

Study into Early Childhood Care and Development in Gurre Commune

May - June 2013

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Introduction

A study into the situation of early childhood care and development in Gurra Commune was commissioned by Save the Children. The study was to cover the following objectives:

1. Assess the current levels of knowledge, attitudes and practices toward children and pregnant women during the stage of preconception, pregnancy and birth. Home health, hygiene and nutrition practices; knowledge about prevention and appropriate treatment of common illnesses.
2. Assess the current level of knowledge, attitudes and practices toward children needs from birth till 3 years old. Emphasis to be placed on nurturing care and bonding between infants and parents, health checkups, good nutrition, home hygiene, sanitation, and interactions that support development. Social attachment to a caregiver.
3. Assess the current knowledge attitudes and practices toward children age 3-6. Especially socialization and preparation for schooling. Interaction with peers and caregivers. Quality of services on education preschools as well as and nutrition and a safe environment.
4. Assess the access and quality of services offered for a good child-maternal health (including immunization, early learning and pre-school preparedness, water, sanitation and hygiene related services and commodities provided by both governmental and nongovernmental sectors).
5. Provide recommendations comprehensive inter-sectoral ECCD interventions in Rripa (in terms of capacity building and community based awareness raising activities), local and central governmental policies to ensure the physical, socio-emotional, linguistic and cognitive development of all young children, leading to a substantial reduction in mortality, disease burden and prevention of developmental delays.

Partnerë për Fëmijët agreed to undertake the study of Rripa Village, Gurra Commune between the period 27th May until 25th June 2013.

For the Terms of Reference please refer to Appendix 1.

Gurra Commune is a rural local government authority that is situated within the district of Mat in the north east of Albania. Burrel is the administrative city in Mat District and is the nearest city to Rripa Village and Gurra Commune offering main stream services such as the hospital; police services; education. UNDP and the Albanian Red Cross in addition to Save the Children, Albania are two non-governmental organisations that have provided training and capacity building activities within Burrel City.

Methodology

Child development at an early stage of life has a critical role for good health, growth, success in education and in life. Early Childhood Care and Development (ECCD) encompasses all the processes that socio-emotional, cognitive, motor, and communication development of children from birth to school-going age. Nutrition, caring families and communities, support for early learning and psycho-social development, and access to health care are among the necessary conditions for young children's survival and well-being, and for their healthy development into well-functioning adulthood.¹

Partnerë për Fëmijët assigned one Lead Researcher and two Junior Researchers to undertake the study in Rripe Village. Facilitation and organisation of the semi-structured interviews and the focus group meetings was by Save the Children. In agreement with Save the Children, Albania it was decided that the study would be conducted through a desk review of the literature related to early childhood and development, focus group discussions, semi-structured interviews and observation of young children aged between three and six years old.

To ensure research principles and ethics, a letter providing information about the study and the purpose of the interviews and focus groups was prepared. A copy of the letter was provided to each individual who was interviewed and who participated in the focus group discussions. For a copy of the letter please refer to Appendix 2. In addition to the Information Letter, a Consent Form was designed for each parent/guardian/caregiver of the young people who wished to participate in the young people's focus group discussion. The Information Letter and Consent Form were provided to the young people for their parent/guardian/caregiver to read and sign and return to the researchers prior to the focus group discussion. A copy of the Consent Form can be found in Appendix 3.

The desk review of current legislation and literature within Albania was undertaken by the two Junior Researchers at the beginning of the study. The legislation reviewed included:

- The Family Code 2004 Article 215: Parental responsibility includes a set of rights and obligations aimed at assuring the emotional, social and material well being of the child, taking care of him/her, maintaining personal relations with him/her, assuring him/her nurture, education, edification, legal representation and administration of his/her wealth.
- Law Number 69/2012, on the Pre-university Education System of the Republic of Albania; www.mash.gov.al:

¹ Child Rights Situation Analysis Albania: Save the Children Albania, 2012: Pages 33/34

- Law Number 10,347 on the Protection of Child Rights; www.mpcs.gov.al
- Law 9355 on the Provision of Social Services; www.mpcs.gov.al:
- Law No. 9669 on Measures against Violence in Family Relations, December 2006; www.mpcs.gov.al
- Law No: 7703, date 11.05.1993 articles 26, 27 and 29 for Social Insurances in the Republic of Albania:
- National Strategy for Education 2004-2015. www.mash.gov.al
- Social Inclusion Crosscutting Strategy 2008–2013; www.mash.gov.al
- The National Strategy for Gender Equality and Reduction of Gender Based Violence and Domestic Violence 2011-2015, adopted in June 2011; www.mpcs.gov.al
- Order For the Protection of the Rights of Children who are Exposed to Various Forms of Abuse”, No.125 dated 23.08.2012 www.mpcs.gov.al
- Albanian Children's Alliance: Alternative Report For the Situation of Children's Rights and on the implementation of the UN Convention on the Rights of the Child Period of Review: 2005 – 2009:
- Alternative Report on the Rights of the Child 2012 www.bktf-coalition.org
- Children's Social Inclusion Policies and Financing in Albania: UNICEF 2012 Constitution of Albania:
- Donor Appraisal and Endorsement Report Education Sector Strategy and Plan National Education System. 2006 www.globalpartnership.org

In addition other reports and articles were accessed via the internet related to specific aspects of child development or health. For more information please refer to the bibliography.

The researchers took an holistic and broad view of whom to interview to gather a wide range of views and professional opinions related to women and young children's health; early child development; early child education; nutrition information; typical care practices within families; attitudes and behaviours towards young children; service provision for young children and mothers; information sources for parents and attitudes to play and development in early years. Draft focus groups statements; semi-structured questionnaires and an observation checklist were compiled by the researchers for agreement by Save the Children Albania.

The semi-structured interviews, focus group discussions and the observation of the kindergarten in Rripe were conducted between 4th and 7th June 2013.

The following people were invited to be interviewed within Gurra Commune and in Mat District:

- The Head of Gurra Commune:
- The Chief of the Economic Assistance and Social Services Unit, Gurra Commune:
- Head of the Civic Status Office, Gurra Commune:

- The Director of Burrel Maternity Hospital, Burrel City:
- Head of the Education Office, Burrel City:
- Head of the Public Institute of Health, Burrel City was invited to be interviewed but due to his working schedule he was unable to meet with the researchers. In his place the Chief of the Department of Hygiene within the Public Institute of Health was interviewed.

The semi-structured interview templates can be found in Appendices 4, 5, 6, 7, 8 & 9.

The researchers determined the potential composition of the Focus Groups through defining who would be most able to discuss and have knowledge or experience of caring or educating young children under the age of eight years old. In agreement with Save the Children it was concluded that there would be 7 Focus Groups of homogenous participants. The reasoning to divide the participants into specific Focus Groups was to gather the information and knowledge level of the different groups of people related to their role in the care, health or development of young children. This included; the views of young people in relation to the way they have been raised and also how this is reflected in how they think they will raise their own children; the level and influence of grandparents and the older generation on how the current and future generation of parents will raise their children; the level of health professionals' expertise and how it has impacted on the health and development of young children; current parental knowledge and child rearing practices and the influence or knowledge of teachers on the development and learning of young children. As grandparents play an instrumental role in the upbringing of children, particularly the role of the paternal grandmother, their views and opinions were to be sought as to how they view early childhood, the practices they would/are implementing and the advice they would provide to their daughter-in-law and son on raising young children. The decision to divide the adult groups by gender was to ensure that the women were able to give their ideas and opinions as they can be hindered in doing this when the men are present in a group.

The final Focus Groups were construed as:

- Women older than 18 years old, not necessarily mothers:
- Men older than 18 years old, not necessarily fathers:
- Expectant women to include first time expectant women and those who had already given birth to children:
- Young people both male and female aged between 14 and 18 years old. Ten young people, (2 male and 8 female) from the ninth grade of the Advanced Elementary School in Rripe Village participated in a separate focus group discussion:
- Grandparents both female and male from a mixed age group:
- Educators and teachers originating from and working in kindergartens and mandatory schools within Gurra Commune:
- Health professionals originating from and working in Gurra Commune.

The final formats and statements for the Focus Group Discussions can be viewed in Appendices: 10, 11, 12, 13, 14, 15 & 17

It was requested by Save the Children, Albania that young children under six years old participated and were involved in the study. The researchers devised an Observation Format for use within the kindergarten in Rripe Village which would enable them to observe the interactions between the children themselves; between the educator and the children; the educator and the parents and the children and their parents. The Observation Format can be viewed in Appendix 10.

The invitation, selection and participation of participants was undertaken in collaboration with the local project facilitators and based on each specific group.

Limitations in the Research Process

The field research took place between Tuesday 4th June and Friday 7th June 2013 in Burrel City and in Rripe Village. Due to the imminent general elections to be held in Albania this had a limiting effect on the availability of some of the district government representatives and also coincided with the last week of the school academic year. The school and kindergarten were therefore preparing for the end of year celebrations and the usual activities and lessons were less structured with more free time for the children. Prior notice was provided to the Educator of the kindergarten in Rripe village that the planned observation would take place on Thursday 6th June 2013. She informed the researchers that she would be absent. Although it is understood that usually the School Director substitutes the Educator with a teacher on this particular occasion the cook of the kindergarten was left to care for the young children. This had a considerable impact on the observation conducted within the kindergarten.

Although it was planned to have a focus group of grandparents, this was not possible due to the long distance some grandparents lived away from the centre of Rripe Village. Two grandmothers accompanied their daughters/daughter-in-laws and participated in the Women's Focus Group and three grandfathers participated in the Men's Focus Group. As neither set of grandmothers or grandfathers was large enough to constitute one Focus Group and the meetings were not facilitated on the same day it was decided that specific questions would be posed for the grandparents within the respective female and male adult groups. Specific information and quotations are mentioned in this report where their views and opinions were of substantive importance to the topic under discussion.

Field Work and Findings

Gurra Commune consists of six villages namely: Shulbater, Dom, Mishter, Rripe, Gurre e Vogel and Gurre e Madhe. Rripe village is the village that accommodates the commune administration offices and the health centre.

Population of Gurra Commune:

The rate of births of babies during the last five years in Gurra Commune from 2008 to 2012, provided by the Directorate of Health, Mat district:

Table 1: Rate of Births in Gurra Commune:

Year	Number of Births	Number of Deaths in children aged between Birth and 4 years old
2008	56	0
2009	57	0
2010	48	0
2011	56	1
2012	47	0

From the information provided it can be seen that there appears to be a relatively steady number of births each year with an average of 52.8 births per year. According to the health professionals in Gurra Commune there has been an awareness raising campaign on family planning, plus the distribution of information leaflets so this and the absence of many men working international may account for the consistency in the numbers.

The population of Gurra Commune was said by the representative of the Civic Status Office to be static, with the majority of families having migrated out of the commune years ago. Approximately 1,005 families live in the commune with close to half of them with at least one man of the family having migrated for work.

Service Provision for Children under 8 years old:

"Although meaningful interventions at the 0-3 group are crucial to future education and development, the actual situation is quite different and challenging. Provision of care and development for this group age is offered mainly in nurseries. The very few nurseries existing in the country are located in main cities and towns. Nurseries do not exist in villages. There are no official data on the percentage of children 0-3 attending nurseries in the country.²"

Interviews were conducted with five representatives of local government departments, three from Gurra Commune and two in Burrel City and one representative from the Maternity Hospital in Burrel City.

² Child Rights Situation Analysis Albania: Save the Children Albania, 2012: Page 36

The representatives were asked to provide their understanding of early childhood care and development. One representative in Gurra Commune asked if the researchers meant during pregnancy or after the baby's birth. He continued by adding that the care of a child begins during pregnancy and that a lack of control and check-ups can have long lasting effects on the child. He stated that he saw ECCD as a priority for the care of maternal health during pregnancy and the post-natal care of mothers and newborn babies. Midwives have a very important role in providing nutritional advice and assistance for mothers to breast feed. Regarding preschool he added that the educators' role is partially to compensate for some of the parents' low level of academic achievement thus enabling the children to succeed and have a good start in their educational life. Some parents he felt gave higher priority to managing their fields and production rather than the appropriate care and attention for their children.

Another representative from Gurra Commune was not aware of the requirements of children under the age of three years old, (he himself was a young unmarried man), but he thought early childhood was a milestone in childhood and that since the setting up of the kindergarten in Rripe Village it had made a difference to young children and that they were progressing educationally. The representative of the Economic Aid and Social Services Office felt that before the 1990s the care of children was solely that of the families, but after the fall of the communist regime 'care' of children had become a governmental function and this meant that families needed to be supported in accessing and making best use of services. Families do not always know of services or welfare benefits that are available to support them in the care of their children. He himself gave examples of supporting parents of a severely disabled child to access the disability welfare benefit and of another family caring for an orphan and being able to apply for the orphan's benefit. He continued by stating that there remained a need for rehabilitation services for children with disabilities as they were still not served and parents still felt stigmatised and shame for having a child with a disability.

