

**External summative evaluation of the Family Education Project for the
period January 2005 - July 2009**

UNICEF UZBEKISTAN



By

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Glossary

With the exception of FEP (for the Family Education Project) and UNICEF (for the United Nations Children's Fund) this report avoids the use of acronyms in the body of the report. However, in tables and in source documents the following may be found:

Abbreviations

AR	Annual Report
AWP	Annual Work Plan
BFHI	Baby-friendly Hospital Initiative
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEE	Central Eastern Europe
CFS	Child-friendly Schools
CIS	The Commonwealth of Independent States
CPD	Country Programme Document
CPAP	Country Programme Action Plan
CRC	United Nations Convention on the Rights of the Child
DAC	Development and Assistance Committee of the OECD
DPT3	Vaccine against Diphtheria, Pertussis (Whooping Cough) and Typhoid
EBF	Exclusive Breastfeeding
ECD	Early Childhood Development
ELDS	Early Learning and Development Standards
FEP	Family Education Project
FFL	Facts for Life
FRC	Family Learning Resource Centre
HRAP	Human Rights Advocacy Programme
IDD	Iodine Deficiency Disorder
IECD	Integrated Early Childhood Development
IMR	Infant Mortality Rate
IMCI	Integrated Management of Childhood Illnesses
KAP	Knowledge Attitudes and Practice Survey
LBD	Live birth definitions
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio (or Rate)
MoH	Ministry of Health
MoPE	Ministry of Public Education
MTR	Mid-term review
OECD	Organisation for Economic Co-operation and Development
NGO	Non-Governmental Organisation
NPPT	National Programme for Personal Training
PMTCT	Preventing mother-to-child transmission of HIV
SEN	Special Educational Needs

SVP	Rural medical points
TOT	Training of Trainers
U5MR	Under-5 Mortality Rate
UNDAF	United Nations Development and Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WIS	Welfare Improvement Strategy
WHO	World Health Organization

Some local terms (from the Shrar Va Tavsia report)

Mahallas / Makhallas	Communities or neighbourhoods
Maslahatchi	Community advisor
Methodist	Trained specialist in a local team of FEP implementers, key specialist in the methods of monitoring.
Nikoh (<i>Arabic</i>)	Consummation of marriage
House (<i>Arabic</i>)	Artificial pond to store drinking water.
Gap	Age and gender group gatherings, social networking
Patronage nurses	Home visiting nurses providing antenatal care
Rayons	Districts
Provinces	Larger administrative units with districts
Rehydron (<i>pharmaceutical</i>)	Oral Rehydration Solution
Hokims	Governors or administrators

Executive Summary

The Family Education Project (FEP) with its vision of Integrated Early Childhood Development (IECD) was initiated in May, 2003 by the Government of Uzbekistan with technical support from UNICEF Uzbekistan with the broad aim of “*family empowerment and increasing the families’ knowledge of child-rearing practices through community volunteers*” particularly in the age range of 0-6 years. A high Maternal Mortality Ratio, Infant Mortality Rate, anaemia, Iodine Deficiency Disorders, almost no early learning interventions for under-threes and low pre-school attendance at around 20% had indicated the need for the FEP. UNICEF’s role was to assist the Government of Uzbekistan through providing technical expertise on Integrated Early Childhood Development, training of trainers and volunteers, development of materials and advocacy for Early Childhood Development at different levels. The FEP resonated with UNICEF’s commitment to United Nations Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women and the Human Rights Advocacy Programme because it places the needs of children at the centre of the programme, empowering families and communities, using a rights-based approach.

FEP was piloted in 13 makhallas (communities) of 6 districts (rayons) in 3 regions - a) Ferghana Region: Kuva District (Rasta and Tashkent makhallas), Uchkuprik District (Yangabad, Gul, Bekmurod makhallas; b) Tashkent Region: Zangiata District (Nazarbek, Katartal makhallas), Yangiyul District (Gulbakhor, Eski Kovunchi makhallas); and c) Republic of Karakalpakstan: Ellikala District (Abai, Ibn-Sino makhallas), Nukus District (Akmagyt, Arbashi makhallas). Volunteers from the community (such as doctors, nurses, teachers and kindergarten teachers, retired professionals, makhalla advisers and others) were trained to implement FEP. After the mid-term review (MTR) the FEP was scaled up to 28 districts of 6 regions to adopt improved child-rearing practices.

2009 is the last year of UNICEF’s current (2005-2009) programme cycle in Uzbekistan. It is therefore crucial to have reliable, accurate and comprehensive data on the FEP impact, achievements and constraints, and to generate relevant recommendations for further project directions for the next programme cycle (2010-2015). The *quantitative* impact assessment of the FEP took account of the FEP original piloting in 13 makhallas of 6 districts in 3 regions and sites representing rayons with different levels of intervention. Ferghana and Kashkadarya provinces were selected, ensuring that rayons were involved in the Baseline Assessment (KAP survey), therefore comparison and monitoring of the interim between Baseline and Impact Assessment could be made and a city-village comparison included. The *qualitative* evaluation that is the subject of this report, focusses on the regions of Bukhara and Ferghana. Sampling size was recommended to be at least 10 families/households, 5 deputy governors, 5 community advisers. It could best be described as a “maximum variation” sample that allowed for the meanings and perspectives of individuals and small groups to be captured through observation, interview and focus groups and which complemented the three-stage stratified cluster sampling of the impact assessment. A qualitative evaluation framework was developed addressing key result areas related to inputs, processes, outcomes and policy against project objectives to identify programme components that worked and those that did not.

FEP implementation used existing governance structures. At *national* level, the Pediatrics Institute took overall responsibility for FEP training, monitoring, management, as well as co-ordination with the Women’s Committee (who appoint the makhalla advisers), Ministry of Health, Ministry of Education, local hokimyats and UNICEF. At *rayon* level the deputy governors and inter-sectoral committees took the lead. At *makhalla* level, the makhalla committees and makhalla advisers implemented the programme with selected families.

In 2008, district governors’ offices reported that the coverage had reached 98% of vulnerable families with children 0-6 years. Overall it is estimated that the FEP reached 28 districts of 6 regions. This translates nationwide as 16% of the total population (4,289,641 out of 27,000,000); 14% of the total number of districts (28 out of 1999 districts/cities/towns); 15% of communities (1,417 out of 10,000); 15% of community advisers (1,223 out of 8,000); and for the 5 years of the programme, more than 507,589 families have received face-to-face contact (approximately 10% yearly of all low-income families, that is, out of a total of approximately 5,500,000 families of which about 20% are low income, 1,100,000 families have been reached).

Key findings related inputs and processes of implementation. These suggested that everyone whom we met recognised the distinctive cross-cutting nature of the FEP content and the strategy of using existing

government structures, yet welcomed its local and contextualised approach. Families clearly understood the early childhood development (ECD) concept and were able to identify and discuss key messages.

Capacity building through the training of frontline workers and volunteers led to development of a training manual and family home activity booklets. Some bias towards health messages was noted in a number of documentary sources, especially where key messages were obtained from the United Nation's *Facts for Life (FFL)* materials rather than the FEP training manual. FEP materials were revised in 2006 on the basis of baseline data and the existing knowledge gaps of caregivers.

"Scaling up" from pilots to 28 pilot district of 6 regions created a challenge. It was useful in raising awareness of all deputy governors in the 6 regions, yet added an additional level of information cascade and reduced trainers' direct interaction with community advisers. This increase in geographical coverage was a potential risk to quality. Quality of training by district deputy governors varied and so too did the experience of trainee volunteers. Five-day training modules became fitted into four days. This has been counteracted to some extent by the extension of "refresher" training and renewed emphasis on interactive methods. Volunteers then used many different entry points to reach families with FEP messages from home visits, to community meetings and events, and service-linked contact through clinic and kindergarten. Monitoring of training activities of volunteers helped to improve information and hence the situation, whilst training took place to support monitoring and evaluation activities.

The content of FEP materials, are highly regarded the materials are in high demand, yet volunteers in one region and the participants in the FEP National Validation Workshop reported that supplies are very limited. Additional FEP publications and related materials have also been produced to support capacity building and social mobilization events. Family Learning Resource Centres (FRCs) appear to have been a useful resource for volunteers as a further source for materials.

Over the period of 2005-2009 there have been many observations that the Early Childhood Development component of the programme needed strengthening, with more attention to age-appropriate outcomes and related activities to stimulate development. By the time of the summative assessment visit, Early Learning and Development Standards (ELDS) for Uzbekistan were being validated with a view to the preparation of booklets for parents/caregivers and a training module for volunteers.

A range of FEP strategies beyond home visits and one-to-one contacts have been used to popularise and deliver FEP messages through programme communication for behaviour change, though the effectiveness of social mobilisation events and programme communication was less straight-forward to judge. Overall, national entry-points through mass media were judged from UNICEF Annual Reports to have been least successful.

In terms of outputs and outcomes, changes in families were established from the FEP impact assessment that took place in April to June, 2009. Conclusions from quantitative survey data were that the FEP had been very successful in raising awareness and knowledge about safe motherhood, public health services and child health, practice of child nutrition, sanitation and hygiene, psychological and social development of the child. It is recommended that the FEP should continue strengthening these messages, in particular, messages. Pre-school development is regarded as the most neglected area and enrolment to kindergarten in the priority areas remained low at 16,5% of all children who are eligible to attend. This finding is confirmed by all stakeholder groups in the qualitative evaluation with Early Learning and Development Standards seen as providing the basis for development work with trainers, volunteers and parents/caregivers.

Changes in communities through social mobilisation was also reported by stakeholders during consultants' visits to the field and changes in use of services observed through a visit to a community health centre and kindergarten where staff were offering an experimental "Saturday School" as a three-month preparation for primary school for children of low-income families.

Overall, UNICEF's role with respect to the management of FEP alongside other thematic areas has focused on the policy level, support to service delivery, partnership working and consideration of the extent to which the project corresponds to priority problems of children and women in the country and is strategically well defined with clearly stated expected results. In relation to the total UNICEF Uzbekistan Country Office budget for 2005-2009, the FEP has been implemented on relatively modest funds that amount to 6,5% of the total budget, with cost per family of approximately \$2,5 and per child of \$1,2. Monitoring and evaluation of the FEP has provided a means of revealing the status of project progress and informed decisions on future directions and partnerships in the furtherance of Millennium

Development Goals targets and principles of the United Nations Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women.

In interviews with key partners to review collaboration with UNICEF, there was unanimous support for continuation and development of the project with a focus on Early Learning and Development Standards and innovative models of developmental preparation for primary school. However, whilst acknowledging the need for developments in the preschool sector, donors such as the World Bank are prioritising infrastructure and teaching methodology in basic education, whilst the World Health Organisation, United Nations Population Fund and United Nations Development Programme in principle positive towards the idea of collaboration with UNICEF, saw their priorities lying with reproductive health and primary health care. At the same time, development of Early Learning and Development Standards, curriculum and materials development and training had the goodwill and support of the Ministry of Health and Ministry of Public Education.

Several recommendations have emerged from the summative evaluation.

Recommendation 1 is that the FEP continues through 2010-2015. into a further phase, building on the initial successes. It is an example of a UNICEF programme that has moved from pilot phase to development phase with the support of a range of strategies involving production of materials, training, technical assistance, advocacy and community mobilisation.

Expanded access to the programme could be achieved in two stages. Initially, with a target in stage 1, to reach all the 27% of low-income families nationwide, expanding province by province. After a further evaluation and review of the programme, stage 2 could support each province in delivering the programme to all new families annually as part of antenatal care.

Recommendation 2 is that given the current stage of programme development, a high priority should now be the development of materials and training, using appropriate training methodology, in Early Childhood Development. Both the FEP Training Manual and the Home Activity Booklet should be reviewed in order to achieve a more differentiated approach and a better match between observation, assessment and ECD activities at particular ages and developmental stages for children 0-3 years and 3-6 years. In addition, through communication, advocacy and social mobilization, the programme should target change in the general level of school preparedness or “developmental readiness’ over the next five years

Recommendation 3 is that given current resource constraints and continuing high demand for paper resources, it is recommended that more use is made of information and communication technology (ICT) for electronic storage and dissemination of paper FEP materials and that more responsibility is taken for costs of download of these on a local basis. It is recognised that the development of ICT may take time but making use of existing connections, starting with regional centres and expanding as opportunity arises, should be encouraged.

Recommendation 4 is that quality training is continued with national trainers focusing on training trainers at the regional level and providing initial support for cascade training by regional trainers. If further national roll out is to be achieved this will require the development of a fully documented and resourced training for trainers programme with accompanying trainers handbook applying appropriate training methodology.

It is also recommended that all training includes training in cost effective and efficient quality assurance procedures for periodic monitoring of rayon/makhalla training, implementation and behavior change in families (see recommendation 10).

Recommendation 5 is that when the content of the materials is reviewed, the FEP team re-evaluate the key messages one by one in order to distinguish them by likely effect on behaviour change. Simple health messages, for instance that require straight-forward information exchange can then be distinguished from more complex learning to support and facilitate the development of a young child’s cognitive skill.

Recommendation 6 is that although a variety of training methods has been introduced by experienced national and international trainers in order to make training more interactive, it is recommended that training at all levels is reviewed in order to expand the repertoire of teaching/learning methods and to ensure that training is grounded in adult learning principles.

It is further recommended that training adopts a typology or classification of educational outcomes that will assist participants in distinguishing between learner reaction; modification of attitudes/perceptions; acquisition of knowledge/skills; behavioural change that is identified by transfer of learning to the home

and improvements in health or well-being. The aim should be the creation of self-reliant and confident parents/caregivers equipped for lifelong learning and ongoing behaviour improvement in the family

Recommendation 7 is that the FEP continues to use a range of entry points (household, service-linked, community-focused and systems-oriented) and a range of strategies (capacity development, advocacy and communication and social mobilisation) whilst recognising that the use of mass communication has been the least successful and could be reconceived under the direction of a high-level national FEP committee (see recommendation 13).

Recommendation 8 is that revised Early Childhood Development material based on Early Learning Development Standards place emphasis on the rights of young children with disabilities to an enabling environment and inclusion in play, recreation and basic pre-school education activities

Recommendation 9 is that a range of different options is promoted with government at all levels for Early Childhood Development/developmental preparation for schooling that includes "Saturday and Sunday Schools", "Mothers' classes", classes in schools/makhalla meeting houses and involves promotion of family, community and local government mobilisation.

It is also recommended that the FEP project should be utilised to promote greater partnerships between families, volunteers and pre-school teachers who will all need training in inclusive, child-friendly and interactive pedagogies that will empower parents/caregivers and develop skills for lifelong learning.

Recommendation 10 is that when the FEP materials and training are reviewed and particular aspects are developed, the monitoring and evaluation team review whether or not the monitoring scheme can continue in its current form. A decision will need to be made about collecting data on all messages or whether distinctions can be made between participant responses that can be quickly collected from periodic survey and more complex behaviour change in volunteers, families and children that will require more careful observational methods.

Recommendation 11 is that the FEP team consider the development of community-based and self-help models of developmental preparation for schooling since there is an existing infrastructure to be exploited at national, regional and local level and many trained, experienced and enthusiastic people still working in the pre-school sector who would support training and curriculum development, advice through a system of "methodologists" and regional training centres.

Recommendation 12 is that current functions and training activities of FRCs (centres and corners) and makhalla centres are reviewed with a view to developing a clear set of ICT strategies and outcomes, with a strategic plan to provide a networked, flexible system offering accessible, relevant, high-quality learning opportunities. An identified set of focus areas that includes developing professional competencies and capacity building to support ICT resources, curriculum materials development (paper and electronic-based) that can be used to support and enhance learning as well as produce materials.

Recommendation 13 is that UNICEF, working with the Ministry of Public Education and the Women's Committee, focus on establishing effective leadership and management of the programme at all levels. Committees and working parties with influential chairpersons and including all major stakeholders should oversee the programme and help ensure greater collaboration at national, regional and local level, in addition to promoting the programme and monitoring its impact

The FEP progress over the period 2004-2009 generates a number of lessons that may be used for future programming in the CIS region. Amongst those listed in section 6.6 are:

- a) **Design** of FEP is most successful because it addresses a cross-cutting concern within a policy framework. This is done in a manner that is participatory and reflective in its planning, implementation, monitoring and evaluation. Hence, it is strategically well defined with clearly stated expected results to improve service delivery and improve knowledge and practice in appropriate child-rearing practices.
- b) **Materials** have been developed locally with high quality control. Printed materials have been a cost-effective way to reach large audiences though audio-visual digitally produced material could support training in the next stage and serve as a strategy to reach a mass audience.
- c) **Cascade Training** has been inevitable and maintaining high quality participative interactive processes has been a challenge. Refresher training that is cost-effective and easily deliverable has been available at local level and has been much appreciated.
- d) **Monitoring and evaluation** has been regular with bi-annual data gathering that has been continuously assessed against baseline data and previous monitoring results. For the next phase, the

monitoring may need fine-tuning in order to combine more rapid survey checks across 'messages' with more in-depth checks of behaviour change in families and the skills of children.

- e) **Community empowerment** through the use of community volunteers is a powerful rights-based model but requires careful management as the FEP relies ultimately on volunteers to transmit Integrated Early Childhood Development messages to the families. Loss of trained volunteers is inevitable in such a programme and the continuous need for capacity building and the generation/retention of a large pool of available volunteers must be recognised.
- f) **Strategy for FEP.** Out of four recommended entry points to the programme, three are working effectively, (face-to-face family visits; health clinic contacts, community development through social mobilisation activities) The exception is raising awareness through mass media.
- g) **Coverage** objectives have been achieved in priority regions. They need to remain under review in the light of risks related to geographical coverage/scaling up strategies versus quality.
- h) **Sustainability** based on quantitative data of the evaluation is believed to be reasonably assured with the FEP contributing to national priorities. Deputy governors are directly responsible and accountable for the reduction of Infant, Under 5 and Mother Mortality Rates in their respective districts.. The community advisers and volunteers are empowered and consider their job as part of their duties and responsibilities as well as their civil duty to assist families to better understand the needs and rights of children.
- i) **Participatory and reflective evaluation methodology** through the regular monitoring and evaluation carried out, involves stakeholders in analysis of local findings and planning and design for future programming.
- j) **Rights of children.** FEP has already made a contribution in its advocacy for Early Childhood Development at different levels. A further contribution can be made in the next phase of the programme in drawing attention to the rights of young children with disabilities to support of families and inclusion in play and pre-school education activities

Foreword

A. Country profile

Uzbekistan is a landlocked country stretching 1500 km west-to-east and 1000 km north-to-south, sharing borders with Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Afghanistan. The climate is continental and relatively dry, with low rainfall, long hot summers and mild winters. The country has significant reserves of natural resources including large deposits of gold, copper, lead, zinc, uranium, natural gas and oil. It has the largest population of the five Central Asian Republics, recorded at 25.5 million in 2003, of which 77.2% are Uzbek, with the remainder being Russians, Tajiks, Kazakhs, Karakalpaks and Tatars. Of the total population, 15.3 million live in rural areas, and 9.2 million - in urban areas.

The economy of Uzbekistan is influenced by its geography. The country is situated in the basin of two main rivers: the Amudarya, which runs from Tajikistan and provides the Uzbek borders with Afghanistan and Turkmenistan, and the Syrdarya, which flows through Kazakhstan. The agricultural sector is extremely important to the Uzbek economy. The country is one of the world's largest cotton producers, with cotton being one of its primary export earners. Other significant agricultural products include raw silk, fruits, vegetables, grapes, melons, significant quantities of which are exported to neighbouring countries.

The East of the country contains the fertile region of the Ferghana Valley, which is densely populated. The Ferghana Valley Region contains much of the country's industrial base, developed both during the central planning era and since independence. The Ferghana Valley, having a long history of irrigated agriculture, produces a significant proportion of agricultural output. To the South, Surkhandarya and Kashkadarya are strongly agricultural regions, though the latter is becoming known for its gas production. The regions in the West are mainly industrial (e.g. mining, chemicals, oil refining) with tourist centres of world-wide importance, such as Bukhara and Samarkand. Large and sparsely populated Karakalpakstan to the North West of the country is arid with little industrial activity. Both industry and agriculture in Karakalpakstan are negatively affected by the Aral Sea disaster.

Since independence the Uzbek's Government's economic policies were largely protectionist, including non-convertibility of the Uzbek Sum (though this has changed to some extent in October of 2003 after the introduction of convertibility), and the reliance on cotton as a major foreign exchange earner.

During the transition period there have been considerable achievements in maintaining political and economic stability but a number of problems have emerged, including the decline of living standards, growing unemployment and an increasing gap between the poor and the rich.

With a human development index of 0.694 in 2003, Uzbekistan ranked 111 out of 177 countries, according to the Human Development Report 2005. The country's human development index scores and overall rating have remained stable over the years since independence. Disparities between regions and rural-urban areas have become more apparent, with the strongest indicator of vulnerability to poverty being the region of residence. 63% of the population of Uzbekistan lives in rural areas, where approximately 35% are likely to be poor.

The process of transition had a drastic influence on the vulnerable strata of the population: young families, unemployed, families with many children, female-headed households, pensioners, invalids and the youth. It resulted in the reduction of: consumer basket; availability of medical services; access to pre-school, school and after-school education; access to energy suppliers (gas, coal); access to services of infrastructure and transport. Even a relatively generous government welfare system was unable to stem the negative impact brought about by transition.

The process of transition continues to be a defining feature of Uzbekistan's development. However, in the situation of macroeconomic stability, there is a need to focus efforts on the improvement of the living conditions of the population.

Source UNDP summary of Uzbekistan 2009

B. The economic benefits of Parent Education

The Family and Community Empowerment Project, known as The Family Education Project (FEP), was developed by the Government of Uzbekistan in co-operation with UNICEF and began in 2003.

Its aim is: *“family empowerment and increasing the families’ knowledge on child rearing practices through community volunteers’*

and it intends to *“empower families and communities with knowledge and skills to ensure that children of all age groups grow up healthy, well-nourished, and benefiting from quality learning programs, and developing into well-adjusted young citizens in safe, hygienic, environmentally friendly and non-discriminating communities’*

At the time when the FEP began the government of Uzbekistan was stressing the importance of investment in education for economic growth in the National Action Plan on Education for All (2002) and showed wisdom and foresight by recognising the potential benefits of parent/caregiver education. Most relevant to this report, in 2002 the action plan (on page 37) includes

“realising the measures of the government initiated programme “Mothers and Children” under the direction of the Ministry of Public Education with the support of several Non-Governmental Organisations including UNICEF”

Subsequently, presidential decrees have initiated developments to deliver family health and welfare as high priority in government policy

A UNICEF report for the government of Turkey on planning the future of parent/caregiver education in Early Childhood Development¹ demonstrates the long term return on \$1 investment in their programme to be up to \$5.2 (depending on the quality of the programme) in terms of reduced welfare costs and increased productivity (UNICEF Turkey 2008) Other studies indicate that even higher returns are possible e.g. a long-term survey of a sample of disadvantaged urban families suggested returns of \$7 by age 27 and \$17 by age 40 (High Scope Perry Preschool Project 1993).

A recent Early Childhood Development position paper from the UNICEF regional office states:

“Poor child development results in poor national development. The recent Lancet series on children under 5 not developing to their full potential estimated the economic cost to society as an average income loss of over 20% per year. Such a vast drop in adult income demonstrates the high potential for continued poverty, intergenerational transmission of poverty and, ultimately, negative implications for national development” (UNICEF 2008)

In the current global recession, restoring economic growth is the top priority for all countries and the return on investment in family education becomes a strong reason for developing and expanding programmes like the FEP.

In Uzbekistan, there is an even stronger economic reason for developing such a programme because a period of rapid economic growth has brought benefits that can be sustained at a time of recession by government investment in social infrastructure.

The argument is strengthened further when it is recognised that, unlike purely fiscal stimulus, investment in parent/caregiver education is the surest way of improving the life chances of the next generation. A high profile national policy, delivered through an effective strategy, adequate funding, local community ownership and a well-designed, impact-driven parent/caregiver training programme, will ensure improved growth and development of the whole child and the quality of life in the future. Effective parenting programmes not only affect the whole child but also improve the health, happiness and welfare of the whole family and the benefits often extend further into the whole community.

Such improvements are evidenced by the numerous monitoring and evaluation reports (2005-2009) of the FEP during the 6 years since its inception and the results of the interviews and meetings which are the evidence base for this report.

¹ Gittins and Yilmaz (2008) A Review of Parent Education Programmes (0-6) to inform the development of a National Policy and Strategy for Parent Education UNICEF Turkey

Structure of the Report

The report is divided into six sections:

1. *Background* discusses the background and theory of FEP and the purpose of the evaluation.
2. *Methodology* outlines the conceptual framework of the evaluation including key questions, tools used, methods of data collection, as well as sampling and concludes with the limitations of the study.
3. *Findings* are presented that are related to the Key Results Areas, reviewing inputs and process (training, materials, personnel and activities), advocacy and outputs and outcomes. FEP management, monitoring and evaluation of the project are considered
4. *Partnership* is examined in the next section.
5. *Interface with international strategies and global priorities* looks at the alignment of UNICEF country programme in relation to international frameworks and policies..
6. *Ways forward* draws conclusions, offers recommendations and considers lessons learned.

1. Background

1.1 Aims, Goals and Objectives of FEP

The broad aim of the FEP is “*family empowerment and increasing the families’ knowledge on child rearing practices through community volunteers*” and the overall goal of FEP is “to empower families and communities with knowledge and skills to ensure that children of all age groups grow up healthy, well-nourished, and benefiting from quality learning programs, and developing into well-adjusted young citizens in safe, hygienic, environmentally friendly and non-discriminating communities.”

The specific objectives of FEP for 2005-2009 were as follows:

- To increase knowledge and skills of families and communities on childcare
- To improve childcare practices in the families
- To increase the % of children participating in early childhood development (ECD) programs

Indicators were:

- % of families where the behavioural changes occurred and observed as a result of intervention of FEP (e.g. home health care; hygiene and sanitation; psycho-social stimulation; nutritional practices, including breastfeeding, complimentary feeding, usage of iodized salt; care by both parents, care for pregnant women, etc.)
- % of children who participate in different types of Early Childhood Development programs/preschools.

UNICEF’s role was thus to help the Government of Uzbekistan by:

- offering technical expertise on Integrated Early Childhood Development
- Training of trainers and volunteers
- Development of materials
- Advocacy for Early Childhood Development at a number of levels.

The FEP with its vision of integrated early child development (IECD) was initiated in May, 2003 by the Government of Uzbekistan with technical support from UNICEF in response to the country’s need to empower families to address problems that affected children’s health, growth and development particularly in the ages of 0-6 years. UNICEF’s role was to provide expertise on Early Childhood Development, training of trainers and volunteers, developing materials and advocating for Early Childhood Development at different levels.

The country has a basic administrative unit called makhalla (community) leading up to districts/cities, regions and state. Approximately 10,000 makhallas have 7,500 community advisers who have access to every household and are intended to advise people on various matters including family issues. This

provided an excellent network through which to disseminate family education and to generate family empowerment.

In line with the 2005-2009 Country Programme Document, a focus on family and community empowerment helped at least 80% of families in 15 districts (after the Mid Term Review revision - in 28 pilot districts) of six regions to adopt improved child-rearing practices. UNICEF has supported communication and social mobilization so that all families in the target areas have better knowledge of appropriate childcare, and promote behavioural change among families and communities for children's growth, development, participation and protection.

In accordance with the 2005-2009 Country Program Action Plan, the FEP contributes to United Nations Development Assistance Framework (UNDAF) outcome #2: "By 2009, universal access to quality basic services is achieved; Outcome 2.3: "Families' child-rearing practices for child survival, development and protection are improved in priority areas." FEP also contributes to the following Millennium Development Goals (MDGs): MDG 4 "reduce child mortality", MDG 5 "maternal health" and MDG 2 "universal primary education".

While other UNICEF programmes related to health, education and child protection are working with specific sectors to ensure quality basic services provision, FEP is seen as an essential cross-cutting programme to support all these interventions and create demand at the grass-root level. It is linked with the Local Capacity Building Project at regional and district level and facilitates the development of evidence-based action plans to promote FEP early childhood development (ECD) messages through Local Government Offices.

FEP has been implemented by two main partners, the Women's Committee of the Republic of Uzbekistan and its branches in the districts and Tashkent Medical Pediatric Institute under the Ministry of Health. Other implementing partners include Local Governments (Rayon Hokimiyats), Rayon departments of the Institute of Health (Salomatlik Markazi), and Soglom Avlod Uchun NGO and other local NGOs.

By the end of 2008 more than 100 trainings had been held for 3,500 volunteers including community advisers, health workers and preschool teachers. 140 district government executives, including 96 deputy governors and heads of health and education departments had been sensitized about the importance of Early Childhood Development and FEP. A number of local initiatives for promotion of the Convention on the Rights of the Child (CRC) and Early Childhood Development concepts had been supported. Several publications had been developed, designed, translated, printed and distributed to target beneficiaries, such as the trainer's manual, booklets for parents/caregivers, *Facts for Life* (FFL) in Uzbek and Karakalpak languages, FFL baby books, and booklets on Millennium Development Goals for community adviser within a joint United Nations (UN) project. An inter-sectoral approach provided better co-ordination and outreach at the district level, backed up by the local government decree on FEP implementation, monitoring and evaluation. 28 district governor's offices reported that the coverage had reached 98% of vulnerable families with children aged 0 to 6 years. Overall it was estimated at this time that 215,000 targeted families (15% of low-income families with children from 0 to 6 nationwide) in 1,224 communities (12% out of a total number of 10,000 communities) in 28 districts (14% out of a total 199 districts/cities/towns) have been directly covered by the project. The estimated number of families directly reached for 2005-2008 was about 450,000 low-income families over 5 years.

Certain patterns of behavior were difficult to change due to traditional beliefs and values, gender stereotyping, and economic constraints. For example, the father's involvement in educational activities with his child was affected by migrant work practices. It has been estimated that from 9% to 30% of fathers are migrant workers, an economic necessity that has negative affects on child-rearing practices. On the other hand the pivotal role of the mother-in-law has been well recognized and many have attended FEP sessions

The total budget spent for FEP in 2005-2008 was 1,065,000 USD and for 2009 is 250,000 USD.

1.2 The need for the FEP

1.2.1 UNICEF in Uzbekistan

UNICEF has been working in Uzbekistan since 1994. Its first programme from 1995 to 1999, provided supplies, training and techniques for healthcare, backed by social mobilization. By 1999, basic services for children were under way, with a shift to a rights-based approach aiming to ensure that the United Nations Convention on the Rights of the Child became the standard for health and education and for

measures to protect children. The United Nations Convention on the Rights of the Child recognises that children need good health, proper nutrition, good quality education, protection from harm and exploitation, a safe environment, and encouragement to participate in the decisions that affect their lives. The last programme was completed in 2004, covering four main areas: mother and child survival; development and protection; child enrichment; the well-being of young people; drought emergency. The current Country Programme of Co-operation with the Government of Uzbekistan started in 2005 and continues to the end of 2009. The new Country Programme 2010 -2015 focuses on two areas of programming:

- a) access to quality basic services for women and children, through improved convergence of services in selected priority areas. This programme component will address key issues such as:
 - high rates of infant, child and maternal mortality
 - poor quality of basic education
 - increasing numbers of children on the streets or in institutions
 - inadequate care for and isolation of disabled children
 - children and young people with HIV/AIDS infection.
- b) good governance for achieving children's and women's rights

A lack of families' and communities' knowledge of health and other child development issues, combined with lack of opportunity for them to be actively involved in the design of social support systems, has meant that services have remained inflexible and unresponsive to their needs. This has been reinforced by weak capacity of local authorities to plan, implement and monitor integrated programming, and an insufficient knowledge of social service delivery.

1.2.2 FEP achievements and gaps

By 2008 the FEP Monitoring-5 identified achievements as well as areas that needed to be addressed. For example, child-rearing practices based on selected indicators are drawn here from the results of regular monitoring conducted during the 2008 reporting year. The evident behavioural changes due to FEP intervention include, but are not limited to: **unwanted pregnancies** reduced from 19.4% to 6.8%; **birth interval of one year** reduced from 11.6% to 4.3%; **exclusive breastfeeding** increased from 34.9% to 78.9%; **usage of iodised salt** increased from 62.4% to 94.1%; usage of safe drinking water increased from 73.6% to 86.7%; **enrolment into kindergartens** increased from 13.9% to 18.2%; **knowledge of preventing HIV transmission** increased from 32% to 65%; **number of households not having children's books** decreased from 71.5% to 41.7%; the **number of children sleeping in a traditional cradle (beshik)** decreased from 100% to 81%; and, the **number of families paying attention to and stimulating mental and social development** of children increased from 80% to 90%. **Father's involvement in educational activities** with his child decreased, however, from 39.4% to 30.3%.

Overall, much has been achieved in the area of health but there is still much to achieve in the area of early preschool learning, as noted by Zaveri (2005)². The responsibility of looking after children under six years is placed mostly on the mother. Preschool development of a child is a neglected area. Enrolment in kindergarten remains low. Enrolment in preschools and other structured learning programmes dropped dramatically during the transition. In most of the CIS region (UNICEF (2008) 75% of children are not attending any organised early learning programme prior to school entry, and access is increasingly unequal. Quality of preschool is an issue, with reduced public spending on salaries, deterioration of buildings and lack of materials. Moreover, with little opportunity for updating of pedagogical skills, practices have remained largely unchanged. One solution to the challenge of reduced resources adopted by some countries is to introduce preparation-for-school classes that are held either at primary school or the kindergarten. Opportunity for 'school readiness' programmes however remains uneven and risks increasingly rather than diminishing disparities.

