

# **REPORT ON THE PROVISION OF ICDP SERVICES IN THE COMMUNITY OF KÉDOUGOU IN SENEGAL**

**FROM 06 to 27 April 2025**



Since March 2023, the Norwegian Protestant Mission (MPN) has begun to raise awareness in the community of Kédougou on non-violent education through the International Child Development Programme (ICDP). The women met during the various meetings expressed satisfaction with the content of the programme. The implementation of the 8 guidelines has brought a change in their behaviour towards their children and the atmosphere in the family has changed positively. Given the enthusiasm of women to follow the ICDP program, MPN has seen fit to reach other localities, which will require the training of new facilitators which will lead to the formulation of the request for service provision.

The service provided covers the following points:

- Monitoring and evaluation of the facilitators of the ICDP program
- Revision training of ICDP facilitators
- Training of new ICDP facilitators
- Exchanges on awareness-raising and session monitoring tools

The period of service lasted from April 6 to 27, 2025 in the commune of Kédougou. The present report provides an update on the activities carried out.

Before starting the activities in the field, a preparatory meeting was held between the Head of the Norwegian Protestant Mission (MPN), the ICDP Coordinator of Kédougou and the service provider to plan the activities in order to achieve the desired objectives.

- ✓ The follow-up and evaluation of the ICDP facilitators from 09 to 13 April 2025
- ✓ The refresher course of the ICDP facilitators on 14 and 15 April 2025
- ✓ Training of new facilitators from 16 to 19 April 2025
- ✓ Discussions on awareness-raising and monitoring tools from 21 to 25 April 2025

## **I. Monitoring and evaluation of ICDP facilitators**



Exchange session with a family in Kédougou

The monitoring and evaluation consisted of family visits and meetings with caregivers in Kédougou and Bantaco to identify strengths and areas for improvement, which will make it possible to prepare the points on which refresher course needs to focus.

For family visits to Dinguessou, it was a question of evaluating the guidelines that are implemented by the caregivers and obtaining their appreciation. It should be noted that the caregivers did apply the 8 guidelines in practice, which was clear from the explanations given. Intimate dialogue, praise and setting boundaries in a positive way are the ones that were best used. Caregivers expressed their satisfaction with the content of the ICDP program. Caregivers spoke of a positive change in behaviour not only

in themselves but especially in children. They wanted the program to continue because it is important in the life of the family. In addition to the positive changes in behaviour seen within the family and the improvement in mother-child interaction, some women use the guidelines to curry favour with their husbands.

As for the meetings with the facilitators, it was a question of assessing the implementation of the 7 principles of sensitization and the behavior of the facilitators towards the caregivers. From the two meetings followed, it emerged that the facilitators express themselves easily, give examples, share their experiences. Facilitators use photos, role-playing, and presentations. However, questions are rarely used, the child's qualities are not highlighted, and both communication styles are not used.



A role-play on following the child's initiatives



## **II. Retraining ICDP facilitators**

After the customary greetings and words of welcome from the MPN manager and the Coordinator, the facilitators reflected on the conceptions of the child and the caregiver. These reflections made it possible to bring out the qualities of the "ideal child", then the qualities of the "ideal caregiver" and a redefinition of negative concepts into positive ones.



Family photo of past facilitators

The discussions focused on the 8 guidelines, the 7 principles of sensitization and on the concept of “sensitization, not instruction”.

The reminder of the 8 guidelines was made taking into account the three dialogues.

### **A- Affective dialogue**

1. Showing the feeling of love
2. Follow initiatives
3. Intimate dialogue
4. Giving Praise

## **B- The dialogue of understanding**

5. Focus
6. Give meaning
7. Expansion

## **C- Regulatory dialogue**

8a. Setting boundaries in a positive way

8b. Guide step by step.

The principles of sensitization were reviewed in order to enable them to improve their way of facilitating.

- 1- Establish a contract of trust with the caregiver
- 2- Redefining the child in a positive way
- 3- Activate (suggest) caregivers to apply the eight guidelines
- 4- Confirm caregiver capacity
- 5- Defining concepts through questions
- 6- Share your experiences as a group
- 7- Use two communication styles to provide explanations:
  - a) Personalized style (its own experience)
  - b) Empathetic style (getting caregivers to put themselves in their children's shoes.

