RESULTS FOR DEVELOPMENT

Inception Report

Impact Evaluation of the Roma Parenting Support Program

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I. INTRODUCTION

A. Background

A child's earliest years are marked by periods of extraordinary growth and development. The formation of the brain, and the child's physical, cognitive, social and emotional development, depend on the quality of their early experiences, including the quality of parenting they receive. However, too many children are not afforded these positive early experiences. Unfavorable early environments adversely affect their development, health and well-being, and readiness for school. Early childhood interventions, including efforts to improve parenting quality and the quality of pre-school, can mediate these unfavorable early experiences and serve to support children's optimal development, with the greatest benefit to vulnerable children.

Children from marginalized communities, such as the Roma in Eastern Europe, tend to be at a greater disadvantage. Serbia is home to a significant Roma population who were nationally recognized as a minority in 2002. According to the 2011 census, 2.1% of the Serbian population is Roma. However, like many other countries in Eastern Europe, the true Roma population is believed to be 2-4 times higher (UNDP, 2006). The Roma have been historically marginalized, living in higher rates of poverty and with poorer access to health, sanitation, infrastructure, and educational opportunities. This disadvantage is well documented in the 2014 Serbian Multiple Indicator Cluster Survey (MICS) across common development indicators, such as birth weight, early childhood education access, support for learning, and persistence in education.

Disparities between the Roma and the general population start early. Nearly three times as many Roma children are considered low-birthweight (14.7% compared to 5.1%) according to the 2014 MICS. In the domains of literacy-numeracy, physical development, socio-emotional development, and learning, 83.3% of the Roma children are developmentally on-track compared to 95.1% of the general population in Serbia. Strikingly, only 5.7% of children in Roma settlements attend early childhood education, compared to 50.7% of the general population. Roma families also engage in fewer activities to promote learning and school readiness compared to the general population (68% as opposed to 95.5%). Within Roma homes, there are also fewer playthings or books available for children under five. School readiness, or the percentage of children who attended pre-school during the previous school year, is also much lower in the Roma communities, 79.9% compared to 98.1%, as is the primary school net attendance ratio (85.8% compared to 98.8%). The early disadvantages are hard to overcome – only 64% of Roma students complete primary school and 58.7% transition to secondary schools (compared to 93.4% and 96.3% of their non-Roma peers, respectively). Without a basic education, Roma children are likely to remain under-employed.

It is with these challenges in mind that the Open Society Foundations Early Childhood Program (OSF ECP) developed the Roma Early Childhood Development and Education (ECDE) Initiative, supported by ECP in Serbia. This initiative pilots community-based services to improve the quality of parenting support services and early childhood education and care. Pilots are culturally and contextually relevant for Roma caregivers and their young children from the prenatal period through early primary school and focus on improving the context of children's development in their homes and communities. The projects are implemented by Romanipen and the Centre for Interactive Pedagogy (CIP Centre) in Serbia.

The main project, "Strong from the Start – Dam Len Phaka - Let's give them wings" seeks to improve parental competencies for early childhood development, education and social inclusion of Roma preschool children (also referred to as the Parenting Support Program). This program was piloted in three communities between 2012 and 2015. The next phase of activities, from 2016 to 2018, will expand services into 15 previously unserved communities.

OSF has selected Results for Development Institute (R4D) to conduct an evaluation of the Parenting Support Program, covering the community workshops and home visiting. This report describes the approach and design for the evaluation. In the next section, we provide a description of the implementing actors and programs. Section II contains a review of the literature and context for this evaluation. The evaluation design and methodology are discussed in Section III, along with data sources and indicators in Section IV. Finally, Section V describes the management and administration of the evaluation.

B. Overview of Intervention

The Roma ECDE Initiative and Strong from the Start program is implemented by two Serbian partners: The Centre for Interactive Pedagogy and Romanipen. These partners have worked extensively with the Roma communities and will be actively involved in the evaluation.

1. Partners

Romanipen

The Educational Cultural Union of Roma "Romanipen," established in 2005 is a non-governmental and non-profit organization. Romanipen's mission is to improve the quality of life for Roma by developing new services to increase the efficiency and professionalism of organizations, leaders, and individuals. Romanipen is a respected partner in the development and implementation of national and international projects in priority areas of the Decade of Roma initiative. Romanipen consistently works to support and connect other Roma NGOs, and works directly with Roma children, youth, and parents.

Centre for Interactive Pedagogy

The Centre for Interactive Pedagogy (CIP Centre), established in 1998 and based in Belgrade, is a voluntary, non-governmental and non-profit association. The organization's mission is to improve the conditions in which children and youth in Serbia live. They do this by working to empower youth and adults, by raising the professional capacities of experts, advocating for democratic values and by bringing together individuals and organizations. CIP Centre focuses on early childhood development, educational and social inclusion, and community participation. CIP Centre has also actively worked to improve the education and status of Roma in cooperation with Roma NGOs, the Serbian Ministry of Education, and other key partners. Experts from the CIP Centre developed the "Strong from the Start" curriculum.

2. Parenting Support Program

The CIP Centre, in cooperation with local Roma NGOs, created "Strong from the Start – Dam Len Phaka - Let's give them wings" curriculum to facilitate the development of more enabling and safer family settings for small children from poor Roma families living in informal settlements. Both Roma and Serbian communities refer to the family home as the "nest" and strive to give their children "wings to fly" through supportive care and education. The Parenting Support Program seeks to build Roma parents' skills and competencies so they can support their children just as their non-Roma peers do.

"Strong from the Start" is a comprehensive curriculum for parents and caregivers in three thematic areas: *Family and Community Roles and Responsibilities for Raising Children*; *Child and Family Health Protection*; and *Encouraging Child Development*. There are multiple topics within each theme (20 topics total). The program hosts a series of community-based workshops for parents (with children age 0-7), and provides additional home visits for parents of young children

Strong from the Start Curricula:

- 3 thematic areas covering 20 topics
- 31 community-based parent workshops
- 6 community-based children's workshops (with more under development)
- 10 home visit guides

(age 0-1). There is at least one workshop per topic (31 workshops total), and there are an additional ten workshops for the home visits. The curriculum also includes six workshops and activities for children designed to support and encourage children's development, model activities, and otherwise engage them while their parents are in training. Additional workshops are being developed, with the aim of having 31 children's workshops in place by the end of 2017. The detailed curriculum and implementation guide contain educational material for the Roma facilitators delivering the trainings, workshop guides with scenarios and activities, and some additional instructional materials.

The Parenting Support Program often conducts workshops with children and parents concurrently. At times, workshops and activities for parents and children will be combined to allow facilitators to model positive parenting techniques and activities. Separately, facilitators will conduct home visits to those families with young children age 0-1. The topics, workshops, and mode of delivery are described in further detail below.