² Sonal Zaveria (2005) *External Evaluation of Family Education Project*. Uzbekistan: UNICEF.

1.3 Design of FEP

To achieve set goals and objectives, FEP's major activities have included:

- Preparation of FEP Materials by a Technical Working Group - An FEP Trainer's Manual and the Family Home Activity Booklet. The Trainer's Manual consists of 23 session guides organised under 5 modules on health and nutrition, early learning, family relations and child protection. The sessions reflect the key messages of the UN's *Facts for Life* which has been translated into Uzbek and Karakalpak for distribution to service workers and families. In 2006, this module was earmarked for revision to address current needs of communities and families.
- Capacity-building component of FEP through:
 - a) training of trainers for national and regional trainers;
 - b) training of volunteers/frontline workers.

These trainings were further followed up by

- a) home visits/one-to-one sharing by medical personnel (doctors and nurses) with mothers and mothers-in-law;
- b) formal sessions organised by groups of trained workers and volunteers for various family members, including young men, besides mothers and mothers-in-law; and
- c) non-formal sessions done during traditional gatherings of women ("gap", weddings and so on).

In 2006, the trainings continued to include representatives from different sectors to maintain inter-sectoral approach to programming.

- Support to FEP Learning Resource Centres in the previous FEP cycle

There were initially 6 FEP Learning Centers established to serve as a resource centre for makhallas, kindergartens, as well as trainings for materials development and distribution. In 2006, more educational materials were developed to keep the centres functioning and integrating children out of kindergartens into early learning as well as school-preparedness educational activities. More Learning Resource Corners appeared although this was not specifically supported by UNICEF in the current cycle.

- Support of activities for community mobilization

This activity was seen as a key tool to advocate better parenting and empowering communities. It provided opportunities to help communities take responsibility for their own well-being and demand better-quality social services. This activity was also greatly supported by Inter-Sectoral Co-ordination Committee established at district levels. Representatives from the Ministry of Health and Health Institutes, Ministry of Public Education and key departments, Ministry of Interior, Ministry of Social Protection NGOs comprise the Committee. Local Governments' offices adopt special decrees on FEP implementation. Advocating for better parenting practices has the ultimate goal of improved education for children.

Given the lack of adequate skills and knowledge of makhalla leaders and advisers provided by the government and a reluctance on their part to relinquish traditional beliefs and notions associated with gender, there was an identified need for further interventions on community development, to be linked to the Local Capacity Building project to ensure communities take real actions and local governments become more accountable. In 2006, a strategic shift from pilot communities (makhallas) to the entire district (rayon) level and further to the regional (oblast) level, has led to greater geographical coverage, yet possibly less significant programme intervention impact at the grass-roots level. This strategic shift from "pilots" to "scaling up" was very effective in raising awareness of all deputy governors in six priority regions. Adding an additional level of information cascade, however, has reduced direct interaction with community advisers thus jeopardising the quality of information and limiting targeted outreach to the families in the initial pilot areas. "To deal with this, the communication component through mass media may need to be strengthened, co-ordinated and supported by the Women's Committee to provide better outreach to larger audiences".³

³ Briefing Note UNICEF, 2008

1.4 The purpose of Evaluation⁴

2009 is the last year of UNICEF's current (2005-2009) programme cycle in Uzbekistan. It is therefore crucial to have reliable, accurate and comprehensive data on the FEP impact, achievements, constraints and to generate relevant recommendations for further project directions for the next programme cycle (2010-2015).

The external evaluation is based on both quantitative and qualitative approaches. For the quantitative part, the local Sociology Centre carried out final monitoring, using questionnaire in a sample of 594 families in 19 districts of 6 regions of Uzbekistan. Suggested sampling is a mixture of purposive sampling (where an evaluator is required to understand and explore the evidence of behavioural changes with a small group of people) and stratified random sampling (where the evaluator will examine differences among subgroups) which had, or did not have programme interventions in order to be able to draw generalisations.

The qualitative part was carried out by the consultants, based on desk-review, focus-group discussions and individual in-depth interviews.

The end-of-cycle evaluation is based on impact assessment information, specifically the behavioural changes reported that the programme has brought about at the household level. Impact data will be compared with the baseline data (KAP survey), mid-term evaluation report and previous monitoring reports on major indicators for the whole period. This will serve as a basis for further programme design for the next programme cycle. It will also provide information for leveraging of funds and reporting to donors.

Evaluation findings and recommendations will be addressed in preparation of Country Programme Action Plan (2010-2015) by UNICEF programme staff. The report will be used by FEP partners from the Republican Women's Committee and its branches in the regions, Ministry of Health, Ministry of Public Education, major implementers on regional and district levels to address further work planning. The major outcomes will also be shared with the frontline workers, in order for them to take into account successful strategies and further work on the weaker points in work with families. It will also be used for the development of C4D strategy/programme communication strategy and possible involvement of national mass media channels.

2. Methodology

2.1 Conceptual Framework for the Evaluation

The external consultants adopted a **participative** and **reflective** approach to the summative evaluation, the overall purpose of which is to address key questions related to *process*, *outcome* and *policy*. It is tool for learning from reflection on experience – from success and failure, and for doing better in the future. As such, it has a dual purpose:

- a) as a management tool which enables people to improve efficiency and effectiveness;
- b) it is also a learning process in which consultants and participants as multiple stakeholders and users increase awareness and understanding of factors which affect their situation, thereby increasing their control over the development process.

In this sense, participation is interpreted as all participants having a right to contribute to the evaluation process with the goal of achieving social justice, equity and democracy. Participative methods tend to make use of semi-structured interviews undertaken with key informants as individuals and focus group discussion and feedback. The key informants were selected by the UNICEF Project Officer to represent Uzbekistan government ministers and heads of department, other donors and United Nations partners, UNICEF officers, regional, district and local government officials, volunteers and families. This allowed data triangulation by person and by method, since desk review of documents was also involved. It allowed all stakeholders to reflect on lessons learned and ways forward. The final FEP Evaluation Workshop provided the opportunity for all stakeholders across groups not only to share these reflections but to achieve a greater ownership for the current findings and future plans and actions.

The evaluation framework addressed relevance, efficiency, effectiveness, impact and sustainability⁵ as well as issues related to

⁴ From the TOR evaluation

- a) coverage
- b) coordination
- c) coherence and
- d) protection.

The following three steps describe how the conceptual framework for the evaluation was systematically developed and they follow :

Step One: A **matrix** was developed to understand how key strategies are related to core objectives⁶. Although all key strategies are relevant to objectives of the FEP, the matrix provides a conceptual understanding of key areas of intersection. The matrix below was then used to develop the evaluation framework.

Objectives of FEP	Key Strategies			
	Capacity Building through training of makhalla advisers, medical personnel & preschool teachers	Advocacy and communications through development of materials and popularization of FEP messages	Social mobilization/ support of makhalla initiatives through establishment of a model for community action	Monitoring and evaluation through district situation analysis and reporting based on set indicators cross-referenced with MICS & MTSP
To increase knowledge and skills of families and communities on childcare	X	X		X
To improve childcare practices of families and communities	X	X		
To increase the % of children participating in early childhood development (ECD) programmes			X	X

N.B. The evaluation additionally included issues such as the working structures, coordinating mechanisms, technical support groups that provide technical and management support to the program.

Step Two: This matrix formed the basis to develop a **results framework**⁷ for the evaluation.⁸ UNICEF currently uses the Results Framework for the strategic planning for its projects and the evaluation responds to this effort.

FEP's three Key Strategies were rephrased as "key results" and described in terms of:

⁵ In definitions from UNICEF Evaluation Report Standards *relevance* is defined as "the extent to which the objectives of a development intervention are consistent with duty bearers and rights holders requirements, country needs, global priorities and partners' and donors' policies'. Retrospectively, the question of relevance often becomes a question as to whether the objectives of an intervention or its design are still appropriate given changed circumstances ; *sustainability* as "the continuation of benefits from a development intervention after major development assistance has been completed"; *efficiency* as "an economic term referring to the measure of the relative cost of resources used in a programme to achieve its objectives"; *effectiveness* as "a measure of the extent to which an aid programme attains its objectives or produces its desired results"; *impact* as "positive and negative long-term effects on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types'.

⁶ Developed by consultant, Dr Sonal Zaveri for external evaluation of FEP May, 2003-June 2005.

⁷ Definition from UNICEF Evaluation Standards is "the causal sequence for a development intervention that stipulates the necessary sequence to achieve desired objectives beginning with inputs, moving through activities and outputs, and culminating in outcomes, impacts and feedback. It is based on a theory of change, including underlying assumptions'.

⁸ See *Annex Six* for Evaluation Framework

- **Expected specific results** which outlined a **logical plan** of inputs, activities and outputs ending in probable impact. The underlying assumption is that planned inputs and activities must be in place to evaluate outputs and outcomes.
- Areas of study, **Indicators** or Information to obtain data regarding these expected specific results were defined.
- Finally, probable **sources** of data and a tentative analysis plan was developed.

Step Three: Key questions were developed on FEP's Key Result Areas that allowed Lessons Learned for each of these area to be established, *reflecting needs of relevance, efficiency, effectiveness, impact and sustainability.*

As noted above, the **participatory** nature of the evaluation allowed key informants' experience, concerns and perceptions to be captured. The sampling strategy was determined by the TOR and can be described as follows:

- A sample of deputy governors who have been trained (to determine whether they can articulate FEP messages);
- A sample of community advisers who have been meeting with trained deputy governors (to determine whether they can articulate FEP messages);
- A sample of vulnerable families from communities in those areas where initial KAP baseline survey had taken place and where training for community advisers had been carried out (to determine whether they can articulate FEP messages and practice improved behaviours).

The sampling size was set to include at least 10 families/households, 5 deputy governors, 5 community advisers. Other major stakeholder groups served as key informants. A validation workshop was organised at the end of the consultants' field trip in order to increase ownership of and contribute to the key evaluation results, as well as fine-tune conclusions and recommendations.

Interview and focus group discussion schedules were developed for different stakeholders, to form the **qualitative** assessment. The questions were based upon the results framework that was established and set OECD-DAC evaluation questions and varied according to the role of participant/s concerned so, for instance, questions related to household interventions were addressed to families whilst questions related to co-ordination and coherence were addressed to donors. In order to ensure completeness of information gathered, focus groups of stakeholder participants at the FEP evaluation validation also addressed key questions related to OECD-DAC evaluation questions.

Families also consented to and indeed took part in assembling an extensive visual/photographic record of household visits that further attested to the confidence and empowerment of women and children within the community.

Multiple sources of data were identified to ensure triangulation and increase the reliability and validity of the data collected. Regular **quantitative** Monitoring and Evaluation assessment was available from UNICEF for analysis, including the final FEP impact assessment in draft form.⁹ Reports, documents and internal trip reports were also studied to corroborate evidence collected through interviews and focused group discussions. This **multi-layered research design** contributed to the validity of the finding and hence the robustness of the qualitative element of the study.

The consultants spent two weeks in data collection and including and a final two days spent at the evaluation validation workshop and Early Learning Development Standards (ELDS) evaluation workshops. This allowed major stakeholders further opportunity for sharing lessons learnt, reviewing challenges and identifying out future plans. The consultants also gave a brief overview of the initial findings.

⁹ Azimova, Yakupov and Yakupov (2009) *Impact Assessment FEP*. Tashkent: Sociology Center.

2.2. Evaluation Questions

The evaluation addressed key questions related to **process, outcome and policy**:

Process

1. Was the design of the intervention appropriate?
2. Did the intervention get delivered effectively?
3. Were there contextual factors that were important in making the intervention work or not?

Outcome

4. Did the intervention alter the families' behaviour and sense of empowerment in ways that were expected?

Policy

5. What are the policy implications of the evaluation results?

The evaluation results were compared with the programme objectives to identify the components that were working and those that were not. This allowed corrections in the strategy to improve the programme or to replicate it in other areas.

Evaluation questions were triangulated across **stakeholders**, where appropriate (see *Annex Seven – Data Collection Instruments*) – relevant government representatives at national, regional and makhalla level, UNICEF, donors, volunteers (including makhalla advisors) families, trainers, managing partners (NGOs and others) and corroborated with available secondary evidence from reports, documents, trip reports and studies.

All these questions were incorporated into the tools for data collection that showed considerable overlap with questions related to efficiency, relevance, effectiveness, sustainability and impact. (See *Annex Seven*)

2.3 Methods of Data Collection

Both primary and secondary data were used for the review.

Primary Data: Instruments used

- a) Interview schedules were developed for families, volunteers, deputy governors, donors, government departments, UNICEF and trainers.
- b) Focus group discussions were held with trainers, deputy governors, inter-sectoral committee members and volunteers
- c) Observation was made of cascade training in Dangara for community advisers, an "open doors" advocacy event and reporting of regular Monitoring and Evaluation during inter-sectoral committee meeting and observation/participation of FEP Evaluation Validation Workshop and Early Learning and Development Standards Validation Workshop.
- d) Review of Materials

Secondary Data such as studies, reports and trip reports for the period 2003-09, relevant documents were reviewed (see Annex Five, List of Documents and Reports Reviewed).

Limitations of the methodology were as follows:

- a) Quantitative impact assessment allowed comparison with the baseline data (KAP survey) and the control group offered the particular advantage of providing robust empirical generalization, whilst the qualitative approach described here provided rich descriptions of individual cases and small groups. As the cases were selected to maximise variation then greater validity for the evidence was obtained.
- b) The objective approach of the survey with its statistical sampling provides robust empirical generalisation but may not allow many inferences about the behaviour of participants under other and more "natural" conditions. At the same time, whilst the qualitative element allows the meanings and perspectives of individual cases to be portrayed it correspondingly relies on higher levels of interpretation.

- c) The alternative criterion to objectivity of the survey is inter-subjective agreement in which objectivity is taken to refer to what multiple observers agree to, in the case/s involving people in social settings. This perspective demands an involved rather than a detached investigator and invokes notions of triangulation where accounts of participants with different roles are sought, combined with the investigator's own, in order to reach an agreed and negotiated case.
- d) This means that the enquirer is the main data-gathering instrument, using tacit as well as other kinds of knowledge. Provided qualitative methods of observation, interview and group discussion are flexible, they may be regarded as sensitive and adaptable.
- e) Inductive analysis allows a fuller description of the case/cases but outcomes are negotiated and interpreted in terms of the particular rather than the general thus application is tentative.
- f) Because time was brief, special trustworthiness measure (equivalent to reliability, validity and objectivity) such as prolonged engagement and persistent engagement were not always possible. However, triangulation of evidence from different sources and peer debriefing by Workshop participants and the Project Officer, provided feedback from informed peers. Carefully storing of raw data in the form of interview and focus group notes, as well as data reduction and analysis reproduced in this report established a data trail that potentially could be audited.
- g) Finally, whilst full digitally-recorded voice files would have been desirable this was discouraged by the first deputy governor who was interviewed and so the consultants resolved to rely on hand-written notes that were subsequently typed up.

2.4 Sampling Plan

FEP project sites encompassed 28 districts in 6 regions: Bukhara, Kashkadarya, Ferghana, Khorezm and Tashkent. In a period of two weeks it was not possible to conduct the evaluation in all regions and districts. In fact, the evaluation consultants visited Bukhara and Ferghana, where they interviewed or carried out group discussion with a sample of deputy governors, community advisers and families and carried out interviews with government officials, donors, NGOs, the national training team and the independent research agency. Sampling size was recommended to be at least 10 families/households, 5 deputy governors, 5 community advisers. It could best be described as a "maximum variation" sample that allowed for the meanings and perspectives of individual cases and small groups to be portrayed which complemented the three-stage stratified cluster sampling of the impact assessment.

The sample plan for the review ensured that all relevant stakeholders were represented. The sample included representatives of the national trainers, the district inter-sectoral committees, district deputy governors, UNICEF FEP team, departments working in association with FEP and management), national implementing organization (Pediatrics Institute), families (mothers, fathers, grandparents and other caregivers), volunteers (journalists, regional trainers, directors of State kindergartens, doctors, heads of education and other related departments at rayon level, teachers, local volunteer groups, makhalla foundation members), donors World Health Organisation (WHO) and World Bank (WB), other United Nations organisations (*United Nations Population Fund*, (UNFPA) *United Nations Development Programme*(UNDP)), Non Government Organisations (NGOs) (in the field of Early Childhood Development) and the government (the Ministry of Health, the Ministry of Public Education and the Women's Committee).

Data were collected from 25 interviews, 18 focus groups, observation of one training event and one FEP "open doors" advocacy event; visit to one state kindergarten, 1 resource corner, one makhalla meeting house and two national events (FEP Evaluation Validation Workshop and Early Learning and Development Standards Validation Workshop). Details regarding sample, interviews and FGD are provided in Annex 8.

2.5 Ethical Guidelines

The research ethics for this evaluation go beyond compliance with relevant University and other Research Ethics, to adopt an explicitly situated-ethics approach. Previous experience of the evaluation team had led to the questioning of ethics in the traditional sense of a set of principles related to competence, consent, confidentiality and anonymity that can be applied across a range of contexts. Of course rigorous ethical safeguards for those interviewed were upheld and strict confidentiality has been maintained. Names of beneficiaries do not appear in the report. Children were not formally interviewed though they were taken UNICEF books on family visits and were engaged in the event to varying degrees from reciting poems to demonstrating *tao kwondo* prowess. Beneficiaries prior consent to

participate was obtained by FEP volunteers, who accompanied the consultants and UNICEF staff. The choice to decline to take part was thus taken in advance of the visits. Community volunteers and UNICEF staff were always present during the visits that were clearly strongly welcomed by families, hugely enjoyed by all and, in most cases, left the consultants with the challenge of withdrawing without appearing discourteous or causing offence. The visits were regarded as an occasion to be marked by displays of hospitality that revealed the warmth and relaxed relationships and easy communication between families in the communities. Necessary government (at local and national level) permissions were sought and obtained in advance of visiting regional or local services, meeting government officials, donors and communities. This included visiting two low-income families who had not had the opportunity to take part in FEP training that proved particularly illuminating.

This brief description is sufficient to indicate that a notion of “universal” ethics had to be rejected in favour of a stance towards ethical acts and principles as they are situated and mediated in real social and cultural contexts. In other words, a situated ethics is local and specific to particular community contexts and family situations. Such a perspective challenges actions and decisions of investigators continuously through the evaluation process. For example, the issue of power is complex in the context of capturing parents/caregivers’ and children’s voices. Questions this evaluation must address are: Who owns the private space of family, children and communities? What are these private spaces? What do we mean by ethics in a context of marginalisation, exclusion and vulnerability? In fact, the power is very much maintained by the communities themselves but great care needed to be exercised by the consultants to adopt culturally sensitive ways of working with diverse participants ensuring, as far as possible, that local competence was respected and young or vulnerable groups understood and participated in ways that they felt comfortable with and/or withdrew if they felt unwilling to take part.

3. Findings

3.1 Progress against plans: Implementation changes

This section discusses how the design of FEP changed as a result of implementation and influenced outcomes.

Just as the FEP aims to improve Early Childhood Development and child-rearing practices at community and household levels, it also addresses issues of community empowerment and capacity-building of local authorities to support local initiatives intended to assist families care better for their children. The training materials developed by FEP-IECD were revised in 2006 and cover a syllabus based on the UNICEF *Facts for Life (FFL)* topics, published in 2004. *Facts for Life* is an essential guide intended to make life-saving knowledge available to everyone and reduce childhood deaths. The 13 topics present key messages about how to prevent child deaths and diseases and protect women during pregnancy and childbirth, as follows:

For Service Workers/Volunteers – *Facts for Life*, FEP-IECD Trainer’s Manual, Posters and other visual aids, Family Home Activity Booklet

For Parents/Families – *Facts for Life*, Posters, Family Home Activity Booklet

Key FEP components were established in 2005 as:

1. capacity building through training of makhalla advisers, medical personnel and preschool teachers;
2. advocacy and communication through development of materials and popularisation of *Facts for Life* and FEP messages.
3. support for makhalla initiatives through establishment of a model for community action.
4. monitoring and evaluation through the district situation analysis and reporting back on set indicators cross-referenced with *Multiple Indicator Cluster Survey* and MTSP.

Progress to date shows¹⁰ that the total number is 322 trainings have been held for 13,276. Overall, there have been approximately 269 FEP trainings in 28 districts of 6 regions of 21,000 participants, out of which 12,000 participants were covered by the UNICEF funded project and the rest co-funded from local government offices’ budgets.

¹⁰ Data compiled by Shakhlo Ashrafkhanova, June, 2009.

In addition, trainings for the national core group of trainers have been held and monitoring and evaluation training for a minimum of twice a year, 10 trainings for 20 participants (total 200).

An additional 12 trainings have also been provided for deputy governors and main advisers (96 deputy governors and another 120 participants (main advisers and the core regional group of trainers).

Within a joint UN project, additional trainings for deputy governors and advisers (2 training of trainers for 20 trainers, 2 trainings for a total of 40 deputy governors in the Ferghana region and Karakalpakstan, and 3 trainings for 60 community advisers in Karakalpakstan).

Within the 2005 Community Empowerment Project, 12 communities (3 communities in 3 districts in Ferghana and 3 communities in Angren) have received 2 trainings for 30 participants (a total of 720 participants).

Furthermore, there has been cascade trainings for all the districts of Kashkadariya (8 trainings) and Ferghana (15 trainings) that was covered by the Local Capacity Building budget and thus not included in the FEP financial calculations.

More than 5,000 volunteers, including approximately 1,200 community advisers, 1,500 medical personnel (nurses and doctors), 1,500 pedagogical staff (mostly preschool teachers) and 800 volunteers directly covering families have been trained. This achieves a coverage of 500,000 families in 1,417 communities, representing low-income families with children from birth to six years and families with disabled children and/or with pregnant women. Coverage with face-to-face contact for low-income families is judged to be 98% in pilot regions. Coverage of other families is through rural health points, kindergartens, at the time they collect allowances, through social mobilization events, short meetings, trainings, traditional gatherings (called *gap* that means “talk”), weddings and other traditional gatherings. Indeed, in Ferghana and Kashkadariya regions all the districts have been covered through the use of cascade training.

Overall, coverage in 28 districts of 6 regions, translated in nationwide terms is as follows:

- 16% of the total population (4,289,641 out of 27,000,000)
- 14% of the total number of districts (28 out of 199 districts/cities/towns nationally)
- 15% of the total number of communities (1,417 out of 10,000)
- 15% of the total number of advisers (1,223 out of 8,000)
- 10% approximately yearly of all low-income families nationwide for 5 years. (More than 507,589 families with face-to-face contact out of approximately 5,500,000 families, out of whom about 20% are low-income, or 1,100,000 families.

3.2 Key Findings Related to Inputs and Process of Implementation

3.2.1 Understanding the programme

- a) ***Everyone met by the consultants, from the Minister of Health and Deputy Chairwoman of the Women’s Committee, through UNICEF staff to Deputy Governors at Regional and District level, trainers, volunteers and families recognises the distinctive cross-cutting nature yet local approach of the FEP.***

The programme messages related to safe motherhood, public health services and child health, practice of child health, sanitation and hygiene, psychological, physical and social development of the child are understood by the trained families. That is not the case for the untrained families that consultants met. The programme is in tune with international Millennium Development Goals, the UNDAF and Welfare Improvement Strategy (WIS) and in global terms with the United Nations Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women, the Medium Term Strategic Plan (MTSP) and Human-Based Approach to Programming HBAP) At the national level, the programme is aligned with **Government priorities** as UNICEF worked with the Ministry of Health, Ministry of Public Education and the Women’s Committee thus Government and programme worked together.

We are most pleased with the FEP. Since the first days of independence mother and child have been a priority for the Government...
Interview with Representative of the Women’s Committee.

Many policies and Government decrees to be dealt with by Regional Government and Regional Committee were mentioned by deputy governors as “for control and implementation”¹¹. For example, one regional deputy governor mentioned that a decree of 2007 related to use of iodised salt “created the opportunity and necessary funds for advocacy”. A district deputy governor noted that Decree 242 related to hygiene gave “the opportunity to go to every family ... it was helpful for health ... it would not have worked without the Decree.”

I have seen and am pleased with the programme. Firstly, the Government gives attention to education in major areas. The Government understands that ensuring health is based mostly at an educational level.. This issue was focused and co-ordinated at levels of the ministries. It is not completed. We have results. It requires permanent investment and attention. It is an issue of reproductive health. The idea is a healthy woman makes a healthy child ... the idea is what is most important to the individual family, materially and economically. The target is prevention. Thanks to the Government we have established an infrastructure...

Interview with Representative of Ministry of Health

It is noted by both the Representatives of the Ministry of Health and the the Women’s Committee that other health programmes had also played their part. “In eighteen years, there have been about eight different programmes’ Representative of *Ministry of Health*).

“These programmes helped the Government to improve health of women and a healthy generation (*Representative of the Women’s Committee*).

A particular strength of the programmes is noted to be its good co-operation. This included co-operation between ministries.

The Decree for Improving the Health of Woman and Child involved all ministries and three departments of the Women’s Committee was a national partner for the FEP, a national co-ordinator and partner for UNICEF: increasing medical awareness (we undertake awareness-raising in higher education and academies, for instance); prevention of HIV/AIDS; drug addiction; reproductive health and family health...

Interview with Representative of the Women’s Committee

It also created a synergy and a co-operation between donors – “we have good co-operation, we educate in rural areas with UNICEF and the Asian Development Bank (ADB)” (*Representative of Ministry of Health*). Meetings with other agencies, such as *United Nations Development Programme* and visits to the Cheksura project provided other examples of partnership, for instance, that combined provision of equipment for primary health care clinics with training.

A distinctive strength of the FEP is its approach or strategy – “we need to raise awareness of mother and family members through community advisers, local patronage nurses and kindergarten teachers’ (*Representative of the Women’s Committee*). It is described by the main trainer as “a system and a framework”, a strategy to change behaviour that creates a programme to reach families’.

This is achieved through “levels of implementation from UNICEF with the Ministry of Education, Ministry of Health and Ministry of Public Education ... Government and programme (UNICEF) work together and it gives them a motivation, a methodology and a form of communication, a structure and purposes’ (*Director of Sociology Centre*)

The Representative of Ministry of Health acknowledged that “thanks to the Government we have established an infrastructure”. The Deputy Chairwoman of the Women’s Committee reflected on the infrastructure and noted that the Women’s Committee organised the FEP nationally – “infrastructure allows us to reach all makhallas at the lowest level with each makhalla having 500 to 5000 families with 10, 000 communities and each has a medical sister ...” In the FEP, doctors, nurses, teachers, kindergarten teachers and others worked as volunteers for the programme and, moreover, utilized the traditional feature of the Uzbek society, the ‘street head’ who can access any family, “is a tool to reach every family” (*Representative of the Women’s Committee*). In this way, all members of the family are addressed through both traditional and professional leaders in the community.

¹¹ Decree 3434 (2004) for protection of mother and child, when community advisers were created; Decree 1096(2009) for protection of mother and child health to support young children’s growth.

Policies and decrees are dealt with by the regional government and regional women's committee. As one regional deputy governor described it, "I am responsible for development of children, protection of mothers and children." The intersectoral committee "meets quarterly and partnership is a most important achievement ... a strategic system ... first there is the regional deputy governor, the highest point in a chain everywhere in the rayons with the makhalla advisers, the lowest, who reach to all communities". The lead trainer noted however that the district deputy governors, at the mid-point, are "now more advanced in their thinking but are under pressure to deliver many projects'. Much of the work is done at the community level, the makhalla committee level.

With increased knowledge, the makhalla advisers work at the level of every street. 10,000 makhallas each go directly to reach the families in the community and this will create a sustainability to work without UNICEF in the future.

Interview with Lead Trainer

Capacity building and good governance also crossed different departments of UNICEF and resulted in much activity at the level of regional planning. UNICEF worked closely with selected regional authorities on regional plans for inter-sectoral issues.

UN agencies are now allowed to work directly with regions/districts where the regional plan is implemented at community level. All 14 regions develop their own action plan. It is not possible to get change unless it is implemented at the regional level. The Deputy Governor looks at child issues with the inter-sectoral committee. The role of UNICEF is to create simple messages and participate at the level of implementation in terms of human and material resources. UNICEF capacity-building and good governance operates at the regional level and the FEP Project Co-ordinator at the local capacity-building, community level so how to make the regional action plans work? This is done through analysis of the situation of children's rights at the macro level, through investment in children.

Interview with UNICEF Head of Section, Capacity Building

At the meso level, Deputy Governors report themselves (and were reported by others) to be willing and enthusiastic and had common interests with the UNICEF and at the micro level, makhalla advisers worked with communities. Whilst their priority was religion, UNICEF was able to work through them in a role akin to social worker or social pedagogue.

b) *There is a continuing influence of Facts for Life rather than FEP messages as a reference point for some families*

In the report of Sonal Zaveri¹², it is noted that *Facts for Life* material has a health bias and an orientation towards the birth to 3 years phase, whilst the FEP material (though based on the *Facts for Life*) integrates both health and Early Childhood Development components (early stimulation, good parenting and development of children 3-6 years). It is observed that whilst volunteers use the FEP Manual as a reference point, more limited distribution of FEP material could risk families identifying with key *Facts for Life* messages.

3.2.2 Training

a) *There is capacity building through trainings of frontline workers and volunteers and development of materials*

The Lead Trainer explained that a key programme strategy for 2005 is capacity building through trainings of frontline workers and volunteers and development of materials. The FEP-ECD Trainer's Manual and the Family Home Activity Booklet were developed. The Trainer's Manual consisted of 23 session guides organised under 5 modules for 5 days on health and nutrition, early learning, family relations and child protection. The sessions reflected the key messages of the UN's *Facts for Life* that had been translated into Uzbek for distribution to service workers and families.

As noted already, the capacity building component of the FEP took place through the training of trainers and volunteers/frontline workers.

It is a joint project led by the Pediatric Institute, in partnership with the Ministry of Public Education and key departments, the Ministry of Health and the Women's Committee, who appointed the makhalla advisers.

¹² *ibid*

b) There is a challenge when ‘scaling up’ from “pilots’ and yet maintaining quality

At this time, concern was expressed that whilst programme activities might achieve results against set short-term objectives and on a small-scale basis, planned long-term activities for trainings and materials development during 2005-2009 would be hard to sustain. Shortage of time and lack of motivation of volunteers as well as lack of qualitative monitoring would not contribute to effective implementation on a large scale.

In 2006, the trainings continued to include representatives from different sectors to maintain an intersectoral approach to programming. The FEP Manual for Trainers and Home Activity Booklet for parents/caregivers were revised based on baseline data and existing gaps in the knowledge of caregivers and in accordance with recent developments in Early Childhood Development. The FEP expanded by 700 volunteers in 14 districts, and initiated by 96 Deputy Governors in all districts of 6 priority regions.

In 2006, a strategic shift from pilot makhallas to the entire district (rayon) level and further to the regional (oblast) level, led to bigger geographical coverage yet may mean less significant programme intervention at the grass-root level.

This imposed strategic shift from “pilots’ to ‘scaling up” is useful in raising awareness of all deputy governors in 6 priority regions, yet adding an additional level of information cascade and reducing direct interaction with community advisers thus potentially jeopardising the quality of information and limiting targeted outreach to families in initial pilot areas, as noted in the Mid Term Report of 2007. After the following FEP revision, coverage was expanded to over 1,400 volunteers in 28 pilot districts of six priority regions. The need to remember the risks related to geographical coverage/scaling up strategies versus quality is reiterated in the Annual Report for 2008. “Future strategic directions need to take this carefully into consideration”.

Cascade methods we continue to use. You throw a stone into the water – first the biggest ring allows us to expand in-depth training skills. The rings will decrease. We have to grow each of the rings (ripples). My personal experience as a trainer has been as follows. Working with deputy governors, they had close interaction with those that they had trained and they had motivation. With those that they trained, we were less close, had fewer links and there was less motivation. If I compare maslahatchis we trained and those we did not, there is a difference. From the group at the beginning, the quality goes down.

Interview with Lead Trainer

A key constraint noted in the Annual Report for 2006 was that makhalla leaders and advisers lacked adequate skills and knowledge, espoused traditional beliefs and gender inequality. This is acknowledged by the Lead Trainers.

You must train maslahatchis. First give topics, second methods. At the second stage – give more training.

Interview with Lead Trainer

Not all trainers have higher education. Our module provides concrete methods. They receive training in the use of interactive methods. You can be sure that there will be problems if they do not listen, think - and they need more experience. We shall refresh persistently to deal with “personal leakage”. Barbara Kolucki noted faults – didactic methods. Now there is more support for consulting, more attention to communication issues. In 2007, we made an attempt to gain a core group in 7 regions.

Interview with Lead Trainer

International consultants were bought in, using interactive approaches. We increase knowledge and skills, broaden and extend topic issues, gain higher awareness. Then we cascade to 12 regions, to all Deputy Governors. They should cascade, should digest, understand training for all maslahatchis.

Interview with Lead Trainer

Another constraint is ensuring sufficient multi-disciplinary trained volunteers to protect against drop out.

A challenge was volunteer drop-out when an adequate number of multi-disciplinary volunteers was required. People change workplaces. We can lose them. Half of the national team we lost. The challenge is to keep a level of sustainability.

Interview with Lead Trainer

Another problem is that the local government sends new people to our training so that we cannot consolidate the training and learning experiences.