At the district government level the two representatives, one from the Education Office and the other from the Institute of Public Health were asked to comment on the important needs for new mothers and fathers. One commented that there was a need to for paternity leave so that fathers could bond and become far more involved in the care of his baby. The other felt that there was a need to support them economically and that there was a need for information and education for parents on how to raise and bring up children. In conclusion it could be viewed that the first comment reflects a rather futuristic or modern view point and one that the majority of people living in Rripe Village would not necessarily see as the most important issue they have, possibly seeing an increase in their income level a higher priority. Information and educating parents on how to meet the developmental needs of young children is a potential role for regional and local health services as this could improve young children's development and learning.

Maternal, Health and Education Services in Gurra Commune:

Within Gurra Commune there are three kindergartens, one in each of the following villages: Rripe, Gurra e Vogel and Gurra e Madhe. All kindergartens are situated within the premises of the schools and although the local government representative felt that there was adequate coverage he would look to see the infrastructure improved. Three villages' do not have a kindergarten and two remote villages have an elementary school, but as yet have not opened pre-preparatory 5 to 6 years old classes.

Health Services for Women and Children:

Regarding maternal health care this is provided through the health centre in Rripe and the ambulancas in each village. Women are provided with information on the bodily and the hormonal changes during pregnancy and what food to eat. It should be noted that the majority of pregnant women go to Burrel to see the gynaecologist, although when the researchers discussed this topic with the expectant women they stated that they do not go very often to Burrel. The reason given is the lack of time that the local transport allows them in Burrel which they state is not long enough to have the consultation with the gynaecologist. This may be one possible reason, but taking into account the information provided by the Director of the Maternity Hospital in Burrel, most women come for the first echogram in the first trimester of their pregnancy, but do not come again once they have established the sex of their baby. A lack of awareness or knowledge of the importance of regular check-ups during pregnancy or the belief that they will have to pay may prevent more women going to the gynaecologist or maternity hospital. Please refer to the section on Ante Natal and Post Natal Care of Women and Babies, page 13.

Rarely do women give birth to their babies in their homes; those which occur are usually unexpected or early deliveries. One case was mentioned of a woman aged 32 years old who has had her ninth child and who is not allowed to leave her home by her husband and her mother-in-law, so is unable to access the health advice and care she is believed to need. This case was mentioned specifically as the ninth baby was born at home and as the baby was in the breach position the birth was very difficult a potentially hazardous for both mother and baby. Women are provided with family planning information and this and the awareness raising campaign by the midwives has reduced the number of births within the commune. Information leaflets and messages broadcast on national televisions have also proved useful. There was no information given by the health professionals on whether they discuss or have information leaflets on HIV/AIDS available. According to the health professionals in the focus groups:

"Mothers are being provided with advice on how to take care of their baby. As for contraceptive methods they are provided with leaflets and information on the available methods. There are men who are also interested and ask about contraceptive methods."

The health professionals also admitted that for some women obtaining contraceptive advice and assistance is not so straight forward. Apparently there are 13 women in the commune who were taken to the Maternity Hospital in Burrel City to have an internal contraceptive device fitted without their husbands' knowledge.

There is a good vaccination programme for all babies and children with regular check-ups provided by the health centre staff in Rripe village. Regular check-ups by the health personnel include: monitoring the weight and height of babies and hearing and sight tests with the young children.

*"Before the vaccinations are given the parents take their child for a consultation with the family doctor in the health centre in Rripe. The doctor measures the weight, height, the circumference of the child's head and the care of the child."
Focus Group with health professionals in Rripe village.*

The health personnel provided additional information on the vaccination programme they provide.

"The programme of vaccination starts from the very first day of life of the child. Parents themselves ask about the dates/times of the vaccinations. Health staff also inform parents and about the effects of the vaccination. In addition they provide Paracetamol and syrup for the side effects of the vaccination. Nowadays, mothers are more interested to learn more about the vaccines.

Children aged 0-14 yrs old are 100% vaccinated.

Usually mothers go to the health centre with their child for their vaccination, but in other cases it is the health staff that goes to the family home.

A nurse mentioned about one case when a mother called her to go to her home. The mother was worried about the length of her baby's legs which she did not think were equal. The nurse measured the baby's legs by gently pulling them straight to see their length. The case was referred to the specialist for follow-up.

This case showed that mothers themselves do identify developmental issues with their babies. The nurses see their role as the identification of needs and of providing advice and referring to a specialist when they have any concerns. Some parents do not accept the advice provided by the health personnel.

Unfortunately there are no dental care services within Gurra Commune and children's teeth are neglected with children not taken for check-ups. The situation in the early 1990s was the identification of teeth decay conducted in schools but little follow up treatment. Now there are private dental services which parents have to pay for who

are willing to treat children, but parents tend to take their children for treatment far too late. So there is far less identification of teeth decay and problems within schools leaving more children at risk of worsening tooth decay.

There is no Child Protection Unit in Gurra Commune despite the obligation of the local government to provide this service under Law 10347, the Protection of Child Rights. We were informed that the staff of the Economic Aid and Social Services Office identifies children in need. A representative was interviewed, but when asked how he worked with children at risk or in need he was only able to provide information on those families in need of economic assistance, although he did say that other families needed clothes and food.

Economic Assistance and Disability Welfare Payments:

Families in Receipt of Economic Aid, (Ndhima Ekonomike):

The total number of families in Gurra Commune receiving Economic Aid, (Ndhima Ekonomike) was 410 or 39% of the total number of families living in the commune. The representative of the Economic Aid Office stated that they prioritise those families who are single headed households, poor families and families with orphan children.

Amongst the families receiving Economic Aid there is one single mother and three widows with children under the age of eighteen years old. There were no reported cases of a divorced woman receiving welfare assistance.

The average amount of Economic aid provided to families amounts to 3,300 Leke; where families are assessed as being in need or of caring for orphan children the amount rises to approximately 6,500 Leke.

Kemp Payments:

Within Gurra Commune a total of 33 children receive KEMP in respect of their disability. Of these:

- 7 children aged from birth to 3 years old and
- 26 children aged between 4 and 18 years old.

Some of these children have been in receipt of KEMP for more than ten years. Six carers are paid the Carers Allowance for caring full time for their child. The category of disability of the child and the need for a full-time carer was stated as:

- Paraplegic – 1 child with carer:
- Tetraplegic – 1 child with carer:
- Moderate Learning Difficulties – 4 children with carers.

There are known to be at least eighteen children whose carers do not receive Carers' Allowance as they are assessed as being in Category 2 of the Disability Categorisation which means they are able to attend school by themselves and do not require continual care of assistance.

Ante and Post Natal Care of Expectant Women and Babies:

The researchers were informed that it is now very rare for a baby to be born at home in Gurra Commune with nearly all births occurring in the Maternity Hospital in Burrel City. To assess the type of care and services offered to expectant women and to new born babies an interview was conducted with the director of the Maternity Hospital. The director had been in her position for nine months, but had previously worked for four years in the Maternity Hospital in Tirana.

Ante Natal Services:

The hospital does not provide any ante natal classes for expectant women or fathers. Advice can be given to individuals if it is requested, but it is expected that the women will have been provided with information by the nurses or midwives in their village/Commune. No advice is provided prior to conception as in the majority of cases the woman is initially seen when she is already pregnant. No genetic counselling is provided with anyone requiring this needing to go to Tirana.

The ante natal screening programme provided to any pregnant women is:

- Up to 4 echograms:
- Blood and urine screening:
- Blood pressure and weight of expectant women checked on each visit.

The majority of women only come for the initial echogram at the three month stage of pregnancy as this is when the sex of the baby can usually be detected. Fathers are mostly present at this scan too. Rarely do women request information on terminating the baby due to its sex, (female baby), but if this happens it is usually when the parents have any daughters in the family.

All pregnant women should have four echograms, but the majority of them do not use this service. It was presumed by the Director of the Maternity Hospital that the reasons relate to the long distance between the hospitals and their home; lack of or poor economic situation of the family or that once the sex of the baby is known the parents are not concerned about the baby's development. The expectant women in Rripe mentioned that they do not go to Burrel to see the gynaecologist because of problems with the local transport and the lack of time the minivan allows them to have the

consultation with the gynaecologist. As by law³ every woman who is pregnant can obtain the Health Booklet that enables her to have free ante natal health care and up to four echograms, the Director thought that the reason for many women not to come for more than one echogram was related to the lack of awareness regarding the Health Booklet and how to apply for it. During the previous nine months one baby had been born with Down Syndrome at the Maternity Hospital. His/her mother had not had an Amniocentesis test. Amniocentesis tests are not available in Burrel City and would require travel to Tirana.

Regarding the financial costs of the echograms every pregnant women can obtain a Health Booklet which enables them to have the echograms and screening for free, but many women do not have the necessary information that they need to access the health book.

If any abnormalities are detected during the screening process, the expectant woman/parents are provided with information regarding the concerns and referred to a specialist in Tirana. Any counselling or information regarding the care of a baby with a disability would also be provided by a specialist in Tirana.

Post Natal Services:

During 2012 there were 470 births within the Maternity Hospital. The majority of women are accompanied by their mother-in-law with only one father being present at the birth of his child in the last nine months. The hospital is keen to encourage fathers' presence and participation in the birth of their babies and follow up care but this is slow to change.

Following the birth of the baby in the hospital the new mother and baby stays for a period of between 24 and 48 hours, but may be a little longer if the mother and child live in a distant village, so for instance from Gurra Commune the stay could be two to three days. In the cases of a caesarean section the baby and mother would stay longer with a minimum of three to four days. During the stay in hospital there is little interaction between mother and newborn baby as the babies are cared for in a nursery and do not stay with their mothers on the ward, but are only given to their mothers for feeding. Mothers are encouraged to breastfeed their babies and are advised by the nurses on how to successfully accomplish this. Due to the fact that the babies do not spend much time with their mothers there is little opportunity for the nurses to observe mother and baby bonding or how the mother cares for her new baby.

³ Law No: 7703, date 11.05.1993 articles 26, 27 and 29 for Social Insurances in the Republic of Albania
http://www.isksh.com.al/index.php?option=com_content&view=article&id=92&Itemid=102
<http://www.moh.gov.al/images/shendet/57.pdf>

Information and advice can be provided by the staff of the Maternity Hospital up to 40 days following the birth of the baby. The baby would need to be taken to the Maternity Hospital by his/her parents or family members. This includes monitoring the weight, height and baby's head circumference. For women who have had a caesarean section, this would include ensuring the wound is healing appropriately and no infection has set in. All new mothers and babies are provided information and advice by their midwives in the ambulance or health centre in villages or at the Mothers and Child Consultation Office in Burrel City. For new mothers living in Rripe Commune each village has a nurse, (midwife) and they will usually visit each new mother and baby in their home in the first few weeks of life. For a general check-up or an assessment of the young child the parents would take the child to the Health Centre and he/she would be seen by the General/Family doctor.

Information leaflets and advice on contraception can be provided by a specific nurse who is responsible for this information within the hospital. The source of the Information Leaflets was not established during the discussion. Information and advice regarding the development of the baby would usually be provided by the Child and Mother Consultoria in Burrel City or by the health personnel in the local health centre, such as in Rripe Village.

Understanding of Early Childhood Care and Development:

Overall the level of understanding amongst the majority of the interviewees and the participants in the focus group discussions was limited when it came to the general development of young children. The developmental needs and the requirement for interaction, stimulation and play for infants and young children prior to going to elementary school are in the main poorly understood or appreciated topics.

What was much stronger were the aspects related to the baby or young child's need for food or breastfeeding and for babies to be cuddled or touched. The other more widely acknowledged aspect that the majority of the participants mentioned was the vaccination of babies where they emphasised that the nurses provided mothers with the vaccination book, (health record) and told them when to have their babies vaccinated. Mothers were able to name some of the vaccinations that were given to babies. Fathers appeared to rely on the mothers and the nurses to ensure that their children were vaccinated.

"Vaccines begins when the child is born, then they have vaccines when they are 2 months old; 4 months; 6 months. A vaccination book is provided to mothers, which provides information on what is each vaccine for. Children have vaccines for polio, rubella etc. Information publications are provided by the hospital/maternity. They give to mother a book of vaccinations specifying time when the child should have the vaccination." (Focus Group with mothers and two grandmothers).

"The nurse notifies the mother on the vaccinations, and mothers know when they need to make the vaccination to their child. There is detailed information on vaccination in the book of vaccines provided to mothers. Vaccines are for a better health of the child." (Focus Group of fathers and three grandfathers)

"The first vaccination is made in three days after being born, then is the midwife who notify when we should go for the next vaccinations." (Expectant women)

"Children have their vaccination since the moment they are born. Vaccinations are set in specific months. We vaccinate children for a better health and protection from illnesses." (Focus Group with young people)

Respondents were asked about the nutritional needs and feeding of young children. The main responses included breast feeding and then weaning young children onto solid food after about the age of 6 months old. Several respondents noted that even young children of three years old were still using a baby's bottle as opposed to drinking from a cup, with the respondents' thinking that this was not appropriate for the child's age or stage of development. As the health professionals stated that young children up to the age of three years old use the baby's bottle there may be a need to learn more as to why this practice is being promoted within the village and not advising mothers to move from the baby's bottle to a cup sooner.

