

Right-Fit Evidence Unit



FAMILIES MAKE THE DIFFERENCE

/IRC/COMPANY PARTNER

EVALUATION REPORT

EXTERNAL VERSION

Prepared by Innovation for Poverty Action's Right-Fit Evidence Unit

Context

The Transforming Education in Cocoa Communities (TRECC) initiative aims to improve the living conditions of children and youth in Côte d'Ivoire by promoting quality education in cocoa-growing communities. Via its Grant Matching Mechanism round 2 (GMM2), 13 pilots-to-scale projects are being co-funded with 12 cocoa companies and implemented by 14 implementing organizations in the sectors of Early Childhood Development, Primary Education and Vocational Training.

The role of Innovations for Poverty Action (IPA) is to provide technical support to the companies and implementing agencies to design and implement sound monitoring systems to closely monitor and learn from these pilots. IPA also conducts its own independent and complementary data collection to evaluate the pilot projects. For each pilot, IPA analyzes these two sources of information—the administrative data collected by the implementing organizations through their own M&E system and IPA's independently collected data—to assess the pilot on a pre-agreed rubric. The final scale-up report will therefore be based on the evaluation rubric that was agreed upon by all partners.

This report contains IPA's analysis and recommendations on the potential scale-up of the Company partner and IRC pilot. The report mostly considers the pilot for scale-up in other relevant cocoa-growing communities, in line with GMM2's emphasis. However, TRECC may consider whether certain pilots are feasible for future scale-up beyond such communities, for example to the regional or national level.

The report is divided into the following five sections.

1. Relevance
2. Results (outputs and immediate outcomes)
3. Costs & Operations management
4. Capacity to learn, improve and innovate
5. Sustainability

Each of these eleven components (e.g., "5.1. Provides sustained benefit to the community") is evaluated on indicator-level criteria and assigned a color score.



Green indicates that the pilot is, in IPA's view, consistent with the criteria required for potential scale-up



Orange indicates that IPA's data shows the pilot is partially consistent with the criteria for scale-up and that eligibility for scale-up should be conditional on corrective measures to be taken in that area



Red indicates that the pilot does not appear to be consistent with the requirements for scale-up.

Pilots with green assessments on all 11 criteria receive an unconditional recommendation for eligibility for a scale-up proposal; pilots with only green and orange criteria (no red), and among these a majority of green criteria, receive a conditional recommendation for scale-up (i.e. conditional on the various corrective measures being proposed in the orange criteria). Pilots with any red criteria are not recommended for scale-up.

List of Acronyms:

IGA: Income Generating Activity

VSLA: Village Savings and Loans Associations

IPA: Innovations for Poverty Action

ICI: International Cocoa Initiative

IRC: International Rescue Committee

FMD: Families Make the Difference

CMD: Communities Make the Difference

MICS: Multiple Indicator Cluster Surveys

M&E: Monitoring and Evaluation

SP: Skillful Parenting

TRECC: Transforming Education in Cocoa Communities

ECDI : Early Childhood Development Index

CACE : Centre d'Action Communautaire pour la petite Enfance

Table of Contents

.....	1
Context.....	2
List of Acronyms:	4
List of Tables	6
List of Figures.....	7
Project summary	8
Overall Timeline.....	8
Snapshot of specific assessment against each pre-defined evaluation criteria:	9
Executive Summary.....	10
Data and Methodology.....	14
Relevance.....	16
1.1 The program is targeting important needs in the community.....	16
1.2 Aligns with donors' priorities.....	20
2. Results: output and direct outcomes	20
3.Costs and operations management.....	41
3.1 Costs are well managed	41
3.2 Project management is successful	41
4. Capacity to learn, improve and innovate.....	42
4.1 Project collects credible monitoring data.....	42
4.2 Monitoring is used to learn and improve.....	44
5. Sustainability.....	46
5.1. Provides sustained benefit to community	46
5.2. There are prospects of scale-up beyond GMM2	48
6. Annexes	49

List of Tables

Table 1: Target population, Round of data collection, Sources of data and Sample size.....	14
Table 2: Source of data and sample covered	15
Table 3: Early childhood development index – the percentage of children on track for normal development.....	17
Table 4: Comparison of the child development index between beneficiaries' children and non-beneficiaries' children in the community	18
Table 5: Interest in training and community platforms.....	19
Table 6: Key output #1.....	21
Table 7: key output #2.....	21
Table 8: key output #3.....	22
Table 9: FMD eligibility criteria (beneficiaries enrolled at the beginning of the program)	23
Table 10: Gender distribution of FMD beneficiary per community	23
Table 11: key output #4.....	24
Table 12: key output #5.....	24
Table 13: Key output #6	25
Table 14: Number of children who participate in CACE activities	25
Table 13: Share of children with who an adult was engaged in four or more activities to promote learnings in the past three days	31
Table 14: Other nurturing care indicators	32
Figure 19: Feedback on main immediate outcomes	37
Table 20: Share of children with who an adult was engaged in four or more activities to promote learning in the past three days	53
Table 21: Share of respondents who can recognize at least 3 effects of child labor	54

List of Figures

Figure 1: Timeline with IRC and IPA's activities	8
Figure 3: Reasons why beneficiaries dropped out: among those who never attended	26
Figure 4: Reasons why beneficiaries missed some sessions* <i>MULTIPLE SELECTIONS ALLOWED</i>	27
Figure 5: Distribution of the number of sessions attended	28
Figure 6: Average participation rate to training sessions, per community	28
Figure 6: Change in beneficiaries' knowledge	30
Figure 7: Changes in beneficiaries' learning practices toward 2 to 5 years old children	31
Figure 8: Changes in respondents' attitude to rectify 1 to 5 years old children wrong behavior	32
Figure 9: Parent's knowledge on consequences of child labor	34
Figure 10: Distribution of baseline number of hours spent by children in an ECD program..	34
Figure 11: Feedback on satisfaction on FMD training sessions	36
Figure 12: Share of caregivers who would recommend FMS training session.....	37
Figure 13: Distribution of the pilot expenses	Erreur ! Signet non défini.
Figure 14 Estimation of the cost per youngr child.....	Erreur ! Signet non défini.
Figure 15: credible data criteria.....	43
Figure 16: Changes in beneficiaries' knowledge.....	53
Figure 17: Changes in knowledge on nutrition, hygiene and violence	53
Figure 18: Changes in beneficiaries' learning practices toward 2 to 5 years old children.....	53

Project summary

The International Rescue Committee (IRC) has partnered with Company partner through the TRECC initiative to test the implementation and effectiveness of a pilot project to improve young children’s development and care within three cocoa farming communities.

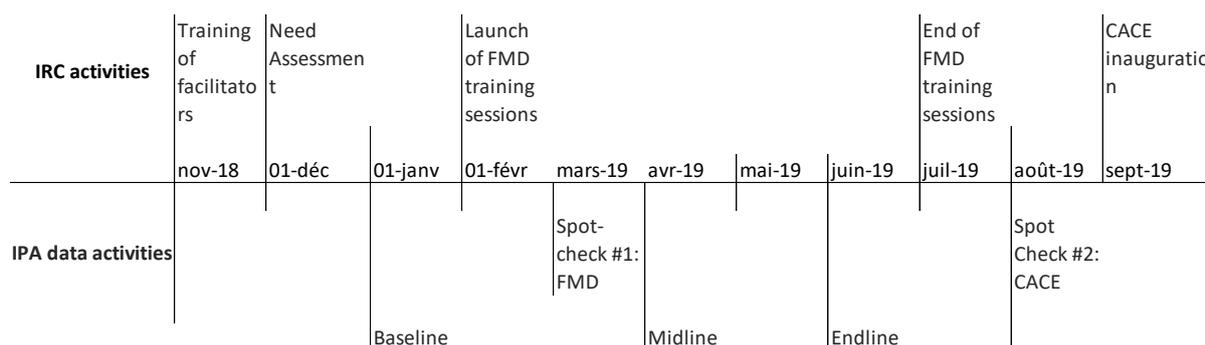
The pilot’s objective was to promote a culture of positive parenting, learning and community engagement in Early Childhood Development (ECD). IRC implemented the parental education curriculum named Families Make the Difference (FMD) in the communities of X, where the International Cocoa Initiative (ICI) was implementing the Child Labor Monitoring and Remediation Systems (CLMRS). This last component of the program was not part of our evaluation as both programs have different target populations and were implemented separately.

