Better Parenting Initiative Evaluation

REPORT

2009

UBO CONSULTING
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## ACRONYMS

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<td>CCNE</td>
<td>Center for Continuous Nursing Education</td>
</tr>
<tr>
<td>ECEC</td>
<td>Early Childhood Education Center</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MLSW</td>
<td>Ministry of Labor and Social Welfare</td>
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<tr>
<td>NIPH</td>
<td>National Institute of Public Health</td>
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<tr>
<td>RCK</td>
<td>Red Cross of Kosova</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children's Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Report was prepared by UBO Consulting:

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First, UBO Consulting wants to thank all people who have participated in our survey, focus groups and interviews.

The UNICEF team, led by Agron Gashi, demonstrated commitment, patience, and understanding throughout this project. We thank them and especially the experts of BPI Committee for their input and consistent support. We look forward to cooperating in the future.

Special thanks to: Prof. Assoc. Dr. Ilir Begoli, Prof. Asc. Dr. Merita Berisha, Prof. Assoc. Dr. Drita Zajmi, Dr. Njazi Shala, Ms. Makfire Fazliu, Dr. Mimoza Shahini, Dr. Skender Syla, Dr. Sami Uka, Ms. Fekrije Hasani, Mr. Dren Rexha, Ms. Kozeta Imami, Dr. Agron Gashi, whose hard work and dedication facilitated this research.

Recommendations made by UBO Consulting in this report represent the opinions of the researchers. We greatly appreciate the time that the doctors and experts from BPI committee and the staff of UNICEF put aside from their busy schedules in order to share their experiences with us.


EXECUTIVE SUMMARY

The Better Parenting Initiative (BPI) is a well-designed educational and informative program that has included extensive outreach amongst Kosovo parents. Beginning with the experts responsible for the design and management of this program, BPI is a success story for Kosovo and UNICEF.

The Better Parenting Initiative includes a series of leaflets and video clips covering a wide range of topics aimed at parents in Kosovo, to increase their knowledge and influence their behaviors towards children’s health, education, and psycho-social attitudes. The goal of the BPI program is to promote social mobilization while providing access and coverage of BPI materials and information in all communities.

After promotional educational activities and distributing over leaflets throughout Kosovo by way of primary healthcare centers, NGOs and the Red Cross of Kosovo, UNICEF sought to evaluate the reach of the program and assess parents’ knowledge of material covered.

UBO CONSULTING, a local consultancy firm with tremendous expertise and knowledge complimentary to the BPI programme, conducted the research. The methodology consists of quantitative and qualitative research methods, which have obtained detailed data and produced recommendation for further implementation of the BPI program in Kosovo.

The data shows that half of the respondents (quantitative research method) were familiar with the BPI leaflets and that family doctors and pediatricians at family medical centers distributed the majority of leaflets. Familiarity with the subject matter of the leaflets amongst respondents was equally distributed amongst the topics of pregnancy, diarrhea, cold and cough, Oral hygiene, and vaccinations. Parents were very aware of the correct methods of care, behavior and other topics associated with these subjects, as assessed in the questionnaire.

The research also discovered the vital role of family medical centers in the outreach of the program. Parents use these facilities and the advice of health officials as the foundation for the care for their children. Therefore, UBO Consulting emphasizes the importance of providing more assistance to these centers as well as the personnel responsible for the allocation and distribution of leaflets. To conclude the evaluation, UBO Consulting assembled recommendations for UNICEF to consider for further continuance of the BPI project.
INTRODUCTION

UNICEF began the BPI program in 2004, by supporting establishment of multi-sectoral better parenting working group, advocating, facilitating, strengthening capacities of the better parenting group to coordinate and networking between different levels of institutions. The multi-sectoral working group includes the Ministry of Health, National Institute of Public Health, Ministry of Education, Science and Technology, health professionals, Center for Development of Family Medicine, Center for Continuous Nursing Education, WHO, UNICEF and NGOs.

In 2004, the first set of 11 leaflets focusing mostly on health issues was prepared and printed. In 2005, a second set of 13 leaflets focusing in other issues were prepared and printed. The BPI working group developed second package on better parenting targeting children from three to six years of age and other specific issues such as children with special needs. The packages were officially launched in collaboration with the Ministry of Health, MEST and other members of the BPI working group.

Distribution of the better parenting package was performed through institutional channels such as Family Medicine Centers, Women Literacy Centers (WLC), Early Childhood Education (ECE) Centers, NGOs and other partners and networks aiming to reach all communities.

During December 2005, an opinion poll survey was conducted. The purpose of the opinion poll research was to evaluate and obtain information on awareness of the social communication campaign and practices on Better Parenting Initiative and Universal Salt Iodization (USI)/Iodine Deficiency Disorders (IDD).

During 2007, the better parenting working group managed to revise the package of 24 better parenting leaflets. The revised package was also re-designed. Leaflets of the better parenting package and folders have been printed during 2007 in Albanian and Serbian languages. From this package, 16 of the most relevant leaflets were selected to be used in the Roma community.

During 2008, additional copies of leaflets of the better parenting package have been printed aiming to reach and provide information for parents or family members.

UNICEF complemented activities with the periodical broadcasting of the video and radio clips and outreach health educational activities.
**Purpose of the Study**

The overall aim of the BPI is designed to provide parents and caregivers of young children with the necessary knowledge, skills, and social services of successful child rearing, specifically in the areas of health, nutrition, and social-emotional development. The project focuses on comprehensive research conducted throughout Kosovo on disadvantaged families who suffer conditions of poverty, unemployment or minimal employment and low literacy. The purpose of the study is to increase the awareness, knowledge, and skills of parents and caregivers, with the aim of addressing and responding to early childhood development concerns in an integrated way.

