

MID TERM EVALUATION

of the

“Promoting social cohesion and conflict prevention and improving ECD in Northern Albania”
Project

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Prepared by
National Albanian Center for Social Studies

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List of Abbreviations

ECD	Early Childhood Development
CCF	Christian Children Fund
GMC	Garden of Mother and Children
NIPPA	ECD organization for mother in Ireland
NACSS	National Albanian Center for Social Studies
MoES	Ministry of Education and Science
MoPH	Ministry of Public Health
MoLSA	Ministry of Labor and Social Affairs
MoLGD	Ministry of Local Government & Decentralization
CoEO	Committee for Equal Opportunities
INSTAT	Institute of Statistics
MDGs	Millennium Development Goals
NSSSED	National Strategy for Socio-Economic Development

Executive Summary

Albania, the youngest country in Europe, with an average age of 29, is experiencing an ongoing crisis. Since 1990, the country has undergone significant social and political changes and is currently going through a delicate transition towards a market economy and democratic governance. Albania has a current GDP of 1,499¹, per capita, which ranks it as the country with the lowest income per capita in Europe. According to the last poverty survey (LSMS 2002), ¼ of Albanians live in poverty, while less than 5 percent of population live in extreme poverty. It is not surprising that the most remote districts in the North and North-East of the country fare worst in terms of poverty. Almost half of resident of this area are poor, and more than a fifth in this group live in extreme poverty². Also, the depth of poverty in this area is much more pronounced than in any of the other regions, with a poverty gap index of over 11 percent.

Albania's pathway from isolationist, Communist dictatorship to European integration has been among the most difficult of all transition countries. The period of transition has been most painful and most difficult for vulnerable populations, especially children and mothers. Family stress has increased dramatically as levels of poverty and unemployment have risen sharply in the last decade. The traditional family structure is fraying with massive immigration flows out of the country toward Western Europe and North America and the state of insecurity and collapsed economy prevailing, especially in rural areas. The problems that have arisen during the transition period have greatly affected the capacity of the central government to provide basic education and development services. The uncontrolled internal migration is exerting stress on the social and physical infrastructure all over the country. Health care and social services are facing an increase in demand for services together with a decrease in service capacity. This affects the quality of services currently offered (particularly in rural areas).

The situation of children and women has changed significantly since 2000, for both the better and the worse. Children are healthier and child-rearing practices have improved, but there is evidence of decline in access and quality of services in certain geographic areas and population groups. Concerns have also been expressed about the validity of data due to discrepancies in health statistics, which hinders a full assessment of health status. The financing and efficiency of the health system are not yet optimal, but the government has clearly demonstrated increased commitment to the health sector in recent years, with increased vaccine procurement, endorsement of successful models and elaboration of strategies and policies.

Albania's network of preschools has deteriorated in the recent past, leading to a disastrous decline in enrolment. Primary school enrolment has declined slightly. Pre-schools and primary schools have inadequate resources and fall far short of providing a friendly learning environment. Since 1990 1,736 pre-schools have closed nationwide, 72 per cent of them in rural areas. Almost every child attended pre-school during the Communist period, but in 2000 only 35 per cent of children aged 3-6 attended nationwide. This figure slightly increased to 44 per cent in 2003. In rural areas

¹ SKZhES, Raporti I Progresit për vitin 2002

² LSMS 2, INSTAT

only 13 per cent of children 3-6 attend pre-school. Overall, 56 per cent of children aged 3 to 6 have no access to pre-school education. In urban areas 10 per cent of children from birth to 3 have access to pre-school, while virtually none of the children do in rural areas.

As funding and standards have declined, so has the quality of service in crèches (for children from birth to 3 years old) and kindergartens (3 to 6 years old). Inadequate pre-schooling reduces primary school enrolment, undermines children's healthy development and hinders their ability to succeed in school. The lack of pre-schools also forces mothers to give up paid work, putting additional pressure on the welfare system and contributing to gender discrimination.

Many parents do not understand the importance of children's pre-school years, especially in poor areas of the north and overcrowded informal settlements that have sprung up around the capital since 1991. Believing that education begins at school, they fail to offer appropriate stimulation for young children, and physical punishment is common.

During the past three years, the government and civil society have given increasing attention to early childhood care and development (ECCD). In 2000, there was no training for pre-school educators, nor were there standards for teaching 3- to 6-year-olds. By 2003 an Interministerial Task Force had been established to adopt integrated responses to early childhood needs. The NSSD identifies concrete indicators for immunization and IDD and ranks ECCD as a high priority, although without concrete budget allocation. Further, the Ministry of Education and Science assigns only 5 per cent of its budget to pre-school education.

The project "Promoting social cohesion and conflict prevention and improving ECD in Northern Albania" has intervened in the ECD system in north and northeast to address the children's needs for care and education during childhood. In the project area, the normal development of children is highly affected by poverty. Different surveys confirm the strong link between poverty and low educational levels. Primary school enrolment rates are lower among the poor, and lowest among the extreme poor. The health status of children and women is especially poor in the north and rural areas due to poverty and faltering health infrastructure. The maternal mortality rate in the northern town of Bulqiza is nine times higher than the national average, while infant mortality in the northern town of Diber was three times higher than the national average for 2002.

Malnutrition is also found to be somewhat more common among poor, than among non poor. Data from MICS 2000 reveal a substantial proportion of children who were malnourished: rate of stunting was 31, 7 percent and rate of wasting 11,1 percent. Poverty has reduced the access to appropriate food that helps children to grow up and develop normally. Poor parent's particularly in rural areas are involved all the time in agriculture and they live their children without proper or adequate care.

The project "Promoting social cohesion and conflict prevention and improving ECD in Northern Albania", a two year project, began in 2003, initiated and supported by UNICEF and World Bank. The project came after a pilot project " Gardens of Mothers and Children" implemented in Bathore area (new settlement close to Tirana) during March 2001 – 2002 as a holistic ECD program which reflects the universality of children's rights. The project was initiated and implemented by Christian Children Fund (CCF), which has been active in Albania since 1999 and in the northern part of Albania in 2003. Compared to the pilot project, the current one is more advantageous because it covers new geographic areas, the project activities are considered as instruments to

reduce conflicts and improve community social cohesion as well as are developed around fathers, as a way to increase the fathers' role and contribution.

Project strategies in compliance with needs

The ECD Project in northern Albania constitutes joint efforts of UNICEF, WB, CCF Albania and Albanian government to address critical needs of children in the districts of Kukes, Tropoje, Has and Diber. The needs assessment carried out by CCF during 2002, evidenced critical living conditions of families, especially the impact that these living conditions have on children's development. In the assessment report, it was mentioned that children do not live in a safe environment while caregivers do not apply child attentive attitudes/practices and policies. Taking into account the result of the assessment, the project strategies were aimed at improving physical and social environment within the family, within the community and local social institutions.

The following strategies were used to achieve the project objectives:

- a) Setting up and delivering services for children 0-6 years old: The project aims to improve the quality of poor households' life by setting up and delivering direct services for about 1,380 children 0-6 years old in all four districts through opening and functioning of 30 Gardens of Mothers and Children, increasing access to outpatient health services and offering humanized health services within Pediatric and Obstetric Hospitals in Kukes and Peshkopi
- b) Support education process for caregivers: One of the objectives of the project is to increase awareness about the importance of the caregiver's role as far as children's growth and development is concerned.
- c) Promote community development through adoption of collaborative model of communication, interaction and reducing discrimination based on gender: Project has contributed to increase awareness of main caregivers at community level regarding early childhood interventions and has build up small community groups, composed mostly of mothers and fathers, who collaborate to provide a better way of child development.
- d) Strengthen local and national resources and capabilities: The implementation of the project requires the commitment of a great number of people, institutions and groups, to fulfill their mission and functions necessitate of training for the upgrading and updating of their professional qualification as well as provision of a set of financial and material needs.
- e) Strengthen demand and awareness: The success of the project depends on the ability to transfer the information on the importance of early childhood care and development to a particular audience and to raise their awareness.

Increased access of poor and rural children to preprimary education and health services

The project has had an impact on the access of poor children and mothers to preprimary education system and qualified primary health care services, through setting up the new structures of GMC, health mobile teams and resource centers. The project has set up 30 preschool informal community centers Gardens of Mothers and Children- GMC), which operate at very low cost, offering activities that improve the environment where the children grow up according to ECD concepts. In contrary, prior to the project implementation, the number of the 3-6 years old attending preschool public education in the project area was insignificant compared to the needs and children were exposed to malnutrition, infectious diseases, many forms of abuse, violence or abandonment due to the lack of proper information and education of parents and caregivers.

As far as preprimary education is concerned, the establishment of GMC has helped poor children particularly in rural areas to access preschool education. Thanks to the intervention of the project, the access of children aged 3-6 in 4 districts covered by the project has increased with 18 percent, while GMC compose 1/5 of children in preschool education. GMC is not only a kindergarten but also a Community Social Center that serves also to parents and other community groups such as young people. It brings periodically together parents and other community members to discuss and organize different ECD themes and activities that range from information delivering and awareness, to celebration of social events, to introduction and promotion of non-violent and non-authoritarian behaviors, etc. 3,130 parents (2,222 mothers and 908 fathers) and 498 young people from 30 communities have received relevant useful information on ECD and non-violent and non-authoritarian behaviors. In addition to that, 778 community people (GMC staff, active mothers and Board of fathers) also trained by project, play an active role in organizing and implementing ECD activities; 1/5 out of them, serve as trainers for other people of their communities.

Project has improved public maternal and child health services using new elements: humane and child holistic development. The provision of services by four mobile health teams named as service groups has increased markedly the access of rural people to health information, health services and cover a part of these needs for specialized medical service: each community in a month benefit 24 to 51 medical visits. New structures offering multi services within 2 regional hospitals of Kukes and Peshkopi has increased the access of children and their mothers towards humane health services: on daily basis each center serve to about 10-20 children and 15-20 mothers/pregnant women

Inclusion of the preschool state program (a draft of 1993 for mixed group of children aged 3-4-5 and six) as part of the educational and developing curricula for the children attending GMC, is important and indispensable to reduce the differences that may break out when the GMC children start the compulsory education as a result of discrepancies in methodology and approach. However, the new curricula of GMC are till under the process. It is going to be ready next year.

Increase child attentive behaviors of parents

The project has increased child attentive behavior of parent. ECD intervention is considered to have a long term impact. However, even in short run, the project has had a considerable impact on the life of the community, contributing to the increase of parents' information and behavioral changes towards more children attentive.

The project contributed to provide knowledge about child growth, child care, and child development with particular focus on parental role to around 2,222 mothers (or 42 percent of mothers with small children in project area) and 908 fathers (17 percent of fathers with small children in project area) through peer training, home visits, regular meetings, workshops and TV programs.

Values that bring mothers and fathers to their children are different. By cooperating together and complementing each other they impact the life and the development of their children and provide important diversity of experiences. This fact is taking into consideration during education process of parents. Generally speaking, participant mothers prefer to discuss about early childhood care and education, especially the role that antenatal care, feeding practices, management of sickness have on child development. They are informed about child's rights; they know the role of entertainment and games on children's education and psychosocial development. Participant mothers are better

informed about impact of violent behaviors on child development and they report slightly higher frequencies of non-violent behaviors compared to control group. 3 out of 10 participant mothers report to stop at least one case to hit their children compared to 2 out of 10 for mothers from control group.

As far as antenatal care is concerned, participant mothers show better attitudes during pregnancy compared to control group. 40 percent of participant mothers attend antenatal care every month, compared to 14 percent for control group. Whereas as regards breast feeding, both participant and control group mothers report high percentage. 94 percent of participant mothers and 94 percent of mothers from control group who have children from 0-2 years old say that they have breastfed their children for more than 6 months.

Besides that, the project had an impact on father's education as well. Participant fathers can relatively well list the father's interventions that have impact on child development, but they are not adequately involved in daily routines activities with children. Less than ¼ of participant fathers spent however, it should be stressed that the provision of training and information for such a short period .of time, is not sufficient to cover the deep gap in education process as a whole.

Behavioral change of other caregivers

The project pays special attention on other actors classified as caregivers as well. The project contributes to raise awareness on the importance that interventions on ECD have on the child's future development. It paves the way for collaboration among different partners to create new models of ECD as well as in the provision of adequate services. The project aims to include ECD activities into policies of different actors in order to create a protective environment for children during early childhood. This approach would contribute to increase the public awareness on the project as well as to ensure its sustainability. It is reasonable to plan that during the second year of the project implementation, the government policies would reflect ECD activities. MoES and MoLSA are key ministries as far as ECD activities implemented by CCF Albania project in northern Albania, are concerned. MoES is considering GMC as an alternative model of preschool education, very pertinent for rural areas. It is looking for legal and financial possibilities to incorporate them within preschool education policy.

Improvements in child's status (nutritional, health and psychosocial development)

The above-described interventions have had a positive and considerable impact on improving child nutritional status as well as child's health. A particular attention has been paid on psychosocial development of children. The progress in children's status has been measured through a very basic test, which confirmed that there are progressive changes mostly among at children 3-6 years old thanks to the very encouragement interventions of the project through GMC preschool alternative. Children who have attended GMCs demonstrate a higher level of cognitive, socio-emotional, language and communication development. Children of age group 3-5 years old show better improvements, partly due to the early stimulation and partly due to the level of the test used.

Building social capital and trust within communities

The project has contributed to build social capital and trust within communities. Resolving collective problems, advancing smoothly the community development and widening the awareness about many critical issues, have contributed to strengthen links among members of the community as well as to build trust. Selecting early childhood development as center of attention for community people the project has developed sense of community membership by enabling the creation of small community based groups that interact with each other through horizontal networks. In every community, 100-150 mothers, fathers and other caregivers are associated around 2 genders based quasi self-help groups such as mothers/women groups (GMC staff, TOT group, and active mothers) and community Board of Fathers. The activities of community groups has developed personal growth particularly among women and the sense of reciprocity and caring: 1 active community member offer caring services for about 6 beneficiaries of their community. Strengthening the Board of Fathers as models of tolerance and partnership buildings aims to address conflict preventions and conflict peaceful solutions by managing effectively human, material and financial resources and creation a child friendly community environment.

Empowerment of women

The project has contributed to empowerment women, mainly in three directions: the project has increased the range of opportunities for women to access information; the project has created new possibilities for women to be involved in addressing the most critical issues as well as to be part of solution, thus the project has realistically increased women participation; the project through the investment at capacity building has promoted the willingness of women to be organized in local organizations.

Project has introduced inclusion and active participation of women in delivering services, which has encouraged them to improve their social status as well as help other women in their community. Around 700 women *are* active members of women informale groups, meanwhile 1/4 of community women and young girls meet each other every day or every week within GMC premises by receiving informatin and exchange experiences, speak out about their problems and seek advice.

Project addresses empowerment of woman as actor of change rather than a decision-maker. However, within women self help groups, they have started to exercise simple decision making functions. They have taken small social responsibilities and are trying to solve together their and their children's problems. This has helped them to improve the social position vis a vis their family. 78 percent of participant women take part in important family decisions (regarding education and child rearing, family budget expenditures) toward 67 percent of women from control group. $\frac{3}{4}$ of mothers states that the provision of services through GMC help them to devote more time to family matters as well as to look for a job. In addition 30 women (administrator mothers) have got paid employment and better economic position within family.

Setting up of networks among formal and non formal institutions as a condition to guarantee the project sustainability

The project has influenced on behavioral changes of professionals of education and health at local level. Local authorities of Public Health and Public Education are supportive and collaborative. The public officials of Public health and public education departments at local level have been involved in project implementation, particularly in activities related to the provision of training and different types of services.

Public education and health professional considers GMC as complementary and alternative community structure that increase access of local people to information about health care, health services and preschool education mostly in areas where public system is weak or inexistent. Public education and authorities are at the same time active members of Regional Board of fathers.

The project has contributed to build collaboration and network among formal and non-formal institutions at central and local level. The project has build up collaboration among ministries by creation of a task force, whose mission is to energize ECD policies and support continuity of project interventions. At local level, the project has build up collaboration among local formal institutions represented by local authorities at district level (Public Health Directory, education directories) and municipalities and communes and local non- formal institutions represented by Board of Fathers both local and regional).

On top of that, the project has incited the interest of local authorities as well. Head of municipalities and communes where project is under implementation, appreciate ECD activities provided by project. Local authorities show willingness to financially support ECD activities in the future through local revenues, as it is foreseen in the decentralization strategy. It has been recognized that local government institutions are aware about the project and its principles, more over; they have strongly support the project implementation, especially with the provision of buildings and rooms. Within two Hospitals in Kukes and Peshkopi the project has set up two new structures named as Resource Centers that offer new services for daily or long-term patients (children and mothers) such as psychosocial, advise, information and entertainment/play improving in that way medical practices and humane treatment of children and mothers. In each Resource Center, every day, 2 social workers and 10-12 medical staff offer the mentioned above services for around 10-20 children and 15-20 mothers.

Sustainability of the project

Despite the active role that local government is playing in project areas to support the ECD activities, sustainability of the project and continuity are not secured yet. The law on decentralization of local government, especially the financial decentralization will create opportunities for local government to financially support GMC from local revenues. However, the mentioned project areas are among the poorest districts of the country, which means that local budget is going to be poor, even in the conditions of decentralization. The question of sustainability remains the real challenge for the second year of the project implementation.

As matter of fact, project implementers recognize this weakness. They are investing to ensure the continuity of the project when the donors' financial support will expire. Their investment is based on

the increase of professional level and knowledge and the collaboration with local partners, which are willing to support. It is necessary to ensure local ownership of the project. Father's board could be the local implementing agency. To achieve this, the legal status of "fathers boards" should be clear, to allow them to interact and collaborate with other actors/donors as well as participate in decision-making process. The project needs a clear and well-designed strategy to guarantee the continuity and sustainability of the project in the future.

Recommendations

Despite achievements, report pick up some concerns and based on that provides some valuable recommendations which relates to the ways of increasing the professional abilities of GMC staff through on-work learning programs and inclusion of prosocial behavior in GMC curricula. The report strongly emphasizes the role that learning and education process of parents has on child's psychosocial development and preparation for primary school. The continuous investment on raising mothers' awareness on health care and nutrition is mentioned alike.

More information and training should be offered to fathers regarding issues that they do not easily accept, such as importance on spending time with children, sharing feelings and reasons, resolving problems and concerns as well as giving responsibilities to children, etc.

Of particular importance for the sustainability and continuity of the project is the collaboration and coordination among local actors and between local and central institutions. A special attention should be paid to the collaboration with all ministries (MoES, MoPH, MoLSA, MoLGD,) in order to introduce in their policy agenda the models and experience from project.

Project should take responsibility for strengthening cooperation and coordination with other community development programs such as LGP (Local Government Program) financed by UNDP. Project should speed women empowerment process by building up partnerships with other projects, particularly with those that support women micro-businesses and professional trainings.

The management of education funds locally would be one of the ways to improve the quality of learning and increase the access to basic education as well as will create room for the application of alternative sustainable models based on the local conditions. To increase the sustainability of the project and to ensure the continuity, the municipalities and communes could offer buildings and other state properties. It is an important step towards ensuring the local ownership of the project.

Project should improve participation of women in decision-making process, by transferring Board of fathers in Boards of Fathers and Mothers. Project should speed women empowerment process by building up partnerships with other projects, particularly with those that support women micro-businesses and professional trainings schemes.

Project should concentrate efforts in the creation of conditions for long term sustainability through the design of a clear strategy, prepared in collaboration with formal and non formal local institutions/organizations and task force as well as the transfer of ownership, coordination and management to legalized local actors.

The last comment regarding the project sustainability and continuity relates to voluntary work. This is an important component in the project structure. Local communities have expressed strong willingness and high commitment in the project implementation. However, the majority of the persons that voluntarily contribute to implement this project live in extreme poverty. Very soon, no matter of high sacrifice spirit and enthusiasm, the project and its principles will be risked, unless another compensation scheme is in place.

To continuously monitor the project implementation and adjust it to local conditions, an efficient monitoring and information system should be in place.

Chapter 1

- 1.1 Introduction for Evaluation
 - 1.1.1 Goal and objectives of MID TERM Evaluation
 - 1.1.2 Core of External Evaluation's team
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 - 1.2 Project rationale
 - 1.2.1 Project "Promoting social cohesion and conflict prevention and improving ECD in Northern Albania"
 - 1.2.2 Overall objective of the project
 - 1.2.3 Project duration, target groups and outcomes
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1.1 Introduction

1.1.1 Goal and objectives of MID TERM Evaluation

Christian Children Fund (herein after named as CCF) has been active in Albania since 1999 and in the northern part of Albania in 2003. The project "Promoting social cohesion and conflict prevention and improving ECD in Northern Albania"(herein after named as project), a two year project, began in 2003 and initiated and supported by UNICEF and World Bank. This Mid - Term Evaluation is carried out in the period January-June 2004, quite one year after the project implementation.

The Project come after a pilot project "Garden of Mothers and Children" implemented in Bathore area (new settlement near Tirana capital) during March 2001-2002 as a holistic ECD program which reflects the universality of children's rights and assuring transference of capacities of culture care in concrete responses towards physical, social and cognitive needs of the children.

The Project is unique towards the previous one in three ways: a) the project activities cover new geographic areas; b) the project is considered as instrument that will reduce conflicts and improve community social cohesion within communities with conflict problems, and c) the project puts the father in the center of the project activities as way to increase father's role in ECD activities.

This Mid-Term evaluation offers a perspective to evaluate the impact of project interventions after one-year period. The main objective of Mid-Term valuation is to assess the impact, relevance and sustainability of the project regarding improvement of the access of deprived children to ECD activities and supporting of social cohesion and conflict prevention through community dynamics generated from current ECD activities in selected areas in northern part of Albania and allow corrections in the Project prior its termination in March 2005.

During its implementation and in the long run, the project is expected to produce important outcomes that are objects of this evaluation process;

- (a) improved access to ECD activities and improved learning environment of pre-school children;

- (b) empowerment of women and build trust within communities;
- (c) increased interactions between communities and authorities;
- (d) sustainability of project intervention.

In addition the Mid-Term evaluation documents differences between communities within the project area and those outside after one year of Project implementation and also offers recommendations for improvement.

1.1.2 Core of External Evaluation's team

An External Evaluators team composed by 8 experts from different fields carries out Mid Term evaluation under the NACSS management and supervision.

Vilma Kolpeja,	Evaluation manager, NACSS social research expert
Mirela Muca	Expert of social policies, NACSS
Vali Bizhga, MA	Expert of health,
Blendi Ceka	Community development expert, Psychologist
Irena Dona	Expert on social issues, NACSS
Lili Fusha, MA	Data manager, Statistician at INSTAT
Edlira Sina	Preschool education specialist at Institute for Pedagogical Studies
Robert Gjedia	Preschool education specialist at Institute for Pedagogical Studies
Pranvera Kamani	Expert of preschool education, Ministry of Education and Science

Evaluation process took 8 months and has gone through following phases:

- Planning - *one month (January 2004)*. During this phase UNICEF, World Bank, CCF experts defined the needs for evaluation and prepared a log frame analysis and TORs for baseline and follow-up evaluation.
- Information gathering and analyzing - *alongside February-May 2004*. It relates with the gathering, processing and analyzing of data.
- Reporting and feedback- *June 2004*. NACSS has delivered the MID-TERM Evaluation Report, after organization of dialogue on findings and recommendations with UNICEF, World Bank and CCF- Albania.

During MID-TERM Evaluation, the number of contacts with control and experimental groups was one (one round interviews, focus group discussions and participatory exercise). The methodology used for MID-TERM Evaluation is a combination of quantitative and qualitative approach.

A household survey, focus group discussions, participatory exercise, in-depth interviews and field observation are the selected tools for the collection of information needed to evaluate the project in achieving its goals and providing stated outcomes.

1.1.3 Data collection instruments

The methodology used during data collection was a combination of information gathered from primary sources with information from secondary ones.

Primary information is drawn from:

1. A survey with 180 face to face interviews with experimental and control groups of Households (parents and aged 0-6 children attending or no ECD services, in four districts, during project implementation
2. 36 focus group discussion with experimental and control groups of women, men, young people and professionals from 3 selected communities (3 towns and 12 villages), during project implementation.
3. 24 individual interviews with local and central level public officials working in control and experimental communities/areas, during project implementation
4. 80 child interviews with control and experimental children aged 3-6, in 4 selected urban and rural areas.
5. Observation from field visits

Meanwhile as **secondary information** has served information from INSTAT, MoE, MoH, MoLSA, MoLG (their branches at district level), initial and regular CCF reports, internal project evaluation from CCF.

1.1.4 Working definitions

Participant group (mothers, children, fathers): people who are served by and or benefit from the project and refer to direct beneficiaries.

Control group: (mothers, children, fathers): people who do not are served by and or benefit from the project.

Caregivers: people who take care of / or provide care for children 0-6 years old. In this report caregivers are parents, GMC staff, TOT group, Board of fathers, health workers.

Cognitive development: mental development and ability to learn, reason, reflect, plan, use language, think and form mental constructs

Community: a term the refers to group of people living in the same village (of one commune) or in the same neighborhood (in one town)

Early childhood: in this study refers to the period from conception to the age 6 years old.

Early Childhood Care for Development: refers the combination of elements from areas of infant stimulation, health and nutrition, early childhood education, community development and women's development.

Focus group: refers to discussions in a group with 10-12 people about a specific issue.

Motor development: refers to child physical development. **Fine motor development** refers to the use of small muscles such as grasping, drawing, sewing, weaving, the manipulation of object, etc. **Gross motor development:** refers to the use of large muscles for walking, running, jumping, throwing.

Pre-literacy skills: refers to the ability of a child to form sounds, to recognize a group of sounds, to form word and sentences, to comprehend spoken language, to recognize printed shaped and patterns, to understand the connections among sounds and marks for a sound etc.

Pre-numeracy skills: refers to the ability of the child in early years to understand size, shape, amount, dimensions and the correspondence between objects and words associated with counting and measurement.

Stimulation actions: refers to actions, activities and materials that challenge the child to respond, activate the child curiosity, encourage the child's problem solving abilities, and help link the child to others emotionally.

Children that Weight for Age is 2 or more standard deviation below the median of reference population are classified as **moderately or severe underweight**. Those who Weight for Age is 3 or more standard deviation below the median of reference population are classified as **severe underweight**.

Children those Height for Age is 2 or more standard deviation below the median of reference population are **classified as moderately or severe stunted** or short for their age and are chronically undernourished. Those who Height for Age is 3 or more standard deviation below the median of reference population are classified as **severe stunted**.

Children those Weight for Height is 2 or more standard deviation below the median of reference population are classified as **moderately or severe wasted** Those who Weight for Age is 3 or more standard deviation below the median of reference population are classified as **severe wasted**.

ECCD Task Force: a working group for a specific purpose on lobbying ECD issues within government structures. ECD task force include members from Ministry of Health, Ministry of Education & Science, Ministry of Local Government & Decentralization, Ministry of Labor, Committee for Equal Opportunities, Ministry of justice, Municipality of Tirana.

1.1.5 Problems /limitations

During Mid Term evaluation the team faced the followed problems:

First, the time was too limited compare with evaluation objectives. Particularly questionnaires preparation took longer time that predicted in the project proposal for a variety of reasons:

- ECD is a new concept, introduced for the first time by the UNICEF. Understanding principles, meaning and definitions and variety of ECD activities took some time.

- List of indicators to be measured was long
- Difficulties to understand within a short period the project in details: its activities, outputs outcomes, intervention strategies, etc., required several meetings with CCF staff in Tirana and in the project's area

Second, the GMC curricula and CCF child development scale, during evaluation period were under construction, so it made difficult the construction of test for evaluation of project impacts on child psychosocial development. Experts from NACCS developed a test for measuring psychosocial development of children 3-6 years of age but after discussions within evaluation team it was concluded that the test leave space to interviewers for subjective interpretations.

Among prepared test from other projects, the Macedonian test it was evaluated as the closest approach of Albanian test that also eliminates the subjective evaluations of interviewer. This test was used to measure child psychosocial development after some slight changes made in order to fits to Albanian project context.

1.2 Project rationale

1.2.1 Project "Promoting social cohesion and conflict prevention and improving ECD in Northern Albania"

The rationale for choosing an ECD project in Albania and initially in the northern part is threefold: First, in Albania children share a high percentage but ECD coverage is very low. A qualitative poverty assessment carried out in 2001 revealed a high risk in term of health and nutrition among children. In addition pre-school coverage is very low and overall gross enrollment is going down. The likelihood that children will stay at home with no early stimulation is higher in rural areas. In this context, both government and donors put their priorities on primary and secondary education, the lack of early stimulation of young children, as well as poor attention to their health and nutrition, deserves more attention.

Second, children in Albania, and particularly in northern part, have been exposed to violence. Blood feud and Northern Albanian porous border with Kosovo and Macedonia makes it vulnerable to cross-borders of mafia-groups, insurgent and drug-traffickers. This has resulted in children living in development stress and their primary caregivers in isolation.

Third, some aspects of social organization and family structure in traditional communities may reinforce this exposure to conflict by promoting violent modes of conflict resolution and limiting the development of issue based civic engagement. Traditional social institutions often do not address the wide range of needs of people have and their vertical/hierarchical culture is an impediment to rule the low and to the widespread formation of horizontal grassroots organizations. These traditional elements also include patriarchal family structures, which are both protection and risk for women as gender relation tend to be very vertical.

In this context, ECD is a non-confronted activity, which can foster trust within, and across social groups, as well as these groups and local/central public authorities.

First, focusing on child's welfare has proved to be an effective, non-threatening entry point for addressing socially and culturally sensitive issues such as domestic and community violence.

Second, the community-based approach encourages the exchange of information across the groups and information of networks around different ECD activities.

Third, empowerment of isolated rural women through ECD activities allows them to become active within their communities and positive agents for medium –term of social change.

Fourth, the approach on ECD proposed in the project “Promotion of social cohesion and conflict prevention and improving ECD in Northern Albania” offer an opportunity for greater interaction between empowered community groups and local/central public authorities.

1.2.2 Overall objective of the project

The main objectives of “Promoting social cohesion and conflict prevention and improving ECD in Northern Albania” (here in after named as project) are to improve access of deprived children to ECD activities in northern Albania and to support social cohesion and conflict prevention through community dynamics generated by ECD activities.

The project is located in northern district of Tropoja, Has, Kukes and Dibra and aims to reach its objective through

- (a) awareness-raising in ECD and non conflict resolution;
- (b) provision of non-formal community-based initiatives for ECD;
- (c) provision of support to semi-formal, intermediate community based activities in crèches and kindergartens ECD in selected communities;
- (d) support the government involvement in community based ECD and conflict prevention.