Interview with Lead Trainer

Finally, it is acknowledged by the Lead Trainer that there is only a Training Manual “for one level”. A facilitator manual with facilitating training notes on how to train effectively and with self-assessment at the end would offer trainer support. Expert facilitator training material is also a possibility. Given financial constraints, this would need careful consideration.

3.2.3. Volunteers as Implementers

a) The quality of training by District Deputy Governors was varied and hence the quality of volunteer experience varied too

Observation of cascade training led to our seeing training on children’s rights in two classrooms with two different trainers. Some of the participants are still employed, others are retired professionals.

Trainer A asks participants’ opinions on children’s rights education. She asks for ideas and lists these. She notes that children have responsibilities, too, and gives examples whilst the participants listen. There are now three large flipboard sheets on the chalkboard. An assistant helps. The trainer continues to go through the main points related to children’s responsibilities and parents/caregivers’ responsibilities. Eventually the participants turn to a questionnaire in the FEP Manual and are asked to complete it.

Observation of training

Trainer B uses a warm-up circle of participants that involves patting the shoulders of the person in front. They name themselves as cherries, apricots and plums for discussion groups. A new task is to prepare examples demonstrating children’s rights. One example is violence in the home; a second example is how to assist children’s development. They are instructed to use a piece of paper to record, act out and do a performance. Three groups prepare and present to the bigger group. The first group used role-play. The second group, chose not to perform and prepared a poster. The third group, stood in front of the class telling them loudly about supporting children, care with love and so on.

Observation of training

Subsequent discussions with the trainers indicated that the five-day training modules now have to be fitted into four days. Given the contrast in approach, we asked about their training and were told that all knowledge is given by national trainers. “We just add to it by ourselves”. The national trainers used interactive methods and there are performances in big training events. Both ways they learned: partly from the message, partly from the games. There had been no shortage of refresher training with regional trainers. They had received this four times.

Each time we get a lot of new things. Training for trainers consisted of four sessions each time. Interactive methods were new. We didn’t get it from our reading of the content.

How do they help others to develop interactive methods? They used them in the community and they used them in the classroom in training of the community advisers.

Group discussion with cascade training participants

A key challenge is variability/consistency of the trainers and the training, and the development of interactive approaches. How participants learn skills and understanding and how they are challenged to extend their repertoires requires an explicit training model that classifies professional educational outcomes.

b) Volunteers use many different opportunities and entry points to reach families

One regional deputy governor explained how different strategies are used to reach families with FEP messages. The first messages are often related to exclusive breast-feeding and are delivered by patronage nurses at the time of delivery. Each village had a rural medical post with a doctor and patronage nurses and in each rayon there are 20 delivery hospitals. Community advisers, who are valued like the patronage nurses, worked with the young mothers too, so from the beginning FEP messages are taken to the young mother. Over time, exclusive breast-feeding had increased from 14% to 76% in the region.

Volunteers generally had health-related and medical backgrounds or are educators/pedagogical staff teachers or kindergarten teachers, all highly educated. Together they routinely visited families one by one or worked with small groups in every street.

Training took place at gatherings at college, at makhalla points. Gatherings would take place using a question-and-answer format to encourage the participation of women and sometimes men. Advocacy campaigns and events are also held in the community health clinics, at state kindergartens, schools and local NGOs.

Contests took place annually for community advisers to increase motivation and participation. This is regarded as an effective strategy by one regional deputy governor we spoke to. Indeed an award ceremony was observed that took place at the end of the National Early Learning and Development Standards Validation Workshop event in Tashkent on 25 June, 2009.

We use every opportunity to deliver FEP ideas, not necessarily in formal training. It may be just talking to the mother – training, talking or family visits.

Interview with District Deputy Governor

First we tried to involve not just mothers but fathers and grandmothers – all of the families. Mostly with mothers and mothers-in-law, changing in mind in a general way on family visits.

How do you get fathers more involved? It is fairly difficult to find men who are sitting at home, even in the evening. It is difficult to collect them, to invite them for social events. We need other offerings – some kind of training at the workplace.

Interview with District Deputy Governor

c) There is monitoring of the training activities of volunteers in order to improve the information and hence the situation

A monitoring group in one district described how they met monthly in order to plan work, activities and, where necessary, change direction of activities. At weekly meetings with advisers they would make decisions about who worked with which 10 families they visited a day and details of implementation, how to prioritise and respond best to decrees and policies.

In this district, both families and volunteers are randomly monitored and the results analysed. Volunteers and families are surveyed, pre- and post-training. This is intended to establish what they had learned, the gaps in knowledge and what they needed more of. The results are used to form the basis of further training.

This is interesting for the participants – that is good. It is hard for us. In this role, we can learn to solve problems from their experience. We can know about their level of knowledge. We have already looked at the materials that we have and evaluate our structure and ways of working.

Focus group discussion with volunteers in Gijduvan district

d) Training also took place for monitoring, study and evaluation activities

The results of regular bi-annual monitoring which were being continuously assessed against baseline data and previous monitoring results provided a solid basis for comparison, identifying trends and assessing behavioural changes at the family level. This is being summarized at the district level and necessary actions taken from the local government to address issues emerging from the monitoring and evaluation exercise. This is recommended in the Mid Term Review – “trainings and possibly enhancing the technical base for collecting and analyzing the statistics gathered.”

A focus group discussion of the consultants with the inter-sectoral committee members established that feedback on achievement and improvements needed is part of the monitoring and evaluation cycle. A monitoring group that represented different sectors analysed the gaps “ what we have to do”. UNICEF trainers had trained them on the conduct.

3.2.4 Materials

a) All FEP materials are regarded as very useful and in high demand but supplies are reported to be limited

Two provinces were visited and interviews and focus groups held that encompassed deputy governors, volunteers and families. One is an original FEP pilot province with a high level of intervention and the other province was included in the FEP after Baseline monitoring and therefore had less intervention of the programme. None of the participants from the regions of the older site made mention of lack of FEP materials. In the second province visited, at an “open doors’ advocacy event, thanks were expressed to UNICEF, strongly supported by the Government, who had provided lots of materials for work on the FEP that was intended to reach every family in the four districts so far covered. It was stressed again that the region was grateful to UNICEF for its work, the materials that provided information for families and volunteers and for training of the volunteers. Makhallas ‘spread the information” and placed information and booklets in “information corners’.

At the inter-sectoral committee focus group that followed however, it was stated that whilst there are a lot of materials, there is difficulty in obtaining them. Distribution is a problem In this region. Volunteers had made their own little booklets that addressed specific FEP messages for distribution to families.

Not every family can have training materials so we have a need for other sources.

Intersectoral Committee focus group

The following day, at a meeting with volunteers at a medical training centre that had a family resource corner, the same comments were made.

The programme is very good and in time. It is important not only to families. The literature, manuals, guidelines and seminar training are easy to implement and understandable. We need more manuals for mothers and families.

We need more materials for volunteers to use.

Focus group of Volunteers

The lack of materials is also a point highlighted by volunteers at the National FEP Validation Workshop.

b) The Early Childhood Development component in the materials needs strengthening.

Dr Sonal Zaveri¹³ recorded in her report that “previous UNICEF trip reports have commented on the need to strengthen the Early Childhood Development component and revise materials’. As noted in the previous section, whilst the full version of the Trainers Manual and the Family Activity Booklet contain some information on Early Childhood Development, early stimulation and activities for young children from 3-6 years, materials in some regions have been scarce.

The Mid Term Review, too, noted that certain trends were emerging in terms of knowledge and behaviour at the family level.

Whilst there is some awareness of health and nutrition issues, this is often surface knowledge and there is even lower awareness of early education issues. Given reduced preschool attendance, the family takes an increased responsibility for early education and yet early learning interventions for under-threes are almost non-existent.

Daniel Stevens, MTR November, 2007

By the time of the Annual Report of 2008 it was noted that a study was being made of child skill testing using Child Observation Data Record Forms based on globally accepted indicators of child skill testing and scales. These indicators were being cross-referenced with newly developed Uzbekistan National Early Learning and Development Standards.

¹³ *ibid*

The major outcome envisioned from this initiative is a coherent approach to child developmental outcomes and a strategic shift from “preparing children to school” to “developmental school readiness”.

Annual Report (2008)

c) Additional FEP publications and related materials with a variety of other functions had also been produced

FEP publications served a variety of functions beyond training and capacity training such as advocacy, communication, and social mobilisation initiatives. In addition to the FEP posters, *Facts for Life* calendars and *Facts for Life* notepads, Annual Work Plans also revealed procurement of prizes for children in the form of readily available Early Childhood Development materials in Uzbek, albums, brushes, coloured pencils, stationery, children’s books and albums for colouring.

It was noted that “children have benefited from ECD materials and children with disabilities have been integrated into the community through social events and competitions”.

Annual Work Plans for 2006, 2007 and 2008

3.2.5 FEP Learning Resource Centres (FRCs)

As noted in the Annual Report of 2005, the FEP Learning Resource Centres were set up to serve as a resource center for trainings and materials development and distribution. There were originally 6 Learning Resource Centres in the FEP established to serve as a resource for Makhalla kindergartens and shared by two makhallas in a rayon. In 2006, it was noted that more educational materials are being developed, functioning to prepare young children out of kindergarten for early learning by providing school preparation educational activities.

Many more Learning Resource Corners were also set up in the makhallas, providing a convenient point for FEP printed materials to be displayed and accessed at a location where volunteers frequently meet and/or are trained. Only one Learning Resource Corner was observed during the visit and this is located within a Medical Training Centre in Gijduvan.

a) Learning Resource Centres appear to be a useful resource for volunteers but are in locations that are not very accessible to parents/caregivers, as originally intended.

It is an obvious source of pride to the local volunteers that included a local newspaper editor, who ran a weekly article on the FEP. It appeared to be well-stocked with FEP training and communication materials as well as a range of publications intended for advocacy, social mobilization and behavioural change with a range of intended audiences, including frontline workers, community advisers, patronage nurses, preschool teachers and families. It was also noted by these volunteers that they do not have enough books.

b) Learning Resource Centres seem to have had an influence on the way families regard and display FEP resources.

Whilst it was difficult to judge the overall benefit and utilization of such resource centres, it was noted that during family visits in two different regions that families displayed prominently toys and magazines in their living areas, in one case, a series of issues of a nursing magazine were placed proudly along a dining room table. Whilst families were keen to display the value of such material, it was clear that the FEP messages were going home and being internalized. In a similar way, the volunteers with the Learning Resource Centre had also developed additional materials for families themselves and are sharing these with another region.

3.3 Advocacy and Communication

a) A range of strategies has been used to popularise and deliver FEP messages through programme communication for behaviour change but judging their effectiveness is less straight forward.

The dissemination of the FEP through home visits, and one-to-one contacts/interactions by medical personnel with mothers and mothers-in-law; formal sessions organised by groups of trained professionals and volunteers for various family members, including young men; and non-formal sessions during traditional gatherings of women has already been described. Yet, as noted in the Annual Review of 2005, there is a certain percentage of families that remains out of reach by any of these groups for

different reasons and where the communication component is missing. Many will be receiving the FEP messages in the conventional form but others may be more attracted by, change attitude towards, or consolidate understanding through, the use of different communication media whether this be by posters, printed materials, local or national newspapers, radio- and television-spots or national congresses or events. Whilst such popularising devices may prove to be important advocacy tools for best child-rearing practices, safe motherhood, early child development, or a healthy life-style, it may not be possible to identify their distinct influence.

Change is due to a number of programmes including FEP, therefore monitoring is capturing change due to multiple influences, policies and practices.

Interview with Lead Trainer

b) Posters, books and production/printing of other FEP communication materials are widely used by the population

A presentation by one volunteer from the local health center at an “open door” advocacy event attended in the Jondor district described how “advocacy is one of the aims of the centre”. This took many forms, from creating and distributing leaflets and brochures carrying simple FEP messages, to articles in magazines and the local newspaper, as well as procurement of prizes for journalists so that they are motivated to disseminate FEP messages. Moreover, the event itself allowed the results of monitoring and the plan of action to be shared and activities demonstrated for improved planning and implementation of the FEP.

c) National Family Education. Conferences allow implementation of the FEP to be reviewed

Such events as the National FEP Validation Workshop allow the programme to be reviewed and experiences from the regions to be shared. Achievements and constraints can be identified and challenges can be addressed before the mid-term review or end-of-cycle evaluation. More than 120 volunteers have increased motivation for implementation of the FEP as a result. The National Early Learning and Development Standards Validation Workshop was intended to validate Early Learning and Development Standards, develop an implementation plan and draw upon the experience of other countries.

d) FEP programme planning and review meetings at national level increase project co-ordination and monitoring

Meetings of this kind, generate better planning, monitoring and implementation of the FEP at national level.

e) Communicating about the FEP by radio- and television-spots and the production of FEP advocacy video and tapes of songs and stories need development

Stakeholders from the Deputy Chairwoman of the Women’s Committee, the Head of Preschool in the Ministry of Public Education to deputy governors and volunteers all agreed that FEP messages should be more widely covered by mass media – TV documentary films, human interest stories and radio-spots to reach parents/caregivers and families throughout the country. Despite figuring in Annual Reviews and Annual Work Plans since 2005-2006, this plan remains largely aspirational and is yet to be fully realised. Our own meeting with Association of Journalists of Uzbekistan was cancelled. Use of mass media, especially at national or global level however, demands influence and resources that are not available.

Good video clips for family education convey messages. Every family has a television. For ECD, I think that it is good. Standards are essential for the child. My attitude is very positive.

Representative of the Women’s Committee

There is a lack of materials. Parents, young people now need more. There is mass media, television shows for new families. Young people are interested. Of course television is a powerful tool – *Baby TV Show* for Tashkent is a dream.

Representative of Department of Preschool, Ministry of Public Education

3.4 Social Mobilisation

- a) ***Support for social mobilization activities at the community level is achieved through local government offices on a competitive basis at the district level to further advocate for best child-rearing practices and ensure local co-ordination and ownership of the FEP.***

Competition for the “best maslahatchi” and “best district” for implementing the FEP is an effective means to increase motivation. Maslahatchis are motivated to further disseminate messages and actively promote outreach work when prizes are procured. Indeed “best maslahatchi” awards were observed at the National FEP Validation Workshop to create prize on the part of winners and great support from their peers.

- b) ***Support for community events promotes the FEP and encourages better child rearing practices through providing incentives for volunteers and the families themselves***

Community events in rayons have their own distinctive characteristics and ingenuity is exercised to attract participants for Grandmothers Groups or Young Fathers Groups. When high involvement for such activities is achieved, motivation of volunteers is sustained.

- c) ***FEP planning and review meetings at rayon level, in order to achieve rayon project co-ordination and monitoring***

Better planning for local circumstances was achieved when monitoring and review of implementation of FEP at rayon level took place. This is achieved through regular analysis of Monitoring and Evaluation data and through pre- and post-testing of knowledge and understanding of both new volunteers and samples of families.

- d) ***Prizes can benefit children***

Children have benefited from ECD materials in Uzbek, albums, brushes, coloured pencils, stationery, and books for colouring. Although this was not observed first-hand, the consultants received reports and saw photographs of children receiving prizes at organised events.

3.5 Key Findings related to Outputs, Outcomes and Impact

3.5.1 Changes in families

The Impact Assessment of the FEP took place between April and June, 2009. It took account of the FEP original piloting in 13 makhallas of 6 districts in 3 regions of Ferghana province, Tashkent province and Republic of Karakalpakstan in May, 2003 and the changed strategy in 2005, that moved focus of its interventions from pilot makhallas to targeting entire pilot rayons. In 2007, a number of extension rayons were included, trained by teams from pilot rayons. Volunteers from the community including doctors, nurses, retired professionals and makhalla advisers were trained to implement the FEP initiative.

The Impact Assessment was conducted through interviews of caretakers selected. In each household mother, father and grandmother of children birth to one year, 1-3 years and 3-6 years were interviewed. Sites were selected in order to represent rayons with different levels of intervention and so Ferghana and Kashkadarya provinces were selected, ensuring that rayons were involved in the Baseline Assessment (KAP survey) therefore comparison and monitoring of the interim between Baseline and Impact Assessment could be made and representing city-village comparison. Sampling of makhallas within selected sites was done randomly. As control site, the Besharik rayon of the Ferghana province was selected and it had not been affected by the FEP intervention. There were 270 households taking part and a further 90 households in the control site.

- a) ***The FEP has been very successful in raising awareness and knowledge about safe motherhood, public health services and child health, practice of child nutrition, sanitation and hygiene, psychological, physical and social development of the child but FEP should continue strengthening these messages, in particular. There is also unanimous agreement across stakeholder groups that the Early Childhood Development messages needed elaboration.***

In terms of safe motherhood, the first indicator is reduction of unwanted pregnancies that depends greatly on women’s knowledge of proper contraception. Impact survey data showed that unwanted pregnancies nationwide were quite low although there was little reduction from the time of baseline (Baseline: 26,1%; Impact assessment 23,4%). Impact assessment data showed that 22.6% of respondents did not use contraception which is consistent with 21.3% of unwanted pregnancies. Moreover, the number of women who consider abortion a valid contraception increased from 1,3% at

Baseline to 16,3% at Impact assessment. This suggests that raised awareness about use of contraception would be likely to reduce unwanted pregnancies and consequently the number of abortions that greatly harm material health. Preference of sex is usually given to a boy by almost half of all mothers though there is an improvement in the percentage of wives having one or two year intervals between children and a half of all women having an interval of more than three years. The number of women who had experienced frustration or depression during pregnancy is almost the same at around 20% and about one third of these are caused by family conflicts. The first visit to antenatal doctor is only after the 11th week for around one half of women (at Baseline 46,8% and 50,9% at Impact assessment). There is a dramatic improvement in women's knowledge of danger signs in pregnancy although most signs are known to only about half of women. Such signs as Yellow Skin, Vision impairment and spasms are known to only about one fourth of people. The Impact assessment concludes that there is a general improvement in women's knowledge of danger signs for pregnancy but "there is still a big gap concerning many danger signs and lack of awareness of when women should turn to a doctor for help".

With regard to public health services and child health, knowledge of mothers about danger signs for child health have improved considerably since Baseline. In cases of high temperature, colds and diarrhoea almost all women would turn to a physician's help (temperature: 85,6%; cold: 89,6% and diarrhoea: 78,9%). On the other hand, women would resort to such means as self-treatment from a drugstore without prescription (temperature: 55,9%; cold: 26,7%; 3 diarrhoea: 36,3%). This indicates a need to continue with messages about the high fatality rate from diarrhoea worldwide and for wider recognition that poor quality drinking water in most observed sites poses a threat.

Data showed an improvement of mothers' knowledge concerning vaccination with more than half stating their children in the birth to 1 year age range received from 2-4 vaccinations and two-thirds of mothers that their children in the 1-3 year age range received 3-6 vaccinations.

Children with special needs cannot visit preschool educational facilities because educational facilities are not ready to deal with special needs. Specialised schools and facilities add to existing difficulties with socialisation and stigmatisation due to exclusion. It is essential that FEP messages are targeted to removing such stigma by increasing the opportunity of these children together with normally-developing peers.

Whilst virtually all respondents knew that HIV/AIDS can be transmitted through sexual contacts, there are still those who believe it can be transmitted through socialisation and shared food. Related messages need to become a focus of future communications campaigns of the FEP. Data concerning attitudes towards people suffering from HIV/AIDS showed improvement, there is still evidence of stigma and avoidance around such sufferers.

With respect to child nutrition, practice of breast-feeding for the duration of more than one year increased by 20% to include the majority of women (at Baseline 58,4% to 78,6% at Impact assessment). Practice of exclusive breastfeeding increased from 22,9% at Baseline to 61,3% at Impact assessment. Virtually all respondents acknowledged the importance of iodine. Most believe it is very important for children's health (Mothers: 55,9%; Fathers: 63,4%) rather than simply important (Mothers: 42,2%; Fathers: 30,1%). Only about one third of them (30,5%) are aware of the consequences of its lack, ie *goitre*. This suggests that FEP could still raise awareness of iodine deficiency disease (IDD) and its compensation through iodised salt. The practice of iodised salt utilisation has reached the majority of households but correct storage is less well understood.

In terms of sanitation and hygiene almost all mothers fully recognised that hands must be washed and preference for the use of boiled water has risen from 10,6% at Baseline to 91,3% at Impact Assessment. Practice of use of boiled water however decreased from 83,5% to 87,4% suggesting that FEP could increase its work on raising people's awareness about use of boiled water as a first choice in order to bring desired changes to practice.

Finally, preschool development of a child has been the most neglected area, for example, reading stories or showing pictures, teaching to count, draw or name items is practised by only around a third of family members. Recognising that children learn from asking questions and receiving answers has increased and awareness of children's skill development in general has been raised. Enrolment in kindergarten remains low at 16,5% of all children who are eligible to attend.

b) Early Learning and Development Standards will provide the basis for development work with trainers, kindergarten teachers and parents/caregivers

It is encouraging to note that all stakeholder groups recognised the need for the FEP to be developed further in order to create a higher profile for Early Childhood Development in the integrated FEP. There is evidence of evolving policy in UNICEF Annual Reviews and Work Plans for 2008-2009 with an emphasis on working closely with the Ministry of Public Education on the quality assurance of Early Learning and Development Standards, validation with major stakeholders. There is also mention of a plan to develop simple booklets for parents on *What a child should know and do at a certain age* and a module for trainers and kindergarten teachers with exercises for the development of domains, presumably physical, cognitive, speech language and social-emotional in line with the Standards.

Could FEP be changed to incorporate ECD or are there better ways? We have addressed health and have good results and it is now a priority to focus on ECD.

Interview with a Deputy Governor

Our biggest achievement has been family health, maternal health and child health, also growth and development, strength of the family. We are beginning to work on development of the whole child. What is most important to do next is making families even better organised to help the whole child.

Focus group of FEP volunteers, including patronage nurses and community advisers

For the future? We are in a poor state. All parents should be involved in preschool life – FEP for 0-6 years and in a life-span context. Focus on the cognitive development of children.

Focus group of Intersectoral Committee

For the future, we need strong health and ECD standards. Who is taking the lead? It is complex: the Ministry of Health, the Ministry of Education and the Ministry of Public Education. ECD is a national programme. There is agreement with UNICEF that this will be one of their priorities and that the FEP may continue for another six years.

Interview with Representative from Ministry of Health

There is a need to change the teachers and the preschool centres and attitudes of parents need to change, too. New standards have a new view of the child, notably the child's brain development, personality and social skills. It is important for the FEP to have a pilot, then we need to expand over the country.

Interview with Representative of Preschool Department, Ministry of Public Education

Activities to prepare for school with the aim to double those attending in four regions. There is a problem of technical support and equipment. We have to work with the local government to increase the technical base or organizations to equip with materials. Half the buildings need repair... buildings, furniture and resources. Replacement of staff in kindergarten with people with proper knowledge.

Presentation by UNICEF Representative

State Standards of the Republic of Uzbekistan have been prepared in draft form and were the subject of consultation at the Early Learning and Development Standards Content Validation Workshop on 25 June. They describe the distinctive features of development and upbringing of children of an early age, from around 3 months to 7 years of age. These standards have already been tried out with children. The content validation stage that relies on the judgements of "experts" will still need to be followed by an age validation. ,

This will establish what a child at a certain age knows and can do, based on indicators and sub-indicators. They are not intended for measuring individual children or to be discriminatory but as a guide on areas that should be developed and to provide a unified approach across the country. If the standards are good, they will contribute to developmentally healthy and educated children at an early age. They will be useful to teachers and to parents. This means preparing simple messages and materials for parents. The challenge of the next stage may be a new module and new facilitator training.

FEP Project Officer

In summary, as noted by UNICEF Education Officer, the FEP health messages work, the education messages have not yet been really developed. “The standards are the basis to continue. There is a need to develop standards for teachers and parents/caregivers to see what children know and can do. Questions to address are – how do we integrate the standards with school-age competences; how do we support children in the home; where is the parental involvement¹⁴?

Good relationships have been established with the Minister of Public Education. When the Government adopts the Early Learning and Development Standards, the Director of the Republican Centre for Training Preschool Educators will work on the curriculum, the standards for in-service training for kindergarten heads and methodologists using interactive methods and the standards for parents/caregivers. She will find a way of working with the Pedagogical Institute. Meanwhile, the standards will need to go to Cabinet of Ministers, so they remain as a working document at the time of writing.

c) The observed attitude and behaviour of families towards young children indicates that they are ready for more detailed guidance on Early Childhood Development

There is evidence from family visits, that there exists an enabling family environment that is ready for greater involvement in early stimulation, learning and development. Infants observed are competent learners from birth, showing resilience, confidence and assurance with adults who clearly provide loving, secure and consistent relationships. Ten out of the twelve young mothers were very confident to discuss their child-rearing practices and only two were more shy and too hesitant to say very much. Asked how children today have changed, it was agreed that they are “smarter” today. Toys were prominently displayed. Although it is reported by parents that they read to their children, consultants saw no books other than those that taken along from UNICEF.

d) Relationships between families and volunteers suggest an integrated community of learners united in their endeavor to provide a secure and stimulating base for young children’s learning and development

During all of the family visits, *consultants* were accompanied by volunteers whose presence was entirely accepted by and in fact unnoticed as individual family members as the wider community, including volunteers merged as one group to attend to us. Family members, volunteers and consultants took their turn to hold and interact with small children and infants who were relaxed sociable and contented. Older children in the three to eight year age range were in general obedient, respectful and docile in the presence of adults. When asked by family members, they recited poems and jingles but were more watchful and self-aware than the younger age group. Mothers-in-law tended to take control of preparing food for everyone. Fathers did not always remain in our company after greetings on our arrival. When asked whether they could take part, all willingly participated, explained that their wives had told them about the FEP training and discussed strategies for gaining wider involvement of men in FEP.

3.5.2 Changes in communities

a) FEP is a community concern

As noted in a previous section, social mobilization has been an integral component of the FEP from the start. What consultants were able to observe at the community level is volunteer engagements with families that demonstrated the quality of social relationships in the furtherance of best child-rearing practices. In another social context, consultants met the same volunteers at an inter-sectoral committee meeting on one day and then at a medical center the following day, where *consultants* were able to hear about the way social mobilization at the community level is supported through local government structures, as well as glimpse the way further strategic decisions on programme development were made.

¹⁴ Discussions with Shakhlo Ashrafkhanova during the consultants’ visit

b) A key FEP strategy is to develop the support for local initiatives in the communities

As noted in the Annual Review for 2008, entry points for the FEP through household interventions by targeted face-to-face family visits, as consultants encountered, are working effectively. Community development through social mobilisation activities is also working effectively. Consultants heard about, but did not participate in. any community social events that might attract large crowds of local people. Consultants were shown photographs of such events by one deputy governor and heard about their role in strengthening national capacity for social policy development and implementation in respect of the realisation of child rights to an inclusive and child-friendly environment. The events provide an opportunity to increase audience awareness to the rights of the child in relation to disability and gender, for instance, or increasingly the engagement of young fathers and grandfathers, though in this respect they must be regarded as a first small step.

The second part of the job is social mobilization. We are used to having in events in the community. Events not just for family education but events providing performances, games, music, singing, dance and role play. Inclusion of vulnerable and disabled children is important for increasing their confidence.

Interview with a Deputy Governor

They are not much talked about. How much depth of understanding is there in society? There is a stigma. People hide them. On 1 June, once a year, they attend events though parents may comment – why are they here? There needs to be a greater ease to discuss this. Inclusion is not on their radar.

Interview with a UNICEF Officer

3.5.3 Changes in use of services

One of the four recommended entry points for the FEP is service linked through consultation being provided for young mothers during health clinic visits' and immunization, consultations before marriage and at distributions of allowances, for instance. This has been reported as working effectively by the Annual Review for 2008.

a) A case study of a medical centre

The consultants visited a local clinic that has been part of a joint United National Development Programme -European Union (Enhancement of Living Standards) and *United Nations Development Programme* Area-based Development Programme and a UNICEF Project in 2007. The aim is to learn how a service-linked programme operated. The Clinic Director, makhalla adviser and patronage nurse explained that they served 100,000 people. Their priorities are exclusive breast-feeding, anaemia (mother and child health); monitoring growth and development; consultation on contraception. The makhalla adviser had a role through links with local or district government, able to identify young and newly married couples and refer them to the clinic for contraceptive advice. In her role, the patronage nurse became visible through newly delivered babies. Community advisers also had a relationship with the mother-in-law as well as the mother. Clinic staff are also willing to deal with relationship issues. The patronage nurse kept notes on the family and the makhalla adviser registered visits to families.

The clinic visit illustrated well how effectively community medical facilities can operate through the combined forces of the makhalla adviser and patronage nurse. Whilst changes in the use of services by families would remain confidential, the impact of FEP training on the organization of professional activities of clinic staff is clear from their oral report.

b) A case study of a regional plan of action on pre-school education

The target groups for this project are parents/caregivers of pre-school-age children from low-income families not attending kindergarten, heads and specialists of the local pre-school education system and community advisers of four districts in the Ferghana region.

The tasks are to develop a strategy and tools for defining families' needs and preferences about pre-school facilities; the development of assessment tools, using local resources; and orientation meetings and training on interactive teaching methodologies.

Main activities included the creation of a regional council of regional pre-school administration on Early Childhood Development matters; improvement of pre-school education quality and skills of pre-school educators; encouraging involvement of parents/caregivers into pre-school education of their children;

development and support of a child-friendly environment in the pre-school education institutions; and development of community and district action plans for increase of pre-school coverage.

Anticipated results are a regional government decree on implementation of the project; quarterly meetings of all pre-school education and related organizations at regional government level; analysis of pre-school education needs and preferences of children and parents/caregivers in two cities and two districts based on a survey conducted among parents/caregivers; assessment of general conditions in the regional pre-school system in order to identify the gaps and develop appropriate measures to address them; and the provision of community-based school preparation for 800 children aged 5-7 years.

A visit to one Early Childhood Development facility at a city kindergarten allowed discussion with the head teachers, kindergarten teachers and nurses. The school preparation took place on Saturdays from May to August, 2009 when the children would start school. All the children were 6-7 years of age. They have their own kindergarten programme but the Saturday preschool has a different schedule focused on preparatory skills of drawing, counting, writing and reading games. Teaching is in 30-minute periods interspersed with playing for 5-15 minutes. Existing kindergarten staff were carrying out this work (for which they were still awaiting payment). A medical check is also carried out before starting school. This included a test for anaemia and disability. Special classes existed for physically and mentally disabled children. Asked what they would like to achieve from this work, staff drew attention to the need for more parental involvement

We should be happy if parents could be involved. We are inviting parents to show them what we are doing. It will be more successful if parents understand what we are doing and they are given homework related to what we do to improve what we can achieve. There is enthusiasm. We have achieved one-year school preparation programme in three-months. The next step will be to provide some skills/learning to develop parents skills from the beginning. We are also inviting Grade 1 teachers to see how children are doing.

Group Discussion with kindergarten teachers

3.6 Management of the Project

3.6.1 Background

Strong top-down Soviet social policies and a strong emphasis on institutionalized early upbringing and care left Uzbek families passive and dependent. As a result of this, families often have had inadequate knowledge of effective child-rearing practices for survival, early development and protection of their children. They also lacked awareness of the need to utilize social services. Accordingly the FEP was initiated in May, 2003. High rates of maternal and infant mortality, anaemia and iodine deficiency disease, little in the way of early learning interventions for birth to 3 years and low rates of pre-school attendance at 20% indicated a need for the FEP. The role of UNICEF was to assist with integrated early childhood development, training of trainers and volunteers, development of materials and advocacy for Early Childhood Development.

3.6.2 Coverage

FEP was piloted in 15 makhallas of 6 districts (or rayons) in 3 regions: Ferghana province; Tashkent province; and Republic of Karakalpakstan. Volunteers from the communities involved were trained to implement the initiative.

In 2005, the FEP changed strategy and shifted the focus of its intervention from pilot makhallas to entire pilot districts (now 28 districts) of 6 regions. This allowed implementation on a wider geographical scale. Indeed, as already noted coverage reached 16% of the total population; 14% of the total number of districts, 15% of the total number of communities by 15% of total number of community advisors who have reached approximately 10% of all low-income families nationwide yearly. This is an extra-ordinary achievement. As the FEP moves to a new phase with an increasing focus on Early Childhood Development one of the challenges that it will need to address is the balance between maintaining a wide range of issues in the programme at the same time as extending the reach to ever more low-income families (about 20%).

3.6.3 Coordination

As already noted, the main implementing partners for the FEP include the Women's Committee of the Republic of Uzbekistan, Tashkent Medical Pediatric Institute under the Ministry of Health, Local

Governments (rayon hokimyats), rayon departments of the Institute of Health (Salomatlik Markazi) and Soglom Avlod Uchun NGO and other NGOs. UNICEF has also worked with United Nations agencies including *United Nations Development Programme* and *United Nations Population Fund* in strengthening community participation and building local capacities.

FEP implementation has taken place through existing governance structures. At national level, the Pediatric Institute took overall responsibility for FEP training, monitoring, management, as well as co-ordination with the Women's Committee (who appoint the makhalla advisers), Ministry of Health, Ministry of Education, local hokimyats all working together with UNICEF. At rayon level, the deputy governors and intersectoral committees take the lead and at makhalla level, the makhalla committees and makhalla advisers.