The **main objective** of the evaluation is to obtain information on awareness, knowledge and practices of families and parents. UBO Consulting’s evaluation objectives are to evaluate the implementation and impact of the BPI project on targeted populations and to provide specific results on:

- Awareness, knowledge and practices of the parent or care giver population in Kosovo related to topics covered by BPI.
- Access to and coverage of BPI materials and information for all communities, including an assessment of access related issues and problems
- Satisfaction of population and healthcare staff with health promotion and social mobilization, better parenting campaigns and activities
- Assessment of weaknesses, strengths, and main obstacles in achieving changed practices and improved skills
- Comparative advantages of different approaches of better parenting campaigns and activities, and
- Proposal of actions and recommendations for improvements

**BPI Communication Strategies:**

- Better parenting content
- Socialization, using family, school, religion, peers, and media
- Communication skills within families
- Relationship between family and school
- Gender roles in the family and these facilitators used video
METHODOLOGY

The UBO research team employed a mixed methods methodology\(^1\) summarized in this section. The first method incorporated quantitative research methodology, where UBO Consulting conducted a Kosovo-wide survey of 1,000 parents of all ages and ethnic groups.\(^2\) The survey instrument contained a vast majority of close-ended questions. However, some questions were posed as open-ended in a conversation style, with the surveyor circling the most applicable answer(s).\(^3\) An “other” category with an option to write in alternative answers was also provided. The research team conducted a pilot survey three days before the actual survey. The survey instrument was adjusted, and the pilot surveys were discarded.

UBO Consulting hired 10 surveyors with at least two years completed university education. They attended a mandatory one-day training to ensure that they were familiar with the research mandate, survey instrument, sampling method, control procedures, and logistics.\(^4\) The team was instructed to use a method of surveying that protected the identity and emotional wellbeing of respondents.

UBO Consulting abided by high ethical standards for research with human subjects. In general, surveys with male and female respondents were carried out by male and female researchers. Surveyors used a standard oral consent form to inform respondents about the research and how the information from surveys would be used. UBO Consulting sought to maximize positive benefits for respondents (e.g., the opportunity to speak about personal experiences, receive information about available services, and offer input for the Better Parenting Initiative Project). Surveys were administered informally with a conversation style that aimed to maximize respondents’ comfort. Confidentiality was ensured as potential identifiers such as address, city, and telephone number were kept on a form separate from the surveys. The contact information form was used only for quality control and then discarded.

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1 Scott A. Murray and Lesley J.C. Graham have argued that mixed method methodologies can be useful for conducting inquiries into under-researched topics. See “Practice based health needs assessment: use of four methods in a small neighbourhood” *BMJ* 310 (1995), 1443-1448.
2 The Statistical Office of Kosovo (SOK) has estimated Kosovo’s population at 2.1 million (2,126,708) inhabitants. See *Kosovo in Figures 2007* (Pristina: SOK, April 2008), 10. Adults comprise more than 64 percent of the population (age 18 and over) (SOK, *Women and Men in Kosovo*, Pristina: 2007, 3).
3 The survey instrument is located in appendix two.
4 Training was led by UBO Consulting project managers and trainers
A rigorous sampling method was used to ensure that the survey sample was representative, including:

- **Geographic representation:** All 33 municipalities were surveyed. The number of respondents per municipality was determined by the most recent population calculations. Please see Annex with detailed Sample Size.

- **Rural and urban representation:** 60 percent of respondents identified their location as urban, while 40 percent of respondents were from villages or rural locations of municipalities.

### Table: Municipalities Sampled

<table>
<thead>
<tr>
<th>No.</th>
<th>Prishtina Region</th>
<th>Prizren Region</th>
<th>Mitrovica Region</th>
<th>Peja Region</th>
<th>Gjakova Region</th>
<th>Ferizaj Region</th>
<th>Gjilan Region</th>
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<tr>
<td>1</td>
<td>Fushë-Kosovë</td>
<td>Prizren</td>
<td>Mitrovicë/Mitrovica</td>
<td>Pejë/Pec</td>
<td>Gjakovë</td>
<td>Ferizaj</td>
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<td>2</td>
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<td>Malishevë</td>
<td>Vushtrri</td>
<td>Deçan</td>
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<td>Shtime</td>
<td>Kamenice</td>
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<td>3</td>
<td>Obiliq</td>
<td>Suha-Rekë</td>
<td>Skenderaj</td>
<td>Klinë/Klina</td>
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<td>Kaqanik</td>
<td>Novo- Bërđ</td>
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<tr>
<td>4</td>
<td>Lipjan</td>
<td>Sharr/Dragash</td>
<td></td>
<td>Istog/Burim</td>
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<td>Viti</td>
</tr>
<tr>
<td>5</td>
<td>Glogovc/Drenas</td>
<td>Rahovec</td>
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- **All ages over 18:** A respondent parent or caregiver from each household was selected and a pre select criterion was to have a child under age 6.

- **Age structure of children was the following:** 17 percent of respondents took care of children under 1 year of age, 20.3 percent cared for a child under 2 years, 22.4 percent for a child under 3
years of age, 17.2 percent for a child under 4 years of age, and 16.6 percent for a child under 5 years of age.

- Third, the research team recognizes that the use of translation in research can impact findings. All interviews were conducted in the Albanian language. Responses were translated into English by two researchers when the data was entered into SPSS or Microsoft Word. The final publication was written in English. Key respondents verified quotations through participant checks.

- **Gender**: Males and females were selected randomly according to the nearest birthday technique. Female respondents comprised 51 percent of the sample and males 49 percent.5

- **Ethnicity**: The sample participants comprised 90 percent Albanian ethnicity. Research involved over 10 percent of respondents that declared themselves as members of the Roma, Ashkali, or Egyptians (RAE) ethnic community.