IRC did not directly implement the FMD program, but rather trained the government local services (CPPE agents) who are in charge of delivering the FMD training to 240 beneficiary parents in total. IRC staff were present during the FMD sessions and served as supervisors and facilitators. Through the training of their parents, IRC expected 600 children to be affected by the program.

Combined with the FMD training, IRC set up Community Action Center for Children centers (CACE) aimed at children from 2 to 5 years of age. CACE centers are learning spaces for young children during parents’ daily work. Preschool trainee educators of the INFS (Institution of Social Science National Training) will work in the centers and take care of the children. Besides the FMD training and the CACE centers, communities of practice – with parents - are encouraged to support the most vulnerable parents and ensure the sustainability of the program.

Overall Timeline

Figure 1: Timeline with IRC and IPA's activities



Snapshot of specific assessment against each pre-defined evaluation criteria:

Evaluation Criteria	Assessment	Recommendations
1.Relevance		
1.1 Targets an important need in the community	✓	
1.2 Aligns with the priorities of the donors	✓	
2.Results: outputs and direct outcomes		
2.1 Delivers outputs at high quality	✓	Revisit targeting criteria and streamline processes for delivering snacks as incentives
2.2 Achieves direct outcomes	✓	Test methods to increase cost-effectiveness
2.3 Beneficiaries' feedback about the program is positive	✓	
3.Costs and operations management		
3.1 Costs are well managed/cost scale-up vision	✓	
3.2 Project management is successful	✓	
4.Capacity to learn, improve and innovate		
4.1 Project collects credible monitoring data	✓	
4.2 Monitoring is used to learn and improve	✓	Collect data to understand dropout and track outcomes
5.Sustainability		
5.1 Provides sustained benefit to community	✓	Collect data on Communities of Practice and confirm government buy-in and capacity
5.2 There are prospects of scale-up beyond GMM2	✓	

Executive Summary

IPA's Right-Fit Evidence unit conducted an independent process evaluation of IRC's pilot *Families Makes a Difference* (FMD) financially supported by Company partner and TRECC. The pilot aimed at improving young children's development and care within three cocoa farming communities. The IRC pilot was organized around two components: a parenting training delivered by government social workers, and the construction of a Community Action Center for Children (CACE) to offer childcare during parents' daily work. The first component has shown encouraging results and IPA's independent evaluation identified positive changes around positive parenting practices and nutrition. The second component aiming at constructing CACEs experienced very significant delays, but in the meantime, IRC managed to implement pre-school activities in substitute locations.

To assess the pilot's performance, IPA surveyed beneficiaries for input and tested their knowledge on ECD at the start and end of the program. In addition to this, IPA's staff conducted two spot-checks to check the reliability of the monitoring data collected and the attendance rate.

Overall, the IRC pilot has earned a full recommendation for scale-up as all criteria were rated green. The pilot in its current form was able to be successfully adapted in the local context. IPA observed that parents made significant progress in ECD practices by the end the pilot. Despite these encouraging results, IPA is making several recommendations to improve the M&E system moving forward. Our overall conclusions and these recommendations are summarized below.

1. Relevance

The pilot addresses important needs in cocoa communities. IPA's baseline survey found that only about half of children in the target communities are developmentally on track (that is, are aged 36 to 59 months and have a normal development on the 5 following domains – Literacy-numeracy, physical, social-emotional and learning). Parents reported a willingness to participate in parental skills training, even though two thirds of them mentioned having participated in such trainings before. Moreover, only about half of the parents reported that their children are going to any kind of pre-primary program.

2. Results: Outputs and direct outcomes

The program achieved most outputs at the expected quality. Although 106 parents dropped out at the beginning of the project, IRC was successful in finding other parents to replace them – even if not all these parents were cocoa farmers as planned. IRC held “catch-up sessions” for the new beneficiaries and thereby reached the expected attendance rate. Incentivizing participation by offering snacks likely played an important role in maintaining attendance. In terms of direct outcomes, the project also achieved very encouraging results. Indeed, we observed an improvement in knowledge of good parenting practices. After the trainings, parents seemed to increase their knowledge around stimulation activities to promote children's development. They also report undertaking more activities that promote

children's learning. However, with respect to violence toward children and positive discipline neither knowledge nor practices improved significantly.

As for the CACEs, the project constructed the centers with significant delays, and they were officially inaugurated only at the end of the program. Despite this shortcoming, spot-checks revealed strong community engagement throughout the construction process, including identifying land and making other contributions to the construction. In addition, project stakeholders started child care activities with the support of trainee caregivers in alternative locations, further strengthening the buy-in of the community on childcare services. The success of the interim programming and community engagement around construction suggest that the CACEs will be well received in the communities.

Recommendations for scale-up:

- **Revisit targeting criteria:** Given the reasons provided for drop-out, IPA recommends ensuring that parents who enrolled in the program demonstrate high interest in the training and are not too busy or likely to be travelling during the period of planned training. For the program to have a large enough group of motivated beneficiaries to be cost-effective in these communities will likely require loosening the criteria that participants be cocoa farmers.
- **Streamline processes for delivering snacks as incentives:** The current snacks incentives package seems to be effective but has proven to be administratively burdensome for IRC, requiring IRC's staff to travel to the communities to deliver the snacks, limiting their ability to continue this practice at scale. IRC should revisit their procurement, finance and/or administrative processes to identify ways to deliver the incentives at scale. IRC should also consider experimentally testing the impact of the snacks incentives on attendance while scaling this up.

3. Costs and Operations management

IRC used resources efficiently. Although there were significant delays in the construction of the centers, generating additional costs, IRC managed to save on other fronts and completed the project without extra spending. Compared to the other FMD program (Company/IRC pilot), the cost per beneficiary (parents) is slightly lower. This is mainly because this pilot conducted more group sessions in the same communities (about 4 groups per community instead of 2 groups per community) allowing for some efficiencies.

Recommendations for scale-up:

- **Test methods to increase cost-effectiveness:** Targeting one parent decreases the unit cost of the program per child as it allows to reach more children. However, this may reduce the impact and the durability of effects on parental behaviors. To determine the best approach, IPA recommends testing different models such as giving the full training only to mothers against full training for mothers and invite fathers for specific sessions. IRC could also consider having several groups in the same locality to achieve efficiencies.

4. Capacity to learn and improve

IRC had an efficient data collection process for important aspects of field work. In particular, the process implemented for attendance allowed stakeholders to have real-time data on FMD training attendance and take corrective actions based on those data. However, key informant interviews suggested that IRC's data collection was not always a close fit for their needs. For instance, IPA had to include questions about drop outs in its midline survey because IRC had no data on why parents left the program. IRC also did not digitize the data on trainers' feedback they collected at each session, meaning the data was collected but not possible to analyze or act on.

Recommendations for scale-up:

- **Collect data to understand dropout:** The project management team did not have data that could help them understand the reasons for parental drop-out and take corrective actions. Moving forward, IPA recommends collecting exit feedback on a small sample to understand what might be driving dropout.
- **Track outcomes:** Since IPA's independent evaluation collected data on the participants' knowledge before and after the program, IRC decided to not duplicate this. However, we think it is a critical piece of information to collect and manage against in the future. Moving forward, IPA recommends IRC conduct a before-after test during the FMD sessions, at least on a sample basis – a standard practice for the IRC in most programs.