At grassroots level, there exists an extensive network of 14,799 makhallas with links to district and state administration. The makhalla network of community advisers has access to every household providing the opportunity for family education and family empowerment. Working nationally through Women's Committee and locally through local Khokimiyats, UNICEF has the capacity to reach households with selected key messages. This is both a strength and a weakness as the FEP relies ultimately on the makhalla adviser to transmit a complex range of health and Early Childhood Development messages to all of the families. The strength is availability of makhallas to make house visits and mobilize communities. The weakness is that it depends upon the capacity of community volunteers to understand and communicate effectively a complex range of health and education issues. It may well be the case that the patronage nurse with a training in health does not have detailed knowledge of early cognitive development. Indeed, the community clinic director whom we met suggested that although medical staff kept monitoring records on child development with indicators on developmental milestones, patronage nurses for instance would value more training and development in the area of cognitive development.

3.7 UNICEF's Role

UNICEF works with a national steering committee composed of senior representatives of line ministries, civil society and NGOs to oversee the country programme implementation process. Thematic working groups for each priority programme area such as the FEP are established and their responsibility is to prepare Annual Work Plans and organise period 6-monthly, annual and mid-term reviews. Local inter-agency co-ordination committees are also established in each of the six priority oblasts and rayons report to the national steering committee. The FEP lies within UNICEF's Good Governance Programme, for the next phase of the programme the intention is to align it more closely with the Education section.

FEP, along with other thematic areas, is managed within the context of UNICEF's overall Country Programme positioning, strategies and project mix. Key elements of this include:

- *the policy level*, that is the extent to which the project operates within a policy framework or contributes to reform or development of policy;
- *support to service delivery*, where appropriate and when it can have a significant impact;
- *the range of partnerships*, with government civil society and other donors, as well as other United Nations agencies;
- *the extent to which the project corresponds to the priority problems of children and women in the country*;
- *the extent to which the project is strategically well-defined with clearly stated expected results*.

Given UNICEF's limited resources, it is only through a combination of policy, improvement of service delivery to a significant degree and working with partners that it can have an effect. This has been achieved for the FEP by:

- piloting a broad range of interventions, including supply of publications, training, technical assistance, advocacy and mobilization.
- bringing a successful pilot to scale that has been achieved in the FEP through a shift in the scale of focus from the initial 15 rayons to a full 6 oblasts (provinces).

At this stage, a project typically specialises:

- targeting particular service aspects (for instance, early child development standards)

- identifying “glitches” in service delivery through monitoring in order to improve targeting of public resources.

In terms of coverage, FEP has shifted strategy since 2005 to make a significant shift in the scale of its intervention. It has also maintained close monitoring to make informed decisions about whether and how to go forward. In terms of service delivery, it has invested heavily in training and shown an increasing recognition of the need for “refresher”. Support in the working environment after training in order to enable participants to apply training may not be feasible though follow-up monitoring does address the impact of the work practices.

3.8 Understanding Programme Costs

The total UNICEF Uzbekistan Country Office budget for 2005-2009 is \$19,917,716

The budget for the FEP is \$1,306,437 = 6.5% of the total UNICEF budget. Given what has been achieved so far, it would be fair to say that FEP had been implemented on relatively modest funding. A breakdown below provides an indication of the relative distribution among key activities.

Actual expenditure for 2005-2008 and allocated budget for 2009 is:

	\$
Capacity building/trainings	384619.69
Advocacy & Communication (including printing)	304357.33
Social Mobilization Initiatives	256841.58
Monitoring & Evaluation	203865.26
Project Support	156754.03
Total	\$1306437.89

Benefits

a) Training sessions

Total number of trainings 322 for 13,276 participants

Total cost of training per unit (training) 1194

Per person 29

Per actively working volunteer 77

(out of total number trained, 22% actively working)

b) FEP publications

Total number of copies printed

Training module 10000

Home Activity Booklet for parents/caregivers 16000

Facts for Life Baby Book 3000

Facts for Life in Karkal 3000

Millenium Development Goals in Uzbek 13000

Children’s Books – 5 titles x 10,000 50000

In addition to this: posters (four types x 5,600) Facts for Life calendars, notebooks, FEP post-its 22400

Total cost for publications for 2005-2009 \$234159

(including development, training, editing, field-testing and printing)

Note: Facts for Life in Uzbek was not printed from FEP budget but distributed through FEP (around 20,000 copies)

c) Families reached

Total budget spent was \$1,306,437.89 and 507,589 families were covered

(approximately 10% yearly of all low-income families nationwide)

Cost per family is therefore approximately \$2.5

Cost per child is \$1.2

3.9 Monitoring and Evaluation

It is very important for pilot projects to closely monitor performance to identify weaknesses and areas for improvement and so increase the chances of success. The FEP Annual Review of 2005 recommended this.

Recommendation: to develop effective mechanism of programme monitoring and evaluation, including a) indicators and questionnaires at the community level to report on results of programme impact; and b) indicators and questionnaires at the district level and linked with community-based results to be able to advocate for further policy interventions

Annual Review 2005

a) Methodology for Baseline Survey

Accordingly, the research objectives of a Baseline Survey (April – June, 2006) were to evaluate knowledge, attitudes and practices (KAP) of people taking care of small children and to design indicators for monitoring implementation of Integrated Early Childhood Development. The main tasks for the Sociology Centre were to:

- i) define characteristics of families with children from 0-6 years old;
- ii) study issues of pregnancy and delivery;
- iii) define state of health of small children;
- iv) evaluate level of knowledge and describe practices of caretaking for children;
- v) assess knowledge and practices in health, nutrition and sanitation;
- vi) define community source and channels of distribution information concerning issues of child health, preventative health measures, sanitation and nutrition;
- vii) define needs of main target group in knowledge and information on issues of a child's health;
- viii) describe practices and skills in education of children;
- ix) define the role and functions of family members in their children's education;
- x) define living conditions of small children;
- xi) define accessibility to services of medical facilities;
- xii) define existing practices in calming down impulsive children and practices of punishment;
- xiii) study abilities of children in different age groups;
- xiv) study access to water and usage of drinking water.

The target groups included parents/caregivers, grandparents and children from 0-6 years old. The study used: i) a quantitative household survey conducted in 500 households; ii) qualitative focus group discussions with women raising children of 0-6 years. Three sites were selected: Ferghana province and Karakalpakstan Republic who were included in the FEP; and Kashkadarya province selected for comparison. In each site the study was carried out in urban and rural settings.

In each household three family members were interviewed (mother, father and grandmother of a child) or a total of 1,046 respondents representing 780 children. Interviewers conducted successive random sampling of households assisted by the mahkalla council list. The results of the KAP provided a baseline against which future monitoring could be compared.

b) Building monitoring capacity in the regions

In September, 2006 experienced interviewers from the Research Agency completed a planned monitoring of provinces and loaded collected quantitative data onto analytical software. The Sociology

Centre then provided a report of the findings judged in relation to the Baseline Survey. A total of 600 households were sampled and interviewed. Findings were assessed against quantitative data of the Baseline Survey, to identify programme components that worked and those that did not.

In February, 2007 the consultants at the Sociology Centre conducted comprehensive pre-fieldwork training of teams consisting of a database specialist, volunteer (usually a patronage nurse) and national trainer in order to provide knowledge about data collection on the basis of interview questionnaires and SPSS database preparation. Training was followed by the fieldwork data collection and data loading into SPSS that was done by local teams under the direct supervision of the Sociology Centre researchers. In March, 2007, the research team conducted advanced training of database specialists from pilot rayons and of national trainers on cleaning and processing SPSS data from Monitoring-2 loaded into SPSS in the field by the database specialists. They were trained in techniques of processing cleaned data into tables, graphs and diagrams, as well as methods of data analysis and use for reporting. The cleaned data were then merged by the research team into one national monitoring database and presented in Monitoring-2 Report. This report used the baseline and first monitoring as a point of reference to gauge improvement on the indicators used.

In June-August, 2007 the Mid-Term Evaluation of the FEP for the period January 2005 to June 2007 was produced. This time the quantitative survey involved 453 households. At this time it was recommended that training on basic issues of monitoring and evaluation should be provided for deputy hokims. Monitoring and evaluation it was emphasised are necessary tools for them to improve their work. This would help them to analyse work done and plan future activities according to demand.

A network of monitoring teams should be established. Each rayon should have its own e-mail account. Monitoring teams should organise their networking via Internet in order to share information. Results of monitoring should be used by local implementers as situation analysis for project writing. FEP should develop a brochure that will include all materials related to monitoring trainings.

Azimova, Yakupov and Yakupov (2007)

Accordingly, Monitoring-4 took place in April-may, 2008. In each pilot rayon monitoring teams consisting of a database specialist, volunteer and national trainer conducted a fourth monitoring through data collection from 330 households, data loading and processing in SPSS software and producing results of monitoring in graphs, diagrams and tables for further analysis. In the interim six trainings were conducted for the teams on tools and methods of monitoring.

Monitoring-5 appeared in November, 2008. This set out to compare findings of the Mid-Term Evaluation in June-August, 2007 and the Monitoring-4 and Monitoring-5. The Survey was carried out with 324 households from all pilot rayons.

The final Impact Assessment data (April - June, 2009 already described above. Data obtained from 978 respondents was compared with the Baseline (KAP) Survey.

c) *Monitoring as a means of revealing the status of project progress and informing decisions on future directions*

Gerard Peart (2006)¹⁵ recommended that this was the time for a successful pilot to target particular service aspects using the Impact Assessment information as a basis for this. A useful distinction that he made was between change judged by stage of change (for each message), for example the decision to buy and store properly iodised salt, or by ease of behavioural change (across all messages), for instance to exclusive breast-feeding for three, four or six months. This is a reminder that behaviour change is a process and not an event and, in some cases, especially when associated with traditional beliefs such as use of the *beshiq*, will be slow to result in change of attitude, understanding and behaviour. Equally important, given the complexity of this cross-cutting programme and the scale of its operation, decisions will need to be taken about the capacity of UNICEF to maintain a programme comprising a large range of health and Early Childhood Development messages and covering a large part of the country.

¹⁵ Gerard Peart (2006) *Mission Report*. Tashkent: UNICEF

4. Partnerships

4.1 Context

4.1.1 Overview

The five-year joint programme of co-operation between the Government of Uzbekistan and UNICEF started in January, 2005 and comprised two major components:

- access to quality basic services
- good governance for women and children.

As frequently noted, Uzbekistan has very high literacy rates, a large cadre of teachers and health personnel, an extensive and functioning infrastructure and strong social protection policies. The welfare improvement strategy (I-PRPS) is geared towards achieving the Millennium Development Goals¹⁶). The living standards assessment of the World Bank (WB), 2004 estimated that 26-27 % of the population in Uzbekistan lived below the poverty line judged in terms of a daily minimum calorie intake of 2,100 calories. the interview with the WB estimated that by 2007 there was a further reduction of poverty by 1-1.5% by 2006. "Welfare is increasing but there are differences across the country depending on where you live and who you are"¹⁷.

External funding in the form of loans and grants to education and health are high. The WB and Asian Development Bank (ADB) contribution to the health and education sector exceeds half a billion US dollars.¹⁸

In most country programmes the main partners for UNICEF are the Government and the Public Administration. The quality of these relationships is very important and in the case of UNICEF in Uzbekistan they are very cordial. UNICEF-Uzbekistan has particularly good relations with the Ministry of Health and with the Department of Preschool Education, Ministry of Public Education. The Department of Pre-school Education and UNICEF-Uzbekistan are currently at a critical planning stage in the validation of the Early Learning and Development Standards. UNICEF-Uzbekistan also works very closely with the Women's Committee of Republic of Uzbekistan, registered as an NGO, and their Deputy Governors in the provinces. Strong partnerships with civil society and especially with NGOs remain important in the context of sensitive cultural and social issues.

4.1.2 Co-operation with donors and United Nations Agencies

In terms of cooperation with donors and other United Nations agencies, one example of this is a joint programme by *United Nations Development Programme*, UNICEF and United Nations Population Fund (UNFPA) that was carried out in 2005-2006 at the request of the Women's Committee. This aimed to develop a training module to increase awareness of appointed makhalla advisers about gender issues, HIV/AIDS, principles of the the Convention on the Elimination of All Forms of Discrimination Against

¹⁶

MDG Goals and targets for Uzbekistan (in brackets)

1. Improve living conditions and reduce malnutrition (by 2015, halve the proportion of people living in poverty).
2. Improve the quality of education in primary and secondary schools (by 2015, improve the quality of primary and secondary education while maintaining universal access).
3. 3. Promote gender equality and empower women (by 2015 achieve gender equality in primary and general basic secondary and vocational education; by 2015, improve gender balance in higher education).
- 4./5. Reduce child mortality and improve maternal health (by 2015, a) reduce by two-thirds the mortality rates among children aged between 0-5 years, b) reduce maternal mortality by one-third. Undertaken measures to adopt internationally accepted WHO live birth definition).
6. Combat HIV/AIDS and Tuberculosis, (by 2015 will have halved and begun to reverse the spread of HIV/AIDS).
7. Ensure environmental sustainability (by 2015, make sure that the country's policies and programmes protect the environment for today's and tomorrow's generations and reverse the loss of environmental resources, b) increase the share of rural and urban population with access to an improved water source and sanitation).
8. Strengthen Uzbek's global partnership (targets are a) to ensure partnership with regional neighbours and other countries by joining efforts to promote regional peace and stability, b) expand trade including regional and cross border trade and transport, c) attract foreign direct investment, and d) rationalize water and energy management).

¹⁷ Interview with WB, Dilnara Isamiddinova

¹⁸ "Making a difference." Repositioning UNICEF programme priorities to better serve women and children of Uzbekistan, June 2005-December, 2006

Women, International Centre for Peace and Development (ICPD), United Nations Convention on the Rights of the Child, Beijing Platform for Action and Millennium Development Goals.

This particular project is seen as an initial step of further steps to be taken over a period of the 5 years of implementation of **UNDAF** Outcome # 5: to strengthen government and civil society capacity and partnership towards more effective governance. The project is intended to contribute further to increased quality of life of makhalla communities and families who are empowered to participate in planning and decision-making processes on issues related to their lives.

Major activities within the project, are as follows:

- To develop joint training manual
- To field-test the training manual and to revise/edit it accordingly
- To publish the training manual
- To conduct training for trainers on the training manual
- To conduct training for Deputy Governors and markhalla advisers in selected makhallas
- To conduct trainings across designated regions.

Another example is a community clinic that the consultants visited where a target group of local clinic staff participated in UNICEF FEP training and upon completion conducted training themselves for community women, using UNICEF methodologies. This is a joint *United Nations Development Programme*-European Union Enhancement of Living Standards (ELS) and *United Nations Development Programme* area-based development programme and UNICEF project in 2007.

UNICEF will continue collaboration with traditional partners such as the WB, the ADB and United States Agency for International Development (USAID) in areas of health and education, for instance ADB and USAID are partners in achieving flour fortification with iron project with UNICEF receiving funds from Global Fund on Nutrition Initiatives (GAIN) in order to achieve reduction in incidence of anaemia.

4.2 Meetings with key partners to review collaboration with UNICEF

4.2.1 Meeting with Representative of Ministry of Health

It was confirmed that there is good co-operation with UNICEF and ADB on education in rural areas.

Community health is sound economics, the focus is teaching of upbringing. Helping us there are more doctors. Also maslahatchis work with nurses carrying out a lot of this work, paying attention by teaching in the community. A mother takes more interest in medical literacy. The target is prevention. I say for sure that ECD is a priority issue – a medical issue - working with parents on child development.

Representative of Ministry of Health

In terms of whether or not the FEP should continue, the Ministry endorsed the project and its continuance.

Continue with the programme. Don't just give it up. We are not even half way. We believe that it is working successfully with the co-ordination of the Women's Committee. How successful has it been? We have not been successful in anaemia. FEP makes a big contribution. Rates have decreased but incidence is still high. So a lot of work to do here. We have fortified flour. Government's contribution is 50/50. There are several programmes with iodine, vitamins, zinc ...

Representative of Ministry of Health

4.2.2 Meeting with the Representative of the Women's Committee

It was stressed that the role of the Women's Committee in ensuring women's well-being. As a national partner and co-ordinator of FEP for UNICEF, The Representative viewed the 2005-2009 stage of the project as a "major achievement". It is a cross-cutting programme. The Decree for Improving Health of Woman and Child, for instance, involved all ministries. In the next stage, the role of Deputy Governors would be crucial as they reported to the Deputy Prime Minister on all programme interventions that concerned the scope of the work of the Women's Committee. The Oila Foundation is also a partner organization that handled the family part of Women's Committee. The Representative was also most pleased about FEP as since the first days of independence mother and child had been a priority for the

Government. All fertile women now are given contraceptive advice. Reproductive centres for young women were available in all regions. Screening for adults is also available in 11 provinces.

The Representative stressed the successes of the three entry points for effective FEP – household, community and service-linked interventions and then emphasized the need of further development for systems intervention or national level such as raising media awareness.

The first challenge is to train women's committees in cities and districts. The programme provides training for 6 provinces. Disseminate – province by province. This is possible.

New standards of development? Good video clips for family education to convey key messages. Every family has a television. ECD – I think that that is good. Standards are essential for the child. My attitude is very positive.

Representative of the Women's Committee

4.2.3 Meeting with Representatives of the Pre-school Department

The Representatives from Department of Pre-school Education acknowledged that from 2004-2009, the focus of the Ministry of Public Education had been basic education. The vast majority of the budget went on infrastructure development. There is joint work with the WB on infrastructure and methods (child-centred education).

There are three types of pre-school: 6,217 state kindergartens and 144 specialist pre-schools, plus private pre-schools for approximately 20% children. Pre-school is organised mostly on a local basis. Now UNICEF jointly with Ministry of Public Education had developed early years competences and the idea of alternative forms of pre-school. At the moment, the Ministry of Public Education endorsed development of kindergarten. The major challenge is improvement of quality of content. Most important is curriculum content, didactical materials and methodology, alternative, low-cost programmes and sponsors. A Decree of 1 May endorsed a preschool body to develop programmes, toys and games, and attract sponsors. It is one of the steps to decentralization. Introduction of capital financing to help children get quality of care is important.

FEP is very important. It can provide pedagogy, a supportive environment for raising families, relationships with adults – social intervention. It has a role. The Minister of Education is a psychologist.

In the development of the ELDS, we can see if Uzbekistan is succeeding in developing a mechanism, a tool of monitoring the quality of teaching and learning.

Representatives of Department of Pre-school Education, Ministry of Public Education

S The Representatives of the Department of Pre-school acknowledged that there is a lot of work to do. With the help of interested parties they hoped to reach their objectives – implementation with others, drawing on their experience. Alternative training with new monitoring is required. Upgrading of qualifications is needed, drawing on international expertise and also the expertise within the country, including the technical support from UNICEF on content and training. Trainers and parents/caregivers established a relationship but it is important for them to remember the psychological competence of parents/caregivers.

Uzbekistan has traditional ways of upbringing and systems of relationships. We are promoting a “non-traditional facilitation”. If you see Tashkent billboards – with a father and mother with children – we are promoting a responsibility. Before independence, in different times, there were problems. It affected the method of upbringing. Children were taught in that way. There is a need to change teachers and pre-school centres. Attitudes to parents need to change, too. New standards have a different view of the child, notably new knowledge of children's brain development, personality and social skills are available.

Representatives of Department of Pre-school Education, Ministry of Public Education

The implications for the FEP are that new materials and training might need developing.

The FEP pilot has been important. We have been successful in the pilot. We must scale up. We need to expand over the country – a system of parents, teachers and teaching. It is difficult when their skills need development, expanding, too. There is a lack of materials. Parents and young people need more. Through the Makhallas Committee and the district departments we have intersectoral/interprofessional

ways of working. opportunities for modeling and mass media. It is easy for parents if teachers model at the end of a session. There is mass media, television shows for new families and young people are interested. Television is a powerful tool but we have necessarily to use existing traditions.

Representatives of the Department of Pre-school Education, Ministry of Public Education

4.2.4 Meeting with Representative of the Republican Centre for Training for Pre-school Educators

The work of the Republican Centre in 14 regions and Tashkent was explained. Each one had an Institute of In-Service Education. At the Republican Centre in Tashkent, head teachers and specialists upgraded methodological skills. Every three years, professionals get 144 hours (over one month) paid by the State to upgrade head teachers, methodologists and logopedes for the whole of Uzbekistan in July to August. There are 2,165 staff in 6,237 kindergartens in the Republic. (In 1995, there were 9,700, 3,000 had closed.)

The development of standards for the curriculum and standards for teachers had created a lot of work. The Centre is jointly working with the Pedagogical University on new curriculum standards that had been accepted by the Ministry of Public Education. The new programme is for 0-7 years. These had been developed but needed validation work. The standards would be universal – what a child should know and do, up to 1 year, 1-2 years, 2-3 years, 3-4 years, 4-5 years, 5-6 years and 6-7 years.

47,800 preschool teachers will train regionally every three years. Medical people come too. Attention will be paid to a tool or checklist for monitoring. Teachers will be engaged in hands-on, on-going innovations. There will be 7 centres open in 6 regions. Four people will be working at the centre: a doctor and teacher, and two teachers working with parents/caregivers. There will be a curriculum and lessons for parents/caregivers. There will be 5-day training to work with parents/caregivers, a “Mothers’ School, with detailed messages and activities. If their children do not go to kindergarten, parents/caregivers can leave children whilst they attend. Parents/caregivers take the programme in portions as “take homes’. Feedback will be provided whilst mothers explain and the facilitator guides. Another suggested strategy for increased coverage is Saturday/Sunday schools. There is already a high demand from districts and communities.

How to take the project forward, take to a national scale? It is not realistic to reach all families but very important. We can get involved in a system of capacity-building, to distribute reach. At the end, family health, education, child health and nutrition converge. Convergence takes place at the family level.

What messages? The *FFL* is an excellent book, good for the family but leaflets for families, some sort of orientation, information, knowledge (of the new standards and interactive methodologies) to take care, to contribute to the family to create knowledge convergence and communication.

What support scheme for the deputy governors? We must have a system and a means for them to learn from one another, information sharing and good practice. More interactive training, training of trainers, master trainers, materials, at district level and inter-communication.

What is the leadership role of the Women’s Committee, the Ministry of Health, the Ministry of Public education?

How do we increase the opportunities of families, up to 50%?

Representative of Republican Centre for Training of Pre-school Educators

4.2.5 Meeting at the World Bank

The World Bank Officer regretted that their current plans did not include pre-school education. There are limited funds that do not extend to kindergartens. Their strategy will run to 2012 envisages two projects: one education- and one health-related. For the education project, there has already been a phase of work that focused on primary schools and a second phase will concentrate on secondary schools. In both phases they work with communities to strengthen schools boards and increase the role of parents/caregivers, and with teacher to train in interactive methods. The health project involved community education and did have an Early Childhood Development element. They work closely with the Ministry of Health on maternal and childcare. The Asia Development Bank has two or three projects in education that relate to rural school development co-ordinated by the Ministry of Public Education

Initially, the second phase of the education project has included 692 kindergartens, with costs for equipment and materials, but this has now been taken out.

It was a decision of the Ministry who had some interest. It has been raised several times. It is very important, a huge investment ... it depends upon funds ... financing may open up in later years.

World Bank Officer

4.2.6 Meeting with the World Health Organisation (WHO) officer

The Officer from the World Health Organisation can see the benefits of having Integrated Early Childhood Development but is not sure that child education is important to the Ministry of Health. He could see the potential of a topic on nutrition/food security, noting that nurses in kindergarten are paid by education but doctors are paid from health sources. Assessment of all pre-school children is routine with a registered medical check. The main focus of the WHO that related to FEP is reproductive health. Overall, there seems no obvious areas for collaboration.

4.2.7 Meeting with the United Nations Population Fund (UNFPA) officer

United Nations Population Fund colleagues responded in a similar manner. Reproductive health is a possibility for future co-operation. There could be synergy for joint programmes around gender and reproductive health. In terms of structures of support for their work, they find the deputy governors very supportive but caution on over-reliance on makhalla advisers as their work has other agendas that are moral and religious. Moreover no systematic evaluation of makhalla advisers' activities has been carried out. In the current situation the Uzbek UNFPA office is without a Representative and so unable to make strategic decisions before a new appointment has been made.

4.2.8 Meeting with the United Nations Development Programme (UNDP) officer

A short meeting at the United Nations Development Programme offices acknowledged a positive response to partnership and related this to their previous training collaboration. In terms of future collaboration, the UNDP focus in the area of sanitation and education might not match closely with knowledge and understanding of Early Childhood Development processes by kindergarten professionals, patronage nurses and makhalla advisers. Otherwise, they are engaged in a big project to provide equipment for primary healthcare clinics.

4.3 Emerging trends

Improvements in the quality of health care and education remain a high priority for Uzbekistan. Technical support and external funding in the form of loans and grants from the ADB, WB, USAID and the Government of Japan make an essential contribution. To support this work, there is an extensive network of education and health services that reaches communities across the country. There are also adequate numbers of trained teachers and health personnel.

UNICEF's comparative advantage, according to the *Making a Difference* paper¹⁹ lies on its corporate experience and expertise in promotion, development and protection of children's rights, strengthening the primary health care, basic education and juvenile justice systems, and its ability to bring to the country the best of world practices in support of children. UNICEF's past experience in working at national, state and community level in Uzbekistan gives it an advantage in influencing policies at national level and ensuring effective implementation at field level.

A stated UNICEF priority focus in the area of education is informal and community-based kindergartens. Revision of the national standards/curriculum, development and adoption of national policy guidelines for informal/community-based kindergartens, training for pre-school teachers and orientation for local communities and parents/caregivers is currently underway. This has the goodwill and support of the Ministry of Health and Ministry of Public Education.

What seems equally clear is that extending pre-school attendance is not a current priority of the other major donors. This suggests that for the next phase of the FEP UNICEF will need to be resourceful in strategies for increasing coverage of developmental preparation for school and the quality of Integrated Early Childhood Development training and care.

¹⁹ UNICEF (2005) *Making a Difference. Repositioning UNICEF programme priorities to better serve women and children of Uzbekistan.*

5. The Interface with International Instruments and Strategies

5.1 The Situation for Children and Women in Uzbekistan

Uzbekistan ratified the United Nations Convention on the Rights of the Child in 1992 and the Convention on the Elimination of All Forms of Discrimination Against Women in 1995, along with other international instruments. In 2001, Uzbekistan submitted its first periodic report on the United Nations Convention on the Rights of the Child implementation about which the United Nations Convention on the Rights of the Child committee raised a number of concerns. In June, 2006 it submitted its second period report about which the United Nations Convention on the Rights of the Child committee had remaining areas of concerns despite noting with satisfaction that various concerns and recommendations made to the initial report had been addressed through legislative measures and policies. Adoption of a comprehensive children's code, non-discrimination, ill-treatment and abuse of children, the protection of refugees and displaced children and street children, and child labour and administration of juvenile justice had not been given sufficient follow-up.

Among Millennium Development Goals three related to health, particularly child mortality rates, maternal mortality rates and HIV/AIDS are still regarded as a challenge. Uzbekistan has achieved impressive rates of literacy and made much effort to sustain universal access to education but the quality remains a challenge.

There are a number of reasons for this. First, as noted in the United Nations Convention on the Rights of the Child committee responses there are still omissions in policy related to children's rights. Policies are lacking for Early Childhood Development, children deprived of family care, child labour, juvenile justice and addressing the situation of people living with HIV/AIDS. Secondly, there is low family awareness of factors affecting the well-being of women and children. Traditional values militate against addressing family and social issues and, hence, may limit the effectiveness of family education programmes that seek to empower families and communities. Thirdly, the state budget is still insufficient to support the social sector development needs.

In time, the framework of the United Nations Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women should strengthen the capacity of the State to respond to national priorities and meet its obligations to ensuring the rights of children, young people and women to live, grow up and develop in a nurturing, caring and protective environment.

Convergence of action related to the delivery of basic services, in health and nutrition, pre-school education, child protection and well-being should contribute to the attainment of at least five out of eight Millennium Development Goals, The UNICEF Medium Term Strategic Plan and the three United Nations Development and Assistance Framework outcomes: a) improvement of living standards of the population; b) universal access to quality basic education; and c) primary health care services. The strategy is based on the United Nations Convention on the Rights of the Child principle that because human rights are interrelated and interdependent the Country Programme must be integral and holistic in its approach to child development. Given limited resources this can take place only in priority areas, though advocacy and nationwide communication and mobilization will influence policy development and contribute to sustainability. As noted by the Director of the Republican Centre for Training Pre-school Teachers, when families demand for quality services (in this case pre-school education) is increased, this will lead to improved services and greater utilization of these. This strategy contributes to the attainment of almost all Millennium Development Goals and United Nations Development and Assistance Framework outcomes.

Strengthening mass communication as well as social mobilization and advocacy activities helps to put into effect the integration of the principles of United Nations Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women in national policies and programmes. Meanwhile the introduction of instruments for monitoring and evaluation encourages Human Rights-Based Approaches (HRBA) and Results-Based Management (RBM) for stakeholders at a variety of levels.

5.2 Early Childhood Development Nationally and Internationally

Efforts to enhance Early Childhood Development aim in the end to improve the lives of children and their families and, through this, to support universal completion of basic education, poverty reduction and progress towards the Millennium Development Goals, as well as to lay foundations for future social and economic development. Early experiences in a supportive family and community with proper nutrition

and health care, learning opportunities, access to quality services and protection from risk depend upon enabling policies and practices. The Early Learning and Development Standards are intended to make a contribution to this by making explicit for care-givers in the home and community how early development can be supported in specific domains such as physical and motor development, social development, language and cognitive development. Underpinning this is the assumption that successful transition to basic education depends upon all children being developmentally ready for primary schooling. UNICEF (2008)²⁰ recognizes that successful transitions to school depending on three pillars of this readiness: the child's developmental readiness, the family's readiness to support learning and the school's readiness for children. Disparities in 'readiness' are apparent at school entry and merely increase over the school years.

Donors such as the WB are supporting the development of "child-friendly" schools with rights-based and inclusive education practices. UNICEF's County Programme Action Plan undertakes to ensure the provision of early learning opportunities through home-based and other community-based interventions in priority areas. The United Nations Convention on the Rights of the Child calls for States "to ensure to the maximum extent possible the survival and development of the child". Realising children's rights is dependent on the well-being and resources available to those with responsibility for their care. The new Convention on the Rights of Persons with Disabilities contains several articles specifically relevant to early childhood, including the rights to birth registration, support for families, provision of family or community care when children cannot live with immediate families, and inclusion in play and recreation and basic education activities. Although the Millennium Development Goals do not specifically address early childhood, the Education for All (EFA) framework recognizes the strong foundations established in early childhood for learning, school attainment and later development. The first Education For All goal calls for expanded and improved "comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children". All the following EFA goals build on foundations laid in early childhood. The *Strong Foundations* EFA Global Monitoring Report emphasises the importance of placing early childhood at the forefront of national and international plans with a target date of 2015 for EFA goals

The Organisation for Economic and Co-operation and Development (OECD) series of reviews of early childhood policies entitled *Starting Strong* demonstrates a growing acknowledgement that Early Childhood Development promotes a State's economic progress and documents recent progress in a number of member countries. The World Bank and Asia Development Bank have increased investment in young children and families in recognition of the relevance of early childhood to poverty reduction and national development. The World Health Organisation promotes young child survival, growth and development through a holistic framework for early childhood health. In collaboration with UNICEF, WHO has created a *Care for Child Development* module (WHO, 2007) to improve health workers' understanding of Integrated Early Childhood Development. UNESCO has shown an increasing interest in early childhood. Foundations such as Aga Khan Foundation and Bernard van Leer Foundation also contribute to early childhood policies and systems. International non-government organizations such as the *International Step by Step Association* have played a significant role.

UNICEF's Mid Term Strategic Plan for 2006-2009 planned to contribute to the Millennium Development Goals. The Country Programme Action Plan 2005-2009 between the Government of Uzbekistan and UNICEF undertook to ensure provision of early learning opportunities that will be achieved by 'supporting the training of service providers/teachers and family/community volunteers and the development and production of low-cost educational and development materials'. UNICEF will also support the advocacy initiatives for parents/families, communities and local officials on the importance of early learning. This will be an area for future development in the next phase of the FEP with the goal for better developmental preparedness of children for primary school.

²⁰ UNICEF (2008) *Early Childhood Development in the CEE/CIS Region. Situation and Guidance*. Geneva: UNICEF

6. The Way Forward

6.1 The FEP according to the Organisation for Economic Co-operation and Development Development and Assistance Committee (OECD-DAC) Evaluation Criteria

The conceptual framework of the review ensured that evaluation questions supported the OECD-DAC criteria. (See Section 2.1 Evaluation Framework and Annex Six and Seven). The matrix below draws on findings reported using the Key Result Areas framework. (See Section 3.2 Inputs and Process and Section 3.4 Outputs and Outcomes) citing specific evidence with special focus on issues relevant to the OECD criteria.