**Quality control** was carried out by two UBO representatives who checked completed surveys and controlled surveys by telephoning a randomly selected 10 percent of respondents. The UBO Lead Researcher conducted the initial analysis and a UBO statistician analyzed correlation.

**Qualitative Research Methodology** – The UBO Consulting research team interviewed 9 NGO coordinators and 11 medical staff. The UBO research team organized 6 focus groups where 47 persons attended and contributed to this project. All research findings were translated by UBO research team members from Albanian to English. The Lead Researcher compiled the final report in English based on the aforementioned data sources.

The selection of municipalities for the quantitative research portion was chosen based on the number of leaflets distributed as per the Distribution Lists provided by UNICEF.

The decision to conduct the survey in these municipalities was based on the distribution of the leaflets. In 2008, 2000 leaflets were distributed in Prishtina/Pristina, 500 leaflets in Drenas/Gjlogovc, 2000 of leaflets in Prizren, 1000 leaflets in Mitrovicë/Mitrovica, 500 leaflets and Istog/Burim, and 300 leaflets in Prilluzhje.

5 According to SOK, 51.2 percent of the population in Kosovo is men and 48.8 percent women (*Women and Men in Kosovo*, 7).
**Research Limitations** – First, the research team found that the long period of time between the distribution of leaflets and the initiation of research was an obstacle, as respondents needed to be reminded. Also, medical staff responsible for leaflet distribution was given different responsibilities and their work positions had shifted, so the timeframe was challenging. A short period of time to address these two challenges would have permitted researchers to conduct their research easier. Representatives of institutions and organizations questioned for this research also commented that this time difference would have enabled them to prepare more detailed answers.

Even so, the findings presented here are indicative of the diverse respondents surveyed and geographic areas studied. Thirdly, data was translated from Albanian into English and then back into Albanian and Serbian. UBO used “participant checks” with representatives of institutions and examined closely the final publication to decrease errors in the translation.
REPORT STRUCTURE

This report is divided into 5 chapters with sections within chapters. The first chapter deals with citizens’ perceptions about the Better Parenting Initiative project, asking citizens about their access to the leaflets and its impact on their behavior towards their children. In addition, respondents were asked where they got the leaflets, if they were able to understand them, what they learned from the leaflets, radio clips, and video clips about the physical and psychological needs of their children, and citizens’ attitudes towards their children.

The second chapter examines the various sources of information on care giving in Kosovo and their knowledge of the subject. Drawing from existing statistics and the UBO Kosovo-wide survey, it then discusses the demographic and geographic groups most informed about Better Parenting project versus those who are the least informed.

The third chapter explores the consequences of not being informed properly about health problems and other non-health related issues, including 1) persons who raised their children without being informed professionally, 2) their families, 3) children, and 4) society, including governmental institutions.

The fourth chapter examines the response of citizens to the Better Parenting project, including the methods of obtaining information. The chapter first examines specific ways individual citizens deal with their attitude towards their children. Second, it presents the knowledge of citizens of the Better Parenting leaflets, video clips, and radio clips available for all interested persons to develop their parental skills. The chapter concludes with recommendations of citizens as to how UNICEF should develop a new project and improve its assistance to people by providing professional information.

The report concludes with specific recommendations for continuing the BPI program with stronger outreach outputs. The recommendations are divided according to the particular group responsible for addressing each recommendation.
FINDINGS

Qualitative Findings – Results

Results from the Interviews with Healthcare Workers

The goal of interviews was to determine how citizen caretakers see this project and its implementation. Since medical staff plays a key role in the Better Parenting Initiative, UBO Consulting considers it very important to obtain more information directly from medical staff on the distribution of leaflets by UNICEF. The various leaflet placements in family medical centers gave the impression that medical staff was not very attentive and even generally lacked interest in tracking the distribution of Better Parenting leaflets.

UBO Consulting conducted quantitative research and focus groups of respondents. UBO also conducted in-depth interviews with medical staff, including 8 doctors and 12 nurses, employed in those centers where focus groups were held. Most of the doctors were pediatricians or general practitioners and declared that they do not organize specific trainings or counsel parents on health education.

Television programs are important mediums to help inform society of health related topics and the advice of health professionals. Visits to medical offices by UBO staff observed that in 90 percent of cases, offices did not have functional or high quality television sets.

Regarding the content of leaflets, interviewees only remarked that topics should be clearly displayed on the cover of each leaflet. However, it appears that leaflet placement and distribution were not respected, as leaflets were not placed in examination rooms but rather in the hall, where only parents that were informed and interested in them had access. This does not constitute a specific form of leaflet distribution.

According to medical staff, the reaction of parents towards the leaflets was very friendly, very positive and quite often they returned to the doctor for more information. UNICEF supported trainings for medical staff to increase skills on counseling parents. Participating health care providers were asked if they believe that their staff is informed enough to give advice to parents on leaflet guidelines. They responded that more training is needed to increase their awareness and capacity to dispense professional counseling. According to the interviews conducted with medical staff, there is significant interest in the behavior of parents and the care they provide to their children.
According to interviews with doctors and nurses, UBO Consulting recommends:

- Every participating medical institution should assign a person who will be responsible for the leaflet distribution process.
- Leaflets should be distributed to departments and areas of institutions where parents frequently visit.
- Health workers should encourage patients to receive more leaflets, combined with additional advice.
- The person that is charged with the leaflet distribution process should be also be in charge of the televisions in the family medical center so that it too can be used as a resource for better parenting.
- UNICEF should continue its engagement with medical institutions regarding the BPI project, including the printing and distribution of leaflets and management of the program.