In conclusion, the facilitators discussed the fact that the ICDP program is awareness-raising and sensitization, not an instruction. This is achieved through:

- ✓ ICDP's vision
- ✓ ICDP's Purpose
- ✓ Seeing the child with empathy
- ✓ The empathy zone
- ✓ The 8 guidelines as <<awareness-raising concepts>>
- ✓ How to apply the 8 guidelines

- ✓ ICDP's awareness raising and sensitization in brief
- ✓ Awareness-raising actions
- ✓ Awareness-raising attitudes

Afterwards, the facilitators were invited to share their concerns and difficulties.

### **III. Training new facilitators**

Before starting the sessions; The participants were evaluated as a pre-test on their interactive profile, before stating their expectations. Participants' expectations focused on understanding the program and the content of ICDP. Overall, these expectations show us that participants have a strong desire to discover the content of the ICDP program.



Some participants

The presentation of the scientific basis of the program allowed the participants to understand the correlation between good interaction and the psycho-neurological development of a child. This module was explained through the concrete examples and illustrative videos used.

Ubuntu Zulu's ideology that "*A person becomes human through other people*" demonstrated to participants that the program has a humanistic foundation and is applicable to all walks of life. The program is not only intended for poor countries but for all countries in the world according to the cause of the relationship deficit between children and their parents, hence the constant need to adapt it according to the environmental context.

Through practical simulation exercises, the volunteer facilitators took turns trying to mimic emotions of sadness, anger; Out of fear or fear, it was an opportunity to assess the ability to harmonize with the other by respecting the criteria laid down by the program, namely eye contact, facial expression; posture; the quality of the touch; the sound of the voice, etc.

The redefinition of the child through group work on the qualities of the ideal child and the qualities of the ideal caregiver, led the participants to understand that there is something positive in every child and that it is the duty of parents or caregivers to value these qualities to allow the child to better assert himself.

The ICDP guidelines received a great deal of attention from participants. The seven principles of facilitation of the ICDP program helped to discover the attitudes to adopt when facilitating a parenting skills session.

It was through a presentation of the three types of dialogues that the participants discovered the eight (8) guidelines for a good interaction of daily life.

### **1. Emotional dialogue**

- 1- Show feelings of positive love towards the child;
- 2- Follow the child's initiative;
- 3- Have an intimate dialogue with the children;
- 4- Confirm your child's efforts by praising and praising them to encourage them.



## **2. The dialogue of understanding**

- 5- Focus; shared attention with your child as well as a common concentration;
- 6- The meaning; describe and make sense of what you follow together
- 7- Expansion; Give an explanation beyond what is in front of your eyes, to the child, taking into account his age and his ability to understand.

## **3. Regulatory dialogue**

- 8a- Setting limits in a positive way
- 8b- Plan and guide step by step; Be a graduated support, a scaffolding.

The objective of this training is to allow participants to have the knowledge necessary to facilitate the discussion groups.



Some participants in the training

To this end, the seven principles of awareness/sensitization were discussed. Their application facilitates the achievement of the objectives of the ICDP. These are:

- 1. Establishment of a contract of trust between the parents or members of the discussion groups and the facilitator.

2. Positive redefinition of the child.
3. Enable/prompt parents/caregivers to apply the eight (8) guidelines for proper interaction between them and their children.
4. Confirm the competence of parents or caregivers by highlighting what is already positive in their interactions with their children.
5. Use questions to guide discussions and exchanges about what good interaction is.
6. Encourage sharing and attentive listening between parents or caregivers, during group meetings, in order to learn from each other's experiences.
7. Use two styles of communication in relation to parents.

As Senegal does not have the handbook “ICDP Guide to Facilitators”, three sessions were printed from the one in Burkina Faso and made available to 3 pairs to prepare meetings in order to proceed with the role play/simulations of sessions.

Overall, participants did their best to explain the guidelines. The positive points were that all the pairs of facilitators applied the principles, in particular: establishing a contract of trust with the caregivers through the way of sitting in the group; Confirm the caregiver's capacity.

Areas for improvement are the principles on redefining the child in a positive way and sharing their own experiences with the caregiver group; therefore guidelines were given to the facilitators to make this possible.

The presentation of the program's monitoring and evaluation tools took place after the simulations, followed by exchanges.