Delivery of the Parenting Support Program 2016-2018

CIP Centre and Romanipen selected 15 communities, including urban and rural locations based on their pilot experience and the communities' interest. In each community, 30 families with children 0-7 years-old will be identified and recruited to participate. The focus of the parenting program is on children between the ages of 3 and 5.5 years-old so that they may have an increased chance of attending preschool. If families drop out over the course of the program, new families will not be enrolled. Families are expected to participate for the duration of the program; however, the pilot demonstrated that many families will not complete the entire program.

Beneficiaries

In each of the 15 communities, the Parenting Support Program will reach 30 families (for a total of 450 families and approximately 750 children). The assumption is that approximately one-quarter of the families will have children 0-1 years-old (approximately 115 families and 115 children); these families will receive home visits, as travel with young children is challening. Children age 2 to 3 are expected to be in the workshops with their parents. Older children, age 3-7, will participate in the children's workshops. Fathers and other caregivers are welcome to participate, especially in the home visits, but mothers will be the prime audience for this intervention.

A Roma NGO active in each community will be responsible for implementing the Parenting Support Program, under the management of CIP Centre and Romanipen. These Roma NGOs have been provided with grants to cover all costs necessary for implementation. Each Roma NGO has identified two Roma facilitators who will carry out the workshops and home visits and they have been trained by CIP Centre and Romanipen. The Roma NGOs and facilitators will carry out program monitoring activities, supplying attendance logs, event reports (workshops and home visits), and a quarterly analysis for parent involvement. CIP Centre and Romanipen will conduct monthly site visits to ensure proper program implementation. Program facilitators will also receive on-going mentoring support by the curriculum's authors. Mentorship activities will support facilitators to plan and implement the Parenting Support Program, help problem-solve any issues, and suggest any improvements. Mentors will observe one workshop within the child development theme, one within the Child and Family Health Protection theme, one home visit, and one child workshop. In addition, they will periodically conduct demonstration workshops for the facilitators.

The Parenting Support Program will be implemented in two phases over an 18-month period. Phase 1 of the Parenting Support Program will commence in February 2017 and conclude in November 2017. During this time, eight months will be active programming, with approximately 4 workshops per month,

and one month will be reserved for breaks (summer, holidays, etc.). Phase 2 of the Parenting Support Program will commence in February and follow a similar cycle.

While there are 30 families from each community participating in the Parenting Support Program, for operational purposes, they will be split up into two groups of 15 families (attempts will be made to group by the age of the children in each family). Each workshop will be conducted twice, one time for each group. One Roma facilitator will lead the parents' workshop while the other leads the children's workshop. At times, parents and children will attend a workshop together, often focused on modeling skills and activities. This split-group format allows for more manageable group sizes and allows parents to "make-up" their workshop if they are not able to attend their regular group.

a) Workshops with Parents

The "Strong from the Start" workshops will engage families (parents and other caregivers) in the early education of their children over an 18-month period. Training will begin in February 2017 and continue through July 2018. Training will occur in two phases, with each phase consisting of 8 months of active programming and one month of breaks (accounting for seasonal work, summer, and winter break). The first phase of the Parenting Support Program focuses on raising awareness, changing attitudes and beliefs, and building knowledge about early childhood development, child rights, and parental responsibilities. The first phase also seeks to build parenting skills and change practice.

The second phase of the Parenting Support Program focuses on reaffirming parents' new beliefs, skills, and behaviors. The workshop topics will build upon the teachings introduced in the first phase and encourage parents to share their parenthood practice with one another. For example, the topic in the first phase may be about Healthy Food and teach parents about how to compose nutritious meals for their children; in the second phase, parents will share their recipes and engage in joint cooking activities. Each workshop, which follows a set structure, is designed to encourage learning, self-reflection and peer learning.

THEME I. FAMILY AND COMMUNITY ROLES AND RESPONSIBILITIES FOR RAISING CHILDREN **3 Topics and 5 Workshops**	
Topic	**Workshop**
1. Rights in the field of education and social protection	Rights of the child and the parent's role in protecting them
2. Stereotypes, prejudice and discrimination	Prejudice and discrimination
3. Psycho-social well-being and resilience	Motivation to participate in and expectations of the program
	Personal empowerment
	Recognizing and alleviating stress
THEME II. CHILD AND FAMILY HEALTH PROTECTION **10 Topics and 12 Workshops**	
1. Safe settings for children	Safe settings for children
2. Healthy settings for children	Healthy settings for children
	Safe food preparation and storage
3. Child health care rights, obligations and planning	Child health care rights, obligations and planning
4. Healthy nutrition for the entire family	Healthy food
5. Personal hygiene and dental hygiene	Personal hygiene
	Dental health

6. ***Healthy women bear and raise healthy children***	Health care in pregnancy
7. ***Infant care, nutrition and health care***	Infant nutrition
8. ***Care, nutrition and health care of small children***	Small child nutrition
9. ***Caring for sick children***	Caring for sick children
10. ***Importance of daily family child-raising routines***	Importance of daily family child-raising routines
THEME III. ENCOURAGING CHILD DEVELOPMENT 7 Topics and 14 Workshops	
1. ***Encouraging child's development***	Psycho-motor development of infants
	Psycho-motor development of small children
2. ***Every child has a unique personality***	Every child is unique
	Story about names
3. ***Power of positive parenting***	Verbal and nonverbal signals that we give children
	Rules and limits instead of punishment
	Being a parent
4. ***Psycho-social development of small child***	Developing of self-respect
5. ***Development of speech, language and early literacy skills***	Encouraging development of speech and language and early literacy
	How to make and use storybooks
6. ***Cognitive development and learning of young children***	How we learn
	Learning enabling environment
7. ***Play and toys***	Making toys
	Importance of play

b) Workshops with Children

Facilitators will also hold workshops for children, focusing on 3-to-6-year-olds (before children enroll in mandatory preschool). These workshops encourage child development and provide safe and stimulating activities for the children while their parents are participating in the Parenting Support Program workshops. Some sessions are held together with the parents and allow facilitators to model activities for adults on how to work with the children.

Workshops focus on psycho-social, sensory-motor, language and speech, and cognitive development through age-appropriate, playful activities. Children's workshops focus on Health Protection and Child Development; there are nine topics covered in 31 workshops.

c) Home Visits

Home visits provide additional support to families with children 0-1-year-olds and focus on creating an enabling home environment. Roma facilitators will visit each family in their home, assess current living conditions and environment, and provide tailored support to the family based on their identified need. Facilitators try to establish a close and trusting relationship with the family, and encourage the positive practices they are already demonstrating.