Results from the interviews with NGO coordinators

NGO coordinators are also art of the Better Parenting research and distributing process to ensure citizens could have access to BPI leaflets. UBO has interviewed all persons who have been directly or indirectly involved including, 12 NGO coordinators and educators. Most of the organizations interviewed stated that they have also developed projects on raising awareness of parents related on health education and the elimination of illiteracy. Most of their projects focused on trainings intending to inform on topics such as pregnancy, feeding and hygiene.

UBO has noticed inconsistencies in the leaflet distribution process as some organizations have not distributed any leaflets, while others have done so insufficiently.

Out of all the organizations involved, it appears that only the Red Cross had a specific method of distribution what reflects positively. Their method was to conduct trainings on the distribution of the leaflets. Coordinators were asked to describe the reaction of people while they were distributing, but most responded vaguely stating the “project was good, and people welcomed the information.”

The Red Cross office in Vushtri/Vuçitern responded:

"Number of people that were interested to be part of the training about better parenting was very big, especially women were very interested to get more information"
According to the interviewees, the information contained in the leaflets was very clear and comprehensible. It should be highlighted that men in focus groups did not indicate if they were part of these trainings organized by NGOs. Parents expressed interest in the following topics: pregnancy care, vaccines and how to facilitate conversations between parents and children. There have been direct miscommunications between some NGOs side and parents. According to all the interviews conducted, this project impacts the attitude of parents towards their children and especially of women during pregnancy.

**UBO’s recommendations resulting from interviews with NGO coordinators and educators include:**

- The continuation of the project following modification of the distribution strategy so as to increase the responsibilities of coordinators over their work.
- Leaflets should be distributed in all institutions so that the project can be comprehensive.
- There should guidelines concerning the method of distribution of leaflets and additional information that is considered part of the Better Parenting project, also to be distributed by NGO.
- Issuance of an administrative circular for mandatory distribution by the Ministry of Health.
- Organization of a detailed management plan of leaflet distribution.
- Creation of a management system so that the number of families reached can be monitored for follow-up evaluations.

**Focus groups** – The methodology of this evaluation, as mentioned above, utilizes a variety instruments such as qualitative research. In order to identify and evaluate the opinion of parents on Better Parenting Initiative, UBO Consulting conducted six focus groups in different municipalities of Kosovo, including Prishtinë, Mitrovicë, Drenas, Istog, Prizren and the village of Prilluzhje in Vushtri municipality. 58 people participated in the focus groups has attended, 20 male and 38 female.

Participants were divided in two segments according to their preferred sources of health information. 50 percent of participants’ only information or counseling were close family members while the remaining 50 percent declared that they obtain their information from health workers and other professionals such as pediatricians, psychologist, social workers etc.
“Usually when our children get ill we have to visit a doctor, this is one of the cases when we get informed directly from the doctor.”

BPI leaflets, radio clips and video clips in cooperation with doctors, psychologists and other experts provide a new educational network. Specifically, they inform parents how to protect and promote their child’s physical, psychological and social health.

The success of the project depends on the will of participating parents. Some want to get more information about their children’s health care, especially parents of young children. According to the focus groups, only 10 percent of the participants have attended in health education activities. Participants of these activities have highly evaluated the idea of these meetings, as their awareness about pregnancy health issues were increased.

“It is important to get professional advices on health education so we could be informed professionally. Up until now, we were given advice from other family members.”

Kosovars generally live in extended family households, which are ‘managed by the patriarch’. Therefore, medical advice as well as advice on child rearing are typically based on traditions rather than professional and proper information.

According to the data, 15 percent of the participants send their children to the doctor when they are ill. This question may have been interpreted differently by parents. One interpretation is that someone’s child is rarely sick and therefore they do not send their children to the doctor. It has been identified that only 15 percent of respondents send their children to kindergarten. They can be caused by their poor economic situation, as they cannot afford the high price of this service.

When asked if they want to receive more information about better parenting, participants suggested means through where the information should be transmitted. Participants in the focus groups were willing to help by proposing a variety of ways to promote and deliver the Better Parenting Leaflets, video clips, and radio

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6 Elhada Blaku participant in focus group, conducted by UBO Consulting for Better Parenting Initiative project, UNICEF, April 2009

7 Edona Dashi participant in focus group held in Prizren, conducted by UBO Consulting for Better Parenting Initiative project, UNICEF, April 2009
clips to society. The preferred form of distribution is still direct contacts, brochures, and television and radio programs about health education in Kosovo. 60 percent of focus group participants has seen and read the leaflets, video clips and radio clips, while 40 percent of the participants ranked factors such as limited time and lack of access to the Better Parenting leaflets and other forms of promoting as the causes of their lack of information. Participants declared that they have been supplied with leaflets from the family medical center, where they have been placed in the waiting room.

Regardless, participant's opinion related to content, design and other segments of leaflets were very positive. They also declared that they liked the leaflets a lot, as they are short, concise and very clear. They have highlighted the fact that the combination of pictures and information was very well balanced.

After viewing the video clip, participants expressed their impressions of the video material. In this aspect they were impressed; participants said that the language used was very simple, easy to understand and very clear. Participants declared that the scheduled air time of the video clips should be changed to between 18:00 to 20:00. They have also highlighted the balance of pictures and information. From the information obtained from these focus groups, it can be stated the better parenting leaflets and video radio clips impact the relationship between participating patents and their children, including improved health care.

**Results from discussions with Better Parenting Expert Group**

UBO Consulting held a discussion with 5 expert committee members of better parenting. The experts are well known doctors from different medical backgrounds. Starting with their involvement in the better parenting process, including the assembly of information, coordination of the program, program management and more, they stated their involvement in the compiling process of the leaflets and had specific duties. Each were responsible for different topics, including:

- Childs psycho-physical development
- General guidance for parents
- Food and nutrition
- Injuries
- Communication between parent and child
- Guidance for parents with special needs children
• Self-confidence in children
• Play and learning from play

Some of the members present were only involved in the verification process, whereas others conducted a variety of research. During the entire process, a variety of methods were used to acquire appropriate information aiming to disseminate the information to citizens in the most comprehensible way. As a result, the finalized leaflets resulted from multidisciplinary input from all members of the group.