#### **IV. Exchanges on awareness-raising and monitoring tools**

For the last week, exchanges with the ICDP coordinator of Kédougou on the tools for raising awareness and monitoring the program. It should be noted that there is no guide for facilitating meetings (they have not translated the ICDP Guide for Facilitators). The first group of trained facilitators used the booklet <<I am a person>> document more as a facilitation guide.

Therefore, it was proposed, to adapt the ICDP Guide for Facilitators used in Burkina Faso - and MPN will provide illustrative photos.

Afterwards, the exchanges focused on **sustainability**, which is, in other words, an orientation for the rest of the program after the various sessions. The duration of the work with a group of caregivers is a maximum of twelve weeks, starting from the formation of the group at the last session.

The following tools were reviewed and some were made available to the coordinator.

- **Facilitator Monitoring Tools**
  - Facilitator's Journal
  - Overview of the facilitator's activities
  - Answers to questions
- Self-assessment to be reported at the end of the month
- The interactive profile will be made at the beginning and end of the program, to be distributed to all participants
- Questionnaire A is for the end of the program and it's for all participants
- Consent to the use of an image/video, at the beginning for the entire program period and for the entire group
- The monitoring grid: each time the coordinator leaves
- The attendance list: a model defined and distributed to all facilitators
- The monitoring grid during VAD (home visits)

## **Self-training projects of new facilitators**

### **First self-training**

- Applying the Eight Guidelines to My Family
- Produce photos of each guideline
- Produce the videos of each directive

**Deadline:** until 31 May 2025

- Assessment of the first self-training

**Second self-training:** raising awareness among caregivers by applying the seven principles of awareness

- Pair up
- Forming groups of caregivers (eight to fifteen people per group)
- Organize the first meeting (presentation questionnaires)

**Start of sessions:** June 2025

**First review** (mid-term review) at the beginning of July 2025

**Finalization of the August 2025 sessions**

**Second Review:** September 2025

**Next workshop November 2025.**

# **ANNEXES**



No.	THE EXPECTATIONS OF THE NEW FACILITATORS
1	Learn about the ICDP program
2	Know the objectives of ICDP
3	Better know how to educate children
4	Being actors in training parents
5	Have effective knowledge of the program
6	Know how to get the message out to others
7	Mastering the program
8	What are the advantages of this training?
9	Have a good understanding and be able to explain
10	After the training, can we have a contract on this training?
11	How is the work done afterwards?

## Evaluation of the training by the new facilitators from 16 to 19 April 2025

Questions	1	2	3	4	5	TOTAL
How useful was this training for you?				3	6	9
How clear were the trainer's explanations for you?				5	4	9
In your opinion, how important is the content of the program for your day-to-day work?				3	6	9
To what extent do you think you will apply the ICDP program in your work?				1	8	9
FEEDBACK	<ul style="list-style-type: none"> <li>✓ The explanations were clear</li> <li>✓ We understood the course</li> <li>✓ The trainer is very open in his work, he is motivated</li> <li>✓ A good trainer</li> <li>✓ Thank you for this training</li> <li>✓ Training has increased in us on how to behave with our children</li> <li>✓ It has allowed us to better adapt communications with children</li> <li>✓ We have learned that communication with children is very important</li> <li>✓ Overall, the training went well</li> <li>✓ The explanations are clear</li> <li>✓ Through ICDP we have a development of mind</li> <li>✓ The trainer was very available, very dedicated and explicit</li> <li>✓ The trainer was very humble and patient</li> <li>✓ The training was useful for me, I understood the explanations well</li> <li>✓ The content of the program is very useful to us</li> <li>✓ This training was useful for me because the problem of children is important</li> </ul>					

## **Conduct of the session**

### **Session outline - 1h15**

- Greetings and introduction of the session (10 min)
- Activity 1: Homework – sharing experiences (15 min)
- Activity 2: Video or Role Play as Directed (15 min)
- Activity 3: Explanation of the diagram / photo of the directive (10min)
- Activity 4: Sharing experiences between participants (15min)
- Homework (5min)
- Conclusion and Greetings (5min)

### **Conduct of the session**

#### **Activity 1: Reminder of the last session and sharing of experiences on homework (15min)**

- Ask participants to recall what they have learned from the previous session.
- Ask participants how they have been feeling since the last session.
- Ask participants if they have done their homework? Is it difficult? How did they feel?

