNs spent on average per home visit is limited and varies by rural/urban areas. In urban locations PN spends on average 14 minutes, in rural settings 5 minutes and in mixed, urban/rural settings 19 minutes for home visiting. Given the average length of the home visits, counselling of parents/caretakers is less emphasized. Home visiting personnel are often assessed by the number of visits, rather than by the quality of the service.

High staff turnover along with weak training remains as a bottleneck for implementation of evidence based approaches to child health and development. Frequent staff turnover and in some regions staff shortages, especially at PHC level,

66 Ibid
negatively affect child development outcomes, as well as results in inefficient use of resources spent on in-service training of health professionals. Albeit efforts are put in place to integrate new technologies and training programs into the undergraduate and postgraduate education system, newly graduates, that enter the health provision sector, often lack the knowledge of new technologies and evidence based practices and practical skill set.

Available scientific evidence of what young children need to develop does not guide commonly used approaches. The child development screening programs introduced at PHC level, mainly focus on health-related issues and less emphasizes screening on early identification of developmental delays. Unfortunately many children with disabilities, particularly those with “mild to moderate” disabilities, are not identified until they reach school age. The given approach, is a missed opportunity to timely identify developmental disorders that can be addressed early on to prevent further disability. Possible reasons could be lack of health worker knowledge as health professionals’ training is weak/non-existent in development assessment and promotion, communication and counselling skills and other key areas. Another possible reason could be associated with stigma and discrimination.

Government policies and programs lack effective strategies to reach most vulnerable and disadvantaged. Even though societies are increasingly diverse, public policies have, as yet, not sufficiently integrated the health needs of most vulnerable and disadvantaged populations. Policy-makers within the health sector as well as outside the health sector should take into account the impacts of public policies on the health determinants of vulnerable children and their families, as well as on health systems across sectors, in order to realize health-related rights and improve accountability for population health and health equity. The reforms, policies and programs implemented by the Government lack effective strategies for reaching out and covering most vulnerable and marginalized with required services. The introduction of the social workers in the health system mainly served the purpose of provision social services to the most needed along with the health services, but ineffectiveness of PHC and inefficient system of patronage nursing system in particular, limit achievement of desired results.

Government funded free health and nutrition services for children did not guarantee full access to required ECD services to children and their families. Insufficient public funding, particularly of PHC, results in suboptimal quality of child health and development services. Present per capita funding modality falls short to adequately finance services required for attainment of young child’s full potential. Lack of operational budget, limit health workers for reaching out of most needed children and their families and delivering services targeted at better health and child development outcomes, including positive parenting.
3.3.2 EDUCATION

Equalization of per capita financing of public and private kindergartens is a positive step forward, but it partly resolves the problems. The current per capita funding scheme for ECE provisions is not very efficient. At present, preschool education service is not appropriately compensated as its per capita amount is not based on a formula that accounts for the different services it provides and the budgetary categories it should receive funding for, such as education, care, utilities and subsistence. As per key informants, there is no clear methodology for calculation of per capita allocations. In the absence of the clearly defined methodology, the payment does not consider type of services to be provided to healthy child and a child with special needs and neither its intensity. Furthermore, it is not adjusted to the size of the preschool facility, thus undermining economy of scale principle and putting small facilities, mostly private, in unfavorable conditions compared to the larger ones or public facilities.

Rapid increase in access to preschool education raises concerns of the quality. Quality of provision has, until recently, been a secondary focus. However, the Government is now starting to match its priority on access with concern for quality of inputs, services and learning outcomes.

Early childhood education infrastructure standards have been revised to improve efficient use of space and investment resources. Up until recently, outdated regulations regarding construction, management of innovations, sanitary and safety, which do not favour the efficient use of space and resources, governed the preschool infrastructure standards. Settings have many different spaces, rooms and corridors, while creative spaces, modern technology and energy efficiency issues were not included in the regulations and are thus often not taken into account in constructing settings. This resulted in missed opportunities for economies of cost and space-efficiency. To address efficiency issues, the MoES revised the old building norms and affective from 2017, all new preschool institutions are required to comply with new regulations.

Although registration for ECE settings was re-established in 2015, unfavorable minimum regulatory standards, in comparison to OECD countries, can have a negative impact on child development and staff-child interactions. Settings are reviewed against safety, hygiene and health regulations when opening and are re-evaluated after three years. After these first two initial evaluations, ECE settings are normally monitored only once every five years, which can result in low quality or underperforming settings operating for years without notice.

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67 Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017
68 Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017
69 Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017
3.2 IMPACT

A pregnant woman and her child in Kazakhstan today are far more likely to survive pregnancy and infancy than ever before.

Impact is defined as positive and/or negative, primary and secondary long-term effects produced in the course of Programs’ implementation, directly or indirectly, intended or unintended. As far as feasible, given data limitations, tracing contribution to higher-level results will be examined.

Children in the Republic of Kazakhstan (RK) are less likely to die before their fifth birthday than they were twenty years ago, albeit inequalities remain. The Government of Kazakhstan has made major policy changes related to safe motherhood and child welfare, including development of a strategy to improve newborn and child survival. As a result, under five mortality rate (U5MR) has more than halved (58 percent) since 1990. Data from the United Nations Inter-Agency Group on Mortality Estimates (UN-IGME) show higher rates of under-five mortality for boys than girls - 16 (boys) compared to 12 (girls) per 100,000 live births.

Along with declining U5MR Kazakhstan also progressed in reducing infant mortality rates (IMR) (70 percent decrease) due to overall improvements in perinatal services, including effective delivery management, better promotion of and practice of breastfeeding, a better-functioning heating network, and timely neonatal resuscitation. However, the progress in reducing child mortality was not uniform among regions of RK. Majority of regions dealt with the transition challenges more successfully, while others, mainly in Central Asia and Caucasus, except Kazakhstan, lagged behind. IMR is higher among the poorest quintiles (34 per 1000 live births compared to richest quintile 24 per 1000 live births) and among mothers with secondary education (30 per 1000 live births compared to 16 among mothers with higher education). Although under-five deaths from leading infectious diseases have dropped significantly, pneumonia and injuries are still the main killers of under-fives after neonatal causes.

When a woman becomes pregnant in Kazakhstan, she is much less likely to die as a result of the pregnancy than ever before. Maternal mortality has fallen from 78 deaths per 100,000 live births in 1990 to 12 deaths per 100,000 live births in 2015. The leading causes of maternal mortality continue to be hemorrhage, preeclampsia and abortion. In other words, Kazakhstan continues to lose mothers when maternal deaths could be avoided. Considering that almost 100% of deliveries take place in the presence or under the supervision of medical personnel, the main causes of maternal death result from the poor quality of health care for pregnant women. Despite the high rate of pregnant women enrolled in antenatal surveillance, the use of outdated and inefficient approaches impedes the achievement of expected results and continues to be a formality. The above-mentioned problems are the result of limited access to international practice for a long period of time.

The reductions reflect considerable spending specifically on child and maternal health, as well as on improving healthcare more generally. The spending has brought important medical technology to the healthcare system, and increased the availability of specialized care. There has also been comprehensive spending on training of healthcare professionals. In addition, the fact that much of this fall has been in poorer income quintiles means that Kazakhstan has managed to reduce the impact of income-based disparity in this area.
Nutritional status of children under 5 gradually improved in the period of 2010-2015 in Kazakhstan, albeit increasing prevalence of overweight has been reported in 2015\(^76\) (Figure 13). There is a notable decline of underweight and stunting prevalence among children under five. At the same time, 75 percent and 65 percent decrease is recorded in the prevalence of severe overweight and stunting respectively.

Almost all children (98.7 percent) are weighed at birth\(^77\) and approximately 4.5 percent of infants are estimated to weigh less than 2,500 grams at birth. Babies born in the North Kazakhstan Oblast (9 percent) are more than two-fold as likely to be born underweight (less than 2,500 grams) than babies born in the South Kazakhstan Oblast (4 percent)\(^78\). The share of newborns with low birth rate remained unchanged for the past five years, indicating suboptimal nutritional status of women during pregnancy.

Despite improvements of early start of lactation and proper feeding of infants and young children, challenges remain. Proper feeding of infants and young children can increase their chances of survival. It can also promote optimal growth and development, especially in the critical period from birth to 2 years of age. Breastfeeding in the first days of life protects children from infection, provides an ideal source of nutrients, and breastfeeding as well as being an economical and safe method of the feeding.

Figure 14: Breastfeeding indicators, 2010-2015

Despite the importance of early start of lactation and establishment of a physical and emotional relationship between a baby and a mother, still some mothers (26.7 percent) do not start to breastfeed newborns immediately after birth (Figure 14). Mothers living in Kostanai, Almaty oblast, Atyrau, Kyrgyzorda, South Kazakhstan and Pavlodar are less likely to initiate early breastfeeding. There is no difference among mothers from rural and urban settings and from poorest and richest quintiles. Notwithstanding the relatively high share of early lactation, only 38 percent of babies are exclusively breastfed under the age of 6 months\(^79\). For various reasons, mothers switch to infant formula, which sometimes lacks in micronutrients and can lead to growth faltering. In addition, such food can be unsafe if hygienic conditions are not followed, or safe drinking water is absent or is not always available in the household. Studies have shown that, continued breastfeeding along with complementary feeding to the child from 6 months with age-appropriate nutritious and safe solid, semi-solid and soft foods, are the key to a better health and proper development of the child, and makes it possible to eliminate or reduce stunting during the first two years of life. Kazakhstan shows increase in share of

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\(^{76}\) Ibid

\(^{77}\) MICS 2015-2016, [https://mics-surveys](https://mics-surveys)

\(^{78}\) Ibid

\(^{79}\) Ibid
children been breastfed at year one. Since 2010 share of such children increased by 9% and reached 59.8% in both rural and urban areas, however share of children from poorest quintiles are less likely to be breastfed at the age one (52.7 percent) compared to those from the richest quintiles (67.5 percent)\(^80\).

Figure 15: Early Child Development Index, 2010-2015

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>86.1%</td>
<td>85.5%</td>
</tr>
<tr>
<td>Rural</td>
<td>85.1%</td>
<td>85.1%</td>
</tr>
<tr>
<td>Poorest</td>
<td>83.3%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Richest</td>
<td>92.1%</td>
<td>87.9%</td>
</tr>
</tbody>
</table>

Early child development index shows worsening trend. RK made substantial efforts to address various aspects of early child development in promoting policies at national level. However, the mere existence of policies does not guarantee their effective implementation and attainment of improved early childhood development indicators. Early Child Development Index (ECDI) shows worsening trend (Figure 15). According to the MICS\(^81\) survey results of 2010 and 2015, percentage of children aged 35-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social, emotional and learning, declined from 86.1 percent (2010) to 85.5 percent (2015). Analysis of the four domains of child development shows that 98.3 percent of children develop in accordance with the age in the domain of physical development, 97.2 percent – in learning, and 82.1 percent – in social-emotional development. However, the percentage of children aged 36-59 months who are developmentally on track in the literacy-numeracy domain is 3 to 3.5 times (27.7 percent) lower than in the other domains. ECDI decline mostly affected children in urban areas and among riches quintiles. Apparently reforms most benefited children in poorest quintiles, where about every nine children out of ten are developmentally on track compared to average every eighth child out of ten in 2010.

Figure 16: Coverage with preschool education in 2016

The coverage of children aged 3-6 years with pre-school education has doubled since 2010. Kazakhstan has an ambitious participation goal of the full enrolment of over 3-year-olds by 2020. Increasing public investment together with a strong policy focus lead to doubling the coverage of children with pre-school education and training from 45.8 percent in 2010 to 85.8 percent in 2016 (aged 3-6 years)\(^82\) demonstrating average annual growth of 8 percent, though yet remain lower than OECD average 88 percent. With the given average annual growth rate, it is believed, that by year 2020 the country will be able to meet full coverage of children 3-6 years old with preschool education programs as stated in the National Program of Education and Science 2016-2020. All Oblasts have shown progress, but regional gaps in preschool enrolment remain (Figure 16). Notably, full coverage has been achieved in 5 oblasts: East Kazakhstan, West Kazakhstan, North Kazakhstan, Kostanay, MICS 2010-2015, Information Analytical Center, MoES, 2016.

\(^80\) MICS 2015, https://mics-surveys
\(^81\) MICS, 2010 and 2015, https://mics-surveys
\(^82\) Information Analytical Center, Ministry of Education and Science
and Pavlodar oblasts. In 2016, the number of regions with low coverage has decreased from 6 to 4 regions: South Kazakhstan Oblast (67.9 percent), Mangistau Oblast (81.5 percent), Almaty (80.2 percent) and Astana (73.7 percent). Almaty and Zhambyl oblasts have reached the republican rate (85.8 percent)83.

**Participation of 0 to 3-year-olds in formal childcare is Improving and is comparable with OECD countries.** Participation of under 3-year-olds significantly increased in Kazakhstan since 2010 and in 2016 30.6% of children under the age of three participated in some form of ECE84. On average across OECD countries, approximately 33% (2010) of 0-2-year-olds attend some form of formal ECE programs85.

**Geographical, socio-economic and special needs inequities of access to early child development and early childhood education yet remains unresolved.** Inequity of access to early childhood education and care services within regions results in regional differences in enrolment. Almost half all children aged 1 to 7 in Kazakhstan receive some form of ECE, but substantial regional variations in access and participation persist for both younger and older children in preschool. For children aged 1 to 3, the overall ECE participation rate is 30.6 percent. However, the participation rate varies from 13.4 percent to 84.9 percent across regions. For children aged 3 to 6, the overall participation is 85.5% and again, participation differs from 67.9 to 100 percent between regions. While the regions of east, north and west Kazakhstan enjoy universal or near-universal enrolment, Almaty city; Astana and Southern Kazakhstan have enrolment rates below the national average.

Vast majority of children currently in the first grade of primary school attended the preschool in previous year, but socio-economic status of the household seems to play a positive role in preparing children for school. Attendance to pre-school education in an organized learning or child education programme is important for the readiness of children to go to school. Therefore, development of early preschool education is one of the most important goals of the document ‘A World Fit for Children’.

Overall, 90.8 percent of children who are currently attending the first grade of primary school were attending pre-school the previous year in Kazakhstan86.

*Figure 17: School Readiness, 2010-2015*

![Graph showing school readiness percentages](source: MICS 2010 - 2015)

The proportion among boys and girls is about the same (91.1 and 90.4 percent), while nine out of ten first grade pupils – both in urban and in rural areas – attend a pre-school educational institution (90.6 and 90.9 percent, respectively) (see Figure 17). Albeit significant improvements observed for the last five years, significant regional differences are yet present. In 4 regions – Aktobe, Kostanai and Mangistau regions and Astana city, all first graders enrolled (at the time of the MICS 2015), attended pre-school facilities before school (100.0 percent); and in other regions the percentages range from 58.4 percent in Almaty city to 98.8 percent in the Akmola region.

**Socio-economic status of the household seems to play a positive role in preparing children for school.** 96.7 percent of children living in the richest households attended pre-
school facilities in the previous year, while the corresponding figure among children in the poorest households was only 88.3 percent.\(^{87}\)

**A serious concern remains about the access to education for children with special needs.** The first comprehensive situation analysis on child with disabilities in Kazakhstan\(^{88}\) reveals that 67 percent of pre-school children with disabilities and 46 percent of school-age children with disabilities are not enrolled in kindergarten or school. Thus far, children with disabilities have largely not been mainstreamed in the public education system because of varying factors. First, because of low preschool enrolment rates, many children's special needs go undiagnosed or unnoticed until primary school. Second, the range of services is a bit better in urban areas, whereas in rural areas the access to services is limited and the prevalence of undiagnosed children is higher. There are very few education professionals trained to work with children with disabilities, technology is not available to schools to support children with special needs, and medical services are not available for children with severe developmental problems. Apart from services to address disability, there is a lack of family support services that would help parents to care after the child with disability and special needs. In Kazakhstan, every year over 2,000 children are placed in state institutions, 75% of them have parents or single mothers who can’t care for them due to the lack of parental skills, poor living conditions, or lack of proper social and medical services to address a child’s disability.\(^{89}\)

No unintended negative or positive results have been revealed by the evaluation.

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\(^{87}\) MICS 2015 [https://mics-surveys](https://mics-surveys)

\(^{88}\) Supported by UNICEF in 2013

3.5 SUSTAINABILITY

This section of the evaluation report examines the prospects of ECD/ECE service sustainability. Namely, assesses what are enabling factors contributing to sustainability and whether ECD/ECE strategies will be more widely replicated or adapted to achieve equality objectives and better quality of services. Findings are presented to provide answers to the questions outlined for the given criterion in the EF (Annex 3) and text box on the right.

**ECD/ECE services promoted by the Government show sustainability prospects.** The high policy priority of ECD/ECE services are acknowledged in the medium and long-term country policies and enforced in medium term state programs with guaranteed financial allocations. These shows government’s political will and commitment to continue support for ECD/ECE services and programs.

In the health sector, legislative changes introduced, promote reorientation of health services from poorly medical to medical-social services and institutionalization of social workers in the health system, thus ensuring addressing the needs of the most marginalized and vulnerable children and their families. The latter ensures positive prospects for continued support to and further improvement of the quality of ECD services and programs. Reforms endorsed, including strengthening of PHC sector with the focus on institutionalization of the evidence based effective practices, human resource capacity building, promotion of healthy lifestyles, education and information of parents and caregivers for child health, nutrition and positive nurturing practices, along with the ongoing improvements in patronage services, gives a confidence of ECD interventions’ sustainability as well as lessens inequities between better off and most marginalized groups.

In the education sector, enabling environment, set by the Government, heavily supports public private partnerships in increasing access to ECE services for all children, leverages additional funding from private sector and parents, aims at gradual improvement of ECE programs and service quality along with seriously attempting to address human resource challenges.

The Government pays growing attention to equity issues at the policy level. A number of policies aim to facilitate equity in the provision of ECD/ECE services, and several measures have been implemented to decrease inequality in the country.

**Albeit key sustainability preconditions are in place, the ECD/ECE programs’ sustainability is exposed to broader system level challenges.** The sustainability of ECD/ECE programs and services are compromised by broader health and education system challenges, such as:

**Changes at political level:** Awareness on ECD issues among policymakers and society in general is still insufficient, thus changes at political level leading to reorganization/restructuring/reforms, can have a negative impact on ECD/ECE services/issues in terms of continuity.

**Sustainability** is understood as the extent to which the benefits from the intervention are likely to continue, after the end of the program and the extent to which measures have been put in place with a view to ensuring the medium to long-term ownership of rights holders and commitment by duty-bearers and their national and international development partners.

**Evaluation questions**
- What were/are the enabling factors contributing to sustainability?
- Are inequities between best-off and most marginalized groups likely to increase, remain stable, or decrease when support is withdrawn?
- Will new ECD/ECE strategies be more widely replicated or adapted? Are they likely to be scaled up?
Inadequate funding – As stated above, (section 3.2), the evaluation team was not able to accurately assess adequacy of public funding of ECD/ECE services. Nevertheless, in comparison to OECD countries, programs require allocation of more public resources.

Weak governance and management capacity may underscore sustainability: Research on ECD/ECE has not yet been widely conducted in Kazakhstan, and information on how system is performing is limited. Data collected through regular reporting channels and other surveys are mainly used for policy making and planning at central level, whereas at local levels data rarely informs political decisions.

Absence of coordination between relevant sectors and services - Different sectors tend to be associated with different types of ECD/ECE services across the first years of life. At the system level, the country lacks horizontal coordination (between sectors of health and education) at central and mid-levels of government. Absence and/or weak coordination may pose challenges to the sustainability of already attained results and further advancements of the ECD/ECE services.

High Staff turnover along the failure of the education system to produce quality workforce, may hinder sustainability. The availability of adequately trained and distributed human resources is important for any program success and long-term sustainability. As described in previous chapters, both, education and health sectors suffer with high workforce migration and inadequacy of professionals especially in remote locations, which requires immediate attention to the development of effective human resource policies. Even if broader human resource issues will be adequately addressed by the Government, new technologies and procedures introduced, are not fully integrated into the national undergraduate, postgraduate and continuous education systems, which poses a risk to sustainability.

Insufficient quality improvement systems - Albeit interventions for the building and strengthening of quality ECD/ECE service delivery are introduced, the country lacks holistic vision of the quality improvement system, which may hinder the sustainability of results attained and their further improvement.

3.6 COHERENCE AND COORDINATION

This section of the report examines the synergies and possible duplications among interventions and strategies promoted by the government and other development partners. Findings are presented to provide answers to the questions outlined for the given criterion in the EF (Annex 3) and the text box on the right.

Republic of Kazakhstan does not reveal sound experience of development partners’ support in the field of ECD/ECE. If in ECE, education sector, the government benefited only from the policy assessment/evaluation reports and recommendations produced periodically by UNESCO and OECD. In the health sector, key partners promoting YCHDW related policies and interventions were mostly limited to WHO, UNICEF and UNFPA. During the evaluation period, the government’s ECE policies and programs addressed most policy recommendations received from OECD.

We had literally no support from any international organizations in the field of pre-school education. The reforms implemented, were poorly designed by the government following the recommendations from OECD. We were successful to already address recommendations provided by OECD in 2016.