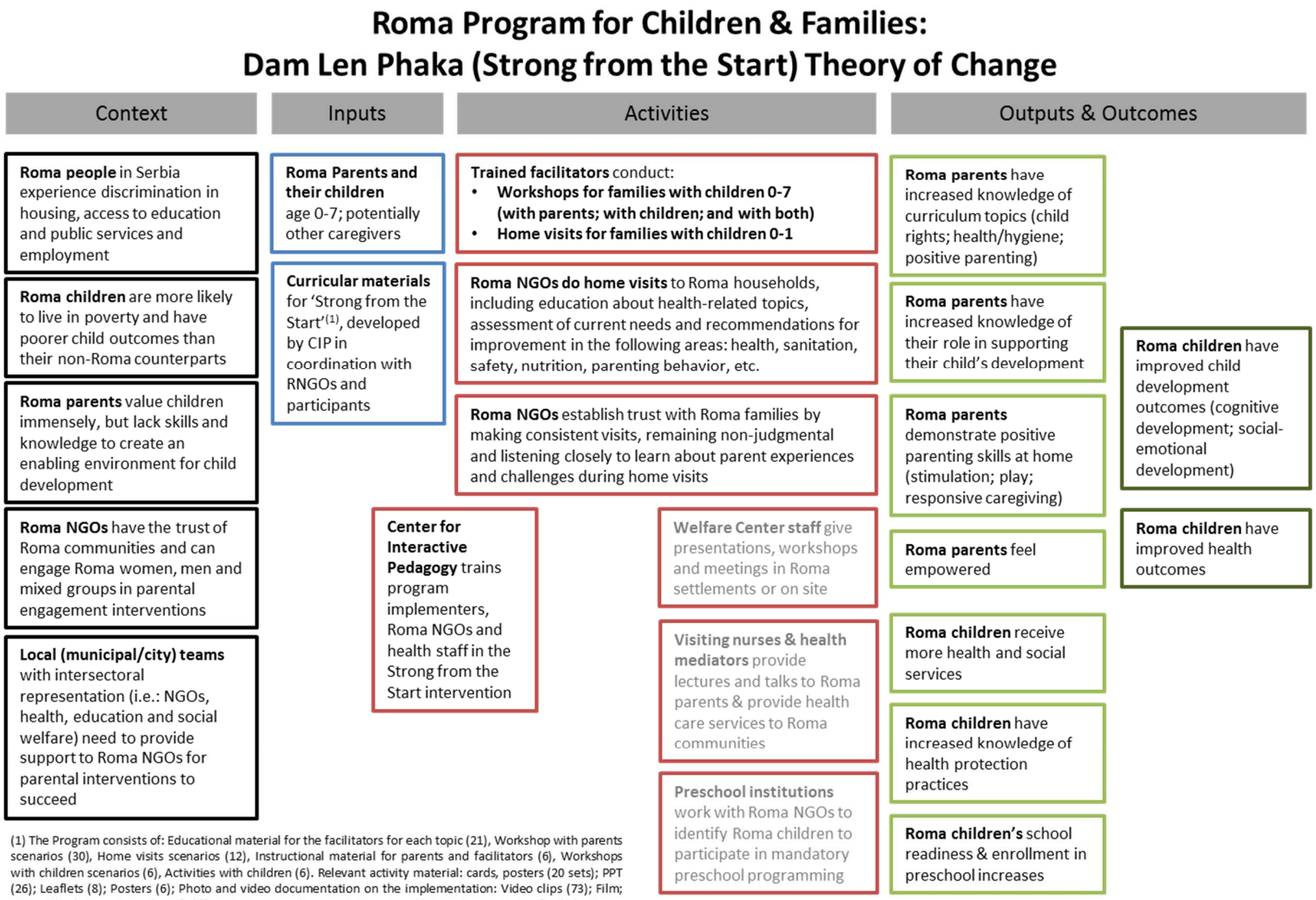
There are 10 topics for the home visits, including safety (creating a safe home environment), child development (importance of play, supportive learning environment, psycho-social development, speech development, newborn care), hygiene (infant hygiene), nutrition (breastfeeding, meal preparation), and health (infectious disease prevention, vaccinations). Facilitators will conduct home visits once a month for a total of eight visits during the first phase of the program (facilitators select eight of the 10 topics

most applicable to the family). In the second phased of the program, facilitators will conduct home visits with those families who have a newborn or families with additional need.

d) Program Outcomes

In the short-term, as a result of the Parenting Support Program, parents are expected to have increased knowledge, attitudes, and skills related to positive parenting and their ability to support their child's development. This will also be demonstrated in their home environment and how they interact with and support their children. The intended long-term effect is improved child development, enhanced school readiness, and improved health outcomes. The logic model in Figure 1 demonstrates how the program activities connects to its intended outcomes and a full set of outcomes and associated indicators is listed in part IV.

Figure 1



(1) The Program consists of: Educational material for the facilitators for each topic (21), Workshop with parents scenarios (30), Home visits scenarios (12), Instructional material for parents and facilitators (6), Workshops with children scenarios (6), Activities with children (6). Relevant activity material: cards, posters (20 sets); PPT (26); Leaflets (8); Posters (6); Photo and video documentation on the implementation: Video clips (73); Film; PPT with photos. Examples of different Program documentation. In addition, Roma stories for kids, Roma beliefs and customs and Roma legend were developed

II. LITERATURE REVIEW

A. Summary of the Existing Evidence

Early childhood is a period of unparalleled growth and development that sets the foundation for lifelong well-being. Parenting programs aim to ensure that parents, caregivers, and communities have the tools necessary to develop a strong foundation. They arm caregivers with knowledge of positive parenting, health and hygiene, and child development so they can create supportive and enabling environments for their children.

While parenting is an expansive concept and compounded by cultural variation, there are two common strands described in the literature. The first focuses on how warm and responsive practices between the caregiver and child encourage secure attachment; the second builds on that interaction, and couples it with activities and stimulation needed for children's cognitive development (Rao et. al, 2014; Zaslow et. al, 2006). Parenting programs seek to build caregivers' skills and capacities to deliver this type of nurturing care. Such care can further reinforce and amplify positive effects in health and nutrition, education, and protection, while mitigating other developmental risk factors, such as poverty (Britto et. al, 2016), stress, or other adverse early experiences (Hill, 2001).

Parental education and support interventions positively impact child development outcomes, including children's cognitive and social-emotional development (Engle et. al, 2011; Rao et. al, 2014; Evans, 2007) as well as school readiness (NICHD, 2002). Unsurprisingly, including parenting and the home environment with analysis of early childcare experiences, proves to be a better predictor of children's outcomes than just considering their childcare setting alone (NICHD, 2002).

Parent Outcomes

Judith Evans' 2007 review of the literature on parenting programs found that most programs had positive impacts on parenting outcomes. These studies only assessed the impact on the mother, and many of the positive affects reported fell under the broad category of empowerment.

Mothers commonly reported that they had increased self-confidence and self-esteem after participating in parenting programs, which led to being more attuned and responsive to their children's needs, and deepening their bond (Evans, 2007). The review also noted an increase in parents' knowledge of child development, as well as their role in supporting their child's development through activity and stimulation. Others noted that they were more likely to participate in their child's education, share their knowledge and experience, and advocate for their children (Evans, 2007).