Their expectations for the BPI program were different than those received from citizens. The gap between participants’ familiarity with the leaflets is huge and they anticipated more balanced figures. They stated that the distribution of leaflets in medical centers was not effective because parents were given leaflets without receiving an indication of its importance. This has resulted in its disuse and even disposal.

An array of opinions was given on updating and changing the structure of leaflet circulation. Some members do not consider the content of leaflets a problem but feel that the distribution process should be reorganized, because they believe it is the main factor why this information isn't reaching to parent's interest.

Furthermore, group members believe that this program should continue even if the results are not as expected. In addition, an idea mentioned was to have all the members of the group attend trainings and discuss the communication and distribution process of leaflets aiming a more effective outreach.

BPI leaflets have been read by only half of parents and caregivers interviewed by UBO, while only 45 percent of respondents declare that have actually received and used the information obtained from the BPI leaflets. Distribution channels outside of the health system need to be strengthened. This is of particular importance for non-health distribution channels through the network of ECE centers, including those private and civil based organizations.
Expert Group Recommendations:

First and foremost, the Expert Group needs to be officially recognized and assembled by the appropriate ministry (Ministry of Health or Ministry of Education). This is essential for the proper management of this program and the successful continuation of outreach activities. UBO Consulting recommends that a team leader be nominated by current members to serve as a contact point for future activities.

In addition, local levels of health and education structures should become involved in the project, improved cooperation between municipal authorities and civil-society based organizations at the local level should be encouraged.
CHAPTER I

The only pre-set criterion for this research was that the parents had children under the age of 6. This was established due to the introduction of the Better Parenting Initiative program timeline. As seen on the graph to the right, over 20 percent of parents had children of the age of 3.

Respondents learned from the leaflets, radio clips, and video clips about physical and psychological needs of children. Survey respondents who were not informed of how to take care of their children were less likely to have a university level education than others who are informed. Since educational attainment impacts employment opportunities, they were also more likely to be unemployed and have low total household incomes later in life.

Respondents who had not been informed by health care professions found it difficult to discuss issues important to them with other family members, potentially contributing to a lack of decision-making power within their families. According to Figure 2, the majority of the parent’s surveyed have completed secondary education. Only 9 percent have high school diplomas, and 6 percent have a university degree. All respondents declared to be literate in the Albanian language and nearly 50 percent declared to literate in a language other than their native language. It is interesting to see that over 20 percent of respondents declared to be literate in the English language.
**Employment Status**

Unemployment and poverty are the main factors that could derail Kosovo’s stability and directly influence other social factors. Almost 40,000 people in Kosovo -- whose population totals around 2 million -- have no regular income and require government assistance. 8

In light of this fact, one of the criteria was also employment status. Employed parents have more access to the BPI leaflets. 39 percent of respondents declared that they are employed while 61 percent of respondents interviewed declared that they are unemployed. It is worrying to see this extremely high unemployment rate among parents and caretakers interviewed during this research.

The problem of unemployment is becoming very common in Kosovar society. Every day in Kosovo, approximately 200 unemployed people wait for work in the street near the old market and Court District in Prishtina. Their ages vary from 18 to 50 and all are manual laborers. According to the Ministry of Social Welfare, official unemployment rates in Kosovo are very high.

**Familiarity with BPI Leaflets**

According to the data, it seem that more than 50 percent of respondents interviewed said that they are familiar with the Batter Parenting Initiative leaflets, while only 45 percent declared that they saw and made use of Better Parenting Initiative leaflets. Familiarity of the Better Parenting Initiative is considered for the purposes of this research and report to be familiarity based on general knowledge of the program, either by media sources or word-of-mouth by family members, co-workers, etc.

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The enumerators of the research were given various leaflets to display for the respondents to assist and respondents’ recollection of the BPI program. On many occasions, the respondent then requested a copy of the leaflet from the enumerator, who would then give the respondent the leaflet. All enumerators returned from the field without any leftover leaflets.

Approximately 90 percent of the respondents who had seen the leaflets were given the leaflets by various institutions or organizations. Over 50 percent received the leaflets from health workers such as a family physician (54 percent), pediatrician (37 percent) and nurses (4 percent).

This means that only in 5 percent of cases, BPI leaflets were given by non-medical personnel. In these cases, BPI leaflets were received from a Red Cross of Cross Kosovo volunteer (3 percent) and an employee or educator at a kindergarten or Early Childhood Education Centers (0.5 percent).
The following chart illustrates familiarity with leaflets by parent’s gender.

The sources of the BPI leaflets discussed above correspond with the respondent’s declaration of where they received BPI Leaflets. Over 95 percent of respondents received BPI leaflets from health facilities, out of which 18 percent identified private health clinics which were not included in the formal distribution plan of UNICEF. This shows that BPI leaflets are being spread informally or even that private institutions are interested in this subject.
Another 3 percent of respondents declared that they received leaflets from non-institutional bodies, namely from Red Cross of Kosovo.

79 percent of respondents that received BPI leaflets have shared received leaflets with their family members, which illustrates the importance of “familiarity” discussed previously.

The most popular leaflet on pregnancy, followed by leaflets on acute respiratory infections, oral hygiene, and immunization and diarrhea, which range between 17 percent and 12 percent.

All other leaflets account for 1 percent to 3 percent in popularity. The following chapter examines respondents; knowledge, attitudes and practices of selected child health, development and education issues. More specifically, this chapter evaluates critical child health, development and education issues related to pregnancy and antenatal care, breastfeeding, immunization, oral hygiene, early childhood development and education, health seeking behavior etc.