Quote: from Government Key Informant
Institutionally, in most countries of the region, UNICEF is the leading institution promoting ECD agenda, albeit UNICEF’s engagement in RK was limited to only YCHDW agenda. Policies, programs and interventions supported by UNICEF during the evaluation period were coherent with international standards and government priorities. UNICEF was also successful to be coherent with the policies, programs and interventions promoted by WHO and closely coordinate interventions. No duplication between activities has been encountered.

The promotion of the public private partnership arrangements ensured coherence of the private sector with the public policies and priorities.

UNICEF is the leading agency in Kazakhstan supporting ECD. We, WHO and UNICEF always worked in unison. We closely coordinated our activities in promotion of IMCI, human resource training, interventions related to nutrition, introduction of modern perinatal practices etc.Quote: from Key informant
CHAPTER 4: LESSONS LEARNED

Advancement of public private partnership in preschool education in Kazakhstan, expanded access to services and allowed the government to more focus on core functions.

PPPs are common in several OECD countries where more than 20 per cent of public expenditure is transferred to private organizations, either directly or through households to pay for education services and enable school choice. But now, increasingly in developing countries, there is a recognition of the role of private education facilities and the development of mechanisms that use private schools’ capacity to expand access. The strengths of the of PPPs in education sector is assessed by how they assist in the attainment of three key objectives. These objectives are: (i) increased enrolment; (ii) improved educational outcomes; and (iii) enhanced equality in access to a quality preschool education.

Does public private partnership in preschool education meet key PPP objectives in Kazakhstan?

Objective 1: Increased enrollment - The experience with the public-private partnership (PPP) model in Kazakhstan shows that PPP programs offer a means to quickly expand access to preschool education by supplementing public sector’s limited capacity. The liberalization of market entry requirements together with public funding of the private sector and leveraged taxation, encouraged fast growth of the private sector in Kazakhstan and boosted enrollment rates. Different forms of PPP arrangements are practiced in preschool education sector of Kazakhstan, but the most common form is when buildings, services and management of preschool education facilities is provided by the private sector and the public per capita funding follows an enrolled child in private sector. Almost 50% of annual ECE public funding is allocated to the private sector in 2017. Lesson Learned: Introduction of PPP in ECE rapidly increased child preschool enrollment rates in Kazakhstan.

Objective 2: Learning Outcome - PPP introduction allowed education authorities to focus more on core functions such as policy and planning, curriculum development and quality assurance where they have a comparative advantage over the private sector, rather than devoting resources to areas (e.g. infrastructure investments). Namely, the government enhanced the preschool education policy, legal and regulatory framework; revised curriculum according to international standards and took steps for human resource development and deployment and equalized per capita financing for public and private providers. Nevertheless, policy priority to achieve fast increase in enrolment rates through introduction of PPP mechanisms, left a little room to ensure the quality of preschool education by private providers. Albeit learning outcomes are not measured, sub-optimal quality of preschool education will ultimately affect the learning outcome. Lesson Learned: More robust analysis of all PPP models and their impact on learning outcomes must be considered to inform corrective measures that ensure value for money.

Objective 3: Enhanced equality in access to a quality preschool education - Albeit believed, that all mechanisms introduced will be sufficient to attract the private sector and engage in public ECE service provision in both rural and urban areas, the experience shows, that these measures were less effective to encourage private sector development in rural areas compared to urban settings, thus leaving vulnerable and disadvantaged rural children less attended. Lesson Learned: The policy should consider alternative mechanisms for private sector involvement in preschool education service delivery in rural areas.

90 M Latham, Public-private partnerships in education, Commonwealth Education Partnerships 2009
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

This section of the report attempts to summarize evaluation findings by describing main strength and remaining challenges and gives policy recommendations on how these challenges can be overcome.

4.1 STRENGTH

ECD/ECE is clearly a policy priority in Kazakhstan and will remain on policy agenda for several years ahead. Kazakhstan has made an enormous effort to improve and enhance its early child development (ECD) and early childhood education (ECE) services and programs. This topic has received increased political attention over the last decade, which is reflected in the inclusion of ECD/ECE in the country's main policy and planning programmes and increasing public investments remarkably in ECE sector.

Government efforts to boost ECD/ECE services and programs paid off in improved child health, nutrition, development and early learning outcomes. A pregnant woman and her child today are far more likely to survive pregnancy and infancy than ever before in Kazakhstan. Nutritional status of children under five gradually improved, showing notable decline of prevalence of underweight and stunting. The country demonstrates improvements in early start of lactation and proper feeding of infants and young children. Children under six months of age are increasingly exclusively breastfed, especially in rural areas. The coverage of children aged 3-6 years with pre-school education doubled since 2010. Five out of sixteen regions almost achieved full coverage of children 3 to 6 years old with preschool programs, but comparatively low participation of children 0 to 3-year-olds in formal ECE programs is observed. Vast majority of children currently in the first grade of primary school attended the preschool in previous year, though early childhood development index worsened since 2010.

Major policy reforms implemented also resulted in significant system level changes in all relevant sectors. In the health sector, reforms implemented in the PHC sector along with strengthening patronage/home visiting system; introduction of integrated management of childhood illnesses; opening child health cabinets for parent education in child health, nutrition and development issues; schools for pregnant women supporting education during pregnancy and preparation to responsive motherhood; implementation of better parenting initiatives; institutionalization of social workers in the health sector largely contributed to the improved mother and child health and development outcomes. International best practices in the management of pregnancy and delivery introduced, resulted in saving lives of young mothers and laying the foundation for the young child health, development and early learning. Intensive capacity building of health workers and introduction of different funding modalities according to the level of care accompanied these reform interventions. To further advance the role of the PHC in ensuring that every child reaches its full development potential, re-introduction of the district pediatricians in the PHC settings is planned. It is believed that given reform initiative will further improve child health, nutrition and promote positive parenting and stimulate early learning of young children.

In education sector, ECE programs benefited from extensive public investment and a strong policy focus on early childhood education. As a result, the great majority of children over the age of 3 receive some form of early education. Public private partnership modality, introduced in the education sector, along with liberalization of preschool organization licensing requirements, allowed the government to rapidly expand the network of preschool education settings. The system ensures per capita funding of ECE services in both public and private sectors. Contracting of private institutions for publicly financed service provision was another positive political decision, which removed access barriers to preschool education and advanced expansion of the private sector. Early childhood education infrastructure standards have been revised to improve efficient use of space and resources. The new, integrated curriculum standards developed is a prerequisite for the quality of ECE services. National and local strategies foster improvements in the workforce. Kazakhstan
has made both national and local efforts to increase the number of qualified teachers. Training programmes take diverse forms including seminars, workshops, and formal training courses, financed by the government and employers. New preschool teacher education strengthens the link between theory and practice.

**The Government pays growing attention to equity issues at the policy level.** A number of policies aim to facilitate equity in the provision of ECD/ECE services, and several measures have been implemented to decrease inequality in the country.

### 4.2 REMAINING CHALLENGES AND RECOMMENDATIONS

System level changes achieved as far are commendable, however challenges remain. The high political targets set in various government policy documents are achievable, if remaining weaknesses and challenges are adequately addressed. This section of the report summarizes most important challenges identified and provides policy recommendations.

**Kazakhstan lacks integrated vision of ECD/ECE services:** At the heart of quality ECD/ECE lays horizontal coordination, because holistic development often requires coordinated (and sometimes integrated) efforts and intersectoral approaches. Coordinated ECD/ECE are designed to enhance children's health, nutrition, cognitive development, and psychological wellbeing and include sectors of health, education, social welfare and protection, which typically reside in different ministries or departments in Kazakhstan. Different sectors tend to be associated with different types of early child development services across the first years of life. At the system level, horizontal coordination (between sectors of health and education) at mid-levels of government is as critical for service provision as horizontal coordination in central and local levels of government.

The existing ECD/ECE service guidelines in the Republic of Kazakhstan, lack coherence and are not supported by a clear integrated policy framework. Without the integrated policy framework, the provision of ECD/ECE services and programmes has tended to take a segmented approach within fragmented sectoral initiatives. This means that numerous ECD/ECE service providers developed and implemented programmes without sufficient collaboration and coordination resulting in gaps in service delivery. Consequently, this counteracts the provision of quality services for holistic development of young children.

**Recommendations:**

- **Develop coordinated and integrated ECD/ECE policy** - Due to the adequate awareness of holistic development of young children and their rights, there is need for coordinated and integrated policy making for children from birth to compulsory school age, with special attention to its links with the school system and related sectors, such as health, social welfare, employment and family. Country needs an integrated and coordinated policy that attains greater state participation, including provision for all child development stages from conception, birth to entry into formal schooling and promotes greater role of family. It is recommended that the integrated policy be based on principles that are universally accepted and form the cornerstone of quality ECD/ECE services and programmes, has coherent objectives across the system (concerning staffing, financing, programming etc.), with clearly-defined roles and responsibilities at both central and decentralized levels of governance.

- **Establish integrated administrative responsibilities** - An integrated approach presupposes a more active role of the state in providing services for the 0-to-6 age group and focusing on the whole development of the child and requires integrated administrative responsibilities at both national and local levels, in which preferably all services for young children be subordinated to one ministry.
**Recommendation for the Government** | **Recommendation for UNICEF** | **Time frame**
--- | --- | ---
Develop coordinated and integrated ECD/ECE policy | - Advocate for the integrated ECD/ECE policy development  
- Provide technical assistance to the government for the development of the ECD/ECE policy | Short term

Establish integrated administrative responsibilities | - Advocate for the establishment of administrative responsibilities to ensure coordinated actions for the achievement of ECD/ECE results | Short term

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**Weak governance and management capacity underscores results:** Research on ECD/ECE has not yet been widely conducted in Kazakhstan, and information on how system is performing is limited. Data collected through regular reporting channels and other surveys are mainly used for policy making and planning at central levels, whereas at local levels data rarely informs political decisions.

**Recommendations:**

- **Enhance managerial capacity, especially at subnational level on evidence-based planning, budgeting and monitoring** - Building ECD/ECE analytical capacity and evidence based policy and managerial decision-making capacity at national and local levels is another area requiring government attention. Based on the evaluation findings, the ECD/ECE management lack capacity in data analysis, which leaves them shorthanded for evidence-based decision-making. Systematically conducted methodologically rigorous research about children’s development and the factors, which influence it, should be the basis of child and social policy planning.

- **Enhance the knowledge on effective ECD/ECE policies** - Enhancing the global knowledge base on effective ECD/ECE policies of key system leaders and stakeholders by enabling cross-country learning and fostering informed dialogue and decision-making will benefit development of the integrated policy framework, programs and services.

- **Translate the knowledge into effective programming** - There is a lot of evidence generated internationally, that needs to be translated into program interventions. Public support is needed for the enrichment of local knowledge through operations and quality improvement research and linking programs to outcomes.

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**Recommendation for the Government** | **Recommendation for UNICEF** | **Time frame**
--- | --- | ---
Enhance managerial capacity, especially at subnational level on evidence-based planning, budgeting and monitoring | - Provide technical assistance and capacity building | Short to medium term

Ensure promotion of operational and quality improvement research and translation of knowledge into the programs | - Provide technical assistance and capacity building | Short to medium term

Enhance the knowledge on effective ECD/ECE policies | - Support cross-country learning | Short term

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**ECD/ECE services and programs require adequate funding** - Public expenditure on ECD is difficult to track and expenditure on ECE as a percentage of GDP is below the OECD average. Number of reasons restricts RK to ensure adequate funding of ECD/ECE services and programs. Firstly, given that the returns to investment in ECD are longer term, it is difficult for the government to politically prioritize ECD investments. Secondly, ECD is largely
seen as a part of the overall health program and in the absence of data on ECD actual expenditures, it is hard to advocate for adequate investments. It is easier to continue to invest in ECE programs, where services are defined and policy is in place to leverage greater public funding. The availability of adequate fiscal resources and systems to allocate financial resources will determine the extent to which the enabling environment supports the ECD/ECE system and services.

Recommendations:
- **Adopt ECD/ECE service packages** - Informed decision on resource allocation firstly requires well-formulated ECD and ECE service packages. The Government of RK is highly advised to clearly formulate ECD/ECE service packages. For consideration and further adaptation, it is recommended five essential packages of services and interventions such as: i) family support package; ii) pregnancy package; iii) Birth package; iv) child health and development package; and v) preschool package. The four packages are age specific and one (parent support package) that is necessary throughout the ECD/ECE period. While these interventions can be delivered by individual sectors, packaging several interventions together can often be more efficient and it may yield greater impact.

- **Cost ECD/ECE services/programs and redefine funding modalities** - Generating estimated costs of integrated service packages, would help to understand potential financial commitments needed alongside the potential short-term and long-term benefits of those investments. Program costs may vary widely, depending on scope, intervention, and service provision model. It is recommended that at the first instance the interventions be described for each service package; resource requirements and unit costs defined; and ECD and ECE costs per child calculated. Secondly constituencies that bear the costs must be identified.

- **Ensure reliability and sustainability of funding streams, by improvement of allocative efficiency and refinement of funding modalities** - Discuss and evaluate different allocation options to maximize coverage and achieve improved child development outcomes. Revisit current funding modalities with efficiency concerns and make sure that all ECD/ECE costs are adequately factored in per capita financing.

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<th>Recommendation for the Government</th>
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<tr>
<td>Adopt ECD/ECE service packages</td>
<td>Provide technical assistance and capacity building</td>
<td>Short term</td>
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<tr>
<td>Cost ECD/ECE services/programs and redefine funding modalities</td>
<td>Provide technical assistance for costing ECD/ECE service packages and programs as well as for the design of most effective and efficient funding modalities</td>
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**Geographical, socio-economic and special needs inequity regarding access to services and participation in ECD/ECE programs has resulted in unequal early development opportunities for certain groups of children** - An increasing number of policies in Kazakhstan facilitate equity in the provision of all services. While this is a step towards a more equitable society, geographical, socio-economic and special needs children suffering from abuse, neglect, violence, and other issues (parental mental health etc.) receive unequal treatment. Large differences between regions occur regarding access to ECD/ECE, particularly affecting most vulnerable, ethnic migrants and children with special needs. Marginalized children often suffer from multiple disadvantages that reinforce each other. Large differences in provision between regions result in inequity in access to ECE, with great disparities of enrolment rates between regions. Government is in a unique position to facilitate the development of more inclusive systems, which meet the needs of the disadvantaged and marginalized groups of societies. The Government needs to ensure that
the disadvantaged are not further handicapped and that inequity and educational poverty are not transmitted to the next generation.

**Recommendations:**

- **Increase opportunities for all children to access quality ECD/ECE services**
  
  Develop a clear policy framework that deals with equity issues in the provision of and participation in ECD/ECE services for all children equitably across the country.

- **Enhance mechanisms for early identification of most disadvantaged children through nationwide introduction of universal progressive model of home visiting**
  
  A clear strategy and effective mechanisms for dealing with equity issues in the provision of ECD/ECE services can benefit children's health, nutrition and early learning. The nationwide introduction of universal progressive model of patronage/home visiting, currently being piloted, can serve as an entry point for early identification of risk groups and linking them to social protection, education and other sectors for needed services. This will require unified standard risk assessment methodology, referral algorithms and procedures within and outside health sector, staff capacity building, effective management and adequate funding.

- **Institutionalize effective screening programs to ensure early detection of developmental delays and disability**
  
  Many children with developmental delays are not being identified as early as possible in Kazakhstan, despite child screening programs introduces several years ago. Disabilities and/or development delays that could be prevented or mediated early on at a lower cost are diagnosed late with important opportunities for early interventions being missed as a result.

- **Avail predefined places in preschool organizations for risk groups**
  
  The government efforts to develop electronic waiting lists that automatically assign places in preschool organizations to the first child on a waiting list, may not guarantee placement of a most vulnerable, disadvantage or at-risk child. Developing a rule for needs based placement of children into preschool organizations and factoring it into the electronic waiting list will warrant that risk group children get enrolled in ECE programs.

- **Develop differentiated ECE parent co-payment schemes**
  
  The evaluation revealed that despite the expansion of low-cost model of preschool program provision, affordability of preschool services remains a barrier for socially vulnerable families. As an alternative measure, such families prefer either to keep a child at home, or place them in informal sector, where the fee is much less of official patient co-payment at ECE settings. To ensure that most vulnerable have equal access to publicly funded preschool programs, it is recommended to elaborate differentiated, lower co-payment scheme for those most needed.

- **Continue to advance inclusive education policy and practices**
  
  The Republic of Kazakhstan shows promising signs of inclusiveness in preschool and pre-primary education. Children with special needs are enrolled in regular ECE programs as much as possible, and when appropriate. Albeit number of factors hinder further developments. Weaknesses in early detection of child developmental disorders and early interventions cause delays in provision of specialized services. Majority of children with special needs are unseen until they reach the preschool or primary education age. Inclusion of children in the general ECE settings is further impeded by lack of specialized skills among staff and limited advantages for individual work with a child. Although stigma associated to disability is gradually lessening in urban societies, it still prevails in rural settings. Approaches that involve the community, parents and the children themselves are more likely to provide sustainable, relevant solutions and foster inclusion.
- **Direct public ECE investments predominantly to rural areas** – Investments allocated for ECE infrastructure development, speak about Government’s high political will to support the sector, though available public funding is mostly directed to big and/or small cities and rural areas are less prioritized. Rural settings also lack opportunities for private investments. To ensure that rural children have equal access to ECE programs, the government is advised to prioritize rural settings for public investments.

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<td>Enhance mechanisms for early identification of most disadvantaged children through nationwide introduction of universal progressive model of home visiting</td>
<td>- Provide technical assistance</td>
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<td>- Support capacity building of pediatricians, family doctors, district and patronage nurses in the principles and issued of universal-progressive model of home visiting</td>
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<td>Institutionalize effective screening programs to ensure early detection of developmental delays and disability</td>
<td>- Provide technical assistance</td>
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<td>- Assist in costing of these services and integration into the per-capita funding formula</td>
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<td>Develop a rule for needs based placement of children into preschool organizations and factor it into the electronic waiting list to ensure that risk group children get enrolled in ECE programs.</td>
<td>- Advocate for the development of a rule for needs based placement of children into preschool organizations</td>
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<td>Continue to advance inclusive education policy and practices</td>
<td>- Provide technical assistance when needed and as identified by the Government</td>
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<tr>
<td>Direct public ECE investments predominantly to rural areas</td>
<td>- Assist the government in the rural needs assessment</td>
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**Reaching the right balance between the level and quantity of a qualified and skilled workforce is a challenge in the Republic of Kazakhstan and affect the quality of ECD/ECE services**- Staff shortages, high turnover, geographical differences in distribution of qualified workforce, is common problem in Kazakhstan, but health and preschool education systems are most affected. The primary health care, bearing the major responsibility for early child development, health and nutrition, is particularly vulnerable compared to inpatient care settings. Healthcare professionals are unevenly distributed around the country, and tend to prefer living in cities, particularly Astana and Almaty. This again increases the likelihood of women and children living in more remote areas being unable to access the right care. The undergraduate and postgraduate medical and nursing education programs fail to produce resources with adequate knowledge and practical skills.
Like health sector, the education sector also lacks qualified staff and staff retention in rural and remote areas is a challenge. Preparing pre-primary teachers is key to increasing quality, yet untrained staff is often employed in private preschool organizations, and low status and pay lead to high turnover, damaging learning outcomes. The private sector tends to pay teachers as little as possible to keep costs down.

The knowledge, skills, and practices of early childhood educators are important factors in determining how much a young child learns and how prepared that child is for entry into school. Early childhood educators are being asked to have deeper understandings of child development and early education issues; provide richer educational experiences for all children, including those who are vulnerable and disadvantaged; engage children of varying abilities and backgrounds; connect with a diverse array of families; and do so with greater demands for accountability and in some cases, fewer resources. In the face of increased attention to early childhood professional development there is a concomitant need for the promotion of role recognition, development of supervision and supportive systems.

Recommendations:
- **Foster human resource development policy and planning** - Attainment of Government objectives stipulated in various policy documents will require adequate number of qualified workforce. Considering human workforce challenges faced in health and education sectors, there is an urgent need to elaborate comprehensive human resource development policy and implementation plan. The policy should address issues of production, deployment, staff retention and continuous professional development.

- **Strengthen the existing education and professional development systems while making the health and early childhood education sector a more attractive employer** – At the surface, “professional development” in early childhood programs refers to a number of experiences that promote the education, training, and development opportunities for early childhood practitioners who do or will work with young children birth to age 8 years and their families. In this vein, professional development should apply to a full range of activities that attempt to increase the knowledge base, skill set, or attitudinal perspectives brought to bear as a practitioner engages in home-visiting, parent education, child care, preschool education and/or kindergarten or educational support services. the Government is advised, to pay a special attention to the development of different early childhood professionals needed for the younger (0-3) and older age groups who will be equipped. Furthermore, undergraduate education and in-service training programmes are an ideal source for recruiting and attracting additional staff and creating wider interest in ECD/ECE.

