



International Child
Development Programme

REPORT

CE
Mission Evangelique Lutherienne
Côte d'Ivoire

Evaluation of the impact of the intervention on the test group of the ICDP programme



STUDY CARRIED OUT BY Mr. OURA Joachim, Director of Monitoring and Evaluation,
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Acknowledgements

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I- Acronyms and acronyms used in the report

ARSIP : Alliance of Religious for Integral Health and the Promotion of the Human Person in Côte d'Ivoire

CPPE : Early Childhood Protection Centre

DIG : Intergenerational dialogue **CPE**

: parent-child communication **CSPB** :

Port-Bouët 2 Social Center

ICDP : International Child Development Program

INIPA : Ivorian National Institute for the Promotion of the Blind

MELCI : Evangelical Lutheran Mission in Côte d'Ivoire **NLM**:

Norwegian Lutheran Mission

OEECI : Organization of Islamic Confessional Educational Institutions



II- EXECUTIVE SUMMARY OF THE EVALUATION REPORT OF THE TEST PHASE OF THE MELCI ICDP PROGRAMME

The "ICDP" project was initiated in a framework of evangelization carried out by the Lutheran mission in Côte d'Ivoire. The aim of this mission is to contribute to the improvement of the mental and physical health of children in Côte d'Ivoire. The vision of the mission is to see a change in the interaction that takes place between many caregivers and children, and thus contribute to improving the living conditions of children.

Conducted over the period January 2023 to June-2025, the objective was to develop skills to organize tutoring courses, as well as to create contacts in the districts to inform key actors about this program.

The methodology used in the evaluation of this pilot phase was to interview key informants, including the Programme Coordinator and facilitators. As for caregivers, they were sampled to retain more than 70% of the target. Also documents relating to the project were consulted as part of this evaluation.

The analysis of the data shows that the MELCI's ICDP pilot project is considered very relevant for having provided answers to existential challenges in terms of children's education in a proportion of 99% of the actors interviewed.

The summary of the table of project indicators supported by the testimonies indicates a satisfactory effectiveness of the project. The efficiency criterion is also satisfactory for the proper coordination and administration of the resources allocated to the project. The sustainability criterion is considered likely due to the involvement and participation of partners who are both public, civil society and territorial structures.

The results of the survey determine a probably significant impact because it is not very perceptible for the moment, but is conceivable because of the results of products induced in such a short time.

In terms of lessons learned, the ICDP is a program that transforms 3 actors at once: the facilitator, the caregiver* and the patient*.

Dialogue on emotions, the redefinition of behaviors deemed negative and the regulation of repression are the guidelines most appreciated by the actors.

Parents of children are asking for this program which fills a void or at least strengthens life skills for a healthy education.

. III- PRESENTATION OF THE MELCI ICDP TEST PROJECT

III- 1- TECHNICAL SHEET OF THE PROJECT

Project Name	International Programme for Child Development
Project Location	Yopougon, Abidjan, Ivory Coast
Contacts	Anna Birgitte Lindtjørn Berge
Total Budget	64,140,000 CFA
Implementing Organizations	<ul style="list-style-type: none"> ○ Evangelical Lutheran Mission in Côte d'Ivoire (MELCI)
Partner organizations Agreements	<ul style="list-style-type: none"> ○ Early Childhood Protection Centre ○ Ivorian National Institute for the Promotion of the Blind ○ Organization of Islamic Confessional Educational Institutions ○ Port-Bouët 2 Social Center
Duration of Implementation	<p>Anticipated project start date: January 2023</p> <p>End date : June 2025</p>
Groups Targets of The Intervention	Children, caregivers, employees of institutions working with children and/or caregivers.

BUDGET

YEAR	PLANNED	EXPENSE	%BUDGET IMPLEMENTATION
2023	20,205,000 CFA	12,046,933 CFA	59,62
2024	22,810,000 CFA	14,645,514 CFA	64,21
2025	21,125,000 CFA	13,363,638 CFA	63,26

III- .2 DESCRIPTION OF THE MELCI ICDP TEST PROJECT

The "ICDP (International Child Development Program)" project is an international psychosocial program designed to improve the relationship between children and their caregivers (parents, guardians, etc.). Its main objective is to strengthen the skills of adults so that they can provide loving, safe and stimulating care to children, which promotes their development. The ICDP is based on scientific research in neuroscience, is culturally

appropriate and is implemented through group programs that focus on the focus on the principles of positive communication and respect for the child's development.

The main objectives of the ICDP programme are to:

- **Improve parent-child interaction:** Foster a more positive and sensitive relationship between adult and child.
- **Building caregiver confidence:** Supporting parents and caregivers in their role and giving them confidence in their abilities.
- **Promoting child development:** Helping caregivers better understand their child's needs and attributes to support their child's psychosocial development.
- **Prevent Risk:** Intervene in risky situations to prevent neglect and abuse by strengthening positive family bonds.

The implementation methodology consists of group sessions. Indeed, the ICDP is often implemented through focus groups for parents and guardians. As cultures are different around the world, it is necessary to contextualize it. Thus, it requires cultural adaptability based on local resources and practices. The principles that form the basis of this program are based on research in developmental psychology. **Thus eight (8) guiding principles are used as** guidelines for good interaction, serving as a framework for reflection and discussion between caregivers and facilitators.

The international references consulted on ICDP are all based on the same principles and meet the same objectives with a few exceptions. The nuances observed respond to cultural requirements that contribute to enriching this program.

As everywhere else, the Evangelical Lutheran Mission in Côte d'Ivoire, which initiated this program in Côte d'Ivoire, has based its interventions on the training of facilitators in order to have competent staff to carry out its actions (animating ICDP sessions in the communities). This validation of prior learning for the benefit of facilitators requires that they have a cohort of caregivers in order to observe the different stages of the implementation of the program. This is why the project coordinators had to establish holistic partnerships ranging from public structures, to NGOs and NGOs. communities and specialized structures working with children and vulnerable people. These agreements augur well for a sustainable approach to

sustainability and foresight.

It should be recalled that initially the MELCI aimed to equip a staff that will be able to lead the ICDP program in the area of ABIDJAN and OUANINOU. Thus, by relying on the Lutheran missions in Senegal and Save the Children Burkina Faso, the MELCI, through tutoring courses, was able to have staff following a certification to conduct the ICDP program itself in Côte d'Ivoire.

For the 2023 project period, the objective was to develop skills to organize courses, as well as to create contacts in the districts by informing key actors about the ICDP. This ranges from staff at the municipal level to volunteers working directly with caregivers through NGOs and social centres.

The expected outcomes were that two MELCI project staff receive facilitator training and conduct group sessions with caregivers, that key actors know what the ICDP is, and that at least 20 people receive caregiver-level courses, including managers. It was also a question of establishing 2 partnerships with structures in Yopougon. The adaptation of the ICDP document to the Ivorian context was one part of these objectives to be achieved.

For the 2024 period, a new series of mentoring courses for partners has been envisaged in order to have new facilitators who could start organising group sessions and take the ICDP further, also in the Touba region.

It is this process, considered as a pilot phase of the ICDP project funded and implemented by the MELCI, conducted from January 2023 to June 2025, that is the subject of this evaluation.

The evaluation is an opportunity to take stock of the achievement of the project's objectives, and to provide elements for reflection on the consolidation and enhancement of the achievements as well as the consideration of the lessons learned with a view to strengthening the sustainable conduct of this program.

IV- REMINDER OF THE OBJECTIVES OF THE EVALUATION OF THE TEST PHASE OF THE ICDP PROJECT

The overall objective of the mission is to evaluate the results of this test phase of the project but above all to formulate recommendations in order to better guide the future phases.