5. Sustainability

In general, IRC built strong buy-in within the community to improve the prospect of the existing beneficiaries to continue to benefit, and for other parents to benefit in future. IRC established communities of practice to sustain behavioral changes on parenting practices over time, though only one community appeared to be engaged through this platform. In addition, the program engaged community members to help lead the trainings, creating natural advocates for the practices coached. Engagement of trainee caregivers to deliver daycare during the program was well received in the community and parents generally reported being willing to enroll their children in the new CACEs when they open.

Finally, there are prospects of scale-up beyond company funding, namely through the Ministry of the Family, Women and Children (MFFE) with which IRC is about to sign a Memorandum of Understanding. The current financing environment is very supportive for programs such as FMD.

Recommendations for scale-up:

- **Collect data on Communities of Practice:** Communities of Practice (CoP) – beneficiaries who work together to spread the lessons they learned - are key to the project's long-run effects, but the pilot collected minimal information about them. Data that could provide insight into how or why they succeed or fail would offer opportunities for internal or external learning. Testing whether CoP carry out the intended activities would be a good use of M&E resources during scale-up, and IPA recommends integrating the CoP into the MEL system by defining key indicators and setting a strategy to collect them.

- **Confirm government buy-in and capacity:** The sustainability of the project's scale-up is dependent on the government's (MFFE) ability to maintain and staff the CACEs with skilled and diligent caregivers. It is not certain that this will be the case; although cost-effective, it is a financial commitment and requires a chain of trainings. Before government scale-up begins, it will be essential to confirm to stakeholders' satisfaction that the government is committed and able to spend the necessary time, money and talent to run CACEs well.

Data and Methodology

Table 1: Target population, Round of data collection, Sources of data and Sample size.

Round of data collection	Targets	Survey planned	Survey covered	Rate	Period of data collection
Baseline	Beneficiaries	240	218	91%	March 2019
	Non-beneficiaries	69	52	75%	
Midline	Beneficiaries	240	206	85%	April 2019
Endline	Beneficiaries	240	216	90%	June 20th
	Focus group	6	6	100%	

Purpose of Data Collection

IPA performed three rounds of data collection – baseline, midline and endline – for the pilot. The baseline survey aimed at gathering beneficiaries' characteristics at the beginning of the pilot, including levels of need. The objective of the midline was to collect beneficiaries' feedback about the implementation of the program and understand rates of non-attendance. The endline checked beneficiaries' learning and collected overall feedback from participants.

At baseline, IPA also interviewed non-beneficiaries in the three pilot communities. The objective was to verify the program reached the farmers who need the intervention the most.

At endline, IPA gathered qualitative input from 6 focus group discussions: one discussion with men and another with women per community. IRC collected qualitative data before the beginning of the program as part of a need's assessment.

IPA conducted two spot-checks to observe the implementation of activities, check the accuracy of the administrative data, and deliver information to course correct the project if needed.

Sample covered

IPA planned to interview all beneficiaries on the list provided by IRC and Company partner at the beginning of the project. The initial population of beneficiaries included 240 farmers. We followed these original 240 participants throughout the baseline, midline and endline, regardless of whether they continued with the project or dropped out. However due to the fact that exposure to the training was unequal, results of the evaluation might be underestimated. Annex 5 provides a preliminary analysis of the changes in practices on a subsample of beneficiaries that effectively participated to most of the training sessions. Preliminary analysis does not seem to point towards a large under estimation of the changes in practice related to a section bias.

Conversely, IRC's administrative data records everyone who attended a session, whether they joined midway or at the beginning. Table 2 summarizes the sources of data used in the report and the associated sample of beneficiaries.

Table 2: Source of data and sample covered

Data	Sample
IPA data (Baseline, midline and endline)	240 parents who were enrolled at the beginning of the program
IRC data (Administrative data)	240 parents who participated in the FMD sessions (This includes people enrolled in the beginning and new-comers)

Focus on direct outcomes

IPA chose to focus its analysis on direct outcomes as the before-and-after approach does not allow us to draw solid causal conclusions on the impact of the program. Changes in knowledge and reported behavior are the specific focus of this evaluation as they are a step on the way to future changes in children's health. IPA is fully aware that changes in knowledge do not always trigger changes in practices, as practices are deeply ingrained in complex socio-cultural structures. However, IPA still believes that looking at knowledge is relevant in this context as it lays the foundation for better-informed practices.

Relevance

Relevance is divided into two components, both of which the pilot is assessed on

- ✓ The program is targeting important needs in the community
- ✓ The program is aligned with donors' priorities

✓ 1.1 The program is targeting important needs in the community

This project targets important needs in the community.

About half of the children experience developmental delays, possibly linked to nutrition or parenting issues. Parents showed some knowledge of nutrition and positive parenting methods but were eager to learn more, with 97 percent saying they would be interested in following ECD discussions or training. Moreover, about half of the children do not attend pre-school, and 13 percent had been left on their own at some point in the past 10 days.

✓ **Criteria 1.1.1. Needs assessment report and IPA independent data collection show evidence of a need being addressed**

✓ *Evidence of children experiencing developmental delays in the target communities*

Baseline data shows that children in the target communities experience developmental delays. The early childhood development index (ECDI) in the target communities is lower than rural Cote d'Ivoire's average.

To measure early childhood development status in the 3 pilot communities, IPA administered the early childhood development module developed by UNICEF for the Multiple Indicator Cluster Surveys (MICS)¹ to mothers or primary caregivers of children under the age of 5 in the communities. We then compare our results with national data.

The early childhood development index (ECDI) measures four domains of development: literacy-numeracy, physical development, social-emotional development, and approaches to learning. For each domain, a score identifies children as being developmentally on track if they can do several (or at least one) activities related to this domain. Items are based on benchmarks of average normal child development in the same age range. The ECDI score is then calculated as the percentage of children who are developmentally on track in at least three of these four domains. The methodology used to construct the index and responses to the specific questions are in annex A.

Overall, we found that the proportion of children who are developmentally on track in the 3 communities is 52 percent. It is low compared to the national average for rural Côte d'Ivoire which is 61 percent, suggesting a higher need for ECD intervention in the pilot communities

¹ Beginning with the fourth round of MICS (MICS4), the early childhood development indicators were consolidated into a single early childhood development module included in the questionnaire for children under 5 years of age.

than in most of Côte d'Ivoire. In the pilot communities, we observed relatively low scores for the physical, social emotional and learning indices, but the literacy and numeracy score is higher than the national average.

Table 3: Early childhood development index – the percentage of children on track for normal development

	In pilot communities	Rural CI (MICS 2015)	National data (MICS 2015)
Literacy-numeracy	11%	2.3%	7.4%
Physical	65%	94%	95%
Social-emotional	62%	71%	68.8%
Learning	71%	85%	87.2%
ECDI score	52%	61%	62.8%

✓ *Minority of beneficiaries have already participated in coaching or discussion on children's development*

Most of the beneficiaries reported they had already participated in ECD discussion or training, but there was still high interest in participating in further discussions or trainings on the topic.

Baseline data shows that 66 percent of beneficiaries already took part in group discussions or coaching on Early Children Development (ECD). This is inconsistent with IRC's understanding, which is that there were no earlier ECD programs implemented in the pilot communities. It is possible that programs not conceived of as ECD – and so not captured by IRC's needs assessment - nonetheless played a role in building community members' ECD knowledge; these could have included women's empowerment programs, nutrition interventions or education projects.

We found a high interest in early childhood development: 97 percent of beneficiaries said that they would be motivated to join exchanges and discussions about the role of parents in early childhood development and well-being.

✓ *Lack of community platform for beneficiaries*

Few beneficiaries have access to community platforms – places where they can organize community activities or group sessions - in their communities. Only 33.3 percent of beneficiaries declared they have access to a place where activities such as reading support groups are carried out.