Figure 8. Most Familiar BPI Leaflets
**Introduction**

Antenatal care covers the entire duration of pregnancy. During pregnancy, it is very important to take good care of the mother’s health and that of the baby. Expectant parents often have a lot of questions, including foods, illnesses and rights.

The following chapter examines respondents’ knowledge, attitudes and practices of child health, development and education issues reflected in the better parenting IEC materials, both printed and electronic. More specifically, this chapter evaluates critical child health, development and education related to pregnancy and antenatal care, breastfeeding, immunization, oral hygiene, early childhood development and education, and health seeking behavior.

**Pregnancy and Antenatal Care**

Medical care during pregnancy is very important for the health of the mother and child. Coupled with the lack of access to appropriate information and services, this would help explain the high number of maternal deaths.  

The majority of respondents, 95 percent, said that a pregnant woman should have regular healthcare visits during pregnancy. 77 percent stated that pregnant women should see a doctor 4 to 5 times during pregnancy, which is the optimal frequency of visits based on WHO recommendations. Another 18 percent declared that pregnant women should have 1 to 2 antenatal care visits during pregnancy.

Risk factors during pregnancy are equally as important as the number of doctor visits. Respondents were given the opportunity to name more than one risk factor. All respondents named 3 to 4 factors that pose risks to pregnancy.

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9 [http://web.unfpa.org/focus/kosovo/background.htm](http://web.unfpa.org/focus/kosovo/background.htm) accessed on July 7, 2009
As presented in this chart, the most common listed risk factors in pregnancy are alcohol, cigarettes and smoking, and the use of illicit drugs. Violence and unhealthy food are rated as risk factors slightly lower than first three risk factors, with 90 percent and 80 percent respectively.

Most respondents declared that following birth, a newborn should be wrapped and put on top of mom’s body chest or abdominal area. 15 percent of respondents think that the baby should be wrapped and taken away from the mother so that she can rest. 7 percent of respondents didn’t know what immediate action following birth should take place.

According to the chart, 61 percent of the respondents declared that children should be breastfed up to age six months, whereas 33 percent stated that children should be breastfed up to 12 months.
Pneumonia

Pneumonia is a general term that refers to an infection of the lungs, which can be caused by a variety of microorganisms including viruses, bacteria, fungi, and parasites. In children, pneumonia is often caused by viral infections, including RSV, the parainfluenza virus, adenovirus, and the flu. In addition to viruses, pneumonia can also be caused by bacteria, including S.pneumoniae, H. influenzae type b, group A streptococcus, and M. tuberculosis (TB).

Walking pneumonia is caused by the *Mycoplasma pneumoniae* bacteria. Although it is usually a milder form of pneumonia compared to other bacterial forms of pneumonia, the symptoms can be bothersome and can linger for a month or more. Less commonly, pneumonia in children can be caused by fungi, parasites, and rickettsiae.¹⁰

When asked about key symptoms of pneumonia, 71 percent of respondents answered correctly that cough, increased temperature, fever, sweating and difficult breathing are the main symptoms of pneumonia. The rest, 29 percent of respondents, gave inadequate answer or didn’t know what the main symptoms of pneumonia are.

![Knowledge About Pneumonia](http://pediatrics.about.com/od/childhoodinfections/a/05_pneumonia.htm) accessed May 19 2009

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¹⁰ [http://pediatrics.about.com/od/childhoodinfections/a/05_pneumonia.htm](http://pediatrics.about.com/od/childhoodinfections/a/05_pneumonia.htm)
Oral Re-hydration Salt
A common medical complication caused by severe malnutrition is dehydration. As long as they are not in shock, dehydrated and severely malnourished patients require an oral rehydration treatment using a specially formulated rehydration salt. When respondents were asked what ORS (oral rehydration salt) is, 48 percent gave the accurate answer, saying that this is a substance that needs to be mixed with water and given to replace lost fluids when a child is having diarrhea. 37 percent of respondents declared that this is a pill that should be given to a child in order to improve a child’s appetite, while 15 percent didn’t know what ORS is, regardless the fact that interviewers used different synonyms for this treatment.

Doctor Visits
Routine doctor visits are a great way to encourage a lifetime of health-conscious habits. When doctors have ample opportunities to see your child when well, they are better able to detect subtle symptoms that may indicate problems. Noting small changes in coloring, alertness, eye clarity, or energy can lead to better diagnosis and treatment.11
Parents who conscientiously make the time for regular check-ups — for themselves as well as children — allow kids to see responsible self-help skills in action. By your actions they witness the major role individuals play in protecting and maintaining their own health. Over 80 percent of respondents interviewed listed the development of 3 or more health conditions to be strong reasons to immediately take their child to be seen by a doctor.

11 Stephens Karen, Parenting Exchange, Library
The most frequently named reasons are high and increasing temperature (16 percent of respondents), bloody feces/diarrhea and frequent vomiting (14 percent), and the impression that child condition is deteriorating (14 percent). 13 percent of respondents also listed difficulties with breastfeeding and child’s decreased appetite as an alarming factor that requires doctors visit. Frequent diarrhea is also observed in 11 percent of cases as a strong reason to consult a doctor. A very low number of respondents declared that increased thirst is a suitable cause to bring a child to the doctor.