More specifically, the consultant will have to assess:

- ✓ **Relevance** , which makes it possible to take a look at the appropriateness of the project in relation to the need or problem identified. This must be done in relation to the priorities identified, as well as the organisation of the actions, or even the strategy carried out, taking into account the objectives and the context. The mission will have to verify that the project is in line with the needs of the beneficiaries, as well as its compliance with the strategic orientations of the MELCI;
- ✓ **Effectiveness** in assessing the extent to which the project activities have achieved the expected results as mentioned in the project document;
- ✓ **Efficiency** in measuring the results or effects obtained in relation to the material, financial and human resources implemented, in accordance with the required standards and the MELCI manuals;
- ✓ **The impact:** although it is a pilot project, it is a question of measuring the transformation generated by the project on the actors, but also on the beneficiaries beyond what was hoped for in the MELCI's action plan.
- ✓ **Sustainability**, i.e. the viability, ownership and replicability of the actions undertaken by the project and the capacity of different groups of beneficiaries or new groups to co-opt the implementation process in accordance with the rules and guidelines.

The evaluation of the pilot phase of the project took place from 10 to 25 November 2025 following a methodology combining a document review and meetings with project stakeholders both at the MELCI office and at the local level in Yopougon and Abobo. While the consultation of the documents received took place continuously throughout the process, the meetings at the local level involved the heads of the MELCI's partner structures, in particular, the Early Childhood Protection Center of Yopougon Attié (CPPE), the Ivorian National Institute for the Promotion of the Blind (INIPA), the Social Center

of Yopougon Port-Bouët², the Yopougon City Hall, the Organization of Islamic Confessional Educational Institutions (OEECI) in Abobo, the Alliance of Religious for Integral Health and the Promotion of the Human Person in Côte d'Ivoire (ARSIP) in Abobo.

V- PILOT PROJECT EVALUATION METHODOLOGY

V.1 Methodological approach and sampling

This evaluation is carried out by an individual consultant recruited following a call for applications. As part of this evaluation, the consultant had to work in collaboration with the MELCI Project Coordination Team.

The evaluation methodology consisted of four (4) chronological stages, namely i) the document review, ii) the exchanges with the coordination team at the MELCI office level; iii) the collection of data from the facilitators and sampled caregivers and iv) the development of the interim and final report of the evaluation of the pilot project.

As part of this research and on the basis of the information made available by the coordination team, the choice was made to exchange with 100% of the project coordinators and 100% of the facilitators (15 in number)

Sampling was done specifically at the level of the caregiver group. In a first approach, 06 groups out of the 07 were chosen taking into account the criterion of objectivity. Indeed, the only group that has not been interviewed is the one belonging to the MELCI for research ethics considerations.

In a second approach, for the interview of the members of the caregiver groups, 70% of them were subjected to the structured questionnaire containing open and semi-open questions

As this research was more qualitative than quantitative in nature, and was based on the fact that the postulates to be tested were more individual than Community, only individual interviews were used to the detriment of other methods of data collection.

The collection was done on the one hand in person on sheets developed for this purpose and on the other hand electronically through the google-form tool to compensate for the unavailability of certain targets.

The data was processed with the SPHINX analysis tool on the one hand and on the other hand by google form and the Excel office application.

V2 Document review

Some information that could provide information about the project has been drawn from the documents and reports produced by the project throughout its implementation. These are the project document, the quarterly programmatic reports, the annual reports, the indicator monitoring table.

In addition, other documents relating to the ICDP were consulted in order to feed the analyses by comparing practice and implementation options. These are the Guide to the ICDP Guide for Facilitators – England, the Guide for Parents Meetings from Burkina Faso, the Manual for Facilitators – Côte d'Ivoire and the Facilitator's Manual – Bangladesh

V3. Ethics and responsibility

The consultant has fully complied with ethical and professional requirements. To ensure this, the following attitudes were observed:

- Give equal respect to the stakeholders interviewed;
- Respect the freedom of speech of the interlocutors;
- Respect the diversity of actors and reflect it in the sampling;
- To ensure the necessary confidentiality of the sources;
- To depart from all practices prohibited by law and morality.

V5. Challenges encountered during the study and mitigation solution

Data collection experienced some difficulties due to the unavailability of some partner structure managers and sampled caregivers.

As far as the unavailability of these caregivers is concerned, they have had to be replaced by others. For some, we have made the google form version of the questionnaire available to them so that they can fill them in. However, some respondents were unable to do so.

The time allotted for the study was relatively short. To do this, competent people who are already equipped to participate in the data collection were solicited

VI. PRESENTATION OF EVALUATION RESULTS

VI.1 Assessing the level of achievement of outcomes

The graph below shows the level of achievement of programmatic results by referring to the project's table of indicators.

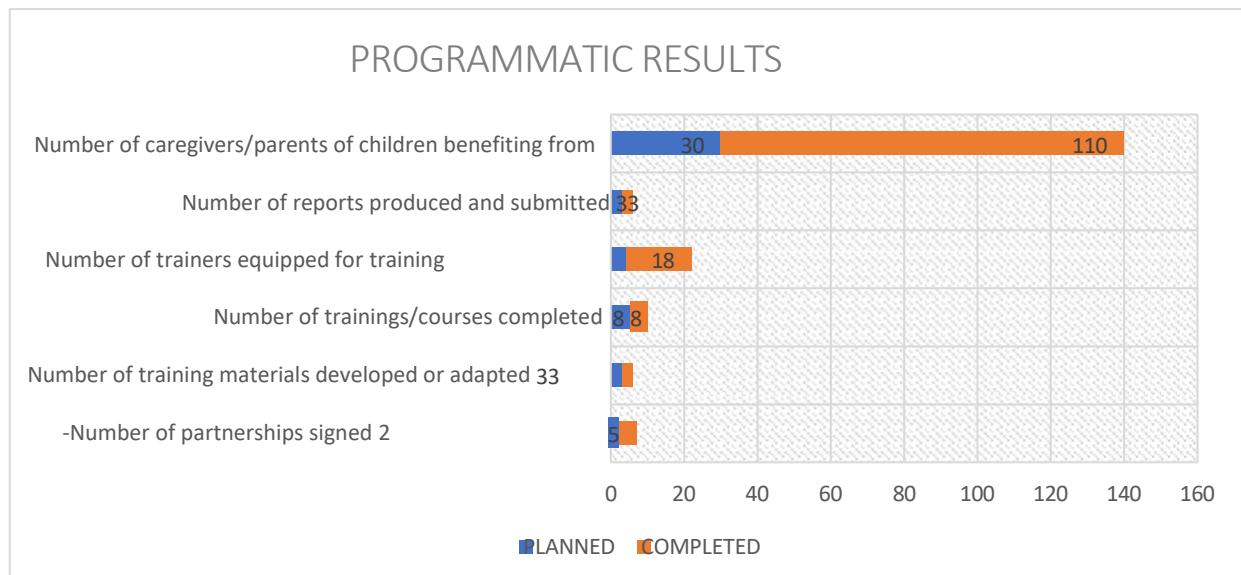


Figure 1 : Evaluation of the programmatic performance of the project

It appears from the analysis and observation of this graph that the programmatic indicators have been achieved beyond expectations. Rates vary between 100 and more than 400%.

Is this an underestimation of the expected results or a performance of the coordination team? This high rate is induced by the implementation framework of the program. Indeed, the

indicators determined in 2023 were used to feed the entire process until mid-2025 without determining new ones in a precise way. It is an extra-year extension with the aim of increasing the number of facilitators to expand the program.

It would be appropriate to proceed differently by determining precise objectives each year in order to be able to objectively assess performance.

VI.2. Scoring of results by evaluation criterion

As part of this evaluation, five (05) main criteria guided the analysis of the results. The scores envisaged are qualitative and take into account these five criteria as indicated in the table below. Comments based on the respondents' responses make it possible to translate the effects induced by the test project.