Finally, Evans' review highlighted that high-quality programs support parents (or other direct caregivers) as individuals, addressing their personal development and offering more support than textbook child development information. Ensuring that parents have appropriate supports increased the likelihood of responsive interactions with their children.

Theory of Change

While parenting interventions seek to support parents in their role, often, the desired ultimate impact is on children's development. The theory of change follows that through guided practice, parents first develop enhanced parenting skills; these new skills positively affect the way they interact with their children. This improved interaction and approach betters the home environment and leads parents to provide greater stimulation for the child. The cumulative effect of a better home environment and greater child situation leads to enhanced cognitive development for the child (Rao et. al., 2014). Cognitive development and other child outcome variables can shift over time, and while the relationship between parent and child outcomes is positive, the exact input-output relationship and timing of the

impact can be difficult to define (Evans, 2007). For example, in the short-term, there may not be a defined impact on school readiness, however, in the long-term, students may stay in school longer, yielding improved societal and economic outcomes (Evans, 2007).

Child Outcomes

The role of parenting support interventions and their impact on child outcomes has been proven in high- and low-income countries alike (Engle et. al, 2011; Rao et. al, 2014; Evans, 2007). In 2014, the UK Department for International Development (DFID) commissioned Rao and colleagues to conduct a rigorous literature review of early childhood development and cognitive development in developing countries. Their review included 38 parent-focused interventions largely focused on promoting a supportive caregiver-child relationship but also contained lessons on hygiene, feeding, positive discipline, and gender equity. Rao's review further confirmed that parent-focused interventions supported children's cognitive development, with larger effect sizes for interventions that involved the parent and the child, and for malnourished children. There are a limited number of longitudinal studies but the three long-term interventions included in this review showed positive, durable effects. This review did not report on the effect sizes for parents but suggested that the changes in parental behavior and home environment likely supported continuous cognitive development for their children.

Parenting programs also increase children's non-cognitive outcomes (Britto et. al, 2016). The 2016 Lancet Early Childhood Development series expanded upon the systematic reviews carried out in 2011 and determined that in addition to cognitive development, parenting programs also increased children's psychosocial development and motor development.

Delivery method and program characteristics

While parenting programs have positive impacts across diverse settings, there are certain delivery features that influence their success. Rao's review (2014) and others have shown that interventions that targeted the parent and child with joint activities had greater effect sizes (Engle et. al, 2011). In addition to joint sessions, programs that include active strategies for behavior change (such as feedback, modeling, and coaching), contributed to program effectiveness (Engle et. al, 2011). The 2011 Lancet ECD Series also reviewed three meta-analyses of programs in high-income countries, finding that systematic curricula and training for workers and parent educators improved program effectiveness. These series also note the importance of culturally appropriate materials (Rao, 2014; Engle et. al, 2011).

Frequency and duration also matter. Programs that are more intensive (e.g. weekly) and occur for a longer period (e.g. more than a year) are more effective than those that occur less often and for shorter periods (Evans, 2007). Short-term programs (from one week to 10 months) were effective for children under 18 months, but long-term programs (at least two years and repeated visits or sessions) were effective for both young and older children, highlighting the need for early intervention services (Rao et. al, 2014). Programs that were culturally adapted and that allowed for active participation, participant sharing, and behavior modeling showed the greatest effect (Rao, et. al).

Both the Lancet Review (Britto et. al, 2016) and the Evans's review (Evans, 2007) highlighted the importance of multi-sectoral interventions that often build on pre-existing services. Many of Evans's findings built upon the World Health Organization (WHO) commissioned review, *A Critical Link*, which also found that the most successful programs in health, nutrition, and the psychological development of children in disadvantaged circumstances, focused on early intervention, were targeted for those most at-risk, and combined several interventions (i.e. combining nutrition and health, parent-child interaction, psychosocial development). A summary of program characteristics is included below.

Characteristics of effective interventions	Factors that were NOT related to intervention effectiveness
• Include guided practice for parents • Involve both parent and child • Provide opportunities for sharing and group discussion, and/or home-based programs • Include at least 2 contacts (visits) • Have regular monitoring of implementation • Use culturally appropriate materials	• Parent-alone programs • Programs for children above 3 years which lasted less than two years. Source: Rao et. al. 2014

Roma Outcomes

Parenting programs can also be effective for Roma communities. While there is limited rigorous research, some studies in the region have demonstrated the positive link between nurturing parenting and child outcomes. In Hungary, findings support that children's educational outcomes are positively correlated with parenting in Roma communities (Kertesi and Kézdi, 2011). In the Former Yugoslav Republic of Macedonia, a 2014 study found a relationship between parenting and children's levels of school readiness in Roma communities (Verdel, 2015). Children who experienced more positive parenting and a more stimulating home environment had a higher level of school readiness (Verdel, 2015).

Parenting programs can address significant disadvantage faced in Roma communities. Not only do parents tend to be younger and less-educated than their non-Roma counterparts, they also have access to fewer educational supports, such as early care services or pre-schools. Studying the barriers and possibilities to Roma children's pre-primary education in Serbia, Macura-Milovanovic (2013) highlight the need for community-based programs, including parenting and adult education programs (and health services), as well as play and stimulation, for Roma communities until decent pre-primary services can be made accessible. Programs should be pro-Roma and delivered by Roma NGOs where possible, or at least designed and delivered in concert with Roma providers. These community-based programs can be a cost-effective way to address the barriers faced in these communities and contribute to the overall health and development of young children, prior to entry in preschool programs (Macura-Milovanovic, 2013).

B. Gaps in the Literature

Despite the expanding base of knowledge in ECD and parenting interventions, there are still notable gaps. While parenting support programs are broadly relevant and widely implemented, few have been accompanied by rigorous research. Those that have been rigorously evaluated often have been conducted in high income countries (Evans, 2007). Impact evaluations in early childhood, and especially in parenting support initiatives, tend to be rare for several reasons, including the complexity of programs, the cost, and the time needed to detect impact.

First, parenting support interventions tend to be complex. Parenting programs often deliver a mixture of services tailored to the communities that they serve that make them more effective (Britto et. al, 2016) and contextually relevant (Rao et. al, 2014). These adaptations, while making individual services more applicable, can make it more difficult to identify the core package of services that yield change. In addition to a varied set of services and delivery method, programs also have differing goals. Some programs aim to increase fathers' participation, increase school attendance, ensure health and nutrition, or prevent home and environmental violence.

A second challenge is that parenting interventions aim to be effective on two levels. Initially, programs attempt to impact parent attitudes and behaviors which will then impact child development outcomes.