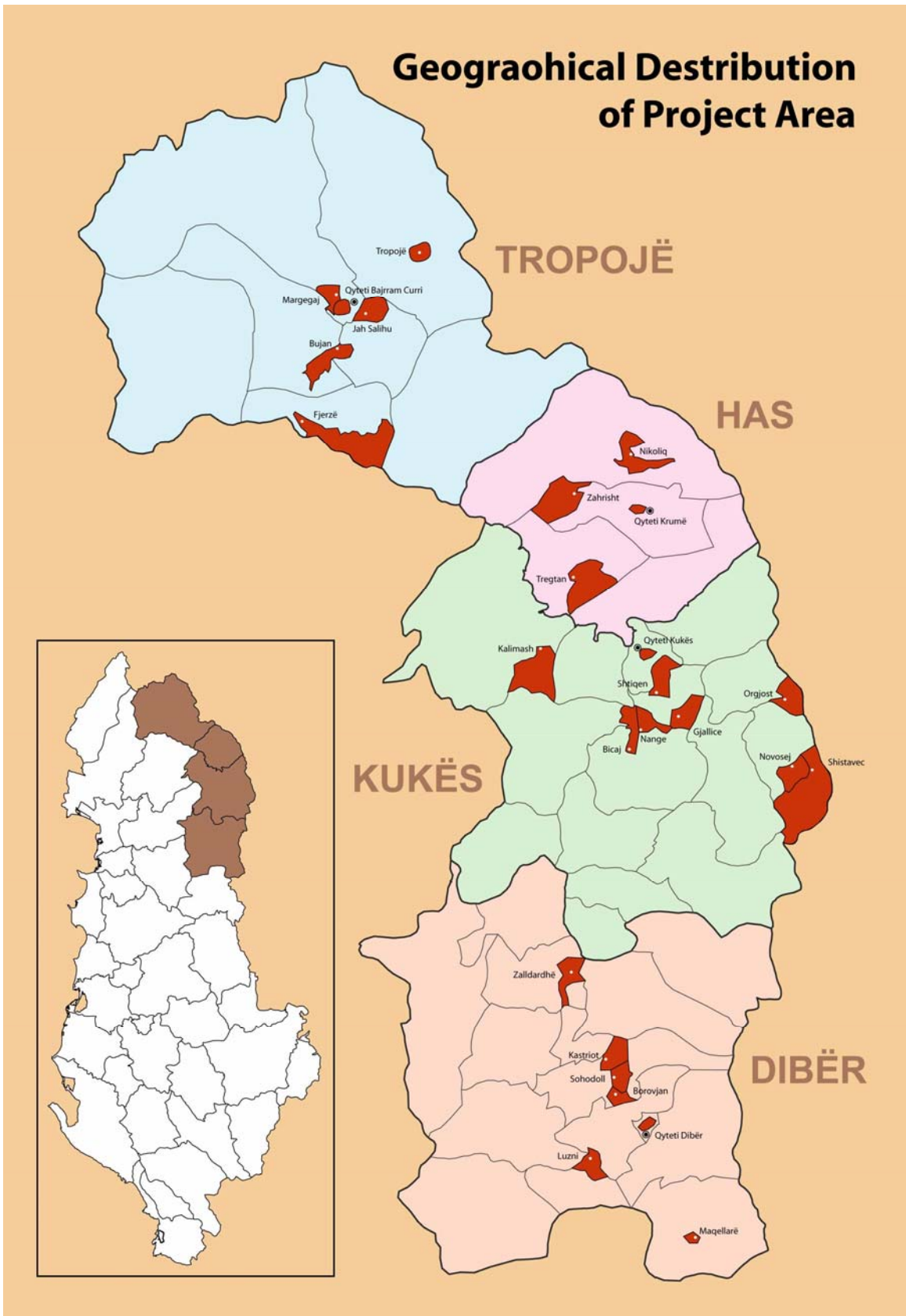
1.2.3 Project duration, target groups and outcomes

Project has started in 2002 and will end in 2005. Children aged 0-6 living in selected areas are primary beneficiaries, but also the project offers services for other beneficiaries groups: parents of children and other care givers, ECD professionals, communities, local leaders, education authorities at central and local level

During its implementation and in the long run, the project is expected to produce following outcomes;

- (a) improved access to ECD activities and improved learning environment of pre-school children;
- (b) empowerment of women and build trust within communities;
- (c) increased interactions between communities and authorities;
- (d) sustainability of project intervention.

Geographical Distribution of Project Area



Mid Term Evaluation findings

Chapter 2

Project Strategies in compliance with needs of the target groups

- 2.1.1 Articulated needs
 - 2.2 Intervention strategies
 - 2.2.1 Setting up and delivering services for children 0-6 years old
 - 2.2.2 Support and education for caregivers
 - 2.2.3 Promote community development through adoption of collaborative model of communication and reducing discrimination based on gender
 - 2.2.4 Strengthening demand and awareness
 - 2.2.5 Developing ECD national policy
 - 2.3 Conclusion
 - 2.4 Recommendation
-

2.1 Needs for ECD Intervention in Northern Albania

In the project area, the normal development of children is highly affected by poverty and continuous economic crisis along with social conflicts and unfavourable traditional and cultural patterns for children, decline in public expenditures. Economic transition is having high cost and is accompanied with high unemployment rate; high migratory shifts; poverty dispersed at large extent and reduction of public expenditure. Although that child survival also in project area has improved, the well-being of children is affected by malnutrition, violence, poor availability of ECD services.

The main economic sector in the project area is agriculture and about $\frac{3}{4}$ of active population is engaged in agriculture activity. Employment in agriculture is a weak indicator of well being and regions of Diber and Kukes are the poorest regions in Albania with respectively 43 percent and 40 percent of population live in poverty. Poverty incidence is higher among rural children: 4 out of every 10 children under age of five live in poverty. Malnutrition rate among children 0-5 indicate that poverty in rural and mountainous areas remain high. Data from MICS in 2000 reveal a substantial proportion of children who were malnourished: rate of stunting was 31,7 percent and rate of wasting 11.1 percent. Poverty has reduced the access to appropriate food that helps children to grow up and develop normally and malnutrition is persistent among poor children. Poor parents particularly in rural areas are involved all the time in agriculture and they left their children without good or adequate care.

World report development in 2004 makes clear that in Albania education and care services fail to serve the most needed. Small children from poor and rural households do not have or have limited access to education, health and social services. Lack of public investments in preschool education, lack of incentives for drawing qualified teachers in rural areas and fee imposed for rather food or didactic means, create barrier for poor children. While in 1990 more than one in two children between age 3-5 age old were enrolled in preschool education, less than one in three children is enrolled today. The net enrolment rate of poor children is about half of that in better off households³.

³ INSTAT, LSMS 2002

Infant and child mortality rate are closely linked with social economic condition of the family but also reflects access to health care services. Even than IMR dropped to 16 deaths per 1,000 live births the figure should be interpreted with caution considering the difficult economic situation and poor quality and low rates of access to health services particularly for rural people. Infant and child mortality rates are higher in northern Albania.

Children of communities in the northern area live and are educated mainly within family settings from depressed mothers and social spaces for children in early years are far from being friendly and they are almost inexistent for the society in the framework of general crisis and conflicts that prevail life, and mentalities of adults in a traditional culture dominated by men. Family stress has increased dramatically as levels of poverty and unemployment have risen sharply during last decade. Poverty has increased family quarrels that mostly end up with domestic violence and few with divorce. More women in female headed households are sole breadwinners with multiple roles such a earning livelihood, undertaking household chores and taking care of their children.

Transition in Albania is going to have a human cost particularly to children and small ones are not exceptions. Beside progress done in ensuring survival, protection, development and participation, still the category of poor and rural children are affected weakly. Project undertake from CCF Albania intent to minimize inequalities created by transition and support this category of children having a more qualitative life and pro child attentive social environment within family and society.

2.2 Intervention strategies

The ECD Project in northern Albania constitute joint efforts from UNICEF, World Bank, CCF Albania and Albanian government in provision of interventions that address critical needs of children in districts of Kukes, Tropoje, Has and Diber. The need assessment carry out from CCF during 2002, evidenced critical living conditions of families, on how they bring up children well, health and feeding, education and social atmosphere for children. In the project area children in early age had not safe environment to play and develop; caregivers including parents and professionals and local and central authorities did not have child attentive attitudes/practices and policies.

At household level children were witness or objects of violent behaviour and they grow up with confrontational model of communication or clan separation present in their communities. In additional they are grown up from mothers isolated at homes without issues for participating in the community life. All mentioned above are determinants on child development and they have cumulative and interactive impact. Strategies selected by the project intervene to improve physical and social environment within family, within community and local social institutions.

The information presented in this chapter derives from different sources such as CCF reports, interviews with project manager and project coordinators, observation from field work, members of task force, reports from INSTAT (LSMS 2002, MICS 2000).

2.2.1 STRATEGY 1. Setting up and delivering services for children 0-6 years old

In 2003 the number of preschool institution in the project area has reduced by about 40 percent compare to year 1998. The same did net enrolment rate that reduced greatly among poor children, leaving most of them at home without any early stimulation.

Box 2.1 Situation of public preschool institutions in Kukes, Tropoje and Diber districts

Based on information derived from Regional Offices of Public Education the situation of preschool education in April 2004 was as follow:

	Kukes	Tropoje	Diber
• Number of public preschool institutions in 1998	59	45	99
• Number of public preschool institutions in 2004	32	7	54
• Number of institutions closed	27 (48 %)	38 (84%)	35 (35%)
• Most of closed public preschool institutions were in rural areas			
• Many public preschool institutions are situated in private homes (rented rooms) due to bad physical condition of previous preschool buildings.			
• Quite all-preschool institutions lack or are poorly equipped with didactic means, toys and books for children.			

Source: Interview with Regional Directories of Public preschool education, April 2004

Also reductions on public health services have worsened health services. The LSMS study in 2002 show that in many rural areas, health posts staffed only with a nurse or midwife offer primary health care. Introduction of new payments for GPs, a capitation system with higher weights for rural areas has succeeded in attracting some GPs for rural areas but not to more remote areas⁴. The Kukes and Diber regions still has the lowest levels of general physicians and about 50 percent of poor children in case of illness utilize outpatient services⁵. The LSMS in 2002 study show that women living in rural or mountain areas seek prenatal consultations lees than twice lower than women in Tirana.

The project try to improve the quality of life of poor households and particularly to poor children and women by (a) setting up and delivering direct services for about 1,380 children 0-6 years old in all four districts through opening and functioning of 30 Gardens of Mother and Children (herein after as GMC) and (b) increasing access to outpatient health services, and (c) offering humanized health services within Paediatric and Obstetric and Gynaecologic Hospitals in Kukes and Peshkopi.

During the build up of structures and ECD activities, the project has taken in consideration the balance between the needs of 0-6 years old and development tasks. The project pays much attention to the child development from the conception phase and early childhood by organizing activities focusing on both the mother and the child. Some 242 pregnant mothers, 1,980 infants' mothers, and 498 young girls in the 30-community project area have benefited from information services and medical check up provided directly in their living areas. For 3-6 year old children the project provides more services with opportunities to learn and socially development through the GMC community system. So project ensure for every child in project areas: a) trained parents, b) mother and childcare services by professionals; c) 2-4 hours a day away from parents in GMC.

27 GMCs are sited in private houses (1-2 rooms) and the courtyard has been adapted to be used as environment for the child and the mother, while for 3 of them the public preschool institutions have been used. The Resource Centres inside the Obstetric Gynaecologic and Paediatric

⁴ IHSD , 2000

⁵ Albania Poverty Assessment, November 2003, World Bank

Hospitals of Kukes and Peshkopi are located in environments easily accessible for the children receiving long-term medical treatment and other daily patients.

2.2.1.1 Non-formal preschool education (Garden of Mother and Child)

The 30 GMCs set up by Project during 2003, are informal community based structures (not yet included in the public system), which offer services for children and their mothers. About 890 children belonging to 3-6 age group attend regularly 6 days a week the GMC programme, which although in its initial phase is oriented in its activities toward development of learning experiences and psychosocial development of the children. Children are looked after by a group of six mothers. Every day children are assisted from an administrator mother who serves 6 days a week and two other leader mothers who are engaged 2-3 days a week.

Beside this group of children, about 490 mothers and their 0-3 year children visit the GMC. During their visit in the GMC those children are involved in psychosocial stimulating actions through games and establish relations with other children from the community.

The communities in which this project is implemented experience poverty and many social problems, which are coupled with poverty or complete lack of social services. However among these there are still a number who are even poorer and marginalized than others among which social orphans (by both or one parent), disabled children. Two out of three children of age 3-6 years that currently frequent the GMC come from poor families, 1 to 10 is orphan and 1 to 20 is child with disabilities.

2.2.1.2 Support mother - child health care services

Service groups. Three mobile teams (one for every district) composed by specialised doctors for mother and child health care are available once a week to provide medical check ups and information to the GMCs clients and other community households. The provision of services by teams has markedly increased the access of rural households to the health information and health services and covers a part of these communities needs for specialised medical services.

Box 2.2 Public Health Service.

Public health sector in four districts covered by project is offered by 96 outpatient clinics, 2 regional hospitals. However despite the countrywide distribution, public health service provides inadequate services and is inaccessible for the most rural poor people. Actually health sector expenditures amount to 2.4 % of GDP and it suffer from very low absorptive capacities⁶. Skilled medical professional are leaving the public health service due to low salary level and a lot of rural health centres have halted for the lack of equipments and professional staff. Major concerns faced by public health services are related with mother and childcare, family planning, management of respiratory services and infections, malnutrition and monitoring of child growth and development, funding of medical clinics and investments.

Source: INSTAT, 2003

Before 90-ies the quality of medical staff were good and majority of doctors had not origin from Kukes, Diber, Has or Tropoja. They were there not as a result of their choice but obligatory methods used by the

⁶ Albania, Country Assistance Strategy, 2000

government of that time. Immediately with the disappearance of restriction all of them turned back to their resident place by leaving a gap mostly high level of medical staff. Some of places were substitutes with young doctors from area but always the goods ones are leaving those areas for a better life elsewhere.

Source: observation from focus group discussions with people from community

Resource Centres. For children with special needs like disease, children in hospitals or under medical treatment, which are often accompanied with psycho emotional effects, two multi services Resource Centres, are available with child centered programmes of rehabilitation capacitated to provide assistance with regard to the child psychology and development. Some 11 - 20 children with health problems attend every day in average the entertaining and education programs in each of the two Resource Centres, of which about half of them are daily patients. The number of children varies from day to day, increasing during the summer due to the increasing number of children suffering from diarrhoea.

2.2.2 STRATEGY 2 Support and education for caregivers

Needs assessment carry out from CCF Albania during 2002, in the project area evidenced critical living conditions of households, on how they bring up children well, health and feeding, education and social atmosphere for children. The broad objective of this intervention is to create awareness about the importance of the caregiver's role in relation to supporting children's growth and development and to change caregiver's attitudes, beliefs and practices. The child well-being is closely linked with well being of primary caregivers, so the project through activities that support the household and community is helping children and vice versa. To change the environment where the child development acts, there are introduced and implemented a range of interventions.

2.2.2.1 Education of parents

Preliminary need assessment by CCF Albania through local task forces in all four selected districts emerged the fact that majority of parents (mothers and fathers) lack the necessary information and skills to provide stimulating environments for early childhood development and parent's education were of utmost importance.

Parent's education approach is helping the parents (mother and father) of these poor areas to have adequate information about child growth and development. Parents, both mothers and fathers (*See Table 1, Annex 1*) have gained adequate knowledge's they need to raise their children well, through monthly training sessions, offered by local trainers such as medical specialists, psychologists, social workers, teachers, community members (mostly members of Service Group, TOT group and Father Boards) The training agendas with mothers include topics such as child development and development stages, child development stimulation actions, nutrition and basic health, child rearing practices, child rights, mother's health and well being during pregnancy, family planning, and responsible parenting, neglect and corporal punishment etc, meanwhile with fathers special attention was given introduction and increasing of knowledge's about father's authority and discipline, learning kids to non-violent and non-aggressive relationships, the important role of father in education of young children. The GMCs functions also as centres for organisation of training and counselling mostly for mothers and women/young girls meanwhile the Board of Fathers organize and implement training for fathers and other community males including young ones

2.2.2.2 Support of mother as woman.

As the woman's overall well-being is closely related to the well-being of her children, the project provide support to women focused on two main issues: women health and empowerment. Women of childbearing age and female adolescents participate in different training sessions and workshops about mother health, pregnancy and family planning and also have benefit medical checkups and advise by specialized health workers. Meanwhile empowerment is introduced by increasing women participation in community life through direct involvement in different activities such as managing GMCs, providing information through TOT groups, organizing and celebration of different social events outside their homes.

2.2.2.3 Delivering home visits

Another way of working with parents (mostly with mothers) applied by the project is home visiting. Home visiting is practiced in special cases when mothers are isolated or are unlikely to participate in training sessions for a variety of reason such as: husband not at home (emigrant), died or in blood revenge. Home visitors (usually TOT members) are 2 or 3 community women trained to provide weekly home visits. Home visitors are professionals (former kindergarten teachers, nurse/midwives) or community women (with secondary school or higher education) with basic or intermediate knowledge's about child development, child development phases, stimulation actions, child nutrition and health care and good parenting. About 265 isolated mothers and their children have benefit information from home visiting. *(See Table 2, Annex 1)*

2.2.2.4 Peer education groups.

The groups, which provide education to the parents at community level, are: TOT groups mentioned above, Service Group and Board of Fathers (local or satellite and regional). These groups organise periodical meetings and workshops. Initially, the meeting agenda was decided by the local and central CCF staff but gradually this has become a community task. At present, parents themselves (mothers and fathers decide as a group about the issues to be discussed and workshops to be organised in their community. The meetings and workshops organised by the Service Group deliver information on the mother and child health, nutrition, vaccination, disease managing and especially in diarrhoea cases as well as information and legal counselling for divorce cases, reconciliation of emigrant's families. In the project area there are operating three Service Groups with 3-5 professionals of medical, education and juridical field. Each group offers 4-5 meetings/workshop in a month in each community for a fairly small payment of 3,000 AL per month. In every community is also operating the Satellite Board of Fathers (30 in all for 30 communities) that provides one training or workshop every month. Also Regional Board of Fathers offer every month training and workshops regarding ECD and peaceful conflict resolution for Satellite Boards and key local authorities.

2.2.2.5 Education for other child caregivers

Except parents, the project offers a range of education initiatives that focus other caregivers than parents with programs that differ from those aimed at parents. Still focused on knowledge's about child psychosocial development, stimulation, health or appropriate child rearing practices, the core

staffs of 30 GMCs (6 women per each GMC and 182 altogether) are trained skills regarding management, working in group, voluntarism, child learning through creative play, etc.

Staff of Board of Fathers (5-7 per each community and 192 altogether) and 908 male community members receives regular training from CCF staff and Regional Board of Fathers on topics of community intervention and mobilization, creation of child friendly environments, positives ways on conflict management, etc.

114 public health workers (GPs, nurses and midwives) from local outpatient health services and 165 from 4 hospitals (Kukes regional Hospital, Diber Regional Hospital, Bajram Curri and Krume Hospitals) are trained on ECD issues and professional behaviour, child stages in physical, emotional and social areas of development for children aged 0-6; child protection; mother-child communication in protecting and improving child health, etc.

The preschool public education personnel have participated in training sessions on topics of interest for them. At present, NIPA (ECD organisation for the North Ireland) is assisting CCF in updating and upgrading of GMC curricula with the new component of "learning through playing" and at the same time is providing training for the trainers of 2 GMC and two public kindergartens outside of the GMC system.

2.2.3 STRATEGY 3 Promote community development through adoption of collaborative model of communication, interaction and reducing discrimination based on gender

2.2.3.1 Promote child centred community development and build trust

Even that the project is child-centred project and moves outwards from child; the step beyond the family is community. Project has increased the knowledge's and skills within community members and has brought together women, men and traditional local leaders around some common problems such as preschool education of their children, empowers them to define needs and start thinking to develop other projects and strategies to meet needs.

Children provide a rallying point for social and political actions that can help to build consensus and organization for the common good. Project has increased awareness of main caregivers at community level regarding early childhood interventions and has build up small community groups composed mostly by mothers and fathers (such as GMC staff, active mothers, Board of fathers) which collaborate together in different areas of child development. Mothers groups have the mission to diffuse knowledge's and practices about child health, stimulation, psychosocial development, appropriate child rearing practices, support children in transition to school. Fathers, through Board of fathers have the mission to create a child friendly environment within community by promotion of collaborative and non-violent models of community interactions. In additional, project sensitises fathers, to identify and develop small community development projects that directly or indirectly impact their childcare and development.

During the second year the project foresees to start seed grants projects in infrastructure (such as improving community running water system, reconstruction of community school or kindergarten, garbage collection, or the setting up of safe recreational places for children and

young people), which also intent to have impact on children's health, nutrition or education and in general community development.

2.2.3.2 Reduce inequalities

Improving access to preschool education became the entry point for promotion of range activities that bring to community development. The project intervenes to reduce the inequalities created by the failure of the state to creating normal growth and development conditions for the children of the poor north eastern part of Albania where the inadequacy of health and preschool system as well as total absence of alternative private services has produced a serious gap in meeting public needs. Project modifies inequalities rooted in poverty by giving children from remote areas a fair start in school and in life.

2.2.3.3 Reduce gender inequalities

All children have a right to develop to their full potential. Attention to young girls often lags behind attention to boys, beginning and reinforcing a long cycle of discrimination. Project minimize early attention based on gender preferences and reduce factors and practices that affect the development of the girl child and the way families perceive the abilities and future of that child. Furthermore, from project also benefit women by freeing them from constant childcare responsibility so they can work or seek better employment and earnings.

2.2.3.4 Women empowerment

The project gives a special attention to women empowerment by giving them possibilities to get new social positions within the community. Many simple women are involved as organizers and implementers in different ECD activities. ECD activities also bring together for the first time simple community women and men in discussing issues regarding present and future children development. *(See more in chapter 8)*

2.2.4 STRATEGY 4 Strengthen local and national resources and capabilities

2.2.4.1 Education of ECD providers at community and regional level.

The implementation of the project asks for the commitment of a great number of people, institutions and groups which in order to fulfil their mission and functions necessitate of training for the upgrading and updating of their professional qualification as well as provision of a set of financial and material needs. At local/community level the project develop human resources through peer training approach with local caregivers (mothers, fathers and young males, health professionals) on issues regarding ECD, family and violence. In additional local managers (such as CCF-Albania local staff, GMC staff, Resource Centres staff and Boards of fathers) have got additional knowledge and skills about management, communication and working with groups, community development project's preparation and implementation. Peer training approach has allowed trained mothers (mostly GMC staff and TOT group) and trained fathers (Board of Fathers) to pass on ECD skill to peers throughout target areas. *(See above, strategy 2)*

2.2.4.2 Institutional capacity building

The project attempts to set up a model of alternative preschool education. Through setting up of GMCs the project has actually build up an alternative informal preschool education system, which can successfully be integrated in the national strategy and development policies of preschool education. Project is a good source for changes in preschool curricula and pedagogy based on local conditions. Taking into account the children in the project area are often exposed to violence and non-collaborative models, GMC curricula (not yet fully developed⁷) tent to introduce pro-social behaviours.

2.2.5 STRATEGY 5 Strengthen demand and awareness

Project strategy concentrates on getting information on the importance of early years to a particular audience and to raise their awareness, to increase the demand for ECD and create safe environment for children and their families. Potential audiences are, policy makers, local authorities, health providers, preschool education providers, journalist and media people/ families and communities that benefit directly from ECD activities.

Activities carry out by project has improve knowledge and change attitudes of mothers regarding health, hygiene, nutrition, preventive medical checkups for themselves and their children, psychosocial development of child, etc, meanwhile fathers learn to be good fathers and non violent and non authoritarian husbands.

Project has enticed the interest of local authorities. All head of communes/ municipalities where project operates, express their valuation regarding ECD activities performed by CCF and promise to support them in the future. Head of communes not covered by the current project push CCF– Albania to include their communities within this project or in others similar to it.

Also the attitudes of local public health authorities are very supportive and many of their employees are involved in various ECD activities such as providing of professional expertise during training sessions, offering direct services.

Dissemination of positive ECD activities through media. Both electronic and written media has played an active role in dissemination positive practices to wider audience than communities covered by the project. 3 talk shows (one on national TV, one on Kukes local TV and one in Dibra local TV) organized when project started, had promote the project philosophy and methods of interventions. During project implementation about 36 TV and Radio reportages has given local people involved in project a possibility to tell their experiences and achievements and to beneficiaries a way to express their views/opinions.

2.2.6 STRATEGY 6 Start developing ECD national policy

Policy development

Along side with project implementation, Albanian Government supported by UNICEF has created the National Task Force on ECD in October 2003 with representatives from MoES, MoPH, MoLSA,

⁷ Project plan to developed the GMC curricula in the end of second year.

MoLG MoF and CoEP. Aim of creation of ECD Task Force is to create within government structures a lobbying group that will lead the introduction of ECD activities within National Economic and Social Development Strategy and fuel sectorial policies in ECD favour.

2.3 Conclusion

Economic transition in Albania has affected differently social groups and particularly poor households and their children. In the northern areas of Albania, traditional poor ones, the normal development of children is affected by high poverty rate, social conflicts and unfavourable traditional and cultural patterns for children poor availability for ECD services. The reduction of public preschool institutions had a great negative impact on poor children by leaving many of them at home without early development stimulation. Also the deterioration of health services particularly in primary health has affected mostly outpatient utilisation rate among poor. High poverty levels that characterise those areas have increased dramatically family stress, quarrels and violence. Children in northern Albania live and grow up within family settings from depressed mothers and social spaces for children in early years far from being friendly and child attentive. The need assessment carry out in northern Albanian from CCF-Albania in 2002 (prior project implementation), evidenced critical living conditions of households, on how they bring up children well, health and feeding, education and social atmosphere for children. Children in early age had not safe environment to play and develop; caregivers including parents and professionals and local and central authorities did not have child attentive attitudes/practices and policies. At household level children were witness or objects of violent behaviour and they grow up with confrontational model of communication or clan separation present in their communities. In additional they are grown up from mothers isolated at homes without issues for participating in the community life.

All mentioned above are determinants on child development and they have cumulative and interactive impact. In order to minimize the impact of risk factors (both individual and community), on children the project intervene with six strategies and several activities. Strategies and activities developed by the project aims improvements to physical and social environment within family, within community and local social institutions.

1. As result of decrease in public health and education services the access of poor children particularly in rural areas has declined. As result of strategy one implemented by project there are set up and is functioning a network of informal preschool education, with result the improve of access of children, mostly poor ones. However children with special need are not yet addressed by project. Alternative models need to be developed by project in order to reduce their marginalisation. Except education the project has improved mother and child health care through organisation of regular health check ups by service group and introduction of resource centre within regional paediatrics and obstetrics-gynaecologic hospitals in Kukes and Peshkopi.

2. Use of the strategy two has increased the awareness of parents and other caregivers on the importance of the caregiver's role in relation to supporting children's growth and development. Through use of education the project aims to change parents' attitudes, beliefs and practices and turn them as promoter of child development.

3. Through the use of the strategy number three the project aims to improve community development by supporting particular groups: children, parents and women. Having better

knowledge's about importance of ECD intervention, the project has enabled the community members to create male and female community groups that interacting together in solving common problems such as preschool education; empower them to identify needs and start thinking about community development without losing site from child development. In addition community development translated with increase in access of poor children and without gender distinction, toward preschool education and health services reduce inequalities created by transition and fill gaps of public services in meeting public needs. The use of female groups as ECD service provider has improved women role within communities and empower them socially and economically.

4. The strategy four used by the project develops human resources at both local and national level and has creates new alternative models of preschool education (GMC) and health services that enrich regional and national development strategy and development policies regarding ECD in northern Albania and particularly in poor rural areas.

5. Strategy five has improved knowledge's and attitude of community leaders, local media and journalists, communities that are non-beneficiaries of the project. Local media is used as tool for dissemination of positive ECD achievements and personal experiences to a wider audience than project areas. Local governments in project area consider of great value the project and shown goodwill to support the continuity of project activities in future despite the project in the future. In addition the project has increased the attention of other communities around project areas that ask development of ECD activities in their communities

6. Project has introduced Task Force as structure that support the development of national policy on ECD and also will support project sustainability by introducing project models and experiences in policy axhenda of ministries directly or indirectly related to ECD.

2.4 Recommendation

Recommendation 1 Developing compelling policy arguments and advocacy. During the second year of the project implementation CCF-Albania should develop intensive interactions with National Task Force and ministries (MoF, MoES, MoLG, MoLSA, MoPH) that should led to pro ECD policies.

Project provides good models of ECD activities and promising result to taken into account during ECD policy developments by every ministry. (e.g. GMC represents an alternative for preschool education where MoES has weak potentials to interfere with public structures. Building trust and community people empowerment can influence and develop participatory approaches in community development (planning, budgeting, monitoring and evaluation). Humanization of health services will develop new models of health services for mother and child with psychosocial elements and more human attitudes).

Recommendation 2 Start thinking about ways to assist the rehabilitation of children with developmental delays in professional centres at commune or regional level. About 5 percent of children that attend GMC manifest developmental delays and GMC staff is not specialised to treat these cases. In additional World Bank is assisting MoLSA in building up and delivering community social services for vulnerable categories. Initiating collaboration among Project or Local authorities

and MoLSA would improve ECD activities also for special children in need and help their rehabilitation in early stages and their integration for their whole life.

Chapter 3

Increased access in appropriate tangible education and health services for children 0-6 years old, in the project areas

- 3.1 Needs for preschool and health services in the project areas
 - 3.2 Findings from evaluation
 - 3.2.1 Increased to access to preschool education
 - 3.2.1.1 Quality of GMCs (GMC profile)
 - 3.2.2 Increased support of mother and child health services
 - 3.2.2.1 Introduction of psychosocial services within regional paediatric and gynecologic-obstetric Hospitals in Kukes and Peshkopi
 - 3.2.2.2 Increased access of health services for mother and child in rural project areas
 - 3.3 Conclusions
 - 3.4 Recommendations
-

3.1 Needs for preschool and health services in the project areas

Decline in education and health expenditures during last decade has also impact in decline of number of education and health facilities for small children. At national level the number of preschool facilities has reduced from 3,426 in 1990 to 2,111 in 1999 and children attendance declined from 44 percent to 28 percent⁸. In the project area, the preschool public education system is of a very poor quality. 1/3 of public preschool education facilities suffer from inadequate physical condition meanwhile quite all of them are poorly equipped with educational didactic means and toys. Although that there is difficult to get information at commune/municipality level, the MoES indicate that during 2003-2004 the number of children attending public preschool education, in four districts, is 5,052 or about 1/3 of the age group. Figures for the rural areas are even lower (*See table 3.1*). Main reason for low enrolment is non-availability of preschool facilities.