Table 1: Rating of the achievement of results

<i>Scoring of the achievement of results by evaluation criterion</i>		
Criteria	Note	Comments
Relevance	Highly relevant	<p>The actors who participated in the ICDP program led by the MELCI recognize that actions are in line with their need for education for the benefit of their dependent children.</p> <p>The issues of improving parent-child interaction, strengthening the confidence of caregivers, promoting the child's development through learning support, redefining negative characteristics and positive appreciation of the child as an individual are in line with the needs expressed by caregivers.</p> <p>This project fits perfectly with the initiatives to improve children's education and demonstrates a perfect coherence between the capacity building needs of parents and the improvement of the mental and physical health of children in Côte d'Ivoire.</p>

Efficiency	<p>The actions undertaken by the project have made it possible to address the requirements that this project had to face. This includes strengthening the skills of staff (facilitators) to be able to conduct the various stages of the ICDP process. Also the number of partnerships to be forged with a view to extending but also involving both public structures and NGOs. Techniques taught to caregivers as part of improving their interaction with their dependent children.</p> <p>The knowledge acquired by the beneficiaries was effectively applied with eye-opening testimonies.</p> <p>However, the time taken for the sessions with the facilitators as well as the number of meetings occasioned were somewhat questioned by some of the caregivers. About 11% of respondents felt that 8 meetings seemed excessive and the time per meeting could be reduced. Admittedly a residual percentage, but these remarks should be taken into account for the coming phases, especially in urban areas.</p> <p>Some groups of caregivers have set up platforms to share the small successes achieved with their target child. This has been a good practice to galvanize the members of these groups. However, this way of doing things was not accepted in all groups. The coordination of the project should have instituted this for all groups of caregivers.</p> <p>The availability of a collection of success stories appears to be a measure of success in this type of project. The coordination team will have to think about it, as it is not available</p>
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Efficiency	Satisfactory	<p>The commitment of the project coordinating body as well as its dynamism have contributed to achieving results beyond what was hoped for in the project document.</p> <p>The meetings scheduled for each group of caregivers led by the facilitators were all held on time.</p> <p>Before that, the adaptation of the project document to the Ivorian context is recognized as satisfactory because it complies with the guidelines contained in all other ICDP documents</p> <p>The follow-up activities of the meetings by the coordinating body in the sense of providing relevant and adaptive guidance were carried out as indicated.</p> <p>The estimated number of partners has been surpassed and more are pending. And these partnership agreements have been functional.</p> <p>Also, the budget and the financial resources made available have been managed in an adaptive way; which resulted in compliant results with disbursement plans</p>
Sustainability	Probable	<p>Although the project has operated without a certain and sufficient financial motivation of the facilitators, the certification results of the applicants have been achieved. This way of doing things is a guarantee of sustainability insofar as only committed and available people have agreed to be part of the program without waiting for a financial motivation.</p> <p>The appropriation of the techniques of the ICDP process by NGO actors as well as the institutional anchoring obtained with the signing of agreements with structures for the care of vulnerable children constitute an asset of sustainability through functional local partnerships, and the extension of this partnership to a large number of structural actors targeting children, especially vulnerable ones</p> <p>However, it is necessary to accompany a sample of beneficiaries with home visits in order to ensure a real appropriation of the different techniques and to verify the culture of the guidelines.</p>

		<p>It would also be necessary to use groups already formed of different kinds (women's association, men's association, cooperatives of producers of ... WITH the church etc) to lead the ICDP program. They already have an interest in being together, so they will be able to follow the teachings and become good caregivers.</p> <p>It is a program that could be integrated into the various adult education modules in preparation for married life in temples, churches and mosques. This test program has also been emulated. Indeed, the ARSIP network was inspired by it to develop a new approach called "communication in the couple".</p>
Impacts	Probably significant	<p>Given the limited duration of the project (test phase about 1 year and a half), the impacts are hardly perceptible. However, according to the perceptions of the beneficiaries, the added value of helping caregivers is irreversible. These are achievements not only for the facilitators but also for these caregivers who, on a daily basis with their children, remember these tools and the directives/techniques to be observed in order to act in the best possible way to bring something positive to the child. (See testimony)</p> <p>However, it is necessary, at the end of the entire programme, to carry out specific studies in order to have objective and reliable data on the impacts that can be observed over time.</p>

VI.3 Comments on the level of achievement of outcomes by effect

Relevance : The ICDP project contributes perfectly to meeting the challenges of interaction between caregivers and their patients. Indeed, Côte d'Ivoire is one of the states where the phenomenon of street children is a concern for local and national elected officials. This situation reflects a facet of the inability of parents to be able to interact with their children in a constructive framework that takes into account the interests of these children. The ICDP project is an inclusive process that is implemented within groups that meet or who are likely to encounter emotional or physical behavioral deviations in the relationship with the

patients. The difficult communication between parent and children finds both a scientific and a social solution in this program.

The ICDP fits perfectly into national strategies to combat all kinds of violence against children and ensures respect for their right to human dignity. At the individual level, the project offers the opportunity for caregivers to improve their living conditions and interaction with their dependent children, in the short, medium and long term through the reversal of the trend of irrational use of threats, insults, emotional and physical violence, on the one hand, and on the other hand creates the opportunity for a synergy of understanding, of reciprocal love and complicity coordinated in respect of the links between them.

With a score of 100%, all the actors interviewed believe that the program is relevant and has been an opportunity to learn or improve what was being done in this interrelationship.

Below are some testimonials about the relevance of the

"ICDP allows parents to access their child's comfort zone, to show interest in their initiatives, to share common experiences by focusing their common attention, then by giving meaning to their experiences and explaining what the child does not understand, by establishing relationships with the child so that they are confident in order to take more initiative and finally to set limits in a positive way for the child. This programme is really appropriate for the education of children of a certain age, but it would be interesting to improve it further for the cases of adolescents (young girls and boys) in the context of their sexuality. It's a fairly sensitive area that requires us to look at it."

"ICDP gives parents skills to create a framework of love to strengthen relationships with the child, and help the child develop by building emotional resilience"

Effectiveness : the pilot project is considered to be effective overall, considering the 2023 project document and the indicators contained therein, the work that has been accomplished goes beyond what was planned.

The downside is that the years 2024 and 2025 were periods of extension of the 2023 forecasts. When analysing the data contained in the summary document of the indicators, the results were multiplied by more than three. For 4 trainers wanted, 18 were trained (i.e. more than 400%). For 30 caregivers to be equipped, 87 (or more than 200%) were the beneficiaries. These constitute a pool that could eventually be facilitators to scale up the ICDP program through the snowball effect.

In addition, the MELCI coordination team has been able to set up a database of stakeholders, in particular equipped care providers. This matrix could be used in household monitoring to measure the long-term impact of the program.

In the short term, the graphs below show the induced effects on the participants in the programme.