At baseline, 56 percent of parents declared that their children – aged 3 to 5 - are going to pre-school education, kindergarten, or community child care². We use “pre-primary” to refer to all

² The question in the survey is “Does your child attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?”

of these options combined. 50 percent of children are enrolled in kindergarten and community child care and 3 percent of the children in the sample between 3 and 5 are enrolled in Center for Early Childhood Protection (CPPE). This is in line with National enrollment figures of the MENET-FP which finds that 8.8 percent of children aged 3-5 years were enrolled in pre-school in 2017.

Among the 56 percent of children who attend pre-primary, most parents reported that their child spent at least 10 hours in the pre-primary programs during the last week.

✔ **Criteria 1.1.3. Beneficiaries are those most in need of the pilot intervention**

IPA researched whether the program targeted the beneficiaries most in need in the selected communities. To do this, we interviewed a sample of non-beneficiaries in the community who would have been eligible for the program.

Beneficiaries are equally in need of additional training and support on parenting as the rest of their community. Even though beneficiaries are more likely to have previously participated in discussions on this topic, we found that their children experienced comparable developmental delays.

Data gathered during baseline suggest that beneficiaries' children are experiencing developmental delays comparable to the rest of their communities. Table 4 shows that there is no statistical difference in the developmental delay of children from the beneficiary and non-beneficiary groups.

Table 4: Comparison of the child development index between beneficiaries' children and non-beneficiaries' children in the community

	Beneficiaries children	Non-beneficiaries' children	Difference
Literacy-numeracy	11%	5%	-5.9%
Physical	65%	68%	3.8%
Social-emotional	56%	59%	2.8%
Learning	62%	61%	-0.5%
Child development index	48.2%	48.3%	0.04%

Although beneficiaries and non-beneficiaries have comparable interest in joining meetings and exchanges on parent's participation in the development and well-being of their children, we found a significant difference in their previous involvement in a coaching session on this topic. Table 5 illustrates those differences. This discrepancy can partly be explained by the fact that most beneficiaries were part of the local cooperative and thus already benefited from an earlier program implemented by the chocolate industry³.

³ Despite working in Company partner's value chain, Company partner is not sourcing directly their chocolate. Company is actually buying the chocolate to the cooperatives and selling it back to Company partner. Therefore, company could have implemented other programs in the region

Table 5: Interest in training and community platforms

	Beneficiaries		Non-beneficiaries		Difference	
	N	Prop	N	Prop	P-values	Sig
% of respondents that have already participated in group discussions/group coaching on the education of children and their needs	218	34%	52	19%	0.04	**
% of respondents interested in joining meetings and exchanges on parents' participation in the development and well-being of their children	218	97%	52	98%	0.735	

Statistically significant differences at: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$ are marked with a star

✓ Criteria 1.1.2. Beneficiaries' description of their needs, or the needs assessment, links to the theory of change of the pilot

IRC's needs assessment found that parents in the target communities have some ECD knowledge and follow some good parenting practices. However, some poor practices were also observed, and all interviewed beneficiaries agreed on the fact that parents would benefit from parenting trainings and a center.

IPA's baseline shows beneficiaries have room for improving their parenting skills and practices. 40 percent of beneficiaries correctly identified the age to introduce solid foods and around 30 percent of beneficiaries reported applying only positive stress relief techniques.

During focus group discussions, parents explained how they communicate with their children from a young age to promote learning. In Takao, some women reported that they encourage positive behavior by showing their children signs of affection when they do something good.

Focus group discussions and IPA's baseline results highlighted that some parents also have practices detrimental to children's development. For instance, in Takao, most mothers give water to young children (less than 6 months) even though nurses have advised them not to do it. In all 3 communities, parents stated that when their children are sick their first option is to use traditional medicines to cure them and only use conventional medicine as a last resort. Also, some parents reported that they sometimes hit their children when they misbehave. Social norms also impede fathers' involvement in their children's education because fathers believe that child rearing is primarily the mothers' responsibility.

Finally, in focus groups, parents demonstrated interest for information on good parenting practices. According to them, access to this type of information can enable them to better

raise their children, to communicate with their children and to learn to identify their needs. They also mentioned that they need access to a place where they can have access to parenting advice.

✓✓ 1.2 Aligns with donors' priorities

The intervention aligns with donor priorities through its objective to protect children and promote early childhood development. In addition to this, Company partner found it beneficial to use a different community platform than the cooperative to implement social welfare programs. However, TRECC has reservations about the capacity of the government to take over the program.

[Details removed]

2. Results: output and direct outcomes

This section includes the following three criteria:

- ✓✓ Delivers outputs at high quality
- ✓✓ Achieves direct outcomes
- ✓✓ Beneficiaries' feedback about the program is positive

✓✓ 2.1 Delivers outputs at high quality

IRC achieved most outputs at the expected quality. Nonetheless, there was a significant delay in the construction of the CACE centers, preventing IRC from using them for CACE activities on-schedule. However, IRC found temporary spaces for CACE activities and enrolled 167 children despite the construction delays.

According to IRC, 103 persons had left the FMD trainings in May 6th. Among them, 59 were replaced and 44 returned and caught up, leading to a final group of 240

beneficiaries. With the enrollment of new parents and the organization of catch-up sessions, IRC ultimately achieved a high participation rate: 85 percent of beneficiaries - among the 240 who were in the final list - attended at least 80 percent of the trainings.

✔ Criteria 2.1.1 Key outputs from the proposal log-frame were achieved

✔ 3 communities benefited from the program

Through our different visits (data collection and spot checks), IPA confirmed that IRC conducted FMD sessions in all selected communities.

Table 6: Key output #1

Indicator	Targeted	Achieved	Data source
Communities directly impacted by FMD interventions	3	3	IPA's survey data collection and Spot check visits

✔ 16 state agents trained on FMD

IRC exceeded expectations: IRC trained more state agents (pre-school educators) than expected.

IRC organized the pre-school educator training from November 5th to 9th, 2018 in X.

A total of 14 pre-school educators (7 women and 7 men), placed at the disposal of the project by the regional directorates of the Ministry of Women, Family and Children (DRMFFE) and the Ministry of Employment and Social Protection (DRMEPS) were trained on the FMD program. They were all professionals with experience working with children. After being trained, 12 of them facilitated the FMD sessions in the pilot communities.

During the state agents' training, IRC presented the FMD curriculum to representatives of the different ministries - Integrated Early Childhood Development Department (DIJE), the Directorate for Child Protection (DPE), and the regional directorates of the Ministry of Women, Family and Children (DRMFFE) and of the Ministry of Employment and Social Protection (DRMEPS)

Table 7: key output #2

Indicator	Targeted	Achieved	Data source
Social workers / pre-school educators	10	14	Company partner IRC final report
Representatives of different Ministries	4	5	Company partner IRC final report

Ministry center directors	2	2	Company partner IRC final report
Total	16	21	Company partner IRC final report

IRC conducted pre-post tests for state agents who were trained. The results of this test show the pre-school educators learned a significant amount from the training. In the initial test, they gave 35 percent of correct answers compared to 68 percent in the final test. The best progression was on issues related to brain development and stress. The pre and post test results show the current pilot achieved significant changes in knowledge. One possible factor explaining this (discussed during the Key Informant Interview with IRC) is that pre-school educators already have a strong theoretical background, making it easier for them to quickly learn new concepts around childhood development.

Recommendations for scale-up: IPA recommends revising the training methods to strengthen facilitators knowledge and performance on the pre and post-test

FMD training sessions in the communities started several months later than planned. To ensure quality, IRC organized a refresher training for the pre-school educators from February 14 to 15 shortly before they started leading community sessions.

✔ *240 cocoa farmer-led households participated in FMD*

A total of 240 parents participated in FMD sessions. However, it is important to note that some participants left the program, and new persons were enrolled to replace them.