The time and resources needed to effectively measure child outcomes, which may surface at different periods in the child's life, is outside of the reach of many programs. Longitudinal studies, which could more effectively capture the long-term developmental effects, are costly and difficult to administer, especially within marginalized and or migrant communities. There is also a significant need to better understand what type of training will best lead to enhanced cognitive development (Rao, 2014).

There are also gaps around program dosage and duration. While the literature indicates broad guidelines (essentially longer is better, especially for older age children) little is known about precise amounts of treatment needed to change participant behavior. Similarly, questions remain about the persistence of these program effects. Over the course of implementation, external factors, such as a public awareness campaign, can also impact the evaluation.

The body of literature about Roma communities and parenting interventions is especially sparse. Additional research and reviews are forthcoming, but at present, there is very little to draw on about parenting programs that are effective for parents and children. Through this evaluation, we hope to add to both the knowledge base around Roma communities and parenting support interventions. We also hope to continue to expand the literature base around program scale-up.

C. Policy Relevance of the Evaluation

The Parenting Support Programs evaluation is relevant to local and international policy for several reasons. First, it seeks to fill some of the described gaps in the literature. This will help build the case for parenting interventions to become a standing part of early childhood policy globally. This evaluation will not only seek to assess the program's efficacy but build the case for government investment and scale-up.

Second, there is international and national support for early childhood. The Sustainable Development Goals include, for the first time, include an early childhood target. Target 4.2 states that "By 2030 ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education." Nationally, there is support from the Serbian Government and its partners, including a notable partnership with the World Bank and the Novak Djokovic Foundation focused on early childhood.

The World Bank and the Serbian Government have agreed to a $50 million dollar, five-year, investment package to promote early childhood development, which will include global advocacy on the importance of investing early in the lives of children as well as investments to help disadvantaged children, such as the Roma. The Novak Djokovic Foundation is expected to raise additional resources through private sector partnerships and individual donations. The partnership will be carried out by the Ministry of Education, Science and Technological Development (MoESTD) to implement the early childhood goals of the Strategy for the Development of Education in Serbia until 2020 (SED 2020). The first two components relate to increasing the quality of preschool and ensuring a greater number of children can access these services. The third component is to "work with families with children age 0 to 6.5, especially from the most vulnerable social groups, with a goal to promote early incentive at home and to encourage parents to take advantage of existing services (including health, social protection, early education and care areas)." The Parenting Support Program Evaluation is expected to provide direct inputs in support of this component and there is additional hope that the Parenting Support Program will be further scaled through these World Bank funds.

III. EVALUATION DESIGN

A. Key Research Questions

The evaluation is in two parts: a process evaluation and an impact evaluation. The research questions and subsequent sections are presented in two parts to explicitly describe the efforts under the process evaluation and those under the impact evaluation.

1. Process Evaluation

- P1. How closely were NGOs able to adhere to the Improving Parental Competencies within the Strong from the Start program model?
  - P1A. What were the barriers to model adherence?
  - P1B. What factors supported or accelerated successful implementation of the model?
  - P1C. What were the innovations and experiments introduced and tried by NGOs participating in the program?

- P2. What was the average attendance of mothers, fathers, other caregivers and children (by age) at workshops and at workshops in each domain?

- P3. What was the average number of home visits with families with children ages 0-1?
  - P3A. What were the most common presenting problems at those home visits?

2. Impact Evaluation

- O1. Given (a) fidelity to the model and (b) attendance of parents and children at workshops, what are the impacts of the Improving Parental Competencies/Strong from the Start program on parent and children outcomes?
  - O1A. Do the program's impacts vary for specific subpopulations of interest?

- O2. Do stronger fidelity to the program model and greater workshop attendance related to greater improvement in outcomes and stronger desirable impacts?

B. Methodological Overview

1. Process Evaluation

The process evaluation aims to document program implementation and fidelity to the model develop by CIP Centre. To better understand how the program was implemented, Deep Dive will work with Romanipen, CIP Centre, and the 15 program sites to better understand how the program was implemented. A large amount of data collection and monitoring are already built into the program so we will take advantage of that wealth of data.

Deep Dive will collect administrative records at key moments throughout the evaluation for analysis and processing, and will develop a detailed data collection plan as part of their initial engagement in this work. The Deep Dive team has ample experience working with early childhood development programs and CIP Centre in particular, and will lead this monitoring effort.

2. Impact Evaluation

This research design focuses on the family as the unit of analysis. The survey data on outcomes will be collected from one parent, with some supplemental data from direct child assessment. We will do

analysis of parental outcomes based on this survey data, and make conclusions about parent behavior and child development.

Neither the program nor comparison sites can be assigned randomly, so comparison sites will be matched at the baseline on factors likely to confound analysis (population, urbanicity, access to services, housing and environmental quality, presence of Roma liaison in local government as advocate, size and activity of Roma NGO (perhaps indicated by budget size or staff size), geographic distribution, and prevalence of adult employment or average income, etc.)[1].

C. Process Evaluation Analysis

The process evaluation will be conducted within the groups that participated in the program; thus, all descriptive statistics and comparisons are made within this group. Descriptive statistics of attendance and fidelity by site and in aggregate will be useful in understanding the degree to which the model was implemented as planned.

We will use quantitative and qualitative data to assess fidelity to the program model, and the intensity of program participation by parents and children. For quantitative data from the program records, we will summarize the information to address the related research questions. For qualitative data, we will identify major themes related to the research questions by systematically organizing the data and triangulating information from various stakeholders and program records.

D. Approach to Impact Analysis

1. Analysis Plan

The impact evaluation can compare the midline and endline measurements to the baseline and to the quantitative goals set by program staff (see table1). The quantitative impact evaluation will use a difference-in-differences framework. This framework will combine the temporal (baseline vs. follow-up) and programmatic (intervention vs. comparison) contrasts in a single model to determine if families have gained the skills and outcomes the program aims to achieve. We will regress the follow-up outcomes.

In addition to the differences-in-differences framework, we will run a simple regression model that regresses site specific impacts on primary measures of fidelity and intensity of participation to address the question of what quality and quantity of programming families need to experience to see impact (O2).

Workshop attendance will be recorded by implementing staff at the level of individual participants using family and person identifiers.

2. Sampling Strategy

The entire treatment group is rather small, so we will be including all program families in the evaluation. We will speak with one parent and one child per family, at most. If both the mother and father are available, we will interview the mother. If only the father is available, we will interview the father. If the parent has a child born between 1 January 2011 and 30 June 2013, we will assess that child directly. If the parent has more than one child born in that age range, we will assess the youngest child.

[1] Deep Dive will work with implementing partners to identify appropriate comparison communities where a Roma NGO is engaged. The Deep Dive team brings a wealth of experience studying Roma communities, and is confident appropriate matches can be made.

Control group participants will be more challenging to sample, so we will work with Roma NGOs in control group communities to assist in developing a list of families upon which to draw. Our priority will be parents living within the settlement affiliated with the Roma NGO and with at least one child born between 1 January 2012 and 30 June 2013.