Terms of Reference Questions	Findings
Relevance:	
<p>What is the value of intervention in relation to 1) the national and international partners' policies and priorities (including MDG, UNDAF, WIS); 2) the global references such as the CRC and CEDAW; 3) the MTSP, the CCC, HRBAP and RBM?</p>	<p>FEP is closely aligned to national priorities, mostly recently articulated in the <i>Resolution of the President of Uzbekistan, PP-1096</i> of 13 April, 2009 on additional measures to safeguard maternal and child health and nurture healthy generation. It aligns with international priorities MDG, UNDAF, PR, CRC, CEDAW, MTSP, CCC and HRBAP. In accordance with the 2005-2009 Country Program Action Plan, the FEP contributes to <i>UNDAF outcome #2</i>: "By 2009, universal access to quality basic services is achieved"; Outcome 2.3: "<i>Families'</i> child-rearing practices for child survival, development and protection are improved in priority areas'. FEP also contributes to the following MDGs: <i>MDG 4</i> "reduce child mortality", <i>MDG 5</i> "maternal health" and <i>MDG 2</i> "universal primary education". (Evidence obtained from desk review, eg from Annual Report and Annual Work Plans.) In respect of other global instruments, like the UNCRC and CEDAW, FEP disseminates information on UNCRC through, for instance, such messages as attitudes to pregnant women, tender relationships with children and supply of their fundamental needs, and involvement of fathers in caretaking. (Evidence from desk review and FEP Evaluation Workshop focus groups.) While other UNICEF supported programs related to health, education and child protection are working with sectors to ensure quality basic services provision, FEP has a cross-cutting program, creating a link and a support for these interventions at family and community level. It is also related to the Local Capacity Building project at regional and district level and stimulates the development of evidence-based actions plans to promote FEP/ECD through Regional and District Offices. (Evidence from desk review, eg Annual Reports and Annual Work Plans)</p>
<p>Do final beneficiaries-families and communities regard FEP top priority compared to other immediate issues and MDGs?</p>	<p>Final beneficiaries families and communities do regard FEP as a top priority that synthesises many of the most important commitments that the MDGs entail (evidence from discussions with families in Kuva and Gijduvan) and it recognises explicitly the interdependence between growth, poverty, reduction and sustainable development (evidence from interviews and focus groups with community advisers, frontline workers/ volunteers, in-depth interviews with Deputy governors of Regions and Districts).</p>

<p>What is the appropriateness of the design?</p>	<p>The FEP has been designed to be implemented by the community advisers and patronage nurses through home visiting, linking families to health and preschool services, social mobilization activities/events, and advocacy/communication materials Community Advisers are tasked to increase caregivers' knowledge and skills on home health care, hygiene and sanitation, psycho-social stimulation, nutritional practices, care by both parents and care for pregnant women. This will lead to improved childcare and responsiveness to needs. As a result, children's health and development outcomes are being improved. (Evidence from Impact Study)</p>
<p>How has the project been implemented?</p>	<p>Key programme activities/strategies of capacity development; advocacy and communication; social mobilisation; and monitoring and evaluation are being implemented in 28 districts of 6 regions through: local district offices that regularly monitor project intervention and use results of it for their future planning (evidence from Jondor District "Open Doors' Advocacy Event); community development (evidence from interviews with Deputy governors of region and district); service delivery linked (evidence from Cheksura clinic staff); household visits (evidence from Gijduvan volunteers)</p>
<p>Given the assessment of strength and gaps, what was determined to be the best starting point of the programme?</p>	<p>Presidential Decrees have emphasised measures to safeguard maternal and child health and nurture a healthy generation throughout the period of FEP up until the latest Decree of April, 2009. As noted, by Sonai Zaveri in 2005 mother and child health has been a government priority and there are a number of related decrees. Health-related issues were the best starting point and have remained a government priority. As remarked by the Minister of Health 'statistics for reproductive health have improved but there is still a high birth rate and associated maternal mortality. The FEP has played an important role because it has an integrated approach and expertise in reaching communities and families' .As noted by the UNICEF Head of Section, "It is cross-cutting, yet local. Work with capacity in the regions creates better services for health, education, protection and HIV/AIDS</p>
<p>To what extent was the content of the parenting programme adapted to the local context and to families' knowledge? If so, in what ways?</p>	<p>FEP has been adapted to local context and families' knowledge in order to modify cultural traditions such as the extended use of the <i>beshiq</i> and role of fathers in the care of children (evidence from family visits in Kuva and Gijduvan) and marriage among close relations (evidence from FEP Evaluation Workshop focus group). Gijduvan volunteers also reported family surveys in which areas where families needed more training were identified.</p>
<p>Do local government offices use results logical framework with result-oriented objectives (specific, measurable, achievable, relevant and time-bound)?</p>	<p>Feedback on achievements and improvements needed is provided. "It is part of the cycle." Analysis of "gaps' in knowledge and what needs to be done by the Intersectoral Committee, sector by sector that will involve the makhalla adviser (evidence from meeting with Jondor Intersectoral Committee). Feedback from the FEP Evaluation Workshop focus group members suggested that this is an area that may need further professional development.</p>

What indicators the project had planned to use for monitoring and evaluation purposes?	FEP Evaluation Workshop focus group members demonstrated excellent knowledge of monitoring indicators, for example, family planning, timely visits to health facilities during pregnancy, knowledge about dangerous signs for health of children and women, intake of better quality water and iodised salt, involvement of all family members in childcare, intellectual development of children, coverage of kindergartens, skills of children from 0 to 6 years. They suggested including the following indicators: use of alcohol, attitude of parents to preschool establishments. Also suggested was the interviewing of fathers during monitoring (evidence FEP Evaluation Workshop focus group).
How was monitoring used for further planning/adjustment of project?	As noted above, further planning/adjustment may be carried out in intersectoral teams, health and education following analysis by the Intersectoral Committee (evidence from meeting with Jondor Intersectoral Committee
Do deputy governors relate the FEP intervention to the implementation of CRC and CEDAW?	Relationship of FEP to CRC and CEDAW is made explicit by Deputy Governors at District level during training for community advisers (Evidence from training Evidence from speech by Deputy Governor and in performance by school children). This suggests that opportunities are taken to emphasise rights issues in relation to the FEP.
Does FEP module/materials include messages on child rights and gender equality	The <i>Training Manual</i> starts with a session on Child Rights to put all messages in the context of the rights of the child. Gender equality is approached through Father's Role in Child Rearing. The <i>ECD Home Activity Booklet for Care-givers</i> also starts with Child rights(evidence from desk review) Overall, there is reference to equal responsibility of mother and father for care-giving; no difference in attitude of parents/caregivers to sons and daughters; equal access to education; nutrition provided for sons and daughters should be the same (Evidence from FEP Evaluation Workshop focus group).
Efficiency:	
Does FEP use the resources in the most economical manner to achieve its objectives?	All resources are used to achieve FEP objectives. To make it more efficient and productive, it would be better to publish many more copies of the FEP materials targeted for the population (Evidence from Intersectoral Committee at Jondor and Gijduvan focus group of volunteers. Also evidence from FEP Evaluation Workshop focus group.)
Is funding roughly adequate to meet program needs?	As reported by the FEP Project Officer, "no, there is a need for more funding. FEP funding constitutes only 6,5% of the total UNICEF budget.
What are the costs per unit (family) served?	The cost per family is about 2,5 USD (per child about 1,2 USD and there are usually on average two children per family from birth to six years).The total budget spent is 1,306,437.89 USD, divided by number of families covered, that is, 507,589.

<p>How many materials have been developed/published?</p>	<p>Total number of FEP publications from 2005-2009, including development, editing, field-testing and printing is 234,159.</p> <p>This includes Training module (10,000), Home activity booklet for parents/caregivers (16,000), FFL baby-book (3,000), FFL in Karakalpakstan (3,000) MDGs in Uzbekistan (13,000), children's books (5 types x 10,000 = 50,000). In addition to this: posters (4 types x 5,600 = 22,400), FFL calendars, FFL notebooks (A4 and A5 size) and post-its with FEP messages. FFL in Uzbek was not printed from FEP budget but distributed through FEP (around 20,000).</p>
<p>How many trainings have been held?</p>	<p>Total number of trainings, has been 322 for 13,276 participants. FEP carried out 269 trainings in the districts (21,000 participants, out of which 12,000 participants were covered by UNICEF funded project and the rest co-funded from local government office budgets).</p> <p>In addition, trainings for the national core group of trainers and Monitoring and Evaluation (minimum twice each year) was 10 trainings for 20 participants with total of 200.</p> <p>Additional trainings for deputy governors and main advisers (12 trainings) and for 96 deputy governors + 120 participants (main advisers and core regional group of trainers).</p> <p>Within joint UN project, additional trainings for deputy governors and advisers (2 TOT for 20 trainers, 2 trainings for total of 40 deputy governors in Ferghana region and Karakalpakstan, 3 trainings for 60 community advisers in Karakalpakstan).</p> <p>Within 2005 Community Empowerment Project, (CRC + CEDAW), 12 communities (3 communities in 3 districts in Ferghana + 3 communities in Angren*2 trainings * 30 participants = 720 participants).</p> <p>Cascade trainings for all the districts of Kashkadariya (8 trainings) and Ferghana (15 trainings) covered from LCB project budget, not included in calculation.</p> <p><i>(Data supplied by Shakhlo Ashrafkhanova)</i></p>
<p>Is it worth continuing trainings on community level in pilot communities?</p>	<p>Training must be continued in the communities to introduce the FEP in each family. This is the mechanism for improvement in education (evidence from FEP Evaluation conference focus group). Sustainability depends upon improved knowledge of communities and families. (Evidence from interview with Trainer/Consultant)</p>
<p>Should this practice be continued?</p>	<p>“Achievement to some extent is improvement of maslahatchis. For the future direction... build the confidence of the maslahatchi, what they are doing for the community, using the same model.” (Evidence from interview with Trainer/Consultant)</p>
<p>Should trainings at the district levels be continued</p>	<p>There is evidence of variability/inconsistency of training delivered for community advisers at district levels ie in use of interactive/didactic methodology. Continuing with refresher training for these trainers is important (evidence from observation of training in Dangara for community advisors).</p>

<p>Is it worth to support activities for project implementation through local level governments</p>	<p>Yes, in order to maintain good quality project implementation, it is necessary to continue activities through local governments. (Evidence from FEP Evaluation Workshop focus group) Local governments need to strengthen monitoring of implemented objectives. For example, Gijduvan district has pre- and post-training survey for volunteers: what do they need more of. A seminar programme is then provided to “fill the gaps’ (evidence from focus group discussion with Gijduvan volunteers).</p>
<p>What are the intangible benefits that could not be measured quantitatively? (e.g., personnel trained and motivated; sustainability achieved; participation in ECD policy planning; community organization strengthened; women empowered; culture reinforced).</p>	<p>Confidence: “We have built the confidence of the <i>maslahatchi</i>, what they are doing for the community, using the same model (evidence from interview with Main Trainer/consultant). Motivation: “My personal experience as a trainer has been as follows. Working with Deputy Governors, they had close interaction with those that they trained and they had motivation. With those they trained, we were less close, had fewer links and there was less motivation. “If I compare <i>maslahatchis</i> we trained and those we did not, there is a difference. From the group at the beginning, the quality goes down. The challenge is to keep a level of sustainability. We need a full day’s training to demonstrate our interest”. (Evidence from interview with Main Trainer/Consultant)</p> <p>“Training is being enjoyed. At first we thought the Uzbeks will not want this”.(Evidence from interview with Main Trainer/Consultant)</p>
<p>Effectiveness</p>	
<p>Are we reaching the expected family-level results message by message along the continuum of behavioural change (awareness, interest, desire, change)?</p>	<p>The household survey was conducted with the intention of measuring reported changes in practices, knowledge and attitudes in rearing and educating children after FEP interventions in the interim from 2005-2009. The same was true of family visits made by evaluators. Trained families very clearly had more knowledge about FEP main messages than untrained families. Moreover, it was reported by all interviewees/focus groups that behaviour change had been achieved. (Evidence from interviews and focus groups.) It is important to distinguish clearly between reaction; modification of attitude/perceptions; acquisition of knowledge/skills; behavioural change when reporting results as it is essential to recognise that certain patterns of behaviour will be difficult to change due to traditional beliefs and values, gender stereotyping and economic constraints related to migrant work that has a negative affect on child-rearing practices.</p>
<p>What are the results of intervention in terms of behavioural changes on individuals, communities, institutions (e.g. preschools, local medical points) against set indicators?</p>	<p>The view of Deputy Hokims was that the programme has achieved visible progress in reaching caretakers on the individual family level. In this respect the programme has worked out as planned. Family caretakers receive information from <i>maslahatchis</i> so the most important factor is whether the parents/caretakers are convinced that the “messages’ are worth listening to. When the <i>maslahatchis</i> are successful, family interest in the topic and desire to use it in their families is raised which can bring about the desired change. The most apparent are awareness and concerns about health/physical development of the child, in mothers’ breastfeeding, visiting the doctors surgery at the first signs of disease (in children and pregnant women). As for reproductive health issues, mothers are more interested and have higher awareness but there is still a high rate in the indicators on the birth space less than two years. Survey data shows number of unwanted pregnancies nationwide is quite low,</p>

although it reduced little from Baseline (26,1%) to Impact assessment (23,4%). One cause of unwanted pregnancy is lack or improper use of contraception (22,6% still do not use contraception that is consistent with 21,3% of unwanted pregnancies). Moreover, the number of women considering abortion as a valid contraception has increased from 1,3% at Baseline to 16,3% at Impact Assessment. Numbers of women experiencing frustration/depression in their pregnancy are almost the same.

First visit to antenatal doctor only after 11th week of pregnancy has improved (Baseline: 46,8%; Impact assessment: 50,9% There a general improvement in women's knowledge of danger signs in pregnancy and children's health has improved considerably though self-medical should be reduced.) Practice of breast-feeding for more than a year and EBF has increased. Knowledge of benefits of iodine have also improved. Awareness about preference of use of boiled water has increased significantly though use as first choice could be improved. -- There is low coverage of children with pre-school establishments. The attitudes of parents/caregivers to early learning of their children is changing at a slow pace and with low efficiency. Thus there are still gaps in bringing change of behaviour in terms of intellectual, spiritual and emotional development of a child which must be addressed purposefully in the next stage of the programme. The task of the implementers in the following years will be to raise an interest in caretakers (that is, all family members) in buying their children's toys, books, paints, colouring books and spending time with children, telling stories fairytales, poems and songs, as well as engaging in different games with them. This must become a 'stable habit of all caretakers'. A weakness is the lack of coherence of work among community advisers, health workers and teachers. There are no sports grounds to organise sporting activities and games for the community children. There is an increase in the number of Islamic marriages, without official registration; and a low level of culture on the issue of reproductive health. In terms of behavioural change at community level, the number of people attending seminars, informal community meetings have increased. Various forms of training and family education activities for low-income families have been covered. Working groups carry out regular visits (most commonly community adviser jointly with patronage nurses). . Community advisers increase their knowledge on a regular basis. They show interest training and feel confident working with families. In terms of behavioural change at district level, there are many activities for parents/caregivers and children, the number of participants is increasing, children with disabilities take part in all activities, numbers of children with special needs is decreasing and number of marriages with close relatives has declined. Twice a year the districts organise large-scale campaigns to promote FEP messages. They invite the neighbouring districts to share their experience on a regular basis ("Open Door Days') the districts covered by the FEP training have an influence over the neighbouring districts who have not, aiming to disseminate the FEP messages.

<p>What is the quality of programme design</p>	<p>FEP Evaluation Validation Workshop participants all agreed that they were satisfied with the FEP structure, the work of the national and regional trainers and the Intersectoral Committee. This structure ensured sustainability of the process. A weaker side was seen to be the lack of a specific place for pre-school establishments' teachers and religious leaders in the structure. For the next stage of the programme it may be helpful for the training programme to have a facilitator's manual as well as a training manual that includes training notes on how to use the material, daily activities sheet, slides/transparencies and, ideally video/cd material that provides video clips of best practice, exemplar scenarios using interactive methods. If the ECD material is developed/extended in the future it will be very important to provide video clips of adults and children together at different ages and stages.</p>
<p>What is the communication/advocacy strategy for FEP? Is it effective?</p>	<p>An identified strategy needing further development in the annual reports has intervention at system national level, such as by raising media awareness (evidence from Annual Reports in desk review). Whilst much has been achieved through regional events and local media coverage in newspaper features (evidence from interview with Deputy Governor , Intersectoral Committee in Gijduvan), a theme running through the evaluators' visits was the need for increased national television coverage, eg <i>Baby TV</i>, or at the least the use of video clip/cd (evidence from Gijduvan Intersectoral Committee; Gijduvan focus group of volunteers; interview with member of Women's Committee; interview with Head of Preschool Department, Ministry of Public Education, eg – "parents/caregivers need more... there is mass media, TV shows for new families ... of course TV is a powerful tool ... <i>Baby TV</i> for Tashkent is a dream"; a focus groups at the FEP Evaluation Conference)</p> <p>Specific objectives of FEP for 2005-2009 have been to:</p> <ul style="list-style-type: none"> • Increase knowledge and skills and families and communities on childcare; • Improve childcare practices in the family; • Increase the percentage of children participating in early childhood development programs.
<p>Are FEP's activities achieving satisfactory results in relation to stated objectives short and long term?</p>	<p>Final impact assessment shows long-term improvement in safe motherhood and its relevance to MDG 5 targeted to improvement of maternal health as measured through a number of indicators .but highlights the need to raise awareness about use of contraception (22% of respondents do not use them) and consequently number of abortions that greatly harm maternal health (where misuse of abortion appears to have risen). There is general improvement in women's knowledge of dangers signs for pregnancy, FEP should continue strengthening this message because there is still a big gap concerning understanding of many signs. The majority are unaware when they should turn immediately to a physician for help. In terms of public health services and child health, knowledge of mothers has improved considerably since baseline and encompasses almost all illnesses. However, FEP should continue messages concerning use of a physician's health and raise awareness of dangers associated with self-treatment. There is demonstrated improvement in this area, but FEP should continue to emphasise the high mortality rate from diarrhoea worldwide. Poor quality of drinking water in most observed</p>

sites suggests that caregivers should take the threat more seriously. Data reveal improvement in knowledge of mothers concerning vaccination for 0-1 year range and even more improvement in 1-3 and 1-3 year range. Children with special needs still cannot visit preschool educational facilities and FEP messages should be targeting the stigma that still surrounds participation of such children within society, including education, where appropriate, and going beyond their token inclusion in community events. Virtually all respondents know that HIV/AIDS can be transmitted through sexual contact. Ways of transmission are imperfectly understood, for instance, through socialization and shared food. This message should become a focus of future FEP communication campaigns. Practice of EBF has increased and practice of breast-feeding for duration of more than one year increased for the majority. Knowledge of respondents about importance of iodine has improved but it is recommended that FEP should strengthen this component and raise awareness of consequences of iodine deficiency. Attention should be paid to linking the notion of iodised salt with iodine deficiency disorder (IDD) and its compensation, and encouraging local salt producers to list IDD consequences on salt package. FEP should also strengthen messages about salt storage away from heat, particularly in Summer. .With respect to understanding of psychological, physical and social development of a young child, it is noted that the responsibility for looking after children under 6 years is mainly the mother's with fathers and older siblings walking in the street and playing games. Preschool development of a child has been the most neglected area and shows little improvement. Reading a book and looking at pictures, teaching how to count, draw or name items, engages less than one-half of any family member. Children's asking questions, being encouraged to and gaining a response also engages less than one-half of any family member. Skills of children in all age groups have increased, most noticeably in cognitive skills and particularly in 3-6 year age group. 16,5% of all children are enrolled to go to kindergarten, every day or periodically. Finally, when a child misbehaves, actions of adult family members show small improvements in use of positive and diversion methods. At the same time, negative reactions such as threatening, yelling and spanking are reported to have decreased. (Evidence from Impact Study)

<p>What is the quality/sufficiency of FEP trainings/training materials?</p>	<p>As noted above, the quality of the FEP training/training materials is good. However, there is only training material produced at one level. It is desirable for a Manual for the Expert Facilitator and a Facilitator Manual, with training notes on how to use the materials, handouts/slides, daily activity sheets and self-assessment at the end. (Evidence from desk review of training materials, observation of training and discussions with the Lead Trainer) Facilitators receive 5 days training (evidence from National Trainer and FEP Evaluation Workshop focus group. In practice, there is evidence that this may be condensed into 4 days (evidence from discussions with trainers in Dangara) but they need to upgrade their skills and experience on a regular basis with refresher courses. (Evidence that this happens came from the Dangara trainers) There is still evidence of lack of consistency between trainers in the use of interactive methods suggesting that there is still a need for some to have opportunity to have interactive methods modeled, supported and monitored at the point of application in the trainer's own context. Again video/cd vignettes would be useful in both training of trainers and in training. (Evidence from Dangara training observation).</p>
<p>How effective is to continue trainings on a cascade basis in terms of the quality of information reaching the households?</p>	<p>As noted above, it is likely that quality of information reaching households is varied. There is a system in place, for facilitators to upgrade their qualification, twice a year (as noted by Dangara trainers and FEP Evaluation Conference focus group). This should be done on a regular basis. More seminars and training are needed, where facilitators can regularly share good practice. "More methodological materials/recommendation, booklets and their timely upgrading are needed to improve the quality of work with families in every sphere" (Evidence from FEP Evaluation Conference)</p>
<p>Can FEP messages be articulated properly at the level of deputy governors, community advisers, and families?</p>	<p>There are challenges to the cascade approach beyond the quality decrease that reduces motivation and requires the refreshment/upgrade of knowledge and skills:</p> <ul style="list-style-type: none"> • People change workplaces and key trainers are lost (thus continuous training is required – "We shall refresh persistently to deal with personal leakage"); • Local governments send new people to training this militates against consolidation of training and learning resources – "The mistake has been to train new and inexperienced people. We must train maslahatchies at the second stage. Give more training. First topics, then methods." (Evidence from discussions with National Trainer/Consultant)
<p>Should the messages be limited or expanded depending on the extent they reached the families at the continuum of behavioural change?</p>	<p>It is difficult to judge the depth of understanding. Evaluators observed didactic/passive methods being used at the "Open Doors' advocacy event and reporting on results of regular monitoring and evaluation during an Intersectoral Committee meeting. Pages of print being used on the overhead projector were unintelligible to the audience. Trained families recite key messages and young children of kindergarten age recite popular verse/poems. How do we move them on? Understanding and application to behaviour is harder to judge (evidence from observation of training in Dangara, "Open Doors' event at Jondor and family visits in Kuva and Gijduvan).</p>

<p>Is the list of indicators and internal monitoring scheme by trained volunteers sufficient/relevant to achieve stated results?</p>	<p>Yes . But we need to deepen the questions, connected with preschool establishment and to develop a separate questionnaire for men” (evidence from FEP Evaluation Workshop focus group). The need to strengthen the ECD element was a theme repeated by many participants, for example, “project redesign, a need of a health, education/IECD strategy” (National Trainer/Consultant). “Could FEP be changed to incorporate ECD ... we have addressed health and have good results and it is now a priority to focus on ECD... in addressing this we need the full family around the child” (Deputy Governor).”The key priorities: still important is mother-child health; ECD development; social involvement of children and legal knowledge of mothers’ rights’ (Deputy Governor y). “Cognitive development needs more training/development” (Chekshura clinic staff); “I say for sure ECD is a priority issue, working with parents/caregivers on child development” (Representative from the Ministry of Health).</p>
<p>Were women as well as men empowered to provide better care?</p>	<p>Yes, but we need to involve men more to provide care” (evidence from FEP Evaluation Conference focus group). From our evaluation family visits, ten out of twelve mothers were confident to discuss their child-rearing practices with us, two were more shy and reluctant.</p>
<p>Was there attention to gender relations?</p>	<p>Yes, but not sufficiently. The strategy of involvement of men into this process must be developed. We”d better start from schools, higher-grade students ... boys must be educated in this spirit. We need to reach the gender balance in the provision of care” (evidence from FEP Evaluation Workshop focus group). During evaluation family visits, fathers were generally absent from our meetings. When we asked them to take part, in most cases they willingly took part. Two Deputy Governor described the traditional family structure and the need for greater father involvement. This was another theme that threaded through our discussions with different stakeholders</p>
<p>Were there areas in which the intervention was more effective than others? If so, what factors (such as household poverty, parents’ educational level, family structure, urban-rural, and availability and quality of services and infrastructures) could account for the difference?</p>	<p>As noted by the Main Trainer, “change is due to a number of programmes including the FEP, therefore monitoring is capturing change due to multiple influences, policies and practices’.</p> <p>Influences on the intervention include “Islamic culture – the social separation of men and women” (interview with Representative of Sociology Centre); “cultural issue that mothers are expected to bring up the child ... mother knows best in Uzbekistan ... and 70% of rural mothers are busy in the home or rural work and prefer to have children at home” (interview with Deputy Governor). “Parents may have three children in order to have a boy child. Boys are favoured” (same interview). “Children are mostly with women, mothers and mothers-in-law. How to change the mindset of parents/caregivers? How to get fathers more involved? It is fairly difficult to find men who are sitting at home, even in the evening. It is difficult to collect them/invite them to social events. We need some sort of training, other offering ... training at the workplace (interview with Deputy Governor)</p>
<p>Specific questions to be addressed at entry-point levels</p> <p>1) for the household interventions</p>	

<p>What is the quality and sufficiency of volunteers contacts with families</p>	<p>The FEP Evaluation Workshop focus group reported that volunteers' contacts with the family members are at a sufficient level but that their quality could be improved through better use of hand-outs and through self-improvement and continuous refreshment of knowledge and skills</p>
<p>How many contacts did each family have, on average?</p>	<p>On average, 15-17 contacts might be made with more contacts for low-income families and families with disabled children. In the families of well-educated parents/caregivers, for example, teachers' and doctors' families, the number of contact would be much less</p>
<p>What was the quality of the relationship between families and facilitators</p>	<p>Evaluators' family visits were accompanied by makhalla advisers and patronage nurses. Relationships were observed to be warm and cordial. It is possible to learn about their quality from the monitoring results. All families have a positive attitude to facilitators and their work, for example, after facilitators and volunteers work, changes were reported in safe motherhood, public health services and child health, child nutrition, sanitation and hygiene and child development. "It seems that messages of FEP are reaching their goals and the target audience has started to appreciate the role of maslahatchis in the FEP interventions (Azijmova <i>et al</i>, 2009: 50)</p>
<p>Are there on-going training and supportive supervision of the facilitators?</p>	<p>There is a system in place when twice a year facilitators can improve their knowledge/skills. It is desirable for there to be opportunities on a more regular basis for seminars, where facilitators can share their experience. As noted above, "More materials on methodology, recommendations, booklets and regular updating are needed to improve the quality of work with families in very sphere" (evidence from FEP Evaluation Conference focus group) . "We need to produce a special brochure with stages, steps, examples, documents, indicators, how to work with families – a manual to which maslahatchies can refer ... that would be ideal" (Lead Trainer/Consultant).</p>
<p>2) for service-linked interventions</p>	
<p>What was the overall rate of usage of this facility or service?</p>	<p>Evidence from local clinical staff at Chekshura Community suggested that overall rate of usage depended on the families/households they served (100,000 people). Their priorities were EBF for six months; anaemia (mother and child health), monitoring growth and development; consultation on contraception. Newly married couples were referred by the patronage nurse, linked by local or district government. Couples were identified and referred to the clinic that would even deal with relationship issues. The makhalla adviser and patronage nurse became "visible through newly delivered babies". The patronage nurse kept notes on the family and registered visits to families. Financial support for families and discussion about help would be provided</p>
<p>Did it change when the intervention was introduced?</p>	<p>The UNICEF programme helped. The best aspects were the relationships established by community advisers with the mothers and mothers-in-law. For the patronage nurse, the training supported her work on EBF by stressing its importance and the reasons why this was so.</p>

Was there adequate time and space for interventions and materials to be displayed and used in the facility?	Chekshura community had received training from national trainers in Ferghana in 2007. The Clinic Director was still in need of equipment that had been promised though was using monitoring notes on development from UNICEF. We did observe displays of materials and resources in Gijduvan.
3) for community development interventions	
To what extent did families share their problems with other families?	Families that we visited in Kuva and Gijduvan did appear to have street networks that involved popping to one another's houses. When asked about sharing their FEP knowledge and expertise with other mothers, they agreed that this was possible to do though seemed a little surprised to be asked this, as community-share is such a familiar Uzbek practice
Did learning occur among families?	Informal learning/support mechanisms seemed to be in place
To what extent did families serve as peers/supporters of other families? Were there group sessions?	Informal peer support appeared to be in place in rural communities visited. Deputy governors described community mobilisation activities and other informal events/gatherings, such as gaps, weddings, et and showed us photographs (though we were not able to attend such an event
What was the frequency?	As noted above, this depends upon the needs of the family, that is, their level of education and life stage, that is, being married, first pregnancy, first child born and so on. Makhalla advisers might visit 10 families a day
Did the intervention outreach to the poorest?	Generally participants in the FEP Evaluation Validation Workshop, agreed that coverage of all groups of families, including low-income families and families with disabled children was high. We visited trained families who were relatively well educated and of lower-professional class. The two untrained families we visited in Dangara district were not professionals, were less educated and had fewer material resources. It would not have been appropriate for us to see the most vulnerable families that were reached by makhalla advisers, as noted above, through links with local or district government.
4) for system-level interventions:	
From the evaluations, are there specific recommendations that can be made in relation to introducing/strengthening policies to support young children and their families?	For FEP to be adopted/replicated nationwide, it is necessary to improve the awareness level of the population on the FEP modules via mass media all over the country, to improve the competence and skills of parents/caregivers, and sharing of experience among regions. The need to develop electronic sources of storage and distribution of visual and printed resources, including video/cd training material was echoed across the interviews with key stakeholders and focus groups

<p>What role did the program play in helping to formulate, implement or evaluate ECD and other relevant policies</p>	<p>As noted above, the monitoring provided detailed conclusions and recommendations on preschool rearing and education, noting that by 2009:</p> <ul style="list-style-type: none"> • The burden of looking after the child 0-6 years is placed mostly on the mother’s shoulders; • Preschool development has been a most neglected area, for instance, reading books, looking at pictures, counting, drawing and naming items; • Children’s questioning should be encouraged; • Skills of children of all ages have improved; • Enrolment in kindergarten was still very low at 16,5% of all children in the monitoring; • Positive behaviour management has slightly improved
<p>How results of Monitoring and Evaluation (M&E)Activities have been used for planning at the community, district, and regional levels?</p>	<p>The results of the M & E activities have been used for planning through the Intersectoral Committee at regional, district and community level. We were able to observe an “Open Door” advocacy event and reporting on results of regular M & E during an Intersectoral Committee meeting. In the subsequent focus group we were able to ask about the “feedback and improvement part of the cycle”. There was a monitoring group (three of whom were in the group) who “analysed the gaps and what we have to do”.</p> <p>Co-ordinators had meetings every month. This would change the direction of help provided by makhallas. A weekly meeting with makhalla advisers will talk about the implementation strategy.</p> <p>They may then work with 10 families a day in order to “improve the situation”.</p>
<p><u>Impact:</u></p>	
<p>Did the intervention alter the family’s (both men and women’s) behavior and sense of empowerment in ways that were expected</p>	<p>The FEP Evaluation Workshop participants were able to provide rich descriptions and contextualised accounts to illuminate the findings of the impact study. They noted that significant changes have taken place in the world outlook of the young brides in regard to daily life, participation of fathers in caretaking and solving family problems. Parents/caregivers have started to play more with their children, draw with them and tell them fairy stories. When a child is sick or dies, families show a more responsible attitude to each other. Participants were able to provide accounts of careless attitudes of parents/caregivers leading to the death of a child. After such an incident, families may invite the makhalla adviser for a meeting with the idea of changing their values, behaviours and relationships. It was noted however that the rights of daughters-in-law were still being violated in many families.</p>
<p>More specifically: To what extent were families’ sense of self-worth and self-confidence strengthened?</p>	<p>Evaluators’ visits to families revealed the relatively low status of the daughters-in-law and the deference accorded to husbands and older family members. Whilst the traditional role of daughters-in-law is still seen to have children and serve the husband’s family, after training many daughters-in-law despite having their traditional role instilled from early childhood, have started to work outside the family.</p>

<p>To what extent are families' understandings of the importance of their activities for children's survival and development strengthened?</p>	<p>Again, FEP Evaluation Conference participants were able to illuminate findings from the Impact Study. They were able to report that many families acknowledged a careless attitude towards families and children. After receiving knowledge from the framework of FEP, many families applied for the help of community advisers, doctors and psychologists. Many people started to think more closely about the development of their children.</p>
<p>To what extent have families obtained knowledge on child development and parenting skills? (e.g. Do families know when children start seeing?)</p>	<p>According to the views of FEP Conference participants, families have become more attentive with their children, express concerns and seek professional advice from psychologists. In general it was thought that the city population/urban dwellers have better access to information via mass media and they listen to the recommendations of the community advisers. Whilst in rural areas families maintained more traditional attitudes and values. In big families, older children still take care of their siblings.</p>
<p>Do families understand the importance of play?</p>	<p>Parents/caregivers overall however have started to participate more in the games and activities of their children. There are more books, toys and developmental games in the families now.</p>
<p>What changes in families' interaction with children have occurred? (Do families read to children more? Do families play with children more?)</p>	<p>FEP is reported to have made a positive impact at the family level. Parents/caregivers are more concerned about the education of their children. They buy books and in many families both parents/caregivers read to children and play with them. Parents/caregivers are now eager to give education to their children as they realise that "children are their future" and in their old age, the parents/caregivers will depend upon them.</p>
<p>Are families more responsive to children's subtle communication?)</p>	<p>Mothers are more influenced by the training. Even when they are very busy, they try not to ignore their children but try to answer questions and speak to them. It is not felt that fathers yet take the same interest in their children.</p>
<p>To what extent have changes in families' perception of discipline occurred?</p>	<p>Relationships within the family are now more democratic. Men have started to show more interest in their pregnant wives and babies whilst admitting that previously they would stand aside and pay no attention. Overall, however, men remain conservative and resist the importance of the programme.</p>
<p>Which are the attitudes, beliefs and practices that are most open to or difficult to change?</p>	<p>Men that we met on family visits expressed interest, reported learning about the FEP from their wives but were more sceptical about the possibility of influencing their peers/colleagues..</p> <p>In many families the elder generation continues to maintain traditional views about the role of daughters-in-law having learned these ways themselves when younger, they are reluctant to relinquish leadership in the family and release the daughter-in-law from her duties. They more readily accept the practice of changing their attitude towards children, of taking more responsibility for their health, well-being and development. With respect to pregnant daughters-in-law, their view is that they are not the first to be pregnant nor the last. However, where the son is the breadwinner a number of participants noted that the parents/caregivers' attitude towards his wife and children was more careful.</p>