Table 8: key output #3

Indicator	Targeted	Achieved	Data source
# cocoa farmer-led households participated in FMD	240	240	IRC endline report

IRC enrolled 240 parents at the beginning of the project. However, around 42 percent of the parents that IRC enrolled at the beginning of the project dropped out by May 6. There were two main causes of the dropout rate. First, some beneficiaries lived far away from the training site and found the distance a major barrier to attendance. Second, many participants were working in a specific rural committee that alternates farm work duties on a rotational basis between families, meaning that at any given time at least part of the community is engaged with farm work, marking it hard to set a time for FMD training. Therefore, on May 6, IRC decided to organize a sensitization campaign to encourage parents to catch up and; recruit and enroll a second wave of parents to replace the dropouts on the project. The newly recruited parents followed the entire training (session 1 to 10) through catch up sessions organized for them. IPA's baseline data is on the 240 parents who were enrolled at the beginning of the pilot.

The pilot proposal established four eligibility criteria to participate in FMD sessions (see table 9 below). Baseline data (on the 240 parents who were enrolled at the beginning of the project) shows that the initial targeting was good. Table 9 summarizes the program eligibility criteria and the percentage of the 240 beneficiaries who met it at the beginning of the program.

Table 9: FMD eligibility criteria (beneficiaries enrolled at the beginning of the program)

Eligibility criteria	% beneficiaries who fulfilled the criteria	Source
Criteria 1 - Be the caregiver of a child between 0 and 5 years old	85%	IPA's baseline data
Criteria 2 - Show interest and motivation in acquiring knowledge on ECD; psychological well-being; and the link between parenting practices and children's brain development	97%	IPA's baseline data
Criteria 3 - Being members of a family involved in cocoa-growing activities	69% ⁴	IPA's baseline data

Among the 240 parents who were initially enrolled, 55% were women. Table 10 shows the distribution of women and men per community at baseline.

Table 10: Gender distribution of FMD beneficiary per community

Communities	Women	Men	Total
X	45	35	80
X	50	30	80
X	46	34	80
Total	141	99	240

According to IRC, the parents recruited later to make up for drop outs fulfilled criteria 1 and 2 but were less reliably from cocoa-growing families (criteria 3). IRC's final report said that among the 59 replacement recruits, only 4 percent were cocoa producers, compared to 70% of the initial 240. Therefore, in total about half of all beneficiaries were cocoa producers.

120 FMD training sessions organized

IRC organized 120 training sessions of 2-hours in 12 groups (four 20-parent groups in each of the three communities). Each group received 10 training sessions led by state-selected and IRC-trained pre-school educators.

⁴ There are 69 percent of households growing cocoa as main crop

Initially, IRC set the target of 132 FMD training sessions because they planned to deliver 11 sessions in each community as it is standard practice for FMD implementation. Due to the intervention of ICI in those communities, IRC decided not to deliver the child protection modules that would be taken care of by ICI through awareness campaigns.

Table 11: key output #4

Indicator	Targeted	Achieved	Data source
#of FMD training sessions organized in the communities	120	120	IRC admin data

6 weeks after the beginning of the pilot, IPA conducted a spot check on the implementation of the FMD modules. It found that not all groups had started FMD training as planned. In Allokankro, two groups had not started the FMD sessions yet while in X all groups had already performed 6 sessions. There were not enough parents enrolled in Allokankro to form 4 groups. After the enrollment of the recruits, IRC formed new groups, and then “catch-up sessions” started. This shows that implementation did not proceed entirely as planned, but IRC successfully corrected implementation completed all the planned training sessions.

 *960 children reached indirectly through parents who participated in the FMD program*

Although IPA's baseline data and IRC's administrative data have slightly different results, data show that IRC almost reached or reached the expected number of children.

Table 12: key output #5

Indicator	Targeted	Achieved	Data source
Children reached indirectly through parents who participate in the FMD program	960	910 (IRC admin data) 1200 (IPA estimate)	IRC's administrative data and IPA's baseline data

According to IPA's baseline, parents enrolled at the beginning of the pilot had on average 5 children (less than 18 years old), on average two of which were aged 0 to 5. Using these averages, we estimate that the 240 parents who participated in FMD sessions should have about 1200 children and 402 young children.

However, according to IRC's administrative data, which includes both parents who enrolled at the beginning and parents recruited later during implementation, beneficiaries actually only had 910 children, among which 442 were aged 0 to 5.

 *75 children reached directly through the creation of CACE centres*

Combined with the FMD training, the pilot aimed to construct Community Action Centres for Early Childhood (CACE) to host pre-school educator interns - from the National Institute of Social Training (INFSS) - providing childcare for the community.

Before the end of the CACE centers' construction, IRC started CACE activities in the pilot communities. CACE activities attracted and reached more children than expected.

Table 13: Key output #6

Indicator	Targeted	Achieved	Data source
Children reached through the creation of CACE centers	75	167	IRC's administrative data

The construction of the centers began on February 6. Due to a delay in the delivery of materials, IRC could not finish construction on time. Section 4 discusses the challenges in more detail.

CACE activities began in January 2019 with the arrival of the pre-school educator interns in the pilot communities. IRC decided to start ECD activities in places made available by the community before the end of the construction. When the centers of X and X were finished, the activities moved to the centers. In X, the center was not ready at the end of the pilot so that the activities in the center will start in the next pilot phase.

According to IRC's administrative data, 167 children benefited from CACE activities⁵ that was mainly a day care space to which parents could send their children in the three communities. The number of children exceeded the number expected in the proposal (75). To accommodate the unexpected demand, IRC decided to expand the CACE centers.

Table 14: Number of children who participate in CACE activities

Locality	Girls	Boys	Total
X	30	26	56
X	27	29	56
X	26	29	55
Total	83	84	167

-
- ⁵ This includes introducing:
 - the concepts of environmental, personal, garment, oral and food hygiene
 - shapes, colours, pre-mathematics, colouring
 - play corners to encourage creative and free play
 - group games, songs, reading stories in groups

Community of Practice⁶

After the fourth session of the FMD modules, the trainers, supported by the IRC team, selected five parents from each of the groups to establish a Community of Practice (CoP). These are support and discussion groups led by parents to inform other parents in the community who did not participate in the modules on what they have learned from the FMD training sessions. The CoP continues after the last FMD sessions. In total the CoP gathered 256 members: about 90 in X and X and 72 in X. Apart from the number of members in each CoP, IPA and IRC did not collect additional data which would have allowed us to understand the quality of the exchange, if members attend regularly. IRC decided not to include CoP's indicators of success and IRC didn't plan any follow up on the community of practice.

✔ *Criteria 2.1.2 Beneficiaries' participation rate*

Although there were dropouts, beneficiaries were generally diligent and participation rates were good.

Drop-out and reasons for non-participation

According to IRC's data, 103 parents of the 240 who enrolled in the program dropped out after 2 months." Dropping out" is defined as a enrolling but never attending FMD sessions or b) missing more than 2 of the 10 sessions.

To make up for the loss of beneficiaries, IRC organized a sensitization campaign and enrolled new parents into the training sessions. Catch up sessions – from session 1 to 10 - were organized for recruits. In fact, recruits formed new groups following the sessions. Also, IRC invited the parents who dropped out to start again.

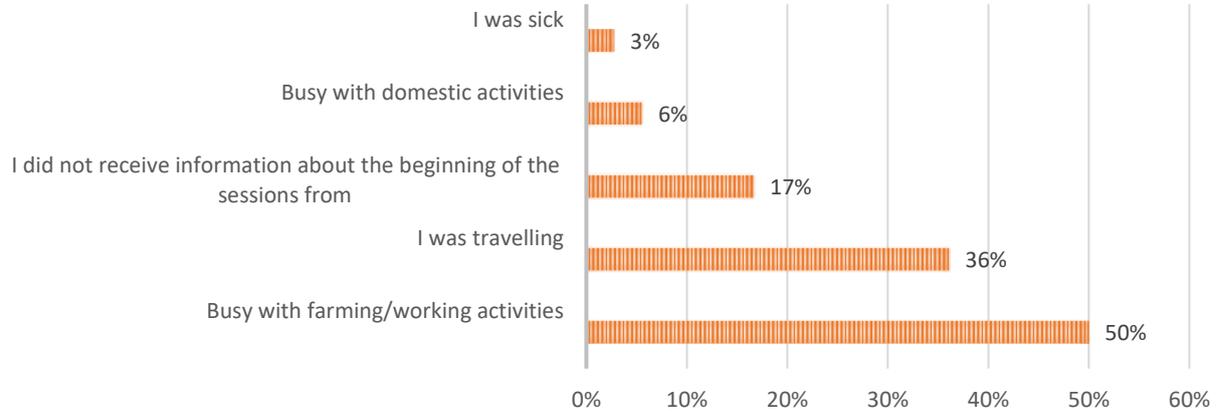
The midline data collection took place from April 9th to 14th, 2019. This survey aimed to collect feedback about the program. IPA tried to interview all beneficiaries who enrolled at the beginning of the program (including the parents who dropped out). IPA reached 206 parents, representing 85 percent of the population of original beneficiaries.