"Mothers give bottles of juice to soothe their babies from the pain of teething; this practice has a negative impact on the development of the child's teeth and leads to tooth decay. A girl of three to four years old is regularly seen with a baby bottle of milk walking in the village. This is an example of poor parenting and a lack of knowledge of the development of the child." (Interview with local government representative)

"Milk is really important; water as well; fruit juice is given to the baby when he/she is 4-5 months old. Meat soup. At 6 months they can have yoghurt, rice with milk, (sultjash); eggs and pasta cut up really small. Information about nutrition is provided by mothers and mother-in-laws. This is advice which new mothers do not take into consideration as they are old and they are informed about new methods of feeding a baby." (Focus Group of expectant women)

"Babies need breastfeeding, need vitamins. At 6 months old they have additional food. Babies are fed with breast milk until they are 2-3 years old. During 0-6 years old children have milk, egg, banana, fruit." (Focus Group with young people)

"Babies need all types of nutrition. Breastfeeding is really important. It is recommended to begin after 6-7 months with milk, egg, fruit and soups. Apart from learning through doing, mother and mother-in-law helps.

One of the Grandmothers said: daughters-in-law are clever nowadays; they read books provided by the health staff.

One mother said: My mother learnt me how to breastfeed; the nurses have helped with advice as well.” (Focus Group with women and two grandmothers)

“Soups with vegetables; milk (children use the baby’s milk bottle until 3-4 years old).” (Focus Group with fathers and three grandfathers)

“We promote breastfeeding – at least 12 times a day during the first year of the child’s life. When the child reaches 6 months, then they need additional food which can be, yoghurt with sugar, muhalebi. For mothers who cannot breastfeed, they use milk from the cow and they boil it. They sterilize the baby’s bottle. Children use the baby bottle up to the age of 3 years old. (Focus Group with Health Personnel from Gurra Commune)

“Kos/yoghurt, paluze/muhalebi (are used when the milk from breastfeeding is not enough); other foods for children under 6 yrs old are soup, sultjash, soup meat, spinach. There are leaflets on food, but mothers learn from the TV as well.” (Focus Group with health professionals)

Respondents were also asked ‘what was the source of milk or water that they gave to young children to drink and if they treated it before the child drank it’. The researchers were informed by local government representatives that the source of their drinking water was a mountain spring and that it was drinkable and clean. No data was requested to support this statement or when the last test and analysis of the water was undertaken. Clearly from the responses the respondents are all drinking the water from the mountain spring and are providing it to their babies and young children, some boiling it before giving it to their babies.

Milk when not breast milk or baby formula is taken from the family cow or cow of a neighbour and similarly boiled before use. Although the question was not posed regarding the vaccination of the family cows from harmful illnesses such as brucellosis, some of the babies and young children could be at risk from drinking unpasteurised milk and eating cheese and yogurt products.

“There are two reasons why the Committee on Nutrition of the American Academy of Paediatrics discourages the use of cow's milk under one year of age: allergies and iron-deficiency anaemia. The intestinal lining is slower to mature in some babies than others. While lactose intolerance is rare in infants, some toddlers and older children can develop diarrhoea, bloating, and abdominal pain, because of their inability to digest the lactose sugar in milk. Also, the allergic proteins may seep through the irritated intestinal lining into the bloodstream and cause an allergic reaction, such as a runny nose,

wheezing, or a red, raised, sandpaper-like rash, especially on the cheeks. Some babies who are allergic to cow's milk can even get frequent ear infections.

Iron-deficiency anaemia is another problem, as there is very little iron in cow's milk. If baby is allergic to the cow's milk protein, the irritated intestines may consistently lose a tiny bit of blood into baby's stools."⁴

"The first 9 to 12 month it is good to breastfeed. The milk is from the cow and the water from the mountain. Before giving to the child we boil it." (Focus Group with expectant women)

"The water comes from the mountain, so just for really young children we boil it – but we do not boil it! We boil the milk, even though we take it from our cows." (Focus Group with women and two grandmothers)

"Mothers boil the water and the milk. The milk is safe as it is from the cows which are brought up in their area, while the water is from a mountain source." (Focus Group of health professionals)

Play, stimulation, interaction, reading or talking with young children from birth upwards was an area where the need to speak and communicate with a young child was understood. When the respondents were asked when a baby would begin to speak/verbalise and how parents could encourage their child's speech the responses varied from singing and reading to a young child to cuddling and touching.

"At 6 months the baby starts to say the first words, babbling. Children get encouraged to talk when parents describe and show objects around them." (Expectant women)

"Babies start to talk when they are 7 months (other young people said that they start to talk when they are 10 months, others said 12 month), Parents encourage this through cuddling, touching." (Focus Group with young people)

"..... talk, cuddle, A mother: to talk with baby saying raise the hand, come here. The mother should talk to a baby since in pregnancy." (Focus Group with mothers and two grandmothers)

"1 year and 8 months they start to talk. Even though it depends on the child, biological factors have an impact as well. In 2 years and a half till 3 years old they have started to talk more clearly. To encourage, talk with the child, guide the child, ask questions." (Focus Group with fathers and three grandfathers)

⁴ www. <http://www.parenting.com/article/ask-dr-sears-cows-milk-for-babies> Accessed 19th June 2013

"9 months they start babbling; 1 year or 1 year and a half they start to talk. To encourage their talk, parents should sing, talk, use gestures, cuddle." (Teachers Focus Group)

Babies and young children are powerful learners, reaching out into the world and making sense of their experiences with other people, objects and events. As they explore and learn, children are naturally drawn to play. Play is recognised as so important to their well-being and development that the right to play is set down in the United Nations Convention on the Rights of the Child 1989.⁵

Playing with a child or the need for children to play as an important element of their development and growth was less prominent in the respondents' responses. Some respondents said that they would like to play a game of ball or similar with their child in their garden, but as neighbours would see them this prohibited them from actually playing with their child. Two local government employees, (fathers) when asked about the role play has in the development of children stated none.

"Really important because through the game they learn rules; it stimulates children; makes them more active." (Focus Group with teachers)

"New fathers are more involved in taking care of the child. New fathers are different from fathers of previous generation, more involved and caring for their children, showing affection." (Focus Group with health professionals)

"In the age between 1-6 yrs old children need TV, games, kindergarten, activities, get involved more in education, play, to learn to write and rhymes, make requests, ask for clothe." (Focus group with fathers and three grandfathers)

"To play with dolls, listen, understand, boys play with cars, girls with dolls. Wash their hands, watch TV. Parents tell a story to encourage the child to talk. They learn to walk – a mother described a traditional practice on how they teach a child to walk. She explained that they use string with one end attached to the door and the other to the finger of the child; they cut the string and the child's fear disappears so they start walking." (Focus Group with women and two grandmothers)

The role of fathers in the care of young children was a subject discussed with all the participants in the study as traditionally this role has been primarily fulfilled by mothers with the advice of the paternal mother-in-law, with whom many young couples live in the same home. The information provided would lead the researchers to believe that

⁵ Learning, Playing and Interacting Good practice in the Early Years Foundation Stage: Crown copyright 2009: Page 2

there is a slight change in the attitudes and behaviour of some fathers in the desire to play a larger role in the lives of their young children. Some views also point to a desire to maintain the status quo and not to have a greater involvement by fathers.

"Mothers-in-law. Even though new mothers are really informed and interested to read the leaflets provided. New fathers are more involved in taking care of the child." (Focus Group with health professionals.

Some of the nurses present were against the involvement of fathers in the care of young children. The majority of the nurses present in the Focus Group were estimated to be over the age of fifty years old and this may have contributed to their views that fathers 'should' not be involved in the care of their babies. One nurse who appeared to be younger and whose son lives in the UK, stated that: *"my son can change his son's nappies and this is something good. Even his father has helped me a lot when I had my children; not changing their clothes, but helping with the housework."* This is one example where maybe individual men are more involved in the care of their young children or support their wife in the home.

The lack of interest in promoting the involvement of men in the upbringing or care of young child was common in the Focus Groups with women and health professionals. Most women did not accept or allow their husbands to get involved in changing nappies or feeding the child saying that: "That is why we are here!" There were just a few women, mainly new mothers who encouraged and practiced the involvement of men at least in feeding their child while the mothers did something else. The reason for these entrenched gender roles and divisions can be related to the way that women see their and their men's' role and divided in their community according to their gender. Even within the Focus Group with young people, the boys said a big "NO" when being asked if they would help in changing their child's nappies or feeding. They accepted that it would fine to wash or clean the baby's dummy, (pacifier).

In general from all the comments made within the focus groups, it can be reasonably assumed that slight changes are gradually happening within families, but are happening on an individual basis rather than on a community or societal level.

"Fathers are always out of home, so they are not involved in the care of their children." (Focus Group with teachers)

"Fathers are in migration, they are not so present in the family. The mother, mother-in-law (grandmother), grandfather, teacher, neighbour (is important to have good neighbour as the social system. A grandfather of a boy attending the 2nd grade stated that he as the grandfather is more involved and work with the child on doing homework rather than the child's own father. The grandfather sits with the child on how to do maths exercises." (Focus Group of fathers and three grandfathers)

"I played rarely with my children- never kissed my child. Seems that the child of your child is loved more" "My child takes care of his children, while I have kept this long distance with mine." (Grandfathers in the Focus Group)

"The husband does not care for the child if mothers are there. In our community does not happen that the father take care of the child – only in cases where we are not home and we are far away. Fathers do not help in changing nappies. Fathers help to bring nappies or wipes. While feeding can help in telling the child to eat or to order children to eat. When children make noise or a mess, the father calms them down.

A grandmother said: men should not work on such chores. He should not feed the child. (Focus Group with women and two grandmothers)

"The mother-in-law. She assist in teaching the daughter-in-law everything related to the baby, how to feed, dress, take care of herself if she is breastfeeding. If the couple lives altogether with the parents of the man, the man does not get involved in the upbringing as he is shy, (embarrassed) – as others will think that his wife has taken advantage of him and given him chores to do that are for women. So, as the man knows that his mother will help his wife with the baby, he remains distant and does not help." (Focus Group with women and two grandmothers)

The opinions stated above could relate to the overall view and belief within the community that the men and particularly fathers are the decision makers within the family and that their status should not be questioned. An example would be, in the case of making a noise when the father responds even with a single word the children are frightened and will stop immediately. Children see their fathers as the ultimate authority person in the family and this is learnt and promoted by their mothers who usually "threaten" the children that if they do not listen to them or if they go on misbehaving they will tell their fathers.

Within the Focus Group of women they were asked how they discipline their children. Despite initially saying that this was done through using nice or persuasive words with their children, further direct questions on whether they hit their children, they responded by saying yes, when they loose patience with them. Whilst fathers are involved in disciplining children if the mother repeatedly complains of a child's behaviour, usually fathers tend to hit or slap their children less.

Within the young people's focus group there was a slight difference in their views as to the role of fathers in the care of their future young children. 'Boys would get involved in everything the child needs, but they would not change the diaper, (nappy). They would help in feeding and washing the milk bottle.

Their views on who else would be involved in the upbringing of the young child matched the traditional practice.

"Parents of the father are involved in the upbringing."

A few girls stated that they would listen to the advice of their mother-in-law. Boys stated that the new mothers should listen to the mother-in-law as they have experience. Some other girls, the majority of those present stated that they would not listen to the mother-in-laws when it was about nutrition and clothing the child.

"The involvement of fathers is mostly just asking how the baby is. In other cases the father has not been present at all." (Focus Group with expectant women)

From information on the involvement of fathers in the support or care of expectant women, it would seem that most men accompany their wives/partners to the maternity hospital when they are conducting the regular check-ups and having an echogram, (scan) to determine the development and sex and the baby. The Director of the Maternity Hospital in Burrel said that

"The majority of expectant women attend the first scan at the time of the third month of pregnancy to find out the sex of the baby. Fewer women attend the Maternity Hospital for the other three scans that they are able to access during their pregnancy. The Director thought this could be because: the distances they have to travel between their homes and the hospital, the cost of the echogram if they have not obtained the health insurance book⁶ or that once they have established the sex of their baby they do not see a need to attend the hospital again for further developmental progress check-ups."

Families where both parents are unemployed or have no income should be eligible for Economic Aid and the expectant woman would be entitled to free ante-natal and post natal care.

Concerns were expressed by health professionals regarding some of the traditional practices that were still conducted including the tying-up of babies and the over-dressing. A request from health professionals to the researchers was for more information and practical means of providing better care on feeding, clothing and ensuring the welfare of infants and babies to assist new parents and on working with children with special needs, especially autism. Disciplining of children was only mentioned by the young people in the focus group and they thought that they would use different forms of discipline with their future children.

⁶ Mothers who have paid social insurance payments through work are entitled to four echograms during their pregnancy. Women who have not worked are covered by their husband's social insurance payments. Both categories of women need to obtain a health book to enable the maternity services to be provided to them for free.

"When asked about discipline, young people saw models of discipline different to what their parents do to them. They listed as techniques: not to spoil the child a lot and would listen to their children more, than their parents do." (Focus Group with young people)

Understanding on the Impact of Smoking and Alcohol on the Health of the Young Child

Respondents were asked to comment on the effects on the development and health of babies and young children and expectant women through smoking; inhalation of smoke, (secondary or passive smoking) and the use of alcohol during pregnancy.

Although many respondents' acknowledge that smoking during pregnancy, or around an expectant women was unwise many of the men did not feel able to smoke outside the home or in another room for fear of being seen as weak or inhospitable to visiting guests.