3. Statistical Analysis

The estimated minimum detectable effect sizes for different sample sizes presented in Table D.1 suggest that we will be able to detect impacts roughly as large as 0.5 standard deviation for child outcomes, and roughly 0.6 standard deviation for parent outcomes. These are relatively large impacts; if the program is able to achieve impacts smaller than this magnitude, the evaluation will not be able to detect them with confidence with the given sample size. If the program is able to achieve impacts of 0.6 standard deviation units for parent outcomes, it is likely that the impacts on child outcomes would be much smaller in standard deviation units, perhaps 0.2 or 0.3. In which case, the evaluation would not be able to detect the relatively smaller impacts on child outcomes with confidence. With more generous assumptions on R-squared (e.g., R-squared of 0.4 or even 0.5), the estimated minimum detectable effect sizes would decrease, but still remain greater than 0.4 standard deviation.

Table D. 1. Minimum Detectable Impacts for Roma Parenting Program Evaluation Using a Difference-in-Differences Approach

	Baseline mean for binary outcomes (percent)					
	5	**10**	**20**	**30**	**40**	**50**
N = 600 (for child outcomes)						
Minimum detectable impact (percent change from the mean)	11	16	21	24	25	26
Minimum detectable effect size (standard deviation unit)	0.52	0.52	0.52	0.52	0.52	0.52
N = 450 (with 25% attrition, for child outcomes)						
Minimum detectable impact (percent change from the mean)	12	16	22	25	26	27
Minimum detectable effect size (standard deviation unit)	0.54	0.54	0.54	0.54	0.54	0.54
N = 300 (for parent outcomes)						
Minimum detectable impact (percent change from the mean)	12	17	23	26	28	29
Minimum detectable effect size (standard deviation unit)	0.57	0.57	0.57	0.57	0.57	0.57
N = 225 (with 25% attrition, for parent outcomes)						
Minimum detectable impact (percent change from the mean)	13	18	24	28	30	30
Minimum detectable effect size (standard deviation unit)	0.61	0.61	0.61	0.61	0.61	0.61

Notes: We assumed a confidence interval of 95 percent, two-tailed test, 80 percent statistical power, 25 percent sample attrition for surveys, R-squared of 0.3, intra-cluster correlation of 0.15, correlation across time of 0.2.

E. Limitations and Challenges

The inception visit revealed that attrition from programming is likely to be high in these communities. High levels of attrition compromise not only sample size, but also sample integrity because those who leave programs often have features in common that differ from those who stay in the program (for

example, lower levels of attachment to the community or lower socioeconomic status). These features may be associated with propensity to be affected by the program, making results of evaluations of programs with high levels of attrition difficult to use for generalization.

In order to facilitate attrition analysis, a short exit questionnaire be delivered to families at the time that the Roma NGOs learn of the family's departure from the program. The exit questionnaire shall be designed so that it can be completed by hand or via telephone, unlike the final questionnaire, and will focus on a limited number of outcome domains as well as reasons for attrition and any confounding factors.

IV. DATA SOURCES AND INDICATORS

A. Data Sources

Process evaluation

The process evaluation questions will be answered using data from the following sources:

- Workshop attendance records
- Workshop debrief records
- Home visit records and debriefs
- Qualitative interviews with implementing RNGO staff

Process evaluation data will be collected consistently throughout the program, unlike impact evaluation data, which will be collected at the baseline, midline and endline of the program. Process evaluation data can only be collected at the program sites, not at any comparison sites.

Based on learning from last year's pilot of the Strong from the Start program, a host of administrative data collection is built into the program model, and we hope to capitalize on that here.

Workshops will be tracked by date, topic and domain. Each workshop from each site will be written up after completion, if feasible, with a focus on what the facilitator did in relation to the facilitation plan, the facilitator's observations of the parents and/or children, any changes made to the facilitation plan and why those occurred and any other comments about the workshop. These debrief records can then be analyzed to answer research questions about fidelity (P1), including the innovations that facilitators tried (P1B which may inform later implementation of the program) and barriers (P1A) that they experienced. In addition to being useful research tools, these workshops debriefs may serve as tools for quality assurance and consultation with Romanipen and CIP staff and mentors of workshop facilitators. The research team will develop tools that the program can implement as simply as possible while still collecting the necessary data.

Home visit records[2] and debriefs should also be tracked by date, which family was visited and what topics were discussed (with a checklist of any topics that may be typically addressed in a visit to make tracking easier for staff). Follow up from the visit or earlier visits should also be tracked such that the types of problems and types of solutions facilitated by the RNGO for individual families can be

[2] Home visiting is a lower priority analysis, so we will collect this data using administrative records available from Roma NGOs. Home visits will be conducted monthly with 8 during the first phase (Feb 17 - Oct 17, break in July), and 8 during the second phase (Nov 17 – July 18). We expect different families to be visited during the first and second phases, as the children will age out of the home visiting after their first birthday.

described. Home visits should also be written up in narrative form (similar to a social worker's case notes). Similar to the workshop debriefs, these write-ups may be helpful in discussions with Romanipen and CIP staff and mentors of those who do home visits.

Inception, midterm and follow up interviews will be conducted with implementing staff, to include domains such as: What is going well, what is difficult/barriers to implementing the program and to program attendance, what are some particular changes among participants and similar questions.

The Deep Dive team will lead the development of tools used in the evaluation. A 60-minute survey of parents will be the primary source of data for the impact evaluation. Additionally, we will tailor the IDELA tool to collect direct child outcome data for all children aged 3.5 to 5 years old. In the case that a parent has two children born in that range, the younger child will be assessed.

B. Indicators

The table below (IV.B) offers a preliminary map of some of the domains and topics and indicators suggested by the CIP/Romanipen team, and this set of domains is what Deep Dive will use to develop the data collection tool. Deep Dive and the CIP/Romanipen team will hold a series of meetings to identify the most relevant indicators from the list below.