Also decline in health expenditures have had impact in decline of number health facilities and quality of services. Number of health facilities in outpatient care declined from 3302 in 1990 to 2242 in 1999. LSMS study carried out in 2002 showed that people in urban areas are more likely to go to a public ambulatory for care than those in rural areas and in many rural areas primary health care is offered by health posts staffed only with a nurse and midwife. In the project areas the number of GPs and specialised doctors are lower than in other Albanian regions (*See Chapter2, page 18*). Differences in access to outpatient care provider among regions are explained by differences in availability of these providers across regions.

Except problems mentioned above, within public health service the human dimension of patient treatment is of poor quality. One of the characterises of health care services is the lack of psychosocial services, mostly in hospitals. No social worker or no psychosocial services existed in regional Hospitals of Kukes and Peshkopi before project implementation.

⁸ Social Monitor, 2004; MOONE

3.2 Findings from evaluation

To increase the access of children aged 3-6 to preschool education to education and improve access of mother and children to health services the project implemented several activities that start with setting up of kindergartens, introduction of new psychosocial facilities within hospitals (known as Resource Centre) and introduction, mostly in rural areas, the mobile health services with specialised doctors (known by local people as of service group).

Information presented in this chapter derives from meetings with public education and health services, local project coordinators, 30 individual interviews with GMCs staff; meetings with staff service groups and resource centres.

3.2.1 Increased access to preschool education for children aged 0-6

The preschool structures set up by the project are an alternative, which should be carefully considered for two main reasons: first, it provides preschool education for the children in the project areas and second it has markedly increased the access of children to preschool education by 18 per cent. The project has lead to a greater awareness and demand for setting up of such structures in other areas thus creating the condition for a wider intervention in the future.

Table 3.1 Data about share of children 3-6 years old attending public preschool structures and GMC

District	Number of children 3-6 in public kindergartens			Proportion of children 3-6 in public kindergartens	Number of children 3-6 in GMC			Proportion of children 3-6 in GMC
	Total	Urban area	Rural areas		Total	Urban area	Rural areas	
				<i>Total</i>				<i>Total</i>
Diber	1,891	1,350	541	25 %	309	78	231	3 %
Has	671	463	206	37 %	122	40	82	7 %
Kukes	1,941	1,176	765	34 %	306	54	252	4 %
Tropoje	549	230	319	22 %	153	51	102	6 %
Total	5,052	3,219	1,833	28 %	890	223	667	5 %

Source of Information: INSTAT and CCF, May 2004

Preschool structures build by the project are community based informal and low cost child centres named Garden of Mothers and Children (herein after as GMC).

In all project areas there are 30 GMC that provide good opportunities for 1,380 children aged 0-6 to achieve appropriate psychosocial developments. From them, 890 children aged 3-6 or 5 percentage of children aged 3-6 living in project communities; attend regularly a preschool program prepared by CCF experts in close collaboration with local public preschool education authorities. Every day about 490 children aged 0-3 accompanied by their mothers receive within GMCs environments psychosocial stimulation through games, toys or contacts with other people and

particularly children. 182 trained mothers from community (one administrative mother and five lead mothers per each GMC) compose the GMC staff and their selection was based on some criteria.

Table 3.2 Information about Children attending preschool education at GMCs and GMCs staff, by districts

	Has District	Kukes District	Tropoja District	Diber District	Total
Number of GMCs	4	11	7	8	30
Children					
Number of children 0-6 attending GMC	174	468	227	510	1,380
From them aged 3-6	122	306	153	309	890
Average number of children aged 3-6 per GMC	30	28	32	38	29
GMC staff					
Number of Administrative Mothers	4	11	7	8	30
Number of Lead Mothers	20	55	38	40	152
Average staff per GMC	6	6	6	6	6

Source: Reports from CCF local coordinators, April 200

Table 3.3 below show geographical distribution of GMCs by districts and time when they started to function. About 90 percent of GMCs are set up in rural areas, where the need is the most. The first GMC is set up in April 2003 in Kukes (Nange village). Between May and September 2003, there are set up many others until they reach number 30.

Table 3.3 GMCs distribution by districts and time when they are set up

Diber District	Has District	Kukes District	Tropoje District
Sohodoll (April 2003)	Nikoliq (June 2003)	Bicaj (June 2003)	Cernice (July 2003)
Kastriot (April 2003)	Zahrisht (July 2003)	Nange (April 2003)	Tropoje Aste (June 2003)
Borovjan (April 2003)	Tregtan (July 2003)	Novosej (August 2003)	Margegaj (June 2003)
Luzni (April 2003)	Krume (June 2003)	Shishtavec (August 2003)	Fierze (July 2003)
Zalldardhe (August 2003)		Orgjost (August 2003)	Dojan (June 2003)
Maqellare (August 2003)		Gjallice (June 2003)	28 Gushti (July 2003)
Llixha (June 2003)		Shtiqen (June 2003)	Partizani (July 2003)
Qender (September 2003)		Kalimash (August 2003)	
		Gostil (June 2003)	
		Lagje re (June 2003)	
		Bozhe (June 2003)	

Source of Information: CCF local coordinators, May 2004

GMCs are community based preschool education facilities. Each of them covers the needs of one village or one neighbourhood. They are totally run by community mothers. Monthly cost of running a GMC is low. The work of community mothers mostly on voluntary basis consist in provision of education services, meanwhile fathers contribute voluntarily in maintenance of GMCs premises and creation or repairing of procreative facilities for their children. ^

Box 3.1 GMC are low cost child centres

GMC are low cost child centres. Cost benefit analysis is not task of this mid-term evaluation, so it does not give detailed information about cost of having and running a GMC structure. Anyway taking into account that running cost for a GMC is closely related with monthly payment (10,000 AL), awarded from project, as fee for administrative mother, monthly fee for didactic means (about 3,500 AL) and expenses for heating, purchase of materials for GMS manintenance(1,500 AL), we conclude that it do not exceed value of 15,000 AL per month. It is much lower than cost of the same items in the public preschool education, with the same number of children. Only monthly salary for a public kindergarten teacher varies from 12,000 to 16,000 AL meanwhile total monthly cost to keep running a kinderdgarden with 30 children ammount 93,000 AL or 6,2 times higher. GMC premises and work of lead mothers is for free; the same for repairmen's, paintings which are voluntary contribution of community fathers. This has led us to the conclusion that running cost of GMC is much lower than in a public kindergarten and a model of preschool education to be in consideration from the Ministry of Education and Science, particularly in remote or rural areas.

Source: Field observations, April 2004

3.2.1.1 Quality of preschool education (GMC profile)

One of the most important indicators of access toward preschool education is also the quality of preschool education offered to children. In this evaluation the quality of education provided by GMC is measured by following indicators: 1) readiness for school and quality of education facilities and didactic means; 2) GMCs spaces and physical conditions; 3) quality of GMC staff and pedagogies; 4) GMC education's curricula and manuals.

3.2.1.1.1 Readiness of children for school, quality of facilities and materials

30 GMCs are daily operating offering children a development and "education through play" environment and socialisation opportunity with other children, as well as growth and learning programmes. GMCs have been in place less than a year and their impact can be better measured in 2005 after the first generation of the GMCs children will finish the first grade of primary school. However parents report that children display changes in their development parameters. They can see their children display greater communication and speech abilities, improved motoric and mental activity, taking care for themselves as well as counting, singing or cooperating with other children.

GMCs have been equipped by the project with a considerable number of didactic materials and toys offering better possibilities for their normal education and development. About $\frac{3}{4}$ of GMCs are equipped with a sufficient number of didactic materials while for the one fourth the equipment is considered of an average level. However all the GMCs create the opportunity for the children to use their toys and materials at their will. As regards the aesthetics, appearance and furbishing of the environments which are very important elements of education for shaping the children personality, the situation is two thirds of GMCs are very well furbished and one third are in a good conditions and order.

In almost all of GMCs there exist libraries for children and reading is part of the work description of the GMCs staff. In each GMC there are some 45 children books. The communities in the project area are extremely poor and book is not part of the upbringing process inside the family therefore

this aspect must be given adequate attention inside the GMCs in order to fill gap/absence of children books in most of the community families.

3.2.1.1.2 GMCs spaces and physical conditions

The number of children in each GMC varies from 20 to 60, however due to increasing demand for preschool education. About 2/3 of the GMC the number of children is more than 25, which according to the education specialists is considered rather above the ideal capacity. The project has to take care of providing the necessary additional environment and increase the number of trained staff accordingly.

GMCs are being sheltered in buildings, which have gone through a strict selection procedure and had to meet several criteria. Actual buildings were GMCs are situated are considered to be the most adequate in the given project areas. The selection of the buildings has taken in consideration the opinion of the parents and other community members thus taking a positive step toward active involvement of the community in this project and strengthening the cooperation and the cohesion within the different community members.

<p>Box 3.2 The selection of GMCs buildings</p> <p>To the question why a certain building was selected as adequate to be used for GMC, the most frequented answers given by parents were:</p> <ul style="list-style-type: none"> • Is situated in the centre of the village and is easily accessible for them • Is in a good condition • Is inside the previous kindergarten building • Is close to the health centre • Has been selected by the community • The building is surrounded by sufficient garden area for children • It was the best solution that could have been found • The owner of the building used to be or is a teacher or preschool educator <p>Source: Interviews with administrative mothers and parents, April 2004</p>

About ½ of the GMCs consist of one room and one toilet while the other half consist of 2 or 3 rooms and 1 to two toilets. The inner GMCs environments have been reconstructed and painted through volunteer work of parents themselves and offers environments considered by the parents and administrator mothers as very good in 50 percent of the cases, good in 40 percent of the cases and adequate to a certain extent for 10 per cent of the respondents. Each GMC provides also an outer environment for the children to play and all of them are equipped with a play corner. The GMCs itself offer a safe environment for the children's health.

Table 3.4 Physical GMCs environment

	Yes	To some extent	No
Is GMC placed in a good condition building?	87 %	13%	0%
Is the children environment adequate for group activities?	77%	23%	0%
Environments provide adequate space for playing, for music, mathematics, readings, etc?	87%	13%	0%
Do chairs, tables and big toys been constructed out of light material and without sharp edges?	73%	27%	0%

The didactic materials and equipment are different, in sufficient number and in a good and working condition?	93%	7%	0%
The placement of cupboards, of didactic materials and other equipment is arranged in an orderly manner, easy to reach and in harmony with the whole environment?	93%	7%	0%
The materials are used for reaching the educational ends?	100%	0%	0%
The materials and toys used by the children are harmless even if put in mouth?	90%	10%	0%
The outer environment allows children to play (green area, sand etc.)?	93%	7%	0%
The outer and inner environments have an adequate balance between the sunny and shade areas?	100%	0%	%
The outer environment is surrounded by a fence, wall and is safe?	97%	3%	0%

Source of Information: Interview with administrator mother, April 2004

3.2.1.1.3 Evaluation of Administrative Mother's work

In order that the job of the administrator mothers is adequately monitored and evaluated a set of preschool educators competences were kept in mind. In addition competencies were adopted to fit the role and the background of the administrator mothers in 30 GMCs and also the experience of one-year job is taken into consideration. The administrator mothers are very motivated to work in the GMCs and every one of them declares that they are satisfied with the kind of job they do though it is not easy at all. They live in the community and they have been selected from the community as well based on a number of criteria like the readiness to be involved in the educators work, the level of education and the will and inclination toward learning, moral reputation, ensuring the adequate space for children to play and develop their skills, easy access for all the children in the community.

Box 3.3 GMC of Lixha neighbourhood

GMC of Llixha neighbourhood in Peshkopi is situated in the center of the Lixha neighbourhood. It provides a safety and protected environment as regards physical location and psychosocial aspect. Inside the GMC does not exist any risk of exposure toward violence and other mistreatment or accidents. An ordinary day in this centre is made of activities which develop language and communicative skills like telling tales, short poems and other stories), acquisition of basic and simple mathematics concepts, personal hygiene, drawing games, physical education and developing of other free games.

A normal day for Flutura Bulku, the administrator mother of this GMC starts at 7.30 in the morning with the preparations for welcoming children in her house. At 8.00 the first kids arrive. The daily activity goes on until 12.00 during which time Flutura has to organise education and playing activities. She gets help from two other mothers from the leader mothers group, who are available 2-3 days a week to work as volunteers.

One or two days a week GMC is visited on a voluntary basis by 2 nannies from the community who usually tell tales and other stories to the children.

GMC is well equipped with toys and other didactic materials, which cannot be found in the houses where these children live. Children seem to have fun and at the end of the day they seem very eager to stay even more with their friends. A small boy who now has passed to the first class in the primary school can hardly forget the time he spent in the GMC though only for two months. In his free time after the lessons have finished in the school he goes to the GMC, which is near his house and softly knocks at the door and asks Flutura permission to play with his friends.

Source Field visits during evaluation, Llixha neighbourhood, Peshkopi town; April 2004

One of the elements of administrative mother's job is of course the cooperation with parents and their children that is strongly encouraged by the project itself. Beside the everyday communication and cooperation with children, 93 per cent of the mothers keep close relations with the parents and 97 per cent of the mothers cooperate with other colleagues like leader mothers and other administrator mothers and in a few cases also professional preschool educators in public kindergartens. Table 3.5 shows more about that.

Table 3.5 Collaboration of administrative mother with colleagues and parents

	Yes	Partially	No
Do you cooperate with your colleagues (leader mothers, administrator mother) in deciding what daily activities to develop?	97%	3%	0%
Do you cooperate with other people (parents, etc) along the process of educative and development activities?	93%	7%	0%
Do you ask for parents' cooperation and participation?	100%	0%	0%

Source of Information: Interview with administrator mother, April 2004

Cooperation with parents is an important component of activities developed by the GMC staff. Parents are contributing in many services on a voluntary basis. GMCs reconstruction and maintenance is part of the daily voluntary engagement of leader mothers and other active fathers, grand mothers and grand fathers or bigger brother and sisters.

Box 3.4 Parents contribution in rehabilitation of GMCs

GMCs were set up in very poor communities and the ability of parents to pay in cash for the administration is very limited. Volunteer work, anytime this is necessary, is the main contribution that parents offer to the GMC. Parents and other interested community members have demonstrated high appreciation and attention for the work done and have contributed as volunteers in turning the appointed environments for GMC into safe and adequate environment for developing GMC activities with the community children. In 21 GMC or 70 per cent of them the parents themselves have contributed by doing volunteer work in reconstructing, painting, repairment of gate, doors, and windows as well as other minor internal and outer modifications like gardens, play grounds, to adapt the environments for serving as GMC.

Source: CCF 6 month report: March – August 2003

Parents show high interest for the proper functioning of the GMC and good progress of their children and more than half of them¹ (primarily the mothers) admit that they pay frequent visit to the GMC. Parents say they feel welcome by the GMC staff and their ideas and suggestions have generally been taken into consideration (57 per cent acknowledge their opinion is taken into consideration while 43 per cent think their ideas are to some extent being considered). Parents show interest and ask to be informed on the activities their children participate and the progress they have made. Seventy percent of interviewed parents are informed about the activities their children are involved in every day, and 24 per cent are to some extent informed and only 6 percent, all of them fathers, have no information at all. Relationship parent-GMC is very positive and the mutual communication has to be even more stimulated in order to create a professional relationship and sustainable partnership. At the same time the channels of information for the parents must be multiplied as well as ideas get accepted and put in practice.

Parents like to talk for the progress their children have made. All the parents report that their children are very eager about frequenting GMCs and they think their children have gained more self-confidence and are more independent and clever than before, and feel more prepared for their transition to the school.

Box 3.5 Parents opinion

The progress children have made in GMC is evidenced by the answers parents state² where to be mentioned as more significant are:

- Their little child acts differently toward family members and with their parents inside the family environment
- Their child is more independent than before
- He/she is able to draw, count and recite poems
- He/she is more sociable
- He/she likes to talk about the things he has learned or has been doing in the GMC
- Is more articulate
- Likes to tell the tales and poems he/she has learned
- Looks more in control of himself and more active
- Is more responsible for his duties inside the family

Source of Information: Individual interview with parents (both mothers and fathers), April 2004

3.2.1.1.4 Pedagogic

A special attention the project has played to the qualification of the administrator mothers and other assisting staff with skills and practical knowledge necessary for an educator like communication with children, how to organise group activities, documentation, the effect different type of games have on children, creativity in using everyday objects for other purposes, information about the public preschool programme. (See for more Table 3.6)

Table 3.6 Administrative mother's behaviour

	Always	Often	Rarely or never
Preparation			
Administrator mother does a preliminary planning of her work.	23%	77%	0%
Administrator mother has beforehand selected the didactic materials for the activities she is going to carry out	33%	67%	0%
Administrator mother prepares in advance the environment for welcoming children in order to have a normal ongoing of different activities she is going to organise	100%	0%	0%
The development of the activities			
Administrator mother welcomes children with nice words and motivates them	83%	17%	0%
Administrator mother organises children into groups work and individual work	100%	0%	0%
Administrator mother stimulates children to fulfil their tasks during an activity	100%	0%	0%
Administrator mother keeps a clear communication and adequate voice intonation according to the situation	80%	20%	0%
Administrator mother takes different roles during the activities with the children	100%	0%	0%
Administrator mother praises children for the work done and shows their work in front of other children	100%	0%	0%

Evaluation			
Administrator mother makes a summary of what has been carried out during the day	15%	85%	0%
Administrator mother praises all the children for what they have done and accomplished	63%	37%	0%
Administrator mother gives children advice about how they should behave out of the GMC and in their houses	20%	60%	20%

Source of Information: Interview with administrator mothers, April 2004

All of the administrator mothers keep a record and preserve the works they carry out with the little children. Two out of three mothers keep a full record of the work done and one third documents it only partially. The forms of preserving it are the collection and safekeeping of children's works, keeping simple records of what has been done, while some administrative mothers take pictures during the activities. Photographing and taping are very important and efficient ways of documenting the activities, which has to be made possible by the project. The keeping of children's work, documenting can serve as models for other children which will enter the GMC. (See Table below)

Table 3.7 Children activities documentation

	Yes	No
Monthly plan for activities with children	20%	80%
Daily plan for activities with children	100%	0%
Safekeeping of the children's works	53%	53%
Keeping records	67%	33%
Taking pictures	30%	0%
Taping	0%	0%

Source of Information: Interview with administrator mother, April 2004

Child observation and systematic records keeping are not yet introduced but CCF Albania staff in Tirana state that there are such plans during second year of the project.

Child play. Inside the GMC the play is always present and has a primary importance. The project has done a good job in equipping GMC with different toys and materials which develop the motor system of the child like jumping ropes, balls, etc, games for developing the children concentration; games for improving the perception of the colours, games to develop the expressiveness (like learning songs, poems, stories); occupational games.

During the learning process almost all the administrator mothers use everyday items in preparing different combination objects and toys. The families of the children attending GMC are usually poor and the possibility to play with toys is rather limited during the rest of the day. For this reason the training of such skills is very important. The project is developing mothers and children ability to use ordinary and natural objects to produce different playing objects and toys.

Inclusion of the preschool state programme (a draft of 1993 for mixed group of children aged 3-4-5 and six) as part of the educational and developing curricula for the children attending GMC, is important and indispensable to reduce the differences that may break out when the GMC children start the compulsory education as a result of discrepancies in methodology and approach. Administrator mothers and GMC staff are trained to deliver this programme by the specialist of the preschool education at the Education Directory in District, however these specialist maintain that the correct application of this programmes still leaves much to be desired. They appreciate the

didactic materials and physical conditions in GMC, but at the same time states that the GMCs staff needs more qualification and exchange of experience with the public preschool institutions.

3.2.1.1.5 GMC Curricula and educational manuals.

Preschool experts hired to work for the project, are contributing on curricula design for the GMC that are aligned both with the project objectives and the preschool public policy. Nevertheless, during the first phase of project implementation several elements of new curricula are identified and step-by-step GMC staffs are being qualified to put in practice the new elements of curricula. CCF experts are optimistic that the first draft of curricula could be in finished by the end of 2005 and submitted to the MoES and Pedagogical Institute as well as other stakeholders for discussion and comments. Administrator mothers and GMCs staff in the meantime are using three manuals compiling several materials:

- 1) MANUAL containing information for community educators (administrator mothers and leader mothers) named in Albanian as "Doracak"
- 2) MOTHER FOR MOTHER book offers guidance about right things to do in physical, moral and psychological upbringing of the child.
- 3) The mixed programme for public kindergartens
- 4) Introduction to programme Content standards

The training and manuals have played a very important role in professional preparation of the GMCs staff in carrying out their duty as educators and mentors of the children. When asked if the training and manuals have been useful to their qualification and job as educators they declare in 93 per cent of the cases that it has been very useful and 7 per cent say training has been useful.

Box 3.6 Administrative mother opinion about usefulness of "Doracaku" manual

Asked on how the Manual has been useful for the education process of the child, administrator mothers give a number of answers of which most frequent are: It has helped me work with children

- it has helped me communicate better with children and parents
- it has taught me how to develop group activities
- it has taught what kind of activities to develop with children
- it has taught me how to work in a group

Source: Individual interview with Administrative Mothers, April 2004

3.2.1.1.6 Development of pro- social behaviour as part of curricula

The communities where this project is being implemented are inflicted by numerous conflicts; families and clans are always fighting about something and thus operating in no-cooperation models. One of the aims of this project is the establishment of a cooperation atmosphere and nurture children from their early age with prosocial attitudes so that they learn to cooperate and resolve disputes amicably between one another. In the education programme (curricula) of GMC the fostering of prosocial behaviour in early life should occupy a special attention since it affects the building of constructive relationships.

During its implementation the project introduces and stimulates elements of prosocial behaviour among adults, but only few of them are shared with the children (e.g. mother celebrate together with their children the Child Day or birthdays). In the context of secure attachment and valued adult models, provided by either a cohesive family or more extended social support network, children learn certain social norms that are conducive to tolerance and mutual aid ethic. Children learn to take turns, share with others, cooperate in learning and problems solving and help others in every day life as well as in difficulties.

Care giving in family and education intervention programmes must take in consideration the factors that influence the development of attachment and prosocial behaviour. This is important in parent education and children education within GMCs.

A greater participation and involvement of the parents, bigger sisters and brothers in joint activities with GMC children as well as the designing of curricula based on the principles of development of prosocial behaviour exposes children toward such behaviour and enforces prosocial behavioural attitudes.

3.2.2 Support mother - child health care services with new approaches

3.2.2.1 Introduction and functioning of psychosocial services within Paediatric and Gynaecologic Hospitals of Kukes and Peshkopi.

In the Kuksi and Peshkopi regional hospitals are operating 2 multi services Resource Centres which are the first in the north eastern area that provide psychosocial, counselling, information, and entertainment services for daily or long term hospital patients (adults and children). About 15 –20 mothers and 10-20 children frequent and are offered services every day in each Resource Centre. The centre is opened 8.00 – 18.00 and on service are 2 social workers and 10 to 12 nurses and doctors that work 1-1.5 hours per day offering counselling and information for patients. Resource Centres are equipped with chairs and tables, TV sets and Videos, library, didactic materials and toys for children. The establishment of Resource Centres and the training delivered have had a positive impact on improving the skills of the medical staff and the service they offer to their patients. Medical personnel of the two hospitals shows interest for the centre activity that is manifested in their commitment in addressing patients with psychosocial problems to emotional and psychosocial counselling service.

Box 3.7 What services offer Resource Centre within Kukes and Peshkopi Hospitals?

The Resource Centre provides a relaxing place for those mothers whose children are receiving a long-term medical treatment; it serves as an amusement centre as well as reading and learning place for their children. It also provides consulting services for pregnant women, and serves as a centre where mothers with disabled children or children with psychosocial problems can receive specialised treatment. The centre also serves as a centre where children meet, learn and play together. Nevertheless it happens often that patient children in these centres are traumatised by the fear of painful medical treatment. This centre has the duty to relieve this sense of fear and traumatic experience

Although it is quite difficult to calculate the number of patient clients who have visited every Resource Centre, approximate calculations reveal that from June 2003 to April 2004 in each centre some 600 children with long term or daily medical treatment, about 300 pregnant mothers and 600 mothers of ill children mentioned above, have been benefiting from the services these centres offer.

One mother tells that her child has been suffering with diarrhoea due to which has lost too much fluids. As there were no free beds in the hospital she has to keep her child in her house but has to go every day to the hospital for the serum. All the way to hospital her child cries and screams and even while he is taking the serum he is not quiet. The nurse suggests to the mother to send her child to the centre for relaxing. During his ambulatory treatment the child first comes to the centre and plays and gets prepared mentally for taking the serum than with his favoured toy goes to the hospital to take the medication. After this the mother finds it easier to take him to the ambulatory centre to take his medicine. During the serum session he is quieter and does not behave like before.

Interview with Resource Centre staff and clients of Peshkopi Paediatric Hospital, April 2004

3.2.2.2. Provision of health services for children and women in community or at home

In every municipality there is a health centre with a general physician and 1 or 2 nurses and midwives. In many rural areas, covered by the project, the primary health care is offered by health posts staffed by nurseries and midwives. However when a more specialised intervention is needed both inhabitants from urban and rural areas have to go to the polyclinics that are situated only in cities. The long distance rural people have to cover to the specialist doctor and the cost of the visit they have to pay under table, although by law he is entitled to a free of charge medical service, obliges them to forego the medical check up.

In order to support rural and poor people as well as to increase the contacts with specialised medical staff the project has set up 4 mobile teams (named service group) mostly composed by doctors specialised for mother and child health. In each district operates one team and number of experts in each team vary from 1-4. (See table 3.8) Altogether they make 11 specialists mostly working in the health sector⁹ of the project areas like paediatrics, obsteters and gynaecologist. The members of service group are prominent doctors of the area who have expressed their desire to participate quasi voluntarily¹⁰ on that mission and offering medical service to the population of the project area. Every two weeks one or two doctors from each team visit one community (a village or neighbourhood) according to a predetermined timetable. The start to work with counselling, training or

⁹ In Dibra district one member of service group is specialist on education and law

¹⁰ Each expert receive from project, a monthly symbolic payment equal to 3,000 AL equal to 1/7 or more of their monthly salary

information sessions with mothers and young women collected within GMC premises and then carry out from 8 to 12 medical visits to the home thus giving the opportunity to the inhabitants to get a visit without having to take a long road or spending money. Every community gets one or two visit from the group of doctors every month.

Table 3.8 Number of experts in service groups by districts and their activity during March 2003 to April 2004

	Has District	Kukes District	Tropoja District	Diber District	Total
Number of experts in service group	1	4	2	4	11
Average number of workshops and informative meetings offered for every community by service groups	6	24	12	24	18
Average number of medical visits by service group, per community per month	30	51	27	32	24

Source: Reports from local CCF staff, April 2004

3.3 Conclusions

The people living in communities covered by project are people whose access toward education and health services is low. In rural areas the access toward basic public services is even lower. The number of the 3-6 years old children attending preschool public education in the project area is quite three times lower compared to the needs while the insufficient health services for mother and child expose many poor children towards health risks such as malnutrition, infectious diseases, low immunisation rates.

1. In order to respond better to the needs for education and health services the project has build up new structures with good results: increased access of poor children and mothers towards education and health services. A new model of preschool community based centre named Garden of Mothers and Children has increased access of rural children to preschool education. The setting up of four mobile health teams (one per district) named as service groups and introduction of new structures with psychosocial service within regional hospitals of Kukes and Peshkopi has not only has increased the access of children and their mothers towards health services but also enriched them with elements of humanism.

2. The project has increased the access of children aged 3-6 to preschool education. About 890 preschool age children or 5 percent of children's aged 3-6 living in project areas attend regularly a preschool program offered by 30 new community based GMCs. The GMC represent new model of informal preschool community based centre, which operate at a low cost. About of 182-trained community mothers (6 per each GMC) act as educators and assist children during their stay at GMC. As result of functioning of 30 GMCs, the overall access of children aged 3-6, in preschool education in 4 districts covered by the project, has increased by 18 percent.

3. GMC is a preschool structure that offers good development and learning opportunities for the children who attend them. GMC share good physical conditions and are situated in places easily achievable by all children of the community. Project has furnished GMCs with a variety of learning and didactic means of good quality. A special attention during the day is given to play. Having a

variety of toys, GMCs offer a good possibility for developing children in 5 domains of development: gross motor; fine motor; cognitive, language and socio-emotional. GMC staff (administrative mother and leader mothers) trained by project, offer preschool activities qualified by preschool education experts as acceptable to ensure child development. However specialists of education advise for further improvements in professional abilities and skills of GMCs staff through continuous trainings or an adequate course through part time education system.

4. Being a preschool education with new features on ECD and acting in poor and difficult areas with presence of the violent behaviour, the development of GMC curricula should not be a copy of current public preschool education, but it should include additional features, which the most important is prosocial behaviour. The GMC curriculum is foreseen by the project to be finished around 2005. Different domestic and international experts are working on it, but meantime GMCs staff is using manuals that provide them with basic concepts on educative skills.

5. Within two Hospitals in Kukes and Peshkopi the project has set up two new structures named as Resource Centres that offer multi services for daily or long-term patients (children and mothers) such as psychosocial, advise, information and entertainment/play improving in that way medical practices and humane treatment of children and mothers. In each Resource Centre, every day, 2 social workers and 10-12 medical staff offer the mentioned above services for around 10-20 children and 15-20 mothers. From June 2003 to April 2004 about 1,500 children, mothers and pregnant women are beneficiaries of services offered by each center.

6. At community level the project has increased access of local people for specialized medical check up. Many times sick child/mothers travel 1-2 hour of bad roads to arrive to the nearest health centre. To cover this need the project has created 4 mobile teams with specialized medical staff that offer quasi-voluntary health services for community people in project areas. Every week each team visits one or two communities. During visits they provide training, information and advice on child, mother and women health and medical checkups mostly for children, poor mothers or other vulnerable people such as disable people and old age.

3.4 Recommendations

Recommendation 1 Increase of professional abilities of GMC staff through on-work learning programs. Administrator mothers and other GMC staffs for the most part are members of the project area communities with secondary education and with sufficient knowledge and experience in preschool education. Despite the training delivered, preschool education experts think that they still have a long way to go. Especially the application of the public preschool programme (a 1993 draft for mixed groups of 3-4-5 and 6 years old) and the amendments it is undergoing are not easy to be digested without an adequate pedagogical knowledge and even in a short period of time. It is time that Administrator Mothers and Leader Mothers receive an adequate course through distance learning education system.