'What effects do you think smoking has on the baby growing inside a woman? Do you think raising a baby in a home with cigarette smoke has any impact on their development or health?'

"Bad impact, educates wrongly the child and has an impact on the health of the child." "In the community is a problem smoking by people around pregnant women. The men argued that they cannot smoke outside because their neighbours will say something about this. Usually the women move to another room so the man/men can smoke in the room. While, when a guest comes home you cannot ask him not to smoke as it is equal to you saying to him to leave the house and not to come again. When asked why the guest does not see the importance of not smoking when a baby is in the room, men could not say anything apart from that guests start smoking when the host smokes." (Focus Group with men and three grandfathers)

"Smoking is dangerous for both, mother and the child. It damages the lungs, bones etc. If the men of the house smoke and there is a pregnant woman or a baby present, we cannot tell the men to leave the room and smoke in another room or outside." (Focus Group with women and two grandmothers)

"Really bad for the health of baby and mother." (Focus Group with expectant women)

"Damaging for the health and development of the baby and the mother." (Focus Group of young people)

Although the health personnel were asked about what advice they give to pregnant women or mothers of young children regarding smoking, they did not respond to these questions.

The responses from women and men demonstrate that they may know that smoking around a young child is damaging for his/her development and health, but that not being seen by the neighbours or by a guest to be acting on this knowledge for the health and welfare of the young child is less important than the way they are viewed within their own home of family. This was a good example on having the information but not altering or changing ones behaviour.

A similar question was posed to the focus group participants regarding the use of alcohol during pregnancy. Of those who answered this particular question they stated that it was detrimental to the health and development of the baby. No one mentioned any child having been born with foetal alcohol syndrome or whose mother was known to drink alcohol during her pregnancy. The generally low level of women in the country who have regularly drunk alcohol could be a mitigating factor in this not being a major concern in the health and wellbeing of expectant women and babies. This potential health risk could become more prominent in the country and particularly the large cities in the future.

"Yes it does, the development of brain and growth." (Focus Group of young people)

"Yes, it affects lungs, bones etc." (Focus Group with women and two grandmothers)

Care and Treatment of Young Children when they Become Sick or Ill:

Young children are particularly prone to many illnesses and common childhood ailments during their formative years. The researchers wanted to know whether priority was given to young children when ill and whether traditional remedies were tried first or whether the baby or young child would be taken to a medical practitioner at the first sign of sickness.

"If the child has a temperature, give him/her Paracetamol, tea and if there is no improvement take to the doctor. New parents learn the practices related to health from different resources – they learn it through listening to those much more experienced. Grandparents have the feeling and experience to identify a health condition." (Focus Group with men and three grandfathers)

A similar response was provided by the women and grandmothers in their focus group.

"Use the thermometer; give half a Paracetamol, tea. If there is no improvement we take the child to the doctor. When the child reaches 6 months old, he/she should have a check-up for their bones. If the child has cross-eyes (strabismus), we take him/her to the doctor."

"Firstly we give Paracetamol, warm bath, tea. If this does not improve things, they send the child to the hospital." (Focus Group with expectant women)

"Through giving the child a bath, using the thermometer to take the child's temperature, taking the child to the hospital. For cross-eyes take the child to the oculist." (Focus Group with young people)

The health professionals confirmed the information given by the respondents on how to react to a child's high temperature. 'Parents to use the thermometer frequently to check the temperature. To make a warm bath and to give the child a ¼ of a Paracetamol every 4 hours.' 'They talk with the mothers about what care she has given to the child, what advice she has followed and then give additional advice on hygiene, food and other strategies related to the child's condition.'

With regard to the treatment of strabismus a very common eye condition noted in many young children, the health professionals said that:

"The referral is made through a note from the primary health staff to the specialist for the family and child to be seen by the specialist. They follow up the case of the child even after the specialized services."

From the responses provided it would appear that parents are aware of the need to treat their young children promptly when they have a high temperature and if the temperature does not decrease quickly then they should consult with a medical practitioner for further advice.

Education and Learning for Young Children under the age of Eight years old:

"Children are born with tremendous potential and capacity for learning across all developmental domains: physical, cognitive, emotional, language, and social development. Brain development in early childhood is influenced by heredity, experiences, and relationships. The adults who live with and care for infants and young children play an important role in laying the foundation and setting the stage for learning success."⁷

Respondents were asked several questions related to the skills that babies and young children learn as they get older and how parents can influence and be involved in their

⁷ Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age: Maryland State Department of Education: November, 2010. Page iv.

child's learning, whether informal or formal. The responses varied and depended on the respondents' status whether parent and/or professional. Their responses demonstrated that although education is seen to be important the role of the parent is not one of involvement and encouraging the child, but of ensuring the child attends the kindergarten and learns how to read and write and count. Teachers stated that at least half of the parents do not have an educational level that would enable them to assist their children academically. This may be true but it negates the influence that parents can have on the praise, encouragement and interest they show in the achievements of their young children however small. Demonstrating interest and praising small achievements enables children even those who may not achieve highly to try to reach the next goals or step on the ladder of learning. Parents can also learn how to play with their child or to talk in ways that are not just questioning, thus developing language and an enquiring mind in their child.

Parents can also become involved in the governance of the kindergarten or school as a parent member of the School Boards thus providing the parents views and opinions towards the forms of education and learning provided and improvements that they would like to see for the future of all children.

'What types of abilities/skills does a child develop between the ages of 1 and six years old? What things can parents do to encourage their children to develop new skills?'

"If the child stays the whole day in front of the TV – he/she will not develop into a normal child. Between the ages of 1-6 years old children need TV, games, kindergarten, activities, get involved more in education, play, to learn to write and rhymes, make requests." (Focus Group with fathers and three grandfathers)

"To play with dolls, listen, understand, boys play with cars, girls with dolls. Wash themselves hands, watch TV; Parents tell a story to encourage child talk. They learn to walk." (Focus group with women and two grandmothers)

"Sight – they start to follow the movements of objects; hearing; speech; walking; touching; carrying toys; pick up new things." (Focus Group with young people)

"Drawing, games, play, singing, imitation. To encourage they should support them and to create the conditions by providing toys. To show love to them even when the children make mistakes." (Focus Group with teachers)

The health staff said that they advise mothers in advance of the milestones and how their young children will develop at certain ages and months.

Subsequent questions were posed to assess the understanding of informal learning and more formal education practices. **'Looking at the education of young children**

under eight years old, what do you think children need to learn? How do children of this age learn things?’

"Communication, writing, reading, behaviours, to know the boundaries, know the rules, respect, use of words; to take care of themselves. Children of this age learn through explanation, demonstration, empirical (senses), books/illustrations." (Focus Group of teachers)

"How to wash their hands, brush their teeth or how to arrange their bed. Girls are being taught to do household chores since they are 4 years old. Boys are being told how not to make bad behaviours, to buy a bicycle." (Focus Group of women and two grandmothers)

‘Do all the children in your village attend a kindergarten? Are there children with disabilities or from different ethnic groups included in the groups?’

"In the commune, the situation is 1 kindergarten per 1 village . The preschool education should be a priority. Each neighbourhood should have a preschool setting, as the existing ones are a long distance away from their homes. A lot of children attend the kindergarten, but still there are a lot not attending because of the distance." (Focus Group of men and three grandfathers)

"23 children attend the kindergarten. There are no ethnic minority children (actually living in Rripe Village)." (Focus Group with women and two grandmothers)

"Yes, there are children attending the kindergarten. Why not, now that it even provides lunch. I would bring my child as well when he/she will be 3 years old." (Focus Group of expectant women)

The young people all attended a kindergarten apart from two of them. None of them could remember the time they spent in the kindergarten. They all agreed that the kindergarten should be accessible to children from different backgrounds.

‘What is the role of mothers and fathers in the learning/education of young children? What things can parents do with their children to assist them in learning? What part does play have in learning?’

"Parents should be more involved when children are in the preschool setting. There are parents who send their children to the field to look after the animals. It is important that mothers are educated." (Focus Group of men and three grandfathers)

"We are interested in children's academic achievement. We ask the child how was the day at kindergarten, what he/she learnt, what they had to eat. Parents stay in kindergarten to see what the child does." **Do parents play with their children?**

"Yes, dominoes or cards. Mothers stated that they cannot play with a ball with their children in the yard of their house because it is shame if the neighbours or people see them." (Focus Group of women and two grandmothers)

Young people did not comment specifically on the role that parents play in the education/learning of their children but concentrated on the role of discipline, seeing this as different than how their parents discipline them. They listed as techniques: not to spoil the child a lot and advising the child to listen to his/her parents.

Do you think that parents should play a larger role in the kindergarten such as being part of a parents' board? Should they help in the class with the children's activities? Should there be more communication and discussions between the educator and parents about their child's progress?

"Parents should be more involved." (Focus Group of men and three grandfathers)

"Yes, they should. They ask the educator and the child about what they have learnt. It is only in rare cases that parents stay during lessons." (Focus Group with women and two grandmothers)

"50% of parents do not have the right education that they can help their children academically. Parents expect the educator to teach their children to read and recognize/learn numbers and letters." (Focus Group with teachers)

Observation of the Kindergarten in Rripe Village:

There were three separate visits to the kindergarten: Wednesday 5th for approximately 15 minutes to speak with the Educator and discuss the Observation Visit on Thursday 6th and Friday 7th June 2013, when the Focus Group for expectant women was arranged. The educator informed the Researcher that she would not be in the kindergarten on Thursday. Unfortunately due to the time limitations of the field work it was not possible to rearrange the observation of the kindergarten. On Wednesday whilst the Researcher was present in the kindergarten the Programme Implementation Officer from Save the Children Albania was also present in the kindergarten. The children were having their lunch so there was no play or learning activities taking place that the Researcher could observe.

It was decided that the observation of the kindergarten would continue to be conducted on 6th June despite the absence of the educator. The children were supervised by the kindergarten's cook and not by a teacher as anticipated.

Kindergarten Conditions:

The kindergarten in Rripe Village is situated in a room which is part of the school premises. The kindergarten has a separate entrance, but during the visits the door handle was broken so the door was left open. Young people and the school director were continually walking in and out of the kindergarten on the way to the kitchen and/or toilets. This practice should be reduced to enable the young children to concentrate and be safe within a comfortable environment and not continually disturbed by people walking in and out. Leaving the door open could potentially also be a risk of young children wandering out and not being noticed.

The kindergarten has one large room where children play and learn, plus a kitchen and two toilets. Within the main room there are three tables and chairs for the children to sit on, plus cupboards/shelves around the walls where the children store their clothes and shoes and where the toys are also kept.

The kindergarten was without a carpet but has parquet flooring laid. The temperature in the kindergarten on the day of the visit was fine, neither too hot nor cold. The walls of the kindergarten were nicely painted with different animals including Winnie the Pooh and a zebra. One piece of flipchart paper adjoining the door to the toilet contained some of the children's work: drawings and writing. Another example of the children's work was affixed very high up on the wall and was not easily accessed by an adult and was not at an appropriate height for children. A weekly, monthly and yearly plan of activities for the kindergarten for the period September to May was affixed to the wall near the entrance door.

Play and Learning Environment:

The children were engaged in play when the researchers arrived and at first were curious as to who they were, but then resumed playing and talking amongst themselves. It was noted that in the main boys were playing with other boys and girls with girls. The toys being used were dolls and construction blocks with some girls playing with the construction blocks. A child size ironing board and washing machine was noticed but none of the children were playing with these items.

During the observation the children were observed to 'push chairs' around the floor as a means of occupying their time, this may mean they were bored or did not have enough toys or organised activities to interest them.

As previously mentioned on Wednesday the children were having lunch when the Researcher visited, on Thursday there were no activities arranged for the children and on Friday the room was given over to the Focus Group for the expectant women with the educator participating. (It should be noted that the use of the kindergarten was not requested by the Researchers, as it would have been another opportunity to see the

children and educator in situ.) The children were all outside with the children of the school for the end of year activities. The educator did frequently leave the kindergarten and go outside. This is concerning as the children are in the kindergarten to develop abilities including fine motor and gross motor skills; language; exploration; socialisation; art and craft; imaginary play and to begin the process of life long learning.

Access to story or pictures books was not noted and during the observation, but the educator did show the Researcher on Friday a child's folder with some drawings in it. There was no defined play corner with dressing up clothes or a kitchen or house that would entice children to imitate behaviours they have observed within their environment or promote imaginary role playing.

It was noted that the cook had a very sympathetic and appropriate approach with the children and would speak to them gaining eye contact and listening to them when they approached her. The children referred to her as 'Educator'.

Nutrition:

At 1038 on Thursday, the cook sat the children down to drink a glass of water, plus a piece of bread with chocolate spread, (Nutela) and a piece of apple each. The children were not assisted or advised to wash their hands before eating or afterwards. On Monday when the researchers were in the kindergarten a plain bowl of pasta was provided to the children. In the kitchen one of the researchers noted that there were other products that could have enhanced the pasta and made it both more tasty and nutritious for the children to eat. Fresh fruit and vegetables are purchased weekly for the children.