<p>To what extent have families become social activists? (Did the programme give them confidence to speak out for children in their communities?)</p>	<p>It was felt by FEP Evaluation Workshop participants that families were more confident to speak out for children in their communities. Children themselves developed an interest in social activities</p>
<p>Are families more actively involved in the community?</p>	<p>Although there are such strong traditions of community in Uzbekistan it would seem that, through the programme, there is greater awareness and involvement in community events</p>
<p><u>Sustainability:</u></p>	
<p>What is needed for FEP to be adapted/replicated nationwide?</p>	<p>All opportunities and resources are used to achieve its objectives. To make the work more efficient and productive it would be desirable to publish many more copies of the FEP materials targeted for pilot areas (evidence from Gijduvan) and for the population and to attract the mass media as well. The desirability of using the television and video was echoed across interviews and focus groups conducted by the evaluators.</p> <p>The national trainers are well equipped to offer cascade training nationwide and “open door events for other Regions can be an effective way of encouraging wider uptake.</p>
<p>What are people’s resources, motivation and ability to continue advocacy /communication campaigns on delivering messages of FFL and FEP in the future?</p>	<p>The strength of the FEP was its cross-cutting nature that chimed with national and international policy imperatives related to health and well-being. There is high motivation to continue advocacy/communication campaigns across stakeholder groups and, in particular to extend ECD messages.</p>
<p>Are behavioural changes expected to last and what is needed for people to continue acting in child-friendly ways?</p>	<p>For behavioural changes to last there should be further development of interactive training methods and a greater emphasis on understanding of concepts through practice in the home . For future development of FEP it will continue to be essential for knowledge and skills of parents/caregivers to be improved in the area of holistic child development, and early learning 0-6 years and understanding of interactive pedagogies.</p>
<p>What are other resources (both human and financial) to be used to sustain the program?</p>	<p>It has already been emphasised that an increased supply of programme materials will be needed. The number of volunteers will need to be increased and the greater involvement of younger people and, hence, existing family resources reconsidered in community development. Already local media and journalists are deeply involved in publicising FEP events. In the longer term it will be helpful to make more use of electronic resources, websites, chat-rooms, podcasts and so on. This is recognised by all stakeholder groups as the way forward. It will take time but making use of existing systems and expanding as opportunities arise should be encouraged.</p>

<p>Additional criteria to be used, assessed to the extent possible,</p>	
<p>Coverage: Which groups have been reached by FEP and what is the different impact on those groups? Have vulnerable families been reached, including those with girls, children with disabilities, and low-income families?</p>	<p>Families covered by FEP include:</p> <ol style="list-style-type: none"> 1. Children from 0-6 years and pregnant women 2. Low income families 3. Vulnerable families 4. Young families 5. Families having children with disabilities. <p>So far families without children 0-6 years have not been covered though, as noted above, clinics are beginning to target couples on their marriage. There are still gaps:</p> <ul style="list-style-type: none"> • In the health problems of women of fertile age; • Marriages between relatives that result in the birth children with congenital defects; • Mature women who give birth after 35 years • Insignificant intervals between births because wives feel obliged to fulfil reproductive role; • Caretakers who do not pay enough attention to cognitive, social, and emotional development of young children; • Issues of child/forced labour and domestic violence, abuse and neglect; • Lack of use of condoms and spread of HIV/AIDS by migrant workers; • Stigma and lack of participation/inclusion of disabled children. (Evidence from FEP Evaluation Conference Participants, interviews with UNICEF consultants and other donor groups).
<p>Coordination: What are the effects of coordination at the regional and district levels?</p>	<p>Co-ordination at rayon level is done through the Intersectoral Committees that include:</p> <ul style="list-style-type: none"> • Co-ordinator, Deputy Hokim and chair of rayon Women's Committee • Department of Health Care • Department of Education • Makhalla local residents communities • Media organisations • Colleges <p>(Evidence from visit to Jondor district and participants in FEP Evaluation Conference)</p> <p>Co-ordination can be very effective and there is legislative support to ensure effective working. Organisations such as <i>For the Healthy Generation</i> may be effective. Other NGOs/ donors may not be as well co-ordinated.</p>

<p>Coherence: What are areas and ways of cooperation with other UN and donor agencies' in regard to FEP goals and objectives? What is the existing national policy on ECD? Is there coherence across policies of different donor agencies and national stakeholders? (this criteria should be assessed to the extent possible)</p>	<p>There have been many health initiatives associated with protection of mother and child, in which FEP as a cross-cutting initiative has been “a tool for change” (interview at Sociology Centre) The implications of this are that change captured by monitoring is due to multiple, influences, policies and practices.</p> <p>In respect of ECD, UNICEF Education Consultants are working closely with the Ministry of Education (Department of Preschool Education), Republican Centre of Training for Preschool Educators and Deputy Chairwoman of the Women’s Committee of the Republic of Uzbekistan to develop standards for preschool preparation. Furthermore, there is no evidence that other NGOs consulted or international donors such as World Bank or World Health Organisation have immediate plans to develop work in this area. The implications of this are that there is coherence in UNICEF policy with existing national policy and stakeholder interests.</p>
<p>Protection: Is the response adequate in terms of protection of children of different groups? (this criteria should be assessed in regards to what measures/actions need to be taken to provide, for example, support systems for children with disabilities?)</p>	<p>It has been noted above that protection of rights of certain minority and vulnerable groups needs to be enhanced. In this respect, it will be important for UNICEF Education team to work closely with the Child Protection team to ensure complementarity rather than overlap in work and to seek synergies.</p> <p>FEP Evaluation conference participants recommended the following, to organise:</p> <ul style="list-style-type: none"> • Rehabilitation programs for children from low income and vulnerable families in the framework of the project; • Special groups without any payment for temporary stay of children, if their parents/caregivers are absent; • Inclusive educational programs and methodological manuals for parents/caregivers (and trainers).

6.2 Conclusions and Recommendations

The evaluation addressed key questions related to **process, outcome** and **policy** and a number of related areas have been analysed:

Process

1. Was the design of the intervention appropriate? (This is addressed under design of the FEP – strategy, content and understanding the programme sections.)
2. Did the intervention get delivered effectively? (This is addressed under training, volunteers, materials and Learning Resource Centre sections; advocacy, communication and social mobilization section; also by understanding the programme costs and monitoring and evaluation sections.)
3. Were there contextual factors that were important in making the intervention work or not work? (This is addressed under need for FEP section, management of the programme, partnerships and interface with international instruments sections.)

Outcome

4. Did the intervention alter the families’ behaviour and sense of empowerment in ways that were expected? (This is addressed under changes in families, communities and use of services sections.)

Policy

5. What are the policy implications of the evaluation results? (This is addressed under partnerships and interface with international instruments and strategies sections.)

6.2.1 Was the design of the intervention appropriate?

The distinctive feature of the FEP was its cross-cutting nature. This created a synergy and a co-operation between ministries, donors, volunteers, community and families. The country infrastructure provided a system that reached from the national level, through regions, to districts and communities and the programme was designed with different levels and strategies of implementation that ranged from face-to-face, through community and service delivery to communication and mass media.

Recommendation 1

It is recommended that the FEP continues through 2010-2015. into a further phase, building on the initial successes. It is an example of a UNICEF programme that has moved from pilot phase to development phase with the support of a range of strategies involving production of materials, training, technical assistance, advocacy and community mobilisation.

Expanded access to the programme could be achieved in two stages. Initially, with a target in stage 1, to reach all the 27% of low-income families nationwide, expanding province by province. After a further evaluation and review of the programme, stage 2 could support each province in delivering the programme to all new families annually as part of antenatal care.

The success of the programme has been most noticeable in the field of improvements in mother and child health and welfare and this is well documented in the 2009 final evaluation report. The impact of the programme on Early Childhood Development is less in evidence. Over the 2005-2009 period, it has been generally agreed that the early learning and development messages needed to be strengthened and better differentiated over the stage of birth to 6 years. This has been addressed through the introduction of Early Learning and Development Standards that are now in the validation process. It is to be hoped that an Early Childhood Development presidential decree will formally adopt the Early Learning Development Standards as a basis for a future Early Childhood This should provide an added incentive to extend the Early Childhood Development sections of the FEP so that parents can make a major contribution to the attainment of the standards..

The drive to extend and improve pre-school provision and attendance, while this is in the process of development parents have an even more important role to play in school preparedness or the “developmental readiness” of children.

Recommendation 2

It is recommended that given the current stage of programme development, a high priority should now be the development of materials and training, using appropriate training methodology, in Early Childhood Development. Both the FEP Training Manual and the Home Activity Booklet should be reviewed in order to achieve a more differentiated approach and a better match between observation, assessment and ECD activities at particular ages and developmental stages for children 0-3 years and 3-6 years In addition through communication, advocacy and social mobilisation the programme should target change in the general level of school preparedness or “developmental readiness’ over the next five years.

The FEP Trainers’ Manual consists of 23 session guides organised under 5 modules for 5 days, based on health and nutrition, early learning, family relations and child protection. All FEP materials were regarded as very useful by all stakeholders and were in high demand but there was some evidence that supplies were limited. Where there was greater access to FFL material, there was a danger that health would be stronger than Early Childhood Development messages.

Recommendation 3

Given current resource constraints and continuing high demand for paper resources, it is recommended that more use is made of information and communication technology (ICT) for electronic storage and dissemination of paper FEP materials and that more responsibility is taken for costs of download of these on a local basis. It is recognised that the development of ICT may take time but making use of existing connections, starting with regional centres and expanding as opportunity arises, should be encouraged.

6.2.2. Did the intervention get delivered effectively?

After initial development and revision of training and materials, the biggest challenge faced by the FEP training programme was the strategic shift from pilot makhallas to entire districts and priority regions that took place in 2006. Initially capacity building focused on training of trainers and training of volunteers/frontline workers. The risks associated with balancing geographical coverage versus quality have been well versed particularly in Annual Reports and by Gerard Peart's report. So far as possible, challenges have been addressed through the introduction of "refresher" training with an increasing emphasis on interactive methodology. The variation between regions shown in the 2009 impact report and the restricted content of the programme adopted in some regions, implies that scaling up the programme will generate further administrative and quality assurance issues.

Recommendation 4

It is recommended that quality training is continued with national trainers focusing on training trainers at the regional level and providing initial support for cascade training by regional trainers. If further national roll out is to be achieved this will require the development of a fully documented and resourced training for trainers programme with accompanying trainers handbook applying appropriate training methodology.

It is also recommended that all training includes training in cost effective and efficient quality assurance procedures for periodic monitoring of rayon/makhalla training, implementation and behavior change in families (see recommendation 10).

An on-going challenge for trainers in delivery is the balancing of content in the programme with its complex variety of health and education messages that can encourage didactic approaches within the context development of interactive process skills that are essential for adult learners.

Recommendation 5

The programme has very heavily invested in training and it is recommended that when the content of the materials is reviewed, the FEP team re-evaluate the key messages one by one in order to distinguish them by likely effect on behaviour change. Simple health messages, for instance that require straight-forward information exchange can then be distinguished from more complex learning to support and facilitate the development of a young child's cognitive skill.

Drop-out from national and local trainers is an on-going challenge to development and consolidation of all such programmes. A tendency of local government to send new people to training exacerbated the challenge to sustainability. Variability in the quality of training organised by district deputy governors inevitably led to varied quality of volunteers' training experience. Volunteers, in turn, varied in their level of general education and professional training. An added issue has been the relatively elderly population of makhalla advisers who have only ever had experience of didactic teaching methods throughout their lives. A particular strength of the programme was the combination of makhalla adviser and patronage nurse skills and expertise, particularly when this generated a mix of medical/health training with an early child development and/or education background. Because the patronage nurses are often younger this also provides a beneficial combination across generations.

Recommendation 6

Although a variety of training methods has been introduced by experienced national and international trainers in order to make training more interactive, it is recommended that training at all levels is reviewed in order to expand the repertoire of teaching/learning methods and to ensure that training is grounded in adult learning principles.

It is further recommended that training adopts a typology or classification of educational outcomes that will assist participants in distinguishing between learner reaction; modification of attitudes/perceptions; acquisition of knowledge/skills; behavioural change that is identified by transfer of learning to the home and improvements in health or well-being. The aim should be the creation of self-reliant and confident parents/caregivers equipped for lifelong learning and ongoing behaviour improvement in the family.

Volunteers used many different opportunities to reach families and a range of strategies has been used to popularise and deliver FEP messages through programme communication. These have ranged from home visits and one-to-one contact; through community and service delivery (health and education); to less formal gatherings and events and mass communication messages through posters, printed materials and local newspapers. While the latter have provided important advocacy tools for best child-rearing practices, safe motherhood, early child development or a healthy life-style, it may be more difficult to judge the effectiveness of such approaches as they shift from the direct, face-to-face and intensive to more indirect and diffuse strategies. Communication through mass media nationally and globally through radio- and television-slots has remained the biggest challenge that will typically demand a level of public or private sponsorship that is currently unavailable. A further scale up of the programme nationally raises an opportunity to address this issue again.

Recommendation 7

It is recommended that the FEP continues to use a range of entry points (household, service-linked, community-focused and systems-oriented) and a range of strategies (capacity development, advocacy and communication and social mobilisation) whilst recognising that the use of mass communication has been the least successful and could be reconceived under the direction of a high-level national FEP committee (see recommendation 13).

6.2.3 Were there contextual factors that were important in making the intervention work or not work?

Since 1999, basic services for children have increasingly recognised a rights-based approach aiming to ensure that the United Nations Convention on the Rights of the Child becomes the standard for health and education and measures to protect children. A strength of the current FEP programme has been its provision of access to quality basic services for women and children through improved convergence of service provision in priority areas and well-designed and Early Childhood Development materials. Good governance for achieving children's and women's rights has been exercised through an existing framework of integrated national, regional and local government and has been supported by government decrees.

A lack of family and community knowledge of health and early child development, combined with a lack of opportunity for them to be actively involved in the design of social support systems, has meant that hitherto, services have tended to be inflexible and unresponsive to their needs. This situation has been compounded by a weak capacity of local authorities to plan, implement and monitor integrated programmes and an insufficient knowledge of social service delivery.

Certain patterns of behaviour have been difficult to change due to traditional beliefs and values, gender stereotyping and economic constraints. For example, the father's involvement in educational activities with his children has been affected by migrant work practices.

In time, the framework of United Nations Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination Against Women will strengthen the capacity of the State to respond to national priorities and international obligations to ensuring the rights of children, young people to live, grow up and develop in a nurturing, caring and protective environment

At the current time, however, there are still omissions in policy related to children's rights, Early Childhood Development, children deprived of family care, child labour, juvenile justice and the situation

of people living with HIV/AIDS. Moreover, the inclusion in play, recreation and pre-school and basic educational activities of disabled children is a particular challenge.

Recommendation 8

There is still much to be achieved in providing a rights-based approach and it is recommended that revised Early Childhood Development material based on Early Learning Development Standards place emphasis on the rights of young children with disabilities to an enabling environment and inclusion in play, recreation and basic pre-school education activities.

6.2.4 Did the intervention alter the families' behaviour and sense of empowerment in ways that were expected?

There have been major advances in the raising of awareness and knowledge about safe motherhood, public health services and child health, practice of child nutrition, sanitation and hygiene in families, communities and professional/advisory groups through the life of the FEP. There is universal agreement that the FEP should consolidate these messages and strengthen and elaborate the Early Childhood Development messages. This work is already underway through a fruitful collaboration between UNICEF, the Women's Committee, Department of Pre-school Education and Republican Centre for Training of Pre-school Teachers in the development of Early Learning and Development Standards.

It will be essential that this work results in the improved quality of pre-school provision and increased attendance. In the interest of the child this development should result in a closer partnership between parents/caregivers and pre-school workers with both providing a continuum of planned and implemented Early Childhood Development.

Recommendation 9

It is recommended that a range of different options is promoted with government at all levels for Early Childhood Development/developmental preparation for schooling that includes "Saturday and Sunday Schools", "Mothers' classes", classes in schools/makhalla meeting houses and involves promotion of family, community and local government mobilisation.

It is also recommended that the FEP project should be utilized to promote greater partnerships between families, volunteers and pre-school teachers who will all need training in inclusive, child-friendly and interactive pedagogies that will empower parents/caregivers and develop skills for lifelong learning.

The strength of the extended family unit and makhalla community, the appreciation of families for the support and assistance given to them by volunteers, as well as their repeated requests for more information and training sessions, particularly in the area of child development, raises an opportunity to extend the empowerment and self reliance of family members. They could be supported by makhalla advisers in forming community FEP learning groups after initial training and continue studying together using extension materials drawn from a variety of existing resources.. A strong message from the interviews and focus groups is the desire by all stakeholders to increase the participation of fathers (and grandfathers) in the FEP. A range of strategies are possible and there is considerable experience to draw on from other countries –this is an issue for many societies. The creation of learning communities should be managed locally in ways that incorporate tried and tested strategies for involving fathers.

A mechanism for monitoring and evaluation with indicators and questionnaires at community level to report on results of programme impact allows community-based results to be used at district, regional and national level in order to judge impact and to provide an evidence-base to inform further policy development.

Recommendation 10

It is recommended that when the FEP materials and training are reviewed and particular aspects are developed, the monitoring and evaluation team review whether or not the monitoring scheme can continue in its current form. A decision will need to be made about collecting data on all messages or whether distinctions can be made between participant responses that can be quickly collected from periodic survey and more complex behaviour change in volunteers, families and children that will require more careful observational methods.

6.2.5 What are the policy implications of the evaluation results?

There is unanimous agreement across stakeholder groups that the FEP pilot had been successful and that the FEP programme should continue. The development of the Early Learning and Development Standards will create the need for sufficient new training material and material for families. Testing of new material will need to take place within existing trained groups thus strengthening the rights of children, young people and women to live, grow up and develop in stimulating and inclusive, as well as nurturing, caring and protective environments.

Since successful transitions to school depend upon the child's developmental readiness, the family's readiness to support learning and the school's readiness for children, there is a need to continue developing imaginative alternative and non-traditional means of creating informal and community-based pre-school provision that includes the experimental "Saturday Schools", the "Mothers' Schools" and "Lessons for Parents" (see recommendation 10). A particular challenge will be the development and dissemination of age-appropriate, child-friendly interactive pedagogies that stimulate active investigation, enquiry and problem-solving fit for a fast-changing twenty-first century, in other words, positive dispositions to learning.

Faced with financial constraints like other CIS countries, the Government is in no position to reintroduce universal kindergarten education. A system of part-time pre-school classes with the goal to achieve developmental preparedness for primary school, however, is more likely to be achievable in the longer term, as has been done in another CIS country in a relatively short timescale. Main objectives for the next phase of the FEP will continue to be life protection and strengthening of child and family health and the promotion of a healthy lifestyle. There will also be a strengthening of "harmonious personality development, satisfaction of the child's interests and development of abilities, formation of social and spiritual qualities" and improvement of the quality of pre-school for children, initially driven by regional, district and community initiatives.²¹

Recommendation 11

It is recommended that the FEP team consider the development of community-based and self-help models of developmental preparation for schooling since there is an existing infrastructure to be exploited at national, regional and local level and many trained, experienced and enthusiastic people still working in the pre-school sector who would support training and curriculum development, advice through a system of "methodologists" and regional training centres.

There is a growing recognition across stakeholder groups that dissemination of key messages will have to shift from a reliance on paper resources for trainers of trainers, volunteers and families that are destined to be challenged by ever-growing and continuing demand. Training in the use of new technologies has already begun in the area of monitoring and assessment for data input and analysis at the regional level. A broad range of new technologies is now available that could be used in the home and out-of-home contexts such as Learning Resource Centres, medical and makhalla centers, as opportunity arises.

Over the last five years, the audio-visual landscape has changed significantly with greater prominence now being given to active use of voice recorders, laptop and handheld computers, use of email, PowerPoint and Internet, DVDs and digital cameras. It should be recognized that it is no longer the case that printed material is a cheaper alternative to electronic materials. A DVD player that will plug into home television now costs less than \$20.

²¹ Penn, H. (2005: 96) *Unequal Childhoods. Young children's lives in poor countries*. London: Routledge

All of this argues for FEP trainers and volunteers to become more “digitally literate” in order to use ICT to store and analyse basic data, mediate training and model good pedagogical practice. Given the country’s general level of educational resourcing, it is likely that the most realistic option is to create centres of ICT in the Learning Resource Centres with leaders who not only demonstrate exemplary practice for clusters of other providers and staff training facilities, but also offer loan of basic equipment on short- and long-term basis and provide facilities for printing. Ultimately electronic communication provides the best chance to reach a national and global audience.

Recommendation 12

It is recommended that current functions and training activities of FRCs (centres and corners) and makhalla centres are reviewed with a view to developing a clear set of ICT strategies and outcomes, with a strategic plan to provide a networked, flexible system offering accessible, relevant, high-quality learning opportunities. An identified set of focus areas that includes developing professional competencies and capacity building to support ICT resources, curriculum materials development (paper and electronic-based) that can be used to support and enhance learning as well as produce materials.

The importance to the programme of the support and coordination provided by the Women’s committee has been well documented. For the next phase of development, even stronger partnerships particularly with Ministries and consolidate support from the Women’s Committee will be essential. The enabling role of UNICEF has been very successful in garnering support and this should remain their highest strategic priority. The internal reorganisation of UNICEF teams, moving the FEP into the Education team could be an opportunity to further develop a triangular partnership between the Preschool Department at the Ministry of Public Education, UNICEF and the Women’s Committee.

Recommendation 13

It is recommended that, UNICEF, working with the Ministry of Public Education and the Women’s Committee, focus on establishing effective leadership and management of the programme at all levels. Committees and working parties with influential chairpersons and including all major stakeholders should oversee the programme and help ensure greater collaboration at national, regional and local level, in addition to promoting the programme and monitoring its impact

6.6 Lessons Learned

The FEP progress over the period 2004-2009 generates a number of lessons that may be used for future programming in the CIS region.

- a) **Design** of FEP is most successful because it addresses a cross-cutting concern within a policy framework, specifically UNDAF outcome #2: “By 2009, universal access to quality basic services is achieved”; outcome 2.3: “Families child-rearing practice for child survival, development and protection are improved in priority areas’. FEP also contributes to the following Millennium Development Goals: MDG 4 “reduce child mortality”, MDG 5 “maternal health” and MDG 2 “universal primary education”. In accordance with Uzbekistan Country Programme Action Plan, FEP contributes to the Good Governance for achieving women’s and children’s rights in accordance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. A particular strength are the partnerships with the Women’s Committee of the Republic of Uzbekistan, Tashkent Medical Pediatric Institute under the Ministry of Health, local governments, rayon departments of the Institute of Health (Salomatlik), and Soglom Avlod Uchun NGO and other local NGOs, thus it makes use of governance structures at national, district and local levels to address local priority problems of vulnerable and low-income families with children 0–6 years and pregnant women. This is done in a manner that is participatory and reflective in its planning, implementation, monitoring and evaluation
- b) **Materials** have been developed locally with high quality control. Following piloting FEP has made a significant impact in the scale of coverage since 2005 and UNICEF is now collaboration with the Ministry of Public Education to develop and validate Early Learning and Development Standards. This will lead to the development of simple booklets for parents/caregivers based on standards and module for trainers and kindergarten teachers with exercises for development of domains. Printed materials have been a cost effective way to reach large audiences though audio-visual digitally

produced material could support training in the next stage and serve as a strategy to reach a mass audience.

- c) **Training of volunteer** is an area in which FEP has made significant investment in order to support the shift of focus from the initial 15 rayons to a full 6 oblasts. This has enabled the FEP to be implemented on a broad geographical scale. With scaling up, cascade training has been inevitable and maintaining high quality participative interactive processes a challenge. Refresher training that is cost effective and easily deliverable have been available at local level and have been much appreciated. Rigorous quality control mechanisms that assess participants after training to measure achievement of objectives are important with follow-up sample monitoring of the impact on work practices.
- d) **Monitoring and evaluation** has been regular with bi-annual data gathering that has been continuously assessed against baseline data and previous monitoring results. All indicators have been cross-referenced with *Multiple Indicator Cluster Survey* indicators and include major topics related to child health and nutrition, water and sanitation, reproductive health, child development, early childhood education, child protection and HIV/AIDS. For the next phase, the monitoring may need fine-tuning in order to combine more rapid survey checks across “messages’ with more in-depth checks of behaviour change in families and skills of children.
- e) **Community empowerment** through the use of community volunteers is a powerful rights-based model but requires careful selection as the FEP relies ultimately on volunteers to transmit Integrated Early Childhood Development messages to the families. The FEP is fortunate to have had access to such an extensive network of personnel with some capacity to make house visits and mobilise communities. Non-monetary incentives in the form of best practice awards have assisted in maintaining motivation at the community level. Loss of trained volunteers is inevitable in such a programme and continuous need for capacity building and the generation/retention of a large pool of available volunteers must be recognised.
- f) **Strategy for FEP.** Out of four recommended entry points to the programme, three are working effectively, in particular, household interventions through targeted face-to-face family visits; service-linked through consultation being provided for young mothers during health clinic visits and immunizations, consultations before marriage and distribution of allowances; community development through social mobilisation activities. The only strategy that has not been working and needs further development is intervention at system or national level such as raising mass media awareness. At the local level however, journalists have been active in communication campaigns that have popularised FEP messages and reported social mobilisation events. Ultimately it is the synergy between strategies that creates an effective and imaginative intervention responsive to country needs and existing services and resources.
- g) **Coverage** objectives have been achieved through expansion to 28 districts of 6 regions involving 1,417 community advisers. These need to remain under review in the light of risks related to geographical coverage/scaling up strategies versus quality. Future strategic directions need to take this carefully into consideration.
- h) **Sustainability** based on quantitative data of the evaluation is believed to be reasonably assured with the FEP contributing to national priorities. Deputy governors are directly responsible and accountable for the reduction of Infant, Under 5 and Mother Mortality Rates in their respective districts. All of the 28 districts adopted decrees on FEP implementation with assigned responsibilities and they report back to the Government on the achievement and progress of FEP as part of their regular reporting requirements. The community advisers and volunteers are empowered and consider their job as part of their duties and responsibilities as well as their civil duty to assist families to better understand the needs and rights of children.
- i) **Participatory and reflective evaluation methodology** through regular monitoring and evaluation carried out involves stakeholders in analysis of local findings and planning and design for future programming. As observed first-hand, this creates ownership through discussion of evidence and improves integration and co-ordination of inter-sectoral work among partners interested in Integrated Early Childhood Development.
- j) **Rights of children** depend on the well-being and resources of parents/caregivers and other caregivers with children, as rights-holders, having claims against those with obligations to ensure the fulfilment of those rights. Child poverty, vulnerability and exclusion are manifestations of the lack

of capacity within families, communities and government to fulfill young children's rights. FEP has already made a contribution in its advocacy for Early Childhood Development at different levels. A further contribution can be made in the next phase of the programme in drawing attention to the rights of young children with disabilities to support of families and inclusion in play and pre-school education activities.

Annex 1: FEP framework

The framework below reflects the main strategies of FEP, the cross cutting principles that will guide the program and the integration of program messages through a delivery process reaching families and communities.

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Source: Project documents 2003-2005 prepared by Consultant Mercedes Chavez and cited by Sonal Zaveri (2005) in her External Evaluation of the FEP 2003-2005

Annex 2: Terms of Reference for External Evaluation

UNICEF UZBEKISTAN

TERMS OF REFERENCE FOR CONSULTANTS AND CONTRACTORS

Family and Community Empowerment Project TOR for Family Education Project Consultancy Service

Title:

External Summative Evaluation of the Family Education Project (FEP) for the period of January 2005- July 2009 in Uzbekistan.

Background:

The broad **aim** of the FEP is “*family empowerment and increasing the families’ knowledge on child rearing practices through community volunteers*” and the overall **goal** of FEP is “to empower families and communities with knowledge and skills to ensure that children of all age groups grow up healthy, well-nourished, and benefiting from quality learning programs, and developing into well-adjusted young citizens in safe, hygienic, environmentally friendly and non-discriminating communities.”

In accordance with the 2005-2009 CPD (Country Program Document), a focus on family and community empowerment will help at least 80% of families in 15 *districts* (after MTR revision in 28 pilot districts) of six *regions* to adopt improved child-rearing practices. UNICEF will support communication and social mobilization so that all families in the target areas have better knowledge of appropriate childcare, and promote behavioural change among families and communities for children’s growth, development, participation and protection.

In accordance with the 2005-2009 CPAP (Country Program Action Plan), the Family Education Project (FEP) contributes to *UNDAF outcome #2*: “By 2009, universal access to quality basic services is achieved; Outcome 2.3: “Families’ child-rearing practices for child survival, development and protection are improved in priority areas.” FEP also contributes to the following MDGs: *MDG 4* “reduce child mortality”, *MDG 5* “maternal health” and *MDG 2* “universal primary education”.

While other UNICEF supported programs such as health, education, child protection are working with sectors to ensure quality basic services provision, FEP is seen as an essential program to support all these interventions and create demand at the grass-root level. It is also linked with Local Capacity Building project (LCB) at regional and district level and facilitates the development of evidence-based action plans to promote FEP/ECD messages through Local Government Offices.

FEP is being implemented by two main partners the Women’s Committee (WC) of the Republic of Uzbekistan and its branches in the districts and by Tashkent Medical Pediatric Institute (TashPMI) under the Ministry of Health. Other implementing partners include Local Governments (Rayon Hokimiyats), Rayon departments of the Institute of Health (Salomatlik Markazi), and Soglom Avlod Uchun NGO and other local NGOs.

In 2008, 28 district governor’s offices reported that the coverage has reached 98% of vulnerable families with children aged 0 to 6 years. Overall it is estimated that 215,000 targeted families (15% of low-income families with children from 0 to 6 nationwide) in 1,224 communities (12% out of a total number of 10,000 communities) in 28 districts (14% out of a total 199 districts/cities/towns) have been directly covered by the project. Estimated number of families directly reached for 2005-2008 is about 450,000 low-income families.

An example of child-rearing practices based on selected indicators is drawn from the results of regular monitoring conducted during the 2008 reporting year. The evident behavioural changes due to FEP intervention include, but is not limited to: unwanted pregnancies reduced from 19.4% to 6.8%; birth interval of one year reduced from 11.6% to 4.3%; exclusive breastfeeding increased from 34.9 % to 78.9%; usage of iodized salt increased from 62.4% to 94.1%; usage of safe drinking water increased from 73.6% to 86.7 %; enrolment into kindergartens increased from 13.9% to 18.2%; knowledge of

preventing HIV transmission increased from 32% to 65%; number of households not having children books decreased from 71.5% to 41.7%; the number of children sleeping in a traditional cradle (beshik) decreased from 100% to 81%; and, the number of families paying attention to and stimulating mental and social development of children increased from 80% to 90%. Yet, there are certain patterns of behavior that are difficult to change due to traditional beliefs and values, gender stereotyping, and economic constraints. For example, the father's involvement in educational activities with his child decreased from 39.4% to 30.3%. It is estimated that from 9% to 30% of fathers are migrant workers, an economic necessity that has negative affects on child-rearing practices.

Total budget spent for FEP in 2005-2008 was 1,065,000 USD and planned for 2009 is 250,000 USD.

The specific objectives of FEP for 2005-2009 are as follows:

- To increase knowledge and skills of families and communities on childcare
- To improve childcare practices in the families
- To increase the % of children participating in early childhood development (ECD) programs

Indicators:

- % of families where the behavioural changes occurred and observed as a result of intervention of FEP (e.g. home health care; hygiene and sanitation; psycho-social stimulation; nutritional practices, including breastfeeding, complimentary feeding, usage of iodized salt; care by both parents, care for pregnant women, etc.)
- % of children who participate in different types of Early Childhood Development programs/preschools

Program theory:

The Family Education Program is being implemented by the community advisers through home visiting, linking families to a health and preschool services, social mobilization activities, and advocacy and communication materials. Community advisers will increase caregivers' knowledge and skills on childcare and development, which will lead to improved child-care practices and responsiveness to child's needs. As a result, children health and development outcomes will be improved.