57 percent of respondents stated that the amount of fluids given to a sick child should be more than usual. 21 percent of respondents think that the quantity of fluids given to a sick child should be reduced, 18 percent declare that it should be the same and 4 percent don’t know.
**General and Oral Hygiene**

Regular brushing and flossing helps keep the teeth and gums healthy, and prevents tooth decay and gum disease. Mouthwash, tongue cleaning, and a healthy diet with limited sugary drinks and foods are also important, as is annual dental check ups. Oral hygiene remains one of the areas that indicates lower level of knowledge, attitudes and practices. 44 percent of respondents declared that the most important factor in oral hygiene is to visit a dentist more often. Only 26 percent of respondents say that the most important factor for children’s oral and dental hygiene is cleaning their teeth more than three times a day. 19 percent of respondents suggest fluoride toothpaste as the best product to clean their teeth.

Only 13 percent of respondents agree that children should brush their teeth more than three times a day, which is recommended by dentists.

71 percent of respondents say that their child should brush their teeth one to two times a day. It is surprising to see that 13 percent of respondents said that teeth should never be cleaned, while 3 percent don’t know.
Additionally, 20 percent suggest that it can be done with toothpaste without fluoride, which indicates that they don't know the importance of fluoride to oral hygiene. 88 percent of respondents declare that frequent visits to dentists are the most important factor for oral and dental hygiene.

Washing hands with soap is the best way to stop germs from spreading. Respondents have generally high knowledge and practice related to clean hands.

Nearly all respondents declared that hands should be washed in any of the presented situations and as frequent as possible.

**Immunization**

Health experts consider immunizations to be the most successful and cost-effective public health tools parents can utilize to help protect their children against vaccine preventable diseases.

Over 97 percent of respondents declared that they do immunize their children on a regular basis. 2 percent admitted that they do not immunize their children on a regular basis, while 1 percent said that they don't know.

When asked why they immunize their child, over 50 percent of respondents said that they do this because vaccines protect children from contagious diseases and 36 percent believe that immunization is
mandatory. Furthermore, 13 percent of respondents believe that vaccines improve children's appetite whereas 1 percent declared that they didn’t know.

**Child Self Confidence**

Self-confidence and self-esteem begin at home. When asked what is the main signs that a child lacks self confidence, 50 percent declared a child cannot stay without parents for a certain period of time, 26 percent said a child cries when parents or caregivers are not with her/him, 8 percent when child doesn’t say I am sorry when he/she behaves inappropriately, and 4 percent when a child ignores other children. 12 percent of respondents couldn’t list any signs related to child’s self-confidence.

**Prevention of Child Injuries**

Injuries in children, such as burns and scalds, poisoning, falls and near drowning can have lasting effects on childhood development, including disability and disfigurement. Most child injuries occur at home.

In general, respondents have high levels of knowledge on the prevention of child injuries and list more than four practices that they deem the most important.

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![Figure 20. Child’s Self Confidence](image)

![Figure 21. Prevention of Child Injuries](image)
measures to prevent child injuries. The most frequently listed factor is removing dangerous items from children’s living environment, followed by the need to teach children how to cross the road, ensure secure environments, protect stairs and fasten children’s seatbelts in cars or baby carriages.

**Iodized Salt**

Iodized salt is table salt mixed with a minute amount of potassium iodide, sodium iodide or iodide. It is used to prevent and remedy iodine deficiency. Iodine deficiency affects about two billion people worldwide. It causes thyroid gland problems, specifically endemic goiter. In many countries, iodine deficiency is a major public health problem that can be cheaply addressed by iodization of salt.

Iodine is a micronutrient that is naturally present in the food supply in many regions. However, where natural levels of iodine in the soil are low and therefore not absorbed naturally by vegetables, iodine is added to salt to provide the small but essential amount needed by humans. Nearly 47 percent of respondents declare that use of iodized salt helps children’s development and prevents goiter. 6 percent of respondents don’t know why we need to use iodized salt and why iodine is important.

**Breastfeeding**

Breastfeeding supports the immune systems of infants and helps protect from chronic conditions later in life such as obesity and diabetes. Suboptimum breastfeeding still accounts for an estimated 1.4 million deaths in children under five annually, according to the
In relation to child feeding practices, specifically how many times a day child should be fed, answers vary. 3 percent of respondents say that a child should be fed 2 times a day, 39 percent three times a day, and 45 percent four times a day. Only 9 percent say that child should be fed 5 times a day as recommended. 4 percent don’t know how many times a day should child be fed.

Child Abilities

Most respondents have listed over three groups of abilities that a child should have developed by age 3.

The most frequently listed is a group of abilities that includes walking, kicking and dancing, followed by ability to recognize and identify different objects and photos to a certain level, the ability to pronounce sentences made of two to three words and to know and spell his/her name.

When respondents asked what are parent or caregivers activities from which children learn, 30 percent of respondents said that it is most important to show that you care and love your child. 20 percent of respondents reflected the importance of having direct eye contact when talking to children. 17 percent of

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12 http://www.unicef.org/nutrition/index_breastfeeding.html
parents declared that children should be punished for bad behavior. 18 percent stated that a child should be always told what to do and 16 percent said that a parent should not show emotions or hide emotions in front of the child.

Respondents were asked to choose from e preset answers on ways to stimulate a child’s development. Answers ranged from talking to your child (28 percent), answering to child’s questions (25 percent), reading to your child (24 percent) and playing with your child (23 percent).

![Figure 26. Stimulating Childs Development](image)
Learning through Play

Child’s game as a psychological phenomenon and has a strong role in the child’s development. Through play, the child develops abstract meaning separate from the objects in the world which is a critical feature in the development of higher mental functions such as the development of social rules that develop. For example, when children play house, they adopt the roles of different family members.

75 percent of respondents recognize the importance of playing with children, while only 2 percent don’t.

It is interesting to note that 23 percent of respondents declared that they don’t know if playing with your child is important for a child’s growth and development.