Recommendation 2 Develop particular Curricula for GMCs that reflects characteristics of social environments and cultural tradition. In particular Curricula should develop prosocial behavior as particular module. In the education programme of the GMC fostering of prosocial behaviours in early life has to occupy a special place as it has a very important influence on the establishment of

constructive conduct and behaviour in an individual during whole life. This is even more important in communities abounding of conflicts and all forms of disagreement.

Recommendation 3 Increase the number of child-adult pro-social activities. During its implementation the project outlays and stimulates. During its implementation, the project introduces and stimulates elements of prosocial behaviour in children as well as adults as many of the activities are designed for both parents and children (like mothers joining their children in the Children's Day, 1 June). In the context of secure attachment and valued adult models, provided by either a cohesive family or more extended social support network, children learn certain social norms that are conducive to tolerance and mutual aid ethic. Children learn to take turns, share with others, cooperate in learning and problems solving and help others in every day life as well as in difficulties.

Chapter 4

Increase child attentive behavior of parents

- 4.1 Parent's needs for education and education means used by project
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-

4.1 Parent's needs for education and education means used by project

Albania holds high level of infant and under five mortality rates, respectively with 15 per 1,000 live births and 14.6 per 1,000 children under five¹¹. Poor access to water and sanitation particularly to rural areas expose children to frequent infectious diseases. MICS survey conducted in 2000 shows that 14 percent of children under five are moderately underweight, 4 percent are classified as severely underweight; 32 percent of children under five are moderately stunted, and 17 percent severely stunted, 11 percent of children under five are moderately undernourished and 4 percent severely undernourished. Children living in rural areas showed higher prevalence due to low education of mothers and poor health care services.

Improvements of parents' knowledge (both mothers and fathers) regarding child growth, childcare and child development during childhood is considered by the project of primary importance. One of project strategies, applied in project areas is to work with parents and help them to understand and adopt a holistic view in child treatment. Another strategy used during project implementation is to educate remote communities demonstrating good practices regarding child growth, childcare, child development and child rights.

¹¹ Figures belong to year 2002.

To achieve those goals, the project has designed and implemented several activities starting from education of parents through trainings, home visits and weekly/monthly meetings mostly with mothers of children aged 0-6, continuing to round tables and workshops with fathers and other caregivers, preparation of 39 TV and Radio reportages using local media and issuing of 3 articles in local newspapers. Implementation of such activities has increased the awareness and the parent knowledge's about child growth, childcare and child development with particular focus on parental role.

Information represented in this chapter has mostly derived from individual interviews with 180 (90 from participant and 90 control group) mothers of children aged 0-6, as well as group discussions with mothers and fathers and observations from field visits of evaluation team in 18 selected beneficiaries and non-beneficiaries communities.

4.2 Mothers knowledge's and child attentive attitudes

Mothers involved in ECD activities (herein after named as participant mothers) manifest better child attentive behaviors and attitudes compared to mothers from other communities, not beneficiaries of ECD activities (herein after named as control group).

4.2.1 Antenatal care (frequency of visits, place of delivery, care during pregnancy)

Taking care of the mothers during the pregnancy is important to have healthy and well-developed child. Three indicators have been used to assess knowledge and practices that mothers follow during pregnancy: frequency of mothers' visits in counseling center for mothers and children, antenatal care during pregnancy and place of child delivery. As a rule a pregnant mother should attend antenatal care once every month of pregnancy and weekly visits during the month before the delivery. Analyzing only cases of pregnant mothers during 2003 and 2004, it was found that frequency of visits are lower than the rule for both groups. Taking into account that availability of antenatal care services at community level is low, the reasons of these low results are clear. However, information offered during regular meetings and visits of service group (obstetric and gynecologist experts) provided by the project, has improved antenatal care for participant mothers. Regarding place of child delivery results are the same between both groups. All mothers who gave birth to their children during 2003 and 2004 had delivered the babies in hospital or at home under the assistance of the midwife help. *(See table below)*

Table 4.1 Antenatal care for pregnant mothers during 2003-2004

	Participant mothers	Control group
	n = 10	n = 21
Frequency of visits during pregnancy		
Every month	40%	14%
Only one time	10%	19%
As many times as I was in need	50%	67%
Never, because I was not in need	0%	0%
Never, because there is no doctor/ midwife	0%	0%
Mothers assisted by specialized staff during child delivery	100%	100%

Source: Individual interviews with mothers, April 2004

Caring for pregnant women has a strong influence on baby's health. Participant and control groups mothers answered differently to the question "whether they were treated in a special way during last pregnancy" Analysis of only 2003 and 2004 pregnancies (the implementing period of the project) shows that number of cases where the mother received special care are moderately higher among participant mothers, respectively 70 percent against 52 percent of mothers from control group. Besides that, within the group of mothers who received special care, participant mothers have been more favored. They have received special nourishment treatment, special health care, reduction of working hours and better communication with the spouse. (See table below)

Table 4.2 Percentage of pregnant mothers (during 2003-2004) who received special care during pregnancy

	Participant mothers	Control group
	n = 10	n = 21
Pregnant mothers who received special care	70 %	52 %
Type of care received		
Healthy food	60%	43%
Time to rest	40%	28%
Medical checkups	60%	21%
Better communication with spouse	30%	19%
Reduce of work load	40%	23%

Source: Individual interviews with mothers, April 2004

4.2.2 Breast feeding and feeding practices of children 0-24 months

Breastfeeding is a traditional way to feed children in Albania. Results from study do not show large disparities between mothers from participant and control group. About 96 percent of children aged 0-24 months were breastfed during the first six months of the life and 44 percent until the first year. Feeding practices in general and breastfeeding during diarrhea episodes show different behaviors. 75 percent of mothers from participant group use complementary food and 43 percent of them do not interrupt breastfeeding during diarrhea episode. Low figures are reported from control group with respectively 55 percent and 36 percent. Nutritional status is extremely important for children. It calls for special attention from mothers. Participant mothers seem to be well informed about the signs of children's malnourishment. (See table below)

Table 4.3 Breastfeeding and feeding practices

	Participant mothers	Control group
	n= 28	n=38
Period of weaning children		
3 months or less	7%	8%
6 months	4%	5%
1 year	44%	26%
Mothers who practice complementary food	75%	55%
Mothers who know		
All of signs of insufficient feeding	82%	66%

Most of signs of insufficient feeding	18%	34%
None of signs of insufficient feeding	0%	0%

Source: Individual interviews with mothers, April 2004

4.2.3 Nutrition/diet of children aged 2-6

The survey showed that the diet of children 2-6 years old is poor in proteins and vitamins due to the insufficient quantity of milk, meat, fruits and vegetables. The project areas are poor; as a result the mothers' knowledge and the standard of living of the household impact on children's diet. Interviews showed that very few mothers from participant and control groups alike use a pre-prepared menu, which has been suggested by pediatricians or nutritional specialists. The majority of mothers due to limited household's economic means use occasional food, which very often is not suitable for children. 78 percent of participant mothers report the use of iodized salt against 67 percent of mothers from control group. 3 percent of participant mothers do not use it due to the lack of iodized salt in the market close to their living area, while, the number of mothers from control group, who do not use iodized salt, is higher due to the lack of information. (See table below)

Table 4.4 Nutrition/diet of children aged 2-6

	Participant mothers	Control group
	n=63	n=51
Proportion of mothers who prepare a menu	17%	8%
Proportion of mothers who use food found at home due to bad economic condition	40%	36%
Proportion of mothers who use food found at home because it has no importance	44%	57%
Proportion of mothers who		
Use iodized salt	78%	67%
Do not use iodized salt due to absence in local market	2 %	6%
Do not use iodized salt due to lack of information (don't know or it is not important)	21%	27%

Source: Individual interviews with mothers, April 2004

4.2.4 Hygiene, health care and diarrhea management

The majority of households in the project implementation areas live in inadequate hygienic and sanitation conditions due to the lack of safe drinking water, lack of sewage systems and insufficient knowledge and information about hygiene. All these factors have a considerable impact on the children's risk exposure of diseases. The followed indicators have been considered as sufficient to measure the fundamental knowledge of mothers to prevent and manage children's illnesses: hygiene during food preparation, counseling to health care when the child is sick and management of diarrhea

The responses given by participant mothers demonstrate that they have better knowledge. Overall 98 percent of participant mothers report to take care of hygiene measures during the preparation of the food or before feeding the child. 100 percent of participant mothers can identify when the child gets sick and needs the medical expert's check up. 65 percent of participant mothers turn for help

to medical experts in most of cases when their children get sick. 100 percent of participant mothers use at least one of the recommended actions during diarrhea episode; 53 percent of participant mothers with breastfeeding children report continuous and increase breastfeed during diarrhea episode.

56 percent of mothers have used various types of recommended liquids during the episode of diarrhea and in 36 percent of reported cases, children have received breast milk while they had diarrhea. As a result, 36 percent of participant mothers report a considerable increase in the quantity of liquids and feeding during diarrhea episode. *(See table below)*

Table 4.5 Hygiene, health care and diarrhea management

	Participant mothers	Control group
	n=91	n=89
Proportion of mother who apply hygienic measures during food preparation and before child feeding	98%	80%
Proportion of mothers who know		
All the signs of a sick child	3%	3%
Some of the signs of a sick child	97%	96%
None of the signs of a sick child	0%	0%
Proportion of mothers who use at least one of recommended treatment during child diarrhea episode	100%	100%
Proportion of mothers who increased frequency of breastfeeding during child diarrhea episode ¹²	n=28 53%	n=38 41%
Proportion of mothers who increased quantity of liquids during child diarrhea episode	56%	49%
Proportion of mothers who do not reduce food quantity during child diarrhea episode	43 %	43 %
Proportion of mothers who sometimes seek medical advice during child diarrhea episode	83%	91%
Proportion of mothers who always seek medical advice during child diarrhea episode	17%	9%

Source: Individual interviews with mothers, April 2004

4.2.5 Parent's knowledge on child rights.

Early childhood care and development is a new concept in Albania. It has been developed during the last decade as an outcome of new approach on children's needs. The convention of children's rights argues the right to development during early childhood. The acknowledgement of those rights by parents (both mothers and fathers) increases their interest to be involved and play a key role, especially in the provision of support to implement ECD activities. During the course of project implementation, there have been organized round tables and workshops with the local community of project area. Around 3,130 mothers and fathers and 778 active members of communities have been informed about fundamental children's rights. *(See Table 1 Annex 1)*

¹² Refers only mothers with children 0-2 years old

The majority of participant mother know how to explain and discuss about the rights better than mothers of control group. They consider the implementation of the children's rights not as a private issue, but as a parental, community and government responsibility. While 21 percent of mothers from control group have never heard about the children's rights.

Box 4.1 What are the rights that my children do not enjoy?

Before I knew about the children's rights, I could say that I knew intuitively some of them. Always, my husband and I have been tried hard to achieve the best for our children and were sure that they did not miss anything. When I had the opportunity to know the children's rights during a workshop organized by CCF, my husband and my self understood that we had partly realized our obligations. As a matter of fact, in the community where I live, there are many rights neglected or poorly implemented. These un-respected rights have considerably affected the children's life. This is due to:

1. Poverty; the right to well nourishment have been neglected to children of poor households
2. Access to school and health services; children of our community can attend only elementary school, there is no high school close to our community, my children are risked of different sicknesses, because the specialized health care is lacking. We are forced to go to Kukes to buy medicaments
3. Cultural barriers of old traditions and mentality; the right of participation has been denied. The right of non-discrimination too. We have been convinced that children should not be asked should not have their opinions. We have been used to treat girls differently from the boys, thinking that they are less important.
4. Lack of public investments; this has not allowed us to create to our children better conditions for entertainment within the house as well as outside; my children cannot play in a playground because there is not. The right to development and entertainment has been neglected.

I recognize that all my children's rights have not been fulfilled. I think we, as parents and the government alike should try hard, to meet all children's rights in fully accordance with the convention.

A mother from Nange, Kukes.

4.2.6 Mothers knowledge's about developmental stages of children

Child development and care in a healthy and friendly environment is important. On one hand, it is related to fundamental children right for nourishment, health care, education and protection. On the other, it has an impact on the promotion of interaction and stimulation, affection, security and learning though exploration and discovery. Involvement of parents and other caregivers as promoter of child development is of primary importance alongside with ECD activities.

Most of parents do not know the new approaches of children's development. During the course of project implementation, it has been well explained the approach that the child "should first be understood and considered within the family". The family's support is a key factor for the appropriate child rearing and development.

Child development is also related to its physical status. That is why the project has offered parental education. 2,222 mothers or 42¹³ percent of mothers with children 0-6 years old have been offered sufficient information about the stages of child development during early childhood. Participant

¹³ Note: this figure is estimation calculated from evaluation experts. It is based on calculation from rate children 0-6 per mother (from individual interviews) and number of children under 0-6 from local civil register employees.

mother's knowledge about physical development of children is considerably different from mothers of control group. This relates to the fact that MoPH and international organizations like UNICEF has extensively discussed nutrition and health care issues.

The concept of children's physical development during early childhood is new, totally unknown for Albanian parents, especially for parents and caregivers from north and north easts of Albania. Respectively 51 percent and 63 percent of participant mothers answered correctly questions: "when does the care start during the early childhood" and "what are the stages of care", while the results of mothers' interviews from control group show less knowledge.

During training sessions/workshops developed by professionals of children's development, mothers have been offered information about the type of interventions as well as the relationships between parent and child in different stages of development. Parents understanding how soon a baby can see, hear, feel and understand are important for the quality of interaction between mother and their children. Asked how soon baby can see, hear and understand, correct answers were higher among participant mothers.

(See table below)

Table 4.6 How soon a baby can see, hear and feel/understand?

	Participant mothers	Control group
	n=91	n=89
Proportion of mothers who believe that a baby can see		
Immediately after birth	63%	34%
Between one and two months	27%	64%
After three months	10%	0%
Other	0%	0%
Don't know	0%	2%
Proportion of mothers who believe that a baby can hear		
While in the womb	49%	14%
Immediately after birth	26%	34%
Between one and two months	22%	43%
After three months	2%	9%
Other	0%	0%
Don't know	0%	0%
Proportion of mothers who believe that a baby can feel /understand?		
While in the womb	27%	6%
Immediately after birth	19%	12%
Between one and two months	24%	27%
After three months	30%	44%
Other	0%	11%
Don't know	0%	0%

Source: Individual interviews with mothers, April 2004

A baby can get the information about the environment around him through touching, sighting, sounding, tasting and smelling. Thus, they learn from parents, from the way they touch and hold them; from tone of their voice and facial expressions. Having good information means awareness that baby exposure to languages, images, sounds and facial expressions can have a profound effect on child development.

During focus group discussions with both groups of mothers, participant mother were able to articulate correct most of signs that let them to know a baby can hear, see and understand.

Box 4.2 How a mother knows.....

Asked how a mother knows that her baby could see, the majority of them showed basic signs such as child's smiles when see the mother, how he looks an object when it is shown, how he turns his head when an object or person is moved in front, how he reacts toward unknown peoples or colorful objects, etc.

Asked how a mother know that her baby could hear, the majority of them articulates signs such as the reaction of the child to sounds, child's response to sounds while in womb; respond/react when is called, stops or start crying when we make sounds/noises or sung; etc.

Asked how a mother know that her baby could understand, the majority of them mentioned the child's ability to communicate when he wants/needs something, crying when he is hungry or want his/her mother, recognizing family members, understanding what mother say or do,

SOURCE: FOCUS GROUP DISCUSSIONS WITH MOTHERS OF CHILDREN AGED 0-6, APRIL 2004

While the information about the stages of development and time when a child can see, heard and understand has been captured by 1/2 of participant mothers, actions to stimulate senses and psychosocial development is not clearly understood and poorly practiced by mothers. The followed table shows the results of the question: what are the mother's actions that affect respectively gross motor development; fine motor development; cognitive development, language and communication and social-emotional development, 8 percent of participant mothers identified more than three basic promotional actions for all subjects of development, while 43 percent less than one action. *(See table below)*

Table 4.7 Mothers knowledge's of basic stimulation actions

	Participant mother
	n= 91
Gross motor development	
Proportion of mothers who indicate	
More than 3 stimulation action	24 %
One or less stimulation action	52 %
Fine motor development	
Proportion of mothers who indicate	
More than 3 stimulation action	18%
One or less stimulation action	32%
Cognitive development	
Proportion of mothers who indicate	

More than 3 stimulation action	8%
One or less stimulation action	81%
Language and communication	
Proportion of mothers who indicate	
More than 3 stimulation action	46%
One or less stimulation action	15%
Social and emotional development	
Proportion of mothers who indicate	
More than 3 stimulation action	8%
One or less stimulation action	89%

Source: Individual interviews with mothers, April 2004

Mothers' routine daily actions create opportunities to judge about the quality of the care they provide to the child. On the other side, this is the way to assess the level of mothers' knowledge. Since the children of different groups of age face different needs, it has been suggested to disaggregate them in two groups: 0-3 and 3-6 years old. They have been asked only questions about key issues.

The answers of the questions are showed in the followed table. The report of the mother has been used to complete the column «father ». (See table 4.8 and table 4.9)

Table 4.8 Routine things done for and with children 0-3 years old (participant mothers)

	Mother	Father
	n=32	n=32
Feeding regularly	100%	0%
Bathing and keeping clean	100%	0%
Visiting to doctor when is necessary	81%	16%
Play with child	22%	13%
Spend time with child	100%	13%
Going for a walk	16%	6%
Telling fairy tales or sing songs	16%	0%
Putting them to bed	100%	0%
Teaching them	22%	25%
Providing things they need	47%	100%

Source: Individual interviews with participant mothers, April 2004

Table 4.9 Routine things done for and with children 3-6 years old (participant mothers)

	Mother	Father
	n=59	n=59
Feeding regularly	100%	0%
Bathing and keeping clean	100%	0%
Visiting to doctor when is necessary	73%	12%
Play with child	42%	25%
Spend time with child	100%	25%
Going for a walk	17%	27%

Telling fairy tales or sing songs	37%	5%
Putting them to bed	100%	0%
Teaching them	46%	25%
Providing things they need	100%	100%
Taking them to GMC	83%	5%

Source: Individual interviews with participant mothers, April 2004

Based on the above data, daily routine actions are related to children's basic needs (feeding, bathing, cleaning, put them to sleep); health care (visiting to doctor when is necessary); and proving thing they need. It is important to underline that for both groups of age; "playing with children" and "spending time with children to teach them different things" is not part of daily routine things. However, within the home environment, all children have toys, although they are not of good quality. It has been recognized that childcare and development is a key obligation mainly for the mother than for the father. The attitude that man should work and be responsible for the means of living is highly appreciated and spread. However, moderated changes are happening day to day.

4.2.7 Toys within home

Are your children's toys interesting to them? Are they of different types?

Table 4.10 Things that a child play at home

	Participant mothers	Control group
	n=91	n=89
Household objects (e.g. bowls, plates, cups)	27%	34%
Objects and materials found in the veranda, yard, garden, compound and/or farm outside the living quarters (e.g. sticks, rocks, animals, shells, leaves)	36%	34%
Homemade toys	45%	39%
Toys that came from a store or gifted	65%	69%
Things that make or play music, not just noise (such as instruments and stuffed animals that play melodies)	13%	16%
Things for drawing and writing (e.g. coloring books, pencils, pens)	53%	41%
Books meant for children including picture books (not including school books)	16%	12%
Things that are meant for stacking/constructing/building (e.g. blocks)	11%	8%
Objects for pretending or playing at being something or someone else, such as a mommy, doctor, teacher, hero figure, etc. (e.g. dolls, plates and cups for eating)	14%	9%
Things for moving a lot (balls, skipping rope, rope for swinging, pull-along and push along toys)	68%	61%
Proportion of mothers who report that children play with toys from row 5 to 10	11%	7%

Source: Individual interviews with participant mothers, April 2004

The children's toys are different. However, participant mothers report that the type and the number of toys depend on family income as well as on parents' attitude. Taking into account economic difficulties and poverty, it is normal that the mothers encourage their children to play with

things/toys they could afford. Homemade toys, objects and materials found in balcony, yard, garden, simple things for drawing and writing, are the most spread children's toys in the project area. Only 11 percent of participant mothers and 7 percent of mothers from control group report that their children play with adequate toys, which support their learning and development. (Children who have at least one toy that ranges at the same time from row 5 to10). (See table 4.10)

Box 4.3 Playing is the child's job

A mother from Llixha neighborhood (Peshkopi town) told that during meetings she had with CCF experts she has understood that children need to play. She said: I keep in mind the statement «playing is the child's job». Since my family faced critical economic problems I could not afford buying toys. However, I was not conscious about the importance that toys have for children's development. That is why I never tried to fulfill their needs with handmade toys or to buy second hand and cheap toys. When I recognized that the child was used to play with stones or sand, I used to punish him because his clothes were dirty. Today I have understood my mistake. . Although my economic situation and my standard of living have not changed, my child has many toys, more than before. I have bought most of them in the open market. Despite the fact that my free time is limited, I find space to assist my daughter to paint or to write. I allow her to play as well in the ground with different things. I will never forget the statement « playing is the child's job». I try to influence my relatives, my brothers and sisters to change their mind as regards children's needs to play.

Source: focus group discussion with mothers of children 0-6 (Llixha neighborhood, Peshkopi town)

Through playing children start to learn. When they play with other children, they learn how to live and work in a group, in a team. They learn how to interact, develop and strengthen different relationships.

What is the mother's thought about the importance that playing has for children?

100 percent of participant mothers and 83 percent of control group recognize and believe that playing is important. However, not all of them know how much playing affects the children's behavior. It is likely to believe that participants mother know better than mothers from control group the importance that playing has for children. (See table 4.11)

82 percent of participant mothers think that playing has an impact on the physical development of the child, 26 percent think that playing help the cognitive development and 16 percent of mothers believe that playing develops imagination and creativity of the children, meanwhile 9 percent believe that play teach to child to obey and respect rules.

Table 4.11 Importance of play and what children learn though play

	Participant mothers	Control
	n=91	n=89
Proportion of mothers who believe that play is an important part of childhood	100%	83%
What children learn through playing? (frequency of answers)		
Physical development	82%	91%
Cognitive development	26%	14%
Knowledge's/creativity	16%	9%
Learn to play with other children/have friends	90%	84%

Learn to obey/respect rules	9%	2%
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Source: Individual interviews with participant mothers, April 2004

4.2.8 Adequate support for learning and school readiness within home.

Having adequate support for learning and school readiness within home by both parents is important for child development. Mothers are asked to provide information about engagement during last week of mothers and fathers in reading books, telling stories, take children outside home, play with them, and spending time in naming things, counting, drawing. Only 18 percent of participants' mothers and 12 percent from control group report at least 4 or more activities that support learning and school readiness of the child in last week. 33 percent of participant mothers and 29 percent from control group reports father's engagement in one or more activities in last week. Mothers and grandparents are more engaged in the activities that create the opportunities for children's learning and preparation for school. (See table 4.12)

Table 4.12 Adequate support for learning and school readiness within home

	Participant mothers	Control
	n=91	n=89
Proportion of mothers who report at least four activities with child last week	18%	12%
Proportion of mothers who report engagement of fathers in one or more activities	33%	29%

Source: Individual interviews with mothers, April 2004

4.2.9 Discipline and punishment of children

Every parent reacts in anger toward child misbehaviors. A common of such reaction is scolding the child. But what is saying or done in anger may have a lasting impact in child's development, particularly if certain messages are repeated over a period of time. The table below shows reaction of both mothers. Asked, what does usually a mother when child does something that she does not like, the participant mothers report higher frequencies of non-violent behavior compare to control group. (See table below)

Table 4.13 Discipline and punishment of children

	Participant mothers	Control group
Proportion of mothers who report at least one non-violent behavior (Such as explained why something was wrong; sent to sit by him/herself somewhere; took away privileges from him/her)	78%	66%
Proportion of mothers who report at least one psychological aggression (Such as threatened to spank or hit, but did not actually do it; shouted, yelled or screamed at; insulted or shamed him/her, that is, called him/her dumb or lazy or some other name like that; said you would send him/her away or kick him/her out of the house)	41%	43%

Proportion of mothers who report at least one minor physical assaults Such as spanked him/her on the bottom with your bare hand; hit him/her on the bottom with something like a belt, hairbrush, a stick or some other hard object; slapped him/her on the hand, arm or leg; pinched him/her)	12 %	24%
Proportion of mothers who report severe and extreme physical assaults	0%	0%
Proportion of mothers who report to stop at least one case to hit their children	29%	17%

Source: Individual interviews with participant mothers, April 2004

Box 4.4 Project taught how to be patient with their children

In the past, when the children used to make mistakes, I have often punished or offended them with the words “stupid” or “blockhead”. Sometimes I used to bit them. Of course, I felt always bad, however different family problems and concerns and the lack of information about the outcomes of my behavior, forced me to forget and to repeat my mistake. Many mothers have reacted like me. Today, I do not behave like in the past. I have changed thanks to the training provided by the project. I try to be more patient. This project taught me to discuss with my children instead of punishing them. Now I have learned to tell where my mistakes have been and what is the right way to deal with children’s needs and problems. It has worked well, not because my children do not make mistakes anymore, but due to the fact that I deal differently with their mistakes. As a matter of fact, the repetition of the mistakes is rare.

A mother from Llixha neighborhood, Dibra District.

4.2.10 Mothers sent their children at GMC

Parents prefer that their children attend GMC and number of children has increased. They are convinced that their children get high benefits there because it helps the development of their children. Asked “what was the main reason for sending children in GMC” 92 percent of participant mothers ranked “learning, playing and make friendships with other children” as a first choice. (See table below)

Table 4.14 Reason of sending child in GMC and GMC represent for a mother

	Participant mothers
Proportion of mothers who send the child in GMC	
To learn, play and make friendships with other children	92%
To send away the child a couple of hours, to finish routine domestic works	8%
What offer for your child the GMC of your community? (frequency of responses)	
Safe place for children	91%
Entertainment/playing place and different toys	88%
Friends for my child	82%
Education program	69%
Pediatric services	55%
Other	1%

Source: Individual interviews with participant mothers, April 2004

4.2.11 Active participation, collaboration and volunteer work

GMC is a result of an active engagement of community mothers themselves, whose largest part of them works on a volunteer basis. In spite of different levels of engagement, around 23 mothers (GMC staff, active mother and TOT group) from every community play active role in GMC functioning and the organization of different activities. They are able to set up teams, which provide support to the whole community to be organized and implement different activities of ECD.

4.3 Fathers knowledge's and child attentive attitudes

Values that mothers and fathers bring to their children are due to fact that mothers and fathers are different. By cooperating together and complementing each other they impact the life and the development of their children and provide important diversity of experiences. Taking into account this fact, the fathers' information has been focused on the provision of knowledge on the child's development during early childhood, parents' role and especially the father's role on child's education. A specific topic has been the conflict management within the family in a non-violent way. Around 908 or 17¹⁴ percent of fathers who live in the community of project area, have participated in the workshops. During focus group discussions with participant fathers and fathers from control groups, some behavioral changes have been recognized. Participant fathers are able to talk about early childhood development issues as well as children's rights issues in general.

4.3.1 Participant fathers know to play better the father role compare to control group.

Participant fathers are well informed about child development stimulation action and are interested to implement it in practice. They are aware that they should overcome through difficult situations, often related to survival problems and traditional attitudes. However, they see it as a challenge.

Both groups of interviewed fathers accept the idea that the father's main responsibility is to ensure the means of living for the household. However, interviewed fathers from participant and control group demonstrate large disparities in knowledge. No matter of that, their behavior is almost the same. Participant fathers can relatively easily talk about the key fathers' actions / interventions which has the greatest impact on child' development. Despite that, less than ¼ of fathers from participant group spend time/play/walk with their children. (See table 4.8 and table 4.9). Fewer fathers look after their children and are interested for their progress in education¹⁵.

Father's attitude cannot be changed easily because it is closely related to tradition, mentality and community's approach. That is why, in spite of information and knowledge received, the implementation in practice is still lacking. What is still missing is father's participation in children's emotional life and education.

¹⁴ Note: this figure is estimation calculated from evaluation experts. It is based on calculation from rate children 0-6 per mother (from individual interviews) and number of children under 0-6 from local civil register employees

¹⁵ Source of information: individual interview with mother

4.3.2 Fathers are aware that working together will ameliorate the future of their children and give them chances to reach fully development.

4.3.2.1 Fathers and their organization: Board of fathers

The majority of fathers living in project area are aware that the development of their children cannot be reached by fulfilling all required conditions within the home. All male parents accept that physical and social environment outside home is of equal importance as home environment and participant fathers have began to create such conditions. With initial help of CCF, some fathers with high influence in 30 communities covered by project have created Father's Board. Every Board count from 5 to 10 fathers that in most of cases are fathers with small children and other community males with high reputation and influence. Activity of Board is orientated to increase the father role in child education and development and to promote social movement of fathers, particularly in changing conditions and behaviors that affect negatively normal development of children.

4.3.2.2 Local Board of fathers as energizers social cohesion within communities

Fathers organized in boards have been actively involved in the organization and implementation of different activities. First, they have been of help in raising the awareness of community on early childhood care and development issues, role of non-confliction family environment on children's education and development. They have demonstrated high commitment in providing models of fathers' role in the family. There has been 7-8 trainings and workshops organized in every community where the average number of fathers and men in general has been 30-35 per community.

Second, thanks to the volunteer work of fathers physical conditions of buildings have been improved in almost $\frac{3}{4}$ of GMC, with a very limited cost.

Finally, identification of needs (like safe drinking water, infrastructure, lack of playgrounds, lack of public schools and kindergartens) and addressing those needs through different projects are on the top of agenda of the fathers' boards. The project of "drinking water" in Borovjan and reconstruction of public kindergarten in Maqellare are the only two projects, which have found financial support.

Box 4.5 Drinking water in Borovjan

The village of Borovjan, like the majority of Albanian villages has suffered by the lack of safe drinking water. Women had to spend time everyday to collect water, while hygiene and sanitation were of utmost critical. Fathers' board discussed this question in one of its meetings. They proposed to submit a project, whose goal was to build aqueduct of drinking water and ensure the access of every family. The project addressed one of the basic needs of the community. A part of the job was supposed to be covered by volunteer work. SNV considered this project very interesting and attractive that is why SNV decided to finance it. After this achievement, members of fathers' board of Borovjan are lobbying to local government and education department in the district to partially finance the activity of GMC Borovjan when the support of CCF is going to be over.

Source: Focus group with fathers and Satellite Board of fathers from Borovjan, Commune Kastriot, Diber.