On a scale of 1 to 10, caregivers rated how they interacted with their target child **before** and **after** their exposure to the program on the following indicators:

- a- The tone of exchange between caregivers and patients
- b- Follow-up of the initiative in the child by the caregiver
- c- Confidence as a caregiver to converse with the patient
- d- The expression of the feeling between the caregiver and the patient
- e- The change in the patient's behaviour according to the caregiver
- f- The conflict between the caregiver and the patient

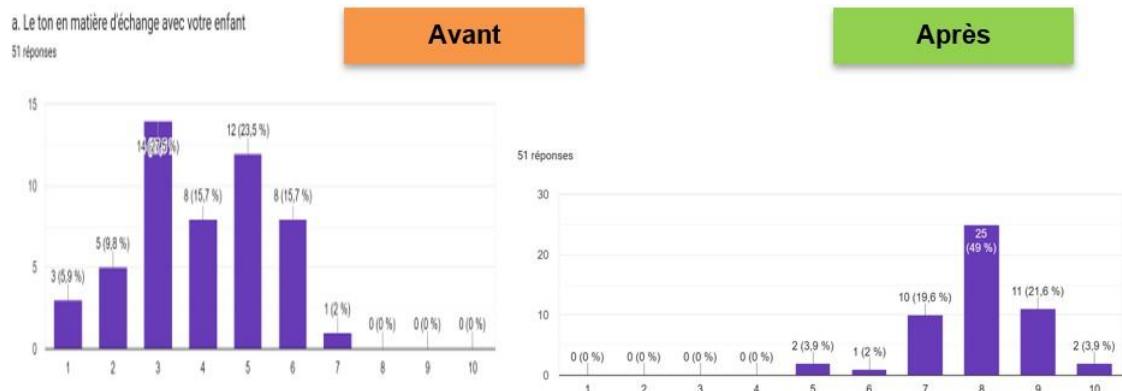


Chart 2 : The graph shows, based on caregiver responses, that prior to their participation in the program, the tone used to engage with their target child was worse than the tone used after their participation in the program.

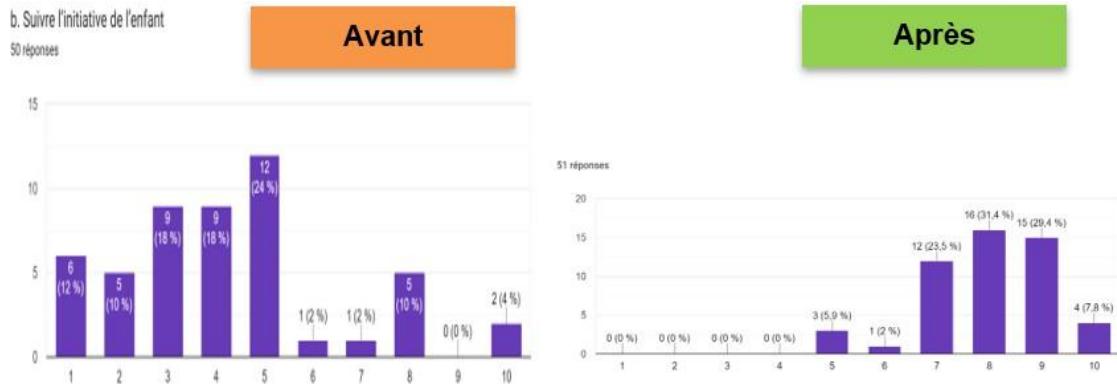


Chart 3 : The graph indicates, based on caregiver responses, that prior to their participation in the program, interest in monitoring the initiative increased as a result of program participation.

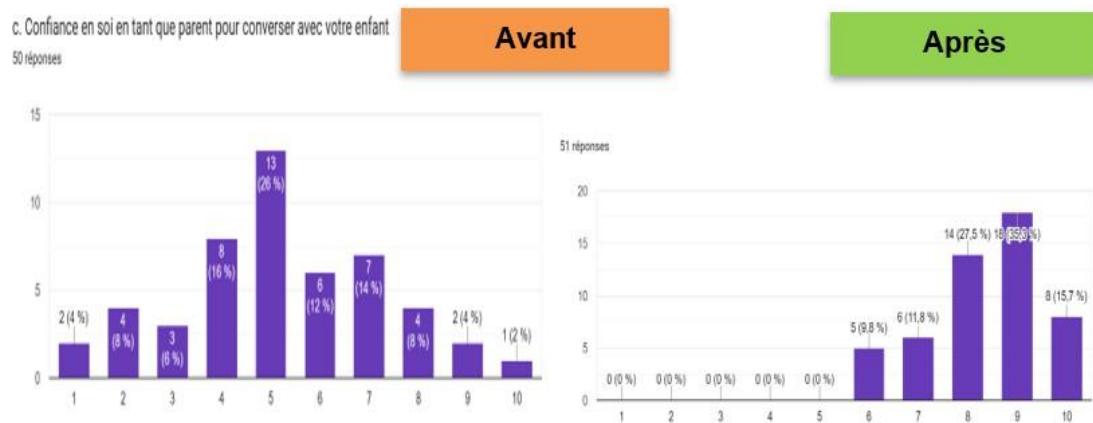


Figure 4 : The graph shows that following exposure to the program, caregivers felt more confident in conversing with their target child than before the program

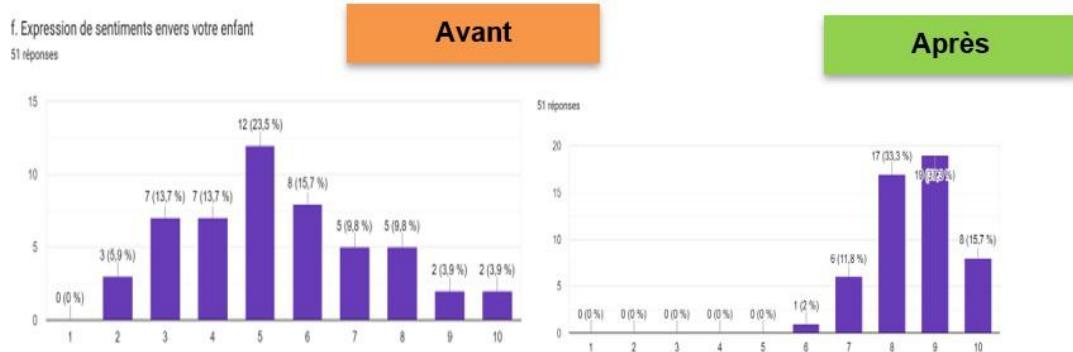


Figure 5 : The graph shows that the expression of a feeling of appreciation by caregivers towards the patient, which is difficult to achieve, was favourably echoed by participants in the ICDP programme.

Similar to the indicators of positive change in the patient's behaviour towards the caregiver and the reduction of conflicts between them, the graphs all indicate that on the scale of 1 to 10, the scores rated positively and stagnated around the score of 8 to 9/10 after the caregivers participated in the program; while these grades were below average before the program.

The testimonies of the participants in the programme are convincing of the positive change induced.

Below are some testimonials about the effectiveness of the program

"The program allowed me to listen to the children because before the training I didn't listen to my children. The training has allowed me to devote time to my children, something I did not do before this training. I talk better with my children after this training. »

"This program allowed me to review my behavior with children, it led me to no longer judge children, but to try to understand the other in his or her vocations, empathy"

"A wonderful experience, another knowledge acquired and the satisfaction of helping parents to take better care of their children and finally the satisfaction of contributing to the construction of a healthier, educated and less violent society"

"I have acquired knowledge, skills, and attitudes that allow me to strengthen my relationships with my nephews and nieces, my Sunday School children, and children in general. I also learned skills to train parents on the ICDP approach. »

"Showing your love to the child and the child seeing that you put yourself on the same level is something extraordinary for them. These have been experiences

"extraordinary for them in terms of knowledge and educational practice for children"

"Improvement of parents' view of their children's faults, improvement of relationships with children, change of children's behavior in a gentle way."