- **Develop staff motivation mechanisms and systems** - The current financial benefits that have been implemented, such as for staff moving to rural areas, could be expanded to regions with the greatest shortages and where a great expansion of ECE participation is expected. Setting minimum wages and introduction of incentives based on quality outcomes in health and early childhood education sector can increase the motivation of current staff and attract highly motivated and qualified professionals. Indirectly, this can improve ECD/ECE outcomes. Competitive wages attract a strong professional staff that is more likely to be satisfied with their jobs, perform well and make long-term career commitments leading to lower staff turn-over rates.

- **Develop staff supervision and support system and mechanisms**

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<tr>
<td>Develop human resource production, development and retention policy for all relevant sectors retention policies</td>
<td>- Provide technical assistance and required capacity building</td>
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<td>Strengthen the existing education</td>
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</table>
The quest for quality is yet to be meaningfully addressed: Poor programming for young children can be damaging. Children who do not receive health, nutrition and a pre-primary education of good quality are less likely to succeed in primary school and beyond. The drive to improve access to ECE has not been adequately accompanied by a parallel interest in issues of quality, leaving the country with very little information about how well children and families are being served. Quality in ECD/ECE is not a universal concept in Kazakhstan, and can mean different things to different stakeholders, whether governments or parents. Nevertheless, quality monitoring practiced in Kazakhstan fails to effectively monitor service quality in both health and preschool education sectors. Multiple agencies inspect different aspects of ECD/ECE services related to structure, standards, sanitation and hygiene, financial management etc., all considered as quality monitoring by service providing organizations. Albeit Kazakhstan has a solid basis of data collection on a limited set of indicators, it does not track important ECD/ECE indicators that can provide information on, for example, the level of quality, child development and the systems’ effectiveness.

The lack of information will present challenges regarding Kazakhstan’s capacity to project its resource requirements in the future. ECD/ECE is directly addressed in Sustainable Development Goal 4: “Ensure inclusive and equitable education and promote life-long learning opportunities for all”. It is specifically mentioned in Target 4.2 “By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”. Therefore, there is a need for measurement tools to gather and analyze data to assess and monitor the quality and outcomes of ECD/ECE services, with a view to increasing both effectiveness and efficiency as well as report for attainment of SDG 4. Monitoring also has important implications for equity, as it has the potential to identify disparities in the provision of services and the kind of services available to different population groups.

Recommendations:
- **Define/refine ECD/ECE national quality standards** – The uniform quality standards should clearly describe what constitutes the quality and set clear and comprehensive quality goals for service quality, staff quality and child development outcomes.

- **Develop national ECD/ECE monitoring framework and system** – The purpose of monitoring system should be i) to collect information that can be used in improving services, to ensure that children benefit from their ECD/ECE experiences; ii) to inform policy making; iii) to enhance children’s development and to improve staff performance; and finally, iv) to inform the public about the level of quality provided, which provides more transparency to the users of ECD/ECE services. There is a need to create a common understanding around the definition of quality for ECD/ECE services; components of quality that should be tracked and monitored; selection of validated tools for measuring and monitoring services; and gathering, management and use of information and data on quality.
- **Earmark funding for ECD/ECE research** - Invest in the ECD/ECE research field through providing earmarked funding to research institutions. Collaboration with the international research field could further strengthen Kazakhstan’s ECD/ECE research sector by learning from best practices.

<table>
<thead>
<tr>
<th>Recommendation for the Government</th>
<th>Recommendation for UNICEF</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define/refine ECD/ECE national quality standards</td>
<td>Provide technical assistance and required capacity building</td>
<td>Short term</td>
</tr>
<tr>
<td>Develop national ECD/ECE monitoring framework and system</td>
<td>Provide technical assistance and required capacity building</td>
<td>Short term</td>
</tr>
<tr>
<td>Earmark funding for ECD/ECE research (operational and quality improvement research, etc.)</td>
<td>Advocate for earmark public resources for ECD/ECE research</td>
<td>Short to medium term</td>
</tr>
</tbody>
</table>
# ANNEXES

## ANNEX 1: LIST OF DOCUMENTS REVIEWED

### POLICY, STRATEGY, REGULATORY DOCUMENTS

4. Law No.114-IV 3 of 29 December 2008
8. https://online.zakon.kz
9. Strategy "Kazakhstan-2050": a new political course of the state. Address of the President of the Republic of Kazakhstan - the Leader of the Nation N.A.Nazarbayev to the people of Kazakhstan, Astana, December 14, 2012
12. State Program to provide children with pre-school education "Balapan" for 2010 - 2020
13. State Program of Education 2011-2020
15. Conception on social development of the Republic of Kazakhstan and the Plan of social modernization for the period until 2016, Approved by the Decree of the Government of the Republic of Kazakhstan on April 24, 2014
17. Presidential Order #205/2016 on the approval of the State Education Program 2016-2019
19. Standard of the state service "Setting up children of preschool age (up to 7 years) for referral to preschool children's organizations", Annex 1 to the Order of the Minister of Education and Science of the Republic of Kazakhstan dated April 7, 2015 No. 172
20. Address of the President to the people of Kazakhstan "Nurly Zhol", November 11, 2014
22. Decree of the Government of the Republic of Kazakhstan dated December 30, 2011 No. 1684 "Sanitary and epidemiological requirements to the objects of upbringing and education of children and adolescents"
25. State compulsory standard of preschool education and training, 2016
27. Typical curriculum of preschool education and training, 2016
28. Standard of preschool special education of children with limited opportunities in development
29. Conditions of development of the state all-under objective education standard (state) for students with limited opportunities
30. The Law of the Republic of Kazakhstan "On State Benefits for Families with Children (with amendments and additions as of November 17, 2015)"
31. Law of the Republic of Kazakhstan of July 17, 2001 No. 246-II On state targeted social assistance (with amendments and additions as of 06/04/2016)
32. Law of the Republic of Kazakhstan No. 405-II of 25 April 2003 on compulsory social insurance (with amendments and additions as of 06/04/2016)
33. Labor Code of The Republic of Kazakhstan (with amendments and additions as of 04/06/2016)
34. Law of the Republic of Kazakhstan On the social protection of disabled people in the Republic of Kazakhstan (with amendments and additions as of December 3, 2015)
35. Law of the Republic of Kazakhstan on special social services (with amendments and additions as of April 18, 2017)
36. Law of the Republic of Kazakhstan No. 365-I of April 5, 1999 On special state benefits in the Republic of Kazakhstan (with amendments and additions as of 06/04/2016)

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37. Independent Multi-country valuation of Result Area 3: Increasing access and equity in Early Childhood Education in CEE/CIS countries, UNICEF, 2014
40. Children and disability in transition In CEE/CIS and Baltic states, UNICEF, 2005
43. Early childhood education and care in Kazakhstan, OECD, 2017
44. Roelen, K. and F. Gassmann, Child wellbeing in Kazakhstan, 2012 UNICEF, New York City
48. Center on the Developing Child, Five numbers to remember about early childhood development (Brief), 2009, Retrieved from www.developingchild.harvard.edu
49. Center on the Developing Child at Harvard University, 2012
52. Young child wellbeing – The role of Home Visiting, Regional Guidance Package, UNICEF Regional Office for CEE/CIS, 2015
66. UNICEF Regional Recommendations for Home Visiting, CEE/CIS Region, 2015, (draft)
69. Investing in high-quality early childhood education and care (ECEC), OECD
70. WHO Euro, 2014
73. Starting Strong IV, Early Childhood Education and Care Country Note, Kazakhstan, OECD, 2016
77. Early childhood development: A statistical snapshot, Building better brains and sustainable outcomes for children, UNICEF
78. “A World Fit for Children” adopted by the UN General Assembly at the 27th Special Session, 10 May 2002: 2, UNICEF 2002


82. Analysis of situation of women and children in Kazakhstan, UNICEF, 2012

83. Aleksandr Kovalevskiy, Evaluation of Implementation of the Law on Specialized Social Services in the Republic of Kazakhstan with regard to children and members of their families, UNICEF, December 2012

84. Assessment of implementation of the Law on Specialized Social Services, 2012

85. Early Childhood Education And Care Policy Review in Kazakhstan, OECD, 2017

86. Assessment of the quality of the unified curriculum was beyond the scope of this assignment
Starting Strong III: A Quality Toolbox for Early Childhood Education and Care, OECD, 2012

87. Litjens, I., Revised Literature Overview for the 7th Meeting of the Network on Early Childhood Education and Care: A Review on Quality, OECD, 2010

88. Key indicators of pre-school, general secondary, technical and vocational education, 2015, Information Analytical Center


90. Early Child Development in the European Region: needs, trends and policy development, WHO, 2005

91. Starting Strong IV: Monitoring Quality in Early Childhood Education and Care, OECD, 2015


94. Ivan Kalaš, Recognizing the potential of ICT in early childhood education, Analytical survey, UNESCO, 2011


96. Emily Vargas-Barón, Comparative study of parenting programmes: Belarus, Bosnia/Herzegovina, Georgia and Kazakhstan, UNICEF, 2005


101. Strengthening Kazakhstan’s education system, Analysis of PISA 2009 and 2012, World Bank group

102. National report on the state and development of the education system, National Center for Educational Quality Assessment, 2011

103. National report on the state and development of the education system, Information Analytic center of MoES, 2016

104. Conceptual foundations of Early Child Development in the Republic of Kazakhstan,
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<tr>
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<tr>
<td>Assessment of the quality of training graduates of pre-school educational organizations for schooling, Information Analytic center of MoES</td>
<td>2015</td>
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<tr>
<td>Ineke Litjens and all, Early childhood education and care policy review in Kazakhstan, OECD</td>
<td>2015</td>
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<tr>
<td>Ineke Litjens and Miho Taguma, Early childhood education and care staff recruitment and retention, OECD</td>
<td>2017</td>
</tr>
<tr>
<td>Millennium development goals in Kazakhstan</td>
<td>2010</td>
</tr>
<tr>
<td>Study of the prevalence of anemia and iodine deficiency among children under the age of five and their mothers in the East Kazakhstan and Kyzylorda regions, Kazakh Academy of Nutrition</td>
<td>2016</td>
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<tr>
<td>Report on the results of analysis of data collected during the National Survey on the Quality of Life of Children with Disabilities in the Republic of Kazakhstan, Sanigest</td>
<td>2015</td>
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<tr>
<td>Innovative Pedagogical Approaches in Early Childhood Care and Education (ECCE) in the Asia-Pacific region: A resource pack, UNESCO</td>
<td>2016</td>
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<tr>
<td>Investing in high-quality early childhood education and care, OECD</td>
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<tr>
<td>Demographic Yearbook, Kazakhstan, National Statistics Committee</td>
<td>2016</td>
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<td>TransMonEE database, 2016</td>
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<td>WHO data</td>
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<tr>
<td><a href="https://knoema.com/atlas/Kazakhstan/topics/Demographics/Population/Net-migration-rate">https://knoema.com/atlas/Kazakhstan/topics/Demographics/Population/Net-migration-rate</a>, accessed on April 17, 2017</td>
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## ANNEX 2: LIST OF PEOPLE INTERVIEWED

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<td><strong>GOVERNMENT INSTITUTIONS</strong></td>
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<tr>
<td>1. Mazhilis of the Parliament</td>
<td>Nurmanbetova Jamilya Nusupzhanovna</td>
<td>MP, The member of the Committee on Social and Cultural development</td>
<td>Astana, House of Parliament</td>
</tr>
<tr>
<td>4. Ministry of Health</td>
<td>Tulegalieva Azhar Ginatovna</td>
<td>Director of the Department of medical care</td>
<td>Astana, House of Ministries, entrance 5</td>
</tr>
<tr>
<td>5. Ministry of Health</td>
<td>Birzhanova Kulyaim Zhaksylykovna</td>
<td>Head of Maternal and Child Health Department</td>
<td>Astana, House of Ministries, entrance 5</td>
</tr>
<tr>
<td>6. Ministry of Health</td>
<td>Maira Beisen</td>
<td>Specialist of Maternal and Child Health Department</td>
<td>Astana, House of Ministries, entrance 5</td>
</tr>
<tr>
<td>7. Ministry of Education and Science</td>
<td>Sultangazieva Sharapat Seysenbekovna</td>
<td>Head of Preschool Department</td>
<td>Astana, House of Ministries, entrance 11</td>
</tr>
<tr>
<td>8. Ministry of Education and Science</td>
<td>Aitzhanova Ardak Kuandikovna</td>
<td>Chief Specialist of the Department of Inclusive and Special Education</td>
<td>Astana, House of Ministries, entrance 11</td>
</tr>
<tr>
<td>9. Republican Center for Health Development</td>
<td>Zhumagulov Talgat</td>
<td>Head of the Department of medical care and infrastructure development</td>
<td>8 Orynbor St., Astana</td>
</tr>
<tr>
<td>10. Republican Center for Health Development</td>
<td>Ermekbaev Kanat Kartaevich</td>
<td>Advisor of the General Director</td>
<td>8 Orynbor St., Astana</td>
</tr>
<tr>
<td>11. National commission for women, family and demographic Policy</td>
<td>Raiganiyev Erlan Telmanovich</td>
<td>Head of the Secretariat</td>
<td>Astana</td>
</tr>
<tr>
<td>12. National commission for women, family and demographic Policy</td>
<td>Zhumageldinova Gulyaim Sultanbekovna</td>
<td>Expert of the Secretariat</td>
<td>Astana</td>
</tr>
<tr>
<td>13. Information Analytic center JSC</td>
<td>Irsaliyev Serik Aztaevich</td>
<td>President</td>
<td>Astana, 18, Dostyk str., BC “Moskva”, 10th floor</td>
</tr>
<tr>
<td>14. South Kazakhstan Department of Education</td>
<td>Burkhanov Erzhan Myrzahanovich</td>
<td>Deputy Head</td>
<td>Shymkent city, Astana av., 10</td>
</tr>
<tr>
<td>15. Shymkent city Department of Education</td>
<td>Ualikhanova Kulzina Erseitovna</td>
<td>Deputy Head</td>
<td>Shymkent city, Zhangeldin str., 17</td>
</tr>
<tr>
<td>16. Almaty Health Department</td>
<td>Isabekov Nurzhan Amangeldievich</td>
<td>Head of the Department of Treatment and prophylactic activities and public services</td>
<td>Almaty c, Zhandosov street, 6</td>
</tr>
<tr>
<td>17. Almaty Health Department</td>
<td>Bisenbayeva Asel Amanzholovna</td>
<td>Chief pediatrician</td>
<td>Almaty c, Zhandosov street, 6</td>
</tr>
<tr>
<td>18. Almaty Education Department</td>
<td>Aitkulova Gulnar Moldagazievna</td>
<td>Deputy Head</td>
<td>Almaty c, Republic square, 4</td>
</tr>
<tr>
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<td>Official Name</td>
<td>Position</td>
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<tr>
<td>19.</td>
<td>Almaty Education Department</td>
<td>Sagieva Aliya Zholdasbekovna</td>
<td>Head of preschool section</td>
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<tr>
<td>20.</td>
<td>Republican Centre “Preschool Childhood”</td>
<td>Igenbayeva Bizhan Kurmangalevna</td>
<td>Director</td>
</tr>
<tr>
<td>22.</td>
<td>Kazakh medical university of continuing education</td>
<td>Kim Natalia Georgievna</td>
<td>Teacher of the Department of Pediatrics</td>
</tr>
<tr>
<td>23.</td>
<td>Woman pedagogical institute</td>
<td>Zhienbayeva Saira Nagashibaevna</td>
<td>Dean of the faculty “Pedagogy and Psychology”</td>
</tr>
<tr>
<td>24.</td>
<td>High Public Health school</td>
<td>Mankeeva Gulyara Yasilhanovna</td>
<td>IMCI trainer</td>
</tr>
<tr>
<td>25.</td>
<td>Scientific and Practical Center for Correctional Pedagogy</td>
<td>Aitzhanova Raigul Klimovna</td>
<td>Deputy Head</td>
</tr>
<tr>
<td>26.</td>
<td>National research center for maternal and child health</td>
<td>Khairulin Bekbay Eslamovich</td>
<td>Director</td>
</tr>
<tr>
<td>27.</td>
<td>PHC-center “Demeu”</td>
<td>Abzalova Rosa Abzalovna</td>
<td>Deputy Head Physician</td>
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<tr>
<td>28.</td>
<td>IMCI center</td>
<td>Babayeva Bayan Namanovna</td>
<td>IMCI coordinator</td>
</tr>
<tr>
<td>29.</td>
<td>IMCI center</td>
<td>Narymbetova Nurkhan Madalieva</td>
<td>IMCI national trainer</td>
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<tr>
<td>30.</td>
<td>Rehabilitation center</td>
<td>Togaybekova Janat Esengalieva</td>
<td>Director</td>
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<tr>
<td>31.</td>
<td>Kindergarten #37</td>
<td>Abdakhmanova Razia Iltaevna</td>
<td>Head</td>
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<td>32.</td>
<td>Kindergarten #36 “Erke Naz”</td>
<td>Moldakulova Zina Zhunisbekovna</td>
<td>Head</td>
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<tr>
<td>33.</td>
<td>Kindergarten “Kunshuak”</td>
<td>Tokbayeva Aigul Kalymbayeva</td>
<td>Head</td>
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<tr>
<td>34.</td>
<td>Mankent aul policlinic</td>
<td>Abdikamalova Marzhin Zhumanovna</td>
<td>Head Physician</td>
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<td>35.</td>
<td>Mankent aul policlinic</td>
<td>Atlynbekova Guizada Umbetovna</td>
<td>Pediatrician</td>
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<td>36.</td>
<td>Kindergarten #125</td>
<td>Kazbekkysy Arailym</td>
<td>Head</td>
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<td>37.</td>
<td>City policlinic #10</td>
<td>Tokmoldanova Roza Urazbayeva</td>
<td>Director</td>
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<td>38.</td>
<td>City policlinic #10</td>
<td>Suleimenova Leila Esbolovna</td>
<td>Head Director</td>
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<tr>
<td>39.</td>
<td>Secondary school, mini-center</td>
<td>Tifancidi Natalia Alekseevna</td>
<td>Director</td>
</tr>
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</table>

**CIVIL SOCIETY AND PRIVATE SECTOR**

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<td>40.</td>
<td>Kazakhstan association of preschool organizations</td>
<td>Kulenova Leila</td>
<td>Chairman</td>
<td>Astana, Satpaev street, 13a</td>
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<td>41.</td>
<td>SOS Children's Villages</td>
<td>Gelasimova Valentina Aleksandrovna</td>
<td>Head of the development centre</td>
<td>Astana, Abylai Khan, 40</td>
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<td>42.</td>
<td>NGO &quot;Orken&quot;</td>
<td>Eseniyazova Nura</td>
<td>President</td>
<td>Shymkent</td>
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<td>43.</td>
<td>Private Kindergarten “Raduga”</td>
<td>Bosonogova Tatiana Borisovna</td>
<td>Head</td>
<td>Almaty oblast. Panfilov aul</td>
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<td>Private development centre</td>
<td>Rudyaga Yuliya</td>
<td>Head of the development centre</td>
<td>Almaty oblast. Panfilov aul</td>
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<td>45.</td>
<td>NGO “Kenes”</td>
<td>Suleeva Maira Magovyanovna</td>
<td>Head</td>
<td>Almaty, Kurmangasy, 166</td>
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<td>46.</td>
<td>NGO “Kenes”</td>
<td>Sharipova Tatiana Zhasulanovna</td>
<td>Specialist</td>
<td>Almaty, Kurmangasy, 166</td>
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<td>47.</td>
<td>UNESCO Almaty Cluster office for Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan</td>
<td>Lina Benete</td>
<td>Education Programme specialist</td>
<td>Almaty, 67 Tole bi street</td>
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<tr>
<td>48.</td>
<td>UNFPA Kazakhstan</td>
<td>Raimbek Sissemaliev</td>
<td>Executive Representative</td>
<td>Almaty, 67 Tole bi street</td>
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<tr>
<td>49.</td>
<td>WHO Kazakhstan</td>
<td>Abuova Gaukhar Omerzhanovna</td>
<td>Coordinator for MCH</td>
<td>Astana</td>
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<tr>
<td>50.</td>
<td>UNICEF Kazakhstan</td>
<td>Fiachra McAsey</td>
<td>Deputy Representative</td>
<td>Astana, 10-A Beibitshilik str., Block 1</td>
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<tr>
<td>51.</td>
<td>UNICEF Kazakhstan</td>
<td>Tatyana Aderikhina</td>
<td>Education and Child Protection Officer</td>
<td>Astana, 10-A Beibitshilik str., Block 1</td>
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<td>52.</td>
<td>UNICEF Kazakhstan</td>
<td>Kanat Sukhanberdiyev</td>
<td>Health &amp; Nutrition officer</td>
<td>Astana, 10-A Beibitshilik str., Block 1</td>
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<td>53.</td>
<td>UNICEF Kazakhstan</td>
<td>Zhanar Sagimbaeva</td>
<td>Child rights monitoring specialist</td>
<td>Astana, 10-A Beibitshilik str., Block 1</td>
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# ANNEX 3: EVALUATION FRAMEWORK

*Lines in Italic are questions added by the Evaluation Team to the list of questions outlined in the TOR*