In the rural areas, the organization of inhabitants in clans is strong. This organization fuels the conflicts for a variety of reasons. Most of conflicts degenerate in the phenomenon of blood feud. Building a friendly environment in these areas takes time. However, this project has initiated some positive interventions, which will result in behavioral changes and attitudes. It is a fact that different individuals, who are in conflict with each other for years, have finally accepted the idea that their children can play together or their wife's can be part of the same working groups. These facts indicate that this project is a good starting point towards the establishment of a non - confliction and cooperative environment.

Box 4.6 Families do not have any relations, but children play together.....

There are two families in Borovjan who live close to each other. They do not have contacts with each other due to an old grievance for ownership rights. Nevertheless, GMC has joined the three children of these families when they play or conduct different activities. There are chances that when they grow up, they would continue their friendship, because maybe the child of his father's enemy is the best friend of him.

Source: Focus group discussion with fathers from Cordovan; Kastriot Commune; Diber

4.4 Conclusions

ECD intervention is considered to have a long-term impact. However, even in short run, the project has had a considerable impact on the life of the community, contributing to the increase of parents' information and behavioral changes towards more children attentive.

1. The project contributed to provide knowledge about child growth, child care, and child development with particular focus on parental role to around 2,222 mothers and 908 fathers through the organization and implementation of different activities like: peer training, home visits, regular weekly or monthly meetings, workshops, TV programs or different articles in newsletters. Values that bring mothers and fathers to their children are different. By cooperating together and complementing each other they impact the life and the development of their children and provide important diversity of experiences. This fact is taking into consideration during education process of parents.

2. Mothers' information has been focused mainly on antenatal care, child health care, nutrition, and treatment of sicknesses, stages of child development and promotional interventions, child's rights and the use of non-violent punishment ways. While, fathers' information has been adjusted to father's role in the family, particularly in knowing the child development during early childhood, role of parents, especially the role of the father in the process of education, children's rights, conflict management and non violent solutions, children's education with tolerant, non violent behaviors and communication skills.

Antenatal care. Participant mother show better attitudes during pregnancy compare to control group. 40 percent of pregnant participant mothers attend antenatal care every month, compare to 14 percent for control group. Anyway still it is low figure that is also affected from the low access of mothers in antenatal care services at community level.

Breastfeeding. Breastfeeding is a traditional way of feeding children in Albania. Participant and control mothers report high percentage of breastfeeding. 94 percent of participant mothers and 94 percent of mothers from control group who have children from 0-2 years old say that they have breastfeed their children for more than 6 months.

75 percent of mothers from participant group use complementary food and 53 percent of them do not interrupt breastfeeding during diarrhea episode. Low figures are reported from control group with respectively 55 percent and 41 percent.

Nutrition and health Participant mothers have better knowledge on nutrition and health care of their children. This project is implementing in the poorest areas of Albania. This fact affects the nutritional diet of children. Nevertheless, the proportion of mothers who thrive to use a menu prepared in advance is higher for participant mothers with respectively 17 percent and 8 percent and proportion of mothers who use food found at home because it has no importance is lower for participant mothers.

78 percent of participant mothers use iodized salt, compare to 67 for control group. 98 percent of participant mothers apply hygienic measures during food preparation and before child feeding compare to 80 percent for control group.

Children rights. Participant mothers know better than mothers from control group the children's rights. They consider the respect of children's rights not as a private question, but as a parent's, community and government's responsibility. 21 percent of mothers from control group do not know and have never heard about children's rights.

Psychosocial development. Parent's knowledge's on child development are still low reflecting poor stimulation actions. This is due to the fact that training/information is still in process. In general, participant mothers have a low level of knowledge about the time when a baby starts to see, to heard and understand. This influences the quality and time of interactions between the baby and the mother.

Only 8 percent of participant mothers indicate more than 3 basic stimulation action per each development field, meanwhile 43 percent were able to articulate only one or lees.

Routine activities that parents (mother and father) perform with their children are feeding, cleaning, providing things they need and putting them to sleep. Only small percentage of mothers and fathers mentioned play as routine activity. Child rearing practices seems to be more important. Therefore project should improve use of other stimulation actions (such as singing, playing, reading, and cuddling) that develop senses and learning.

Ensuring the means of living is the main responsibility of fathers. There are different opinions between fathers from participant group and control group. However, there are few differences in their behaviors apart from the opinions. Participant fathers can relatively well list the fathers' interventions which have the greatest impact on child' development. However, they are not adequately involved in daily routines with children. Less than 25 percent of fathers from participant group spend time with their children playing, walking or discussing about the child's concerns.

Playing and toys. While majority of participant mothers and mothers group accept and believe that playing is important for child development, their knowledge differs on the questions "how playing affect child development". Participant mothers are more likely to know better compare to control

group but still 1/4 believe that playing develop cognitive development, 1/5 knowledge/creativity and around 1/10 learn how to obey/respect rules.

Participant mother's reports higher numbers than mothers from control group as far as the variety of toys is concerned. However the selection of toys is restricted by family income and level of poverty of project areas. Homemade toys, objects and materials found in yard/garden, things for drawing and writing and things for moving a lot, are the most frequent toys reported by both mothers but frequency is higher for participant mothers. However only 9 percent of participant mothers and 7 percent of control group report that their children play adequate variety of play materials available to support their learning and development such books/picture books, toys for stacking/constructing/building or pretending/playing at being someone toys.

Discipline and punishment. Participant mothers are better informed about impact of violent behaviors in child development and they report slight higher frequencies of non-violent behavior compare to control group. 78 percent of participant mothers report at least one non-violent behavior, 41 percent at least one psychological aggression, and 12 percent at least one minor assaults.

4.5 Recommendations

Recommendation 1 During the second year of project implementation, the learning and education process of parents should continue. It should be focused on the issues that are related to child's psychosocial development and preparation for primary school.

Recommendation 2 More information should be offered to the fathers, mainly on those interventions that they do not easily accept like spending time with children; sharing feelings and reasons; resolving differences, talking about problems as equal; giving to the children high goals and responsibilities, promoting self-assignment, chores depending on child's abilities.

Recommendation 3 Raising mothers' awareness on health care and nutrition, should continue and necessarily should be intertwined and coordinated with better involvement of primary health care institutions at community level. Public health services should be primary actors in provision of health services to mother and child. Knowledge is strong when there is the chance to apply it.

Chapter 5

Increase child attentive attitudes/behaviors of other caregivers

- 5.1 Increase child attentive attitudes/behaviors of public health professionals
 - 5.2 Increase child attentive attitudes/behaviors among public education professionals
 - 5.3 Increase child attentive attitudes/behaviors of Local government authorities
 - 5.4 Increase child attentive policies for Central Government authorities
 - 5.5 Conclusions
 - 5.6 Recommendations
-

5.1 Increase child attentive attitudes/behaviors of public health professionals

Public health professionals are among the few public officials that have free access to children and their families. Pediatricians and other health care professionals do not possess psychosocial knowledge and skills and usually limit their practice performing medical act on patients. In addition, difficulties in the management of health care system have limited opportunities to provide special trainings on “addressing and managing children’s problems”. On top of that, most of people who are in need of special services for children or themselves should pay a bribe, although health care services are free of charge. This situation has destroyed humanity of health services as well as decreased the quality of health services. It has a negative impact on patients, particularly on poor and excluded strata of society.

To alleviate vulnerability and further, to improve the quality of infant and maternal health services, the project in close collaboration with primary health care in district and directory of hospitals have:

1. Organized trainings of health care staff to upgrade skills and introduce humanism
2. Introduced multi-services Resource Centers in two hospitals (pediatricians and gynecology) in Kukes and Peshkopi. These centers provide psychosocial services, information and entertainment for children and mothers.
3. Increased the access of excluded poor strata or marginalized groups (such as children, women and elderly) to professional health care services, free of charge. Thanks to the project, the mobile teams of doctors (service group) have been willing to provide information to population and organize meetings. The same team of doctors has provided health care service at home for certain social groups

Local Health authorities have been very cooperative and supportive. The directories of primary health care in project districts have been willing to provide qualified staff to work for the implementation of the project activities. While the directories of hospitals have provided for Resource Centre the infrastructure like rooms, equipments and qualified staff. Local health authorities admit than project cover a part of health needs not well addressed by public system, improving in this way mother/women knowledge’s about child development, health care and family planning.

The Project has provided training for about 120 doctors and health workers (nurses/midwife) from the outpatient system, 165 doctors and nurses/midwives of 4 hospitals (Kukes, Peshkopi, Tropoje and Has) and 44 managers of public health care services. Out of them, 43 work currently as trainers for the community people in the project areas.

Doctors, health workers and local health managers have better knowledge on ECD principles, patient humane communication and humane health services. During trainings, there have been provided basic knowledge about psychosocial development of the child and early identification of problems of development; how to deal with children's problems of development; how to communicate with patient and particularly with sick children; knowledge about Denver test and ECD indicators. A child has been considered "normally developed" when there were no visible handicaps, while other characteristics of development were unknown. That is why; the children with problems of psychomotor development or mental health were identified very late or never.

The knowledge provided during trainings has promoted the interest of public health workers to implement health services pro-ECD and to create room for the implementation of new services. There has been a high interest to open a multidisciplinary center for children with problems of development during the meetings with pediatricians in Peshkopi hospital, participants of CCF training. This center would provide diagnostic and rehabilitation services alike. When they were informed about the existence of a multidisciplinary center in Tirana (National Center for Nutrition and Development of Children), they addressed children in the need. However, only few of them went to the center due to the problems of long distance from the place of residence.

Managers of Kukes and Peshkopi hospitals have appreciated the idea of the center. They have contributed to create necessary conditions to set up 2 Resource Centers. These centers are the first ones in northeast area, which provide services for daily or long-term patients; adults and children patients alike. Services are multi-aspects such as psychosocial services, counseling, information and re-integration through entertainment.

Directors of both hospitals have provided 2 big rooms to organize activities for mothers with children and staff (full and part time). Salaries of the staff are paid by the public budget of the hospitals. The center functions every day from 8.00 to 18.00. Two social workers and 10-12 health workers (each of them is engaged for 1-1,5 hours every day) provide mentioned services based on the patient's needs. Resources centers are well equipped with facilities that are necessary for a rehabilitation and reintegration treatment (like tables, chairs, TV set, library, didactic materials and toys).

Services provided by Resource Centres and trainings organized have positively impacted on the increase of health workers' knowledge. On the other side, they have had a considerable impact on the patient's life. The staff of both centers is highly committed to implement the center's activities. It has been showed by the long list of patients who ask for centres services as well as the list of patients with psychosocial problems addressed to professional health services.

Box 5.1 What is offered by the Resource Centre close to hospitals ?

The Resource Center creates the opportunities for mothers, whose children are long-term patients, to rest through the establishment of a « rest corner ». It also provides one entertainment section, learning and reading for children; information and training for health personnel; counseling and information for pregnant women; counseling for mothers or children with special problems of development and information about specialized services for different types of problems. The center pays a special attention to the fact that children should find at the center a nice place where to meet and play with other children as well as to get the children prepared against trauma caused by the medical treatment.

Despite the difficulties to know precisely the number of patients-clients that have visited every resource center, it is believed that from June 2003 until April 2004, 600 children-long term patients, 300 pregnant women and 600 mothers have benefited from the offered services.

A mother told that her child had overcome through a diarrhea and had lost most of body's liquids. Since there were no free places in the public hospital, she was getting the medical treatment at home. However, she should go every day at the hospital to get the serum. From the house to the hospital it was quite a long distance and the child used to cry, since he did not like the serum. The nurse at the hospital suggested to the mother to ask for some services to the resource center. Thus, during the period of the medical treatment, the mother and the child used to go to the center first, where the child could play with some other children and forget the reason why they went to the hospital. Later, the child with a toy in his hands or with a book quietly went to the hospital for the medical treatment.

During the whole treatment the child accepted it well and the treatment was effective.

Interview with Resource Center staff and clients of Peshkopi Pediatric Hospital

There is a health center in every municipality or commune. In normal circumstances, there is doctor, general practitioners and 1-2 nurses or midwives, but also there are health centers, mostly in rural areas, with only nurses, paramedic or midwives. In most of communities, health workers from health centers pay regular and periodic visits to children. They serve as an intermediate link between the service group and the community.

The lack of qualified doctors in the community force people to go to the closest cities very often. The long distance creates difficulties. On the other hand, although the health service is free of charge, sometime people are forced to pay bribe to get the service they need. Poor families from rural areas cannot afford the payment to get the requested health service. That is why most of them neglect the medical check up. The best specialists in the project districts like pediatricians, obstetric, gynecologist (service group) are willing to work on a volunteer basis to offer health services to the population in the project area. To organize their job, a timetable has been prepared. Based on that, every week the team of health workers pays visits to a targeted group of a community. One doctor from the team offers training, information and counseling to mothers and women or young girls, within GMC premises while 1-2 others conduct around 8-12 medical visits at homes, giving to the poorest, pregnant women, elderly, children or chronically sick people the opportunity to get the health service. This happens every one or two months.

5.2 Increase child attentive attitudes/behaviors among public education professionals

In the project area, the number of children who attend the pre-primary school has tremendously decreased. Thanks to the intervention through this project, an alternative model has been

established. The specialists of education think that the impact of the project on pre-primary education is going to be high. Many children from 3-6 years old attend now the pre-primary school and do not spend time any longer in the street or alone at home. They spend the time playing with other children, which help their development.

Local experts of pre-primary education collaborate with the project team. Inspectors of pre-primary education of the local government are the trainers of GMC staff. However, they still participate in the trainings organized by the project and facilitated by the international experts. NIPPA (the ECD organization in the North Ireland) is assisting CCF to improve the curricula of GMC with new ideas of « learning by playing » and through the preparation of the training of trainers. Inspectors of pre-primary education and staff of 2 public kindergartens in the project area are regular participants of the training sessions.

Local authorities appreciate the creation of GMC and consider them as an alternative opportunity to ensure a healthy early childhood and development. They see them as an opportunity to prepare children for primary education, especially in those areas where the public system of education does not meet the needs of population. Considering GMC as “the models of the future”, they suggest that it would be of importance to find an agreement, which unify the program of GMC with the standard program of the primary school in order to avoid overlapping or gaps. They suggest as well that training of GMC should be developed continuously. They consider as a good possibility the education of the staff through part time system of education or distance learning.

The local authorities participate actively in the fathers' board at regional level. It has created the chances for a higher involvement of local authorities of education department in the project activities, sharing experiences and the provision of reciprocal support. They have served as intermediate links to rehabilitate 2 public kindergartens, to equip them with didactic materials and qualitative toys for children. From a financial point of view, the project and the community have contributed together. They have supported the study tours of GMC staff to public kindergartens as well. Getting experience would help them to lobby to the policy makers for the replication of GMC or adoption of the model to policies. They appreciate the fact that thanks to the project a high number of children have the opportunity to attend the preschool. The project will have impact on reduction of school drop in the future.

5.3 Increase child attentive attitudes/behaviors of Local Government authorities

The local government authorities think that the project has addressed the needs of the community they represent. That is why they are willing to offer their maximal support to facilitate the successful implementation of the project activities as well as the spread of the principles of the project to other communities/neighborhoods.

The continuous requests to increase the number of GMCs, the provision of buildings although in few cases, and the promises that the local government is trying to partly finance the project (through the local taxes) are positive indicators that the local government is conscious about the importance that the investment on early childhood development has for the future of the country.

The new strategy of local decentralization will create room to delegate some competencies to local government, mainly those competencies that relate to financial management of ECD budget in different communities.

5.4 Increase child attentive policies for Central Government authorities

Within one-year project implementation there are positive developments in favor of ECD. The Task Force is active and holds monthly meetings. Results of its work are:

- An inception report about "Situation of Early childhood in Albania"
- A list of core ECD indicators that are going to join the NSSD indicators' list within year 2004.

Task Force also is acting as liaison body between central government and the project. MoES, MoLSA, MoLGD and MoPH are regularly informed about results of the project at different. Mentioned above ministries have shown specific interest on ECD activities implemented by project in northern Albania, and they are developing new policies or improving implementation of existing ones that directly or indirectly support ECD initiative in Albania.

MoES is aware about the results of the project. It considers GMC as an alternative community model of pre-primary education, which can successively applied mainly in rural areas. Specialists of education think that the project intervention has a positive impact on the promotion of social development of the area. According to their opinion, GMC is a center where the children, their parents and the community are involved and participate in the discussion of issues that are of high importance. GMC deals with activities that are closely linked to pre-primary education, which is one of the priorities of the current policy on education. The project and its products showed that in the current circumstances of the limited public budget, the involvement of the community in addressing and solving the problem is one of the best ways to tackle the question of the children's access to school. On the other hand, MoES is looking for legal and financial possibilities to incorporate GMC within preschool education policy

MoPH plans to improve access and effectiveness of health care by increasing coverage from health insurance. This ministry under NSSD and MDG programs coordinates programs that reduce infant/child mortality rate; prevent incidence of infective diseases; increase vaccination coverage with special focus poor children; ameliorate child nutrition and improve growth monitoring.

MoLSA is developing community social service legislation. New legislation will allow the use of some social funds for community development and employment promotion that in indirect way will support children and their families to move out of poverty. Part of the new social service policy is protection of small children from poverty, trafficking and abandonment, early detection of developmental delays and early intervention with rehabilitation services.

Committee for Equal Opportunities is revising its strategy and children rights and ECD activities that foster women empowerment and women health will have a special place in this new strategy.

On the other hand, building up of ECD activities managed and implemented by local people is an important change that has opened the possibility for greater diversity regarding local circumstances and is fostering local participation, speeding the empowerment of local governments through decentralization process.

5.5 Conclusions

1. The project has had influence on behavioral changes of professionals of education and health sections at local level. Local authorities of health and education departments have been very supportive and collaborative. The majority of their specialists have been involved into project implementation, especially in activities related to the provision of training and different types of services.

Around 329 doctors and health workers of outpatient and primary health care system, in the four districts of the project, have been provided the advanced professional knowledge and have been introduced the approach of humanism in health services. Out of them, 43 serve as trainers for the community or their colleagues. Collaboration between project and public regional hospitals managers has led the setting up of 2 Resource Centers within Pediatric and Obstetric-Gynecologic Hospitals of Kukes and Peshkopi.

2. The project has contributed to increase the collaboration between public health centers (PHU or ambulatories) and community teams of ECCD (GMC staff, TOT group). In some of communities, health care staff from these centers pays regular and continuous visits to children, mothers or other community members. The best professionals of health care system in the project areas such as pediatricians, obstetricians and gynecologists (service group) are willing to be engaged on a quasi volunteer basis and offer the required health services to the population of the project area.

3. The downsizing of the number of public kindergartens has been alleviated by community centers for pre-primary education. Senior experts of education at the local level have encouraged this intervention. It has been considered as an alternative model to complement the public system of pre primary education, contributing to increase school attendance and decrease the number of children in the street. On the other side, it is a good opportunity to support development and learning of children from 3 to 6 years old. There is a strong collaboration and a common interest of project team and local experts of education. Inspectors of pre primary education provide training for GMC staff as well as they have been trained during sessions organized by the project team.

4. Project has incited also the interest of local authorities. Head of municipalities and communes where project operates, express their appreciation regarding ECD activities provided by project. All of them have shown readiness to support ECD activities in future by covering a part of expenditures with local budget, foreseen in the new decentralization strategy.

5. Public education and health professional considers GMC as complementary and alternative community structure that increase access of local people to information about health care, health services and preschool education mostly in areas where public system is weak or inexistent. Public authorities of education and health are at the same time active members of Regional Board of fathers.

6. The ECD Task Force is becoming active. The document on “Situation of Early childhood in Albania” is the first document written for Albania. Task Force has prepared a list of core ECCD indicators that are going to be part of NSSD indicators. MoES, MoPH, MoLSA and CoEO are key ministries as far as ECD activities implemented by CCF–Albania project in northern Albania, are concerned.

7. MoES is considering GMC as an alternative model of preschool education, very pertinent for rural areas. It is looking for legal and financial possibilities to incorporate them within preschool education policy. MoLSA is developing community social service legislation that will protect small children from poverty, trafficking and abandonment, as well as will develop structures for early detection of developmental delays and early rehabilitation services. MoPH, under country initiatives for NSSD and MDGs coordinates programs that reduce infant/child mortality rate; prevent incidence of infective diseases; increase vaccination coverage with special focus poor children; ameliorate child nutrition and improve growth monitoring. CoEO is revising its strategy and children rights and ECD activities that foster women empowerment and women health will have a special place in this new strategy.

5.6 Recommendations

Recommendation 1 The project and the ECD Task Force should support central government structures, in embedding early childhood policies with other development policies such as decentralization, NSSD, etc. It is also valid for the raising awareness of policy makers to design effective and sustainable policies of early childhood development and support financially their implementation.

Recommendation 2 ECD Task Force advocate to increase government and donors investments for poverty reduction and achieving MDGs. Special attention Task Force and CCF Albania staff will pay in preparation of programs that prolong CCF initiative in the Northern Albania its propagation in other communities, particularly poor ones.

Recommendation 3 To set up solid structures of GMC as pilot models of the future, the project designers should agree with MoES, its priorities and policies, to ensure the unification of the curricula of GMC with the curricula of preschool education, to avoid overlapping and gaps in a later stage of public education, primary school.

Recommendation 4 The project should look for new and appropriate approaches of education and training, particularly those models that pay attention to the education of GMCs staff with preprimary pedagogy, using opportunities that arise from the application of the distance learning system of education.

Recommendation 5 The project and Task Force should advocate for improving outpatient care services particularly for children and women in rural and remote areas. New low cost models in health care services such as mobile teams should draw attention of MoPH as approach for increasing coverage of poor areas with GPs and specialized doctors.

Chapter 6

Improvements in child status

- 6.1 Introduction
 - 6.2 Child nutritional status for children under 5 years old
 - 6.3 Immunization
 - 6.4 Mothers' knowledge on growth monitoring
 - 6.5 Health status (main health problems, prevalence of common diseases)
 - 6.6 Psychosocial development
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 - 6.7 Conclusion
 - 6.8 Recommendation
-

6.1 Introduction

The project interventions have already been described in the previous chapters. One of expected project outcome is improvement of children status in the project area. It is agreed to use the followed indicators to assess the status of the children: nutritional status; immunization, child growth, health status, psychosocial development. Information about nutritional status, immunization, child growth and health status was taken from 241¹⁶ children aged 0-6, through individual interviews with mothers from both participant and control group. Meanwhile information about psychosocial development arises from interviews with 80 children aged 3-6 from participant group (40 children attending GMC) and control group (40 children staying at home).

6.2 Child nutritional status for children under 5 years old

Children nutritional status is a good indicator of their overall health. When they have adequate food and not exposed to chronic illnesses, they reach their growth potential and are considered well nourished. For well-nourishing there is a standard distribution of height and weight for children under five. Undernourishment can be detected by comparing children with this standard distribution. In this study we use NCHS standards recommended by UNICEF and World Health Organization that are nutritional status indicators expressed in standard deviations units (z-scores) from the median of reference population.

The chronic and acute malnutrition is measured by Weight for Age Indicator. Children that this indicator is more than two standards below the median of reference population are considered moderately and severely underweight. Children with weight for age indicator more than three standards below the median are considered as severely under weight. Table 6.1 shows percentage of children (from participant and control group) with moderate and severely underweight. 9

¹⁶ Only nutritional data come from 160 children of age from 6 month to 5 years old.

percentages of participant children from 6-59 months are moderately underweight and 3 percent are classified as severely underweight.

The linear growth is measured by Height for Age Indicator. Children that this indicator is more than two standards below the median of reference population are considered short for their age and classified as moderately and severe stunted, while those with weight for age indicator more than three standards below the median are classified as severely stunted. Table 6.1 shows percentage of children (from participant and control group) classified as moderate and severely stunted. According to this table 14 percentages of participant children from 6-59 months are moderately stunted and 27 percent are classified as severely stunted.

Weight for Height indicator shows nutritional deficiency and the exhibit seasonal shifts associated with changes in food availability or disease prevalence. Children that indicator weight for height is more than two standards below the median of reference population are considered moderately or severe wasted, while those with weight for height indicator more than three standards below the median are classified as severely wasted. Table 6.1 shows that 3 percent of participant children from 6-59 months are moderately or severe wasted and 16 percent are classified as severely wasted.

Results form observed children show slight differences in the prevalence of underweight, wasting and stunting between participant and control group caused probably by improved information of participant mothers.

Table 6.1 Child nutrition

	Weight for height	Weight for age	Height for age
	%	%	%
Participant children	n=79	n=79	n=79
< -3 Z-scores	3	3	14
< -2 Z-scores	16	9	27
Control group	n= 81	n= 81	n= 81
< -3 Z-scores	3	3	16
< -2 Z-scores	18	11	26

Source: Individual interview with mothers, April 2004

6.3 Immunization

The program of immunization is part of public health care service. It includes vaccination against tuberculosis (BCG); diphtheria, whooping cough, tetanus (DPT), polio and measles. High immunization rates of Albania were re-emphasized by this survey as well. 94 percent of the children from the sample were vaccinated. However, it should be stressed that in only 28 percent of cases, mothers had the card of vaccination.

Box 6.1 Immunization

According to UNICEF guidelines a child should receive BCG vaccination protect against tuberculosis, three doses of DPT against diphtheria, pertussis and tetanus, three doses of polio vaccine and a measles vaccination by age 12 months. In Albania the pediatricians' states that a child should receive BCG vaccination protect against tuberculosis, four doses of DPT against diphtheria, pertussis and tetanus, three doses of polio vaccine, three doses of HBV against hepatitis B virus and a measles vaccination by age 24 months. In additional there are: one revaccination of BCG; one for OPV; one for DT by age 6 year and one dT against diphtheria tetanus by age 14 years old.

SOURCE: MICS ALBANIA 2000, UNICEF

Table 6.2 Immunization

	Participant children	Control group
	n=117	n=124
Source of information		
Health card	28%	29%
Verbal	72%	71%
BCG vaccination	97%	93%
DPT1	94%	94%
DPT2	93%	91%
DPT3	88%	86%
OPV0	94%	94%
OPV1	91%	88%
OPV2	85%	81%
OPV3	73%	63%
Measles	93%	89%
Proportion of children fully immunized	94%	94%

Source: Individual interview with mothers, April 2004

6.4 Mothers' knowledge on growth monitoring

One of the project objectives is to increase the awareness of the mothers on child growth monitoring. Despite the fact that the introduction of "Child Growth and Development Chart" to the mothers was at initial stage, during discussions with participant mothers, it has been recognized that half of them were capable to understand and interpret the meaning of the Chart. The situation was not very promising among control group, since around $\frac{3}{4}$ of them had never seen that Chart.

Ministry of health in collaboration with UNICEF have initiated and implemented the idea of "Child Health Notebook". This is a document that provides information on how to identify child health development problems. In spite of the efforts to distribute the notebook to all mothers, it has been recognized that only few of them use it during health consultations with physicians. The mothers' insufficient information about the importance of the continuous monitoring of child growth and development might be one of the reasons. This need has been identified and addressed by the project. That is why the introduction of the "Child Development Chart" as a diagnostic tool, the increase of mothers' awareness on how to understand and use it, is part of project efforts to change the mother's behavior and involve them into active actors of child development.

6.5 Health status (main health problems, prevalence of common diseases)

Catarrh, flu and fever are the main health problems during last year, for both participant children and control group. Frequently also is reported diarrhea and acute lower respiratory infections.

Table 6.3 Main health problems of children aged 0-6, during last year

	Participant children	Control group
	n=117	n=124
Proportion of children that last year had		
Catarrh	94 %	94%
Flu	86%	83 %
Fever	27%	34%
Diarrhea	21%	32%
Acute lower respiratory infections	18%	24%
Other	4%	12%

Source: Individual interview with mothers, April 2004

Tables 6.3 and 6.4 shows that children whose mother is beneficiary of the project (named as participant children) had lower health problems compared to children whose mothers is not project beneficiary.

Table 6.4 Prevalence of diseases

	Participant children	Control group
	n=117	n=124
Proportion of children who were sick at the day of interview	7%	13%

Source: Individual interview with mothers, April 2004

Also the prevalence of diseases shows that proportion of children who were sick day the day of interview is two times higher for the control group.

6.6 Psychosocial development

Child development has interactive nature. It proceeds by interaction of biological, psychological and social factors. Each of change in development in the different development areas has effect in later stages of development. Normal development depends on meeting not only on child's physical needs (adequate nutrition) but also social (nurturing caregivers/parents) and cognitive (adequate play exploration) as well. Social development facilitates language development; increasing attention span helps child develop fine motor skills; relating to others is more successful if problem solving becomes interactive and more mature.

The basis for this section come from result of observation done with 80 children aged 3 to 6+ from participant and control group (40 children each) living in both urban and rural areas. Selection of children is done randomly. The number of children aged 3 to 6+, from participant group (the size of the group) under evaluation is 890. The sample of 40 children represent 4,5 percent of children group under evaluation and is considered to be representative. Children under psychosocial

evaluation are selected from 4 communities (2 rural and 2 urban) from Dibra district. CCF experts pointed out that among districts there are no differences in offering project activities regarding children. As conclusion the selection of children from Diber district will not compromise the results. $\frac{1}{4}$ of children (10 children) are selected from urban area and $\frac{3}{4}$ from rural area and reflects the proportion of urban and rural children that attend currently GMCs preschool education.

Box. 6.2 Sample size for child observation

Total number of children attending GMCs is 890 and estimated prevalence of children who should manifest changes in psychosocial behavior is calculated to be 0,7. With the design effect 2 and margin error 0,1 the required number of sample unit is 37 children.

To gather information is utilized a test with 5 domains (cognitive development; motor development, socio-emotional development, personal-adaptive and language-communication) and 58 to 67 behavioral indicators according age groups. The scoring for the instrument is dichotomous as follow:

- Yes, refers behavior that have been observed or performed by the child
- No, refers to behavior that the child was not able to do

The test used by in this evaluation, is a simple one and it is used as an alternative that substitute the child growth test not yet developed by CFF. The main aim of this evaluation is to track possible changes in child development as result of project interventions. The test measure only children 3 to 6 + and tries to track outcomes of stimulation action both at home and GMCs. Two local interviewers (with background as preschool teachers and extensive experience) administered the test. Prior starting the work in the field they both received 2,5 days training.

The result of this test are shown as below:

Table 6.5 General characteristics of observed children

	Participant children	Control group
	n=40	n= 40
Number of children from rural area	30	30
Number of children according age groups		
3 and 4 years old	14	16
5 years old	8	6
6 years old	18	18
Period of GMC preschool education attendance		
Less than 6 moths	14	na
One year	26	na
Mother education level		
Obligatory school	21	19
Middle school	8	10
University degree	1	1

Source: Child observation, June 2004

6.6.1 Children aged 3 and 4

6.6.1.1 Cognitive development

Cognitive development includes all ways how children think and understand the external environment. Cognitive development include ability linked with mathematics, understanding of natural and social phenomenon. In additional part of cognitive development is child approach toward art in its all directions. Test used in this evaluation, manifest limits describe in chapter one. However it offers result that allows identifying impact of the project on child psychosocial development.