"The project has brought a big change in the relationship between parents and children and this has improved exchanges and communication between parent and child. So a positive impact on the lives of the families of caregivers"

"This program has allowed donors to take ownership of the program's themes and to put them into practice wherever they are. It also allowed them to better understand how to educate children, have good communication with children"

Several parents who had a sense of anger at children's shortcomings felt liberated after the children's redefinition and felt more willing to support children in their behavior change process

We have a caregiver who has a 9-year-old daughter who was interested in cooking but she refused, after the training let her child start cooking with her and today her daughter can cook and knows how to cook a lot of dishes

Efficiency : Overall, the results obtained with regard to the various project indicators were commensurate with the financial and material resources made available. Adaptive management, essentially consisting of a budget reallocation to the activities initiated, was deemed necessary and beneficial to bring corrective measures to the extension of the program over the years 2024 and 2025. The planning of activities was done on a regular basis with much appreciated results. The project has effectively developed partnerships with both decentralised State services and similar projects, in particular the parent-child communication project developed by ARSIP. ARSIP's parent-child communication program and MELCI's ICDP program reveal a complementarity that can be exploited for the good of communities. While the ICDP campaigns to promote or establish a climate of healthy communication between parents and children, the CPE program indicates the sensitive issues to be addressed between parents and children, but also and above all how to address them. The ICDP creates a positive global environment for exchange, the CPE takes advantage of this environment to talk about everything that is possible and constructive for the child.

All actions undertaken by the project coordination team have been done in the exclusive interest of the programme. This is evidenced by the realization of all 8 meetings held by the actors of the partner organizations. The coordination team followed up face-to-face and also by call to remind the actors of the date. Even images and videos have been requested to ensure that the meetings are actually held.

The coordination team has been able to translate here the spirit of the program, which is essentially a program of transfer of skills and know-how that requires a state of mind capable of wanting to participate in the construction of new sociable and helpful people

Sustainability : The sustainability of the pilot actions is likely. Indeed, the activities carried out as part of the implementation of the ICDP pilot project have made it possible to realize that the majority of caregivers are aware of their inadequacy to interact properly with patients. As a result, there is an urgent need for them to adopt better strategies and practices for good interactions with patients. A better knowledge of the guidelines and approaches developed by the ICDP program deserves to be observed on a daily basis by caregivers. These caregivers will eventually be able to become facilitators through certification. Through the multiplier effect, the ICDP programme will be able to expand in a coordinated and controlled manner.

The institutional anchoring of the project reflected in the signing of partnerships with public structures (National Institute for the Promotion of the Blind, the Social Center, the Center for the Protection of Early Childhood), NGOs (ARSIP) and community-based organizations (OEECI) is an essential factor in facilitating the technical appropriation of the project.

The facilitators and even the caregivers from these structures are able to ensure a transfer of skills to other agents of partner structures with the involvement and approval of the MELCI.

The MELCI's train paths tending to minimize the financial motivation for the benefit of actors and beneficiaries is a source of sustainability. The common practice in the programmes is the payment of transport costs for participants in workshops and meetings. In this case, the MELCI ignored this practice to emphasize the willingness of participants to take part in the programs by paying their own transportation costs without waiting for monetary returns. This situation deserves to be appropriated by other similar programmes.

The participants in the programme unanimously agreed and wished that this ICDP programme be extended to several structures in order to enrol many caregivers for the benefit of a large number of children. Is it not appropriate to also experiment with it in the structures for the training of agents for early childhood schools?

Impacts: The implementation period of this pilot phase is too short (about 1 and a half years) to deal objectively with the impacts. However, some observable elements have been reported on the social, cultural and institutional levels.

At the social level: the facilitators and caregivers reported that the techniques and strategies acquired during this program remain for them a non-reversible opportunity that impacts their relationship with the children with whom they come into contact. According to the testimonies of the beneficiaries, it is now possible for them to rub shoulders with all types of behavior of children deemed negative and to be able to improve this based on the principle of redefinition and by showing empathy.

Below are some testimonials related to the impact

"My testimony concerns the letter I was supposed to write to my target child. I admit that before participating in the program, communication did not go between her and me. But when I participated in the program and read the letter to her, she was happy. It re-established communication between us. We have become closer than before thanks to the program."

However, these statements and testimonies deserve in the long term to be the subject of an in-depth study to produce evidence.

At the cultural level : the educational techniques initiated by the ICDP programme seem to be at odds with existing cultural habits. Communicating gently with a child who is in error to make him aware of his actions does not seem to find a favorable echo in all respects. In this regard, caregivers have recommended that there be "an alternation between the strong method and the gentle way". This expresses a certain level of reluctance to fully adopt some of the practices advocated by the program. Indeed, the fact that the caregiver puts himself on the same level as the patient to participate in fun activities did not receive the full approval of some caregivers (22%).

It is inferred that efforts must be made to better calibrate certain aspects in the context of the training of actors for the ICDP programme.

At the institutional level : the partner structures that have participated in the programme, especially those working more with children, believe that the project has enabled them to better understand children increasingly, to break down the barriers between caregivers and children, and to facilitate contact between them. It is therefore remarkable to note the good conduct of the programme by these structures, giving a positive image of a project that has been in its infancy. Also at the institutional level, the actions of the ICDP project have had a catalytic effect with ARSIP, which intends to integrate the methods of this project into its intergenerational dialogue/parent-child communication program, whose priority targets are adolescent girls and young people, to make it a comprehensive program and provide replication with major religious groups and parents.

VII- SUCCESS AND LIMITING FACTORS

VII.1 Success factors

Factors that contributed to the project's significant progress included:

- Concordance with ICDP programs implemented elsewhere: in fact, the literature review made it possible to compare the document adapted by the MELCI with other ICDP documents used in other countries such as England, Norway, Bangladesh and Burkina Faso. This analysis shows that it is clearly in line with the principles and guidelines (8) conveyed by the ICDP programme. The program is based on the ambition of **Improving Parent-Child Interaction, Building Caregiver Confidence and Promoting Child Development**. As long as all things are equal, it is easier for foreign consultants to succeed in empowering local actors. This was the case at the beginning of the project in Côte d'Ivoire.

However, unlike the other programmes, the one in Côte d'Ivoire does not seem to give priority to children at risk and therefore makes it a regular programme. Also in the conduct of the process in Côte d'Ivoire, the number of meetings has been reduced to 8 instead of 12 as in other countries. In addition to the facts, the Home Visits could not be held in the conduct of the pilot project.

- The principle of delegation of competence through the signing of partnership protocols. Indeed, the MELCI could have equipped its actors on its own and sent them

to the structures to teach the ICDP method to these agents. But involving structural actors through agreements is a practice of sustainability and success;

- The regular monitoring and effectiveness of the Coordination Committee in guiding and coordinating activities in the field;
- The adequacy between the ICDP method and the real needs of caregivers, based essentially on behaviors and actions to be taken for the well-being of one's offspring;
- Flexibility in management and adaptive management that helped to extend the initial activities over a longer period with adequate measures to correct the intervention strategy and the implementation of the project;

VII.2 Evaluation Limiting Factors

02 essential factors were limiting factors for this evaluation study of the ICDP pilot project. These include:

As the time allotted for this evaluation was relatively short, we had to deal with situations where key actors were unavailable for the interview.

As this evaluation is a pilot project with a small number of participants, the analyses carried out cannot be modelled.

VIII. CONCLUSIONS AND LESSONS LEARNED

The MELCI's ICDP pilot project has produced convincing results. It is an innovative project that has introduced simple but robust techniques in children's education within everyone's reach. The merit of this project was also its impactful effect on anyone who is interested in it and able to be carried out without huge financial means. Also, the project is able to be carried out in urban areas as well as in peasant areas in view of the lack of logistics required. To achieve this, it is necessary to favour partnership and involve local structures.

The following main lessons emerge from this pilot experience:

The responses given by the actors indicate that in different areas addressed by the ICDP, significant positive results are to be observed among the caregivers and even the facilitators exposed to the program;

The caregivers showed in their assertion an overall improvement in their interaction with the children with regard to dialogue on emotions, the redefinition of behaviors deemed negative and the regulation of repression;

Caregivers' responses also show a very significant decline in parental psychological aggression and physical aggression as a model of reprimand against children, all of which promote healthy and less harmful parent-child interactions.