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<tr>
<th>No</th>
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<th>Judgment and Indicators</th>
<th>Data collection methods</th>
<th>Type of analysis</th>
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<td>Evidence of comprehensive needs assessment/situation analysis in the formulation of government’s programs</td>
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<td>Quantitative</td>
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<td>Type of system bottlenecks and barriers identified and consecutive interventions planned under government’s ECD/ECE programs</td>
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<td>Evidence of local implementation capacity assessment performed</td>
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<td><strong>Q1</strong> Were the government programmes relevant to expanding access to quality ECD/ECE services?</td>
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<td><strong>Q2</strong> Were the government and UNICEF interventions in ECD/ECE relevant to existing in Kazakhstan service delivery structure?</td>
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<td>Extent to which the government and UNICEF interventions targeted the key system barriers/bottlenecks identified in service delivery?</td>
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<td><strong>Q3</strong> Were the needs of the most marginalized groups addressed?</td>
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<td>Evidence of the government and UNICEF interventions addressed the needs of most marginalized groups</td>
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<td><strong>Q4</strong> What is the value of the government programmes in ECD/ECE in relation to global principles of early education and early development of children?</td>
<td></td>
<td>Evidence of the Government policies’ and programs’ alignment to international standards and norms</td>
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<td></td>
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<td><strong>Q5</strong> Was the mechanism of ECE/ECD coordination with other services formulated and relevant?</td>
<td></td>
<td>Evidence of ECE/ECD coordination mechanisms with other services well formulated in government’s programs</td>
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<td></td>
<td>Qualitative judgment: well formulated, inappropriately formulated, not formulated</td>
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<td></td>
<td><strong>Q6</strong> To what extent were system level changes achieved? Did these catalyze equity-focused results for children?</td>
<td></td>
<td>Evidence of the system level changes (all three tiers)</td>
<td>DR</td>
<td>Qualitative</td>
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<td></td>
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<td></td>
<td>Evidence that system level changes resulted in equal results for children</td>
<td>IDI</td>
<td>Quantitative</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Qualitative judgment: yes, partially, no</td>
<td>FGD</td>
<td></td>
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<td></td>
<td><strong>Q7</strong> What was the underlying theory of change that led to increased access?</td>
<td>M</td>
<td>Evidence of available theory of change (TOC)</td>
<td>DR</td>
<td>Qualitative</td>
</tr>
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<td></td>
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<td></td>
<td>Evidence of the validity of TOC</td>
<td>IDI</td>
<td>Quantitative</td>
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<tr>
<th>DR</th>
<th>IDI</th>
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**RELEVANCE**

**EFFECTIVENESS**
<table>
<thead>
<tr>
<th>Q8</th>
<th>Were contextual factors (political, social, economic, cultural) taken into account in the design/implementation of the ECD/ECE Interventions?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Evidence of rigorous risk assessment (political, social, economic, cultural)</td>
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<tr>
<td></td>
<td>- Evidence of risk mitigation measures taken into account in the design/implementation of the ECD/ECE Interventions</td>
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<tr>
<td></td>
<td>Qualitative judgment: yes, partially, no</td>
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<td></td>
<td>Quantitative judgment based on the baseline and end-line surveys (2010-2016)</td>
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<table>
<thead>
<tr>
<th>Q9</th>
<th>Were efforts made to establish an enabling environment (necessary and appropriate policies, legislation, budgets) for the expansion of ECD/ECE programmes?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>- Evidence on availability of:</td>
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<tr>
<td></td>
<td>o Social norms: recognition of the importance of child development, early learning and school readiness</td>
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<td></td>
<td>o Legislation, policy: laws, by-laws, strategies and resources promoting the expansion of ECD/ECE programmes</td>
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<td></td>
<td>o Budget and expenditure: ECD/ECE program funding and budget execution trends</td>
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<td></td>
<td>o Management &amp; coordination mechanisms: availability of effective coordination mechanism at governance and service delivery level</td>
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<tr>
<td></td>
<td>Qualitative judgment: yes, partially, no</td>
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<td></td>
<td>Quantitative judgment based on the investment trends in ECD/ECE programs: increased, stable (low/high), decrease</td>
</tr>
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<thead>
<tr>
<th>Q10</th>
<th>Did public and private service delivery systems reach the most marginalized groups?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>- Coverage of children by public and private service delivery systems</td>
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<td></td>
<td>Quantitative judgment: increased, stable (low/high), decrease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q10.1</th>
<th>Extent to which supply side bottlenecks were addressed? (existing coverage, range and quality of services)</th>
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<tr>
<td></td>
<td>- Evidence on availability of:</td>
</tr>
<tr>
<td></td>
<td>o Adequate number and type of services, with particular focus on rural areas</td>
</tr>
</tbody>
</table>
| Q10.2 | What were the main constraints on demand? (extent of utilization of services by children and families, family waiting lists for pre-school services) | - Evidence of documented demand bottlenecks  
Qualitative judgment: yes, partially, no  
- Evidence of improved utilization of services by children and families, family waiting lists for pre-school services  
- Changes in cultural and societal behaviors and beliefs  
- Improved financial access to ECD/ECE services  
Qualitative judgment: increased, stable (low/high), decrease | 0 0 0 0 0 |
| Q11 | Which programmes in ECD were most and least effective? | - Effectiveness measured by comparison of attained results of each program.  
Qualitative judgment: yes, partially, no | 0 0 0 0 0 |
| Q12 | Which programmes in ECE were most and least effective? | - Effectiveness measured by comparison of attained results of each program.  
Qualitative judgment: yes, partially, no | 0 0 0 0 0 |
| Q13 | Did the intervention results contribute to reducing the underlying causes of inequality and discrimination? | - Evidence of documented reduction of underlying causes of inequality and discrimination  
Qualitative judgment: yes, partially, no | 0 0 0 0 0 |
| Q15 | What were the effects of coordination among different stakeholders and donors at national and subnational level? | - Evidence of positive or negative coordination  
Respondents and the ET judgment | 0 0 0 0 |
| Q16 | What were areas and ways of cooperation with other donor agencies in regard to achieving ELSR goals and objectives? Was there coherence across policies of different donor agencies and national stakeholders? | - Evidence of coherence among policies of different donor organizations  
Qualitative judgment: yes, partially, no | 0 0 0 0 |
| Q17 | Was the M&E system been effective in tracking progress, especially among most marginalized groups of population? | M - Evidence of monitoring results used for the Programs’ implementation correction  
- Evidence of evaluation results used for the Programs’ implementation correction  
Qualitative Judgment: yes, partially, no | 0 0 0 0 |
| Q18 | Where there any unintended positive and/or negative results | Evidence of unintended positive and negative results | 0 0 0 0 |
| Q20 | Could the intended results have been achieved at a higher level of quantity / quality? | M | If the plausible possibility is established, the improved results would have been achieved by:  
- Better responsiveness and flexibility of the Programs’ management (yes/no);  
- Improved monitoring of risks and external factors (yes/no);  
- Shifting balance of responsibilities between the various stakeholders (yes/no);  
- Accompanying measures taken or to be taken by the government (and UNICEF) (yes/no). | Qualitative judgment: yes, partially, no |
| Q21 | Did Government ECD/ECE initiatives use resources in the most economical manner to achieve expected results? (Current costs and flow of funds) | L | - Comparison of average per child costs of government spent resources vs. donor spent resources  
- Trends in State program budget execution rates | Quantitative judgment |
| Q22 | How cost-effective were alternative approaches for reaching the most marginalized groups? Who finances services e.g., national government, local governments, non-governmental organizations, private entities? | M | - Comparison of average per child costs of each alternative approach | Quantitative judgment |
| Q23 | Was funding leveraged from external and internal sources? (Are services available privately? Public private partnership developed?) | M | - Evidence on the resources leveraged  
- Evidence on the expansion of public-private partnerships | Quantitative judgment: increased, stable (low/high), decrease |
| Q24 | Were cost-efficient models of ECE/ECD arrangements modeled? | H | - Documented evidence on cost efficiency of proposed ECD/ECE programs and interventions planned for modelling | Qualitative judgment: yes, no |
| Q25 | Were the available resources adequate to meet project objectives? | M | Resources were adequate/non-adequate (yes, no)  
1. All planned activities implemented within |  |
### IMPACT

#### Q26
What were the results in children’s lives of the interventions (intended and unintended, positive and negative) including the effects on most marginalized groups?

| L | The ECD/ECE Programs contributed to achieving (or not) the expected impact level results  
1. Under 5 mortality rate  
2. Maternal mortality rate  
3. Underweight prevalence  
4. Stunting prevalence  
5. Obesity prevalence  
6. Early child development index  
7. Percentage of children in first grade of primary school who attended pre-school during the previous school year  
Quantitative judgment: decreased, increased (data disaggregated by age, gender, rural/urban, wealth, etc.) |

#### Q27
How did the results affect the rights and responsibilities of the most marginalized children, communities and institutions? To what extent did results contribute to decreased inequities between majority groups and most marginalized groups?

| L | Evidence on the decreased inequities between majority groups and most marginalized groups (when possible to obtain)  
Quantitative judgment: decreased, increased (data disaggregated by age, gender, rural/urban, wealth, etc.) |

#### Q28
Were there any unintended results on Human Rights & Gender Equality in the intervention? Were they positive or negative and in which ways did they affect the different stakeholders?

| Respondents and the ET judgment |

### SUSTAINABILITY

#### Q29
Will UNICEF’s contribution to system level changes continue to impact on the most marginalized groups after support is withdrawn?

| H | Evidence of reflection of the Project supported priorities in the relevant national, sectoral policies  
The ET judgment on the likelihood of adequate funding to become available, once the Project support ends  
Respondents and the ET judgment on the level of ownership |

- What were/are the enabling factors contributing to sustainability?  
- Are inequities between best-off and most marginalized groups likely to increase,
remain stable, or decrease when support is withdrawn?
- Will new ECD/ECE strategies be more widely replicated or adapted? Are they likely to be scaled up?
- To what degree did participating organizations change their policies or practices to improve HR & GE fulfillment (e.g. new services, greater responsiveness, resource reallocation, improved quality etc.)?

Q30 | Extent to which UNICEF ensured hand over of the elements/components of its assistance to the Government? | H | Evidence of the handover measures of the Project elements/components
Qualitative judgment: fully, partially, no hand over

<table>
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<tr>
<th>COHERENCE</th>
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</table>
| Q31 | Has the programs/projects facilitated synergies and avoided duplications with interventions and strategies promoted by the government and other developing partners? | H | Programs facilitating synergies and avoiding duplications (Fully avoided, partially avoided, not avoided)
Respondents and the ET judgment on duplication of efforts

<table>
<thead>
<tr>
<th>COORDINATION</th>
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</table>
| Q32 (Q5) | Was the mechanism of ECE/ECD coordination with other services formulated and relevant? | | Evidence of ECE/ECD coordination mechanisms with other services well formulated in government’s programs
Qualitative judgment: well formulated, inappropriately formulated; not formulated

| Q33 (Q9) | What were the results of coordination among different stakeholders and development partners at national, subnational and local levels | | Evidence of positive or negative coordination
Respondents and the ET judgment

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<tr>
<th>COVERAGE</th>
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</table>
| Q34 (Q27) | Which groups have been reached, such as e.g. poor, rural/remote, ethnic minorities, disabled children | | Quantitative evidence on the groups targeted with different ECD/ECE services
Qualitative judgment: decreased, increased (data disaggregated by age, gender, rural/urban, wealth, etc.)
**ANNEX 4: EVALUATION METHODOLOGY**

**EVALUATION PURPOSE, OBJECTIVES AND SCOPE**

**Purpose:** The purpose of the consultancy is to provide technical assistance to the Ministry of Health, Ministry of Labour and Social Protection, Ministry of Education and Science and UNICEF Country Office for conducting an evaluation of the Early Childhood Development and Early Childhood Education systems and all relevant state and UNICEF programs in the Republic of Kazakhstan with the equity focus.

The main purpose of the Evaluation is to assess the extent to which system-level changes have contributed to young children’s increased access to ECD/ECE programs and whether they have been successful in reduction of equity gaps and improvement of quality. More specifically, the joint ECD/ECE evaluation aims to make an overall assessment of the impact of the ECD/ECE on child’s wellbeing in Kazakhstan, a) to understand sustained progress of the system reforms, b) to analyze remaining bottlenecks and barriers that hamper the realization of child’s rights to early childhood development and education, c) to identify the key lessons learned, to inform the country office on innovations and transformed engagement in these areas and d) to develop recommendations for strengthening the Early Childhood Development and Early Childhood Education Systems in Kazakhstan.

The evaluation will review system level changes, during the period 2012-2016 in terms of whether both ECD and ECE outcomes and outputs, systems and processes are in line with four main principles:

- Participation and ownership - actively involve stakeholders at all levels - from family and community level to policymakers - in the production and use of the gathered information;
- Equity, Access and Quality - to capture data that informs the government and UNICEF about improvements and use for policy advocacy;
- Feedback to guide critical reflection and action - to ensure progress indicators are shared with stakeholders, especially the frontline health and pre-school workers - to agree actions for quality improvements, and;
- Transparency, Trust and Respect - decisions regarding the uptake, contextualization and implementation of the Evaluation findings and recommendation.

The Evaluation will inform the policy implementation, to reveal missed opportunities and remaining challenges, namely:

- Despite consideration of the ECD/ECE areas as the priorities for Kazakhstan, no comprehensive system evaluation had been conducted in the past.
- The evaluation will provide a baseline for the government and UNICEF in planning, revising or taking stock of the progress in the reduction of equity gaps in early childhood development and pre-school education.
- Define the status of ECD and ECE Systems in Kazakhstan vis-à-vis Sustainable Development Goal 4 (SDG) - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
- To inform the key result area on Children’s right to education: early learning and school readiness about the progress in the reform
- To map out the remaining challenges in addressing inequalities and document lessons learnt from the implementation of the national programs and strategies in ECD/ECE areas,
- To provide recommendations to the Government and other stakeholders for future programmatic inputs and focus areas for the improvement of the system.
- To explore the status of ECD/ECE programs and actions, their visibility and scope, progress to date.
- The evaluation will provide recommendations for UNICEF’s involvement in ECD/ECE.
The specific tasks of the consultancy are:

1. Review background information on the Child Wellbeing, School readiness and Learning, including, health, growth monitoring, development outcomes of Kazakhstan, National Statistics, ongoing healthcare, education & social programs and policy documents, etc. for 2012-2016 period.
2. Evaluate and validate the health, social and education systems achievements with regards to implementation of the child rights to Early Childhood Care and Development, Early Identification and Preschool Education targets and milestones;
3. Examine the effectiveness of the health, social and education systems in terms of its purpose and intended outcomes of young child health, wellbeing and school readiness as well as the level of multi-sectoral cooperation.
4. Evaluate the relevance and appropriateness of the national strategies and activities implemented in the health, social and education sectors in ECD/ECE;
5. Investigate the national ECD/ECE policies and practice coherence to internationally recognized norms and practices;
6. Investigate the level of inter-sectoral coordination (health, education and social) in terms of planning, resource management and implementation of the child care in family and preschool education
7. Evaluate the efficiency and challenges in the coverage of the most vulnerable groups of children by health, education and social systems;
8. In order to assess the system changes, the evaluators will assess the Primary Health Care (PHC) and pre-school education systems (following the UNICEF Determinant Analysis Framework), including an analysis of access, equity in utilization and quality of these services. Then based on the findings, the evaluators will document lessons learned and best practices, and draw strategic and operational recommendations.
9. Together with various stakeholders, document important lessons learned and best practices of the ECD/ECE national policies and activities;
10. Suggest strategic and operational recommendations that can be used by Government of Kazakhstan and UNICEF in the ongoing and future activities to improve ECD/ECE systems and achieve expected outcomes.

**Scope:** The evaluation will cover the period 2010-2016 and will be targeted at Astana city, South, East Kazakhstan, Almaty region, Aktobe, Mangystau and Kyzylorda regions as these regions represent different country context and some had tested new ECD/ECE approaches with the support from UNICEF in the past.

**TARGET AUDIENCE FOR THE EVALUATION REPORT**

**Primary:**
- Ministry of Health, Ministry of Labour and Social Protection, Ministry of Education and Science, local governments, line ministries will use the results of the Evaluation as the main developers and implementers of the national programs who need to monitor the progress based of effectiveness and efficiency criteria, to introduce corrective actions if needed, to use the best available practices, to engage trained/informed HR, to bridge the inequality gaps and to allocate sufficient funds.

**Secondary:**
- MPs will be informed in order to introduce necessary legislative changes.
- The knowledge generated by the evaluation will also be used by international partners, academic, private and civil society organizations including UN agencies, to review their partnership around the ECD/ECE sector and adjust their advocacy and practical actions accordingly for the achievement of the organizational and national policy targets; review and evaluate ECD/ECE programs’ support strategies in the
UNICEF as one of the main knowledge brokers in ECD/ECE practices providing technical assistance for effective implementation of ECD/ECE interventions worldwide, will use evaluation findings in their advocacy and program strategies and guide their assistance to the Republic of Kazakhstan.

CONCEPTUAL FRAMEWORK

In order to meet assignment requirements to measure coverage with and bottlenecks to effective ECD/ECE services, it is proposed to use an adapted UNICEF global MoRES framework (Error! Reference source not found.), which is based on the Tanahashi model. Proposed framework has four domains influencing effective service coverage: 1) the enabling environment, 2) supply, 3) demand and 4) quality. Within each domain specific determinants, which directly affect coverage will be analyzed. This framework will help to identify which bottlenecks were removed during the period subject to evaluation and how change was achieved. This framework will also allow to examine how UNICEF contributed to the changes in selected system areas by executing its Core Roles according to the established priorities.

GUIDING PRINCIPLES AND OVERALL APPROACH

The evaluation will be fully guided by the UNICEF Evaluation Policy, its guiding principles and UNEG standards. In addition, the evaluation team (ET) will adhere to the following principles:

- Custom tailored and built on existing knowledge within UNICEF and in the country;
- Participatory and inclusive - ensuring participation of all involved and appropriate stakeholders and taking into account diverse viewpoints;
- Integrity and honesty in reporting strengths, weaknesses, successes and failures of the program design and implementation using robust evidence;
The mixed method approach, which combines the qualitative and quantitative components described later in the document, will be used to achieve the evaluation objectives and to respond to the specific evaluation questions as specified in the TOR.

EVALUATION CRITERIA AND FRAMEWORK

The evaluation will provide an assessment of the ECD/ECE systems in the Republic of Kazakhstan.

EVALUATION CRITERIA: Evaluation criteria, which will be used during the evaluation (Table 1) were selected as a) the standard international criteria for development evaluation, as reflected in OECD/DAC Manual, b) appropriately geared to the purpose and objectives of the evaluation, as set out above, and c) appropriate for the learning emphasis of the study. In accordance with UN policies, gender mainstreaming will be assessed as a crosscutting issue. According to the Request for Proposal (RFP), the evaluation will examine the impact, relevance, effectiveness, efficiency and sustainability of the ECD/ECE programs’ contribution towards main objectives (Table 1). For this purpose, the evaluation will utilize OECD DAC evaluation approach\(^91\), though it is revised/adapted according to the specific evaluation questions per each criterion elaborated in close consultation with UNICEF CO during the inception phase.

Table 4: Evaluation Criteria

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<thead>
<tr>
<th>Criterion</th>
<th>Definition</th>
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<tr>
<td>Relevance</td>
<td><strong>Relevance</strong> is understood as the alignment importance or significance of the programmatic interventions and approaches in addressing key challenges and the needs of rights holders/primary beneficiaries and right bearers.</td>
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<tr>
<td>Effectiveness</td>
<td><strong>Effectiveness</strong> will be measured as the Program contribution to the achievement of intended results</td>
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<tr>
<td>Efficiency</td>
<td><strong>Efficiency</strong> is understood as the extent to which the cost of the interventions is justified by its results and timeliness of interventions.</td>
</tr>
<tr>
<td>Impact</td>
<td><strong>Impact</strong> is defined as positive and/or negative, primary and secondary long-term effects produced in the course of Programs’ implementation, directly or indirectly, intended or unintended. As far as feasible, given data limitations, tracing contribution to higher-level results will be examined.</td>
</tr>
<tr>
<td>Sustainability</td>
<td><strong>Sustainability</strong> is understood as the extent to which the benefits from the intervention are likely to continue, after the end of the program and the extent to which measures have been put in place with a view to ensuring the medium to long-term ownership of rights holders and commitment by duty-bearers and their national and international development partners.</td>
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The impact of ECD/ECE (access, equity and quality) on ECD/ECE will be measured against a set of international targets (0-5 ages Growth and Development Monitoring Standards, WHO 2008, average for OECD countries) for children in early childhood development and education using available routine statistics indicators. At the same time, available information will also be collected through secondary quantitative sources such as MICS, household surveys, specific studies, administrative data from MoES and MoH, etc.

To the extent possible the evaluation will also attempt to examine the following additional criteria:

\(^91\) The DAC Principles for the Evaluation of Development Assistance, OECD
• **Coverage:** which groups have been reached as a result of UNICEF’s interventions/contributions, such as e.g. poor, rural/remote, ethnic minorities, disabled children

• **Coordination:** what were the results of coordination among different stakeholders and development partners at national, subnational and local levels

• **Coherence:** What were areas and ways of cooperation with other development partners in achievement of Early Learning and Development Standards (ELDS) goals and objectives? Was there coherence across policies of development partners and national stakeholders?