#### **Activity 2: Presentation of the theme of the day's session through a video or role-play (20min)**

- The facilitator can propose a role-play based on an example or a video
- For the role-play: Observations of the group: What did you observe about the child's behavior? of the parent? The actors: how did you feel?

#### **Activity 3: Presentation of the diagram or a photo of the directive - followed by explanations**

- Ask participants to describe the photo.
- Watch what your child is doing and get into their game. Try to interpret and understand what the child wants to do and respond to it.

#### **Activity 4: Sharing experiences (facilitator and parents)**

- Ask participants how their child reacts

- Ask participants how a child feels and behaves if the directive is rarely or rarely practiced.
- Ask participants if they can read their child's mood, feelings, or intentions by observing their body language?

**Draw the key message from the session**

**Giving the work to be done at home**

**Conclusion and greetings**

## **The sustainability of awareness raising**

One of the central issues in the implementation of the ICDP program is the **sustainability of the effects of awareness among** caregivers. We consider that the effects are positive, because we can read the results obtained and the research carried out in several countries where the programme has been and is being used.

It should be noted that in principle **it is assumed that the programme has been facilitated/transmitted in the recommended way** and that it is based on the experience acquired over more than twenty years in a considerable cultural diversity, even in countries on all continents. This means that you have to be careful not to **'skip' steps**, so as not to compromise the final result, despite the simplicity of the program.

In addition, there are other reasons – its characteristic of cultural flexibility and simplicity – that led the WHO Department of Mental Health to adopt and recommend the ICDP programme as an instrument to be used, particularly in the care of less advantaged or at-risk early childhood.

Moreover, **the simplicity of the program** makes it possible to facilitate it in a flexible way, as in a dialogue, **a conversation of sharing experiences** between adults that often leads to their identification (among the participants between themselves and the facilitator). This is why it is of remarkable usefulness, in working with the most vulnerable communities, touching them with the importance of interaction, so-called, an **enriched relational attitude** for the development of children.

And yet, **the simplicity of the program leads to a significant difficulty**; because it is based on the personal life experiences of each participant, there is often a tendency, among some professionals in the social, educational or mental health environment, to artificially simplify it, or trivialize or ignore it.

Very often also, without anyone realizing it, after the sensitization and awareness-raising process, say after the 12 sessions/work meetings with a group of caregivers, there is the risk of **relapsing into the mental/behavioral model that pre-existed the awareness**, some time after the end of the contact work with the program. This means



that **the appropriation of concepts by the participants is not complete** and has not become an '**organic**' practice even of the relational functioning of the caregivers. It must also be seen that these mental models come mainly from the culture where people were born and educated and it is not possible to avoid a relapse if the new references **are not well anchored**, not only in the thinking of the participants, but **especially in their behavior**, as a natural automatic function. It is also important to see that change requires time and attention. But we have to reach it so that we can really make a difference in the lives of children.

That said, let us see how we can work in a way that helps caregivers appropriate and use these new perspectives in their daily lives.

The model proposed here has also been used in borderline situations such as: refugee camps, destitute communities, and others. The results as already referred to have been encouraging and are documented.

**After the 12** (or more) facilitation sessions with the caregivers of a community, they are allowed to follow their lives, but they are told that in 2 months, or so, we will come back to visit them to find out if they are okay, as well as their children.

1. This visit must occupy 3 days in a row (if possible) or close;
2. On the 1st day we talk with the caregivers and we try to see if they still remember the directives, which ones, the difficulties felt, the examples of times when they did activities with their children;
3. 2nd and 3rd days reinforcement of the directives, by examples, recounting situations experienced, giving particular attention to directives that were forgotten or not well understood;
4. We tell them that we will come back in 2 or 3 months;
5. These meetings must be repeated 2 or 3 times to consolidate the acquisition;

If possible, it would be very useful to get the caregivers to organize activities together with their children, for example once a week under a tree to tell a story, or to make a collection of tree leaves, talk about fruit, etc. By seeing the attention given to them

by adults, children will become more attached to their caregivers and interested and curious about the world around them.