The analysis of the exchanges shows that people with a relatively stable social situation are more likely to apply the ICDP principles.

Compared to other ICDP programmes conducted elsewhere, it would be beneficial to translate ICDP concepts and principles into the local language for extension but above all ownership by local communities.

In addition, although this programme responds to the need to improve the education of children by caregivers, it is appropriate to ensure that all the requirements of the process are observed by the actors. Indeed, the Likert scale, an essential tool for the caregiver's self-assessment, has not been well perceived and used by them. Also, the realization of VAD by the facilitators to follow the caregivers in action could not validly be held.

IX- RECOMMENDATION

The recommendations made are all directed at the MELCI

- 1- Reduce the number of meetings for enterprising caregivers
- 2- Establish a communication mechanism, including an exchange and communication platform to strengthen links between the various actors and disseminate good practices to consolidate achievements and create an "ICDP community";
- 3- Develop a compendium of good practices as part of monitoring and evaluation to be reported on a periodic basis;
- 4- Continue to advocate for partnership actions aimed at NGOs and structures targeting children, especially vulnerable children;
- 5- Provide for the translation of the ICDP guidelines into local languages for possible intervention areas;
- 6- Enrich the ICDP document with thematic exercises from similar programs, in particular the parent-child communication program of the ARSIP.

X- APPENDICES:

- List of interviewees
- List of documents consulted
- Data Collection Tools
- Terms of reference of the evaluation

X1- ANNEXE1: LIST OF PERSONS INTERVIEWED DURING DATA COLLECTION

LIST1: ICDP PROGRAM COORDINATOR

Name & first names of the respondent	Cell phone number	Position / Function	Organization
MANOU Luce Grace	0709445166	Coordinator	MELCI

LIST 2: MANAGERS OF STRUCTURES INTERVIEWED

Name & first names of the respondent	No. Cell	Position / Function	Organization
POKOU KNOWN AS ANZOUMANAN	0505863070	DIRECTOR	IVORIAN NATIONAL INSTITUTE FOR THE PROMOTION OF BLIND
Miss DIOMANDE MARIAM	707760342	DIRECTOR	CENTRE OF PROTECTION OF THE EARLY CHILDHOOD OF YOPOUGON ATTIE
BEKE SONIA KOUTOUAN	0778793195	Social worker	Port Boue 2 Social Centre
BAMBA MAMADOU	708309464	IMAM /PERMANENT SECRETARY	ORGANIZATION OF ESTABLISHMENTS OF ISLAMIC CONFEDERATE EDUCATION IN CÔTE D'IVOIRE (OECI)

LIST3: NUMBER OF FACILITATORS INVOLVED

Participant's Name & First Name	Cell phone number	Organization
OUATTARA KAFADIOH CHARLOTTE	0708025479	IVORIAN NATIONAL INSTITUTE FOR THE PROMOTION OF BLIND
KONE MAIMOUNA	101784254	IVORIAN NATIONAL INSTITUTE FOR THE PROMOTION OF BLIND
N'TAMON Edichi Yvette	0707978095	ARSIP
MRS. SECONGO NÉE KOUADIO STEL-ANGE	749905861	YOPOUAGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
AGNISSAN APO PATRICIA	0709531699	Port Bouet 2 Social Center
FADIKA MASSIAMBA	749108640	YOPOUAGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
BAMBA MAMADOU	708309464	OEECI
COULIBALY ADAMA	0759875249	OEECI
GBA BONIFACE	0708372621AR	ARSIP
N'GOTTO MARTINE SOPPO EPSE BONI	07 08 296507/0565638281	Assemblies of God Church (Peniel),
ZOGO GÉRARD	0757795519	Yopougon Town Hall (council communal of religious guides)
DIAZE DJIKPA	0708520397	MELCI
MRS. N'DRI NÉE JOCELYNE	0141242587	ARSIP

LIST OF CAREGIVERS INTERVIEWED

Participant's Name	No. Cell	Organization
N'DRY	0141046630	ARSIP
OUYA FLORA RACHELLE epse OUATTARA	0707069089	ARSIP
Toure ladji	556441867	ARSIP
YAO KOFFI REMY	757194867	ARSIP
APETEY BARKED AT ARMAND DESIRE	0749708878	ARSIP
Koffi Rose Armande Carole married N'goran	0709968366	NGO ARSIP
NGBESSO NATALIE EDITH EPSE ABLE	708663378	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
N'GNANGORAN NEE MIAN AMA RITA	0101512337	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
DOSSO MATALIE EPSE MEITE	759786456	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
GNEBRO MARRIES ASSEU	504676792	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
SAVANE MARIAM	749259707	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
DJEZOU KOUAKOU DIEUDONNÉ	767653853	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
Tagro Berthé Epse Morrison	506174121	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
AKA AKOMAN STEPHANIE	0779377692	
N'DRI EPIPHANY	709120961	IVORIAN NATIONAL INSTITUTE FOR THE ADVANCEMENT OF THE BLIND
N'GUESSAN ANEY JEAN LUC JOSAPHATE	0709343216	Sunday School (church)
KAMAGATE SIATA	707180819	CENTRE DE PROTECTION DE LA PETITE ENFANCE YOPOUGON ATTIE
OUEDRAOGO FATOUYMATA	789303084	
ACHIMA RUTH SAFYRA	748517688	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
YAVO AFFOUE MARYSE ELLA	797051557	
OUASSA AMOIN ANTOINNETTE EPSE KOUASSI	708684904	CENTRE DE PROTECTION DE LA PETITE ENFANCE YOPOUGON ATTIE

OUATTARA MARIE BEATRICE	757686135	CENTRE DE PROTECTION DE LA PETITE ENFANCE YOPOUGON ATTIE
LILIANE ZORO LOU NAN LOU	0777887235	
Mrs. EKRA Animan Carine	0505686468	Ministry of Health
Ackah Golé Rachelle	0778259873	Yopougon Town Hall
ADON JUDITH	707251591	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
KONE ALIMA	748495794	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
KARAKISSA KARAMOKO	759547291	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
ESSIEN EPSE KOUADIO MARTINE	707522638	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
Diakite Mariam	0747876294	OEECI
BENGALY ABIBA	0707576057	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
Diané Ammar Bema Mamory	0748058331	Yopougon Religious Guides Council
LOBA N'SOU MARTINE EPSE OUATTARA	789436163	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
MOMO BIYA JOSELINE	707213002	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
BASEL, CHRISTELLE OLGA	0707576057	YOPOUGON ATTIE EARLY CHILDHOOD PROTECTION CENTRE
DIARRA ADJARA	787446986	OEECI
DIAKITE issiaka	0506119570	Oeeci
TRAORE THÉRÈSE	799975148	MELCI Church
KONAN AMOIN HELENE	757928274	
KOFFI AMA	585189864	
Sanogo Mory	708030037	OEECI
Diomandé Adama	0504092027	MELCI Church
Séguéni Reine Pélagie	0709201069	ARSIP
Ibouanga Moussavou Nyna Alanne eps doukoure	0787037888	CFEMSCI Yopougon
KONATE ABDOUL KARIM	2.25071E+12	ALLIANCE OF RELIGIOUS FOR INTEGRAL HEALTH AND THE PROMOTION OF THE HUMAN PERSON (ARSIP)
Djama Cyriaque	0777193186	Yopougon Town Hall

X2- ANNEXE2: LIST OF DOCUMENTS CONSULTED

1. ICDP Guide for Facilitators England
2. GUIDE TO PARENT MEETINGS Burkina Faso
3. Handbook for Facilitators – Côte d'Ivoire
4. MELCI's 2023 and 2024 Annual Programmatic Report
5. 2023 Activity Report, MELCI ICDP Program
6. EVALUATION OF THE IMPACT OF THE ICDP IN THE UNITED STATES, based on the report by Kimberly, Executive Director of the CCWF
7. ABOUT THE EVALUATION OF THE ICDP PROGRAM of ICDP international Working Group 2010
8. Methods in evaluating ICDP
9. MELCI Disbursement Plan

X3- APPENDIX 3: Data Collection Tool

TOOL 1:

QUESTIONNAIRE TO ICDP PROJECT PARTNER STRUCTURES

Name of the RESPONDENT:	
Cel	
Position:	
Organization:	
Date	

MELCI is carrying out an evaluation of the pilot project called "ICDP" that it implemented from 2023 to 2025. During this project, the MELCI collaborated with your structure. It organizes an information gathering that consists of administering a questionnaire to collect your opinions and views on this pilot project.