For achieving evaluation objectives, the evaluation framework (EF) ([ANNEX 3: EVALUATION FRAMEWORK](#)) has been developed. The EF structures questions as indicators, which can be measured or assessed during the evaluation. It also identifies the sources of information, methods the evaluation will apply, the range of documents it will review and key informants to interview for each question. The EF will be part of a process rather than simply an end product to ensure that there is clarity and agreement about what is required and how the evaluation structure and methodology are derived from that.

Equity will be a primary focus of the evaluation: impacts, system changes and UNICEF contributions will be examined not only in relation to marginalized groups, but also in relation to whether equity gaps in the ECD/ECE sector as a whole have grown or decreased between the most and least marginalized children. Gender equality and human rights considerations will be mainstreamed in the evaluation. It will examine to what extent the Programs benefited right-holders and strengthened the capacities of duty bearers (government at all levels, policy makers, service providers, etc.) and other key players to fulfill their obligations and responsibilities.

**Figure 19: Types of Impact**

Where possible analysis of attribution and causal relationships will be established by presenting data on the indicators set out in the logical framework of the interventions, and where possible, explaining recorded changes by the intervention(s) under the project. Finally, if any unintended consequences will be noted looking at expected and unexpected positive and negative impact and findings will be fully elaborated.

To document lessons learned and good practices of ECD/ECE programs and reforms, along with evidence of outcomes, based on the findings along each of above-mentioned measures/criterion, the evaluation will draw conclusions, provide recommendations, and address broader questions on lessons learned, as shown in **Text Box 1**.

**Text Box 1: Questions on lessons learned**

- What worked well and did not work well? Or what could have been done differently, if there is a possibility to start the programs over?
- What are the key lessons learned from partners’ support and the conclusion of this support?
- To what extent could UNICEF and government utilise these lessons and experiences to inform its policy/programs going forward?
- What are some key recommendations that can be utilized by other countries in the region?
- What are innovation and good practices?
METHODS OF DATA COLLECTION AND ANALYSIS

DATA COLLECTION METHODS

The evaluation methodology will comprise a mix of site visits and observation, face-to-face in-depth interviews, focus group discussions, desk-based research (qualitative and quantitative) and review of existing reports, documents and secondary data analysis. Summary of Methods are outlined below:

**Figure 20: Multiple method approach**

**DESKTOP REVIEW (DR):** Review of documents (research reports, situation assessments, mission reports, recommendations to legal acts, protocols, costing reports, etc.) was a major part of the assignment during the inception phase and largely informed evaluation methodology. The Evaluation Team consulted with and obtained necessary documents from UNICEF CO, Implementing and Development Partners, MoH, MoLSP, MoES, Local administrations and other governmental entities and facilities. The desk review also studied qualitative and quantitative secondary data available around the themes of evaluation.

Specifically, the desk review analyzed available administrative data, MICS and TransMonEE database, as well as National Statistical Office data. Potential data gaps were identified and the implications presented into the analysis.

**SITE VISITS (ST)** – As stated above the scope of evaluation has to target Astana city, South, East Kazakhstan, Almaty region, Aktobe, Mangystau and Kyzylorda regions of Republic of Kazakhstan. For the evaluation purpose, 20 percent of supported regions (2 regions out of 7 regions) were sampled using the multistage sampling methodology. Parameters used for sampling comprises the poverty level in the region, total number of kindergartens, share of public ECE sector and a coverage (Table 5). Ranking of each indicator was performed on the scale 0-3 (meaning of the scores will be discussed separately for each indicator below).

Table 5: Region Sampling

<table>
<thead>
<tr>
<th>Region</th>
<th>% of population under poverty line</th>
<th>Poverty Ranking score</th>
<th>Total # of ECE facilities</th>
<th>Ranking Score for number of ECE facilities</th>
<th>Coverage of preschool child population</th>
<th>Ranking score for the coverage</th>
<th>Total Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Astana city</td>
<td>0.6</td>
<td>1</td>
<td>188</td>
<td>0</td>
<td>31%</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Mangystau</td>
<td>2.6</td>
<td>2</td>
<td>326</td>
<td>0</td>
<td>32%</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Aktobe</td>
<td>1.7</td>
<td>1</td>
<td>917</td>
<td>1</td>
<td>47%</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Almaty region</td>
<td>2.3</td>
<td>2</td>
<td>1401</td>
<td>2</td>
<td>23%</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>East Kazakhstan</td>
<td>2</td>
<td>2</td>
<td>1344</td>
<td>2</td>
<td>53%</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Kyzylorda</td>
<td>3.5</td>
<td>3</td>
<td>1109</td>
<td>1</td>
<td>44%</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>South Kazakhstan</td>
<td>5.3</td>
<td>3</td>
<td>2425</td>
<td>3</td>
<td>39%</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

In the first stage, all regions were listed by their geographical location representing different parts of the country and clustered by share of population under the poverty line (Table 5). The highest-ranking score (“3”) was attributed to the regions where the poverty is higher.
compared to comparison regions. On the next stages regions were mapped against number of ECE facilities, share of public ECE sector and coverage of preschool child population. Regions with the highest number of ECE, highest share of public ECE sector and highest coverage were ranked as high (score “3”). At the end, the total ranking scores were calculated and regions with the highest, middle and lowest scores selected for the site visits (see shaded rows in Table 5). As a result of the sampling the ET selected South Kazakhstan (with the highest-ranking score), Almaty region (with medium ranking score) and Astana city (with the lowest ranking score).

Due to the evaluation time limitations, in each selected region, the ET will visit the Regional Center and one rural district located in the close proximity to the Regional center. In each selected location, the ET will choose the service providing sites in the regional capital and located in close proximity of sampled district and visit primary health care (PHC) units, preschool organizations both, public and private.

In addition, the ET will carry out in-depth interviews with local government authorities responsible for ECD/ECE related issues in their administration, facility administration and staff. The evaluation will also collect the views of parents through focused group discussions on the access, service quality and challenges faced by them in relation of ECD/ECE.

**IN-DEPTH INTERVIEWS (IDI):** IDIs with various key stakeholders and individuals will be an important source of evidence for many of the evaluation questions. IDI’s will aid the evaluation to: a) understand the range of contextual and operational challenges of ECD/ECE programs and their opportunities; b) continue analysis started by desk review on the ECD/CE policies and programs identified for deeper analysis; c) generate findings and lessons learned; d) explore the implementation of different strategies/interventions at national, sub-national and local level; and e) identify different results/ pathways of contribution where feasible.

Although most of key informants may provide information relevant to above stated objectives, the evaluation team categorized IDIs as follows:

- **Top-level interviews** - to be conducted with senior representatives of stakeholders. For these interviews, the ET will focus particularly on questions related to operational context, policy content and its relevance to achieving ownership and sustainability; policy impact on national processes, implementation issues, challenges and plans etc.

- **Subject-specific interviews** – to be conducted with officials/representatives of the sectoral ministries and various public/private institutions, national and local government representatives, facility managers, staff providing services etc. and interview will focus on particular aspects of the evaluation such as intended and unintended consequences, strength and weaknesses, opportunities etc.

- **Facts finding/data interviews** – In addition to the above types of IDIs the evaluation team will access valuable sources of “interview based evidence” on more detailed or specific points/issues.

Prior to visiting key informants IDI interview topic guides will be developed based on the Evaluation Framework to help ensure systematic coverage of questions and issues (ANNEX 3: STAKEHOLDER LIST). The interview topics are selected around the evaluation questions, but grouped and targeted according to the organization and/or individual to be interviewed.

**FOCUS GROUP DISCUSSIONS (FGD):** The ET selected FDGs as another method for data collection as this method is particularly suited for obtaining several perspectives from providers and beneficiaries (right holders and duty bearers) about the improvements in ECD/ECE service access and quality. FGDs will aid to obtain in-depth rich data on the
reasons and consequences of the current situation, on the bottlenecks faced by beneficiaries, as well as on the demand and needs of the community with regard to ECD/ECE services. Based on the discussions and mutual agreement with UNICEF CO, the formal ethical clearance will be obtained for the implementation of FGDs.

FGDs will be conducted for selected specific target groups in selected oblasts/facilities. Three types of FGDs will be carried out: i) direct beneficiaries – caregivers (mothers and fathers), ii) Patronage Nurses/Home Visiting Nurses and physicians at primary health care facilities and iii) staff of public and private preschool facilities.

Participants “caregivers” for the FGDs will be randomly selected from the list of registered families with children 0-6 years of age from oblast authorities. This approach will allow to ensure participation of all parents, regardless of their ability to access need ECD /ECE services and the ownership of the service provision facility. Participants from PHC and preschool facilities will be selected from the facility staff roster. Participants for “service providers” FGDs will be randomly selected from the facility staff roster.

In total 6 FGDs will be carried out in each region. Each FGD will target eight to ten participants and will last about an hour and half. FGD guide have been designed per each type of FGD participants.

Table 6: Field data collection schedule

<table>
<thead>
<tr>
<th>SV</th>
<th>IDI</th>
<th>FGDs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Astana city</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public ECE facility</td>
<td>Mozili of the Parliament of the Republic of Kazakhstan</td>
<td>Parents of children 0-3 years old</td>
</tr>
<tr>
<td>Private ECE facility</td>
<td>National commission for women, family and demographic Policy</td>
<td>Parents of children 3-6 years old</td>
</tr>
<tr>
<td>PHC-center “Demeu”</td>
<td>MoES</td>
<td>Staff of public ECE facilities</td>
</tr>
<tr>
<td>Policlinic #1</td>
<td>Ministry of Economics</td>
<td>Staff of private ECE facilities</td>
</tr>
<tr>
<td></td>
<td>Republican Center for Health Development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City Health Department</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City Education Department</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHC facility staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Education Institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nurse Education Facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teacher education Institutions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National research center for maternal and child health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Republican Center “Preschool childhood”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information-Analytical Center of the MoES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UNICEF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The association of private kindergartens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHC-center “Demeu”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Policlinic #1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NGOs active in ECD/ECE filed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NGOs that work with children with special needs</td>
<td></td>
</tr>
<tr>
<td><strong>Almaty region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public ECE facility</td>
<td>Regional Government representatives</td>
<td>Parents of children 0-3 years old</td>
</tr>
<tr>
<td>Private ECE facility</td>
<td>Regional Health Authorities</td>
<td>Parents of children 3-6 years old</td>
</tr>
<tr>
<td>Public PHC facility</td>
<td>Regional Education Authorities</td>
<td>Staff of public ECE facilities</td>
</tr>
<tr>
<td></td>
<td>IMCI center</td>
<td>Staff of private ECE facilities</td>
</tr>
</tbody>
</table>
TRIANGULATION OF FINDINGS

Both quantitative and qualitative data will be analyzed to assess evaluation criteria. Findings based on qualitative data will be triangulated across key informants, compared with available documentary evidence and validated in the focus groups before drawing conclusions and formulating recommendations.

**Qualitative data analysis** entailed documentation, conceptualization, coding, and categorizing, as well as examining relationships. A framework analysis approach will be mainly used for the analysis of the qualitative data obtained through the variety of the data collection methods described above. The analysis will also be amended through elements of the “grounded approach” using inductive analysis. This combined approach is sought to allow capturing the complex environment and wide range of new issues and propositions that may emerge during the evaluation process, rather than focusing analysis solely on predetermined propositions and prior understandings, as required in a purely deductive approach.

**Quantitative data analysis** will be made in comparison with state and UNICEF programs’ objectives. Analysis of trends in results, government and partner budgets, Government expenditure on MCH and ECE services, a trend analysis of MCH expenditures according to the funding source will also be conducted.

**Data Verification** – The ET will review data from various sources to answer main questions of the evaluation. Responses from each data source will be compared in order to identify discrepancies in country data. For treating response variations, the team will establish a protocol for “treating discrepancies in the data”. In case of variation among the data collected, the evaluation will rank the reliability of the data by information source.

**QUALITY ASSURANCE**

The following techniques will be used during the evaluation to assure the quality:

- Elements of multiple coding, with regular cross checks of coding strategies interpretation of data between local and international experts participating in the study and this will represent one of core activities of the regular meetings and/or online conferences during the evaluation when the data is collected through in depth interviews and focus group discussions;
- Using grounded theory for data analysis that may mitigate the potential bias enshrined in the experts’ prior theoretical viewpoint;
- Respondent validation, which will involve cross checking interim and final evaluation findings with the key informant respondents, along with proposed mode of work with key stakeholders on relatively continuous basis are expected to enhance the rigor of the proposed evaluation and the evaluation results;
- Triangulation of the data collected from different sources during the evaluation, may help to addresses the issue of internal validity by using more than one method of data collection to answer proposed evaluation questions;
- Daily discussions on the information collected to validate findings and draw new areas of enquiry.

**Table 7: Robustness Ranking for Assessment Findings**

<table>
<thead>
<tr>
<th>RANKING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The finding is consistently supported by the full range of evidence sources, including quantitative analysis and qualitative evidence (i.e., there is very good triangulation); and/or the evidence source(s) is/are of relatively high quality and reliable to draw a conclusion (e.g., there are no major data quality or reliability issues).</td>
</tr>
<tr>
<td>B</td>
<td>There is a good degree of triangulation across evidence, but there is less or 'less good' quality evidence available. Alternatively, there is limited triangulation and not very good quality evidence, but at least two different sources of evidence are present.</td>
</tr>
<tr>
<td>C</td>
<td>Limited triangulation, and/or only one evidence source that is not regarded as being of a good quality.</td>
</tr>
<tr>
<td>D</td>
<td>There is no triangulation and/or evidence is limited to a single source and is relatively weak; or the quality of supporting data/information for that evidence source is incomplete or unreliable.</td>
</tr>
</tbody>
</table>

To account for the data quality and assess the strength of assessment conclusions we intend to use the “robustness scoring” approach for each finding. Consequently, four scores (A to D) will be used in this process. Assignment of the score will depend on an assessment of the combination of the following two criteria: a) the extent to which qualitative and/or quantitative evidence generated from different sources point to the same conclusion and b) what is the quality of the individual data and/or source of evidence (e.g., as determined by sample size, reliability/completeness of data, etc.).

Table 7 shows detailed description for “robustness score” assignment.

**DATA SOURCES**

The four major sources of data: people, documents, site visits to a sample of PHC and ECE facilities; quantitative survey and financial/administrative data sources will be used during the assignment.

- **People** - Individuals will be consulted through quantitative survey, individual (In depth) interviews and focus groups;
- **Documents** - All related documents (primary and secondary) would be reviewed.
- **Site visits** - through observations during site visits.
- **Secondary Quantitative data including financial data** - The ET will utilize quantitative survey data complemented with other data.

**EVALUATION PROCESS**

The evaluation will be implemented in three phases (Figure 21).

**PHASE 1: PREPARATION PHASE**

The ET conducted desk review and prepared detailed evaluation, design which includes stakeholder mapping (key informants), evaluation and results frameworks, interview and focused group discussion guides, as well as a detailed plan for data collection, including selection of evaluation sites and beneficiaries. The methodology and instruments will be shared for validation to UNICEF CO and stakeholders.

**Key deliverable:**
- Inception Report including: detailed evaluation methodology; data collection tools; sampling methodology and list of selected oblasts/districts/facilities; list of key...
Informants for interviews and focus group discussions; implementation timelines and milestones.

**Figure 21: Phases of Evaluation**

**PHASE 1: Inception Phase**
- Engagement with UNICEF CO on contractual issues
- Collection of specific documents for desk review
- Desk review and production of desk review findings
- Design of evaluation methodology, evaluation framework, data collection tools and stakeholder map
- Development of Inception Report
- Submission of inception report to UNICEF
- Obtaining clearance UNICEF
- When applicable comments will be addressed in the final inception report

**PHASE 2: Field Data Collection**
- Preparation for the in-country missions
- Mission to the country and field data collection through IDI, FGDs and site visits
- Present preliminary findings and recommendations to key stakeholders

**PHASE 3: Data Analysis & Reporting**
- Country specific data analysis & triangulation
- Development of First Draft Evaluation Report
- Submission of the First draft Evaluation Report to UNICEF
- Incorporation of comments received from UNICEF and key stakeholders into the draft Evaluation Report and produce Final Evaluation Report
- Submission of Final Evaluation Report to UNICEF

**PHASE 2: DATA COLLECTION/FIELD PHASE**
In the Phase 2, a mission of around two weeks to the country will be undertaken and all data collection exercises (qualitative as well as quantitative) will be completed. At the end of the evaluation mission, the team will present preliminary findings and recommendations to UNICEF and if deemed necessary with the key stakeholders to validate preliminary findings and recommendations and collect initial comments.

**Key deliverable:** Power Point Presentation on preliminary findings, lessons learned and preliminary recommendations.

**PHASE 3: REPORTING PHASE**
In this phase, the evaluation team will prepare the draft evaluation report. The draft report will be subject to a formal internal review process and quality assurance. The final report will incorporate recommendations and comments by the country based reviewers and stakeholders as appropriate. Furthermore, the final report will be presented to the key stakeholders in the country.

**Key deliverables:**
- Final Evaluation Report of 50-60 pages excluding the executive summary and required annexes.
- Power Point Presentation on evaluation findings, lessons learned and recommendations.

**STAKEHOLDER PARTICIPATION AND ETHICAL ISSUES**

**PARTICIPATORY APPROACH**
The evaluation team will ensure active participation of key stakeholders in all phases of the evaluation process. For this purpose, following activities will be implemented:

- The evaluation will interview all key stakeholders
- After filed based data collection in close consultation with UNICEF the evaluation team will identify key stakeholders to be invited for the debriefing meeting to validate preliminary findings and recommendations and solicit comments and suggestions.
- Initial draft of the report will be shared for comments and feedback received will be reflected in the final report as appropriate.
- The pre-final evaluation findings and recommendations will be presented and verified at stakeholders meeting before final version of the report is produced. Comments, suggestions and clarifications provided by the stakeholders will be adequately addressed in the evaluation report as applicable.

The ET will closely collaborate with UNICEF’s multidisciplinary team to ensure cross sectoral issues are well addressed by the evaluation.

ASSURANCE OF INDEPENDENCE AND IMPARTIALITY

During the evaluation process the ET will ensure impartiality and independence at all stages of the evaluation process, which will contribute to the credibility of evaluation and the avoidance of bias in findings, analyses and conclusions. Furthermore, the ET will ensure a maximum level of objectivity. Statement of facts will be methodically clearly distinguished from opinions; the different perspectives will be taken into account, as well as strengths and weaknesses; results, conclusions and recommendations will be supported by evidence and will be comprehensible. To guarantee reliability of the evaluation findings, the ET will utilize all available data in order to prove the assessment and the conclusions in a credible fashion.

ETHICAL ISSUES

While designing the evaluation methodology, the evaluation team will consult UNEG ethical guidelines for evaluation and apply the following approaches:
- The ET with the assistance from UNICEF will attempt to obtain “Ethical committee” clearance for the qualitative data collection through FGDs.
- The Evaluation team will try to keep evaluation procedures (FGD and Semi-structured interviews) as brief and convenient as possible to minimize disruptions in respondents work process;
- To ensure that potential participants can make informed decision evaluators will ask them to sign consent form; inform about the purpose of evaluation and final outcome; explain the process and duration of interview and/or FGD;
- The evaluation team will also ensure respondents about the confidentiality of the source for obtained information and allow them to retain from answering the questions posed in case they feel uncomfortable to respond;
- Key informants will be interviewed face to face without presence of other individuals and their identities will not be revealed and or statements attributed to a source;
- As for the FGD, the grouping will be applied to encourage open discussion around the evaluation questions by avoiding presence of their superiors. The FGDs will be held separately for each target beneficiary group;
- Information will be analyzed and findings reported accurately and impartially.

POSSIBLE LIMITATIONS

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92 UN Evaluation Group Ethical Guidelines for evaluation, March 2008 http://www.unevaluation.org/ethicalguidelines
The assignment may possibly face the limitations that potentially could impede the data collection process and affect the findings: Specifically, as highlighted in the Table 8 below.