Hygiene and Toileting Facilities:

The kindergarten has two toilets which on the day of this visit were clean. There are hand basins available but they could not be used by children as they contained empty paint containers. No soap or towels or paper towels were visible. Three children used the toilets but not one of them washed his/her hands. The cook was asked if children usually washed their hands after using the toilets, but she became anxious and did not answer. It would be advisable for this to be addressed in the new school term with the educator and school management to ascertain whether regular hand washing is the usual practice in the kindergarten for the health of the children.

Engagement of Parents:

Only one or two parents arrived to collect their children from the kindergarten. They remained outside and did not enter the premises. It would appear from the visits on Wednesday and Thursday that the children tend to leave the kindergarten around 1100 am many of them collected by their older siblings.

There is little information displayed on the walls or in the kindergarten for parents or families to learn about the achievements of their children or information on playing or learning with young children.

Conclusions

This study was conducted over a relatively short time with only four days of interviews, focus group discussions and observations in the kindergarten in Rripe Village in June 2013. It should be noted that in terms of the time of the year of the study this was the last week of the school academic year and this may have had an impact on what was seen particularly in the kindergarten and the number of participants in the focus group discussions.

The researchers' conclusions will be divided under the four points detailed in the Terms of Reference for the Study with recommendations in a separate section.

- 1. Assess the current levels of knowledge, attitudes and practices toward children and pregnant women during the stage of preconception, pregnancy and birth. Home health, hygiene and nutrition practices; knowledge about prevention and appropriate treatment of common illnesses.**

The researchers found that there was little evidence of adults or young people's understanding of preconception or the care or needs of pregnant women apart from the practice of going to the Maternity Hospital for the initial echogram. The focus of attending for this scan was primarily to find out the sex of the unborn baby. The number of women who went for the other three echograms was much reduced demonstrating either a lack of interest in the development of the growing baby or a lack of understanding of the importance or monitoring the baby's progress and development and assessing the expectant women's overall health and welfare.

Nutritional practices for young children and/or pregnant women appear to concentrate very much on the eating of fruit and milk products with little mention of meat, (apart from soups made of meat) or carbohydrates. Everyone who participated in the study within Gurra Commune agreed that breast feeding was very important and that most babies were breastfed. Where breastfeeding was not possible, then babies were given cows' milk as a substitute. If the cow was not vaccinated or regularly inspected there could be a risk to the baby from some diseases that affect cows and are passed through their milk products to babies, infants and young children.

There was evidence that within the kindergarten there was inadequate practice with regard to the hygiene of the young children when using the toilet or in handling food as they were not assisted in or encouraged to wash their hands before eating food or after using the toilet. This is possibly the same practice in the family homes, (although not specifically tested in the discussions) and could lead to intestinal illnesses and diseases that are easily preventable.

Parents, expectant women and young people all said the same when it came to the treatment of high temperatures in young children; warm baths, drinking tea and the provision of Paracetamol. What was not so clear was for how long a parent may treat a child with Paracetamol before the child was taken for medical attention or how much was given at each time. If the correct dose was not administered then there may be a risk of a young child suffering an overdose of Paracetamol with possible consequences to his/her kidney function.

Mothers are encouraged to have their children vaccinated at the appropriate time and do appear to follow the regime without question, with only one case noted where the parents needed a lot of persuasion by the health staff to vaccinate their child. It was noted that parents in general are more interested in the need for vaccinations and what they are for and what the effects can be on the child of the vaccination.

2. Assess the current level of knowledge, attitudes and practices toward children needs from birth till 3 years old. Emphasis to be placed on nurturing care and bonding between infants and parents, health checkups, good nutrition, home hygiene, sanitation, and interactions that support development. Social attachment to a caregiver.

The researchers found little evidence to demonstrate a good level of understanding of the needs of babies and young children up to the age of three years old. Knowledge, attitudes and practice was poor apart from the practice of breastfeeding and vaccination of children of this age.

No one specifically mentioned the attachment of baby to significant carer or the bonding between a mother and/or father to their baby or child. The role of the father mainly was seen to be that of provider - as the worker and producer of income for the family. The mother was viewed as the person who was responsible and most able to care for the baby and young child. In addition the mother-in-law, (paternal grandmother) was also seen to be the significant person in the upbringing of young children. It should be stated that there were signs that the strict adherence to the way in which caring for babies and young children through advice given by the mother-in-law may be losing validity as the young people felt that some advice was old fashioned and out of date and even grandmothers noted that their daughter-in-laws were more knowledgeable as they had information leaflets and advice from the nurses. This change should be seen as encouraging and a means through which outdated and potentially harmful practices will become redundant.

Disappointingly, it should be noted that play and interaction between parents and young children on a regular basis is still very low and not given any priority by any of the participants. Fathers were said to be mainly absent in the lives and daily activities with their young children either because they are out at work or are working outside of Albania or because women themselves are not too keen for men to do what they see

'as women's work'. Surprisingly it was grandfathers who actually stated that they now are much more involved in the learning or care of their grandchildren and feel more able to show affection towards their grandchildren than they ever could to their children. One grandfather was happy that his son had a bigger role in the upbringing of his own child.

A few mothers and fathers said that they would like to play games with their children outside in the garden, but were prohibited by the views and potential criticism of the neighbours. "Play is for children and not for adults" was a phrase used. This societal belief is hampering parents to provide for their children a joy of playing and learning through interactive activities between parents and children. Children also need adults or parents to be the facilitators and instigators of games.

Fathers it was stated by the health professionals were noted as being more interested in the vaccination programme of their children, but little was stated about any child being taken for developmental check-ups. Some health professionals were not too keen for fathers to take a bigger role in the upbringing of young children, (feeding bathing or changing nappies) and this is a disappointing factor if as research has shown that the father and his presence and interaction with the young child is important in the child's development.

The lack of dental care for young children was a point mentioned and poor parenting practices with some parents maintaining the use of a baby's bottle well into a child's third year. This and the use of sweet drinks in the bottle was having a detrimental effect on the number of children with advanced tooth decay and a lack of regular dental check-ups with parents only taking their child to the dentist when a problem is found.

3. Assess the current knowledge attitudes and practices toward children age 3-6. Especially socialization and preparation for schooling. Interaction with peers and caregivers. Quality of services on education preschools as well as and nutrition and a safe environment.

Parents and young people did not have a very good understanding of preschool learning or activities and what their children should be doing between the ages of 3 and 6 years old. Many of them were pleased that there was now a kindergarten in Rripe and that it provided lunch. Their expectations were that children would learn to read and write letters of the alphabet and be able to do some numbers work. Parents' engagement in the kindergarten was perceived by the researchers as only on the periphery with one or two collecting their children at the end of the morning session.

Unfortunately, on the days that the researchers were present there was little evidence that within the kindergarten that the young children present were assisted in learning or in play activities. It was noted that these three days coincided with the last days of the academic year when routines are not so strictly adhered to, but the researchers felt

that the children were maintained in the kindergarten and more could have been provided to occupy them more efficiently with toys or games.

The play that was observed was of most of the children playing alongside each other rather than the children playing together. An example of where this was different was the three children, two boys and one girl who were pushing each other around on chairs.

“One of the expectant mothers during the focus group, whose older children did not attend a kindergarten when they were younger, said that she will send her child to the kindergarten seeing the benefits it has had on other children. The child is engaged in activities as it helps in his/her learning and the provision of lunch is something else that is good and a benefit to the child”

4. Assess the access and quality of services offered for a good child-maternal health (including immunization, early learning and pre-school preparedness, water, sanitation and hygiene related services and commodities provided by both governmental and nongovernmental sectors).

Within Gurra commune there are three kindergartens in Rripe village, Gurra e Vogel and Gurra e Madhe. Only one was visited, the one in Rripe village. Information from the local government and the Education Office in Burrel said that in two other villages there were elementary schools, but no kindergarten or pre-preparatory classes for 5 to 6 year old children.

As far as the researchers were led to understand the only non-governmental organisation that was present in Gurra Commune is Save the Children, Albania which has provided training on health related issues and preschool learning. Within Burrel, USAID and the American Red Cross have implemented projects on health management, integrated management and childhood diseases for health staff. In addition the Red Cross has conducted trainings with primary health staff on how to treat and what to they should know about expectant women. There are two obstetricians, one gynaecologist, 1 neonatologist and 3 paediatricians in the hospital in Burrel city.

There is a centre in Burrel, called Shpresa e re that provides day care for children with disabilities. No such services are provided within Gurra Commune.

There is the Hygiene Department within the Institute of Public Health in Burrel that assesses the level of hygiene in public institutions including schools and kindergartens. The Head of the Department said that when he monitors a kindergarten, he looks at the light and space. He also looks for the presence of water and detergent. As previously mentioned in the section on the Observation of the Kindergarten in Rripe

Village, the children were not able to wash their hands due to empty paint containers being in the hand basins and no soap or towels were visible.

Within the Health Centre in Gurra Commune, (Rripe village) there are 6 midwives/nurses one of which is a male. He was new to the village and had what appeared to be few requests for his assistance.

Information related to the services the local government provides is limited to the eligibility, assessment and payment of Economic Aid and KEMP to those fulfilling the criteria. When asked if there was any written information provided to the population of the commune with regard to Ndhima Ekonomike or the registration of births the representatives said No, but everyone knows the regulations. During further discussion it was stated that people come and ask them what documents are required or about their eligibility. Therefore it would appear that there is a need for some written criteria to be accessible to the people living in the commune.

Recommendations

Provide recommendations comprehensive inter-sectoral ECCD interventions in Rripa (in terms of capacity building and community based awareness raising activities), local and central governmental policies to ensure the physical, socio-emotional, linguistic and cognitive development of all young children, leading to a substantial reduction in mortality, disease burden and prevention of developmental delays.

The researchers would make the following recommendations in view of the information gathered and analysed during the brief study of Gurra Commune and Rripe village.

1. To encourage and improve the bonding and attachment of fathers with their babies and young children and to reduce the level of embarrassment/discomfort in undertaking care tasks for young children a series of parenting classes for expectant and fathers of young children in Gurra Commune. The learning should be both practical and theoretical on the importance of fathers to young children; nurture and care is not a female only activity; on play; language development; reading to young children; feeding and caring for babies and young children. Enabling fathers to practice playing games with their own young children in a safe setting without the stares and comments of others in the community, would work towards breaking down some barriers and also provide them with confidence that this is a good thing for him and his child and is fun. A session should be included on biological roles and societal ascribed gender roles as a means of reducing the anxiety that men have of not being viewed as manly or that their wives have emasculated them if they show affection or play with their children. Small groups are recommended and participation should be encouraged for those keen to learn. Ideally the group should be facilitated by

men or co-facilitated by a man and women as this also promotes the fact that a man can be manly/masculine and also caring.

2. As it appears that women are also fearful of losing their role as the mothers and carers of young children it is recommended to run a series of awareness raising activities for expectant women, mothers of young children, grandmothers and health personnel. The topics for discussion may include: the role of the father in the upbringing of young children; communication and language development; shared parenthood; play with babies and young children and the importance of play for all children. To decrease the concern that some women had that their men would be seen as less manly if they assisted in the care of the children and they as 'poor mothers', a session should be included on biological roles and societal ascribed gender roles. The inclusion of health personnel is advisable as it was noted within the focus group discussions that a large proportion of them were against fathers' involvement in the care and nurture of babies and young children and as one of the main advisors to new mothers they should be promoting shared parenting as a good concept.
3. Community awareness raising is needed for more parents, families, grandparents, teachers, educators, health personnel and local government representatives to understand better the role of preschool education and learning amongst young children and in particular in formal education settings such as kindergartens and pre-preparatory classes.

Potential topics for inclusion could be: child development – the stages and how children learn: communication and language development: play and its importance in learning and development, for example fine motor skills, gross motor skills, creativity, imaginative play through copying and mimicking what they see in their families and community; reading to young children and the need for parents both fathers and mothers to initiate play with their young children through playing ball games; through joining in their imaginary play activities, being interested in what they are doing and talking with them about what they see and who they saw or played with.

By raising the awareness of the community on how and by what means children under six years old learn, the researchers believe that parents would expect more from the educators and understand the need for a variety of forms and methods to be used in the kindergartens, therefore reducing the idea that all the children need to do is read, write and count mechanically, before entering school. Also if parents and families form an enhanced view and understanding of how children learn at this stage they would feel less intimidated in encouraging and becoming involved in their young children's learning. Parents need to become much more involved in the kindergarten in Rripe through assisting in some of the daily activities on a voluntary rota basis to support the educator, but

also to add to their learning of how to play and learn with their children. Parents can easily assist with painting or reading a story or providing dressing-up clothes or learning simple number exercises. This learning can also be transferred into the home thus increasing the opportunities for each child to learn in a variety of settings.

4. The kindergarten may benefit by the management looking at the hours it operates each day and to provide a guide as to what activities need to be included in each day's programme. The lunch time can be seen as an additional learning opportunity for children. For many kindergartens that provide lunch they operate all day from 0800 am up until 4.00 pm. For a kindergarten that is set-up to operate on a part-time basis it would seem realistic for three hours per day to be given to the play and learning activities with an hour for lunch or if preferred this time divided into a short break and snack midway through the morning with lunch at the end.
5. The researchers would like to advise the setting up of the kindergarten into areas, (corners/sections) where different activities are provided simultaneously for the children to choose from. For instance a table could accommodate painting or drawing materials: table with numerical activities: table with dough and or other creative activities: a corner for construction activities: a corner for dressing up and imaginary/fantasy play: provision of sand or water for scientific learning and other educator facilitated activities such as a reading circle each day, games, rhymes and learning to write. In addition young children need to develop their gross motor skills, so the use of the outside area, (when it is not covered in snow or too cold) for team, sports or games should be encouraged.