Purpose : The purpose is to determine whether the expected results have been achieved, identify strengths and challenges related to the overall objectives and expected results. So it is

for you

Provide recommendations and learning points to draw lessons learned that can guide decision-making in future planning.

Confidentiality : The information you provide will be kept confidential. In the report, individual names are not going to appear unless your permission is required. It is important that you feel safe and free to speak or write.

Do you agree to continue? YES / NO

Time required : about 20mn

1- Do you think that the ICDP project has been beneficial for your structure YES/
NO If YES explain

If NO explain

- 2- As part of the continuation of this project, what suggestions do you make for a strengthening of the partnership between your structure and the MELCI
- 3- What do you suggest for the sustainability of this ICDP program,
- 4- Do you have any other comments?

TOOL 2: KEY INFORMANT INTERVIEW/COORDINATOR

INTRODUCTION

Hello! My name is.....

MELCI asked me, as a consultant, to conduct an evaluation of the pilot project called "ICDP" that it supported in the autonomous district of Abidjan, precisely in Yopougon and Abobo. We organize the data collection which will consist of the administration of individual questionnaires and focus groups, discussions with the project stakeholders. Thank you for welcoming me to your office and for your valuable time today.

Purpose : The purpose of this discussion is to determine whether the expected outcomes have been achieved, identify strengths and challenges related to the overall objectives and expected results of the

project and give recommendations and learning points in order to draw lessons learned that can guide decision-making in future planning. You were chosen to participate in this discussion because of your involvement in the project. Your responses will help to improve the ICPD program in the future, then hear and learn about your opinions, experiences and ideas related to the project specifically, how the project was implemented, strengths, gaps in service delivery, caregiver contributions and limitations, caregiver resilience, and building on the project's achievements for the future.

Confidentiality : The information you provide to me will be kept confidential. In the report, I will refer to the MELCI team level rather than all individual names, unless I request and receive your permission to assign (i.e., citations of names) in advance.

Do you agree to continue the interview? YES / NO

Time required : The discussion will take about 45 minutes to 1 hour, we will ask open questions about the "ICDP" project. We will not ask you to disclose any personal information about yourself. We will take notes. Your participation and comments are confidential. It is important that you feel safe and free to speak.

TOOL 2: KEY INFORMANT INTERVIEWS

Target Group: Project Manager/Coordinator

Objective 1: Assess the Relevance of the Project

- How the project was implemented; Did the activities go as planned?
- How were your strategies used in this project appropriate to the child-rearing context, specifically:

✓ the emotional dialogue between the caregiver and the child

.....

✓ the Caregiver's Understanding Dialogue with the Child

.....

✓ the parent's regulatory dialogue with the child

.....

- As the program coordinator, what might be the major elements that you thought were necessary and that you did not take into consideration? And why?

- In your opinion, what makes this project relevant to the education needs of parents and the education needs of children?
- Do you think that the way in which the ICDP is conducted in IC takes into account the cultural realities of education for children here?

If so, how does this way differ from the others you know?

Objective 2:

- **Evaluate the effectiveness of the project**
- In this pilot phase, what activities are carried out with the partners?
- To what extent have the activities carried out with partners contributed to improving the implementation of the ICDP programme?
- During this phase, what attitudes and/or commitments have you noticed from the partners that contribute to improving the implementation of the programme ?
- During this phase, what attitudes and/or commitments did you notice from the facilitators that contributed to improving the implementation of the programme ?
- What positive approaches have you noticed during this phase of the project in the interactions between caregivers and their children?

Objective 3: Assess the sustainability of the project

- What are the challenges that block the sustainability of this project's activities?
- How do you see the continuity of this project's activities in the households of caregivers?

Objective 4: Evaluate the impact of the project

- At the end of this pilot phase, what improvements have you noticed in the relationship between caregivers and their children?
- To what extent do you think the project activities have influenced the behaviour of the beneficiaries, target group (caregivers and children)?
- What do you think indicates that this project has made a contribution to the benefit of the target groups?

What should have been done that you have not done that would have contributed to the successful execution of the project, or could contribute to the successful execution of the project?

Objective 5: Assess the efficiency of the project

- In your opinion, have the inputs (financial, human resources, equipment) been spent and used as planned by the project?

- In your opinion, has the coordination of work within the MELCI staff, internal and external communication (with partners) contributed to the coherence in the implementation of the project?

Objective 6: Cross-cutting issues

To what extent did your activities involve women and girls?

✓ girls

✓ Women

- Were there specific provisions for the participation of women and girls in the project?
- How can you strengthen the integration of gender dimensions in the conduct of this project?
- To what extent was the MELCI code of conduct respected during the implementation of the project?

Tool Reporting Guide2 (For the Rapporteur)

Participant's name:	
Position:	
Organization:	
Location	
Date	
Start time	
End time	

OBJECTIVES	ANSWERS GIVEN	WHO (Stakeholder Profile)	Observation
Assessing the relevance of the project			
Evaluate the effectiveness of the project			

Assessing the sustainability of the project			
Assessing the impact of the project			
Evaluate the efficiency of the project			

Questions transversal			

TOOL 3: INTERVIEW WITH FACILITATORS

INTRODUCTION

Hello! My name is.....

The MELCI asked me, as theconduct an evaluation of the pilot project called "ICDP" that he supported. We organize the collection of data which consists of submitting you to an individual questionnaire in order to collect your opinion. Thank you for welcoming me to discuss with you.

Purpose : The purpose of this discussion is to determine whether the expected outcomes have been achieved, identify strengths and challenges related to the overall objectives and expected outcomes of the project, and provide recommendations and learning points in order to draw lessons learned that can guide decision-making in future planning.

Confidentiality: The information you provide to me will be kept confidential. In the report, I will refer to the MELCI team level rather than all of them

individual names, unless I request and receive your permission to assign (i.e., citations of names) in advance.

We will record the conversation.

Do you agree to continue the interview? YES / NO

Time required : The discussion will take about 45 minutes to 1 hour, we will ask open questions about the "ICDP" project. We will not ask you to disclose any personal information about yourself. We will take notes. Your participation and comments are confidential. It is important that you feel safe and free to speak.

TOOL 3: QUESTIONNAIRE FOR THE INTERVIEW WITH FACILITATORS

Approach

What was your role in the ICDP project?

Do you think you have achieved the objectives set as a facilitator in the framework of this programme?

Objective 1: Assess the Relevance of the Project

- Did the facilitation you have to do go as planned? YES/NO If yes, explain

If not, explain

- Do you think this ICDP program is appropriate for educating parents to better educate their children? YES / NO

If yes, explain

- What has this program brought you as a facilitator?
- Do you think that this program takes into account the major elements in the orientation of parents for the education of their children? YES/NO
- Are there other elements that could have been added?
- Are you aware of a similar program that has been carried out? YES/NO
- If YES, how are they complementary?