### Table 8: Limitation and mitigation measures

<table>
<thead>
<tr>
<th>LIMITATIONS</th>
<th>PROBABILITY/ LIKELIHOOD (Low, Medium, High)</th>
<th>IMPACT (Minor/Moderate Major)</th>
<th>METHODS EMPLOYED TO OVERCOME LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of disaggregated data and baseline data for some of the system reform components might present a significant constraint</td>
<td>High</td>
<td>Major</td>
<td>ET will attempt to obtain data from research, studies, evaluations and measure trends</td>
</tr>
<tr>
<td>Data on Early learning and school readiness</td>
<td>High</td>
<td>Major</td>
<td>Data on Early learning and school readiness does not form a systematic and regular part of national data collection and monitoring systems and will pose a challenge to the evaluation. The ET will attempt to find any data available through official and unofficial sources from public and non-public sector, that may allow to formulate findings and ensure the robustness.</td>
</tr>
<tr>
<td>Lack of disaggregation of administrative data</td>
<td>High</td>
<td>Major</td>
<td>Use of alternative sources of data: such as Global databases, MICS, etc.</td>
</tr>
<tr>
<td>The absence of a clear intervention logic</td>
<td>High</td>
<td>Moderate</td>
<td>A major factor constraining robust results assessment. Mitigated through the development of the indicative theory of change, and significant efforts at analyzing and triangulating data to establish the intent and achievements of the Government’s and UNICEF interventions.</td>
</tr>
<tr>
<td>Lack of Institutional memory and/or possible unwillingness of key stakeholders alongside with possible interview fatigue</td>
<td>Low</td>
<td>Minor</td>
<td>The Evaluation Team will use “snow ball” method to identify alternative key informants. Furthermore, in case of unavailability, the ET will try to schedule phone/Skype interviews to minimize number of non-interviewed key informants</td>
</tr>
<tr>
<td>Few number of service providers in targeted facilities</td>
<td>Medium</td>
<td>Minor</td>
<td>In such cases the evaluation will use the Group Interview/In –depth interview method for qualitative data collection.</td>
</tr>
<tr>
<td>Sensitivity of reported indicators on insufficient coverage or quality of early childhood development and education services</td>
<td>High</td>
<td>Moderate</td>
<td>Sensitivity of reported indicators on insufficient coverage or quality of ECD/ECE services might bring a challenge for evaluators especially during data collection stage, as respondents might not feel comfortable to talk openly. The ET will attempt to pose questions and lead FGD in a way that encourages key informants to speak openly as well as will triangulate findings using all possible sources</td>
</tr>
<tr>
<td>Lack of access to financial data</td>
<td>High</td>
<td>Major</td>
<td>Lack of access to financial data will limit evaluability of the efficiency. The ET will try to collect financial information from government and donors and examine efficiency of ECD/ECE interventions.</td>
</tr>
</tbody>
</table>

### PROPOSED ASSESSMENT SCHEDULE AND EVALUATION TEAM MEMBER RESPONSIBILITIES

**Table 9: Proposed Assignment Schedule**

<table>
<thead>
<tr>
<th>#</th>
<th>ACTIVITY</th>
<th>PROPOSED DUE DATE</th>
<th>KEY MILESTONES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Collection of documents</td>
<td>10.01.2017</td>
<td>Evaluation Team leader ensures that all relevant documents (project documents, progress and evaluation reports)</td>
</tr>
</tbody>
</table>

...
national/sector policy and legislation documents, UNICEF and EU documents setting the policy framework, etc.) are obtained

1.2 Desk Review, Evaluation Methodology and data collection tools, 31.01.2017

Inception report containing desk review findings, evaluation design, methodology, tools, limitations, schedule, list of stakeholders, list of sampled sites for visits, etc. furnished to UNICEF for comments. Furthermore, detailed list of indicators to request from the government

1.3 Development of Inception Report

Tickets (International & Local) purchased, Stakeholder meetings arranged, in-country travel arrangements completed, hotel booked

1.4 Logistical Arrangements

Tickets (International & Local) purchased, Stakeholder meetings arranged, in-country travel arrangements completed, hotel booked

1.5 UNICEF comments on Inception Report 15.02.2017

Desk/Inception Phase report approved by UNICEF

PHASE 2: FIELD PHASE

2.1 Briefing with UNICEF 27.03.2017 - 8.04.2017

Expectations validated, Guidance received

2.2 Field data collection

Daily Evaluation Team meetings held to discuss findings, challenges, etc.

2.3 Debriefing with UNICEF and stakeholders

Power Point Presentation on the preliminary findings and recommendations

PHASE 3: REPORTING PHASE

3.1 Collection of the Evaluation team member inputs for the Final Report 20.04.2017

Inputs for the Evaluation Report submitted to the Team Leader

3.2 Draft Pre-final Evaluation Report

Pre-final Evaluation Report furnished to UNICEF

3.3 UNICEF comments received 5.05.2017

Feedback received

3.4 Final Evaluation Report

10.05.2017

Final Evaluation Report including executive summary furnished to UNICEF and respective Ministries in written form (report) in English language including an executive summary of the findings of the evaluation.

3.4 Presentation of Final Evaluation Findings (second country visit) TBD

PPP presentation on the evaluation findings and recommendations presented on stakeholder workshop

EVALUATION TEAM MEMBERS’ RESPONSIBILITIES

The composition, roles and responsibilities of the evaluation Team members are described in Table 10 below.

Table 10: Evaluation Team composition, Level of Effort and responsibilities

<table>
<thead>
<tr>
<th>POSITION</th>
<th>NAME</th>
<th>RESPONSIBILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team Leader &amp; Public Health Expert, Evaluation specialist</td>
<td>TAMAR GOTSADZE, MD., PhD</td>
<td>Evaluation Team Leader responsible for overall design, planning, implementation and preparation of the final evaluation report. Takes lead in formulation of evaluation framework, method and tools as well as format of the final deliverables, performs desk review, data collection in the field, triangulation and produces required inputs for the final report.</td>
</tr>
<tr>
<td>Co-evaluator</td>
<td>SHOLPAN KARZHAUBAYEVA</td>
<td>Contributes to the design of evaluation methodology and tools; Performs desk review with the focus on ECD/ECE issues, collects data in the field, performs data triangulation and produces required inputs for the evaluation report.</td>
</tr>
<tr>
<td>Project Coordinator</td>
<td>NATA GORDEZIANI</td>
<td>Contracting of evaluation consultants (national and international); Supervision and monitoring of the Evaluation implementation, organization of logistical support; liaison with UNICEF CO; collection of documents for desk review and solicitation of counterpart comments.</td>
</tr>
</tbody>
</table>
EXPECTED ROLES AND RESPONSIBILITIES FROM THE COMMISSIONING ORGANIZATION

The ET will be supervised and report to UNICEF Health and Nutrition Officer in Kazakhstan with a regular de-briefing on the progress of the assignment to the UNICEF Deputy Representative and will work on a regular basis with all involved staff of UNICEF CO: Child Protection/Education, Child Rights Monitoring and Social Policy sections and with identified national and sub-national stakeholders/partners.
ANNEX 5: IDI GUIDE

SPEAK TO THE RESPONDENT:

Good morning/afternoon/evening. My name is ____. I am a researcher carrying out a study on the evaluation of IMCHS project (Phase 2). The Main objective of the evaluation is to examine: -----------.

The interview should take less than an hour. I am kindly asking for your permission if I could go ahead with this interview. All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent.

Remember, you do not have to talk about anything you do not want to and you may end the interview at any time. Therefore, I sincerely request your cooperation in responding to the following questions. However, at any time during the course of the interview, you are free to terminate the interview.

Are there any questions about what I have just explained? Are you willing to participate in this interview?

Yes: Proceed with questions
No: Thank you. Terminate the interview.

Start asking questions.

Questions for IDIs for each stakeholder to be interviewed will be selected from the Evaluation Framework prior to the interview. Schematically information to be collected through IDIs is presented in Table 11 below.

**Table 11: IDI questions per type of stakeholder**

<table>
<thead>
<tr>
<th>Key Informant Interviews:</th>
<th>Evaluation Questions to be included</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF Senior Management &amp; Sector staff</td>
<td>Q1, Q2, Q3, Q6, Q7, Q9, Q11, Q12, Q13, Q15, Q16, Q17, Q19, Q20, Q24, Q25, Q28, Q29</td>
</tr>
<tr>
<td>Parliament &amp; Government Entities/Agencies</td>
<td>Q1, Q3, Q6, Q7, Q10, Q11, Q12, Q13, Q15, Q16, Q17, Q20, Q24, Q25, Q28, Q29, Q30, Q31</td>
</tr>
<tr>
<td>Regional and District authorities</td>
<td>Q1, Q2, Q3, Q6, Q7, Q9, Q10, Q11, Q12, Q13, Q19, Q17, Q18, Q25, Q28, Q29, Q30</td>
</tr>
<tr>
<td>International Development Partners</td>
<td>Q1, Q2, Q3, Q6, Q7, Q9, Q10, Q11, Q12, Q13, Q19, Q15, Q16, Q17, Q18, Q20, Q24, Q25, Q28, Q29, Q31</td>
</tr>
<tr>
<td>NGOs</td>
<td>Q1, Q2, Q3, Q6, Q7, Q9, Q10, Q11, Q12, Q19, Q15, Q18, Q20, Q25, Q28, Q30, Q31</td>
</tr>
<tr>
<td>PHC and ECE facility management</td>
<td>Q1, Q2, Q3, Q6, Q7, Q9, Q12, Q13, Q14, Q18, Q20, Q25, Q28, Q30</td>
</tr>
</tbody>
</table>

ANNEX 6: FGD GUIDES

ANNEX 6.1: FGD GUIDES FOR SERVICE PROVIDERS
(PhC and preschool facility staff)
1. Introduce yourself
2. Introduction to the objectives of the research
3. A brief introduction to the rules of focus groups
   a. Everything said and done is confidential and will not be used outside the room except for the purposes of this research;
   b. Every statement is right;
   c. Please do not hesitate to disagree with someone else;
   d. But do not all talk at once
4. Ask people to describe who they are and say few words about themselves
5. Introduce the topic under review - We are here to evaluate the training and monitoring component supported by the IMCHS Project
6. Ask questions

Relevance
- In your opinion, how early childhood development and education is regulated by existing policies? What are the strength and weaknesses of the current policies?
- Please explain whether the ECD/ECE needs of women, children and their families are met in your geographical area?
- What are remaining challenges at present not addressed by the Government?

Effectiveness
- What is the difference in the way you provide services today with the way services were provided before?
- What helped and/or impeded you to accept new practices/procedures (reluctant to change, lack of required equipment, job aids, etc.) and explain how?

Efficiency
- Do you think that available funding is adequate to provide quality services? If not, please explain how it impacts service quality

Impact
- ECD/ECE policies focuses on improving the health, development and education level of a child. In doing so, what are improvements these policies brought?

Sustainability
- Which factors prevent you to deliver quality services? (i.e. non-confident in skills, shortage/lack of basic equipment/amenities, drugs, time constraints, referral etc.). Please, describe.
- Do you expect to be incentivized/awarded for delivering quality services? If not, how it may affect the service provision in a long run?

7. Ask if they would like to add further comments.
8. Bring the meeting to a close by summarizing the main points.
9. Thank you

ANNEX 6.2 FGD GUIDE FOR PARENTS WITH CHILDRN 0-3
1. Introduce yourself
2. Introduction to the objectives of the research
3. A brief introduction to the rules of focus groups
   a. Everything said and done is confidential and will not be used outside the room except for the purposes of this research;
   b. Every statement is right;
   c. Please do not hesitate to disagree with someone else;
   d. But do not all talk at once
4. Ask people to describe who they are and say few words about themselves
5. Introduce the topic under review - We are here to evaluate the training and monitoring component supported by the IMCHS Project
6. Ask questions

I would like to begin our discussion with some general questions about children age six or younger.

What Concerns Families About their Children Age Birth to three Years? (10 minutes)
- What worries you about caring for and raising young children, that is babies and kids up to age 3?
  Probe for:
  - health needs (health insurance, finding a provider, cost of care, getting sick, safety issues - getting hurt)
  - development (are they growing OK? Issues with eating, temper, sleep)
  - who will take care of them (childcare arrangements, availability, cost, quality)
  - family relationships (sibling rivalry, stress on family unit, current and future financial concerns)
  - adequacy as a parent, role of father
- What concerns you the most? Why?
- Who do you turn to for help with things that worry you?

Now I would like to focus in more detail on some of the areas we have touched on and ask you about your thoughts and experiences.

Let’s start with health and wellness issues for your young children. (10 minutes)
- Where do you take your young child for health care?
- Are you able to see a doctor when you feel you need to?
  Listen for:
  - issues related to finding, paying, timeliness of availability
  - other barriers (e.g. transportation)
- During visits, what does the doctor or nurse talk with you about?
  Probe for:
  - child development (age you can expect your child to accomplish a particular task)
  - child rearing (eating, sleeping, play, temper tantrums)
  - family concerns (stress on parent, sibling rivalry)
  - does the doctor suggest and/or refer you to other resources or services?
  - What kinds of things would you like to discuss with your child’s health care provider?
  Listen for:
  - health issues, development, parenting advice, resource information, family issues, behavioral issues, and level of comfort with talking with provider
- Who visits you regularly at home, how often and what type services they deliver?
  Probe for:
- child development (age you can expect your child to accomplish a particular task)
- child rearing (eating, sleeping, play, temper tantrums)
- family concerns (stress on parent, sibling rivalry, abuse, alcohol, substance abuse, sanitary and hygiene, depression)
- does the health worker suggest and/or refer you to other resources or services?
- What kinds of things would you like to discuss with the health worker?

Listen for:
- health and nutrition issues, development, parenting advice, resource information, family issues, behavioral issues, and level of comfort with talking with provider

Now let’s go on and talk about parenting (10 minutes)

- **Where do you go to for answers about your parenting questions or concerns?**
  
  Listen for:
  - The concerns named - Sources: own parents, other family, doctor, nurse, friends, parenting books, TV, community agencies, internet, etc.
  
  Probe for:
  - What information or advice they were seeking?
  - How useful was the information or advice?
  - What made it useful?

- **What are the child rearing areas and issues where you think parents and families need the most information and guidance?**

  Listen for:
  - Child’s health, growth and development, behavior
  - Family issues: individual stress, family stress, family relationships

- **What services in your community currently help parents in these areas?**

- **What services are needed that aren’t currently available?**

  Probe for:
  - What should they look like?
  - What are some strategies that could be used to help parents strengthen their parenting skills?

Caring for little ones, managing a home and supporting a family can be a handful and sometimes parents need some help. (10 minutes)

- What kinds of supports do families of young children need?
- What kinds of supports are currently available to families in your community?
- How could these supports and services be improved?
- What is the best way to for people to learn about family support issues and services available in the community?

Let’s talk now about childcare or day care for your young children (20 minutes)

- What have been your experiences in finding and using childcare?
  
  Listen for:
  - issues related to availability, cost, satisfaction with - differences between kinship care, family care, and center-based care
  - differences in finding and using based on age of child and/or special needs
  - What do you look for in choosing someone to care for your child?
  
  Listen for:
  - takes whatever can find, can get to childcare, meets needs of parent (age of child, hours needed, has transportation there)
  - other indicators: staff/child ratio, physical plant, activities, licensed
- What is most important to you when looking for someone or someplace to take care of your child?

- What do you think makes a child care setting a “high quality” child care setting?

**Summary Issues**

- Thinking about all the areas and services we have discussed, what would make it easier for you and your family to:
  - Do a good job raising your children?
  - Feel more confident in raising your children?
  - Find services needed?
  - Use services needed?

- If there was one thing you could change about the services available in your community to parents of very young children, what would it be?

- What is the best part of being a parent to children under age 5? (want to end with happy thoughts)

7. Is there anything I haven’t asked about that you would like to tell me related to the topics we have discussed?

8. Bring the meeting to a close. Thank you very much for coming tonight. We enjoyed the discussion and have learned a lot from your comments and suggestions.

**ANNEX 6.3 FGD GUIDE FOR PARENTS WITH CHILDREN 0-6**

9. Introduce yourself
10. Introduction to the objectives of the research
11. A brief introduction to the rules of focus groups
   a. Everything said and done is confidential and will not be used outside the room except for the purposes of this research;
   b. Every statement is right;
   c. Please do not hesitate to disagree with someone else;
   d. But do not all talk at once
12. Ask people to describe who they are and say few words about themselves
13. Introduce the topic under review - We are here to evaluate the training and monitoring component supported by the IMCHS Project
14. Ask questions

---

I would like to begin our discussion with some general questions about children age six or younger.

**What Concerns Families About their Children Age three to seven Years? (10 minutes)**
- What worries you about caring for and raising young children, that is kids up to age 7?
  Probe for:
  - health needs (health insurance, finding a provider, cost of care, getting sick, safety issues - getting hurt)
  - development (are they growing OK? Issues with eating, temper tantrums, sleep)
  - who will take care of them (childcare arrangements, availability, cost, quality)
  - family relationships (sibling rivalry, stress on family unit, current and future financial concerns)
- adequacy as a parent
- What concerns you the most? Why?
- Who do you turn to for help with things that worry you?

Now I would like to focus in more detail on some of the areas we have touched on and ask you about your thoughts and experiences.

Let's start with health and wellness issues for your children. (10 minutes)

- Where do you take your young child for health care?
- Are you able to see a doctor when you feel you need to?
  
  Listen for:
  - issues related to finding, paying, timeliness of availability
  - other barriers (e.g. transportation)

- During visits, what does the doctor or nurse talk with you about?
  
  Probe for:
  - child development (age you can expect your child to accomplish a particular task)
  - child rearing (eating, sleeping, play, temper tantrums)
  - family concerns (stress on parent, sibling rivalry)
  - does the doctor suggest and/or refer you to other resources or services?
  - What kinds of things would you like to discuss with your child’s health care provider?
  
  Listen for:
  - health issues, development, parenting advice, resource information, family issues, behavioral issues, and level of comfort with talking with provider

Now let's go on and talk about parenting (10 minutes)

- **Where do you go to for answers about your parenting questions or concerns?**
  
  Listen for:
  - The concerns named - Sources: own parents, other family, doctor, friends, parenting books, TV, community agencies, internet, etc.

  Probe for:
  - What information or advice they were seeking?
  - How useful was the information or advice?
  - What made it useful?

- **What are the child rearing areas and issues where you think parents and families need the most information and guidance?**

  Listen for:
  - Child’s health, growth and development, behavior
  - Family issues: individual stress, family stress, family relationships

- **What services in your community currently help parents in these areas?**

- **What services are needed that aren’t currently available?**

  Probe for:
  - What should they look like?
  - What are some strategies that could be used to help parents strengthen their parenting skills?

Caring for little ones, managing a home and supporting a family can be a handful and sometimes parents need some help. (10 minutes)

- What kinds of supports do families of young children need?
- What kinds of supports are currently available to families in your community?
- How could these supports and services be improved?
- What is the best way to for people to learn about family support issues and services available in the community?

When children turn three and enter the preschool and kindergarten years, families begin to use other types of education and care settings such as preschool.

- What have been your experiences with these programs?
  Probe:
  o What was good about the experience for you and your child?
  o What could have been better?
  o How did you find out about them?
  o How you assess learning of your child?

Summary Issues

- Thinking about all the areas and services we have discussed, what would make it easier for you and your family to:
  o Do a good job raising your children?
  o Feel more confident in raising your children?
  o Find services needed?
  o Use services needed?

- If there was one thing you could change about the services available in your community to parents of very young children, what would it be?
- What is the best part of being a parent to children under age 5? (want to end with happy thoughts)

15. Is there anything I haven’t asked about that you would like to tell me related to the topics we have discussed?

16. Bring the meeting to a close. Thank you very much for coming tonight. We enjoyed the discussion and have learned a lot from your comments and suggestions.

ANNEX 7: TERMS OF REFERENCE

1. Introduction

UNICEF is the agency of the United Nations mandated to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. Guided by the Convention on the Rights of the Child UNICEF strives to establish children’s rights as international standards of behavior towards children. UNICEF’s role is to mobilize political will and material resources to help countries ensure a “first call for children”. UNICEF is committed to ensuring special protection for the most disadvantaged children.

2. Background:

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. Guided by the Convention on the Rights of the Child, UNICEF strives to establish children’s rights as international standards of behavior towards children.

Kazakhstan is the ninth largest country in the world and benefits from significant natural reserves of minerals and metals. Extractive industries, in particular oil revenues, sustained the recent economic
growth, with the country’s per capita gross national income (GNI) rising from $7,440 in 2010 to $11,550 in 2013. The Kazakhstan 2050 Strategy: Towards a Modern Society for All, sets the target for the country to become one of the top 30 in global competitiveness, and outlines economic diversification programs. The 2050 Strategy recognizes that investment in early childhood, education and health strengthens human capital development and sustains long-term economic growth. Similarly, child well-being is prioritized in the Kazakhstan 2030: Concept for Social Development, promoting income support, free health care for children and pregnant/lactating mothers, equal access to preschool education, prevention and rehabilitation of childhood disability, and free universal secondary education.

There is a strong political will and commitment of the Government of Kazakhstan implemented by the Ministries of Health and Social Development of Education and Science to improve quality of care and development of young children.

Early Childhood Development and Education (ECD/CE) refers to a comprehensive approach to policies and programs for children from the prenatal stage through the transition to primary school (i.e., age 8 or 9) (McCartney, & Phillips, 2006; UNICEF, 2002a). Its purpose is to protect the child’s rights to develop his or her full cognitive, emotional, social and physical potential. It is a period when walking, talking, self-esteem, vision of the world and moral foundations are established. ECD/ECE focuses on provision of a solid foundation for social, physical, intellectual, creative, and emotional development.

Child development is the basis of human development. It is connected to living with dignity and achieving quality of life. The early years of life are critical to the development of intelligence, personality and social behavior. Research on brain development attests to the importance of development of key mental, physical and social capabilities at early age. If these fundamental capabilities are not well established from the start, and especially if neurological damage occurs, the learning potential is adversely affected.