Table 1V.B: Domains and Indicators for Parents

Knowledge	**Indicators (based on program targets)**
Knowledge on child rights	70% of parents has been informed on the Children's rights convention and they are able to list and describe at least two rights that are violated in their environments.
Awareness of obligation for mandatory preschool program, responsibility of parents to enroll and take care of regular attendance	70% of parents describe their role / responsibility in the process of inclusion of children in the education system depending on the age (pre-school, primary school, secondary school).
How to combat stereotypes, prejudice and discrimination	Secondary reports of use of services (see also, behaviour) and self-report of knowledge Know/ cite where they can turn for help in the local community if their children are discriminated against or were victims of violence.
Hand hygiene	100% of parents can list at least one of the hygiene practices that their child conducts/respects

Psychosocial Wellbeing	**Indicators (based on program targets)**
Self esteem	Modified, adapted Rosenberg self-esteem scale (self-esteem of parents increased
Self concept	90% of parents enlist three characteristics that they praise of themselves, what they gained through the program and what are they particularly proud of
Managing stress	70% of parents enlist one activity they do regularly to relax when feel stressed
Involvement in adult education	20-30% of parents who are not functionally literate are involved in the adult education;

Skills	**Indicators (based on program targets)**
Know how to prepare healthy meals for children and babies	[Parents can describe a healthy meal and the differences between a healthy and an unhealthy meal
How to stimulate psychosocial development	Observations during workshops [Comment on posters of psychomotor development, discuss what they are familiar with, what is new, and how they stimulate their children; answering question (using cards)]

Behavior	**Indicators (based on program targets)**
Parents have actively created healthy settings for children and babies	Observed behavior in visits or self-report In 70% of families Kids do not stay in the room / house without supervision of adults
	Observed outcome of behavior (e.g. clean homes and yards, toys in home) or self report In 70% of households, secondary raw materials, tools, etc. are removed from the courtyard where children use to play In 70% of households, items dangerous for children (detergents, chemicals, medicines) were removed or were not accessible to children In 70% of households the place for hand washing is provided (sink with running water, or improvised place with stored water)
Parents have created and are practicing a set of positive practices and regular rhythm of meals and bedtime for child	Children in the family have a regular rhythm for meals The family has at least one meal together (children and adults) during the day Both parents read / tell stories to children before bedtime and help one another to prepare younger children for bed. Mother kisses each child before sleeping
Parents are preparing healthy meals for children and babies	Observed behavior during visits or self-report In 70% of households, children get fruits / vegetables each day 70% of family is planning meals for children for the next day
Parents treat their children as individuals	60% of parents are able to describe situations where parents listen to their children and allow them to say their opinions, decide on matters that are important to them (play, peers ...) Parents can describe how similar/different parents and their children are; how similar siblings are; how each of their child is unique
Parents create and enforce appropriate rules and boundaries, Accepting positive parenting approach and setting rules with children instead of punishment	70% of parents can enlist at least 3 alternative ways of behaviour that can be expressed instead of punishment. 60% of parents has established new rules regarding sanctioning children's inappropriate behaviour. Monitoring implementation and

	consistency.
Parents practice playing and reading to their children as discussed in workshops	70% of mothers / fathers of one family share their experiences from the workshops – they know how to describe the activities form the workshops, they exchange information I conduct the given tasks; They play with their children;
Parents enroll their children in school as age appropriate	Enrolment (from administrative records)
Parents take their children to school as age appropriate	Children's attendance (from administrative records)

Table 1B: Domains and Indicators for Children[3]

Behavior	**Indicators (based on program targets)**
Hand hygiene	80% of children wash their hands upon entering the house after the game in the yard
Dental hygiene	80% of children over the age of 2 years has and uses a toothbrush

Psychosocial development	**Indicators (based on targeted outcomes)**
Fine motors skills (using pencil, small pieces)	90% of children mimic / imitate the movements of the arms, legs, whole body, throws and catches the ball, uses a pen, arranges cubes of different sizes, puts small beads on a string, stick stickers on a paper, connects dotted lines…
Pre literacy knowledge and skills	70% of children aged 3 to 5.5 years, is able to differentiate letters, can tell the story based on given elements, older than 5.5 years, recognises the elements of the alphabet, understand the link between sounds and letter.
Pre numeracy skills knowledge and skills	70% of children aged 3 to 5.5 years, is able to differentiate numbers and shapes, sizes visually, older than 5.5 years knows the relationships between numbers
Positive self-concept, self-respect and self-confidence	70% of children aged 3 to 5 years is able to draw itself, colour some part of their body or clothes, name or draw its favourite toy, draw or name their favourite animal, say what he/she likes on a drawing and what does not.
Recognize and verbalize own feelings	80% of children are able to describe their feelings in certain situations, 60% of children knows how to describe their feelings.

[3] Deep Dive will work with implementing partners to identify those domains that require rigorous testing, and those that can be collected less rigorously (either by collecting administrative records from Roma NGOs, or by asking respondents to self-report on a particular domain.)

Recognize and respect feelings of others – empathy	80% of children is able to recognize and describe the emotions of other children, give assistance when someone is in need, cuddle or kiss another child that gets injured.
Communication skills – verbalizing, listening and understanding	70% of children actively using their mother tongue or the language of the majority community, can clearly express his/hers thoughts, feelings, wishes and beliefs so that others can understand him/her.
Non-violent problem solving	80% of children aged 3-5 years when in conflict situations at the workshops turns to adult, brings an agreed sign (prepared for the task) and by lifting it up gives signal for starting the conversation, reaches the agreement which leads to the resolution of the situation, at the end he/she is shaking hands with another child.

v. EVALUATION ADMINISTRATION AND MANAGEMENT

A. Summary of Institutional Review Board Requirements and Clearances

R4D is committed to protecting the rights and welfare of human subjects by obtaining approval from an IRB for relevant research activities if deemed necessary. For this study, these activities include the baseline, midline and endline evaluation, and associated qualitative data collection. Researchers affiliated with Deep Dive, Aleksander Baucal and Dragica Pavlovic Babic, will be responsible for obtaining IRB clearance.

A. Evaluation Team: Roles and Responsibilities

Results for Development Institute (R4D)

R4D's team brings together strong evaluation and child development expertise. Luke Heinkel, Senior Program Officer, leads the evaluation team as project manager. Mr. Heinkel has a decade of education evaluation design and implementation experience, including a home visiting evaluation. He will assume primary responsibility for coordinating deliverables and leading on-time completion of tasks, ensuring high levels of quality. He will also play a key role in the analysis and development of each report. Dr. Michelle Neuman, Program Director, has an extensive background in early childhood policy and evaluation. Dr. Neuman will play a key advisory role in 2017 and 2018, contributing to the development of findings and final recommendations. Kavita Hatipoglu, Senior Program Associate, has coordinated an evaluation of household education costs and is a key member of the early childhood team. She will play an active role in the coordination and management of the local evaluation team, and will support the analysis and reporting for the evaluation.

R4D will sub-contract a local evaluation partner, Deep Dive, and work closely with two lead researchers, Aleksander Baucal and Dragica Pavlovic Babic. R4D will manage all aspects of this sub-contract and ensure regular communication with the research and evaluation partners.

In addition, R4D will work closely with these partners to develop or adapt data collection tools and support training on the use of these tools. R4D will work with Deep Dive to develop the training for the data collectors.

Deep Dive

R4D will work closely with Deep Dive, a Serbian research and evaluation partner, to conduct this evaluation. These key partners, Aleksandar Baucal and Dragica Pavlovic Babic, are highly respected local evaluation experts and are familiar with Roma communities.