Misbehavior

Play also allows children to learn social rules and adjust their behavior accordingly, in what is known as self-regulation. When asked why play is so important respondents listed different reasons. Most commonly stated are: it helps physical and mental development, children enjoy play and it amuses them, it helps them express and develop their imagination, they grow up playing, it helps their emotional development etc.

When a child misbehaves, parents use different ways to respond. 67 percent of respondents declared that they talk to their child regarding his/her behavior
while 24 percent criticize the child’s misbehavior. 6 percent of respondents say they use some form of punishment while 3 percent said that if their child misbehaves they would beat (slap) their child.

**Early Education**

Kindergarten is a form of education for young children which serves as a transition from home to the commencement of more formal schooling. Children are taught to develop basic skills through creative play and social interaction. In most countries, kindergarten is part of the preschool system. 88 percent of respondents declared that sending children to day care is important. Only 2 percent said that it is not important, while 10 percent don’t know if day care is important or not. 30 percent of respondents said that their child attends some form of day care in the Kindergarten or ECE Center.
Of those respondents who received the leaflets, the vast majority, 98 percent, stated that they would not change them by adding to specific leaflets or to the overall set of BPI leaflets. This does not correspond with respondent’s declaration if they have received needed information through BPI, as only 43 percent declared that they have received needed information, of which only 33 percent declared to partially receive needed information. 24 percent of respondents declared that they have not received needed information through the Better Parenting Initiative leaflets, video clips or radio messages.

However, 44 percent of respondents declared that BPI leaflets and video clips impacted their practices and behavior as parents, of which 31 percent said that BPI had a partial impact. 25 percent of respondents said that BPI didn’t impact their practices and behavior at all.

The impact of BPI on child care practices and behavior is similar. 43 percent say it impacted their behavior, including 33 percent of respondents who declared it to have partial impact. 24 percent of respondents said that BPI didn’t have any impact on their child care practices and behavior.
**Videos**

A very significant approach used to reach parents and caregiver’s attention from all parts of Kosovo was broadcasting special 13 video and radio clips on national television and radio channels. Each clip contained a special message aimed at educating parents on the stages of parenting, starting from pregnancy until childhood. Based on the research, a significant number of parents are aware of and watched BPIs educational video clips, whereas the radio clips were heard at a lower rate compared to video clips. The following graph elaborates the familiarity and knowledge about video clips.

When asked if respondents heard about BPI video clips, 67 percent declared in the positive. When asked if they watched television segments addressing child related issues such as immunization, pregnancy, salt iodization or other, 72 percent of respondents declared that they viewed such videos broadcasted on national television channels. Only 41 percent of respondents declared to have listened to BPI messages and jingles broadcasted on radio.

![Have watched a BPI Video Spot](image)

**Figure 34. Percentages of People who have Watched a BPI Video Spot**
SWOT ANALYSIS

**Strengths**

- BPI's health promotion strategies will have a positive impact on the social, economical and environmental conditions of Kosovo. If children have proper attention and care, the country as a whole will benefit - a healthy nation has its roots in the way pregnancy and infants are treated.

- People of Kosovo have gone through difficult stages of social welfare. Large numbers of people are not educated and do not have enough sources of information on proper child rearing and development. This is demonstrated by high the infant mortality rate. As a result, this project will contribute to raising awareness and knowledge of parents or caregivers towards children’s health and development.

- The better parenting initiative will improve parent-child relationships, as it encourages knowing parents to spend more time playing and interacting with his/her own child, thereby creating a closer relationship.

- Parents or Caregivers have the chance to learn about proper child care, which surely results in a better future for children.

**Weaknesses**

- The capacity to disseminate the better parenting information to all cities and villages of Kosovo is limited.

**Opportunities for Improvement**

- Overall, parents will at least have basic knowledge about children’s health, growth and development and the ways they should be raised.

- A more effective distribution system of leaflets and BPI activities, where parents can easily be engaged and able to know the importance of BPI’s message can be developed.
Threats

- If the financial status of parents or caregivers doesn’t change in the near future, it may cause the interest level of parents or caretakers to learn and participate in these kinds of initiatives to decrease.

- If a detailed distribution plan is not compiled, the current problems may continue to occur in the future as well.
CONCLUSIONS AND RECOMMENDATIONS

Based on the definition used by UNICEF, “evaluation is a process that tries to determine as systematically and objectively the worth and significance of an intervention. This judgment is based on common evaluation criteria such as relevance, efficiency, effectiveness, impact and sustainability.”

Evaluation therefore should provide information that is credible and useful so lessons learned are taken into account in planning and decision making process. Purpose of the evaluation should aim to improve programme relevance, methods or results – outcomes. Finally evaluation should aim to provide facts to be used for accountability for achieved results.

In this regard conclusions of the study, aim to be critical and reflect as much as possible on the requirements that derive from UNICEF definition and purpose of evaluation as such.

Before entering wider discussion on conclusions, UBO Consulting found the objective of evaluating BPI quite difficult since there is no comparable data and/or information which can be used as baseline data/information from other evaluation studies of social communication initiatives and their impact which were implemented in Kosovo in last years.

UBO Consulting found it even difficult to assess and evaluate efficiency, impact and sustainability of the BPI initiative since its lacking information on the cost / cost effectiveness of the initiative.

As the only comparable study that may be used as a baseline is the BPI evaluation implemented by Index Kosovo and commissioned by UNICEF in January 2005.

Following the meeting with better parenting working group are proposed following recommendations:

1. Issuance of administrative directives related to the mandatory distribution of leaflets in health facilities.
2. Corporation between relevant institutions.
3. NGO’s should have a part of leaflets in order to distribute them to their target groups.
4. Materials should be managed by the National Institute of Public Health – Department for Social medicine.
5. Constant project monitoring and evaluation.
6. Group of experts should continue collaborating with relevant institutions and organizations.
7. The group should have periodic meetings.