The division of time to each type of activity whether inside activities or outside should be built into the Activity Plan for the kindergarten. The time attributed to outside activities would depend on the weather and seasons and the subjects that the educator is working with the children. For example if the educator is talking about 'winter' and there is snow on the ground the children and educator could take a walk to learn what snow is, what happens when we walk on it and how it changes the look of the village, the fields and landscape. Children can then come back in and draw or make collages of what they see either in groups or as pairs or as individual children. In addition children enjoy playing with snowballs or building a snowman all activities that engage children in gross motor skills development. Snow can also be used to teach the properties of water, ice and snowflakes. We think that more materials and equipment would be required to fulfil these suggestions and training for the educator and some interested mothers is a must.

6. To enable or encourage more women or expectant parents to access ante natal check ups and the recommended four echograms information should be provided

in both written information sheets and verbally by the health professionals in health centres, ambulancas and the maternity hospital. Not only should the importance of monitoring the growth and development of the baby be emphasised, but also the health and welfare of the woman. Regarding the financial costs of the echograms the pregnant women should be given the information on how to apply and access the Health Booklet which enables them to have the echograms and screening for free.

7. To empower the adults within Gurra Commune we would recommend the production and wide distribution of information leaflets by the Commune Administration on the eligibility criteria, required documentation and application procedures for Ndhima Ekonomike and KEMP. This would not only provide very basic information for potential applicants enabling them to assess whether or not they met the criteria, but would reduce the time of the staff of the Economic Aid and Social Services Office who currently repeat many times the same information. In addition the procedures for appealing the decision of the Commune Council or the KEMP Commission should be provided therefore improving the applicants understanding and right to appeal. If there is inadequate money for individual leaflets, large posters could be designed and printed for the walls of the Economic Aid and Social Services Office or in the hallway of the Commune building.
8. The same recommendation is made as Point 6 above with regard to the birth registration and marriage procedure and documentation. Special mention with regard to marriage should be made in respect of the choice to marry and that no partner should be coerced to marry. We mention this as we were provided with information on a number of marriages that had recently taken place between young women from the commune and much older men from Italy or Greece. To the knowledge of the commune representative the majority of these marriages had not turned out to be successful and may have been 'arranged' for economic reasons.
9. Currently there is no Child Protection Unit in Gurre Commune despite the legislation and obligation for the local government to provide this service. We therefore would recommend the setting up of such an office and the training and supervision of a competent and suitably qualified person to ensure the rights and assessed needs of the children in the commune.

Appendices

Appendix 1: Terms of Reference:

Study on Early Childhood and Care Development

Terms of Reference

Save the children is looking for a consultant/team of consultants to undertake a study on Early Childhood and Care Development (ECCD) for Rripa village in Burrel. ECCD comprises all the essential supports a young child needs to survive and thrive in life, as well as the support family and community need to promote children's healthy development and growth. This study aims a deep analysis of four main clusters: physical, socio-emotional, linguistic and cognitive situation of children as well as practices that community/family performs to support children development.

Background and purpose of the study

Rripe village is located in the northeast of Albania in the district of Mat, region of Dibra, and under jurisdiction of Gurra's Commune. The closest town is Burrel, located 13 km north of Rripe and 110 km north of Tirana. According to Commune's data, about 800 people live in the village of Rripe and the estimated number of children (aged 0-17) is 262. Provision of care and development for the 0-3 years old group is offered mainly in nursery and kindergarten, every of these, depending from different governmental structures lacking the continuum of a unified approach in ECCD programs' orientation. Save the Children interventions in Rripa village aim at providing community based ECCD programs. The main areas of work include parenting skills and information on holistic development across all development domains (cognitive, gross and fine motor, language, social, sensory and emotional). The final expected result will be preparing a child for school developmentally and emotionally. At community level ECCD activities will involve awareness raising and overall commitment of the wider community to the importance of the first years of life. All of the above mentioned interventions will be further shaped by the results and recommendations of this study.

Description of the service

This consultancy work comprises use of different methodologies and tools in order to cover the following study objectives:

1. Assess the current levels of knowledge, attitudes and practices toward children and pregnant women during the stage of preconception, pregnancy and birth. Home health, hygiene and nutrition practices; knowledge about prevention and appropriate treatment of common illnesses.
2. Assess the current level of knowledge, attitudes and practices toward children needs from birth till 3 years old. Emphasis to be placed on nurturing care and bonding between infants and parents, health checkups, good nutrition, home hygiene, sanitation, and interactions that support development. Social attachment to a caregiver.

3. Assess the current knowledge attitudes and practices toward children age 3-6. Especially socialization and preparation for schooling. Interaction with peers and caregivers. Quality of services on education preschools as well as and nutrition and a safe environment.
4. Assess the access and quality of services offered for a good child-maternal health (including immunization, early learning and pre-school preparedness, water, sanitation and hygiene related services and commodities provided by both governmental and nongovernmental sectors).
5. Provide recommendations comprehensive inter-sectoral ECCD interventions in Rripa (in terms of capacity building and community based awareness raising activities), local and central governmental policies to ensure the physical, socio-emotional, linguistic and cognitive development of all young children, leading to a substantial reduction in mortality, disease burden and prevention of developmental delays.

Deadline for submitting the work

The consultancy work is expected to be performed in 15 working days spread out through May and June 2013. The deadline for submitting the work is June 25th

Ownership & Payment

Final ownership of the consultancy deliverables remain with Save the Children. Payment procedures will follow Save the Children policy on fees and terms of payment as specified in the contract.

Required qualifications:

The consultant/consultants should have proven experience in:

- Socio-psychological and health related issues for Early Childhood and Care Development
- Proven experience in research studies related ECCD issues
- Ability to work according to a structured plan and deliver results within deadlines

Application

Please send your CV, cover letter and proposal including study methodology, detailed plan of work and people responsible (in case of a group of consultants) and fee applied by **May 10, 2013** to the following email: info.albania@savethechildren.org or at the following address:

Save the Children

Tirana, Albania
Rruga "Komuna e Parisit"
Lagjia 8, Pallatet 1 Maji, Vila "Lami"
P.O. Box 8185
Tel: +355 4 261840
Fax: +355 4 263 428
Web site: www.scalbania.org

Appendix 2

29th May 2013

Dear Participant,

Study into Early Childhood Care and Development in Gurra Commune

Save the Children is conducting a study into Early Childhood Care and Development, and you are invited to participate in a Focus Group during the week beginning 3rd June 2013. Your attendance and participation is voluntary and will not affect any services that you currently receive or may be offered in the future.

Partnerë për Fëmijët has been contracted to conduct the study and to gather information from young people, parents, grandparents, education and health professionals and representatives from the local government in order to evaluate the current situation of early childhood care and development and the needs for potential services in the future.

The purpose of the Focus Group is to learn and listen to your views and understand what services are available, what you would like to see changed and what your expectations are of children under the age of eight years old.

It is important to say that none of the information you give will be used for any other purpose than to assist us in compiling a report for the use of Save the Children to develop future support for young children and their families. The report that will be compiled will not contain any identifying data or any names related to a specific piece of information within the study.

The Focus Group will be facilitated by at least two people from Partnerë për Fëmijët: one person who will write the main points of your discussion onto a Flip Chart so that you can see what comments have been put forward and one who will conduct the meeting and discussion.

I hope you will participate as your views and comments are very important for the future development of early childhood care and development.

Yours sincerely,

Ingrid Jones
Director

Appendix 3

Consent Form for Child's Participation in Focus Group

I, (name of parent/carer), have been provided with information regarding the Focus Group discussion to be conducted between 4th and 7th June 2013.

I consent to the participation of my child, (name of child) in the Focus Group Discussion.

I understand that information mentioned in the discussion may be included in a report as part of the Study into Early Childhood Care and Development in Gurra Commune for Save the Children, Albania.

Signature of Parent/Carer:

Name and Family Name of Parent/Carer:

Date:

Appendix 4

Semi-Structured Interview for Head of Gurra Commune

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a young child needs to survive and thrive in life as well as the support family and community needs to promote children's health development and growth.

Thank you for agreeing to participate in this study and to be interviewed. We would like to learn about your views and ideas on early childhood care and development. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to a specific piece of information within the study.

1. When you think about early childhood care and development, what do you understand as components of this term?
2. What developmental, educational or health services regarding children under the age of eight years old are provided within the Commune?
3. What services of information are available for women, expectant women or mothers regarding the development, health or care of their babies, infants and young children?
4. How would you describe parents' views on parenting a young child? What aspects do they think are most important?
5. Do you think that enough importance is given to the development and growth of young children within the Commune or is more importance given to children older than 8 years old?

6. What changes to the services that are presently provided in the Commune would you like to change for young children and their families?

7. Would you like to say anything else about young children or parenting that should be considered within this study?

Thank you very much for agreeing to be interviewed and providing your views.

Appendix 5

Semi-Structured Interview for Civil Status Office

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a young child needs to survive and thrive in life as well as the support family and community needs to promote children's health development and growth.

Thank you for agreeing to participate in this study and to be interviewed. We would like to learn about your views and ideas on early childhood care and development. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to a specific piece of information within the study.

1. When you think about early childhood care and development, what do you understand as components of this term?
2. What developmental, educational or health services regarding children under the age of eight years old are provided within the Commune?
3. What services or information are available for women, expectant women or mothers regarding the development, health or care of their babies, infants and young children?
4. Do you think that all new parents within the Commune know the rules and regulations related to the registration of their new born baby? Do you have information leaflets: if Yes where are they distributed?
5. Do you know if there are any unregistered children or families living in Gurra Commune? What are the reasons for non-registration?

6. How many babies are born each year with the Commune? Has there been a decrease or increase in the number of births over the last five years? (Need to get statistics on number of births over last 5 years)

7. How many families have migrated from Gurra Commune in the last year? Has there been a decrease or increase in the number of families migrating over the last five years?

8. How many families have migrated into the Commune over the last 5 years? Are these young families with children or older people?

9. Are there any particular villages where the number of children born has increased over the last five years?

Thank you very much for agreeing to be interviewed and providing your views.

Appendix 6

Semi-Structured Interview for Director of Maternity Hospital

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a young child needs to survive and thrive in life as well as the support family and community needs to promote children's health development and growth.

Thank you for agreeing to participate in this study and to be interviewed. We would like to learn about your views and experience of maternal health, ante-natal care, preparation for motherhood, pregnancy and birth and early childhood care and development. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to a specific piece of information within the study.

1. How many years have you been the Director of the Maternity Hospital? How many years have you worked in this particular hospital?
2. What services are provided for women, expectant women or mothers regarding the conception and preparation for becoming pregnant?
3. Does the hospital provide any counselling or ante-natal classes for expectant women and fathers?
4. What is the normal ante-natal screening programme for expectant women?
5. Do all women who give birth in the hospital attend regular ante-natal care? If not what are the reasons?
6. During the screening if an abnormality is detected with the baby or a concern arises with the mother's health, what information or care is offered the woman and/or the husband?

7. Are expectant parents of a baby with a detected disability counselled as to the care required for the baby following birth or would they be advised to terminate the pregnancy? Is this counselling provided by the doctor or a social worker/psychologist?
8. How many babies are born each year within the District? Has there been a decrease or increase in the number of births over the last five years? (Need to get statistics on number of births over last 5 years)
9. Is it possible to provide the number of births for Gurra Commune for the last five years? Has there been a decrease or increase in the number of births over the last five years?
10. How many babies with disabilities have been born over the last five years?
11. What post-natal care is provided to new mothers and babies? Is the advice supported by information leaflets?
12. Are mothers encouraged to breastfeed their babies? Who provides the assistance and support to new mothers on how to breastfeed, foods that they should avoid during breastfeeding and how to care for their breasts?
13. What follow-up health care is provided to the new mother and her baby?
14. Are midwives and nurses trained to observe mother and baby interaction and to note any concerns of a mother not bonding with her new baby?

15. Is information, verbal or through information leaflets provided on contraception to new mothers?

16. What do you think are the important needs of new mothers and fathers in the first six months of their baby's life?

17. What developmental, nutritional or health services regarding babies and children under the age of eight years old are provided within the Health Service? What is the developmental screening programme?

18. Would you like to add any other comments or suggestions for improvements or changes to the ante-natal or post-natal care provided to new mothers and fathers or health care provision?

Thank you very much for agreeing to be interviewed and providing your views.

Appendix 7

Semi-Structured Interview for Director of Education Office

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a young child needs to survive and thrive in life as well as the support family and community needs to promote children's health development and growth.

Thank you for agreeing to participate in this study and to be interviewed. We would like to learn about your views and experience of early childhood care and development and under eights education services. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to a specific piece of information within the study.