Key program activities/strategies such as a) capacity development; b) advocacy and communication; c) social mobilization; and d) monitoring and evaluation are being implemented in 28 districts of 6 regions through all four starting entry points as follows:

1. Household visits. Frontline workers, including community advisers and patronage nurses visit the families spreading FEP key messages and providing communication materials and handouts at least once per month. The primary target for them is 100% coverage of low-income, hard-to-reach families with children from 0 to 6. While visiting the households, they speak to different family members - caregivers including pregnant women, young mothers and fathers, mothers-in-law, siblings, and others.
2. Facility or service delivery linked. Once a month community advisers bring together 10-15 young mothers with children 0-3 (during the time mothers come to collect social allowances); Patronage nurses use this as an opportunity to speak about FEP messages during vaccination days (mothers with young children are called all at once to get vaccination in health clinic). It covers all families with children from 0 to 6.
3. Community development. Community advisors conduct regular bi-weekly meetings in *mahalla* (community) for 10-15 mothers-in-law, where the FEP messages are discussed as well. Once in a quarter there are community mobilization campaigns for various *mahalla* (community) festivities devoted to certain topics and linked to different activities (e.g. competition healthy family, one-week breastfeeding campaign, June 1-CRC promotion etc.). It covers universal population and families with children from 0 to 18.
4. System-level. All the above is implemented through local district government offices, which conduct regular monitoring and evaluation activities on project intervention and use results of it for their future planning. The deputy governors (who are also chairwomen of regional and district Women's Committees) established Intersectoral Committees and meet twice a year to report on results of monitoring and develop joint action plans for FEP implementation. It is related to all the sectors and services for universal population.

In Kashkadriya and Fergana regions, there are projects developed for ECD/FEP, which are linked with Regional Plans of Action and WIS (Uzbekistan version of PRSP-Welfare Improvement Strategy) which led to the greater budget allocation for Early Childhood Development.

Unfortunately, mass media was not involved at the national level in media raise awareness campaigns.

Purpose of the evaluation:

- 2009 – is the last year of UNICEF’s current (2005-2009) programme cycle in Uzbekistan. It is therefore crucial to have reliable, accurate and comprehensive data on the FEP impact, achievements, constraints and to generate relevant recommendations for further project directions for the next programme cycle (2010-2015).
- The end-of-cycle evaluation will be based on impact assessment information, specifically the behavioural changes that programme brought to the household level. It will be compared to the baseline data (KAP survey), mid-term evaluation report and previous monitoring reports on major indicators for the whole period. This will serve as a basis for further programme design for the next programme cycle. It will also provide information for leveraging of funds and reporting to donors.
- The evaluation findings and recommendations will be addressed/followed in preparation of CPAP (2010-2015) by UNICEF programme staff
- The evaluation report will be used by FEP partners from the Republican Women’s Committee and its branches in the regions, Ministry of Health, Ministry of Public Education, major implementers on regional and district levels to address further work panning. The major outcomes will also be shared with the frontline workers, for them to take into account successful strategies and further work on the weak points in work with the families. It will also be used for the development of C4D strategy/program communication strategy and possible involvement of national mass media channels.

Scope and focus:

The evaluation should provide answers to the following questions:

Process

1. Was the design of the intervention appropriate?
2. Did the intervention get delivered effectively?
3. Were there contextual factors that were important in making the intervention work or not?

Outcome

4. Did the intervention alter the families’ behavior and sense of empowerment in ways that were expected?

Policy

5. What are the policy implications of the evaluation results?

In evaluating FEP and answering the above questions, OECD-DAC evaluation criteria and evaluation questions should be considered as follows:

- **Relevance:** What is the value of intervention in relation to 1) the national and international partners’ policies and priorities (including Millennium Development Goal, United Nations Development and Assistance Framework, WIS); 2) the global references such as the CRC and CEDAW; 3) the MTSP, the CCC, HRBAP and RBM? Do final beneficiaries-families and communities regard FEP top priority compared to other immediate issues and Millennium Development Goals? What is the appropriateness of the design? How has the project been implemented? Given the assessment of strength and gaps, what was determined to be the best starting point of the programme? To what extent was the content of the parenting programme adapted to the local context and to families’ knowledge? If so, in what ways? Do local government offices use results logical framework with result-oriented objectives (specific, measurable, achievable, relevany and time-bound)? What indicators the project had planned to use for monitoring and evaluation purposes? How was monitoring used for further planning/adjustment of project? Do deputy governors relate the FEP intervention to the implementation of CRC and CEDAW? Does FEP module/materials include messages on child rights and gender equality?
- **Efficiency:** Does FEP use the resources in the most economical manner to achieve its objectives? Is funding roughly adequate to meet program needs? What are the costs per unit (family) served? How many materials have been developed/published? How many trainings have been held? Is it worth continuing trainings on community level in pilot communities? Should this practice be continued? Should trainings at the district levels be continued? Is it worth to

support activities for project implementation through local level governments? What are the intangible benefits that could not be measured quantitatively? (e.g., personnel trained and motivated; sustainability achieved; participation in Early Childhood Development policy planning; community organization strengthened; women empowered; culture reinforced).

- **Effectiveness:** Are we reaching the expected family-level results message by message along the continuum of behavioural change (awareness, interest, desire, change)? What are the results of intervention in terms of behavioural changes on individuals, communities, institutions (e.g. preschools, local medical points) against set indicators? What is the quality of programme design? What is the communication/advocacy strategy for FEP? Is it effective? Is FEP's activities achieving satisfactory results in relation to stated objectives short and long term? What is the quality/sufficiency of FEP trainings/training materials? How effective is to continue trainings on a cascade basis in terms of the quality of information reaching the households? Can FEP messages be articulated properly at the level of deputy governors, community advisers, and families? Should the messages be limited or expanded depending on the extent they reached the families at the continuum of behavioural change? Is list of indicators and internal monitoring scheme by trained volunteers sufficient/relevant to achieve stated results? Were women as well as men empowered to provide better care? Was there attention to gender relations? Were there areas in which the intervention was more effective than others? If so, what factors (such as household poverty, parents' educational level, family structure, urban-rural, and availability and quality of services and infrastructures) could account for the difference? Specific questions to be addressed at entry-point levels: 1) for the household interventions: What is the quality and sufficiency of volunteers contacts with families? How many contacts did each family have, on average? What was the quality of the relationship between families and facilitators? What kind of training (both pre-service and in-service) was given to the facilitators? Are there on-going training and supportive supervision of the facilitators? 2) for service-linked interventions: What was the overall rate of usage of this facility or service? Did it change when the intervention was introduced? Was there adequate time and space for interventions and materials to be displayed and used in the facility? 3) for community development interventions: To what extent did families share their problems with other families? Did learning occur among families? To what extent did families serve as peers/supporters of other families? Were there group sessions? What was the frequency? Did the intervention outreach to the poorest? 4) for system-level interventions: From the evaluations, are there specific recommendations that can be made in relation to introducing/strengthening policies to support young children and their families? What role did the program play in helping to formulate, implement or evaluate Early Childhood Development and other relevant policies? How results of M&E activities have been used for planning at the community, district, and regional levels?
- **Impact:** Did the intervention alter the family's (both men and women's) behavior and sense of empowerment in ways that were expected? More specifically: To what extent were families' sense of self-worth and self-confidence strengthened? To what extent are families' understandings of the importance of their activities for children's survival and development strengthened? To what extent have families obtained knowledge on child development and parenting skills? (e.g. Do families know when children start seeing? Do families understand the importance of play?) What changes in families' interaction with children have occurred? (Do families read to children more? Do families play with children more? Are families more responsive to children's subtle communication?) To what extent have changes in families' perception of discipline occurred? Which are the attitudes, beliefs and practices that are most open to or difficult to change? To what extent have families become social activists? (Did the programme give them confidence to speak out for children in their communities?) Are families more actively involved in the community?
- **Sustainability:** What is needed for FEP to be adapted/replicated nationwide? What are people's resources, motivation and ability to continue advocacy/communication campaigns on delivering messages of *Facts for Life* and FEP in the future? Are behavioural changes expected to last and what is needed for people to continue acting in child-friendly ways? What are other resources (both human and financial) to be used to sustain the program?

Additional criteria to be used assessed to the extend possible are as follows:

- Coverage: Which groups have been reached by FEP and what is the different impact on those groups? Have vulnerable families been reached, including those with girls, children with disabilities, and low-income families?
- Coordination: What are the effects of coordination at the regional and district levels?
- Coherence: What are areas and ways of cooperation with other UN and donor agencies' in regard to FEP goals and objectives? What is the existing national policy on Early Childhood Development? Is there coherence across policies of different donor agencies and national stakeholders? (this criteria should be assessed to the extent possible)
- Protection: Is the response adequate in terms of protection of children of different groups? (this criteria should be assessed in regards to what measures/actions need to be taken to provide, for example, support systems for children with disabilities?)

Existing information sources:

- CPD, CPAP, AWP (annual work plans)
- Project documents and reports for the period 2005-2009, including "Making a difference" and "Mission report"
- FEP training module, materials for parents and *Facts for Life*
- Trip reports of relevant UNICEF programme staff
- Uzbekistan FEP Evaluation report by external consultant Sonal Zaveri (2005)
- FEP KAP Baseline Survey (2006), Mid-term evaluation(2007), and 6 monitoring reports (2006-2009) by the research agency "Sharh va Tavsiya". All the reports have a comparison of data starting with the baseline and ending with the last spring 2009 monitoring report

The reports have been produced by the independent Research Agency. The data in reports is reliable, non-biased and of a good quality. There might be some technical shortcomings due to the translation problems. This will be addressed and clarified if the questions arise with the concerned UNICEF PO and Research Agency. There are no specific concerns related to conflict of interest.

- * *Additional data on attendance of the pre-school establishments of the districts/communities can be obtained from the local governor's offices.*

Evaluation process and recommended methodology:

The proposed type of evaluation is formal, summative. The evaluation process will be based on:

- analysis of existing project related documents listed above
- analysis of existing national policies/priorities
- development and analysis of surveys/questionnaires with list of questions/indicators against set objectives
- field visits to the regions, districts and communities
- meetings with the FEP frontline workers/volunteers and representatives of families

During the field-visits and meetings:

- structured observations/interviews at the household level
- structured observations of trainings/ events within the project framework (depending on time and availability of this)
- individual interviews with key stakeholders (e.g. national implementing partner/coordinator of FEP, some district deputy governors, some community advisers, some health and preschool workers)
- focus groups with community advisers and frontline workers/volunteers and families and members of District Intersectoral Coordination Committees during site-visits

The external evaluation will be based on both quantitative and qualitative approach. For the quantitative part, local Research Agency will carry out final monitoring, using questionnaire in a sample of 594 families in 19 districts of 6 regions of Uzbekistan. Suggested sampling will be a mixture of purposive sampling (where an evaluator is required to understand and explore the evidence of behavioural changes with a small group of people) and stratified random sampling (where the evaluator will examine differences among subgroups which had /didn't have program interventions to be able to draw generalizations).

The qualitative part will be carried out by an external evaluator and will be based on desk-review, focus-group-discussions and individual in-depth interviews. The sampling should be as follows: a sample of deputy governors (who have been trained) should be assessed to determine if they can articulate FEP messages; sample of community advisers(who have been meeting with trained deputy governors) should be assessed to determine if they can articulate FEP messages, a sample of families (in communities where community advisors have been meeting with trained deputy governors), a sample of vulnerable families (in communities where training for community advisers had trainings) should be assessed to determine if they can articulate FEP messages and practice improved behaviours (in those areas where initial KAP baseline survey took place). Sampling size should include at least 10 families/households, 5 deputy governors, 5 community advisers (if needed to be discussed/ with evaluation team). Analysis of both quantitative and qualitative data should be presented in evaluation report. Certain measures will be taken to ensure that evaluation process is ethical and interviewees are protected (e.g. reference to sources of data will remain anonymous and final Evaluation report will not contain names while referring to data, unless interviewees will give permission to provide the names if needed so).

Stakeholder participation:

Stakeholders will be mainly involved into the evaluation process as sources for data collection and analysis. There would be a validation workshop organised at the end of evaluation in order to develop ownership of the evaluation results to further fine tune conclusion and recommendations. Upon finalization of the Evaluation Report, stakeholders will further follow up to address key findings and recommendations to take actions while planning the program strategy for the next programme cycle.

Accountabilities:

UNICEF programme staff will be accountable for coordination of stakeholders' involved, organizing field-visits, focus groups, and other logistical issues. UNICEF Project Officer (PO) will be accountable for reviewing/approving of intermediate and final evaluation results. The Research Agency will be accountable for conducting/supervising the process of monitoring and producing the monitoring report for the use by the external evaluator by the time of evaluation and assisting the external evaluator in conducting focus groups discussions. The evaluator will be responsible for desk-review of the project, conducting in-depth interviews and focus-group discussions. The evaluator shall be independent in evaluation exercise, however taking into account sensitive issues which may arise during the course of assessment. There are no specific concerns related to conflict of interest.

Evaluation team:

Since the evaluation is summative, there will be a need for external individual consultant. The consultant will work in close collaboration with local Research Agency, which will be responsible for quantitative part and was involved into the KAP survey, Mid-Term Evaluation and consolidating the monitoring reports from the regions.

Qualification or Specialized Knowledge/Experience and competencies required:

- To have university degree in Social Sciences/Economics and extensive experience, knowledge and expertise in M&E, in conducting research and different kinds of surveys, assessments, and evaluations
- Good analytical and report writing skills
- At least 5 to 7 years of practical experience in the field of Early Childhood Development, parenting education, communication for behavioural change, and community development
- Experience in monitoring and evaluation of Early Childhood Development, Communication programmes
- Previous experience working in CEE/CIS region
- Fluency in English.

Procedures and logistics:

An external evaluator will be assisted with logistics related to the assignment, such as office space, a car for site visits and official meetings, interpreter. It is expected that external evaluator will come with a laptop.

Travel:

UNICEF will pay for the expert's travel from place of residence to country destination and back. Travel will be undertaken only upon receiving an approved Travel Authorization from UNICEF. Based on mutual convenience, UNICEF will either purchase and send the ticket to the consultant or transfer funds to the consultant's account to purchase the ticket locally. Tickets must only be purchased by the expert after communicating the cost to UNICEF and receiving written approval. Air travel will be as per UNICEF rules: the most direct, most economical route.

80% of the Daily Subsistence allowance (DSA) will be transferred to the expert before the start of the travel. DSA is to cover expenses associated with the expert's boarding, lodging and for travel days as per UNICEF rules. In the case that the expert incurs approved travel-related costs, such as for air travel, visas, etc., final settlements of these expenses will be made upon submission of all required travel related documents (including completed F-10 form, trip report, tickets and boarding passes, and any other invoices, e.g. for visas, etc.)

Any additional specific information regarding the procedures, benefits, travel arrangements and other logistical issues will be discussed with successful candidate.

Estimated Days of work and time line:

- a. Visit to country and conducting qualitative part of the evaluation, such as focus-group discussion, visit to families and in-depth interviews - 15 days (May-June, 2009)⁺
 - b. Desk - Review and producing evaluation report - 15 days (May, June)
- (⁺ in Tashkent; ⁺⁺ at home base)

Additional details concerning the time schedule will be discussed with successful candidates.

End products:

- The Evaluation Report, which should include executive summary, description of sampling and evaluation methodology used, data collection instruments, types of data analysis, assessment of methodology (including limitations), findings, conclusions, recommendations, lessons learned, attachments with developed list of indicators and questionnaires
- The report should be provided in both hard copy and electronic version in English in the required UNICEF format.
- Completed data sets (filled out questionnaires, records of individual interviews and focus group discussion, etc.)
- Assessment of evaluation methodology, including limitations of objectives-oriented approach
- The evaluation report will be required to follow and will be rated in accordance with "UNICEF Evaluation Report Standards" and UNICEF Evaluation Technical Notes
- The evaluation report shall reflect the status of the programme in terms of its relevance, efficiency, effectiveness, sustainability and impact.

Deadline for submission: all end products to be submitted in 2 months after the start of the contract

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.

All materials developed will remain the copyright of UNICEF and that UNICEF will be free to adapt and modify them in the future

Prepared by
Project Officer
Shakhlo Ashrafkhanova

Reviewed and approved by
Deputy Representative
Andro Shilakadze

Annex 3: FEP Training Materials

Training materials

The training materials were revised in 2006 and cover a syllabus based on the UNICEF Facts for Life topics published in 2004.

Facts for Life is an essential guide intended to make life-saving knowledge available to everyone and reduce childhood deaths among the 11 million children who die before their fifth birthday. The 13 topics present key messages about how to prevent child deaths and diseases and protect women during pregnancy and childbirth.

The FEP materials incorporate this information and consist of the:

- A. Training Manual for Service Workers
- B. Early Childhood Development Home Activity Booklet for Caregivers

They provide the source materials for training trainers, for trainers to use when training parents/caregivers, and for parents/caregivers of children aged 0-6 to use within the family.

A. The Training Manual for Service Workers

There are 22 training sessions varying in length from 1 hour 10 minutes to 2 hours and covering four topics and an introductory session about the Rights of the Child: The topics are:

Introduction - What parents could know about child rights (one session)

1. *Health and Nutrition* – ten sessions covering:
 - 1.1 Nutrition during early years, (five sessions)
 - 1.2 Disease and accident control (three sessions)
 - 1.3 Illness diagnosis and prevention (two sessions)
2. *Early Learning* – seven sessions covering:
 - 2.1 Child development (four sessions)
 - 2.2 Play (two Sessions)
 - 2.3 Giving love and emotional security (one session)
3. *Family Relations* - two sessions covering:
 - 3.1 Safe Motherhood (one session)
 - 3.2 Stress Management (one session)
4. *Child Protection* – two sessions covering:
 - 4.1 Early detection and prevention of disabilities (one session)
 - 4.2 Children affected by HIV/AIDS (one session)

Each session in the training manual follows a standard format:

- basic information: age range, estimated time, materials required
- the objectives of the session
- an introduction explaining the background and setting the scene
- procedures including a description of how to organise activities, what to say and what to explain
- key learning points for each activity
- practical application of the activity
- conclusion with a summary of the main points and learning outcomes

Paragraphs vary in length and emphasis, depending on the topic of the session

Trainers decide the order of study depending on the needs of the group

B. The Early Childhood Development Home activity booklet for caregivers

The booklet begins with a three page introduction outlining the rights and responsibilities of care- givers and children and six principles of child development which family members need to know.

It is authoritative in style and the language is quite formal, it does not address the reader in person.

Advice and possible activities are then suggested for children at:

- Birth – 3 months
- 4 - 6 months
- 7 months – 1 year
- 1 - 2 years
- 2 - 3.5 years
- 3.5 – 5 years
- 5 – 8 years

In each case there is a description of what the child “can do”, and what she needs at that age, accompanied by a list of development activities Some issues(e.g. safety precautions, the importance of reading to children) are highlighted in coloured boxes with some illustrations also.

Annex 4: Presidential Decree: Additional Measures to Safeguard Maternal and Child Health

[Stamp of the Cabinet of Ministers]

RESOLUTION OF THE PRESIDENT OF UZBEKISTAN

PP-1096

April 13, 1009

Additional Measures to Safeguard Maternal and Child Health and Nurture Healthy Generation

In order to further enhance and improve the effectiveness of the efforts for implementation nationwide measures for development and strengthening obstetrical care system and maternal and child health services, set up pre-natal screening centers in each oblast center and major cities, which create the environment for the birth and upbringing of a healthy child, and implementation of wide range of measures by the health institutions and public organizations including explanatory measures in the family and society, strengthen reproductive health, and nurture physically and morally developed generation:

1. Note that along with major positive changes achieved nationwide to improve reproductive health, safeguard maternal and child health, birth and upbringing of a healthy generation, there are serious shortcomings and lack of due attention by the heads of units of the oblast khokimiats, health, and other institutions.
2. Set up the Government Commission for development and implementation of the Programme of Measures for further strengthening and enhancing the effectiveness of the efforts to improve reproductive health, birth of a healthy child, and physical and moral development of the new generation, according to the list.

The Commission shall be responsible for:

Development and implementation of the measures indicated in this Programme in each oblast, rayon, and settlement, promote systematic oversight of unconditional fulfillment;

Coordination of the activities of all stakeholder ministries, agencies, and territorial management bodies in systemic implementation of all aforementioned works, primarily the health institutions, women's reproductive health centers, and prenatal screening centers;

Organization of a broad promotion and explanatory works conducted among the public, primarily the youth, by the health and educational institutions, civil self-governance bodies, and women's committees, the media on creation of a healthy family, protecting maternal and child health, and implementation of the objective: Healthy mother – healthy child.

3. The Government Commission (Sh. M. Mirziyoev) shall determine the list and develop the programme of measures for further improvement of the material and technical infrastructure of the obstetrical care institution, maternal and child health institutions, screening centers, supplying them modern medical equipment, essential reagents and consumables, particularly in the remote areas, by involving stakeholders ministries, agencies, respective institutions. Soft loans and grants of international organizations and foreign nations e raised for implementation of this objective.
4. The Government Commission (Sh. M. Mirziyoev) shall, in two months:

Thoroughly review the performance of maternal and child health institutions (obstetrical care institutions, pre-natal and screening centers, women's reproductive health centers, etc.);

Conduct evaluation of the officials running these institutions;

Develop specific measures to strengthen human resources of these institutions by qualified workers – obstetricians – gynecologists, neonatologists and pediatricians, particularly in the areas with high birth rates, maternal and infant mortality;

Develop and adopt the programme to systematically improve the skills of health workers on safeguarding maternal and child health;

Critically review the activities of Women's Committee on all levels to conduct preventive and awareness raising efforts related to maternal and child health and take steps to enhance these

activities and raise personal responsibility of the chairwomen of the Women's Committee – deputy khokims of oblasts, cities, and rayons in addressing the objective of national scale.

5. The Ministry of Health jointly with the Ministry of Public Education, Ministry of Higher and Secondary Special Education of Uzbekistan, Women's Committee of Uzbekistan, municipalities of oblasts, cities, and rayons, Soglom Avlod Uchun and Mahalla Foundations, and other public organizations:
 - a. Systematically undertake month-long awareness-raising activities in the households, communities, and educational institutions on healthy families, and genuine meaning of the objective defined as Healthy Mother –Healthy Child, the significance of the efforts for protection of maternal and child health, birth and upbringing of a healthy generation;
 - b. Enhance the performance of health institutions, particularly in the rural areas, conduct preventive work to improve the knowledge and health culture in the families to improve reproductive health and improve maternal and child health;
 - c. Ensure broad involvement of the mahalla committees and other public institutions in the awareness-raising and preventive efforts.
6. The oversight of implementation of this Resolution shall be delegated to Shavkat Mirziyoyev, Prime Minister of Uzbekistan.

Islam Karimov

President of Uzbekistan

Tashkent city
[Seal]

Membership of the Government Commission for Development and Implementation of the Programme of Measures for Further Enhancement of the Effectiveness of the Efforts to Enhance Reproductive Health, Birth of Healthy Child, Formation of Physically and Morally Developed Generation

Mirziyoyev, Sh.M	Prime Minister of Uzbekistan, Chairman of the Commission
Azimov, R.S.	First Deputy Prime Minister of Uzbekistan, Deputy Chairman of the Commission
Akbarova, F.Sh.	First Deputy Prime Minister of Uzbekistan, Deputy Chairman of the Commission
Mukhitdinov, R.A.	Minister of Justice
Parpiev, A.	Minister of Higher and Secondary Special Education
Shoumarov, G.B.	Minister of Public Education
Khaitov, A.A.	Acting Minister of Labor and Public Welfare
Guskova, T.N.	First Deputy Minister of Finance
Saidova, G.K.	First Deputy Minister of Economy
Sattarov, Z.M.	First Deputy Minister of Higher and Secondary Special Education, Director of the Center of Secondary Special and Vocational Education
Kamilov, A.I.	Deputy Minister of Health
Alimov, B.Sh.	Director General, Uzbek Agency for Press and Information
Khajayev, A.D.	Chairman, National TV and Radio Company of Uzbekistan
Khazratqulov, M.	Director General, Uzbek Agency for Information
Yusupov, O.	Acting Chairman, Committee for Religious Affairs
Akhmedov, A.A.	Chairman, Mahalla Foundation
Inamova, S.T.	Chairwoman, Soglom Avlod Uchun Foundation
Alimov, A.M.	Chairman, Central Council of Kamolot Youth Movement
Kuranov, M.	Chairman, Milliy Goya va Mafkura (National Idea and Ideology) Republican
Khojimatov, M.M.	Manager, Manaviat Targibot
Sultanov, S.N.	Director, Republican Medical Research Center of Obstetrics and Gynecology
Jubatova, R.S.	Director, Republican Medical Research Center of Obstetrics and Gynecology
Lyubchich, A.S.	Director, Republican Pre-natal Center
Norbayeva, T.K.	Chief specialist, Information-Analytical Department for Education,

Annex 5: List of Documents and Reports Reviewed

For the purposes of the desk review the documents are grouped into 4 categories:

- A Background and planning – policies and strategies
- B. Implementation - the training materials
- C. Monitoring and Review - reports and documents

A. Background and planning

The FEP Origins

1. FEP Briefing note (2009)
2. Project description (2009)
3. Uzbekistan ECCE Programmes Country Profile – UNESCO
4. Country Statistics – From various sources in this list and from elsewhere

UNICEF global and regional policies/strategies and Uzbekistan Government and UNICEF Uzbekistan policies/strategies

1. Facts for Life - WHO, UNICEF UNESCO (1989)
2. Early Learning & Development Standards (Early Learning and Development Standards) and “Going Global” Frequently Asked Questions – Regional Office (Feb 2009)
3. Early Childhood Development in the CEE/CIS Region - Situation and Guidance (2008)
4. National Action Plan – Education for All UNESCO (2002)
5. Revised Country Programme Action Plan 2005-2009 Between The Government of Uzbekistan and UNICEF (2004) Including ANNEX 1: Summary Results Matrix: - Uzbekistan Programme of Cooperation 2005-2009 (2004)
6. Making a difference ”Repositioning UNICEF programme priorities to better Serve Women and Children Of Uzbekistan UNICEF priority deliverables June 2005-Dec 2006 (2005)
7. Local Planning: Developing Capacities to Manage Results for Children Concept Paper for a UNICEF Supported Project (2005)
8. Building Confidence, Competence and Partnerships A Strategy Paper on Communication and Behaviour Change for the Family Education Project in Uzbekistan (2007)
9. Programme of Action – Improving the Wellbeing of Women and Children in Ferghana Region 8-10
10. Welfare Improvement Strategy of Uzbekistan 2008 -2010 (2007)
11. Draft Country Programme Action Plan 2010-2015 (2009)
12. Project on pre-school education in frame of Ferghana Regional Plan of Action
13. Resolution of the President of Uzbekistan PP-1096 (April 13, 2009)

B. Training materials

1. The Revised Trainers Manual (2006)
2. Home Activity Booklet for Caregivers, with Introduction References and Footnote (2006?)

C. Monitoring and review documents and reports

1. UNICEF Evaluation Report Standards (2004)
2. DAC Criteria for Evaluating Development Assistance (?)
3. United Nations Development and Assistance Framework Evaluation Guidelines for Terms of Reference (2005)
4. United Nations Development and Assistance Framework Monitoring and Evaluation Framework Outcomes (2005)

5. Annual Revue 2005
6. Annual Revue 2006
7. Annual Revue 2008
8. TOR for the Baseline Knowledge Attitudes and Practice Survey 2006
9. Baseline Questionnaire Form (2006)
10. Baseline Report (2006)
11. Questionnaire form (2005)
12. Monitoring report 1 (Nov 2006)
13. Monitoring report 2 (March 2007)
14. Monitoring Report 4 (April –May 2008)
15. Monitoring Report 5 (Nov 2008)
16. Mission Report Gerard Peart (May 30 to June 13, 2006)
17. TOR for the Mid Term Evaluation (2007)
18. Mid Term Evaluation Report 2005-2007, Annexes and Sources of information June- August (2007)
19. PARC Evaluation Report of Mid Term Evaluation Report (2007)
20. TOR for the End of Cycle Evaluation (2009)
21. FEP Annual workplan (2005)
22. FEP Annual workplan (2006)
23. FEP Annual workplan (2007)
24. FEP Annual workplan (2008)
25. FEP Annual workplan (2009)
26. Uzbekistan Multiple Indicator Cluster Survey 2006 (2007)

Annex 6: Evaluation Framework – Key Strategies and Result Areas

Key Strategy: A. Capacity building of frontline workers and volunteers and development of materials (Original questions for evaluation June, 2005 and additional questions for evaluation, June 2009 in red)				
Key Results: A. Knowledgeable, trained, skilled grassroot workers, and the development and availability of relevant ECD materials will enable families and communities to acquire the knowledge, skills and practices to improve child care practices				
Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
UNICEF has provided relevant, quality, timely technical expertise for training to implementing partner	What areas and how has UNICEF translated national and international priorities and policies; UNDAF, MDG, PRS, CRC, CEDAW, MTSP, CCC, HRBAP, RBM in providing technical expertise to FEP?	A.1 Evidence of dissemination on information on emerging and sensitive issues A2 Perceptions of key stakeholders on the contribution of UNICEF to information about new realities	A1. Reports and documents; minutes of meetings A2 Current and past key informants – government, consultant, FEP in charge at UNICEF, implementing partner in charge of FEP, Frontline workers, Family Resource Centres;	Review of data (objectives of training, training schedule, materials used in training) in capacity building program Comparison of issues covered and informants view of coverage and gaps
Implementing partners have developed training modules and completed quality training to all frontline workers	Did training happen as planned? Selection of trainers? Did the training materials reflect the Uzbek priorities? Were trainers of the desired quality? Did training provide opportunity for hands on training? Was an evaluation of training done after training and in follow-up? Were findings used to refine further training?	A3 Range, type and relevance of capacity building activities held for frontline workers A4 perceptions of recipients of training A5 Evidence of responsiveness and quality/quantity of support provided by implementing partner A6 Access to support by frontline workers		
Frontline workers have accurate knowledge of childcare, are able to clear misconceptions, demonstrate skills and support families in the practice of new child-care practices.	What knowledge was easier to retain, what was difficult? What childcare information and skills did most frontline workers give to families? How often was it given? How relevant and useful was it to them? What were lessons	A7. Example of horizontal transfer of knowledge and skills to target population A8 Perceptions of recipients regarding		

Key Strategy: A. Capacity building of frontline workers and volunteers and development of materials (Original questions for evaluation June, 2005 and additional questions for evaluation, June 2009 in red)				
Key Results: A. Knowledgeable, trained, skilled grassroots workers, and the development and availability of relevant ECD materials will enable families and communities to acquire the knowledge, skills and practices to improve child care practices				
Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
	learned – what was easier to disseminate and bring change and what was difficult? Did frontline level workers target critical issues?	front line workers quantity/ quality of information, skills A9 Perceptions of recipients regarding support by frontline workers towards change in child care skills and practice A10 Evidence of change in childcare behaviour as a result of frontline worker intervention A11 Evidence of feedback from families to frontline workers		
UNICEF has provided expertise to develop materials that are of high quality, reflect local concerns, user-friendly and reflect best practice.	How did UNICEF's information activities improve the availability and quality of information resources pertaining to good child-care practices? Was information focused on priority concerns? How was adaptation to local context done?	A12 Method used to identify innovative policies, strategies and actions A13 Range of gaps identified by UNICEF A14 Perception of key informants of role of UNICEF in identifying the gaps A15 Perception of responsiveness to demand for UNICEF expertise and relevance to national partners	A.3 Document review and interviews of UNICEF, other partners in material development, government A.4 Documents A.5 Interviews of government officials, NGOs others A.6 Interviews of government officials, implementing agency, NGOs, experts involved	
Frontline workers are familiar with, educate and use materials regularly with target population.	How adapting are frontline workers in use of knowledge and materials to specific child care needs of families and communities? Any baseline and monitoring done by	A16 Procedures established and actions taken to assist frontline workers to translate approaches to action A17 Evidence of good practice dissemination A18 Evidence of use of		

Key Strategy: A. Capacity building of frontline workers and volunteers and development of materials (Original questions for evaluation June, 2005 and additional questions for evaluation, June 2009 in red)				
Key Results: A. Knowledgeable, trained, skilled grassroots workers, and the development and availability of relevant ECD materials will enable families and communities to acquire the knowledge, skills and practices to improve child care practices				
Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
	UNICEF or implementing agency? What materials are used regularly? What are most useful? Problems and constraints in visiting and using materials? Achievements?	and satisfaction with relevant materials A19 Evidence of UNICEF action in establishing technical resource base A20 Perceptions of target population regarding knowledge, skills and materials used by frontline workers		
Families (includes all family members) and communities have increased knowledge, skills and practice better child care	To what extent have children benefited in health, psycho-social care, education as a result of better child care by families and communities? What knowledge, skills or behaviour have been acquired? What is the nature of participation of different family members and community? Known critical problem areas addressed and feedback loop addresses new ones – nutrition, anaemia, stimulation of children, others	A 21 Perceptions of change in children as a result of increased knowledge, skills by families, educators, community members A22 Evidence of increased knowledge, skills and child care practices in families and communities A23 Nature of participation of different family members and communities A24 Impact of improved child care on critical problem areas such as nutrition, anaemia, iodine deficiency A25 Extent to which child protection issues are addressed such as children with disabilities, gender, abuse of children, minority groups	A.7 Monitoring and evaluation data of family change A.8 Health statistics A.8 Enrolment in ECD and other services A.9 Perceptions of key informants – mothers, fathers, caregivers, educators, health personnel, key decision makers	Review of health data along with perceptions of key stakeholders and change perceived in children; emerging issues addressed
FEP has expanded by the regional core group of trainers through cascade training to reach communities in 40 districts. Over 1,500 volunteers in 40 districts directly cover 150,000 families with FEP messages/materials.	Did the FEP reach 40 districts? Did 1,500 volunteers implement outreach work in 40 districts?	A. 26 Perceptions and reports of relevant Deputy Governors A27 Range, type and relevance of capacity-building activities held for frontline workers	A.10 Data from Annual Work Plan 2009. A.11 Focus group notes from NEP Evaluation Validation Workshop	Review of training data (objectives of training, training schedule etc) Triangulation of accounts of national and regional trainers and frontline workers on coverage/gaps.