Generally speaking, participant children manifest better cognitive development compare to control group, but according preschool education experts the difference is small. Particularly, better performance participant children manifest in some direction of development such as counting (5 in 10 participant child compare to 1 in 10 for control group) or expressing clear ideas regarding what they like to play (all participant children compare to 6 in 10 for control group). Participant children know better the shapes and colors manifesting in general better pre-numeracy skills. This is result of good work done mostly within GMCs. Control group are children who stay at home. Taking into account that parents do not have enough information about child development and stimulation action we conclude that for control group the process of exploring new things or external environment is lower and insufficient for they age. Their parents do not have possibility or do not know to stimulate their children by using links among denominations and objects shapes, colors or professions. Better results found among participant children derive mostly from intervention within GMC environment and fewer from home.

Participant children show better results in cognitive development than participant group. They easily identify themselves; they have clear concepts on quantity, shape and colors; they have better expressing skill and can describe more occupations. Among participant and control group there are not significant differences regarding spatial dimensions, identification of hot or cold things, fruits and vegetables that mostly can be explored within family environment.

Table 6.6 Result of cognitive development children aged 3 and 4

	Participant children	Control group
	n=14	n= 16
Cognitive development		
Able to tell his/her name	100%	88%
Able to count up to 5 objects in the picture by touching them one by one	50%	13%
Able to show object in the picture above and under	86%	75%
Able to show highest and lowest trees in a picture	100%	100%
Able to show narrow and wide vase in a picture	86%	75%
Able to show long and short pencil	100%	100%
Able to show bottle with the most water and bottle with less water	100%	100%
Able to show		
Only one color in the picture or none	0%	38%
2-3 colors in the pictures	79%	50%
4 colors in the picture	21%	12%

Names in the picture (circle square and triangle) and separates them by shape and size	57%	0%
Able to show in the picture who is not cheerful and who is happy	100%	100%
Able to tell what does a doctor, policeman, salesman and teacher (tell at least two characteristics)		
Knows 1 occupation	29%	38%
Knows 2-3 occupation	57%	50%
Knows 4 occupation	14%	6%
Does not know	0%	6%
Able to find solution when bread is finished at home	36%	50%
Explains how is dinner prepared	79%	81%
Tell what is cold		
Identifies 1 cold thing	26%	25%
Identifies 2-3 cold things	71%	69%
Identifies 4 or more cold things	0%	6%
Does not know	0%	0%
Tell what is hot		
Identifies 1 hot thing	0%	13%
Identifies 2-3 hot things	100%	87%
Identifies 4 or more hot things	0%	0%
Does not know	0%	0%
Able to name different types of fruits		
Up to 2 fruits	43%	44%
3-4 types of fruits	43%	50%
More than 4 fruits	14%	6%
Able to name different types of vegetables		
Up to 2 vegetables	71%	76%
3-4 types of vegetables	29%	18%
More than 4 vegetables	0%	6%
Able to tell what he/she wants to watch on TV	100%	100%
Able to tell what he/she does often when plays	86%	63%
Able to tell what he/she prefer to play with	100%	63%
Able to tell what he/she make by him/herself or with help from cartoon, colored paper, natural things like leaf, flowers, fruits, etc.	64%	63%

Source: Child observation, June 2004

6.6.1.2 Socio-emotional development

During evaluation of socio emotional development of child, some behavioral indicators such as self-confidence, independency for caring action, self-control or ability to follow simple instructions led by teacher or an adult, interactions with peer and wait for turn, needs to be evaluated. Limitation imposed by test (See Chapter 1, page 11) regarding behavioral indicators constrains the evaluation to based on two indicators: social interactions and expression/control of emotions.

Results of Table 6.7 Show that children who attend GMCs preschool structures, show better social (friendly) behaviors during interactions with adults or peers and also sense of collaboration is more

developed compare to control group. All participant children are able to tell friends they play with or to choose the friends by their own, compare to 6 in 10 children for control group. Even that during this age group children can play alone or with somebody else, the fact that all participant children are able to understand and answer to these questions, shows that GMC environment generate larger social relationships and sustainable cooperation's that family environment alone can not offer.

Regarding emotional development, participant children are more sensitive regarding caring for younger children or animals. The fact that 6 in 10 participant children tell that they protect younger children and animals compare to 2 in 10 for the control group show that within GMCs environment children are more familiarized with the concept caring for others and particularly for the fragile/weak ones.

Another interesting indicator is relation child-books. All participant children are able to show who read books for them, compare to 2 in 10 for control group. This indicator shows that contacts with books are greater among children who attend CMC and reading is an activity developed well inside it. Reading is a necessary and pleasant action of educative importance and emotional development. Fairy tails characters are models for children behavior. Living in poor areas both children has less access to books within family environment. That is why control children have lesser access toward books compare to participant one.

In general, socio-emotional development showed by participant group has better performance than control group. They play with other children and show feelings in socially acceptable ways, try to occupy themselves by helping others. From table below we conclude that participant group is receiving good support in this direction. Educators (GMS staff) seem to provide appropriate stimulation to develop their children emotionally and socially.

Table 6.7 Result of socio-emotional development children aged 3 and 4

	Participant children	Control group
	n=14	n= 16
Socio-emotional development		
Able to tell where he/she goes with his/her mother/father	100%	100%
Able to tell how many friends he she plays with	100%	63%
Able to chose the friends by him/her own	100%	63%
Tell that he/she protects younger children and animals	57%	19%
Tell that he/she wants to play and disquiet him/herself	100%	81%
Tell when he/she is cheerful /joyful	100%	81%
Tell what is the most funny to him/her	100%	19%
Tell what he/she is afraid of	43%	19%
Tell who reads to him/her the stories and picture books and who narrate them	100%	25%
Tell in when he/she helps his/her mother	79%	38%
Tell what he/she does when his/her mother is pleased/satisfied with his/her actions	43%	38%

Source: Child observation, June 2004

6.6.1.3 Motor development (fine motor and gross motor development)

Gross motor development of children in this age group seems normal. Children from both groups are able to run with coordinated arms movements, jump and hop without falling, balance on one foot, kick, throw ball.

Table 6.8 Result of motor development, children aged 3 and 4

	Participant children	Control group
	n=14	n= 16
Motor development		
Fine motor development		
He/she draws and paint with colors the drawing	57%	0%
He/she wants to paint with		
Pencils	43 %	63%
Water colors	57%	37%
Water colors and fingers	0%	0%
He /she can copy the following letters: O, N, T or numbers 1, 5, and 9	57%	31%
He she draws a man with head, body, hands, legs	43%	31%
Cut with scissors straight lines	86%	43%
Gross motor development		
He/she runs altering hands, rolls, climbs the stairs	100%	100%
He/she wants to play with ball, kicks ball, throws ball,	100%	100%
He/she can bench with his/her knees straight and touch the feet	100%	82%
He/she want to play or sing when he/she listen to the music	79%	81%
He/she can jump on one foot for 2-3 meters	42%	44%
He/she can easily play on the foot toes	100%	100%
Stands on one foot for 6 seconds	100%	100%
He/she can do simple physical exercises	100%	82%

Source: Child observation, June 2004

Participant children manifest better abilities in those actions that they are used to carry out quite every day within GMC environment. For example, indicators of fine development are more frequently identified among participant children: 6 in 10 participant children know how to hold a pencil/brush and paint drawing, or copy letters compare to very low values for control group. This is one of the significant indicators that show the advantages of educative values embodied in GMCs. The same is valid for the fairy hands works; quite 9 in 10 children from participant children know how cut with scissors (a difficult operation for children aged 3-4), compare to 4 to 10 for control group.

Regarding fine motor development the participating children are more advanced. They show better abilities in drawing, coping letters or numbers, and cutting straight lines. However more needs to be done in development of fine motors domain.

6.6.1.4 Personal–adaptive development

Personal–adaptive development reflects an important domain of child development. The children in age group 3-4 years old start to learn how to care for themselves concerning personal hygiene. They still need help of parents to remember what they should do. This is age when children can be involved in personal hygiene duties. Child developing sense of self-adaptive domain based on self-help skills is very much influenced by care giving practices. If we compare results from both groups we found that 7 in 10 from participant group wash hands, teeth, face and use towel by their own, meanwhile only 4 in 10 in control group, do them. However, personal adaptive development is a long process that needs to be enriched with other attitudes/behaviors. Generally speaking better result found among participant children reflects changes in parent's attitudes concerning the development of self-service skills of their children. Other attitudes such as putting clothes or toys on place without help of parents or any other adult, are represented by low results for both groups and show that within GMCs, the educators (administrator mother and leader mothers) much more should do in order to improve these attitudes.

Table 6.9 Result of personal–adaptive, children aged 3 and 4

	Participant children	Control group
	n=14	n= 16
Personal–adaptive development		
He/she wash his/her hands, teeth, face and uses towel by him/her own	71%	38%
He/she could dress and undress	71%	63%
He/she uses spoon and forge	36%	25%
He/she puts her clothes on the place	36%	25%
He she puts the toys on place		
By his/her own	43%	19%
With help of mother/father/grandparents/educators	50%	50%
Does not put toys on place	17%	31%
He/she helps when setting the table before and after the dinner	29%	25%
He /she uses magic words (hello, thanks, goodbye)	50%	38%

Source: Child observation, June 2004

6.6.1.5 Language and communication

Children aged 3-4 years old learn through sight and listening. Communication language for a 3 years old child can be developed if we build up a bilateral communicating relationship with him/her. Meanwhile for a child 4 years old the ability for listening can be developed when we communicate personally that child as well as when we address him/her as a group member. Within GMC environment, the ability " to listen in group" is important. Listening and understanding skills can be developed through reading and telling stories/fairy tails within big or small groups of children; through direct communication; through verses or songs sing in group. The indicators of test used in this evaluation, tries to identify listening abilities and expressions skills though recitation or song's interpretation.

Impact of GMC in the developing child language and communication is easily readable. 8 in 10 participant children are able to recite verses and sing songs compare with 0 number of children from control group showing good work of GMCs staff and parents and good results children in repeating materials learned by heart.

As conclusion we can say that participant children show more interest in listening. 6 in 10 expressed free communication with interviewer, 8 in 10 communicated without mistakes during interview and 4 in 10 spoke fluently. This indicate good communication build up within GMC among educators and children; friendly environment created for them necessary for encouraging self-action and self-evaluation children's abilities.

Table 6.10 Language and communication, children aged 3 and 4

	Participant children	Control group
	n=14	n= 16
Language and communication		
Wants to listen to story telling and likes to look and read the picture books.	100%	100%
Knows and want to recite simple rhymes and sing simple songs	76%	0%
Talks		
Fluently	43%	19%
Makes small mistakes	67%	81%
Understands 2 demands/commands	100%	100%
How was the communication with the child		
Free	57%	38%
Reserved	29%	37%
Shows fear	0%	0%
Child was shy	14%	25%
Does the child speak		
Correct (without mistakes)	79%	69%
Makes mistakes	21%	31%
Not understandable	0%	0%

Source: Child observation, June 2004

6.6.2 Children aged 5

6.6.2.1 Cognitive development

Both participant children and control group show in general good results in cognitive development. This is due to the fact that the same test with slight differences is used for children that belong different age groups. Almost all children from both groups identify themselves; they have clear concepts on length, quantity, and shape. Quite 8 in 10 participant children are able to show for colors compare with 3 in 10 children from control group.

Another cognitive development indicator is ability of children to identify and denominate objects by comparing them, ranking or selecting. Even that the test does not provide appropriate questions that can put in evidence such abilities of children (in comparing, ranking and selecting), participant

groups show better orientation and selective abilities; 8 in 10 children from participant group knows where stands things such as sweets, toys in the store, etc, compare to 3 in 10 for control group.

Participant children show better expressing skills and are able to describe more occupations, hot or cold things, fruits or vegetables. However only 25 percent of participant children articulate more than 4 fruits and vegetables showing that within GMCs should be done more for increasing children knowledge's about nature and environment. High poverty rates also limits types of fruits and vegetables known by children. Also much more should be done regarding pre-literacy and numeric skills. Usually children of 5 years old who attend preschool education are able to count from 10 to 20 or they know some letters and/or can write their names. From field observation we found that 7 in 10 participant children do not recognize letters at all and 6 in 10 do not recognize numbers, showing that much more should be done. However there are some justifications that explain this child performance. (See chapter 2). This situation should urgently be addressed and differences between two groups showed by the test are not encouraging ones

Table 6.11 Result of cognitive development children aged 5

	Participant children	Control group
	n=8	n=6
Cognitive development		
Able to tell his/her name	100%	100%
Able to count up to 10 objects in the picture by touching them one by one	100%	83%
Able to show object in the picture above and under	100%	100%
Able to show highest and lowest trees in a picture	100%	100%
Able to show narrow and wide vase in a picture	100%	67%
Able to show long and short pencil	100%	100%
Able to show bottle with the most water and bottle with less water	100%	100%
Able to show		
Only one color in the picture or none	0%	17%
2-3 colors in the pictures	25%	50%
4 colors in the picture	75%	33%
When the child goes to the store with someone, he knows where stands things he /she like such as sweets, toys, etc.	75%	83%
Names in the picture (circle square and triangle) and separates them by shape and size	75%	33%
Able to show in the picture who is not cheerful and who is happy	100%	100%
Able to tell what does a doctor, policeman, salesman and teacher (tell at least two characteristics)		
Knows 1 occupation	13%	17%
Knows 2-3 occupation	37%	83%
Knows 4 occupation	50%	0%
Does not know	0%	0%
Able to find solution when bread is finished at home	100%	100%
Explains how is dinner prepared	75%	100%
Tell what is cold		
Identifies 1 cold thing	38%	50%
Identifies 2-3 cold things	62%	33%

Identifies 4 or more cold things	0%	0%
Does not know	0%	17%
Tell what is hot		
Identifies 1 hot thing	0%	17%
Identifies 2-3 hot things	100%	66%
Identifies 4 or more hot things	0%	0%
Does not know	0%	17%
Able to name different types of fruits		
Up to 2 fruits	25%	17%
3-4 types of fruits	50%	67%
More than 4 fruits	25%	17%
Able to name different types of vegetables		
Up to 2 vegetables	50%	66%
3-4 types of vegetables	25%	17%
More than 4 vegetables	25%	17%
Able to names 2 animals and tells two characteristics for each	75%	33%
Able to recognize letters		
1 letter	0%	0%
Up to 2 letters	0%	0%
3-4 letters	0%	0%
5-6 letters	25%	0%
Does not recognize the letters at all	75%	100%
Able to recognize numbers		
1 number	13%	0%
Up to 2 numbers	25%	0%
3-4 numbers	0%	0%
5-6 numbers	0%	0%
Does not recognize the numbers at all	62%	100%
Able to tell what he/she wants to watch on TV	100%	73%
Able to tell what he/she does often when plays	75%	50%
Able to tell what he/she prefer to play with	75%	50%
Able to categorize the objects on the picture into categories (animals, fruits, objects)	75%	50%
Able to tell what he/she make by him/herself or with help from cartoon, colored paper, natural things like leaf, flowers, fruits, etc.	75%	83%

Source: Child observation, June 2004

6.6.2.2 Socio-emotional development

Socio emotional development at this age group should be analyzed in three directions: self-assessment, self-control and collaboration with others such as peers and adults. However the test used in this evaluation limits the complete measurement of socio-emotional development and assesses only child collaboration with peer group and adults.

Socio-emotional development of participant children evaluated, as ability to collaborate with others can be considered as normal. Participant children have better interaction with peers and adults.

They also are able to express these interactions. Big differences between groups show that parents and GMCs educators are aware about importance of collaborative abilities and socialization of children. Quite all participant children are able to tell about friends they play with; 5 in 10 manifest prosocial behavior regarding younger children and animals; all participant children tell when they feel happy or are cheerful/joyful; where they go with their parents (mostly mother) etc. Results for control group are much lower.

Table 6.12 Result of socio-emotional development **children aged 5**

	Participant children	Control group
	n=8	n=6
Socio-emotional development		
Able to tell where he/she goes with his/her mother/father	87%	50%
Able to tell how many friends he/she plays with	100%	75%
Able to choose the friends by him/her own	100%	33%
Tell that he/she protects younger children and animals	50%	0%
Tell that he/she wants to play and disquiet him/herself	100%	33%
Tell when he/she is cheerful/joyful	100%	17%
Tell what is the most funny to him/her	100%	0%
Tell what he/she is afraid of	38%	33%
Tell who reads to him/her the stories and picture books and who narrate them	100%	33%
Tell when he/she helps his/her mother	75%	0%
Tell when he/she gets angry with his/her friends	63%	17%
Tell what he/she does when his/her mother gets angry with his/her actions	38%	17%

Source: Child observation, June 2004

6.6.2.3 Motor development (fine motor and gross motor development)

Motor development of children in this age group is normal. Children from both groups are able to run with coordinated arm movements, jump and hop without falling, balance on one foot, kick, throw ball.

Regarding fine motor development participating children are more advanced. However different drawing techniques or use of different means for painting has impact in the fine motor development. The fact that 8 in 10 from participant children choose pencil for painting and not water colors of fingers (painting techniques loved by children) show that GMCs has limited access on these painting means. Taking into account that GMCs are low cost centers, would be better that children should make use of ordinary or natural materials, for e.g. mosaics with different type of beans.

Table 6.13 Result of motor development, **children aged 5**

	Participant children	Control group
	n=8	n=6

Motor development		
Fine motor development		
He/she draws and paint with colors the drawing	100%	50%
He/she wants to paint with		
Pencils	75%	100%
Water colors	13%	0%
Water colors and fingers	12%	0%
He /she can copy the following letters: O, N, T or numbers 1, 5, and 9	88%	50%
He/she can copy circle, square and triangle	75%	50%
He/she draws a man with head, body, hands, legs	88%	50%
Cut with scissors straight and curved lines (quadrant, triangle, fruits, animals etc.)	63%	0%
Gross motor development		
He/she runs altering hands, rolls, climbs the stairs	100%	100%
He/she wants to play with ball, kicks ball, throws ball,	100%	100%
He/she can bench with his/her knees straight and touch the feet	100%	100%
He/she want to play or sing when he/she listen to the music	100%	83%
He/she can jump on one foot for 2-3 meters	88%	100%
He/she can easily play on the foot toes	100%	100%
Stands on one foot 8-10 seconds	75%	67%
He/she can do simple physical exercises	100%	100%

Source: Child observation, June 2004

6.6.2.4 Personal–adaptive development

Five years old children are able to take care for themselves concerning some physical needs; they are able also to help their friends for e.g. to button clothes or lace the shoes. They are proud and happy for this ability and sometimes they show this by zipping and unzipping the zip fastener of padded jacket or button –unbutton his coat. Such abilities are promoted and supported within home as well as by GMCs education program. The test show that participant children perform better self-services compare to control group; such as eating, personal hygiene, use of handkerchiefs, dressing and undressing clothes, etc.

Table 6.14 Result of personal–adaptive, children aged 5

	Participant children	Control group
	n=8	n=6
Personal–adaptive development		
He/she wash his/her hands, teeth, face and uses towel by him/her own	75%	50%
He/she could dress and undress	88%	83%
He/she uses spoon and forge	62%	50%
He/she puts her clothes on the place	62%	0%
He she puts the toys on place		
By his/her own	50%	0%
With help of mother/father/grandparents/educators	25%	17%
Does not put toys on place	25%	83%

He/she helps when setting the table before and after the dinner	25%	17%
He/she uses magic words (hello, thanks, goodbye)	50%	17%
He/she helps to mother in her domestic things (housekeeping, cleaning, preparing lunch) or educator (distributing toys to smaller children, arranging tables and chairs, etc)	62%	33%

Source: Child observation, June 2004

6.6.2.5 Language and communication

Language development and communication is an important aspect of preschool child development. Language development of children is tested in some directions such as listening, reading and speaking in order to evaluate child language development and communication.

Based on the test results, participant children show more interest in listening as well as responding, they speak in understandable way, they behave freely when communicate with other people. Children who frequent GMC are able and freely to recite verses, sing songs and play roles. 8 in 10 participant children speak correct and without mistakes compare to 3 in 10 from control group. However language development is manifested also by other abilities/skills such as reading, curiosity for sounds, letters, words, the meaning of words, and frequent answers about events, fairy tales characters, etc. this test do not offer such possibility however these skills are important for child development in general and language and communication in particular and should have special attention during education activities within GMCs

Table 6.15 Language and communication, children aged 5

	Participant children	Control group
	n=8	n=6
Language and communication		
Ask for the meaning of the unknown word and the he/she uses it	50%	17%
Wants to listen to story telling and likes to look and "read" the picture books.	75%	50%
He/she chose a fairy tale and narrates that fairy tale	50%	17%
Communicate with sentences composed from 5-6 words but understands even longer sentences	38%	33%
Knows and want to recite and sing songs	100%	17%
Talks		
Fluently	50%	50%
Makes small mistakes	50%	50%
Understands 2 demands/commands	88%	67%
When he /she talk mostly uses the nouns, verbs, adjectives, substitutes and adverbs		
Often	13%	17%
Sometimes	50%	50%
Never	37%	33%
How was the communication with the child		
Free	75%	66%
Reserved	25%	17%
Shows fear	0%	0%
Child was shy	0%	17%

Does the child speak		
Correct (without mistakes)	75%	33%
Makes mistakes	25%	50%
Not understandable	0%	17%

Source: Child observation, June 2004

6.6.3 Children aged 6+

6.6.3.1 Cognitive development

Cognitive development of children 6 years old is in general limited by the test used to measure it. However result generated from test manifest better cognitive development for participant children; the are able to count up to 20; have better spatial orientation, clear concepts on length, quantity, shape and colors; have ability to identify place of objects that are of their interest, etc.

GMC attendance has help children to improve this skill. 9 in 10 children from participant group are able to group objects in one picture by grouping them in animals, vegetables or objects, compare to 3 in 10 per participant group. Exercising different activities by using different materials has enabled participant children not only in having skills to manage them but also to select or group them for creation other objects. 9 in 10 participant children show what they have prepared by their selves and materials they used, compare to 3 in 10 for control group.

Particular attention within GMC should be done with pre-numery skills at this age. Pre-numeracy ability of participant children is satisfactory and test results show significant differences among participant and control group; all participant children are able to recognize numbers from 0 to10 compare to 3 in 10 for participant groups. This led to conclusion that with participant children 6 years old is done differentiated work in order preparing them for primary school.

Table 6.15 Result of cognitive development children aged 6+

	Participant children	Control group
	n=18	n=18
Cognitive development		
Able to tell his/her name	100%	89%
Able to count up to 20 objects in the picture by touching them one by one	100%	78%
Able to show object in the picture above and under	100%	100%
Able to show highest and lowest trees in a picture	100%	100%
Able to show narrow and wide vase in a picture	100%	100%
Able to show long and short pencil	100%	100%
Able to show bottle with the most water and bottle with less water	100%	100%
Able to show		
Only one color in the picture or none	0%	11%
2-3 colors in the pictures	11%	33%
4 colors in the picture	89%	50%
When the child goes to the store with someone, he knows where stands things he /she like such as sweeties, toys, etc.	83%	78%
Names in the picture (circle square and triangle) and separates them	100%	78%

by shape and size		
Able to show in the picture who is not cheerful and who is happy	100%	100%
Able to tell what does a doctor, policeman, salesman and teacher (tell at least two characteristics)		
Knows 1 occupation	0%	0%
Knows 2-3 occupation	33%	72%
Knows 4 occupation	64%	28%
Does not know	0%	0%
Able to find solution when bread is finished at home	72%	44%
Explains how is dinner prepared	61%	33%
Tell what is cold		
Identifies 1 cold thing	0%	0%
Identifies 2-3 cold things	78%	78%
Identifies 4 or more cold things	11%	11%
Does not know	11%	17%
Tell what is hot		
Identifies 1 hot thing	0%	11%
Identifies 2-3 hot things	72%	66%
Identifies 4 or more hot things	22%	17%
Does not know	6%	6%
Able to name different types of fruits		
Up to 2 fruits	0%	0%
3-4 types of fruits	50%	55%
More than 4 fruits	50%	45%
Able to name different types of vegetables		
Up to 2 vegetables	22%	39%
3-4 types of vegetables	44%	33%
More than 4 vegetables	34%	28%
Able to names 2 animals and tells two characteristics for each	89%	61%
Able to recognize letters		
1 letter	0%	0%
Up to 2 letters	28%	22%
3-4 letters	67%	39%
5-6 letters	0%	17%
Does not recognize the letters at all	5%	22%
Able to recognize numbers		
Up to 2 numbers	0%	0%
3-4 numbers	11%	11%
5-6 numbers	11%	11%
7-8 numbers	11%	11%
9-10 numbers	77%	0%
Does not recognize the numbers at all	0%	77%
Able to tell what he/she wants to watch on TV	100%	88%
Able to tell what he/she does often when plays	100%	44%
Able to tell what he/she prefer to play with	100%	67%
Able to categorize the objects on the picture into categories (animals, fruits, objects)	89%	33%
Able to tell what he/she make by him/herself or with help from cartoon, colored paper, natural things like leaf, flowers, fruits, etc.	89%	28%

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Source: Child observation, June 2004

6.6.3.2 Socio-emotional development

Socio-emotional development manifested by participant children can be considered as normal. Participant children have better interaction with peers and adults and are able to express these interactions. They manifest better pro-social behavior regarding younger children and animals. However test results do not show significant differences among participant children aged 5 and participant children of 6 years old. This may be result of not satisfactory age differentiated stimulations that develop socio-emotional skills according age groups.

Table 6.16 Result of socio-emotional development children aged 6+

	Participant children	Control group
	n=18	n=18
Socio-emotional development		
Able to tell where he/she goes with his/her mother/father	89%	89%
Able to tell how many friends he she plays with	100%	78%
Able to chose the friends by him/her own	72%	50%
Tell that he/she protects younger children and animals	61%	33%
Tell that he/she wants to play and disquiet him/herself	83%	28%
Tell when he/she is cheerful /joyful	83%	61%
Tell what is the most funny to him/her	83%	61%
Tell what he/she is afraid of	89%	61%
Tell who reads to him/her the stories and picture books and who narrate them	100%	28%
Tell when he/she helps his/her mother	100%	33%
Tell when he/she cruel/fight with his/her friends	67%	33%
Tell what he/she does when his/her mother gets angry with his/her actions	50%	33%

Source: Child observation, June 2004

6.6.3.3 Motor development (fine motor and gross motor development)

Motor development of children in this age group is normal. Children from both groups are able to run with coordinated arms movements, jump and hop without falling, balance on one foot, kick, throw ball. Regarding fine motor development participating children are more advanced. They show better abilities in using different painting utilities because they have the possibility to have them, as well as coping letters and numbers, cutting straight or curved lines and make collage.

Table 6.17 Result of motor development, children aged 6+

	Participant children	Control group
	n=18	n=18
Motor development		
Fine motor development		

He/she draws and paint with colors the drawing	89%	44%
He/she wants to paint with		
Pencils	50%	80%
Water colors	50%	20%
Water colors and fingers	0%	0%
He /she can copy the following letters: O, N, T or numbers 1, 5, and 9	100%	33%
He/she can copy circle, square and triangle	94%	72%
He/she draws a man with head, body, hands, legs and names him	72%	33%
Cut with scissors straight and curved lines (quadrant, triangle, fruits, animals etc.) and collage.	100%	44%
Gross motor development		
He/she runs altering hands, rolls, climbs the stairs	100%	100%
He/she wants to play with ball, kicks ball, throws ball,	100%	100%
He/she can bench with his/her knees straight and touch the feet	100%	100%
He/she want to play or sing when he/she listen to the music	89%	78%
He/she can jump on one foot for 2-3 meters	100%	100%
He/she can easily play on the foot toes	100%	100%
Stands on one foot 8-10 seconds	100%	100%
He/she can do simple physical exercises	100%	100%

Source: Child observation, June 2004

6.6.3.4 Personal–adaptive development

Child developing sense of self-adaptive domain basis on self-help skills is very important at this age group. Most of personal adaptive skills develop by exercising them. Ability of dressing and undressing, eating and drinking are well developed by both groups. However among participant children and control group there are differences. 8 in 10 participant children are able to perform personal hygiene actions, compare to 5 in 10 children from control group; 6 in 10 children use magic words as hello, thanks or goodbye, compare to 2 in 10 for control group. However the children at this age are expected to have better result not only in self-help abilities but also in offering help to others; both groups hold lower results.

Table 6.18 Result of personal–adaptive, children aged 6+

	Participant children	Control group
	n=18	n=18
Personal–adaptive development		
He/she wash his/her hands, teeth, face and uses towel by him/her own	83%	50%
He/she could dress and undress	100%	100%
He/she uses spoon and forge	100%	100%
He/she puts her clothes on the place	56%	33%
He she puts the toys on place		
By his/her own	33%	6%
With help of mother/father/grandparents/educators	50%	50%
Does not put toys on place	22%	44%

He/she helps when setting the table before and after the dinner	22%	44%
He/she uses magic words (hello, thanks, goodbye)	56%	22%
He/she helps to mother in her domestic things (housekeeping, cleaning, preparing lunch) or educator (distributing toys to smaller children, arranging tables and chairs, etc)	56%	33%

Source: Child observation, June 2004

6.6.3.5 Language and communication

Participant children show more interest in listening as well as responding, they speak in understandable way, they behave freely when communicate with other people. . Participant children show better results in recite verses and sing songs, but at this age it is not more important the repeating of things learn by heart, but raise of questions, understanding of what thy listen, the ability to identify letters and having clear idea about reading. On last issues differences between two groups are small and draw attention for improvements in educational programs and educational methodologies used inside GMCs.

Table 6.19 Language and communication, children aged 6+

	Participant children n=18	Control group n=18
Language and communication		
Ask for the meaning of the unknown word and the he/she uses it	50%	33%
Wants to listen to story telling and likes to look and "read" the picture books.	100%	89%
He/she chose a fairy tale and narrates that fairy tale	67%	50%
Communicate with sentences composed from 5-6 words but understands even longer sentences	67%	33%
Knows and want to recite and sing songs	100%	61%
Talks		
Fluently	67%	39%
Makes small mistakes	23%	61%
Understands 2 demands/commands	83%	100%
When he /she talk mostly uses the nouns, verbs, adjectives, substitutes and adverbs		
Often	55%	33%
Sometimes	45%	56%
Never	0%	11%
How was the communication with the child		
Free	67%	44%
Reserved	23%	44%
Shows fear	0%	11%
Child was shy	11%	11%
Does the child speak		
Correct (without mistakes)	83%	61%
Makes mistakes	17%	39%
Not understandable	0%	0%

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Source: Child observation, June 2004

6.7 Conclusions

During evaluation of the child status there are measured some indicators that are representative of a child development: nutritional status; immunization; child growth health status and psychosocial development.