1. How many years have you been the Director of the Regional Directorate of Education?
If only a short time; where have you worked before?
2. How many children live in the District? If possible segregated into 0-3years old; 3- 6 years old; 6- 16 years old.
3. What educational services are provided within the district for children from birth up to eight years old?
4. Within Gurra Commune how many crèches, kindergartens and elementary schools?
5. How many trained educators with a pedagogical qualification?
6. Do you have enough crèches, kindergartens or 5-6 year old classes for all children?
Would you like to have more and if so where in particular?

7. Do you have any statistics on the number of children who have not attended a kindergarten or 5-6 year old classes?
8. What facilities do the crèches, kindergartens or 5-6 year old classes provide? What teaching methods do they use?
9. How are parents encouraged to become involved in crèches, kindergartens or 5-6 year old classes?
10. Do you think parents play a vital role in the education of their children? Would you like to see more parental involvement?
11. Do crèches, kindergartens or 5-6 year old classes have active parents' boards to assist in the management of the crèches, kindergartens or 5-6 year old classes?
12. How many children with disabilities attend crèches, kindergartens or 5-6 year old classes? What types of disabilities do these children have?
13. Is social inclusion promoted within the preschool education provision? How has this been done and by whom?

14. Within the district how many educational support centres are there? How many psychologists or social workers are employed within kindergartens or elementary schools?

15. What support and/or assistance is provided to educators in kindergartens or elementary teachers who experience children with different needs or learning difficulties?

16. What do you think are the important needs of new mothers and fathers in the first six months of their baby's life?

17. What developmental services regarding babies and children under the age of eight years old are provided within the Education Service?

18. Would you like to add any other comments or suggestions for improvements or changes to the education services currently provided?

Thank you very much for agreeing to be interviewed and providing your views.

Appendix 8

Semi-Structured Interview for the Director of Institute of Public Health

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a young child needs to survive and thrive in life as well as the support family and community needs to promote children's health development and growth.

Thank you for agreeing to participate in this study and to be interviewed. We would like to learn about your views and experience of maternal and child health, ante-natal care, preparation for motherhood, pregnancy and birth and early childhood care and development. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to a specific piece of information within the study.

1. How many years have you been the Director of the Regional Directorate of Health? If only a short time; where have you worked before?
2. What services are provided with the district for women, expectant women or mothers regarding the conception, preparation for becoming pregnant and pregnancy?
3. Are there any provisions for counselling or ante-natal classes for expectant women and fathers?
4. What is the normal ante-natal screening programme for expectant women?
5. How many trained doctors and obstetricians are there in the District? What is the post-university professional development programme for doctors who provide care and health advice for women and new mothers?

6. Are nurses provided with additional training to work with expectant women and new mothers and fathers?
7. Is there any provision within the district to provide genetic counselling or screening to potential parents or expectant parents who have previously had a child with a genetic condition?
8. What post-natal care is provided to new mothers and babies? Is the advice supported by information leaflets?
9. How many babies are born each year within the District? Has there been a decrease or increase in the number of births over the last five years? Is it possible to provide the number of births for Gurra Commune for the last five years? Has there been a decrease or increase in the number of births over the last five years? (Need to get statistics on number of births over last 5 years)
10. How many babies with disabilities have been born over the last five years? What types of disabilities are more prevalent in the district?
11. What is the maternal mortality rate for Mat District in the last five years? Has this increased or decreased and what reasons could be behind this?
12. What is the infant mortality rate for Mat District in the last five years? Has this increased or decreased and what reasons could be behind this?
13. Are there statistics for the number of children under eight years old who have died and the causes for their death? If yes could we have the information?

14. What support, assistance and/or equipment for children with a disability are provided to the parents of newly diagnosed children or babies born with disabilities?

15. Within the district how many child assessment centres are there or rehabilitation centres or units? If none or limited, what is the referral procedure for referring children and their parents to other centres or specialists?

16. What child developmental screening programme is available to all parents?

17. What is the vaccination programme for babies and children under eight years old? What is the vaccination rate for children in the district?

18. What contraceptive advice is provided through the health services? Are contraception items provided free to women?

19. What do you think are the important needs of new mothers and fathers in the first six months of their baby's life?

20. What developmental, nutritional or health services regarding babies and children under the age of eight years old are provided within the Health Service?

21. Would you like to add any other comments or suggestions for improvements or changes to the ante-natal or post-natal care provided to new mothers and fathers or health care provision?

Thank you very much for agreeing to be interviewed and providing your views.

Appendix 9

Semi-Structured Interview for Economic Aid Office

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a young child needs to survive and thrive in life as well as the support family and community needs to promote children's health development and growth.

Thank you for agreeing to participate in this study and to be interviewed. We would like to learn about your views and ideas on early childhood care and development and information with regard to social welfare payments for children and families. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to a specific piece of information within the study.

1. Do you think that all families within the Commune know the rules and regulations related to the eligibility for Economic Aid and/or KEMP? How many families receive Economic Aid each month?
2. How many children with disabilities receive KEMP? How many of these are under the age of 8 years old?
3. How many carers are in receipt of KEMP Carers' Allowance for children and how many for children under the age of eight years old?
4. Are there information leaflets/sheets on the eligibility for Economic Aid or KEMP? How do mothers or fathers learn about the rules of eligibility?

5. How many single, (divorced or widowed) mothers receive Economic Aid? Has the number of divorced mothers risen in the last 5 years and has this affected the number of women receiving Economic Aid?

6. When you think about early childhood care and development, what do you understand as components of this term?

7. What developmental, educational or health services regarding children under the age of eight years old are provided within the Commune?

8. What services or information are available for women, expectant women or mothers regarding the development, health or care of their babies, infants and young children?

9. Would you like to say anything else with regard to the types of support and/or assistance to families and children living in Gurra Commune?

Thank you very much for agreeing to be interviewed and providing your views.

Appendix 10

Observation Checklist of Children in Kindergarten in Ripa Village

1. On entering the kindergarten what are your first impressions of the environment? Describe the smell, the sounds, the proportion of light, heat, the activities that the children are engaged in and the number of adults to the proportion of children. What is/are the educator(s) doing?
2. When you walked into the class what did the children do? Did they carry on playing, reading, drawing, painting or constructing buildings, did they all stop what they were doing and stare at you? Did any child cry or come and demand your attention?
3. How is the kindergarten set-up? How are the desks, chairs distributed throughout the class? Are the children all sitting quietly at desks? Are there different activities going on at the same time in different parts of the class? Where are the toys, books and materials stored: in closed cupboards so children cannot see them or access them easily by themselves: on open shelves neat and organised by theme: the number of resources is minimal or old or destroyed?
4. What can you see on the walls of the kindergarten? Are they nicely painted? Are there examples of children's work on the walls? Are there posters of the alphabet or animals or child centred themes? If there are displays on the walls are they at children's eye level or only accessible to adults?

5. What are the hygiene and toileting facilities for the children attending the kindergarten? Are the toilets easily accessed by the children or do they need the support of the educators? Is there piped water in the toilets and for washing the children's hands after using the toilet? Are there any posters or diagrams showing children how to wash their hands?

6. What are the teaching methods you observed used by the educator(s) and or volunteers? Do the educators stand at the front of the class and speak at the children? Do the educators use the chalkboard for most of her/his instruction? Do the children have to write in books or do mathematics in books? Do they have toys, equipment or objects to manipulate to assist them in their learning?

7. Do the children work in small groups at different tasks for instance: water play: construction: art and craft activities; junk art; dough or plasticine play; cutting out objects; use of different shapes or sizes for comparison work?

8. Was there a library or book corner? Were children read to in a circle? Does the educator read in an imaginative way, (using differing tones and voices for the different characters) and involve the children in the story? Is the story used as a basis for other activities happening in the day?

9. Is there a dressing up corner or a place where children can play different roles and use their imagination to enact life themes eg doctors and nurses; mothers and fathers; teacher and children?

10. How do the children treat and play with each other? Do they play together or alongside each other? Do they share the toys and equipment fairly or do they fight for each toy? If they fight, how does the educator deal with these confrontations?

11. When the educator is busy with another child, what do the other children do? Carry on with their tasks; get up and walk around; interfere with another child's work; hit other children, climb over the desks or try to attract the educator's attention?

12. What large group or joint activities does the educator do with the children? How does she/he involve all the children and make sure everyone either has a go or that the quieter more reserved child is not left out? Are children enabled to talk and give their views?

13. What information is available for parents in the kindergarten, either on the walls or in leaflet form to take away? Can parents borrow books to take home to read to their child?

14. When the parents come to collect their children at the end of the day; does the educator welcome them into the kindergarten or do they remain outside? Does the educator tell parents what the children have been doing today or do they just hand the children over to them? Do children take home any of the articles they have made during the day; eg paintings, drawings, cardboard models?

15. How do parents greet their children? How do the children interact with their parents? Do children want to go home and leave the kindergarten or do some want to continue to play?

16. What other things did you observe or learn that are not mentioned in the above questions that were either interesting or good practice or of concern?

Appendix 12

Focus Group Discussions with Educators and Teachers

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a baby or young child needs to survive and thrive in life as well as the support family and community needs to promote children's healthy development and growth.

Thank you for agreeing to participate in this study and to take part in this focus group. We would like to learn about your views and experience of maternal and child health, early childhood care and development and education. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to any information that you provide.

1. When do young children start to talk? What can we do to encourage children to talk?
2. What types of abilities/skills does a child develop between the ages of 1 and six years old? What things can parents do to encourage their children to develop new skills?
3. Looking at the education of young children under eight years old, what do you think children need to learn? How do children of this age learn things?
4. What types of methods and equipment encourage learning between the ages of 3 to 8 years old? Do you think children of this age learn better through concrete applications or they can learn abstract concepts too?
5. How important do you see games, sports and play as part of a child's formal education in kindergartens or schools? What types of these activities are currently provided regularly to children now?
6. Should children who have disabilities and/or are from different ethnic groups all attend the same kindergarten and school? How many children who have a disability or are from the Roma or Egyptian communities attend the kindergarten and schools now?
7. What do you understand by the term 'social inclusion'? Have you received any training on making the kindergarten or the school socially inclusive? How many teachers assistants are there in the kindergarten or the school? How many of you have read the new Pre-University Law on Education issued in 2012?
8. What is the role of mothers and fathers in the learning/education of young children? What things can parents do with their children to assist them in learning?

9. Should parents be more involved in the kindergarten in Gurra? Do you think that more parents should be part of the parents' board? Do you think parents should help in the class with the children's activities? Do you think that parents and educators should discuss the child's progress more frequently?
10. Do you think fathers should be more involved in the care and development of their babies or young children? What do you think fathers are currently doing with young children? Why are fathers not so involved in the care of their young children? (Only if the response is nothing or very little)
11. How would you treat or advise a mother on common childhood illnesses, like the flu, high temperatures, sore throats, coughs or diarrhoea? If a child had crossed eyes or strabismus do you think it is important to have the condition treated?
12. What effects do you think smoking has on the baby growing inside a woman? Do you think raising a baby in a home with cigarette smoke has any impact on their development or health?
13. Do you think drinking alcohol whilst pregnant can affect the development of the baby?
14. Would you like to add anything about young children's health, development or education to the discussion?

Thank you very much for your participation in this Focus Group.

Appendix 13

Focus Group Discussions with Grandparents

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a baby or young child needs to survive and thrive in life as well as the support family and community needs to promote children's healthy development and growth.

Thank you for agreeing to participate in this study and to take part in this focus group. We would like to learn about your views and experience of maternal and child health, ante-natal care, preparation for motherhood, pregnancy and birth, early childhood care and development and education. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to any information that you provide.

1. When you think of babies under the age of one year old, what do you think is most important for their health, development and growth?
2. How important is talking with a young baby or playing or singing with him or her?
3. What nutritional needs do babies have under the age of one year old? Do you think breastfeeding is important for a baby's growth and development?
4. When do babies need to have solid foods? What foods are good for young children under six years old? What type of advice would you give to a new mother on feeding her baby or young children?
5. When should we start to vaccinate babies? What vaccinations are given? What do you know about the effects of the vaccinations? Have you ever read an information leaflet on the vaccinations a child needs and why it is important for their health?
6. How often do you think a baby or young child should be taken to the health centre to have his/her development and growth measured? Are there any health topics you would like to know about a baby or young child?
7. How would you treat or advise a mother on common childhood illnesses, like the flu, high temperatures, sore throats, coughs or diarrhoea? If a grandchild had crossed eyes or strabismus what help would you seek?

8. When giving a child milk or water to drink, where does it come from? What would you do before giving it to a young child?
9. When do young children start to talk? What can we do to encourage children to talk?
10. What types of abilities/skills does a child develop between the ages of 1 and six years old? What things can parents do to encourage their children to develop new skills?
11. How do we involve fathers in the care and development of their babies or young children? What are fathers currently doing with young children? Why are fathers not so involved in the care of their young children? (Only if the response is nothing or very little)
12. Are you involved in the upbringing of babies and young children? What type of help do you provide?
13. What effects do you think smoking has on the baby growing inside a woman? Do you think raising a baby in a home with cigarette smoke has any impact on their development or health?
14. Do you think drinking alcohol whilst pregnant can affect the development of the baby?
15. Looking at the education of young children under eight years old, what do you think children need to learn? How do children of this age learn things?
16. What is the role of mothers and fathers in the learning/education of young children? What things can parents do with their children to assist them in learning? What part does play have in learning?
17. Should parents be more involved in the kindergarten in Gurra? Do you think that more parents should be part of the parents' board? Do you think parents should help in the class with the children's activities? Do you think that parents and educators should discuss the child's progress more frequently?
18. Would you like to add anything about young children's health, development or education to the discussion?