Key Strategy: A. Capacity building of frontline workers and volunteers and development of materials (Original questions for evaluation June, 2005 and additional questions for evaluation, June 2009 in red)				
Key Results: A. Knowledgeable, trained, skilled grassroots workers, and the development and availability of relevant ECD materials will enable families and communities to acquire the knowledge, skills and practices to improve child care practices				
Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
Capacity of national and regional trainers has been increased to better monitor programme interventions (eg Fergana core group of trainers are covering 10 new districts).	Has capacity of national and regional trainers to better monitor programme interventions increased?	A. 28 Perceptions of recipients of training A.29 report of Lead Trainer	A.12 Notes of discussion with Shakhlo Ashrafkhanova and Lead trainer. A.13 Observation of training in Dangara for community advisers	Triangulation of national trainer accounts with observation of practice.
Capacity development of Technical Working Group (TWG) : master training of national and regional trainers on M & E; refreshment TOT for national and regional trainers on FEP	What have been the benefits of coaching/training the trainers? What are their ongoing training needs? Are more interactive and participative teaching methods being used by trainers with families?	A.30 Interactive and participative methods used in training observed A. 31 Interactive and participative methods used by group leaders in FEP Evaluation Validation Workshop and ELDS Content Validation Workshop	A.14 Observation of cascade training A.15 Observation of presentations at FEP Evaluation Validation Workshop- and ELDS Content Validation Workshop	Triangulation of accounts by Lead Trainer, national trainers group and observed practice.

Key Strategy: B. Advocacy campaigns through mass media and ECD materials (Original questions for evaluation June, 2005 and additional questions for evaluation June, 2005 in red)

Key Result: B. Advocacy campaigns result in support from key stakeholders for good ECD models that are indigenous and responsive to rights of children and promote demand for ECD and other related services

Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
Advocacy by UNICEF has improved political commitment at national and local levels	To what extent has advocacy efforts influenced existing ECD national policies and resource allocations? Has the level of political commitment been adequate to address the emerging needs? What are the commonalities and differences between UNICEF with other donors and UN agencies regarding FEP goals and objectives? Any areas of mutual cooperation? In relation to national concerns?	B.1 Extent and nature of coverage of ECD in health, development and other policy and strategy documents B2 Perceptions of key stakeholders on the contribution of UNICEF on changing awareness	B1. Policy and strategy documents before 2003 and after 2003-2005. A2 Current and past key informants – government, consultant, FEP in charge at UNICEF, implementing partner in charge of FEP, Frontline workers, Family Resource Centers; NGOs; other donors and target groups	Review of data (objectives of training, training schedule, materials used in training) in capacity building programme Comparison of issues covered and informants view of coverage and gaps
Advocacy has reached target populations	To what extent do advocacy issues resonate with concerns of target population	B3 Evidence of disseminating of information on emerging and sensitive issues B4 Extent to which families and communities think that ECD is a priority issue	B3 Records of dissemination B4 Interviews of managers, target population and frontline workers	
Advocacy has been enhanced by concise, critical statistical analysis	How has UNICEF used emerging data to lobby for unaddressed needs and critical issues in ECD?	B5 Opinions of decision makers in the use of data and documents to support this commitment B6 Range, type and relevance of capacity building activities held for frontline workers B7 Evidence of responsiveness and quality/quantity of support provided by implementing partner		

Key Strategy: B. Advocacy campaigns through mass media and ECD materials (Original questions for evaluation June, 2005 and additional questions for evaluation June, 2005 in red)

Key Result: B. Advocacy campaigns result in support from key stakeholders for good ECD models that are indigenous and responsive to rights of children and promote demand for ECD and other related services

Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
		B8 Access to support by frontline workers		
Media Advocacy has resulted in awareness of, commitment to by a wide range of national/local actors	<p>What visible change has been created in different types of media regarding urgency, importance and approach to ECD issues? What are the issues that are widely disseminated? Have new efforts or commitment emerged because of advocacy efforts? How have materials contributed to creating awareness? What were lessons learned – what was easier to disseminate and bring change and what was difficult? Did media target critical issues?</p> <p>What structures and/or mechanisms were used by UNICEF to help increase advocacy efforts?</p> <p>What has been UNICEF’s experience vis a vis other advocacy efforts? What were reasons for failure or success?</p>	<p>B9 Evidence of change in media diversity, quantity (no. of publications, number of categories of analysis) content (range of topics, level of detail); timeliness (date of most recent data) and accuracy (declared levels of confidence in reported data)</p> <p>B10 Evidence of use of information in different settings</p> <p>B11 evidence of improvement in quantity and content of information about responses</p> <p>B12 Perceptions of recipients regarding improvement as a result of sharing information</p> <p>B13 number and type of specific partnerships that developed</p> <p>B14 Extent of coverage in sectoral documents</p> <p>B15 Perceptions of key stakeholders regarding adequacy of coverage</p>		

Key Strategy: B. Advocacy campaigns through mass media and ECD materials (Original questions for evaluation June, 2005 and additional questions for evaluation June, 2005 in red)				
Key Result: B. Advocacy campaigns result in support from key stakeholders for good ECD models that are indigenous and responsive to rights of children and promote demand for ECD and other related services				
Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
Commitment is expressed in tangible terms such as forging new partnerships, increase in resources and personnel	Which particular channels worked well? Which new players were included? What was their contribution to advocacy? Did UNICEF's efforts enhance or supplant local/national/regional energies to cope with ECD issues	B16 Extent (number and scale) of involvement of different groups (NGOs, marginalized groups etc, B17 Perception of key informants of role of UNICEF in broad basing, expanding and supporting ECD and ECD related issues B18 Quantitative analysis of budgeted-Actual commitments at local and national level	B.4Records of partnerships B.5Interviews of gov't officials, NGOs others B.6Donor and government records of resource allocation pre 2003 and 2003-2005	
Key FEP messages/materials reach 150,000 families. and population through advocacy activities	Have sufficient FEP communication materials been produced and printed? Have brochures and leaflet based on FFL been developed and become widely available?	B.20 Views of Deputy Governors at regional and district level B21 Views of focus groups of Intersectoral Committee and volunteers	B. 8 Interview and focus group notes	Consideration of views expressed concerning quality and availability of materials
Key FEP messages/materials reach population through mass media channels	Are FEP messages reaching radio, television and national papers?	B.21 Recognition by key stakeholders of the importance of reaching the population through mass media channels	B.9 Views expressed in interviews with a variety of stakeholders (for example, Deputy Chairwoman of Women's Committee, national co-ordinator), Head of PreSchool, Department of Public with Shakhlo Ashrafkhanov r,	Consideration of views on importance of and strategies to engage mass media channels.
FEP Evaluation	What have been	B.22 Review and	B.10 Focus	Review and

Validation Workshop provides an opportunity to review achievements and challenges and increase motivation for implementation of FEP	identified achievements and constraints in respect of advocacy and communication? What are the lessons learned?	experiences of over 100 stakeholders	group discussion, presentations and summary comments by Lead Trainer B.11 Notes of focus groups	reflection of a variety of stakeholders from the UNICEF to the Head of Pre-school in the Department of Public Education
ELDS National Validation Workshop will provide the next stage in the process of working towards state standards for the Republic of Uzbekistan	How appropriate is the ELDS content in terms of physical development, speech/preparation for reading and writing, cognitive, social and emotional development?	B. 23 Expert opinion of key stakeholders on the degree to which the ELDS represent national interests, perspectives and scientific ideas on early child development	B.12 Focus group discussion, presentations and summary comments of the Lead Trainer. B. 13 Desk review of ELD Standards and ELDS “Frequently Asked Questions’	Critical review of ELDS standards and indicators that in the current version have not been linked with other national standard/norms.

Key Strategy: C. Support of local initiatives in communities (Original questions for evaluation of June, 2005 and additional evaluation questions for evaluation of June, 2009 in red)

Key Result: C. Support to local initiatives such as the Family Resource Centers and Makhallas increases ECD acceptance, ownership and is sustainable

Expected specific results	Questions	Indicators/Information	Sources of data	Analysis
UNICEF support of local initiatives has helped to integrate and streamline efforts at national and local level	To what extent has UNICEF been able to drum up support for local initiatives with government and key stakeholders? Is there evidence that these local efforts have possibilities of going to scale quickly? What are the effects of coordination at the local	C.1 Perceptions of key stakeholders regarding support for local initiatives by UNICEF and reasons thereof C.2 Analysis of national, regional and global policies C.3 Perceptions of key stakeholders regarding influence of UNICEF in promoting local initiatives	C.1 Reports and documents; minutes of meetings C.2 Current and past key informants – government, consultant, FEP in charge at UNICEF, implementing partner in charge of FEP, Frontline workers, Family Resource	Review of data (objectives of training, training schedule, materials used in training) in capacity building program Comparison of issues covered and informants view of coverage and gaps

	level and absence at the national level?		Centers;	
Budget and work plans at local and national level reflect the new reality		<p>C.4 Evidence of comprehensive plan with resource allocation for local initiatives.</p> <p>C. 5 Evidence of other sectoral work plans supporting the FEP program and coordinating with it</p>	C.3 Desk review and budget review of relevant sectors participating with FEP pre and post FEP	
FEP current vertical program design regarding materials, training and family education will achieve goal and objectives of FEP	<p>To what extent will FEP phased development that addresses material development and training for only 0-6years children in 2003-4; 7-13 years in 2005-7 and 14-18 years in 2007-9 affect goals of FEP? Does program design need to be changed? Are FEP's activities achieving desired results? Are FEP trainings adequate in number and of good quality? Training Materials? How often and how well do volunteers contact families? Are volunteers able to monitor regularly and collect reliable data? Do they know what are the relevant indicators?</p>	<p>C.6 Perceptions of experts and implementers regarding appropriateness of program design, quality/ quantity of training and training materials, use of volunteers.</p> <p>C. 7 Perceptions of target population, managers of programs, community, regarding role and efficacy of using strategy of volunteers.</p> <p>C. 8. Evidence regarding volunteer contact, use of materials and perceived change in childcare knowledge, skills and practice.</p>	<p>C.4 Interviews with key and primary stakeholders</p> <p>C.5 Review of training and materials according to checklist</p> <p>C.6 Review of volunteer contact data</p> <p>C.7 Observation of FRC</p> <p>C.8 Enrolment figures in ECD, primary schools</p>	
Support for local initiatives (Makhalla and	What resources will be needed to sustain the	C. 9 Evidence of available and future resources – skilled and	C.9 Interviews with key stakeholders	Analysis of different available ECD models and comparative

Family resource Center) is possible in the long run and sustainable	program at local level? How much can families and local governments contribute? How will it be managed and monitored? What are problems in replication and scaling up? What other models are available?	trained human manpower, cost C. 10 Case studies of replicable models C. 11 Motivation of families and communities to take ownership and management C. 12 Numbers of children to be reached; special needs of marginalized and vulnerable children	C. 10 Review of other ECD models C. 11 Population evidence	advantage
FEP planning and review meetings take place at rayon level, with rayon project co-ordination and monitoring.	What planning, co-ordination and monitoring takes place at the rayon level?	C. 13 Reports of Deputy Governors and focus groups perceptions	C.12 Interview notes from Deputy Gobs and Focus grp discussions of Intersectoral group and frontline workers	An opportunity to match stated policy with views of participants on practical implementation
FEP messages are disseminated through competition and motivation of best maslahatchi and best district	Are maslahatchis and districts motivated by competition? Is active promotion of outreach work increased through the incentive of prizes?	C. 16 Perceptions of stakeholders at national, regional, district and community level. C. 17 Attitudes and perceptions of prize giving and prize winning and its role in promotion of FEP work	C. 16 Interviews with Deputy Governors. C. 17 Focus groups of Intersectoral Committee members and frontline workers. C. 18 Observation of prize-giving ceremony at FEP Evaluation Validation Workshop	First-hand experience of the impact on frontline workers of public acknowledgement of their work. Recognition of the impact at the region level where award winners are singled out for praise and the effect on confidence is observed

Key Strategy D: Monitoring and evaluation (No questions for June, 2009 evaluation)				
Key Result D: Results of monitoring are used for improved programming				
Expected specific results	Questions	Indicators/Information	Sources of Information	Analysis
M & E instruments are well-	Do M & E instruments assess change	D1.FEP M & E component, including key instruments,	D1. Impact Assessment of FEP by	Review of Impact Assessment data, cross checked with

<p>established, have been further improved to assess change in behaviour and are being used by deputy governor from 6 priority regions as a tool for situation analysis in regard of the well-being of mothers and children and future planning based on results</p>	<p>in behaviour effectively? Are they being used by local governments as a tool for situation analysis and future planning based on results? Is quality assurance in place through the usage of developed indicators at family, community, rayon levels to target most vulnerable families?</p>	<p>questionnaire, cross-checked with MICS D2. M & E strategy based on Dev-info installed and used as a tool for monitoring and reporting on indicators of well-being of women and children</p>	<p>Sociological Center D2. MICS D3. Observation of "Open Doors" event and reporting of regular M & E during Intersectoral Committee Meeting in Jondor District. D4. Notes of discussion with Shakhlo Ashrafkhanova</p>	<p>MICS. Considered in the light of observed practice in Jondor District. Reviewed in the light of quality assurance mechanisms.</p>
<p>FEP has been evaluated before the end-of-cycle Summative Report and findings incorporated into the CPAP</p>	<p>Has the FEP been successfully implemented? Will the results be used to inform CPAP?</p>	<p>D3. Data from Impact Assessment compared with Baseline data (KAP survey). D4. End-of-cycle Summative Report shows behaviour change across a range of indicators:</p>	<p>D5. Impact Assessment of FEP D6. Summative evaluation of FEP</p>	<p>Some indicators in the Impact Assessment were included in the first two M & E of the FEP therefore data concerning these indicators will be compared with data of these monitoring reports. Data will also be compared with data collected in <i>Beshariq</i> rayon of the <i>Ferghana</i> province as a control site unaffected by the FEP.</p>

Annex 7: Data Collection in Relation to Key Results Areas

Core Areas for Evaluation	Central Govt, UNICEF, UN Organs, Donors, NGOs Experts,	Govt: Region District	Volun-teers	Families	Docu-ments
Opening comments related to background of FEP and reason for meeting					
What is your overall view of the FEP and its achievements? What has been your role and involvement? How does this relate to recent/current national priorities? What priorities should there be for the future?	X	X			X
Key Result Area A: Knowledgeable, trained, frontline workers and development of relevant ECD materials to enable families/communities to acquire knowledge, skills and practices to improve childcare practices					
How and to what extent has FEP served national/international policy priorities? (Addressed in opening sequence.)	X	X			X
Did the training materials adequately reflect these priorities? How have trainers been selected? Have you had any difficulty in recruitment? How long was the training? Did it go according to plan? Were the trainers using interactive methods? Did trainees use these in their group presentations? What follow-up training opportunities had been available? Would more be welcomed?	X	X	X		
What knowledge, skills seemed to be most relevant and useful? Were best assimilated? What knowledge and skills seemed to be least understood? To what extent had protection of children of different groups been addressed (eg children with disabilities)? Were some areas of change easier to achieve than others?		X	X	X	
How (if at all) do frontline workers adapt the materials and their practices to take account of local communities? What examples of "good practice" in one region could be shared with others?		X	X		
To what extent have children benefited in health, psycho-social care, education, as a result of better childcare by families and communities? What is the nature and extent of different family members and community? Which critical areas have been addressed and which remain key priorities?	X	X	X	X	X
By 2009 has the FEP outreach work covered	X				X

the identified districts?					
Has monitoring of programme interventions increased?	X				
What have been the benefits of on-going training/refreshment and TOT? What challenges exist for the future? Is there a need for training-the-trainer material? How satisfactory is M & E training now?	X	X	X		
Key Result Area B. Advocacy campaigns result in support from key stakeholders for good ECD models responsive to rights of children and promote demand for ECD/other-related services					
To what extent have advocacy efforts influenced existing ECD national policies and resource allocations? Is political commitment adequate? What are the existing/potential areas for co-operation between UNICEF and other donors/agencies?	X				X
Do the advocacy issues chime with current concerns of target population?		X	X	X	
How has UNICEF used emerging trends related to unaddressed needs and critical issues in ECD?	X				
What evidence is there of change in media diversity, quantity (Number of publications)? Is there evidence for new partnerships being pursued? Are FEP messages reaching radio, television and national papers?	X	X	X		
What has been successful? What areas have been difficult to change (if any)? What lessons have been learned?	X	X			
Key Result Area C: Support to local initiatives such as Family Recourse Centres and Makhallas increases ECD acceptance, ownership and is sustainable					
How and to what extent do local and community initiatives reflect and promote national concerns? Can local self-help communities bring about significance change in the apparent absence of national pressure?	X	X	X		
Does the programme design need to be changed? Do materials need to be revised to reflect changing priorities? Are new modules required? How do volunteers monitor the needs of families? How do they judge that changes have been made on the continuum from attitude, value, knowledge, understanding to behaviour change?	X	X	X		X
Are resources sufficient to meet the increasing numbers of volunteers involved? What role can families and local government play? Are other models available?	X	X			
How does planning, co-ordination and monitoring take place at regional level? How does this link to district and makhalla action	X	X	X		

plans?					
How is FEP promoted through social events and how effective is this?		X	X		
What is the role of competition on motivation and drive of maslahatchis? What incentives do prizes provide?	X	X	X		
Key Result D: Results of monitoring are used for improved programming					
Do M & E instruments assess change in behaviour effectively? Are local governments using them as a tool for situation analysis and future planning	X	X	X		X
Is quality assurance in place through usage of developed indicators to target the most vulnerable families?	X	X	X		
Has the FEP been successfully implemented? Will the results inform CPAP?	X	X	X	X	X

Annex 8: FEP Sample Details

Stakeholder Group	Details	Sample size	Names of persons
1. UNICEF	Various roles	7	Mahoob Sahreef, Representative Oyunsahan Dendevnorov, Head of Section, Capacity Building Shakhlo Ashrafkhanova, FEP Project Officer Yulio Narolskaya, Education Officer Hari Krishna Banskota, Maternal and Child Health Specialist Siyma Karkin and Guzai Kamalova, Child Protection Officers
2. FEP National Training	FEP Lead Trainer and Pediatrician FEP National Trainers	1 8	Muazam Ismailova Facilitated focus groups for FEP National Evaluation Validation Workshop and ELDS Content Validation Workshop
4. Monitoring and Evaluation	Chair of the Sociology Center Director of the Sociology Centre	1 1	Nodira Azimova Saurjan Yakupov
5. Deputy Governor of Region	Deputy Governor, Ferghana Region	1	Mavluda Khodjaeva
6. Deputy Governor of District	Deputy Governor, District of Margilan City	1	Dilorom Akhmedova
7. Lead Trainer and FEP volunteers	District of Margilan City	11	Patronage nurses and Community advisers
8. Deputy Governors of Districts	Deputy Governors of Kuva, Tashlaq, Kuvasai, Ahunbabaev, Margilan, Kokand and Beshariq	7	Group Workshop activity
9. Deputy Governor of District	Deputy Governor, Jondor District		Rano Rakhimova
10. Deputy Governors of Districts	Deputy Governors, Districts in Bukhara Region and volunteers	50	Jondor "Open Doors" event
11. Intersectoral Committee members	Intersectoral Committee Members for Jondor District	25	Rano Rakhimova and Committee members
12. Deputy Governor of District	Deputy Governor for Gidjuvan and volunteers	20	Gulchekhra Boltaeva
13. Community ECD Facility	Community Action for Pre-school Preparedness	8	Firuz Vahabova and Preschool Staff
14. Chekshura Community	Local Clinic Staff for	8	Shuhrat Ahmedov and Clinic

and Project Manager	joint UNDP-EU ELS Area-Based Development Programme and UNICEF Project in 2007		Staff
15. District Deputy Governors and Dangara Community Advisers	Cascade Training at a Dangara Secondary School	45	District Deputy Governors training Community Advisers
16. Families	Trained Low-income Families in Kuva District of Ferghana Region Trained Low-income Families in District of Bukhara Region Untrained Low-income Families of Dangara District	5 5 2	Mothers, Fathers, Mothers-in-Law, Fathers-in-Law, Sisters-in-Law, Babies, Children and Community Advisers
17. Donors	World Bank	1	Dilnara Isamiddinova
	World Health Organisation	1	Fakhriddin Nizamov
18. Other UN Organisations	UNDP	1	Laura Rio, ELS Programme
	UNFPA	2	Fuad Aliev, Maksim Fazliddinov
19. NGO	<i>Farzandim jigarbandim</i> , Director	1	Khamieda Abdullaevna
20. Government	Ministry of Health	1	Iframov Adham Ikhamovich, Minister
	Deputy Chairwoman of Women's Committee	1	Nuriya Tureeva, National Co-ordinator
	Ministry of Public Education	1	Vahabova Feruza, Head of Pre-School Department
	Republican Centre of Training for Preschool Educators	1	Mirjalilova Sabohar Sagatovna
21.	FEP Evaluation Workshop and ELDS Content Validation Workshop	100 approx	UNICEF Rep and FEP Project Officer, Lead Trainer and National Training team, Deputy Chairwoman of Women's Committee, Head of Preschool Department, Ministry of Public Education, Director and Chair of Sociology Center, Representatives of Regional, District and Local Government and Volunteers

Annex 9: Year wise FEP implementation changes (From June, 2005 evaluation to **June 2009 - evaluation in red)**

Year	UNICEF related	Design	Materials	Training	Management
2003	<p>IECD is UNICEF's 5 global priorities; studies and MTR advocate need for FEP;</p> <p>International consultant appointed and FEP strategy paper developed</p> <p>Makhalla KG Manual developed in May but Makhalla KG initiative discontinued in June</p> <p>Total budget for FEP in 2003-04 was 311,768\$ ad planned budget for 2005 was 285,300\$ including set aside funds of 115,000\$</p> <p>FFL translated into Uzbek</p> <p>UNICEF supports FEP material development and production, training of volunteers</p>	<p>Government supports launch of FEP in Karakalpakstan, Fergana, Taskhent Regions - 13 Mohallas in 6 districts of 3 regions (May)</p> <p>Volunteers selected with consultation at field level</p> <p>Proposed dissemination through home visits, community events, informal social gatherings, media and clusters of parent learning groups</p>	<p>TWG develops FEP-IECD materials based on FFL a) Trainers Manual – 23 sessions in 5 modules Health & Nutrition; Early Learning, family relations, child protection; b) Family Home Activity Booklet (Sept)</p> <p>TWG head is Head of Preschool + Pediatric Dr from Dept. of Health (for integration of messages)</p>	<p>14 national and 12 regional trainers undergo TOT</p> <p>First batch 280 frontline workers trained – 48 from each rayon. Mahalla educator, KG teacher, Preschool teacher, Home visiting nurse, informal leaders and volunteers (Nov-Dec)</p>	<p>Intersectoral Coordination Committee established under Social Complex of Cabinet of Ministers at national, regional and district levels and included representation from Ministries of Education, Health, Interior, Social Protection; local NGOs (Kamolot, Soglom Avlod Uchun) and local govt. offices.</p> <p>Social Complex was however disbanded by government and so was the committee.</p>
2004	<p>Coordination at oblast proved difficult and slowed process, and so committees at oblast level discontinued in April. Coordination continued at rayon level</p> <p>FEP leadership crisis at center affects FEP progress</p> <p>Preschool identified in each of 6 Districts or Rayons for Family Resource Center; Delayed since 2003, implemented in Sept</p> <p>Visit by consultant indicates that parent learning groups not formed</p>	<p>High dropout results in need for new selection criteria for volunteers</p> <p>Government introduces paid position of Makhalla Advisor, necessarily a woman expected to address religious extremism. She is roped in for FEP as job description requires her to make family visits</p> <p>Revision of cluster group learning by caregivers</p>	<p>10,000 FFL printed for distribution in pilot rayons (June)</p> <p>FEP kits given to each rayon (Modules, Family Home Activity booklet, Stages of development of children, books for children in Uzbek) – only 150 kits for each of six Resource Center (Sept)</p> <p>Large numbers of</p>	<p>New Batch of 48 volunteers trained in each rayon, each receives FFL too. Makhalla Advisors included in training.</p> <p>2 day training on adult learning methods and 2 day toy workshop to strengthen ECD component (Oct/Nov)</p>	<p>Deputy Hokims take lead for coordination at rayon level</p> <p>FEP Coordinator at M of PE removed by government (Aug)</p> <p>New FEP Coordinator from M of PE appointed by govt. (Oct)</p>

	<p>and develops new implementation strategy (Oct)</p> <p>Need to create a FEP brand image and FEP calendar posters developed with 10 key FFL messages (Nov)</p> <p>\$35,000 were spent for printing of Uzbek adapted FFL 2nd edition and 40,000 copies printed</p> <p>Set aside funds for FEP \$217,000 received</p>	<p>and implementation of M&E plan proposed by international consultant</p>	<p>Calendar and poster with 10 FFL key messages printed;</p> <p>5000 Shapes Box (for children as part of their kit) available for distribution (Nov-Dec)</p>		
2005	<p>UNICEF restructuring - FEP is now part of Good Governance Dept. in UNICEF</p> <p>\$75000 available for printing material</p> <p>Joint UN capacity building program for Makhalla advisors</p> <p>External Evaluation (Oct, delayed from August)</p>	<p>Small grants for FEP - each rayon to receive \$3000- and grant managing partners appointed at rayon level. FEP incentives for facilitators/volunteers built into small grants</p> <p>Monitoring Plan – not implemented</p> <p>Cluster caregiver IECD learning not implemented</p> <p>New rayons introduced for expansion with different volunteer profile (from pilot makhalla) for training</p> <p>Baselines planned; school readiness program in old and new rayons. Delayed from Q1</p>	<p>FEP folders developed</p> <p>New FEP materials for children developed (printing delayed from Q1, awaiting evaluation findings)</p> <p>Modification of older children's materials (printing delayed from Q1, awaiting evaluation findings)</p> <p>Plan to modify FEP modules – strengthen ECD component (international consultant to assist – delayed from Q1, awaiting evaluation findings)</p>	<p>Training of new batch including Makhalla advisors on FEP and adult learning methods</p> <p>Expansion to rayons – 50 trained in each rayon, with one Makhalla Advisor from each makhalla + some doctors and Methodists from rayon (Q2)</p>	<p>Pediatric Institute in Ministry of Health appointed as FEP Coordinator</p>

		and Q2; awaiting evaluation findings	Translation of FFL in Karakal language Iodine kits for testing, (Delayed from Q1, Under process)		
2006	<p>A new partner, the Women's Committee of the Republic of Uzbekistan was playing a significant role in scaling up the project in six priority regions. Joint activities with UNDP, UNFPA and Women's Committee continued with training of deputy governors and community advisers using revised materials.</p> <p>Overall budget was approx \$217,678</p>	<p>Main activities included capacity building through training and revision of the FEP module and Home activity booklet for parents/caregivers, based on baseline data, findings from KAP survey, existing knowledge gaps of care providers and world developments in ECD, FEP and FFL messages. These were popularized through FEP National Congress. Due to limited capacity of Women's Committee, mass media communication activities were not carried out. Finally support for makhalla initiatives provided by Government created a demand for basic services</p>	<p>FEP module was revised and 10,000 copies were printed.</p> <p>Six FEP Learning Resource Learning Centers were established to serve as a resource centre for makhalla kindergartens, for training and material development and distributio</p>	<p>By the end of 2006 140 deputy khokims (50% of all rayons nationwide) were trained on FEP and developed a detailed plan for programme expansion with a focus on vulnerable groups. 40 deputy khokims of RK and Ferghana region were trained on MDG, ECD, CRC, CEDAW and ICPD under joint UN project. 650 volunteers in 14 pilot rayons were supported to carry out community initiatives in FEP, directly covering over 65,000 families with FEP messages</p>	<p>The inter-sectoral approach was providing better co-ordination and outreach at district level backed up by local government decree on FEP implementation, monitoring and evaluation but too little co-ordinated attention to children's rights and CRC implementation.</p> <p>Community mobilization was seen as a key tool to advocate better parenting and empowering communities supported by activities intended to help communities take responsibility for their own well-being and demand better social services.</p> <p>Regular M & E activities allowed comparison and analysis of data with baseline and taking informed decisions on future intervention.</p>
2007	<p>The MTR highlighted the need for co-ordination with other sectoral programmes and government ministries to ensure consistent</p>	<p>MTR indicated the costs and benefits of rapid scaling up. Health messages were making</p>	<p>In the MTR it was noted that a communications workshop was</p>	<p>FEP was expanded by 6 regional core group trainings through cascade</p>	<p>MTR indicted that sustainability of the project was established. In all pilot rayons there were teams of maslahatchis and volunteers.</p>

	<p>messages in such areas as exclusive breastfeeding and capacity building among partners was stressed as a key.</p> <p>Initial experiences with community advisers as volunteers indicated their authority in delivering health and education messages was more limited and there might be a need for communication skills training. It was also noted that the Women's Committee was a willing partner though with limited capacity in the use of mass media channels to reinforce messages. The capacity of hokimyat to monitor was seen as vital to planning limited. Co-ordinating efforts to develop M & E and effective indicators was also emphasized</p> <p>Overall budget was:\$217,678</p>	<p>an impact but messages on ECD were inconclusive. The two approaches of training the trainers and cascade approach were examined. The latter was judged to provide quicker roll-out at the cost of quality.</p> <p>Initial stages of the project highlighted the importance of clearly focused and realistic project objectives – the capacity of local government responsible for management of health, education and social protection strategies within their localities.</p>	<p>conducted to assist the Women's Committee in developing 15 prototype materials for using the media to communicate FEP messages. Makhalla events were supported by introducing competitions and games promoting the idea of children's rights.</p>	<p>training reaching communities in 96 rayons. Over 1,000 volunteers in 20 rayons were directly covering 120,000 families with FEP messages/materials. FEP was supported, monitored, analyzed and informed decisions were made in relation to improvement of women and children in selected rayons by deputy governors</p>	<p>Deputy hokims as co-ordinators felt a personal interest in reduction of infant/under-fives mortality rates and maternal mortality rates. The Women's Committee obtained an FEP manual. The FEP was being implemented by local self-government in makhalla committees and communities. Most makhalla chairpersons were trained by the FEP and reported to the rayon co-ordinator at least once a month.</p>
2008	<p>Women's Committee as main partner still limited capacity at central and sometimes local levels. More capacity-building exercises were needed. Strengthening national and international partnerships was advocated as a lever for ECD priorities and a holistic approach to ECD outcomes. Future strategic directions to take this into consideration. This was a challenge for both community advisers and journalists in 6 regions.</p>	<p>Women's Committee continued to play a significant role in scaling up in pilot regions. Inter-sectoral committees provided good co-ordination and outreach in districts, backed by local government decree on FEP implementation, monitoring and evaluation. More efforts at capacity building were needed to enhance</p>	<p>By 2008, the FEP achieved its objectives in terms of coverage by expanding to over 1400 volunteers in 28 districts in the six priority regions. It was reported, at the time, by the 28 district governors' offices that coverage had reached 98% of vulnerable families</p>	<p>FEP was expanded by 6 regional core group of trainers through cascade training, reaching communities in 29 rayons. Over 1,000 volunteers in 29 rayons were directly covering 120,000 families with FEP messages/materials. The FEP was supported,</p>	<p>By the annual review of 2008, it was claimed that three out of four entry points for effective parenting programmes were working effectively: household interventions through targeted face-to-face family visits accessed hard-to-reach families; service-links being established through young mothers' consultations during health clinic visits and immunization, consultations before marriage and distribution of allowances;</p>

	<p>M & E cross-referenced with MICS indicators and related previous results. This was summarized at district level and necessary actions taken by local government. Another important initiative was the study of child skills, the objective being to pre-test child observation data based on globally accepted indicators and cross-referenced with newly-developed Uzbekistan national ELDS. Major outcome envisaged was a coherent approach to ECD outcomes and a strategic shift from school preparation to developmental readiness for school.</p> <p>It was recommended for ELDS to work closely with the Ministry of Public Education, conduct a validation workshop with major stakeholders, develop simple booklet for parents/caregivers (<i>What Children should know and do at a certain age</i>) based on standards, and develop a module for trainers and kindergarten teachers with exercises for development of the domains.</p> <p>Overall budget was \$310,000</p>	<p>outreach activities. Annual report indicated sustainability “almost fully ensured”. FEP contributing to national priorities. Deputy governors were directly responsible and accountable for reduction of infant, under-fives and maternal mortality in their districts. All 28 districts adopted decrees on FEP implementation with assigned responsibilities and reporting back to Government on achievements/progress of FEP as part of regular reporting requirements. Community advisers and volunteers were empowered and considered it their job/duty to assist families to understand needs and rights of children.</p>	<p>with children aged birth to six years. Overall, it was estimated that 215,000 targeted families (15% of low-income families with children in the target age range). In 1,224 communities (12% out of the total number of 10,000 communities) in 28 districts (14% out of a total of 199 districts/cities/towns) had been directly covered by the project.</p> <p>Communication materials aimed at behavioural change (five books and four posters with key FEP messages had been printed and disseminated in six regions).</p>	<p>monitored, analyzed and informed decisions were made with respect to improvement of well-being of women and children in selected regions by deputy governors.</p>	<p>and community development through social mobilization activities. One identified strategy needing further development was intervention at system or national level, such as by raising media awareness.</p>
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