1. The project have offered services for less than one year, so tracing significant changes in child developments among participant and control group, required more time. Any way there are identified slight changes in nutritional status, immunization, main health problems and prevalence of common diseases.

2. Evaluation of child development based in the test that do not reflect adequately differences among age groups, manifest limitations as it is not flexible to asses child behavior in more complex situations and while children interact with peer groups, adults material and social environment. Also one test does not provide an ideal basis for evaluation of all development fields that range from cognitive, to socio-emotional development, language and communication, motor development and self-adaptive skills. However the test used in this evaluation is able to track changes and give results that can be used for improving work within GMC as preschool education.

3. Regarding psychosocial development, participant children shows better results than control group. Of course differences are not so substationally significant taking into account one-year activity of GMCs and limitations imposed by the test. However differences are more visible for the children aged 3, 4 and 5, and smaller for children 6 years old +. Test measure very basic abilities and skills that at this stage of project implementation reflects also educative level of GMCs.

4. Education specialists think that differences traced by this evaluation mostly come from stimulation actions undertaken within GMC environment. So it is of great importance that educational program of GMCs should be improved; so planned and structured in accordance with education objectives and outcomes of public preschool program. In addition the GMC preschool program needs to reflect differenced needs of different age groups. Education process within GMC should be divided according psychosocial development fields and for each field should be specified/identified abilities and skills that children need to acquire.

6.8 Recommendations

Recommendation 1 The project in close collaboration with Public health Directory at district level should improve mother's knowledge on child growth and development monitoring. During the second year the project should introduce the Growth and Development Chart. Of a particular importance is the conviction of mothers why to use a Growth and Development Chart and implications/dangers in the child life when monitoring is forego.

Recommendation 2 The project should strength the role of local public health centers in monitoring health aspects of child growth and detecting developmental delays at early stages.

Recommendation 3 Due to the fact that psychosocial development is multidimensional the stimulations actions within home and GMC will be done in a professional way. Providing good and easy understandable training for mothers is important. Preparing short leaflets or booklets with a lot of figures helps in transferring right information, particularly for mothers with low education level.

Recommendation 4 Preparation of good GMC curricula and improvements of knowledge of non-professional GMC staff with basic pedagogic skills are important conditions for successful results in the coming years.

Recommendation 5 Project should strengthen collaboration among GMCs and public preschool institutions necessary for increasing educational quality within GMCs and in particular for improving educational works with different age groups.

Chapter 7

Building social capital and trust within community

- 7.1 Needs for building social capital and trust in the project areas
 - 7.2 Building awareness as start to develop trust
 - 7.3 Creation of community network with quasi-self-help groups
 - 7.4 Personal growth, development and sense of reciprocity and caring
 - 7.5 Increased community members' interactions
 - 7.6 Developing interactions among community groups and public local authorities
 - 7.7 Bringing together parents as agents of community pacification
 - 7.8 Conclusions
 - 7.9 Recommendations
-

7.1 Needs for building social capital and trust in the project areas

Even that the Project is child-centered project it moved outwards from child; the step beyond the family is community. Building social capital and removing social barriers that prevent community development is one of the intervention strategies in use by the Project.

As "child development is powerfully shaped by social capital, the trust, networks and norms of reciprocity within child's family, school, peer group and larger community have far reaching effects on child opportunities and choices and consequently on their behavior and development"¹⁷. Through the building of social capital, the project aims to improve the resolve of collective problems, advance smoothly the community development and widening the awareness about many ways that destinies of simple community members are linked.

In the communities of the project areas children live in extreme conditions of poverty worsened by social conflicts and unfavorable traditional and cultural patters for children. Social barriers such inequalities based on gender, conflicts over land property or political beliefs are the most frequent events that compromise their capacity to resolve conflicts and address problems that require collective actions such as ECD activities. Even that is difficult to quantify social barriers, the blood revenge phenomenon, low or inexistence of community-based association's and dominance of family clan/kinships, low or insignificant labor intensive community initiatives for improving water supply, sanitation, garbage collection or recreational/playgrounds for children or young people were examples of weak social capital. Investing in social capital and building trust within project areas was considered by CCF Albania as important condition for successful implementation of the project and its sustainability in the future. Based on findings during needs assessment in 2002¹⁸ was concluded that increase the awareness on ECD issues, setting up of fathers and mothers community groups that interact with each other, community members, local authorities or central government they will improve social cohesion and increase responsibility and participation culture. In this chapter we are going to identify and analyze ability of the project to build awareness; setting up of horizontal networks of self-help (parents) groups and their interactions with local authorities;

¹⁷ Putnam R., Bowling alone, 2000

¹⁸ Assessment done by CCF Albania, prior project implementation.

increase personal growth and caring responsibility; parents responsibility for community pacification and development. Information in this chapter derives from meetings with CCF Albania staff including local coordinators, meetings with father's board, meetings with GMCs staff and beneficiary mothers.

7.2 Building awareness as start to develop trust

The path for behavior modification of community members toward a network of reciprocal social relation and adoption of communication and collaborative models has started with awareness and promotion of responsibility and participation culture, so needed in the project areas.

When Project started in March 2003, 3 local task forces (one per district¹⁹) compose by local people took part with CCF staff, in assessment and examination of situation within 4 districts regarding parenting skills, family planning services, prenatal/antennal care, infant and toddler child care, local values and beliefs that promote or inhibit child centered community development, etc. Parent education, community services to children and their mothers, professional/technical assistance for caregivers and service providers were found to be necessary to improve situation.

During the first year of project implementation, in 30 communities covered by the project, regular trainings, workshops, free-discussions, home visits, TV programs and articles in newspapers has offered a variety of information in order to increase awareness about importance of early childhood care and education and promote a culture of responsibility at community level enabling parents and other care providers to develop and support a network services geared to the needs of their children.

Building awareness on ECD is considered as advantage and condition for project success. When the project started in March 2003, the parents and ordinary community people had no idea about early childhood and relation among poverty, conflicts, nutrition and poor ECD services in early childhood well being. The wide known local saying "children grow up themselves", was present in parents attitudes/behaviors and child needs have been reduced mostly in food provision. Now, many ordinary parents and community leaders have more information how to go to foster holistic ECD activities that include:

- diversifying their attention and broadening the range of options and activities directed to parents, community, as well as to their children;
- their openness toward non formal approaches such as GMC, non formal health services, etc.
- their openness to support parents-GMC and parents-Fathers Board partnerships,
- their openness to collaborate with governmental and non-governmental organizations.

Box 7.1 GMC as Community Social Center energizing awareness activities

GMC is not only a kindergarten but also a Community Social Center that serves to all preschool children of the community, their parents and other community groups such young people.

As a community center the GMC brings periodically together parents and other community members to

¹⁹ The task force for Kukes took responsibility also for Has District.

discuss and organize different ECCD themes and activities that range from information delivering and awareness, to celebration of social events, to introduction and promotion of non-violent and non-authoritarian behaviors, etc.

The projects designers and those implementing it as an advantage and a precondition for the project success consider enhancement of knowledge on ECCD. Every GMC is assisted by a network of parents, young people, professionals of different field and community leaders the greatest part of which have been introduced to ideas and are capable of articulating and implementing different practices in relation to ECD and the creation of a cooperation atmosphere, away from conflicts.

All the GMC staff (Administrative mother and Leader mothers), 86 per cent of the group of active mothers, 76 per cent of the members of the Local Boards of Fathers, and 3,130 mothers and fathers from the communities of the project area (or 15 percent of adult population) have been regularly participating or quite frequently in training sessions, workshops or informative meetings and are able to use their new information and knowledge. *(For more details see Table 1, Annex 1)*

About 200 women and men in the project area communities and half of the Leader Mothers, one fifth of the Active Mothers and 1/10 of the members of the Local Board of Fathers who have demonstrated capacities for advancing in ECCD knowledge and peaceful management of conflicts, at present have been performing as local trainers. *(For more details see Table 1, Annex 1)*

Source: Reports from CCF local coordinators, April 2004

7.3 Creation of community network with quasi-self-help groups

Selecting early childhood development as center of attention for community people the project has enabled the creation of small community based groups that interact with each other through horizontal networks. Currently in every community, around 100-150 mothers, fathers and other caregivers *(See Table 1, Annex 1)* are associated around 2 gender based quasi self-help groups such as mothers/women group (GMC staff, TOT group, and active mothers) and community Board of Fathers.

Table 7.1 Local people organized in community networks

	Has District	Kukes District	Tropoja District	Diber District	Total
Number of Active Mothers	77	165	88	144	474
Number of TOT mothers	4	12	7	9	32
Number of fathers in Local Board of Fathers	28	77	47	40	192
Average number per community	27	23	20	24	23
Number of Regional Board of fathers	-	1	1	1	3
Number of Local Board of Fathers	4	11	7	8	30

Source: Reports from CCF local coordinators, April 200

They are mostly mothers and fathers of small children with similar economic status, with no or weak family ties that share different roles. A core group composed by 20-27 women and men are very active in offering peer education, awareness and services for themselves, their children, other women and children living in their in community. By doing a simple act of joining and being regularly involved in those 2 groups has a very significant impact on their individual empowerment and well-being. Mothers and fathers feel comfortable through participation in ECD activities and do not report tensions or conflicts among them regarding who lead activities or who participate as active member or passive beneficiary. More mothers and fathers have gained new skills to improve

lives for their children and themselves. Note that we have named community groups as quasi self-help; due to fact that still CCF's local coordinators exercise at some extent management role, including financial support, which is diminishing alongside project implementation.

7.4 Personal growth, development and sense of reciprocity and caring

Project activities have contributed in promoting the personal growth and development particularly among women: 97 percent of them report positive impact; 60 percent report more active social life; 38 percent better position within family; 60 percent more possibilities to participate in social events such as birthday celebrations; 90 percent have gained a useful information for their self and their children; 25 percent more time to work for economic profit²⁰.

Project also has increased the sense of reciprocity and caring and there are some facts. 698 active women and men from project 30 areas are offering ECD services for free, to about 2,222 women, 908 men and 1,377 children 0-6 with a rate of 1 active person for about 6 beneficiaries.

7.5 Increased community members' interactions

Project has started to break down barriers across women, men and local authorities and has initiated collaborative actions. Building up the GMC not only as kindergarten but also a Community Social Center that serves to all community members (preschool children, parents, young people), has turned it into hub and clearinghouse of the ECD activities. GMC as a community asset energize and adjust the activities of small community groups. It brings periodically together parents and other community members to discuss and organize different ECD themes and activities that range from information delivering and awareness, to celebration of social events, introduction and promotion of non-violent and non-authoritarian behaviors, etc.

Collaboration among women groups and Father's fathers organized by Father's Board consist mostly in improving GMC physical conditions (as kindergarten) and provision with simple furniture. Upon mothers requests many fathers have respond with volunteer work in reconstruction, painting, modification of play grounds, etc.

Father's Boards act as bridges between actors such as local government, public health and education personnel and community groups whose activities are close to GMC.

Father's board is central actor in peaceful resolution of conflicts, refraining wrath and peer education parenting techniques. Fathers leaded by Board Fathers have received information about child development, good parenting and particularly skills to non-violent conflict management. Developing communication among community males on issues regarding children, the project aims to promote the trust building. More men than before talk together and share information about their children and their selves, more men rely on one another. More men have abilities to plan and carry out community development projects focusing child needs (e.g. reconstruction and maintenance of quite all GMCs is done with help of fathers; improve of running water in Borovjan village; reconstruction of public kindergarten in Maqellare village).

Many fathers in every community participate actively (with labor, ideas and few with small financial means) to improve GMCs physical condition and playgrounds around them. In a society threaten

²⁰ Source of information: individual interview with participant mothers.

by clan/family divisions they are learning to discuss, decide and work together for common issues regarding a better future of their children.

Women/mothers group organizes on monthly basis training meetings and workshops for mothers and community women. Community professional people (a nurse or midwife, a teacher) conduct in majority of cases those meetings/workshops. Offering adequate information about child growth and child psychosocial development, child rights, violence and abuse, mother care during pregnancy and lactation, they empower simple mother/women to choose right actions regarding their children and themselves.

Awareness of mothers has improved child stimulation and interactions, have decreased morbidity and violent behaviors. More sick children receive appropriate treatment and more mothers/women enjoy better health (See Chapter 4 page 52 & Chapter 6 page 71). Also 216 isolated and marginalized mothers gain knowledge's about child growth and development, child health and nutrition, good parenting skills, etc in a special way, suitable for them. Regularly home visits by TOT group (2-3 community women) tend to break their isolation and improve access to information and services

Frequent interactions within these community groups have brought significant differences compare to neighborhood communities. At community level a small network of services has take form and currently offer information, direct support, advocacy and needs addressing. Local people whose selection is based on their professional abilities, personal characteristics, and readiness to work voluntary participate in organizing and providing services.

Parents and community leaders (Fathers Board and local authorities) have increased their efforts to support and initiate ECD activities recognizing the fact that child development can be enhanced when health and education services are linked with community development initiatives (water, sanitation, recreational/playground environments, etc), humane treatment of children and peaceful communities. Project foresees to award small seed grants ECD orientated that aim improves in physical environments, knowledge's and practices of community members. That activity is planned to start in the second year of implementation. Anyway many simple fathers, mothers and local leaders are empowered to identify, prepare and manage ECD and pacification initiatives on behalf of young children. They already have ideas and projects and they are looking for partnership with other donors.

7.6 Developing interactions among community groups and public local authorities

Scaling up strategy is used by the project to connect community in collective actions for local social change and development. Community groups and particularly Local Fathers Board has developed vertical linkage with local government authorities.

Local authorities have express interest and show readiness to help their communities in keeping going on the current activities and expanding the experience in other communities. Actually their offer modest support that consist on provision of 3 GMC premises (ex-public kindergartens close down and under local government property), participating actively in Board of fathers, raising voice for support and advocacy to central government, and mobilizing both electronic and local media.

Box 7.1 Project has addressed local needs....

Project is very useful and has addressed the needs of our community and relief social problems within the family and community. Living in poor community men often manifest intolerance and violent attitudes toward women, children and each other recycling in that way intolerance and violence. " A child that submit violence is going to be a violent parent in future". In Kukes Municipality function 2 GMC that serves for two neighborhoods. As local government we have provided the environment for one GMC within public kindergarten and we have offered our support to local TV and Municipality newspaper to propagate information and increase awareness to a broad public. Other citizen pushes us, to open GMC in their communities but at the moment we do not have financial means. We are looking for donors (including local business) to keep in future these activities going on and expanding them in other neighborhoods.

Mayer of Kukes Municipality.

Local governments will have in the coming year the possibility to prepare and implement community public works with financing from public social assistance scheme. MoLSA is improving the legislation in this direction. The grants from central government for public works will improve interactions among community groups and local governments and will led to joint initiatives that support early childhood actions and/or community development.

7.7 Bringing together parents as agents of community pacification

In the culture of project areas the domination of individual rights over community goals, social cooperation and common good, takes place often fueling violence, authoritarian communication and community division. Increasing awareness as mean to create the necessary pressure for improvements and changes in individual and collective behaviors was accompanied with increases in cooperation among community people. Several trainings and workshops about devastating long term effects on young children of repeated exposure to social and family violence took place in every community and 2,222 mothers, 908 fathers and key local leaders were regular participants of such events. Parents report changes regarding violent behavior toward their children (*see Chapter 4, page 52*) and all Board of fathers are able to articulate child –centered development projects ideas.

Anyway certain issues regarding violence within family and community need more attention and time. Still women are objects of male authoritarian solution of family conflicts. Individual interviews with participant mothers and control group do not report behavior changes, particularly in rural areas. This is due to the fact that living in extended families, young fathers stands unclear in between new collaborative behavior and old tradition of authoritarian "man" that decide for everything.

Creation of non-conflict environment within communities needs longer time that project timeframe. Nevertheless, the project has introduced elements of collaboration and peaceful conflict resolution, which will be fully effective in long run. Setting up the Board of Fathers with prominent local people (religious leaders, intellectuals, local public authorities) and orientation of their activity in introducing/fueling community wide debates on common issue such children and their welfare are good models. Land property or political beliefs are factors with influence in social fragmentation within small communities; distraction from them can be achieved by putting in community agenda more common interest issues such child development. Seed grant activity, not yet started, will speed the cohesive process.

It is early to pretend that Local Board of Fathers offer mediation for community people in case of conflicts or blood feuds. This is true particularly in those communities where small local structure for solving peacefully such conflicts already exists. What it is important to be mentioned out is the fact that project has increased the number of informal community groups, so a larger number of community people, among them a lot of young people, are good potentials for reconciliation missions in their communities.

Project has offered information and awareness regarding conflicts and their peaceful management. The addressing of conflicts and their peaceful solution by Board of fathers is a difficult but not impossible mission, which is going to be part of their agenda in the near future (particularly for rural areas in Tropoje and Kukes). Nevertheless increasing social cohesion within communities by involving many community fathers around fathers Board's activity serve as prevention models. For being more efficient in their mission, Board of Fathers should be strengthened as models of tolerance (for people who think differently) and partnership buildings (with other community actors and public structures) aiming to address conflict preventions and conflict peaceful solutions by managing human, material and financial resources and creation a child friendly community environment.

7.8 Conclusions

The project has start working within communities where social barriers such inequalities based on gender, conflicts over land property and bipolar political beliefs, compromise their capacity to resolve conflicts and address problems that require collective actions such as ECD activities.

1. The trust building among community members is achieved through building of social capital as a mean that improve the resolve of collective problems, advance smoothly the community development and widening the awareness about many ways that destinies of simple community members are linked.

2. Selecting ECD as point of attention for community people the project has developed sense of community membership by enabling the creation of small self help groups that interact with each other through horizontal networks. In every community, 100-150 mothers, fathers and other caregivers are associated around 2 gender based quasi self-help groups such as mothers/women groups (GMC staff, TOT group, and active mothers) and community Board of Fathers.

3. The activities of community groups has developed personal growth particularly among women and the sense of reciprocity and caring: 1 active community member offer caring services for about 6 beneficiaries of their community.

4. Bridging strategy has been used by project has started to break down barriers among women, men and local authorities and has initiating collaborative actions. More men than before talk together and share information; more men rely on one another; more men have abilities to plan and carry out community development projects focusing child needs; more fathers participate actively with labor, ideas and few with small financial means to improve GMC physical condition and playgrounds around them.

Information given to mothers from mothers group has improved child stimulation and interactions, have decreased morbidity and violent behaviors. More sick children receive appropriate treatment

and more mothers/women enjoy better health; isolated and marginalized mothers also gain knowledge's about child growth and development, good parenting skills, etc in a special way, suitable for them.

5. Frequent interactions within these community groups have brought significant differences compare to neighborhood communities. At community level a small network of services has take form and currently offer information, direct support, advocacy and needs addressing. Local people whose selection is based on their professional abilities, personal characteristics, and readiness to work voluntary participate in organizing and providing services.

6. Community groups and particularly Local Fathers Board have developed vertical linkage with local government authorities. Local authorities have express interest and show readiness to help their communities in keeping going on the current activities and expanding the experience in other communities. Actually they are offering their modest support that mostly consist on provision of GMC premises (ex-public kindergartens close down and under local government property); they participate actively in Board of Fathers; raise voice for support and advocacy to central government; mobilize both electronic and local media.

7. In additional, project has brought together parents as agents of community pacification. In the culture of project areas the domination of individual rights over community goals, social cooperation and common good, takes place often fueling violence, authoritarian communication and community division. Several trainings and workshops about devastating long term effects on young children of repeated exposure to social and family violence has changed parents violent behavior toward their children.

8. Anyway certain issues regarding violence within family and community need more attention and time. Still women are objects of male authoritarian solution of family conflicts. Individual interviews with participant mothers and control group do not report behavior changes, particularly in rural areas due to strong old tradition of authoritarian "man" that, decide for everything.

Creation of non-conflict environment within communities needs longer time that project timeframe. Nevertheless, project has introduced element of collaboration and peaceful conflict resolution, which will be fully effective in long run. Land property or political beliefs are factors with influence in social fragmentation within small communities; distraction from them can be achieved by putting in community agenda more common interest issues such child development. Seed grant activities, not yet started, will speed the cohesive process. The addressing of conflicts and their peaceful solution by Board of Fathers is a difficult but not impossible mission.

Board of Fathers should be enabled to act as models of tolerance and partnership buildings aims to address conflict preventions and conflict peaceful solutions by managing effectively human, material and financial resources and creation a child friendly community environment.

7.9 Recommendations

Recommendation 1 More should be done in increasing awareness about domestic violence and in reparable impact to children. in addition the project should start consider violence as a public health issue. Public health workers should be trained and prepared to detect, record and address/inform all forms of domestic violence among children and women.

Recommendation 2 Starting to break gender division by increasing interactions among women and men groups particularly in rural areas through supporting of initiatives that require/foster complementary participation of women and men.

Recommendation 3 Strengthening and expanding interactions and social cohesion among community members through implementation of seed grant projects and/or community public works.

Recommendation 4 Project should take responsibility for strengthening cooperation and coordination with other community development programs such as LGP (Local Government Program) financed by UNDP. Under this program in Kukes District, in Kukes municipality and some communes there set up CBOs that have abilities to measure and monitor local progress toward MDGs and NSSD. Community people have participated in participatory poverty monitoring and evaluation process in 2003 and now they will be enabled to carry out participatory budgeting.

Recommendation 5 The project should strength partnership at all levels with government agencies (central government /ministries), Task Force, non-governmental organization, research institutes and universities for defining and supporting new grass roots ECD approaches

Recommendation 6 Increasing role of the Board of Fathers as promoter of participatory methods in community development (participatory budgeting, participatory planning, poverty participatory monitoring). The new role of Father's Board will improve social cohesion, develop community sound or child oriented development projects, bring in decision making the voice of women, mothers and poor people.

Chapter 8

Women empowerment and their involvement in decision making process

- 8.1 Introduction
 - 8.2 Access to information
 - 8.3 Inclusion and participation
 - 8.4 Women participation in decision-making
 - 8.5 Better position within the family, more free time to work or look for job
 - 8.6 Improvements of social life due to the organization of the women
 - 8.7 Women's self help groups
 - 8.8 Conclusions
 - 8.9 Recommendations
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8.1 Introduction

Women in Albania and particularly in rural areas suffer from discrimination, lack of information on gender issues, and hold a lower social status than men. Taking into account this situation the project is also aims to empower women and give possibilities of free choices and actions. In Albania, women choices are limited both by their lack of assets and by their powerless to negotiate better terms for themselves in a range, of institutions, both formal and informal. This situation is more dramatic in the northern part. So, empowerment of women is considered by the project as important condition for bringing positive changes in childcare and development in particular and community development in general.

The information in this chapter derives from group meetings and individual with participant mothers, meetings with project staff and CCF reports.

Project strategy is grounded in the conviction that women themselves are valuable part. That is why empowerment and is based in following directions:

- 1) Access to information
- 2) Inclusion and participation
- 3) Local organizational capacity

8.2 Access to information

Empowerment is access toward information because better-informed women are better equipped to take advantages of opportunities and exercise their rights. The provision of information and raising awareness has been issued by the project as tools to lobby to promote behavioural changes and to improve the quality of the existing public services. Information has been provided to around 2,222 women and mothers and 498 young girls, who are inhabitants of 30 communities of project area. Information has been provided through different channels like workshops, peer trainings and discussions about child health care, maternal health care, appropriate child rearing, reproductive health and family planning, prenatal care, personal hygiene, sexual transmitted diseases, HIV/AIDs, etc.) As a result, they could control in a better way their health and life. During the interviews with mothers who had a pregnancy in 2003 or 2004, it was recognized that

participant mothers had visited the health centre more often than the other women. It is an indicator of right own choices as well, as a clear result of awareness and information on importance of health visits during the pregnancy.

Box 8.1 Power of information

In the project areas, domestic violence is a burning issue. All types and forms are exercised: physical, psychosocial, emotional or sexual violence. Often, young girls or women are object of extreme domestic violence. There have been cases of crime within the family, murdered girls or women. Sexual abuses within the family, among couple, are not rare as well. Sexual abuse is not considered “violence” because according to the tradition the husband has no limits during sexual intercourse. Public health care staff of primary health care and resource centres confirms that there are many cases of women-victims of domestic violence who ask for help. When they come, they are scared, often in very critical health situation caused by the violence. However, only few of them acknowledge the fact of sexual or physical violence. This is the case of one woman from Dibra who came to Obstetric – Gynaecologic Hospital, almost in comma due to the blood haemorrhage, caused by a forced abortion. She was bitten; all body was full of dermatome. She showed that this had been the 7-th abortion she had within the last 8 years. She told that all abortions were caused by the violence of her husband. She did not know anything about family planning. She had never heard about contraception. In the resource centre of the hospital she was offered psychosocial treatment, information and counselling. Now she visits the centre regularly, gets contraceptives free of charge and has started the preparations for divorce, thanks to the support provided by the Centre for Legal Protection of women in Tirana, despite the threats of her husband. . “.... *There are opportunities to save my children and myself from the hell; I will use all of them. I do not have anything to lose besides suffering and punishment*”- she said.

This is a typical case which clearly talks about the impact that the project had on this women, giving her the opportunity to live with dignity, to protect her rights and her children’s rights.

Source: Individual interview with Staff of Resource Centre near Paediatric Hospital in Peshkopi.

The team of Dibra, which is composed of legal experts as well, offers to women information, counselling, legal consultation and advocacy. Women are strongly interested in participating. The number of participants is high. The agenda of meetings is focused on the most needed and asked topics. So far, there have been discussions about domestic violence, violence within the community, media etc. There are plans to extend the list of topics and include the “Family Code”, adjusted to the needs of the community and characteristics of the area. Women of communities in the project areas have emphasized divorce and women’s rights, adoption, family re-unification of women whose husbands are in emigration abroad. The teams of services have provided assistance and information, some times legal assistance as well. The experts confirm that the demand for these types of services is really high, that is why the project should look for additional financial support to provide sustainable and accessible services by the whole community of the area.

Box 8.2 Information taken during meetings with the Vera (lawyer within service group) helped Bardha to start family re-unification procedure

Bardha is a woman from Peshkopi town. Her husband as many men from Peshkopi went in Italy in 1994 with a speedy boat. He left in Albania his wife Bardha and two small children respectively 3 and 5 years old. Due to problems with the documents (he entered illegally) the possibilities for family re-unification were quite impossible until 2003. In that year he gained the right to bring with him (in Italy) his family. In

the same year started for Bardha the troubles. The Italian consulate and responsible for the north Albania is situated in Shkodra town. Due to limited number of visits in a day, many people got up early in morning (at 04.00 or 05.00 o'clock) in order to be first from the long queues to enter in consulate. Each time Bardha went to Shkoder spent 2 or three days and a lot of money. She travelled in Shkodra 5 times, but always was something that made her to fail: either no possibility to enter due to long queues or documentation she provided was not complete. After she heard that part of service group (in Diber) was also a lawyer she turned for help to her. Margarita, the only lawyer of service group, showed readiness to assist Bardha with necessary information as well as in preparation of documents required for re-unification. Now Bardha after she has successfully hand over all documents in Italian consulate is waiting for a response. She tells that without help of Margarita she had few possibilities to be successful. She had addressed to her other women with the same problem.

Source: meeting with women group in Llixha neighbourhood, Peshkopi Town, April 2004

8.3 Inclusion and participation

Project has introduced inclusion and active participation of women in delivering community services by improving the social status of women in project area and breaking down the isolation. The project has contributed to change the life of about 23 women in every community (around 700 in the whole project area). Their daily routine within the house became richer with new elements of a more active social life. They actively participate to the women informal community teams, set up thanks to the project implementation (mothers' leader, active mothers and TOT group). The project has offered to these teams and to the rest of women opportunity to participate, to benefit from the support, encouragement, re-integration and social solidarity. The project has promoted the professional development of women, members of teams, especially to those who have finished university. The project goal has been to increase women capacities towards project management and implementation, to ensure the continuation of the project even without the support of CCF. They are responsible for the daily functioning of the GMC, organization of daily activities and meetings with women, peer training, and social work with excluded women, gathering of information about children, pregnant women or poor families etc. Mothers contribute on a voluntary basis. They exercise their functions as decision makers within the groups. In this way they bring there the voice of women from community and play the role of intermediates between CCF and community or fathers board.

8.4 Women participation in decision-making.

Project **addresses the empowerment of woman as a factor of change** rather than a **decision-maker**. Taking into account cultural traditions and patriarchal structure of society in project areas, the implementation of the project and its sustainability involve powerful formal and non-formal local elite, largely male composed. Board of Fathers mostly exercises actually decision-making role and in future there are plans be transferred to local government.

8.5 Better position within the family, more free time to work or look for job

Project activities have had positive impact on the improvement of relationship within the family. There is a big difference between participant mothers and mothers from control group as far as their participation in making key decisions is concerned, like education of children or family budget. The data show that respectively for 78 percent of participant mothers and 67 percent of mothers from control group the position has changed positively. The project has a greater impact on the

rural areas: 71 percent from participant mothers and 58 percent from mothers from control group participate in taking decisions for their children's education and family budget expenditures.

Table 8.1 Women participation in decision making within the family regarding child education and expenditure of family budget

	Participant mothers	Control group
Total	78 %	67 %
Urban	87 %	81 %
Rural	71 %	58 %

Source: Individual interviews with mothers, April 2004

Empowerment is capacity to fight for rights; empowerment is taking control and actions to overcome obstacles and project give examples on that direction. It is in the tradition inherited from the past that child rearing is a mother's obligation. However, she does not have the right to decide about the type of education as well as the ways to get access to it.

This is an exclusive right of the father or his parents especially in the rural areas. Despite that, mothers have demonstrated willingness to get knowledge about child rearing to overcome this obstacle.

Access of children to GMC, (4 hours every day) has facilitated mothers' daily routine, especially those which relate to childcare. They have more opportunities to pay attention to other problems such as taking care for child 'social life or looking for a job for themselves. 78 percent of participant mothers tell that they have more free time compared to one year ago (prior to the beginning of the project) against 18 percent of the mothers from control group.

**Table 8.2 Can the mothers spend time in working longer or looking for a job?
A comparison of current situation and prior to the beginning of the project?**

	Participant mothers	Control group
Yes, more free than one year ago	78 %	18 %
No, more burdened than one year ago	14 %	13 %
No, no change at all	18 %	69 %

Source: Individual interviews with mothers, April 2004

The project has offered paid jobs for 30 administrative mothers, which has helped them to be independent from their husbands as well as to participate in the creation of family welfare. Almost all of them enjoy what they are doing because they feel important and fruitful to their children.