We asked additional questions to understand why people missed the training sessions. We had two groups of respondents: those who never attended training sessions (36 parents) and a group of people who attended at least one and also missed one training session (170 parents). In both groups, the main reasons for non-participation are travel and non-availability because of work activities. Figure 3 and 4 provide the main reasons reported.

Figure 2: Reasons why beneficiaries dropped out: among those who never attended

⁶ *Note that this element of the program was not included in the evaluation matrix*

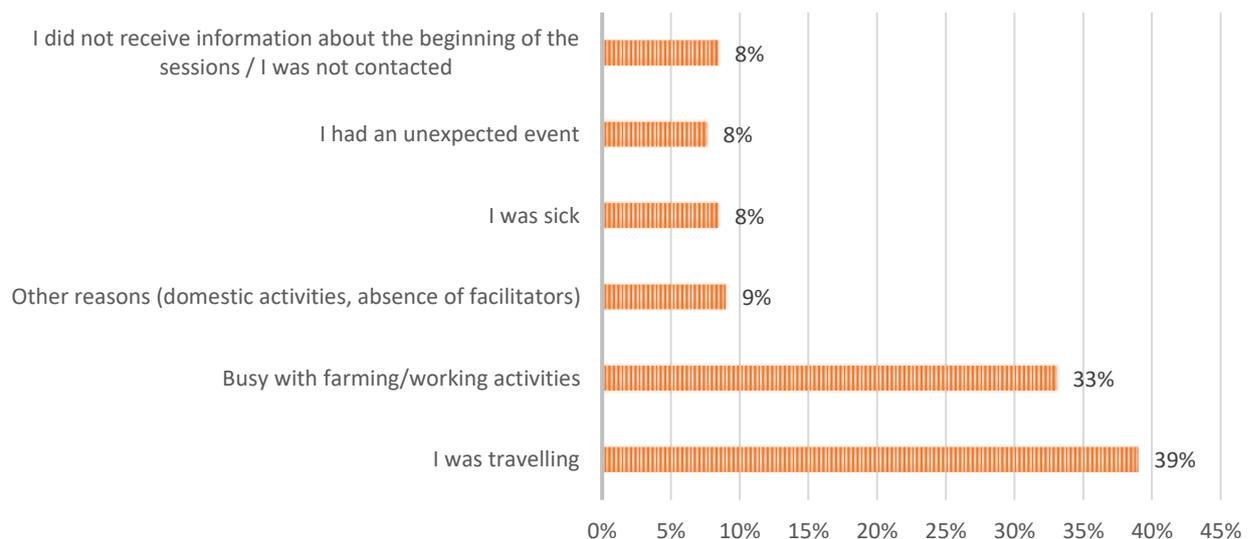
REASONS WHY BENEFICIARIES DROPPED OUT: AMONG THOSE WHO NEVER ATTENDED * ? (N=36)



*MULTIPLE SELECTIONS ALLOWED

Figure 3: Reasons why beneficiaries missed some sessions

WHY BENEFICIARIES MISSED SOME SESSIONS ? (N= 170)



*MULTIPLE SELECTIONS ALLOWED

Since people who dropped out were replaced and new recruits followed the full course of the FMD training sessions, dropout beneficiaries were not considered in our computation of

participation rate. However, this elevated level of dropout must raise concerns about the target population’s initial interest in and availability for the training.

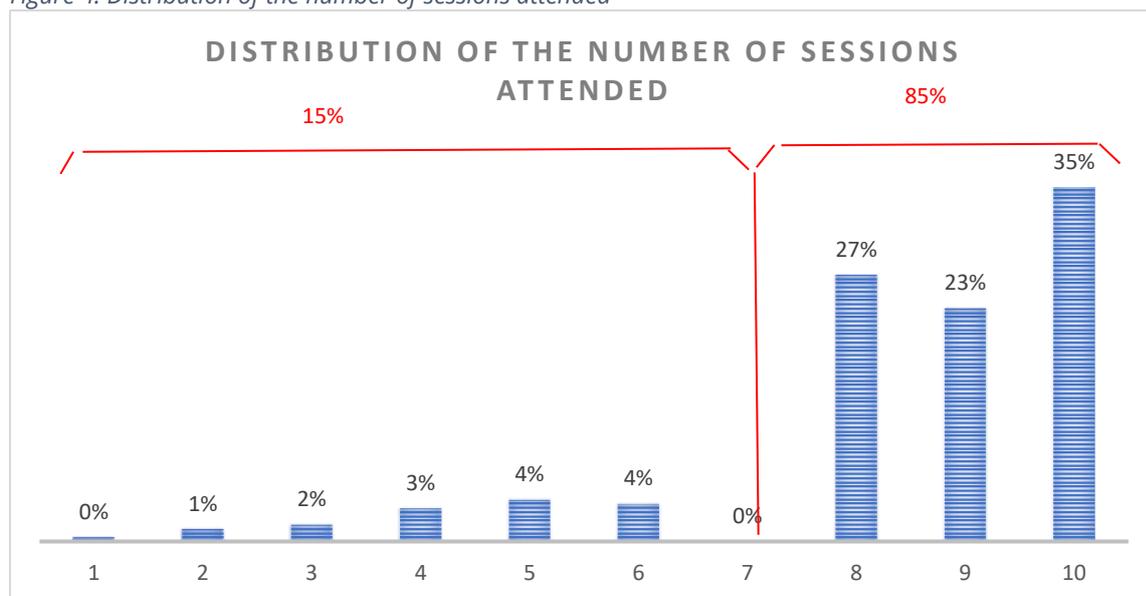
Recommendation for scale-up: At scale, given the reasons provided for drop-out, IPA recommends ensuring that parents who enroll in the program demonstrate high interest in the training and are not too busy or likely to be travelling during the period of planned training.

✓ *Participation rate in FMD training sessions*

In this section, we considered as trained those who attended 80 percent of the training representing at least 8 training sessions. The analysis of beneficiary participation uses administrative data shared by IRC at the end of the program and includes 240 beneficiaries (excluding the beneficiaries that dropped out and did not catch up).