Early Childhood Education focuses on early learning, improved school readiness along with health and nutrition interventions. ECE is critical in preparing children to enter and succeed in the (grade school) classroom, diminishing their risk of social-emotional mental health problems and increasing their self-sufficiency as adults. UNICEF advocates for Early Childhood Care and Education (ECD/CE) programs that attend to health, nutrition, security, learning, and which provide for children's holistic development.

The interest in promoting comprehensive young child health and development has increased in Kazakhstan based on the global evidence on the benefits of investing in the earliest years, which demonstrates the positive outcomes when primary caregivers are supported in positive parenting on the one hand, but on the other hand, the data also shows adverse childhood experiences, inequities and deprivations.

Decades of research on the role of the health and pre-school educational sector, and specifically home visiting services for pregnant women and families of young children in a Kazakhstan have demonstrated that home visiting programs can increase parental well-being and parenting efficacy, as well as outcomes for children.

Many pervasive problems exist in Early Child Development, i.e., high rate of children under three in institutional care; low rates of breastfeeding, and high rates of micronutrient deficiencies and stunting; limited early child stimulation; excessive use of harsh discipline; higher than in OECD countries child mortality and morbidity, including deaths from accidents and injuries; many unattended young children with developmental difficulties; and poor preschool enrolment derive from the experiences in the first years of life (Innocenti, 2009; UNICEF, 2010; UNICEF 2012a). Given that families have become more diverse and are facing significant social and economic challenges, they require varying amounts of

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93 The World Bank, 2014
94 As per the Global Competitiveness Index of the World Economic Forum.
95 Connecticut Office of Early Childhood Planning, 2013
parenting information and comprehensive support. During pregnancy and early childhood years, the health sector is the only public sector in frequent contact with most families. Additionally, recent global and regional reports on child maltreatment (WHO 2014, WHO/Euro 2014) have identified home visiting services and support for more effective parenting as promising strategies in addressing this major public health problem.

**ECD/ECE policy and programs.** Early childhood education (ECE) is a priority in the 2011-2020 State Education Program of Kazakhstan, which targets universal preschool coverage by 2020. In 2015 the Ministry of Education adopted an ECD/ECE concept providing a roadmap in reaching the 100% coverage by pre-school services. The government of Kazakhstan follows OECD policies and standards in education and runs projects for improving the quality of pre-school education. According to 2010-2011 MICS, the preschool attendance rate was 37% in 2011. School readiness increased drastically from 39.5% to 81.6% between 2006 and 2011. The Pre-School learning standards (ELDS) were updated in 2012 and implemented for the 1-6 age groups. The pre-school education consists of three programs: for children of early age (2-3) - Algashki kadam (The First Steps), for children of 3-4, 4-5 age groups - Zerek bolak (The wellspring of curiosity), for children of pre-school age of 5-6 – Tabylikti mektepke (Going to School). The indicators of professional competences assessment (skills+knowledge) have not yet been developed. At present time, the pre-school professionals are using the "knowledge assessment” approach.

**Remaining equity gaps:** It is assumed that the equity gaps in access to early childhood development and education remain among children coming from the urban and rural areas, migrant, socially vulnerable and the poor families. In 2015 there were a total of 8 467 pre-schools including kindergartens and mini-centers, whereas 5 990 kindergartens were rural. While ECE coverage has expanded greatly over the last four years, rural-urban and income-based inequities remain. Concerns over the cost, methodology, content and quality of preschool services require further analysis. Limited access to preschool among CWD and children with special educational needs is a key barrier, with two thirds of CWD aged 3-6 not enrolled in preschools. There are 141,952 children (aged 7-18) with special educational needs, but only one third of them are enrolled in mainstream schools.

The children with a limited access to pre-schools usually come from migrant, socially vulnerable and poor families. There is an opinion that one year of compulsory pre-school deepens the gap between urban and rural children97, as the latter have limited access to pre-schools. In 2015 a total of 544,877 children were on waiting list for the enrolment to pre-schools96. According to available data, between 11% and 18.4% of children aged 5 and 6 years are out-of-school. Preschool age children make up the majority of out-of-school children in Kazakhstan98.

The results of the 2015 MICS in Kazakhstan demonstrate increase in attendance to early childhood education by children age 36-59 months from 37 per cent in 2010/11 to 55.3 percent in 2015. However, the Early child development index in 2015 comprised 85.5 per cent comparing to 86.1 per cent in 2010/2011.

**Public private partnership.** In 2008 the Public and Private Partnership Center was established uniting big business associations like Damu and Baiterek to expand an access of children to pre-schools and to improve the quality of private ECE services in the regions. Following the call of the President in 2012, the public private partnership in provision of ECE services, as a national average,
has reached 20%. Mangistau (28%), Kyrgyzorda (38%), South Kazakhstan (46%), and Almaty city (57%) have a high rate of private kindergartens.

3. Purpose and objectives

UNICEF, in partnership with the Ministry of Health and Social Development and Ministry of Education and Science, is looking for an international and national consultancy to support the implementation of the evaluation. The main purpose of the Evaluation is to assess the extent to which system-level changes have contributed to young children’s increased access to Early Childhood Development and Education (ECE) programs and whether there have been success in reduction of equity gaps and improvement of quality.

1. THE PROGRAMS TO BE EVALUATED

Since 2010 Kazakhstan implements a number of the national programs in the area of ECD/ECE such as the 2010-2020 Balapan, the 2011-2015 Healthy (Salamatty) Kazakhstan, the 2011-2020 State Education Development Program. The overall goal of these programs is aimed at the satisfaction of the population needs in a quality services in pre-school upbringing and education with provision of an equal access. The state impact and outcome indicators and targets of the national strategies and programs in health and education will guide the evaluation.

The ECD area was covered by the Healthy (Salamatty) Kazakhstan National Program for 2011-2015 aimed at strengthened inter-sectoral cooperation in health of citizens, the sanitary and epidemiological wellbeing promotion as well as at the reduction of infant mortality rates. The new national health program Densaulyk Kazakhstan for 2016-2019 is built on results and achievements of the previous program including in the ECD sphere.

The ECD/ECE components are also envisaged in the State Education Development Program for 2011-2020 aimed at the full coverage of children by quality early childhood development and education, equal access of children to different ECD/ECE programs for their school readiness. The progress indicators include 70% coverage of children by pre-schools by 2015 and 100% coverage of children of 3-6 years of age by ECD/ECE in urban and rural areas by 2020. The established baseline by the Ministry of Education and Science in 2010 is 40%. The expected outputs of the program: new per capita financing of pre-schools, quality trained teaching personnel, updated pre-school curriculum and standards, public-private partnership, increased number of pre-schools.

The new State program for the development of education and science for 2016-2019 aims to reach the coverage of children of 3-6 years of age by renewed ECD/ECE programs in 2017 – 87.5%, in 2019 – 100% with the updated in 2015 baseline by the MOES - 81.6%. The expected outputs remain almost the same: improved quality of teaching and image of pre-school teachers; increased access; improved pre-school and pre-primary curriculum and standards with the focus on school readiness; improved management and monitoring in ECE.

Stakeholders: MoH of RoK, MoES of RoK as the main policy developers and monitors; home visitors, staff of policlinics, pre-schools as the main implementers of the ECE/ECD programs and primary source of information; families, with specific attention to vulnerable groups among families as the target/beneficiary group of the ECD/ECE program with satisfaction/or not satisfaction assessment of the programs.

2. RATIONALE

The Evaluation of the Early Childhood Development and Early Childhood Education systems in the Republic of Kazakhstan with the equity focus is commissioned to inform the policy implementation, to reveal missing opportunities and remaining challenges, namely

100 Data from MOES to UNICEF, 2015
Despite consideration of the ECD/ECE areas as the priorities for Kazakhstan, no comprehensive system evaluation had been conducted in the past.

The evaluation will provide a baseline for the government and UNICEF in planning, revising or taking stock of the progress in the reduction of equity gaps in early childhood development and pre-school education.

Define the status of Early Childhood Development and Early Childhood Education Systems in Kazakhstan vis-à-vis SDG 4 - Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

To inform the key result area on Children’s right to education: early learning and school readiness about the progress in the reform

To map out the remaining challenges in addressing inequalities and document lessons learnt from the implementation of the national programs and strategies in ECD/ECE areas,

To provide the recommendations to the Government and other stakeholders for the future programmatic inputs and focus areas for the improvement of the system.

To explore the status of ECD/ECE programs and actions, their visibility and scope, progress to date.

**Intended users of the Evaluation:**

**Primary:** Ministry of Health and Social Development, Ministry of Education and Science, local governments, line ministries should use the results of the Evaluation as the main developers and implementers of the national programs who need to monitor the progress based on effectiveness and efficiency criteria, to introduce corrective actions if needed, to use the best available practices, to engage trained/informed HR, to bridge the inequality gaps and to allocate sufficient funds. UNICEF as one of the main knowledge brokers in ECD/ECE practices providing technical assistance for effective implementation of ECD/ECE interventions worldwide.

**Secondary:** MPs need to be informed in order to introduce necessary legislative changes. International, academic, private and civil society organizations including UN agencies and educators should use the results of the Evaluation in order to gain more knowledge and to improve their advocacy and practical actions in introduction and implementation of the ECD/ECE programs.

**3. OBJECTIVES**

The evaluation will review system level changes, during the period 2012-2016 in terms of whether both ECD and ECE outcomes and outputs, systems and processes in line with four main principles:

1. (1) Participation and ownership - actively involve stakeholders at all levels - from family and community level to policymakers - in the production and use of the gathered information;

2. (2) Equity, Access and Quality - to capture data that informs the government and UNICEF about improvements and use for policy advocacy;

3. (3) Feedback to guide critical reflection and action - to ensure progress indicators are shared with stakeholders, especially the frontline health and pre-school workers - to agree actions for quality improvements, and;

4. (4) Transparency, Trust and Respect - decisions regarding the uptake, contextualization and implementation of the Evaluation findings and recommendation.

The joint ECD/ECE evaluation aims to make an overall assessment of the impact of the ECD/ECE on child’s wellbeing in Kazakhstan, to understand sustained progress of the system reforms, to analyse remaining bottlenecks and barriers that hamper the realization of child’s rights to early childhood development and education, to identify the key lessons learned, to inform the country office on
innovations and transformed engagement in these areas and to develop recommendations for strengthening the Early Childhood Development and Early Childhood Education Systems in Kazakhstan

The evaluation will have both summative and formative dimensions. It will provide recommendations for UNICEF’s involvement in ECD/ECE. The MoRES determinant analytical framework will be used explicitly to identify which bottlenecks were removed and how change was achieved.

4. SCOPE

Period to be covered: 2010-2016 (or earlier if evaluators will need to have a retrospective analysis)

Geographical coverage:

The evaluation will cover Astana city, South, East Kazakhstan, Almaty region, Aktobe, Mangystau and Kyzylorda region. These regions represent different country context and some had tested new ECD/ECE approaches with the support from UNICEF in the past. The advocacy and policymaking work was conducted in capital city of Astana based on lessons learnt from the regions.

The specific tasks of the consultancy:

1. Review background information on the Child Wellbeing, School readiness and Learning, including, health, growth monitoring, development outcomes of Kazakhstan, National Statistics, ongoing healthcare, education & social programs and policy documents, etc for 2012-2016 period.

2. Evaluate and validate the health, social and education systems achievements with regards to implementation of the child rights to Early Childhood Care and Development, Early Identification and Preschool Education targets and milestones;

3. Examine the effectiveness of the health, social and education systems in terms of its purpose and intended outcomes of young child health, wellbeing and school readiness;

4. Evaluate the relevance and appropriateness of the national strategies and activities implemented in the health, social and education sectors in ECD/ECE;

5. Investigate the national ECD/ECE policies and practice coherence to internationally recognized norms and practices;

6. Investigate the level of inter-sectoral coordination (health, education and social) in terms of planning, resource management and implementation of the child care in family and preschool education

7. Evaluate the efficiency and challenges in the coverage of the most vulnerable groups of children by health, education and social systems;

8. In order to assess the system changes, the consultants would undertake an assessment of the health (PHC) and pre-school education systems (following the UNICEF Determinant Analysis Framework), including an analysis of access, equity in utilization and quality of these services. The suggested evaluation questions will be clustered around service delivery, coverage (demand and supply), and enabling environment (quality, workforce profiles, pre- and in-service training, information management systems, tools and equipment) components. Then based on the findings, the evaluators will document lessons learned and best practices, and draw strategic and operational recommendations.

9. Together with various stakeholders, document important lessons learned and best practices of the ECD/ECE national policies and activities;
10. Suggest strategic and operational recommendations that can be used by Government of Kazakhstan and UNICEF in the ongoing and future activities to improve ECD/ECE systems and achieve expected outcomes.

Potential limitations to the evaluation:

Lack of disaggregated data and baseline data for some of the system reform components might present a significant constraint for assessing evaluation effectiveness. The data mainly available from administrative sources and focus on aggregated numbers rather than on gender, location, disability, age, social status factors. Such approach presents a significant limitation to the Evaluation, as the reliability of poorly disaggregated administrative data will require additional methodological work though some reliable data on ECE/ECD might be retrieved from the 2006, 2010 and 2015 Kazakhstan MICS.

The staff turnover in management and implementing partners will limit the opportunity to reach key “organizational memory” human resources.

Sensitivity of reported indicators on insufficient coverage or quality of early childhood development and education services might bring a challenge for evaluators especially during data collection stage, as respondents might not feel comfortable to talk openly.

In addition, interviews and focus group discussions with target groups in non-native language might establish an additional barrier between an interviewer and a respondent. The identified potential limitations should be closely considered during finalization of the evaluation methodology and data collection tools.

5. POTENTIAL EVALUATION QUESTIONS

The evaluation will answer the following preliminary research questions. Based on these, consultants are expected to propose their research questions for the evaluation:

1. Relevance:
   - Were the government' programs relevant to expanding access to quality ECD/ECE services?
   - Were the government and UNICEF interventions in ECE relevant to existing in Kazakhstan service delivery structure?
   - Were the government and UNICEF interventions in ECD relevant to existing in Kazakhstan service delivery structure?
   - Were the needs of the most marginalized groups addressed?
   - What is the value of the government programs in ECD/ECE in relation to global principles of early education and early development of children?
   - Was the mechanism of ECE/ECD coordination with other services relevant?

3. Effectiveness.
   - To what extent were system level changes achieved? Did these catalyze equity focused results for children?
   - What was the underlying theory of change that led to increased access? Was it valid?
   - Were contextual factors (political, social, economic, cultural) taken into account in the design/implementation of the ECD/ECE interventions?
   - Were efforts made to establish an enabling environment (necessary and appropriate policies, legislation, budgets) for the expansion of ECD/ECE programs?
   - Did public and private service delivery systems reach the most marginalized groups?
     - What were the main constraints on supply? (existing coverage, range and quality of services provided, readiness and availability of resources);
     - What were the main constraints on demand? (extent of utilization of services by children and families, family waiting lists for pre-school services);
     - Which programs in ECD were most and least effective?
   - Which programs in ECE were most and least effective?
• Did the intervention results contribute to reducing the underlying causes of inequality and discrimination?

4. Efficiency:

- A measure of how economically resources/inputs (funds, expertise, time, etc.) were converted to system level results.
- What strategies of Government (and UNICEF) were the most efficient in influencing improvements in access and equity?
- Did Government ECD initiatives use resources in the most economical manner to achieve expected results? (current costs and flow of funds)
- Did Government ECE initiatives use resources in the most economical manner to achieve expected results? (current costs and flow of funds)
- How cost-effective were alternative approaches for reaching the most marginalized groups? (Who finances services e.g., national government, local governments, non-governmental organizations, private entities?)
- Was funding leveraged from external and internal sources? (Are services available privately? Public private partnership developed?)
- Were cost-efficient models of ECE/ECD arrangements modeled?

4. Impact

Positive and negative, primary and secondary long-term effects produced by Government (and UNICEF) interventions in ECD/ECE at system level, directly or indirectly, intended or unintended, on the most marginalized groups as well as inequities between best-off and most marginalized groups.

○ What were the results in children’s lives of the interventions - intended and unintended, positive and negative - including the effects on most marginalized groups?
○ How did the results affect the rights and responsibilities of the most marginalized children, communities and institutions?
○ To what extent did results contribute to decreased inequities between majority groups and most marginalized groups?
○ Were there any unintended results on Human Rights & Gender Equality in the intervention? Were they positive or negative and in which ways did they affect the different stakeholders?

5. Sustainability.

- The continuation of benefits to most marginalized groups after major development assistance has been completed. Sustainability looks to the probability of continued long-term benefits to most marginalized groups.
- Will UNICEF’s contribution to system level changes continue to impact on the most marginalized groups after support is withdrawn?
  ○ What were/are the enabling factors contributing to sustainability?
  ○ Are inequities between best-off and most marginalized groups likely to increase, remain stable, or decrease when support is withdrawn?
  ○ Will new ECD/ECE strategies be more widely replicated or adapted? Are they likely to be scaled up?
  ○ To what degree did participating organizations change their policies or practices to improve HR & GE fulfillment (e.g. new services, greater responsiveness, resource reallocation, improved quality etc.)?

Additional criteria to be used to the extent possible are as follows:

- Coverage: Which groups were reached because of UNICEF’s interventions/contributions at systems level, i.e. poor, ethnic minority, rural/remote, disabled children?
- Coordination: What were the effects of coordination among different stakeholders and donors at national level?
- **Coherence**: What were areas and ways of cooperation with other donor agencies in regard to achieving ELSR goals and objectives? Was there coherence across policies of different donor agencies and national stakeholders?

The following 10 determinants, or “conditions”, will help categorise critical bottlenecks and barriers:

<table>
<thead>
<tr>
<th>Determinants</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Norms</strong></td>
<td>Widely followed social rules of behavior that are followed within a society</td>
</tr>
<tr>
<td><strong>Legislation/Policy</strong></td>
<td>Adequacy of laws and policies to reduce/avoid barriers</td>
</tr>
<tr>
<td><strong>Budget / expenditure</strong></td>
<td>Allocation &amp; disbursement of required resources that constrain effective coverage</td>
</tr>
<tr>
<td><strong>Management / Coordination</strong></td>
<td>Bottlenecks that obstruct accountability and transparency, as well the impediments to coordination and partnership</td>
</tr>
<tr>
<td><strong>Availability of essential commodities / inputs</strong></td>
<td>Essential commodities/ inputs required to deliver a service</td>
</tr>
<tr>
<td><strong>Access to adequately staffed services, facilities and information</strong></td>
<td>Target population’s physical access to the relevant services, facilities and information</td>
</tr>
<tr>
<td><strong>Financial access</strong></td>
<td>Direct and indirect costs that prevent target group from utilizing available services or adopting certain practices</td>
</tr>
<tr>
<td><strong>Social and cultural practices and beliefs</strong></td>
<td>Individual/community beliefs, behaviors, practices, attitudes</td>
</tr>
<tr>
<td><strong>Timing and Continuity of use</strong></td>
<td>Completion/ continuity in service, practice that undermine the effectiveness of such service, practice, or other intervention</td>
</tr>
<tr>
<td><strong>Quality of care</strong></td>
<td>Adherence to quality standards (national or international)</td>
</tr>
</tbody>
</table>

6. **Conceptual framework and methodology**

Consultants should propose a methodology taking into account the following approaches:

**Evaluable of the system changes proposed for evaluation:**

The Evaluation Framework will include the main outputs of the ECD/ECE:
- Increased accessibility, affordability and participation in early childhood development and education programs, services and supports for children, families and communities;
- Enhanced quality of early childhood development and education programs, services and support;
- Improved integration, inclusion and collaboration at all levels of the early childhood development and education system

The proposed for evaluation system outputs have a high evaluability potential in terms of benefits, demand, supply and costs. They were selected based on the cross-sectorality approach and government's priorities.

The impact of ECD/ECE (access, equity and quality) on wellbeing of children will be measured against a set of international targets (0-5 ages Growth and Development Monitoring Standards, WHO 2008, average for OECD countries) for children in early childhood development and education, and available routine statistics indicators. The sector plans and concepts are selected as a baseline for measuring the progress of the system development. The target groups are defined at the planning stage. At the same time information is available through household surveys such as MICS, specific studies, administrative data from MOES and MOHSD, etc. which can be accessed and mined for the evaluation. Data on Early learning and school readiness does not form a systematic and regular part of national data collection and monitoring systems. Given that the very definition of early learning and school readiness is to be defined during the evaluation, the number of initiatives are being pursued in the “non-formal” sector or as part of ‘Balapan’ or other
pre-school programs, data collection and management systems at national level are weak or non-existent. This situation is going to pose a challenge to the evaluation.

**Evaluation approach**

The evaluation will employ relevant internationally agreed evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability.

UNICEF brings a human rights perspective and strives to mainstream gender issues in all its work for children, with the Convention on the Rights of the Child (CRC) as a principal reference, and recognizes the mutually supportive relationship between the CRC, the Convention on the Elimination of all Forms of Discrimination against Women and the Convention on the Rights of Persons with Disability. UNICEF recognizes that the empowerment of women is especially important for the realization of the rights of girls and boys, and for the creation of healthy families and society.