Box 8.3 I feel well because I am fruitful to my family

Despite the low payment, (10,000 AL per month) – said an administrator mother - in the village where I live the close agricultural economy does not allow us to create reserve funds in cash. The only cash we receive is old age pension and economic aid., which are almost inexistent compared to the needs My payment although it is not too much compared to the time used to work as well as the donation of the house to the project, helps me to fulfil some basic needs and economically speaking, my family could live better than in the past. I feel well because I enjoy what I am doing as well as I participate in the creation

of welfare for my children and my family. My relationship with my husband has changed as well. I feel more independent, especially for the problems, which relate to family budget expenditures, while my husband appreciates what I am doing.

Source: Focus group discussions with Administrative and Leader mothers

8.10 Improvements of social life due to the organization of the women

The project has had an impact on the social life of the rest of the women, mothers or young girls. 2/3 of participant mothers recognize that activities organized by GMC have provided an opportunity to all of them to have a more active social life. GMC is a social community centre, which promotes the women to have their social status. It is a place where many women have a chance to get together every day or every week. They have access to information there, exchange experiences, talk about their concerned problems and ask for suggestions and counseling. Looking at the project results, we observe that the project has a stronger impact on the rural area than on the urban one (table 8).

Box 8.4 The project has facilitated the creation of new friendships

In the project area, social and cultural activities are totally lacking. Only few family events or religious events are celebrated, being a rare opportunity for most of the people to go out from home and enjoy the company of friends, especially for women and girls. Going every day to GMC has created a good opportunity for me to go out from home and exchange some ideas and thoughts with other mothers and women- says a mother from Sohodoll village.

Source: Group discussions with participant mothers, in Sohodoll village, Kastriot Commune, Diber

8.7 Women's self help groups

The project has helped women of communities to be organized and address their neglected basic rights for education, health, social services and information. Thus, the women from the community, organized in the team of mothers administrators, leader mothers and active mothers have made possible to replace the closure of public kindergartens with the opening and functioning of GMC, appropriate way for preschool education. It substitutes although not totally the need for community health and social services. To facilitate the inclusion and participation of excluded women, TOT team offers social work at community level, information, basic health service and counselling.

8.8 Conclusions

Women in project areas and particularly rural woman suffer from discrimination, lack of information on gender issues, and hold a lower social status than men. The project has considered this need as a key condition, with strong influence on the improvement of appropriate child rearing and child development during early childhood. That is why the project is focused on three directions: information; inclusion and participation; creation of women local organization capacities.

1. Thanks to the project (initially) and later, to the support provided by professional from different ECD fields and 158 community women (local trainers), access to qualitative information has improved for 2,220 women and 498 young girls living in 30 communities. Having better information the women have better opportunities to exercise their rights.

2. Project has introduced inclusion and active participation of women in delivering services with result improved social status for themselves and other women in their community. Around 700 women *are* active members of women informal groups (such as GMC staff, active mothers and TOT group) meanwhile 1/4 of community women and young girls meet each other every day or every week within GMC premises by receiving information and exchange experiences, speak out about their problems and seek advice.

3. Project addresses the empowerment of woman as factor of change rather than a decision-maker. Anyway within women self help groups they have start to exercise simple decision making functions, has taken small social responsibilities and are solving together problems regarding them and their children.

4. Improved social position within family. 78 percent of participant women take part in important family decisions (regarding education and child rearing, family budgeted expenditures) toward 67 percent for the control group. In addition 30 women (administrator mothers) have got paid employment and better economic position within family.

5. 3/4 of participant mothers states that sending children in GMC they are freer for family matters and have better employment possibilities. They admit that as result of sending their children in GMC of their community, they are freer from family obligations and with more possibilities to work.

6. Project has encouraged and enabled women to create community based informal structures (such as GMC, TOT group, Active mothers group) that aims to address common basic needs covered poorly or not at all from public structures.

8.9 Recommendations

Recommendation 1 It is of utmost importance to project the setting up of a permanent gender services centre such as gender advocacy and gender legal consultations, shelter for battered women, in some localities. Project should help community people in finding financial support or creation of partnerships with other programs that promote gender equalities.

Recommendation 2 The experts of service group say that these types of activities should be facilitated even after the project finishes. It is likely to believe that they could be improved through the establishment of a permanent office, which gather information about the needs. This would help to better identify the most needed services and set up units, which would provide those services, facilitating the access of population as well.

Recommendation 3 Better participation of women in decision-making bodies. Starting from urban areas (where women have better social position than those of rural areas) the Board of fathers should be transferred in Board of father and mothers too. This would be an opportunity for empowering women in decision-making process that will be followed by rural areas in a later period.

Recommendation 4 Project should speed women empowerment process by building up partnerships with other projects, particularly with those that support women micro-businesses and professional trainings. Economic independence is a good step toward empowerment.

Chapter 9

The capacity of the project and local actors to build collaboration network between formal and non-formal institutions. Long-term project sustainability

- 9.1 The capacity of the project and local actors to build collaboration network between formal and non-formal institutions
 - 9.1.1 Central level structure: ECD Task Force
 - 9.1.2 Local level structures
 - 9.1.3 Regional and Satellite Board of Fathers
 - 9.2 PROJECT SUSTAINABILITY
 - 9.2.1 LONG-TERM GOAL OF THE PROJECT
 - 9.2.2 Wide participation, clear visions about roles among project staff and collaborators
 - 9.2.3 Information availability to monitor and improve project activities
 - 9.2.4 Increase knowledge's and skills
 - 9.2.5 Decision-making and ownership
 - 9.2.6 Ability and willingness of counterparts to sustain project activities
 - 9.2.7 Sustainability strategy
 - 9.3 Conclusions
 - 9.4 Recommendations
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9.1 The capacity of the project and local actors to build collaboration network between formal and non- formal institutions

One of the objectives of the evaluation is assessment of the ability of the project to set up network between the government structures at central, local levels and community-based structures. The creation of networks at local and national levels is necessary for the project implementation and paves the way to develop sustainable strategies after project completion. During its implementation the project has involved formal structures in central level, formal and in formal structures at local level.

9.1.1 Structure at national level: ECD Task Force

At the national level ECD Task Force, set up on October 2003, represents the ministries involved in this project. ECD Task Force aims to join the efforts cross-sectorally for integrated early childhood development in Albania. More specifically the Task Force is working on:

1. Completing the mapping of ECD interventions
2. Preparing national plan of actions for ECD
3. Building broad based inter-ministerial partnership on ECD.

Task members are collaborating with each other and result of their cooperation is preparation of a report on ECD in Albania and introduction of ECD indicators within NSSD document. Also Task Force is collaborating with the project. It knows the philosophy of intervention and is regularly informed about results at different stages. While the project is developing ECD activities and build up new ECD models and collaborations at local level, the Task Force members (MoES, MoPH, MoLSA, CoEO, MoLGD) with specific policies and actions aims to support them to keep functioning after project termination.

9.1.2 Local level structures

First group of local authorities are district level have been involved in the project design and later in the project implementation. District structures serve as coordinative structures between central and local levels. Local level mentioned in this report refers to Municipalities in the districts where the project is implemented like Dibra, Kukes, Has and Tropoja and respective Communes for each of the districts. The role of district structures, municipalities and communes in this project is:

1. To offer institutional support to the CCF initiative;
2. To provide local capacities to facilitate the implementation of the project. Here there are included data offering, the coordination of the project, provision of local staff to identify the needs and organize the intervention in the respective cities areas that are more in need;
3. To build local strategies for the improvement of the quality of the services linked to ECD.
4. Building scheme for sustainability

It has been recognized that local government institutions are aware about the project and its philosophy. It has been noticed through contacts with the representatives (senior level) of local government in the district of Kukes, Has, Tropoja and Diber.

The representatives of these institutions have been active participants of the debates and formal/non formal workshops organized by CCF. They have contributed from the beginning through the provision of ideas where to focus the intervention and how to design the strategy. The support of local authorities has been of high importance in making the decision where the project had to be implemented, based on the situation analysis of the needs. Initially, the optional communities were divided in three categories:

1. Municipalities/Communes where the social infrastructure and education and health institutions were denigrated;
2. Municipalities/Communes where the services linked to ECD were missing.
3. Municipalities/Communes with conflicts among community members

Selecting the districts of intervention, the geographical position, the distance from the center of the district and number of the inhabitants were taken into consideration. The active involvement of key local actors guaranteed the progress of the process because it paved the way for success of the project since the beginning. The local authorities have offered local capacities as well as human resources and information. Their contribution is a strong guarantee towards sustainability of the project, not only in the selected districts. It is a precondition to encourage the spread of the idea all over the country in the near future.

The Departments of Education at the district level played an important role alike. From the management and administrative point of view, these departments depend on the Ministry of Education and Science. Their task is to nominate the teachers, to approve the TORs for every job place and to assess the level of teacher's qualification. They take decision also for the needs for investments in education sector. The process of decentralization of local government is progressing very fast. According to the recent initiatives undertaken by a group of ministers, as far as reform of decentralization is concerned, competencies related to policy design and

implementation in education will be under the local authorities. The model of ECCD provided through the project goes hand in hand with the reform of decentralization of authorities and services.

The role of local authorities in CCF project had consisted on:

1. The provision of institutional support to this CCF initiative.
2. Offering the local capacities in order to facilitate the implementation of the project. Here there are included data offering, project coordination, provision of local staff to identify the needs and to organize training and workshops.
3. Designing local strategies to improve the quality of the education in the preschool level.
4. Introduction of GMC model as optional alternatives of ECCD

Local authorities know in detail the project activity. It was noticed that all representatives of the directories of education had visited all GMCs and had accurate data and facts about the number, the geographical distribution of this model and the lesson-giving program. They had seen this project as a good alternative mainly for the used methodology and its philosophy.

The Education Directories of these districts have contributed by offering the information about the curricula, the physical conditions of infrastructure, the most critical needs and problems they face in offering preschool services in the most remote areas and information about the qualification of the teachers in GMCs. They also have contributed to assess the possibilities of local structures to train their staff during yearly activities. The Directories of Education have identified the needs and the possibilities they have to address these needs. Thanks to this support, it has been made possible to intervene in the areas that are in desperate need.

The main goal of this cooperation is the improvement of ECCD services. That is why CCF is trying to include the pedagogical staff of the public kindergartens in the training and workshops organized by them. They are all working for the same objective. Senior representatives of the Education Directories have participated in the workshops and trainings organized by CCF and local task force.

The Health Directories of the districts have the same administrative status as the education directories. The health component in its entire aspect is important in the CCF strategy of intervention. Assistance for family planning, care during pregnancy, neonatal care, vaccination, nutrition, etc are in the focus of CCF intervention. In local level the Directories of Health at district level cover the health care services for the children aged 0-6 years old. These directories are in charge of primary and secondary health care services as well. As far as their role to CCF project is concerned, they have been of help in:

1. Provision of institutional support to CCF initiative.
2. Offering the local capacities to facilitate the implementation of the project. Here there are included data offering, project coordination, and provision of local staff to identify the needs and to organize training and workshops with the GP's, gynecologists and pediatricians staff in hospitals and health centers.

3. Building local strategies in order to improve the quality of health services for children of 0-6 years old.

The representatives of the local Health Directories have been highly involved. They have been aware of the lack of local capacities to offer qualitative health services. That is why they have appreciated the CCF intervention. They consider the gardens of mothers and children as an appropriate model for the provision of necessary information and counseling especially for pregnant mothers and young mothers.

The information provided there includes counseling for family planning, care during pregnancy, neonatal care, vaccination, nutrition etc. The dissemination of the information by the local professionals through focus group discussions is appreciated and considered as the most effective one compared to the other forms like spontaneous sensibilization with posters and leaflets.

Knowing the real situation and needs in the region, local authorities have advised CCF to intervene in the communities more in need and to cover problems like infant mortality, maternal mortality, child nutrition etc.

Qualified medical staff has provided training. The training has been organized according to the agenda prepared in advance by local CCF staff. Staff of all gardens of mothers and children has been beneficiaries of these trainings. Participants, mainly those related to women problems, have selected the topics of the training.

One of the features of this project has been the establishment of the centers for mothers and children within the regional hospitals. These centers could accomplish some functions at the same time: 1) Help in making the medical services more human oriented by offering a new perception of children's social concerns. 2) The creation of a friendly environment where the children could stay and play during the medical treatment. 3) Contribute to improve the hospital environment as well, giving a new social and human dimension, which was missing before.

9.1.3 Regional and Satellite Board of Fathers

Boards of fathers (both regional and satellite) present the informal structures. Regional board is composed of experts of ECCD and senior representatives from the local authorities, such as: teachers, educators, doctors and experts of social matters in the respective regions. These boards are the key institutions that take decision regarding the implementation of the project in the regional level. They take decision that influence directly the project running and decide for its future. These boards are called periodically. The boards have been provided with accurate information about the project running.

Father's satellite Boards are voluntary organizations. Their primary intention is to increase the community father's sensibility on ECCD problems. Increasing the conscience of the fathers for their role is hoped to have their active participation in the children well-being at home and outside. They are the intermediate link between community and local authorities.

Father's boards are close to the GMC. They are focused on the creation of a friendly atmosphere to implement the activities of the project. They play as well a key role in the management of

conflicts due to the adequate training they benefited. CCF is the main coordinator of all above-mentioned institutions.

9.2 Project long term sustainability

Sustainability in this chapter refers to probability that project activities will continue to produce outcomes of sufficient values for their intended beneficiaries so that they generate adequate local resources to support continuation of benefits at steady or growing level.

Analyzing project sustainability needs to give answer following questions

Has the project a long-term goal? Has the project ensured wide participation with clear visions and roles among project staff and collaborators? Has the project build up a good monitoring and evaluation system? Has the project provided training in knowledge's and skills? Has the project developed strategies to obtain additional funding and support beyond the time of original grant? Has the project written plans for incorporating the project within public institutions at both national and local level?

9.2.1 Long-term goal of the project

The project has a long term goal: the development at national level of the holistic and community driven system of child attentive care facilitating community reconciliation with a view to advancing the well being of children in Albania. Northern Albania project is a pilot project.

9.2.2 Wide participation, clear visions about roles among project staff and collaborators

A special attention has been paid by project to the building of a local network where all the formal and non-formal organizations are included. These organizations play different roles in the project implementation. By building the network, the project is trying to invest in institutional capacity building, which is the basis for the continuity and sustainability of in the future. Local networks serve as energizers for community participation by enabling local people to participate actively in ECCD activities. This mutual beneficial and collaborative relationship is good sign toward sustainability but not sufficient.

Within local network seems that formal and non-formal organizations work independently from each other. As far as coordination of the mentioned institutions is concerned, it is evident that GMCs, which are closer to the community or other clients, coordinate their work in a better way. So far the coordination of the organizations in local and central level has been covered by CCF structures. The continuity and the sustainability of the project appears critical as long as coordinating role of CCF is not replaced by another actor, no matter of formal or non formal one.

9.2.3 Information availability to monitor and improve project activities

Efficient and transparent flow of information among key stakeholders itself and stakeholders and project is important step that strength participation and ownership. During Mid Term evaluation we found that monitoring process was fragile and not able to give clear ideas about project

performance at any time. However monitoring and evaluation system is underdevelopment. During evaluation stage, CCF staff reports that they are developing monitoring and evaluation tools for information collection and will train local people how to use data and prepare reports. However inconsistent reports found by evaluators led to the conclusion that CCF should work hardly in building powerful, efficient and transparent information system with participatory sound.

9.2.4 Increase knowledge's and skills

CCF has paid high attention to the provision of training, workshops to the groups involved in project in order to increase their knowledge's and skills toward child attentive behaviors. A core group of trained local people serves actually as trainers, making possible the sustainability of the training activities. However, their knowledge needs to be update or enrich with new ones. In this regard the project should provide/develop plans or agreements for future involvement of trainers in trainings offered by non-government or government programs.

9.2.5 Decision-making and ownership

CCF has hardly tried to empower the local capacities, to raise their awareness on the importance of participation in local decision-making process. CCF has organized sessions of trainings and workshops focused on building local capacities, particularly in project design and fund raising. Involvement of local communities in problems solutions will have real impact on raising awareness of local representatives in the parliament.

From focus groups discussions it was recognized that community appreciates this project initiatives. It has another positive impact on raising the self-confidence of local people. It helps as well in identification of local leaders, who has strong influence in the respective communities. Thus, their involvement in the overall process is a guaranty for the future sustainability of the project.

Another important step towards project continuity is the local ownership of the project. It should start with legalization of local branches, where men and women could participate as members. Having the legal status, they could easily coordinate with local authorities, participate in making decisions and be in contacts with donors

9.2.6 Ability and willingness of counterparts to sustain project activities

Project sustainability and continuity relates to voluntary work. This is an important component in the project structure. Many organizations function based on the voluntary contribution. Local communities have expressed strong willingness and high commitment in the project implementation and they are providing voluntary intellectual and labor contribution. However, the majority of the persons that voluntary contribute to implement this project live in extreme poverty. Very soon, no matter of high sacrifice spirit and enthusiasm, the project and its principles will be risked, unless another compensation scheme is in place.

Local authorities have understood the power of non-government agencies as promising means of collectively addressing concerns regarding children and community development. They are very supportive standing so steps forward compare to national institutions, but they are weak in economic terms and professionalisms. Local authorities for local government express the willingness and committed their selves to support financially projects activities after grant termination, but they do not posses enough budgets to cover project expenditures. Being poor

areas local revenues comprise a small fraction of the local budget leaving a small space for financing project continuity.

The experience showed that local authorities were not able to contribute financially. Despite the fact that decentralization process is progressing quickly, only municipalities in the big towns have benefited additional funds. It has been decided that the management of education funds will be one of responsibilities of local government, but so far it has not been realized yet in practice due to the limitations in funds. As a matter of fact it sounds more reasonable that the local authorities manage education funds due to the realistic view they have on the needs and priorities. This would be one of the ways to improve the quality of learning and increase the access to basic education. This will create room for the application of alternative models based on the local conditions. Thus, there would be the opportunity to finance locally the GMCs where the need exists transforming the initial project in a sustainable one.

Municipalities and communes have some other possibilities for contribution. They can offer the buildings and other state properties that might need some rehabilitation work, which could be realized by local people or CCF. Reconstructed building will remain local property.

Central government is still behaving "indifferent", delaying the preparation of a national policy on ECD, before project terminate. MoES and MoLSA are developing strategies that would support sustainability but they are not enough taking into account the complexity of ECCD interventions. This is another threat for sustainability.

9.2.7 Sustainability strategy

CCF Albania does not have yet a sustainability strategy neither written plans for incorporating the project within public institutions at both national and local level. This is going to be prepared during second year of project implementation.

9.3 Conclusions

1. The project has build up collaboration among ministries by creation of Task Force with a mission to energize ECD policies and support continuity of project interventions. At local level the project has build up collaboration among local formal institutions represented by local authorities at district level (Public Health Directory, education directories) and municipalities and communes and local non- formal institutions represented by Board of Fathers Both local and regional).
2. Local formal authorities are offering institutional support and they are key actors in building local strategies for improvement of quality of services linked to ECD. The support of local authorities has been of high importance in making the decision where the project had to be implemented, based on the situation analysis of the needs.
3. Local authorities know in detail the project activity. It was noticed that all representatives of the directories of education had visited all GMCs and had accurate data and facts about the number, the geographical distribution of this model and the lesson-giving program. They had seen this project as a good alternative mainly for the used methodology and its philosophy. In addition they contributed by offering the information about the curricula and education specialists have been

trainers for GMCs staff. The main goal of this cooperation is the improvement of ECD services. Senior representatives of the Education Directories have participated in the workshops and trainings organized by CCF and local task force.

4. The health component in its entire aspect is important in the CCF strategy of intervention. In this project the collaboration among the Directories of Health at district level and non-formal local institutions is manifested with provision of institutional support to CCF initiative; offering the local capacities to facilitate the implementation of the project and starting building local strategies in order to improve the quality of health services for children of 0-6 years old.

5. ECD Task Force as mediator between Central Government and project implementers at all levels is lobbying ECD issues in Albania. Task Force do not direct connection with local formal or informal but outputs of Task Force will have great impact on project sustainability and extend the models created by project at national level.

6. Project sustainability is strongly connected with accomplishments of some conditions and actions. The project has achieved some conditions that guarantee long term a long-term sustainability but there are some conditions where the project should be concentrated during second year of the implementation.

7. The continuity and the sustainability of the project appears critical as long as coordinating role of CCF is not replaced by another actor, no matter of formal or non formal one.

8. Efficient and transparent flow of information among key stakeholders itself and stakeholders and project is important step that strength participation and ownership. Inconsistent reports found during evaluations should draw attention of CCF Albania to work hardly in building powerful, efficient and transparent information system.

9. Sustainability is closely linked with the continuous increase of local people knowledge's and skills toward child attentive behaviors. In this regard the project should provide/develop plans or agreements for future involvement of trainers in trainings offered by non-government or government programs.

10. Project sustainability and continuity relates to voluntary work. This is an important component in the project structure. Local communities have expressed strong willingness and high commitment in the project implementation and they are providing so far voluntary intellectual and labor contribution. However, the majority of the persons that voluntary contribute to implement this project live in extreme poverty. Very soon, no matter of high sacrifice spirit and enthusiasm, the project and its principles will be risked, unless another compensation scheme is in place.

11. Local authorities are very supportive standing so steps forward compare to national institutions, but they are weak in economic terms. Local authorities for local government express the willingness and committed their selves to support financially projects activities after grant termination, but they do not posses enough budgets to cover project expenditures. There is strong need for decentralization not only in terms of competences but also in financial terms. Sounds more reasonable that the local authorities manage for e.g. all education funds due to the realistic

view they have on the needs and priorities and this would be one of the ways to improve the quality of learning and increase the access to basic education. This will create room for the application of alternative models based on the local conditions.

12 Central government is still behaving “indifferent”, delaying the preparation of a national policy on ECD, before project terminate. This is another threat for sustainability.

13. CCF Albania does not have yet a sustainability strategy neither written plans for incorporating the project within public institutions at both national and local level.

9.4 Recommendations

The project should concentrate efforts in creation appropriate conditions for long-term sustainability.

Recommendation 1 It is of utmost importance the building of sustainable strategy. The project should break the “indifferent” behavior of Central government, by showing positive results, and strengthen the collaboration with the Task Force. The project in close collaboration with task Force and Local institutions (formal and non formal) should prepare a sustainability strategy and written plans for the incorporation of project activities within policy agenda of both local and central government. Including Ministry of Finance as Task Force member would have better results in term of financial support.

Recommendation 2 The project should start to pass the coordination and the management to local actors: formal or non-formal ones.

Recommendation 3 Increase the local ownership of the project through legalization of local branches, where men and women could participate as members. Having the legal status, they could easily coordinate with local authorities, participate in making decisions and be in contacts with donors

Recommendation 4 Even that is under developing process the project should build an efficient and transparent information/monitoring system able to monitor and evaluation project outputs and outcomes. Information/monitoring system should be a participatory one.

Recommendation 5 The project should build up plans and agreements with government (local and central) that will support the update of knowledge's and skills for the core local trainers, after project termination.

Annex 1

List of contacted persons during evaluation mission

1. Carine Clert Social policy Expert, World Bank
2. Aigli Zafeirakou Educational Specialist, World Bank
3. Mirlinda Bushati ECD program director, UNICEF
4. Linda Spahiu National Director, CCF Albania
5. Suela Cela Program Manager, CCF Albania
6. Adrian Civici ECD Task Force, Coordinator
7. Etleva Sheshi ECD Task Force member, Committee for Equal Parities
8. Irida Zogolli ECD Task Force member, Ministry of Local Government and Decentralization
9. Pranvera Kamani ECD Task Force member, Ministry of Education and Science
10. Nedime Ceka ECD Task Force member, Ministry of Public Health
11. Natasha Piivani ECD Task Force member, Ministry of Labor and Social Affairs
12. Donika Naqi National Center for Child Development
13. Sanije Batku Local CCF-Albania coordinator; Diber District
14. Hanke Shehu Coordinator of GMCs ((Diber District)
15. Lulzime Pilafi Coordinator for activities with community (Diber District)
16. Bardhyl Agolli Head of Commune Maqellare (Diber District)
17. Zyrije Kallaverja Staff of Resource Center Peshkopi Regional Hospital
18. Rita Koci Staff of Resource Center Peshkopi Regional Hospital
19. Mustafa Ndreka Director of Public Education (Diber District)
20. Perihan Tomcini Inspector for preschool education (Dibra District)
21. Margaritja Markja Preschool education inspector & Lawyer (Service group, Diber District)
22. Flutura Bulku Administrator Mother, GMC of "Llixha" neighborhood; (Peshkopi town)
23. Manushaqe Reka Peshkopi town preschool center
24. Sabrije Vranici Peshkopi town preschool center
25. Regional father's Board (Diber District)

26. Satellite Father's Board Lixha neighborhood; (Diber District)
27. Mirdash Hoxha Local CCF-Albania coordinator; Kukes and Has Districts
28. Bashkim Ngjeci Secretary of Kukes Qark Council
29. Osman Elezi Mayer of Kukes Municipality
30. Nexhmie Hasa Administrator Mother, GMC "Gostil" neighborhood; (Kukes town)
31. Bilbil Braha Head of Commune Bicaj (Kukes District)
32. Dan Koloshi Head of Commune Zapod (Kukes District)
33. Regional father's Board Kukes & Has Districts
34. Gjyle Cahani Director of Primary Health Care (Kukes District)
35. Staff of Resource Center Kukes Regional Hospital
36. Selman Geca Director of Public Education (Qark of Kukes)
37. Besim Hoti Local CCF-Albania coordinator; Tropoja Districts
38. Isa Memia Mayer of Bajram Curri Municipality (Tropoja District)
39. Eglantina Zalli Preschool teacher in public preschool, Tropoja Municipality
40. Zenel Meta Deputy head, Tropoja Municipality Council
41. Regional father's Board Tropoja District
42. Avni Boshnjaku Director Of Public Health; (Tropoja District)
43. Sanije Agaj Administrator Mother, GMC " Lagjia Partizani"; (Tropoja town)
44. Bajram Ymeraj Director of Primary Health Care (Tropoja District)
45. Aferdta Haklaj Inspector for preschool education (Tropoja District)
46. Lulzim Logu Inspector for preschool education (Tropoja District)

List of communities as project beneficiaries

	DISTRICT	MUNICIPALITY	COMMUNE	NEIGHBORHOOD	VILLAGE
1	Diber	Peshkopi		Lagje Qender	
2	Diber	Peshkopi		Lagje Llixha	
3	Diber		Kastriot		Sohodoll
4	Diber		Kastriot		Kastriot
5	Diber		Kastriot		Borovjan
6	Diber		Luzni		Luzni
7	Diber		Zalldardhe		Zalldardhe
8	Diber		Maqellare		Maqellare
9	Kukes	Kukes		Lagjia e Re	
10	Kukes	Kukes		Bozhe	
11	Kukes	Kukes		Gostil	
12	Kukes		Bicaj		Nange
13	Kukes		Bicaj		Bicaj
14	Kukes		Shishtavec		Shishtavec
15	Kukes		Shishtavec		Novosej
16	Kukes		Zapod		Orgjost
17	Kukes		Shtiçen		Gjallice
18	Kukes		Shtiçen		Shtiçen
19	Kukes		Malzi		Kalimash
20	Has	Krume		Krume e vjeter	
21	Has				Nikoliq
22	Has				Zahrisht
23	Has				Tregjan
24	Tropoje	Bajram Curri		Lagjia Partizani	
25	Tropoje			Lagjia 28	
26	Tropoje		Tropoje		Tropoje e vjeter
27	Tropoje		Llugaj		Cernice
28	Tropoje		Margegaj		Margegaj
29	Tropoje		Fierze		Fierze
30	Tropoje		Bujan		Dojan

List of communities visited during evaluation²¹

	DISTRICT	MUNICIPALITY	COMMUNE	NEIGHBORHOOD	VILLAGE
1	DIBER	PESHKOPI		Llixha	
2	Diber	Peshkopi		Treg	
3	Diber		MAQELLARE		Maqellare
4	Diber		Maqellare		<i>Pesjak</i>
5	Diber		KASTRIOT		Borovjan
6	Diber		Kastriot		<i>Kander</i>
7	Kukes	Kukes		Gostil	
8	Kukes	Kukes		<i>Laggja No.3</i>	
9	KUKES	Kukes	BICAJ		Nange
10	Kukes	Kukes	Malzi		Kalimash
11	Kukes	Kukes	BICAJ		<i>Bushat</i>
12	Kukes	Kukes	Malzi		<i>Kryemadh</i>
13	Tropoja	Bajram Curri		Laggja Dardania	
14	Tropoja	Bajram Curri		<i>Lagja</i> <i>Partizani</i>	
15	Tropoja	Bajram Curri	TROPOJE		Aste
16	TROPOJA		Llugaj		Cernice
17	Tropoja		LLUGAJ		<i>RREZ MALI</i>
18	TROPOJA		Tropoje		<i>Kasaj</i>

²¹ Communities in bold belong to areas from which are chosen participant groups; communities written in red are those from whose are chosen control group. The second ones are communities not covered by project activities.

Table 1 Information about children and local people receiving or offering ECD activities, by districts

	Has District	Kukes District	Tropoja District	Diber District	Total
Number of GMCs	4	11	7	8	30
Children					
Number of children 0-6 attending GMC	174	468	227	510	1,380
From them aged 3-6	122	306	153	309	890
Average number of children aged 3-6 per GMC	30	28	32	38	29
GMC staff					
Number of Administrative Mothers	4	11	7	8	30
Number of Lead Mothers	20	55	38	40	152
Average staff per GMC	6	6	6	6	6
Local people organized in community networks					
Number of Active Mothers	77	165	88	144	474
Number of TOT mothers	4	12	7	9	32
Number of fathers in Local Board of Fathers	28	77	47	40	192
Average number per community	27	23	20	24	23
Number of Regional Board of fathers	-	1	1	1	3
Number of Local Board of Fathers	4	11	7	8	30
Local trainees					
GMC staff trained	24	66	45	48	182
Active mothers trained	67	165	65	118	415
Members of Local Board of Fathers trained	28	77	36	40	181
Community mothers trained	241	752	441	788	2,222
Community fathers trained	131	500	97	180	908
Average number per community	123	141	98	146	130
Community people that serve as local trainers					
Leader mothers	7	31	11	23	72
Active mothers	14	40	2	30	86
Local Board of fathers	9	20	8	12	49
Average number of trainers per community	9	9	3	9	7
Regional Board of fathers	-	11	11	12	34

Source: Reports from CCF local coordinators, April 2004

Information about beneficiaries by district and community level