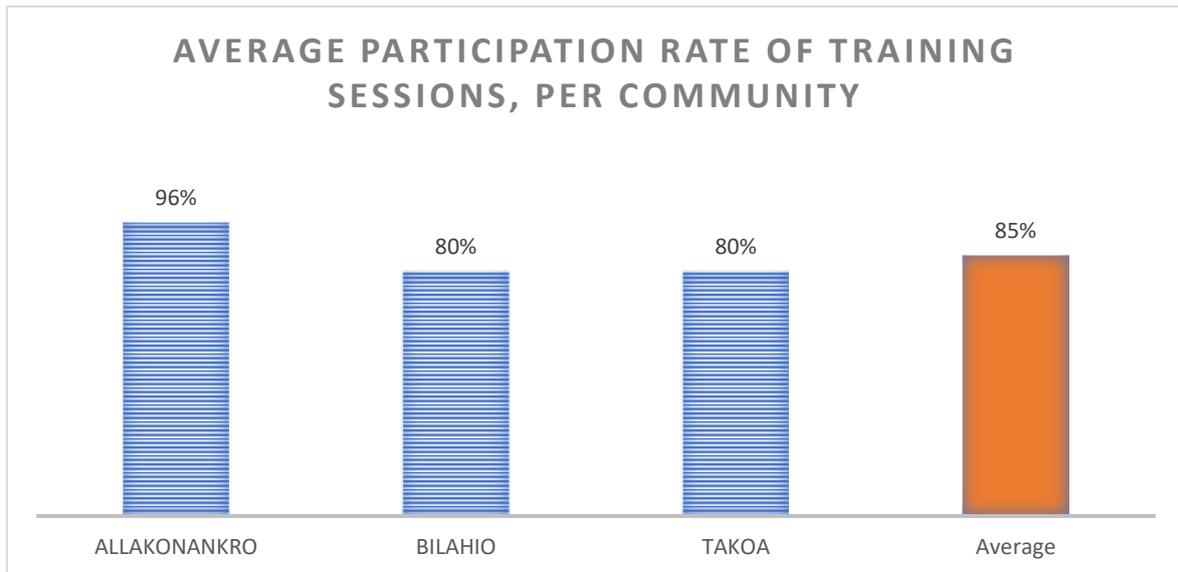
205 persons – 85 percent of beneficiaries - participated in at least 7 sessions of the training. Figure 5 4 illustrates the distribution of the number of sessions attended. About 35 percent of the beneficiaries participated in all training sessions.

Figure 4: Distribution of the number of sessions attended



According to administrative data, the average participation rate per session across communities is 85 percent. This is an excellent participation rate that exceeds expectations. Figure 5 describes the average participation rate of the sessions in each community.

Figure 5: Average participation rate to training sessions, per community



In all communities, IRC distributed a snack to beneficiaries during training sessions.

Recommendation for scale-up: The current snacks incentives package seems to be effective but has proven to be administratively burdensome⁷ for IRC, limiting their ability to continue this practice at scale. IRC should revisit their procurement, finance and/or administrative processes to identify ways to deliver the incentives at scale. IRC should also consider experimentally testing the impact of the snacks incentives on attendance while scaling this up.



2.2 Achieves direct outcomes

We observe an improvement on knowledge around good parenting practices. Parents are better at recognizing how stimulation activities that were taught promote child development. One very encouraging result is that we see an increase around self-reported stimulation activities carried-out by parents of 15 percentage points

However, with respect to violence toward children and positive discipline neither knowledge nor practices improved significantly.



Criteria 2.2.1. Change in beneficiaries' knowledge, behavior and practices

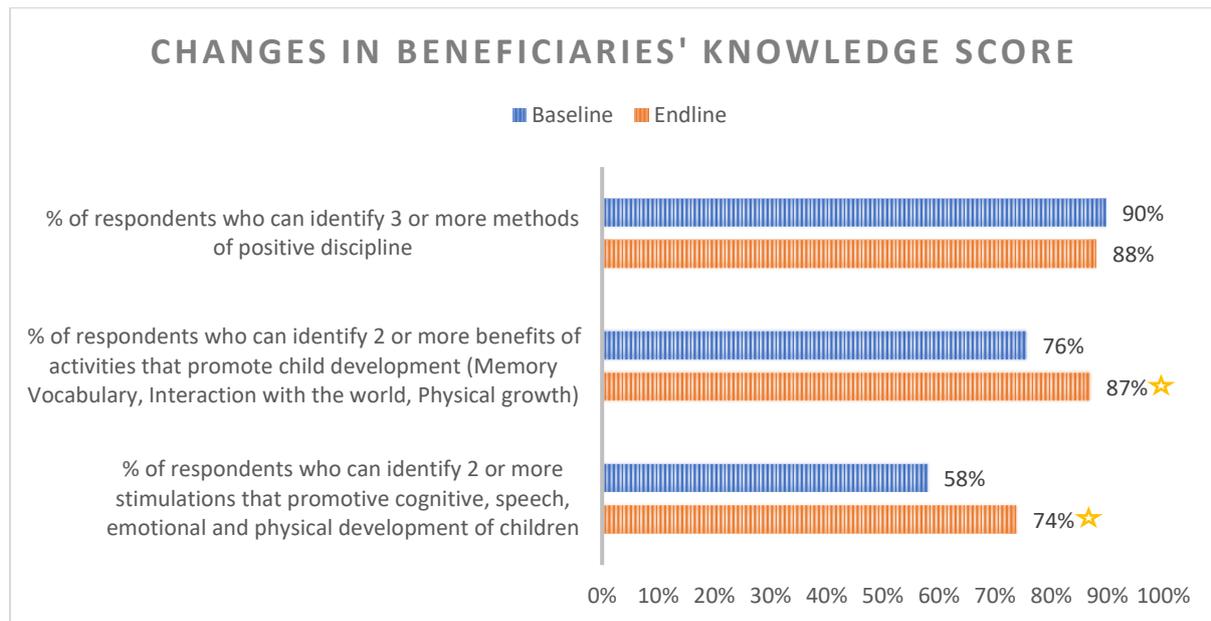


70 % of the parents improved knowledge on positive parenting practices

⁷ During Key Informant Interviews, IRC informed us that due to internal procedures, for each snack delivery at the end of a session, a local IRC staff member needed to travel to the field to the place of the session to deliver the snacks.

IPA's baseline and endline surveys used three indicators to test parents' knowledge and found improvement on two of them. Looking at figure 6, we observe a statistically significant increase of the share of respondents able to identify 2 or more benefits of activities that promote development and those who can identify 2 or more stimulations that promote development. This means that for these 2 indicators we can rule out the possibility that those changes were due to sampling variance. However, for the share of respondents who can identify 3 or more methods of positive discipline, the percentage was high but did not improve significantly⁸ – around 90 percent of beneficiaries at both baseline and endline.

Figure 6: Change in beneficiaries' knowledge



Statistically significant differences at : * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$ are marked with a star

Annex 4 explains in more detail the methodology implemented by IPA to monitor levels of knowledge. On the indicator related to parents' ability to identify 3 or more methods of positive discipline, we see that baseline levels for this indicator were already quite high, which could reflect the fact that many of the beneficiaries had previous knowledge on good parental behavior. Regardless of the reason, it left little room for improvement on this metric.

✔ *70% of the parents who participated in FMD engaged in four or more activities to promote learning to children*

This part of the analysis focuses on practices that are considered direct outcomes of the program. The data is reported, not observed. By direct outcomes, we mean outcomes that are likely directly influenced by the program. Reported practices were collected using the standard MICS tools, which allows easy comparison with other studies.

The theory of change for ECD training is that it will increase parents' knowledge of and eagerness for parenting best practices, causing them to adopt better parenting practices,

⁸ instead of an increase we observe a slight drop of knowledge from 90 to 88 percent. But a before after t-test did not show statistically significant decrease.

such as engaging in activities with their children to stimulate learning. This section reviews whether such changes took place.

Parents' involvement in activities that promote children's learning increased significantly, even though it did not reach the ambitious target of 70 percent. The FMD program aimed to increase this outcome by increasing parents' involvement in at least 4 activities such as *reading – story telling – drawing – singing – taking the child outside – playing*. Even though the target was not reached, parents significantly changed their habits by adopting activities that promote children's learning.

Table 15 shows that the share of children with whom an adult was engaged in four or more activities that promote learning to children increased by 15 percentage points from baseline to endline. It is important to note that this indicator is not computed on the entire sample since related questions were addressed to the sub-sample of caregivers with children 2 to 5 (139 persons in our sample). Comparing this result (47 percent) with the MICS figures for the year 2016 in Ivory-Coast, we observe that results during baseline are better than the national average of 28.7 percent.