**It is very important to always take notes in the field diary, as recommended, all the details of these meetings that will help on the one hand to assess awareness, to see the deficits and also to collect examples, stories and other aspects that will contribute to better knowing the sensitivities and cultural aspects influencing the education of children.**

## How to prepare for a meeting

**Key message:** We will use a lot of the ICDP Guide for Facilitators that is being prepared using the booklet << I am a person>> which summarizes the guidelines for good interaction. **It is essential that the facilitator masters each guideline and that he or she has had the opportunity to put the guidelines** into practice with his/her children. It will be difficult for participant caregivers to integrate a guideline that is not fully mastered by the facilitator. Feel free to refer to your trainers or other peer facilitators to discuss a guideline that still raises questions. **If there are two facilitators co-facilitating together, it is important to prepare the sessions together.**

### 1. Preparation

- **Gather all the necessary materials for the course of the session:**
  - ICDP Guide for Facilitators (not yet ready)
  - Picture/Photos/Video Box
  - White Sheets
  - Any other document that allows a better understanding of the subject
- **Practicing the guidelines regularly with your child/children will allow you to:**
  - Increase your empathy for caregivers
  - Personalize your sessions with personal examples to strengthen the trust contract with the parent group
- **Translate key terms into the local language**
- **The week before the animation session, do not hesitate to reinforce the implementation of the guideline with your children/children to improve your mastery of the subject.**
- **Practice the house exercises that you will give to the participants.**
- **Coordinate roles among facilitators**
  - Explanations of the guidelines
  - Business Facilitation
  - Note-taking

- Activity report including lessons learned

➤ **Write down in your field journal:**

- The objective of the session, the guideline and the key message
- Session outline with the different sequences of the session
- **The choice** of examples, stories/anecdotes
- Do not forget to incorporate your **personal examples or experiences**
- Appropriate role-playing before the session
- Prepare reflection questions after the activities

## 2. Using the Likert Scale

ICDP invites participants to conduct self-assessments of their own behaviour towards their child using several simple and universal concepts of human behaviour as assessment criteria. Participants observe how their behaviour affects their child, their child's reactions and how to adapt their own behaviour to their child's needs (empathy). They are then encouraged to share their own experiences and results with other parents. This process of exploration and sharing leads to self-awareness and personal empowerment.

L'échelle de Likert notation	Profile Interactif								
5 - énormément									
4 - beaucoup									
3 – moyennement									
2 – un peu									
1 – très peu									
	<b>Directrice. 1</b>	<b>D. 2</b>	<b>D. 3</b>	<b>D. 4</b>	<b>D. 5</b>	<b>D. 6</b>	<b>D. 7</b>	<b>D. 8a</b>	<b>D. 8b</b>
	Comment montrez-vous des sentiments positifs, que vous aimez votre enfant?	Comment suivez-vous et réagissez-vous aux initiatives de votre enfant?	Comment établissez-vous un dialogue intime avec votre enfant avec et sans mots ?	Comment louez-vous et approuvez-vous ce que fait l'enfant ou ce qu'il essaie de faire ?	Comment établissez-vous une attention partagée avec votre enfant ?	Comment décrivez vous et donnez-vous un sens aux expériences de votre enfant en vous connectant par l'imagination et la logique ?	Comment élargissez vous et enrichissez-vous les expériences de votre enfant en vous connectant par l'imagination et la logique ?	Comment guidez vous votre enfant en fixant des limites de manière positive, en soulignant les conséquences du comportement et en proposant des alternatives ?	Comment planifiez vous et offrez-vous un soutien pas à pas aux activités de votre enfant pour atteindre l'objectif?

## **Home Visiting Maintenance Guide**

### **I. Reminder of the 8 directives**

Give two examples for each guideline you put into practice in your daily life.

What is the directive that has made the most impression on you, say why?

In the future, what aspect will you focus on?



## **II. Changes in your children and in yourself**

### **At the caregiver's/parent's home**

What changes have you observed in your behavior towards children? (give examples)

What is the atmosphere in the family? (give examples)

What do you plan to do to improve your behaviour towards children?

### **In children**

What changes have you observed in the children's behavior? (give examples)

How do they feel?

### **III. The follow-up to be given to the parents' group**

Since the end of the meetings, have you held meetings between parents?

If so, how much?

If not, why?

Did you meet other parents to discuss the guidelines?

What do you plan to do to ensure that the benefits of the program are known to all?