Mr. Baucal is a Professor of Developmental and Educational Psychology at the University of Belgrade. He is also the Editor-in-Chief of European Journal of Psychology of Education. Mr. Baucal completed his Ph.D. in Developmental and Child Psychology from the University of Belgrade. His research has concentrated on education and measurement, and has included a focus on Roma populations. Ms. Babic is a Professor of Psychology at the University of Belgrade. Her research has concentrated on educational assessments. Mr. Baucal and Mr. Babic are also closely affiliated with Deep Dive, an independent market research and consulting agency. Through this affiliation, they are able to leverage Deep Dive's team of highly skilled professionals with years of experience in market research industry.

The local evaluation partner will play an active in all three activity phases and will work closely with the R4D team, including frequent communication to monitor and troubleshoot any challenges. The local evaluation team, led by Aleksandar Baucal and Dragica Pavlovic Babic, will be responsible for the following:

- **Inception:** Partner with R4D on the design of the evaluation plan and help identify suitable comparison communities. Identify and consult with local stakeholders (funders, external consultants, implementing partners, community members) to deepen understanding of context and evaluation needs. Adapt and/or develop data collection instruments to assess parental outcomes and child outcomes, ensuring accurate translation.
- **Pilot:** Pilot data collection process in close coordination with R4D team, analyze pilot data, discuss lessons learned, refine survey instruments, and refine data collection practice practices.
- **Training and Data Collection (for baseline, midline and endline)**: Hire qualified enumerators to conduct the assessments; train enumerators and ensure quality control. Coordinate and assist in implementation of two survey instruments and data collection in all intervention and control sites.
    - ***Instrument 1***: A household-level survey to collect information on parent knowledge and behavior.
    - ***Instrument 2***: A direct child assessment tool to capture data on young children's development.
- **Data Analysis and Reporting**: Maintain all data files using a survey management system. Conduct initial data cleaning and processing, produce a full set of clean data for each round of evaluation. Conduct data analysis (described in Section III) and provide draft findings and recommendations, in partnership with R4D.

Analysis and Report Generation

To assess the efficacy of the Parenting Support Program's expansion into new communities, R4D will work closely with the local evaluation partner to review the data collected and conduct the relevant analyses described in Section III. R4D will identify the impact of the program on parenting and child outcomes through these analyses and liaise with the implementing organizations to validate and discuss preliminary findings. R4D will develop three comprehensive reports, submitted to OSF, corresponding to the baseline, interim, and endline evaluations.

- **Baseline Report:** The baseline report will provide a benchmark against which to monitor and assess progress of the Roma ECDE Initiative and the effectiveness during implementation and after the Program finishes. The baseline report will provide information that forms a basis for setting performance targets of the Program. The analysis provided in the baseline report will use

the logical framework provided in the inception report. The baseline report will have a baseline plan and will provide analysis of the collected data and review of the generated results. The report will provide an in-depth discussion of the findings emerging from the baseline data and will provide some preliminary conclusions.

- **Interim Evaluation Report:** The interim report should contain an executive summary containing a condensed version of the most important aspects of the evaluation findings so far, a summary of the evaluation's focus, with a discussion of the purpose, objectives and questions used to direct the evaluation, a summary of the evaluation plan, a discussion of the findings of the evaluation (including some case study analysis), a discussion of preliminary conclusions and recommendations.

- **Final evaluation report:** The final evaluation report will provide in-depth information about the main stakeholders, the Program, the evaluation design, the activities, the results, conclusion and recommendations. The final report will include an executive summary; in-depth description of the program; role of all stakeholders involved; purpose of the evaluation, evaluation scope, design, objectives, and limitations; methodology and ethics; discussion of findings; recommendations; and lessons learned.

VI. EVALUATION TIMELINE AND REPORTING PLAN

A. Key dates, Activities, and Reports

The timing of the evaluation will correspond to the implementation phases of the Parenting Support Program. The Parenting Support Program will begin commence in February 2017 and the baseline evaluation will be conducted at participants' time of entry. Phase 1 of the program will run through November 2017, at which time the local evaluator and R4D will conduct the midline evaluation. The final evaluation will correspond with the end of Phase 2, in November 2018. The baseline, midline, and endline reports will be submitted to OSF within two months following the completion of data collection.

Phase I: Inception Phase
September 2016 – January 2017

- Inception Visit to Serbia
- Identify program outcomes
- Decide scope of evaluation (number of participants and communities) and sampling strategy
- Select and revise tools; map indicators to evaluation tools (and coordinate any translations)
- Establish and revise evaluation design; obtain feedback from technical working group
- Contract Deep Dive
- Identify control communities; begin engagement with control communities and identify families
- Draft administration protocol
- Pilot selected tools, in consultation with CIP and Romanipen; revise tools as needed
- Begin recruiting enumerators
- Coordinate IRB approval
- Submit Inception report; receive OSF feedback; submit revised inception report
- Finalize tools and administration protocol
- Prepare survey management systems
- Conduct enumerator training

Deliverables

- Inception Report with evaluation design
- Evaluation Tools
- Interview Protocols

Phase 2: Baseline Phase
February – April 2017

February

- Conduct Baseline Survey (intervention and control sites simultaneously)

March

- Process Baseline Data (clean data, conduct analysis)
- Share and review data, analysis, and draft findings
- Draft Baseline Report

April 2017

- R4D to deliver draft Baseline Report; OSF to provide comment; R4D to submit revised report

Deliverables

- ➢ Baseline Report with initial findings

Phase 3: Midline Phase
October – December 2017

October

- Retrain enumerators
- Revise tools, if needed

November

- Phase 1 Parenting Support Program ends
- Conduct Midline Survey (intervention and control sites simultaneously)
- Process Midline Data (clean data, conduct analysis)

December

- Share and review data, analysis, and draft findings
- Draft Midline Report
- R4D to deliver draft Midline Report; OSF to provide comment; R4D to submit revised report

Deliverables

- ➢ Midline Report with key Phase 1 findings

Phase 4: Endline Phase
October – December 2018

(Phase 2 Parenting Program starts February 2017)

October

- Retrain enumerators
- Revise tools, if needed

November

- Phase 2 Parenting Support Program ends
- Conduct Endline Survey (intervention and control sites simultaneously)
- Process Endline Data (clean data, conduct analysis)

December

- Share and review data, analysis, and draft findings
- Draft Endline Report
- R4D to deliver draft Endline Report; OSF to provide comment; R4D to submit revised report

Deliverables

- ➢ Final Evaluation / Endline Report with key findings from Phase 1, Phase 2, and recommendations

Figure VI.A. Timeline for the Evaluation

	2016				2017											2018										
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Inception Phase																										
Strong from the Start Phase 1 Implementation																										
Baseline Survey																										
• Baseline Data Analysis																										
• Baseline Report																										
Midline Survey																										
• Midline Data Analysis																										
• Midline Report																										
Strong from the Start Phase 2 Implementation																										
Endline Survey																										
• Endline Data Analysis																										
• Endline Report																										

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