Thank you very much for your participation in this Focus Group.

Appendix 14

Focus Group Discussions with Health Professionals

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a baby or young child needs to survive and thrive in life as well as the support family and community needs to promote children's healthy development and growth.

Thank you for agreeing to participate in this study and to take part in this focus group. We would like to learn about your views and experience of maternal and child health, ante-natal care, preparation for motherhood, pregnancy and birth, early childhood care and development and education. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to any information that you provide.

1. When you think of babies under the age of one year old, what do you think is most important for their health, development and growth?
2. How important is talking with your baby or playing or singing with him or her? What information do you give to parents on the importance of speaking with their babies and young children?
3. What nutritional needs do babies have under the age of one year old? Do you think that breastfeeding is important for all babies? How do you assist new mothers to successfully breast feed their babies? If a mother is unable to breastfeed her baby due to a lack of milk, what support, advice or assistance do you provide to her in using alternative baby formulas? What information is given regarding the sterilisation and keeping a baby's bottles and food utensils clean and hygienic?
4. What advice do you give to parents about when babies need to have solid foods? What foods are good for young children under six years old? Do you provide information and /or leaflets to new mothers or parents on feeding their baby or young children?
5. What is the vaccination programme for babies and infants? What do you tell parents' about the effects of the vaccinations and why it is important to vaccinate their child? Do you vaccinate every child or are there any exceptions? If a parent does not bring their baby for his/her vaccinations, what is the follow-up procedure?

6. How often should a parent bring their baby or young child to the health centre to have his/her development and growth measured? What aspects of the baby or young child's development do you measure/check? If you have a concern about a child's development what advice do you give to the parent?
7. What advice do you provide to parents on how to treat common childhood illnesses, like the flu, high temperatures, sore throats, coughs or diarrhoea? If a child has crossed eyes or strabismus, or a disability or any delayed development what help or advice do you provide to the child's parents? Do you have a referral mechanism for referring children and parents to assessment centres or specialists? How do you follow up these children to ensure that they progress developmentally?
8. What information do you give to parents about giving their child milk or water to drink and which sources are safe? Do you see/treat many children with intestinal diseases?
9. What things can we do to encourage parents to play with their young children so they develop new skills? How do we involve fathers in the care and development of their babies or young children? What are fathers currently doing with young children?
10. Is there anyone else who is involved in the upbringing of babies and young children? What type of help do they provide and is it always helpful? Have you provided any sessions on parenting for new parents?
11. What information is provided to young women who are considering becoming pregnant? Does the advice/information address issues of diet, vitamins, not smoking or drinking alcohol during pregnancy, signs to be aware of and the need for regular ant-natal check-ups?
12. What ant-natal services do you provide to expectant women? Do you provide information on what to expect during the birth, hormonal changes during pregnancy and afterwards? If an expectant woman has a scan that shows her baby will be born with disability what counselling or support can you provide to her and her husband?
13. What post-natal support do you provide to new mothers and fathers? Do you provide contraceptive advice and information leaflets?
14. Would you like to add anything about young children's health, development or education to the discussion?

Thank you very much for your participation in this Focus Group.

Appendix 15

Focus Group Discussions with Men

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a baby or young child needs to survive and thrive in life as well as the support family and community needs to promote children's healthy development and growth.

Thank you for agreeing to participate in this study and to take part in this focus group. We would like to learn about your views and experience of early childhood care and development and education of young children under eight years old. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to any information that you provide.

1. When you think of babies under the age of one year old, what do you think is most important for their health, development and growth?
2. How important is talking with your baby or playing or singing with him or her?
3. What foods are good for young children under eight years old?
4. When should we start to vaccinate babies? What vaccinations are given? Have you been given information leaflets on the vaccinations your child needs and why it is important for their health?
5. How would you treat common childhood illnesses, like the flu, high temperatures, sore throats, coughs or diarrhoea? If your child has crossed eyes or strabismus what help would you seek?
6. When do young children start to talk? What can we do to encourage children to talk?
7. What types of abilities/skills does a child develop between the ages of 1 and six years old? What things can parents do to encourage their children to develop new skills?
8. What do you see as the role of fathers in the care and development of their babies or young children? What are fathers currently doing with young children?
9. Who else is usually involved in the upbringing of babies and young children in families? What type of help do they provide and is it always helpful?

10. What effects do you think smoking has on the baby growing inside a woman? Do you think raising a baby in a home with cigarette smoke has any impact on their development or health?
11. Do you think drinking alcohol whilst pregnant can affect the development of the baby?
12. Looking at the education of young children under eight years old, what do you think children need to learn? How do children of this age learn things?
13. Do all the children in your village attend a kindergarten? Are there children with disabilities or from different ethnic groups included in the groups?
14. What is the role of mothers and fathers in the learning/education of young children? What things can parents do with their children to assist them in learning? What part does play have in learning?
15. Do you think that parents should play a larger role in the kindergarten such as being part of a parents' board? Should they help in the class with the children's activities? Should there be more communication and discussions between the educator and parents about their child's progress?
16. Would you like to add anything about young children's health, development or education to the discussion?

Thank you very much for your participation in this Focus Group.

Appendix 16

Focus Group Discussions with Parents

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a baby or young child needs to survive and thrive in life as well as the support family and community needs to promote children's healthy development and growth.

Thank you for agreeing to participate in this study and to take part in this focus group. We would like to learn about your views and experience of maternal and child health, ante-natal care, preparation for motherhood, pregnancy and birth, early childhood care and development and education. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to any information that you provide.

1. When you think of babies under the age of one year old, what do you think is most important for their health, development and growth?
2. How important is talking with your baby or playing or singing with him or her?
3. What nutritional needs do babies have under the age of one year old? How many of you breastfed your babies or intend to breastfeed your babies?
4. When do babies need to have solid foods? What foods are good for young children under six years old? Who has given you advice on feeding your baby or young children?
5. When should we start to vaccinate babies? What vaccinations are given? What do the nurses tell you about the effects of the vaccinations? Have you been given information leaflets on the vaccinations your child needs and why it is important for their health?
6. How often do you take your baby or young child to the health centre to have his/her development and growth measured? What health topics would you like to know about your baby or young child?
7. How do you treat common childhood illnesses, like the flu, high temperatures, sore throats, coughs or diarrhoea? If your child has crossed eyes or strabismus what help would you seek?

8. When giving your child milk or water to drink, where does it come from? What do you do with it before giving it to your young child?
9. When do young children start to talk? What can we do to encourage children to talk?
10. What types of abilities/skills does a child develop between the ages of 1 and six years old? What things can parents do to encourage their children to develop new skills?
11. How do we involve fathers in the care and development of their babies or young children? What are fathers currently doing with young children?
12. Apart from fathers who else is involved in the upbringing of babies and young children? What type of help do they provide and is it always helpful?
13. When you thought of becoming pregnant what issues did you consider? Did you change or add to your diet; alter the way you work or make any other changes in your life?
14. What effects do you think smoking has on the baby growing inside a woman? Do you think raising a baby in a home with cigarette smoke has any impact on their development or health?
15. Do you think drinking alcohol whilst pregnant can affect the development of the baby?
16. Looking at the education of young children under eight years old, what do you think children need to learn? How do children of this age learn things?
17. Do all the children in your village attend a kindergarten? Are there children with disabilities or from different ethnic groups included in the groups?
18. What is the role of mothers and fathers in the learning/education of young children? What things can parents do with their children to assist them in learning? What part does play have in learning?
19. Are you involved in the kindergarten in Gurra? What do you do, are you part of the parents board? Do you help in the class with the children's activities? How often do you go and talk with the educator about your child's progress?
20. Would you like to add anything about young children's health, development or education to the discussion?

Thank you very much for your participation in this Focus Group.

Appendix 17

Focus Group Discussions with Women and Expectant Women

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a baby or young child needs to survive and thrive in life as well as the support family and community needs to promote children's healthy development and growth.

Thank you for agreeing to participate in this study and to take part in this focus group. We would like to learn about your views and experience of maternal and child health, ante-natal care, preparation for motherhood, pregnancy and birth and early childhood care and development. Your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to any information that you provide.

1. When you think of babies under the age of one year old, what do you think is most important for their health, development and growth?
2. How important is talking with a baby or playing or singing with him or her?
3. What nutritional needs do babies have under the age of one year old? How many of you think breastfeeding a baby is important to the baby's development?
4. When do babies need to have solid foods? What foods are good for young children under six years old? Have you ever been given advice on feeding a baby or young children?
5. When should we start to vaccinate babies? What vaccinations are given? Have you been given information leaflets on the vaccinations a child needs and why it is important for their health?
6. How would you treat common childhood illnesses, like the flu, high temperatures, sore throats, coughs or diarrhoea? If your child has crossed eyes or strabismus what help would you seek?
7. When giving a child milk or water to drink, where does it come from? What would you do with it before giving it to a young child?
8. When do young children start to talk? What can we do to encourage children to talk?

9. What types of abilities/skills does a child develop between the ages of 1 and six years old? What things can parents do to encourage their children to develop new skills?
10. How do we involve fathers in the care and development of their babies or young children? What are fathers currently doing with young children?
11. Apart from fathers who else is involved in the upbringing of babies and young children? What type of help do they provide and do you think it is always helpful?
12. What effects do you think smoking has on the baby growing inside a woman? Do you think raising a baby in a home with cigarette smoke has any impact on their development or health?
13. Do you think drinking alcohol whilst pregnant can affect the development of the baby?
14. Looking at the education of young children under eight years old, what do you think children need to learn? How do children of this age learn things?
15. Do all the children in your village attend a kindergarten? Are there children with disabilities or from different ethnic groups included in the groups?
16. What is the role of mothers and fathers in the learning/education of young children? What things can parents do with their children to assist them in learning? What part does play have in learning?
17. Do you think that parents should be involved in kindergartens? Do you think more of them should be involved in the parents' board? Should parents help in the class with the children's activities? Should there be more discussions between the educator and parents about their child's progress?
18. Would you like to add anything about young children's health, development or education to the discussion?

Thank you very much for your participation in this Focus Group.

Appendix 18

Focus Group Discussions with Young People

Partnerë për Fëmijët is conducting a study on Early Childhood Care and Development in Gurra Commune to include the support a baby or young child needs to survive and thrive in life as well as the support family and community needs to promote children's healthy development and growth.

Thank you for agreeing to participate in this study and to take part in this focus group. We would like to learn about your views about maternal and child health, ante-natal care, preparation for motherhood, pregnancy and birth, early childhood care and development and education. As potential parents of the future your personal opinion is what is important, so please be as open and honest as you can.

The content of the interview may be used as part of the report compiled for Save the Children, Albania. The report that will be compiled will not contain any identifying data or any names related to any information that you provide.

1. When you think about marriage and having children, what issues do you think about? What concerns if any do you have about bringing up children? Do you think you know what makes a good parent?
2. What things does a good parent of a young child do? What will help the baby and young child to develop, speak, and be healthy?
3. How important do you think talking with a baby or playing or singing with him or her is?
4. What nutritional needs do babies have under the age of one year old? When do babies need to have solid foods? What foods are good for young children under six years old?
5. When should we start to vaccinate babies? Do you know what vaccinations are given? Have you ever seen an information leaflet on the vaccinations a child needs? Why do we vaccinate babies and young children?
6. Young children often become ill, do you know how to treat any of the following common childhood illnesses: flu, high temperatures, sore throats, coughs or diarrhoea? Do you think if a child has crossed eyes or strabismus that this condition can be treated?
7. Can a child become ill if they drink milk or water?

8. When do young children start to talk? What should parents do to encourage children to talk?
9. What types of abilities/skills does a child develop between the ages of 1 and six years old? What things can parents do to encourage their children to develop new skills?
10. As prospective fathers, how will you involve yourselves in the care and development of your future babies or young children? Do you think fathers are important in the development of their children?
11. Apart from fathers who else is involved in the upbringing of babies and young children? Do you see their advice as always helpful? Do you think there are professionals who could provide better advice?
12. What effects do you think smoking has on the baby growing inside a woman? Do you think raising a baby in a home with cigarette smoke has any impact on their development or health?
13. Do you think drinking alcohol whilst pregnant can affect the development of the baby?
14. Looking at the education of young children under eight years old, what do you think children need to learn? How do children of this age learn things?
15. Did you all attend a kindergarten? Can you remember what you liked or disliked? Should children who have disabilities and/or are from different ethnic groups all attend the same kindergarten and school?
16. What is the role of mothers and fathers in the learning/education of young children? What things do you think parents can do with their children to assist them in learning? What part does play have in learning?
17. When thinking of becoming a parent, what would you say is a good age for a woman and for a man? Should couples plan to have children? How many children do you think a family should have to enable all the children to have enough attention and care?
18. Would you like to add anything about young children's health, development or education to the discussion?

Thank you very much for your participation in this Focus Group.

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