The evaluation is a part of an organizational focus on equity and a process of strengthening reforms that target inequities affecting the most disadvantaged women and children in Kazakhstan. According to UNICEF, equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias, or favoritism. This interpretation is consistent with the CRC, which guarantees the fundamental rights of every child, regardless of gender, race, religious beliefs, income, physical attributes, geographical location, or other status.

An equity-based approach to UNICEF’s evaluation seeks to understand whether the undertaken interventions managed to address the needs and uphold the rights of the specific groups of the most vulnerable women and children in Kazakhstan as well as the root causes of inequity. Equity-based evaluations should also generate knowledge and recommendations for UNICEF’s further focus in ECD/ECE. To ensure comprehensiveness of the evaluation and taking into account the multi-dimensional essence of equity the evaluation should use a mixed-methods approach. In defining the equity gaps, evaluators should also refer to the 2015 UNICEF assessment of patronage home visiting system (PNS) with the equity analysis (based on the UNICEF Determinant Analysis Framework), as well as to the disaggregated state statistics in measuring access, equity in utilization and quality of these services by different groups of children from urban and rural areas.

Evaluation should contribute to the UNICEF ‘theory of change’ as related to the evaluated areas. UNICEF involvement in ECD/ECE reform in the country and in the CEECIS region is partially guided by the regional

‘theory of change’ approach based on understanding that the progressive realization of child rights and reduction of equity gaps is best achieved through changes in systems at national/regional/local levels and that sustained UNICEF engagement through its core roles contributes to these system changes.

The “theory of change” guiding the evaluation shall be included in the evaluation report. The “theory of change” will specifically look at how UNICEF contributed to the changes in selected system areas by executing its Core Roles according to the established priorities for the country office. There is consensus that the following Core Roles are indispensable for a sustainable UNICEF engagement and its universal presence in support of results and the realization of the rights of children everywhere:

**The ‘Voice’ for children and adolescents** – advocating and communicating around key national policies, social issues, mindsets and attitudes;

**Monitoring and evaluation** – assisting independent assessments of the functioning of the Child Rights guarantee systems, the progressive realization of child rights and the reduction in equity gaps in child well-being;

**Policy advice and technical assistance** – through well-designed UNICEF positions (based on local, regional, international best practices) on key issues, supporting the development of the normative frameworks related to specific national legislation, policy or program as well as private sector standards that can improve equity;
Leveraging resources from the public and private sectors – accompanying and redirecting reforms;

Facilitating national dialogue towards child friendly social norms – bringing together government, private sector and civil society, as well as convening divergent forces to enhance public debate, participation and action around equity and child rights;

Enabling knowledge exchange – fostering horizontal cooperation and exchange of experience among countries and regions on ‘what works’ for enhancing child well-being and equity.

Modeling/piloting – demonstrating how system could meaningfully evolve to reduce equity gaps and children’s rights violations.

**Evaluation methodology:** In order to deliver this assignment, the international experts/or institution will be working in close collaboration with a national experts/or institution to assist in evaluation design, to undertake the field data collection and data entry, and to provide raw data for analysis and interpretation. The national team of experts would also provide inputs and revise the evaluation report. The international + national team of experts will work jointly under guidance of the UNICEF CO and in close cooperation with both Ministries and other partners.

The team of international and national experts/institutions is expected to submit a work plan within the first 7 days of assignment and to confirm the evaluation methodology, tools and sample size with the Program Coordinator. The consultants will have the sole responsibility for the hiring, training, supervision and payment of the enumerators’ needed for this evaluation. Upon request, UNICEF may recommend people who were engaged in similar research previously, but it will be the responsibility of the evaluator to select and manage these enumerators. Logistical support such as transport and office use will need to be agreed upon before the evaluation is initiated.

The team of international and national experts/institutions to elaborate the methodology for the field data collection by the set of evaluated components and questions, including sampling, research techniques, and budget estimation.

The team of international and national experts/institutions are encouraged to propose own solutions ensuring reliability of collected data and cost-effectiveness of research approaches. In any case, the field research should provide findings to answer research questions as outlined above.

The team of international and national experts/institutions is required to conduct a desk-research primarily of official documents and secondary data which are not available in English and extract information if need.

The team of international and national experts/institutions will be responsible to design the evaluation tools and to conduct survey/interviews in accordance with the methodology proposed in response to this Request for Proposals.

In gathering data and views from stakeholders, the evaluation team will ensure that it considers a cross-section of stakeholders (decision makers, program personnel, beneficiaries, etc.) with potentially diverse views to ensure the evaluation findings are as impartial and representative as possible. The approach followed from the outset of the evaluation will be as participative as possible. Stakeholders will participate in the evaluation through interviews, discussions, consultations, providing comments on draft documents and making management responses to the recommendations of the evaluation.

During the **inception phase**, the evaluation team will design the evaluation methodology to be presented in an inception report. The methodology should:

- build on the CEECIS theory of change and on the common objectives arising across interventions to develop an evaluation matrix
- be geared towards addressing the evaluation questions. A model looking at groups of “main activities” across a number of interventions rather than at individual operations should be adopted.
These could be organized around the determinants framework.

take into account the limitations to evaluability described earlier as well as budget and timing constraints.

To the extent possible, secondary data will be assessed during the pre-mission phase to start addressing evaluation issues and identifying the information gaps prior to the in-country mission.

The selected team of international and national experts/institutions is to:

• Work jointly in interviews with relevant national and local partners;

• Develop research instruments (including data entry tool) and field-test them before the onset of the evaluation;

• Organize data collection process and carry out field research work with local team of experts

• Discuss comments/feedbacks of the results of the field research and provide clarifications, apply data quality check/validation efforts when required;

• Present the draft evaluation report with organizing a consultative process under the guidance of the UNICEF CO Deputy Representative and Health and Nutrition Officer/Education Officer with major in-country stakeholders, as well as in promotion of the evaluation report;

**Ethical considerations:**

The evaluation design and implementation should consider ethical safeguards where appropriate, including protection of confidentiality, dignity, rights and welfare of human subjects particularly children, and respect of the values of the local community. Please refer to UNEG ethical guidance for evaluation\footnote{http://www.unevaluation.org/ethicalguidelines}, which outlines the ethical principles in part of evaluation intentionality, obligations of evaluators, obligations to participants and evaluation process and product.

Throughout the process of evaluation, it shall comply with the United Nations Evaluation Group norms and standards\footnote{http://www.uneval.org/normsandstandards/index.jsp?doc_cat_source_id=4}.

5. **EXISTING INFORMATION SOURCES**

The consultants should develop a specific indicative list of information sources taking into account the following categories for information materials:

• National and local policies, strategy and planning documents
• Sectoral plans and concept documents;
• UNICEF global and country based publications and reports
• Census, administrative, household survey data e.g. MICS
• UNICEF global and ECECIS research and evaluations in ECD/ECE
• ECD/ECE materials from local academic and research institutes.

6. **Indicative list of key tasks and deliverables.**

The table below lists the expected deliverables and tentative timeline of completion the assignments.

---

101 [http://www.unevaluation.org/ethicalguidelines](http://www.unevaluation.org/ethicalguidelines)
| 1. Completed desk review (suggested 20 days) | 12 December 2016 |
| 2. Inception report including evaluation work plan, detailed methodology of evaluation and instruments, list of indicators to request from government (suggested 10 days) | 23 December 2016 |
| 3. Completed first visit to Kazakhstan for data collection in the field (suggested 10 days) | 20 January 2017 |
| 4. Quality assurance of the field work and interim report (including internal and external versions and the executive summary, full report not exceeding 60 pages) (suggested 15 days) | 20 February 2017 |
| 5. Final report and recommendations to UNICEF and the Government of Kazakhstan (suggested 5 days) | 5 March 2017 |
| 6. The second visit to Kazakhstan for presentation and discussion of the findings of evaluation (suggested 2 days). – if needed | March 2016 |

All submissions should be electronic (Word and Power Point).

Deliverables cannot be reproduced, distributed or published without written permission from UNICEF.

7. Supervision and reporting:

The group of consultants will be supervised and report to UNICEF Health and Nutrition Officer in Kazakhstan with a regular de-briefing on the progress of the assignment to the UNICEF Deputy Representative and will work on a regular basis with all involved staff of UNICEF CO: Child Protection/Education, Child Rights Monitoring and Social Policy sections and with identified national and sub-national stakeholders/partners.

8. Research team

The Evaluation is expected to be undertaken by the team of evaluators: international institution with engagement of 1 (or a group of) national experts (or a research institution), collaborating to produce the expected results. Experts undertaking this Evaluation should either individually or as a team have the following qualifications:

- Advanced university degree in child health, development and education and/or social sciences
- Extensive working experience in early childhood development and/or early childhood education and Education with knowledge of technical aspects of ECD services/programs
- Strong and proven level of expertise on gender equality and child/human rights,
- Demonstrated expertise in data collection, analysis and reporting of quantitative and qualitative data
- Work experience and/or technical knowledge of ECD/ECE programs in an international context, and of the CEE/CIS region.
- Good training skills for assessment of child development and program evaluation
- Demonstrated capacity and partnership building skills with local partners
- Good communication and advocacy skills
- Experience of working with Management Information Systems including, EMIS
- Knowledge and experience of research on socio-economic issues in CEE/CIS region. Field experience in CEE/CIS countries is an asset.
- Record of research experience and/or written publications at the regional level. Experience in designing and implementing evaluation and surveys.
• Excellent written English language skills, demonstrable with samples of publications. Knowledge of Russian is a very strong asset.
• Excellent drafting skills and ability to synthesize complex information and issues. Strong analytical and conceptual thinking.
• Ability to organize and plan complex work following the established timeframes. Previous experience working for UNICEF is an asset

9. Duration

The evaluator will be responsible for implementation of the tasks identified in an agreed “Methodology” Section and will follow the timeline as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Responsible</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparatory phase:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of ToR</td>
<td>UNICEF</td>
<td>End of Sept 2016</td>
</tr>
<tr>
<td>Approval of TOR by UNICEF</td>
<td>UNICEF</td>
<td>24 October 2016</td>
</tr>
<tr>
<td>Discussion of the TOR with the government of Kazakhstan</td>
<td>UNICEF, MOES, MHSD, Pre-school Center</td>
<td>30 October 2016</td>
</tr>
<tr>
<td>Selection of external evaluators</td>
<td>UNICEF</td>
<td>16-21 November 2016</td>
</tr>
<tr>
<td><strong>Evaluation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desk review of the relevant laws, policies, concepts, studies, reports, research documents, coordination mechanisms, formal and in-formal services, available statistics. The documents for review to be provided by UNICEF – see the initial not exhaustive list of documents for desk review at the end of these ToR</td>
<td>Contractor</td>
<td>12 December 2016</td>
</tr>
<tr>
<td>In consultation with UNICEF and state stakeholders to develop an inception report(^{103}) with the methodology and data collection tools for the evaluation. The inception report should include specific questions on data that the evaluator thinks would be pertinent to the evaluation. The UNICEF office in Kazakhstan will then make official request for data to the relevant government offices.</td>
<td>Contractor</td>
<td>23 December 2016</td>
</tr>
<tr>
<td>Data request to Government</td>
<td>UNICEF/Contractor</td>
<td>5 December 2016</td>
</tr>
<tr>
<td>Logistics (arranging meetings / interviews)</td>
<td>UNICEF/Contractor</td>
<td>December</td>
</tr>
<tr>
<td>Collection of requested data from Government</td>
<td>UNICEF</td>
<td>10 January 2017</td>
</tr>
<tr>
<td>Testing of the methodology, hiring and coordination the National evaluators, start of the filed work, ((meeting/interviews/focus group</td>
<td>Contractor with the support of UNICEF</td>
<td>10 - 20 January 2017 (visit of the international</td>
</tr>
</tbody>
</table>

\(^{103}\) upon the receipt of the inception report with the methodology and the data collection tools, UNICEF will validate the proposal once more and some time should be allocated for this clearance process in the schedule for the evaluation
<table>
<thead>
<tr>
<th>Discussions with UNICEF, MHSD, MOES, national pre-school center, local authorities, key implementing partners and stakeholders: home visitors, staff of policlinics, pre-schools, families</th>
<th>Evaluator</th>
<th>10 January – 10 February 2017 (field works by the national evaluator(s))</th>
</tr>
</thead>
<tbody>
<tr>
<td>De-briefing meeting with UNICEF, MOH, MOES</td>
<td>Contractor</td>
<td>10 January 2017</td>
</tr>
<tr>
<td><strong>Reporting:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing of interim report (including internal and external versions) and incorporation of UNICEF comments</td>
<td>Contractor</td>
<td>20 February 2017</td>
</tr>
<tr>
<td>Finalization of the evaluation report (including recommendations to UNICEF and Government of Kazakhstan and summary report)</td>
<td>Contractor</td>
<td>5 March 2017</td>
</tr>
<tr>
<td>Presentation of the findings</td>
<td>Contractor</td>
<td>25 March 2017</td>
</tr>
</tbody>
</table>

1. Home-based consultancy work (estimated at 20 days), to conduct desk review, develop draft inception report with the methodology of the evaluation, including instruments for data collection and develop required electronic format/data base for data entry and data analysis. They should be submitted two weeks prior the first in-country mission for dissemination among national partners. Additionally, terms of reference for national expert institution to assist in local logistics, arranging interviews with national and local partners and assist in data collection should be developed and national institutions should be hired in consultation with UNICEF CO;

2. During the first in country mission (estimated at 10 days) in collaboration with the selected national expert institution finalize and agree on the methodology and data collection instruments of the assessment. Initiate the evaluation by conducting interviews with relevant partners and accompany local research teams for the fieldwork, during the first week. The institution should deliver training in data collection and data entry into the electronic format/data base provided for the field researchers;

3. Out of country consultancy (estimated at 30 days), to provide assistance and further guidance in data collection and data entry for the national exert institution, as required.

4. To provide draft evaluation report and analysis, upon submission of the raw data by the national team of experts within 25 days after concluding Out of country consultancy;

5. Second in-country mission (estimated at 10 days), to present the pre-final report to the team of key national experts and the Ministry of Health, conduct a consultation for final review of the report, seek final comments and feedback, agree on the recommendations, and present key findings/recommendations to main stakeholders;

6. Finalize and submit the report within 30 days from the second in country mission.

The evaluation mission will present its findings to UNICEF and the main stakeholders (i.e. relevant ministries) in written form (report) in English language including an executive summary of the findings of the evaluation.

**10. STRUCTURE OF EVALUATION REPORT:**


- The title page and opening pages
- Executive Summary (2-3 pages)
c. Annexes

d. Object of Evaluation

e. Evaluation Purpose, Objective(s) and Scope

f. Evaluation Methodology

g. Findings

h. Conclusions and Lessons Learned

i. Recommendations

j. Gender and Human Rights, including child rights

UNICEF will keep the right to share the shorter (external) version of the report with the Government and make it public.

11. PROCEDURES AND LOGISTICS:

Travel arrangements including purchase of the air tickets is the responsibility of the selected company/institution and estimated cost of travel should be clearly indicated in the financial proposal. Calculations of travel costs should be based on economy class travel regardless of the length of the travel. Cost estimates should be exclusive of all taxes as UNICEF is exempted from all taxes. UNICEF does not provide or arrange health insurance coverage for contractors.

12. Software (servers and license)

UNICEF does not provide hardware, software (including specific hardware and licenses). Interested candidates should ensure availability of hardware and software necessary for developing the results, sending, receiving and storing data, processing and analyzing data.

13. Required Documentation for Submission:

The proposal shall include as a minimum:

13.1 Technical Proposal

Organizational profile providing detailed information on the expertise of the company detailing general and specific experience with similar assignments. Bidders are requested to back up their submissions by providing:

- Evidence in the form of job completion certificate and/or references.

Case studies containing the following information will be considered as benefit:

- Name of Client
- Title of the Project
- Year and duration of the project
- Scope of the Projects/Requirements
- Project timelines (start and end date year, and any other information necessary)
- Reference /Contact person details

Detailed understanding of UNICEF requirements, including Evaluation Policy, Ethical, Research and Quality Assurance Procedures

Detailed Methodology/Approach to Evaluation demonstrating how applicant meets or exceeds UNICEF requirements for this assignment

Proposed timeline and milestones

Details of the Proposed Team for the assignment including the following information:

- Title/Designation of each proposed team member on the Evaluation
- Educational qualifications and professional experiences

- Past experience in working on similar Evaluations and assignments – List all similar projects they worked on and their roles on the project.
Evaluation implementation and work plan showing the detailed sequence and timeline for each activity and man days of each proposed team where necessary Quality assurance mechanism and risk mitigation measures put in place.

13.2 Financial Proposal

Bidders are expected to submit lump sum financial proposal to complete the entire assignment based on the terms of reference. The budget should include fees, international and in-country travel, in-country living costs if any, and any other costs pertaining to the assignment. Please note that this assignment does not allow overhead costs.

13.3 For international and national institutional consultants:

CVs of proposed team members, constituent documents (i.e. charter, state registration certificate, legal address, taxpayer certificate, bank account details (for international transfer), min. 2 recommendations).

13.4 Any other additional information to support the application (optional).

14. Payment Schedule

UNICEF will only make milestone payment based on achievement of specific deliverables as listed see paragraph 6 above (Annex I). Also, note that UNICEF does not make advance payment and UNICEF is exempted from paying VAT and any other form of taxes.

ANNEX 8: ETHICAL APPROVAL

Research Ethics Review Feedback Template
Investigators: Please provide the information requested on page 3.

Purpose of IRB Review for UNICEF
This template is designed to meet the standards as set in the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. It is designed to ensure effective processes and accountability for ethical oversight of these processes; to ensure the protection of, and respect for, human and child rights within all research, evaluation, and data collection processes undertaken or commissioned by UNICEF. This template is complemented by: UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis; Document Number: CF/PD/DRP/2015-001 Effective Date: 01 April 2015 Issued by: Director, Division of Data, Research and Policy (DRP)

The purpose of an IRB review is the protection of human research subjects’ rights. IRBs review research protocols that involve human subjects to uphold these fundamental standards:
- that subjects are not placed at undue risk;
- that participation is voluntary, and subjects are provided and agree to informed consent prior to their participation; and
that written protocols are in place to assure subjects’ confidentiality or anonymity.

Before approval, the IRB must determine that the following requirements are satisfied:
- the proposed research design is scientifically sound and that risks to participants are minimized;
- any risks to participants are reasonable in relation to anticipated benefits;
- subject selection is equitable;
- safeguards are included for participants likely to be vulnerable to undue influence or coercion;
- informed consent is sought from each participant or the participant’s legally authorized representative;
- subjects’ safety, privacy, and confidentiality are maximized.

IRB reviewers will pay attention to these written elements of investigators’ request for approval:
- Informed Consent forms or guidelines;
- protocols for the protection of human subjects’ identities
- protocols for the protection of collected data, and
- surveys or other questions, subject recruitment plans, and any parts of the research plan that are relevant to human subject protections.

HML Institutional Review Board (IRB) is an independent committee, authorized by the US Office for Human Research Protections within the US Department of Health and Human Services to review and approve research involving human subjects before the start of research, and to conduct annual reviews of that research, independent of affiliation with the research organization submitting materials for review.
HML IRB
1101 Connecticut Avenue, NW
Suite 450
Washington, DC 20008 USA
D. Michael Anderson, PhD, MPH, Chair
dma@hmlirb.com
+1.202.753.5040

Request for IRB Human Subjects Protections Review Submission Materials

Investigators: Please provide the following project materials and information. It is understood and acceptable that some of these items may be contained within other documents such as the Research Design or the Inception Report.
- Research Question(s) and Study Design
- Copies of all surveys and data collection instruments
- Copy of the Informed Consent document
- Written protocols to ensure subjects’ safety
- Written protocols for the protection of human subjects’ identities
- Written protocols for the protection of data
- Other relevant documents – e.g., inception report, etc.

Project Title: Evaluation of the Early Childhood Development and Early Childhood Education Systems in The Republic Of Kazakhstan with the Equity Focus 2010-2016
Office submitting IRB request: Representation of UN Children’s Fund (UNICEF) Kazakhstan
Principal Investigator name, degree, and contact information: Tamar Gotsadze, MD., PhD Public Health and Health Systems Specialist
Other key personnel: Sholpan Karzhaubayeva, MD., PhD
Public Health
Mob: + 7 701 370 6106;
Mail: sholpak@mail.ru

Primary study site(s):
Kazakhstan, Astana, Almaty, Shymkent (ECE facilities and PHC-centers)

Project duration (dates from/to): From December 23, 2016 to May 10, 2017

Duration of human subjects’ participation (dates from/to)
From March 27 to April 8, 2017

Please submit the above materials and information to:
Dr. Michael Anderson, IRB Chair, via dma@hmlirb.com

Research Ethics Review
To be completed by HML IRB
Date IRB Request Received 9 March 2017
Date IRB Request Processed 9 March 2017
Date(s) IRB Request for More Information (prn) 10 March 2017

DATE OF IRB APPROVAL 13 March 2017

D. Michael Anderson, PhD, MPH, IRB Chair
Signature