Objective 2: To evaluate the effectiveness of the project

- Do you feel that you have helped parents improve their interaction with their children
YES/NO
- What has this project brought to caregivers?

Objective 4: Evaluate the impact of the project

- Can give concrete examples or positive experiences reported by caregivers
- Have there been any negative examples reported YES/NO

Objective 3: Assess the sustainability of the project

- In your opinion, what could slow down the continuity of this project?

Objective 5: Assess the efficiency of the project

- Do you think that the resources made available to you were sufficient to carry out your facilitation activities? YES/NO

Objective 6: Cross-cutting issues

- In the choice of your caregivers, did you give priority to criteria? YES/NO
- If YES, name some of these criteria
- If not, don't you think that parents should be privileged over other types of relationships with the patient?
- Do you think it is useful to integrate gender dimensions into the project?

TOOL 4: INTERVIEW WITH CAREGIVERS

INTRODUCTION

Hello Sir/Madam! My name is.....

The MELCI asked me, as theconduct an evaluation of the pilot project called "ICDP" that he supported. We organize the collection of data which consists of submitting to you

an individual questionnaire in order to collect your opinion. Thank you for welcoming me to discuss with you.

Purpose : The purpose of this discussion is to determine whether the expected outcomes for this pilot phase have been achieved, to identify strengths and challenges related to the overall objectives and expected outcomes of the project. Also it is to allow you to give recommendations and learning points in order to draw lessons learned that can guide decision-making in future planning. You were chosen to participate in this discussion because of your involvement in the project. Your responses will help improve the ICPD program in the future, and then hear and learn about your opinions, experiences, and ideas related to the project.

Confidentiality : The information you provide to me will be kept confidential. In the report, I will refer to the MELCI team level rather than all individual names, unless I request and receive your permission to assign (i.e., citations of names) in advance.

Do you agree to continue the interview? YES / NO

Time required : The discussion will take about 45 minutes to 1 hour, we will ask open questions about the "ICDP" project. We will take notes, also make recordings if you don't mind. Your participation and comments are confidential. It is important that you feel safe and free to speak.

Introduce yourself!

QUESTION

1. Tell me how it was for you to participate in these meetings on the ICDP program?
2. Do you think this program is relevant to you? For the community? YES/ NO
3. What did you learn during these meetings?
4. Were you satisfied with the program? Yes/No
5. Was your participation beneficial to you? – YES / NO
6. If so, how?
7. Did you find it difficult to participate in this program? YES/NO
8. If so, which ones
9. Has this influenced your relationship with your children? YES/NO

10. If so, how?

11. If no, explain

12. Give a concrete example of a positive change in the relationship with your child

13. When your child makes a mistake or misdeeds, tell us how you reframe them before the program? and after participating in the program

14. If you should rate yourself on a scale of 1 to 10, what rating would you give before participation in the program and after the program on:

- Changing the tone of your conversation with your child
- Learning support
- Support for initiative
- Confidence in yourself as a parent to converse with your child
- Improved behaviour in children
- Reducing conflict between you and your child
- How to express your feelings for your child

15. Do you continue to follow the ICDP guidelines in your relationship with your child?

16. Was the programme conducted as you wished? If not, what change or improvement would you have wanted?

17. What do you suggest for the smooth running of this program?

X4- ANNEXE4: Terms of Reference for the Evaluation

I. Background and Rationale

The Evangelical Lutheran Mission in Côte d'Ivoire (MELCI) is a confessional structure whose mission is evangelization. However, in order to better reach populations and communities in her religious quest, she attaches great importance to community assistance through the implementation of projects and support likely to induce behavioral change at the personal, family and even social level.

To this end, the ICPD project wants to see a change in the interaction that takes place between adults and children, and thus contribute to improving the living and growing conditions of the latter.

The most fundamental element of the WHO nursing model is what is known as "responsive care". It is called the most basic because good caregivers provide the prerequisites for the child's other basic needs to be met, such as 1) good health, 2) adequate nutrition, 3) safety and security, and 4) early learning opportunities. This model is essential to meet potential partners to show how the different components work together to create the best conditions for the child's development, and that the provision of appropriate care (which the ICDP focuses on) is a key element for the other to be put in place

This program has seen the implementation of its pilot phase in the municipality of Yopougon with 06 actors

The stated objective of the MELCI is to be able to do so on a scale. Scientific and social postulates require, in order to do so, that this pilot phase carried out be subject to an evaluation capable of determining the admissibility of the said programme, but above all of objectively assessing the relevance, effectiveness, efficiency and its impact on the target, identifying strengths and weaknesses in order to adjust the course of actions, informing stakeholders and capitalising on the experience acquired to improve future experiences.

The purpose of these terms of reference is to explain the procedures relating to the organisation of this evaluation

2. Objectives and expected results

2.1. General objective

Evaluate the performance of the ICDP program in order to optimize its scaling.

2.2 Specific objectives

- Analyze the programmatic and financial performance of the ICDP program for the past period

- Assess the impact of the project on the beneficiary targets
- Agree on recommendations to optimize the level of performance of the project

2.3 Expected results

- The programmatic and financial performance of the ICDP programme is analysed
- The impact of the project on the targets is assessed
- Points of recommendation are made for the optimization of the program
- An action plan is drawn up on the basis of the strategic recommendations set out

3. Methodology

3.1 Preparatory meetings

A first preparatory meeting will be held with the MELCI in order to refine the objectives and knowledge needs and determine the modalities of execution of the mission

A second preparatory meeting will be organized with the stakeholders in the evaluation. The purpose of this meeting will be to share the modalities of the evaluation mission. This will be an opportunity to present the tools to be used in the evaluation of the program to stakeholders in order to obtain their opinions and additional information as necessary

These preparatory meetings will be led by the consultant recruited in the presence of the leaders of the communities/structures concerned in order to promote a good appropriation of the tools and facilitate the conduct of the evaluation interviews.

3.2 Conduct of the information-gathering mission

The consultant will visit the communities to collect information through the evaluation grids.

The information will be collected by means of evaluation grids that will be put to ICDP MELCI staff

03 evaluation grids will be used: i) Evaluation grid of the programmatic and financial performance of the project to be sent to the organization. ii) Individual interview grid for beneficiaries (parents and child). iii) A group interview grid (focus group). These grids will be submitted to the stakeholders involved in the process during the 2nd preparatory meeting.

2. 3Reporting and restitution of results and deliverables

At the end of the data collection mission, an analysis and a report will be produced by the consultant. This will be followed by a presentation of the results to the ICPD project and the stakeholders during a meeting organized for this purpose.

4 List of structures and persons to be questioned

The structures and actors that took part in the project:

- The Church of the Evangelical Lutheran Mission in Côte d'Ivoire
- ARSIP with the Executive Director and four members who have been co-opted as facilitators
- Ivorian National Institute for the Promotion of the Blind with its Director, the head of social affairs and 02 specialized educators (the facilitators)
- Organization of Islamic Confessional Educational Institutions with its President and two teachers
- The Yopougon City Hall with the Secretary General of the Communal Council of Religious Guides and two religious leaders
- The Early Childhood Protection Centre with its Director and two teachers
- The Yopougon Port Bouët 2 Social Center with its Director and a social worker

5 Indicative timetable

ACTIVITIES	Week1	Week2	Week3	Week4	Week5
Development of the draft tools Evaluation					
1st Preparatory Meeting with the management of the ICDP project					
2nd preparatory meeting with presentation of the tools to the Stakeholders					
Data collection					
Data analysis and Production of the report					
Dissemination of the report					

6 Agenda

Following the 2nd preparatory meeting, an agenda will be drawn up according to the availability of the stakeholders to receive the team in relation to the collection of data