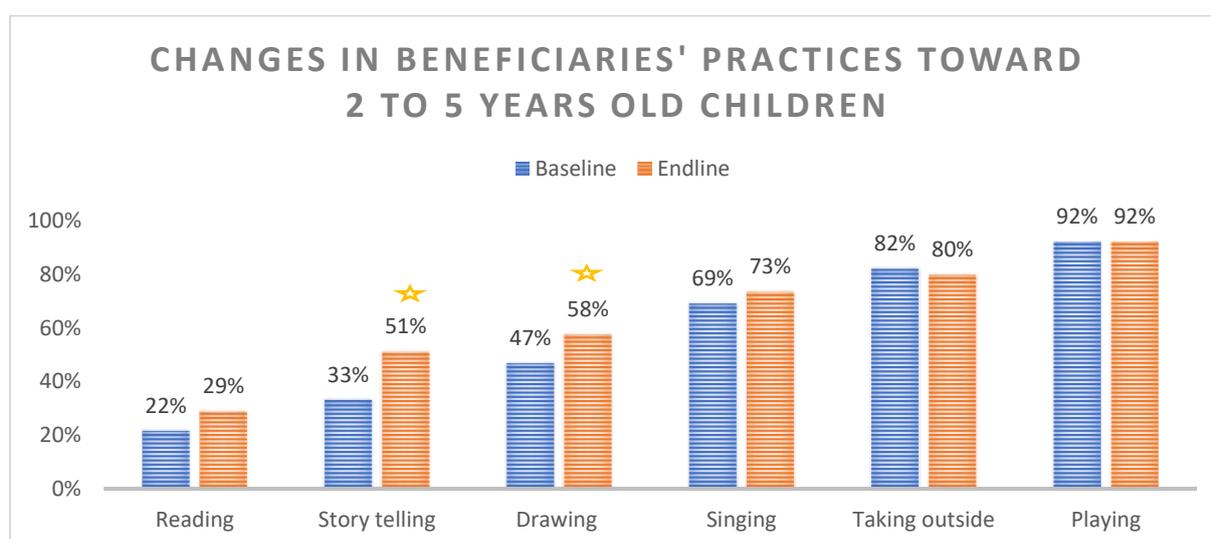
Table 15: Share of children with who an adult was engaged in four or more activities to promote learnings in the past three days

Outcomes (N=139)	Base	End	Differences	
	Prop	Prop	P value	Sig
% of children with whom an adult was engaged in four or more activities to promote learning in the past three days	32%	47%	0.005	***

Statistically significant differences marked with asterisks: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

Analyzing the changes in each activity separately, we observe a significant increase in the share of parents involved in activities such as *tell a story* and *drawing* with their 2-5 years old children. There are no other statistically significant changes.

Figure 7: Changes in beneficiaries' learning practices toward 2 to 5 years old children



Statistically significant differences at : * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$ are marked with a star

✓ *Responsive caregiving and security and safety*

FMD programming aimed to improve parents' ability to keep their children safe. We use two indicators for caregiving and security and safety practices: whether parents use exclusively positive discipline methods (fostering early and safe learning), and the proportion of parents who left a child alone in the past week (safeguarding children diligently). We observe no changes in either indicator.

Looking at Table 16 we observe that the share of respondents who reported leaving a child alone or with another child under 10 years old increased from 14 to 20 percent, though this was not statistically significant. It may be a seasonal phenomenon, but beneficiaries were likely busier on their farm during baseline than endline. Table 16 also shows that parents increased their exclusive use of positive discipline, with a statistically significant increase from 7 percent of respondents to 9 percent of respondents.

Table 16: Other nurturing care indicators

Outcomes	Baseline		Endline		Differences	
	N	Prop	N	Prop	P value	Sig
Responsive caregiving						
% of respondents who left a child alone/with another child under the age of 10 for more than an hour at least once during the past week	147	14%	147	20%	0.173	
Security and safety						
% of respondents applying only positive methods of discipline ⁹	204	7%	204	9%	0.062	*

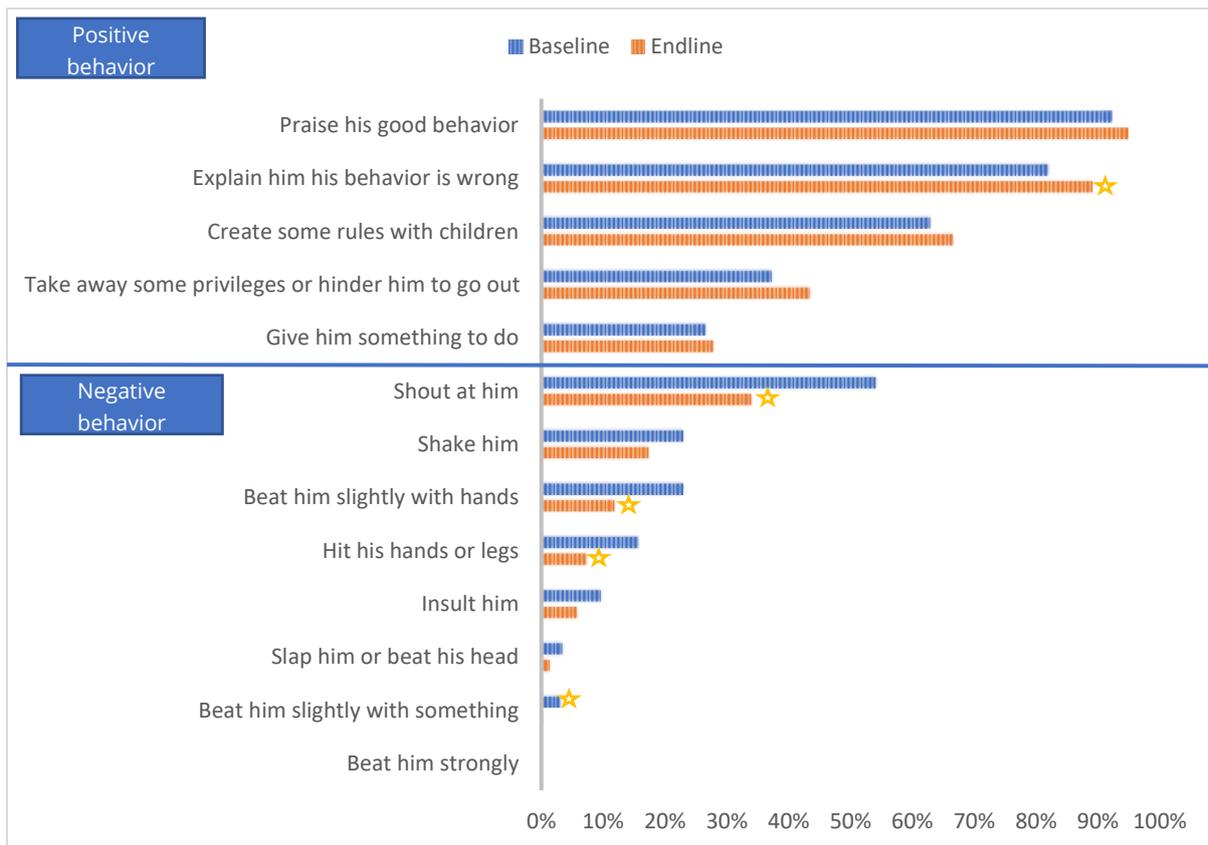
Statistically significant differences marked with asterisks: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

The share of respondents who reported using positive and negative discipline methods is described in Figure 8 below. Despite some significant decrease on specific practices such as shouting and beating the child, on the composite indicator we don't observe a clear increase in the exclusive use of positive methods of discipline. Comparing this finding with another pilot implementing the same FMD curricula¹⁰ in different regions we observe very similar levels of positive methods of discipline.

Figure 8: Changes in respondents' attitude to rectify 1 to 5 years old children wrong behavior

⁹ As per standard practice by MICS includes children from 1 to 5

¹⁰ This refers to the Company/IRC pilot



Statistically significant differences at : * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$ are marked with a star

✔ 70 % of the parents who participated in FMD understand the negative effects of child labor

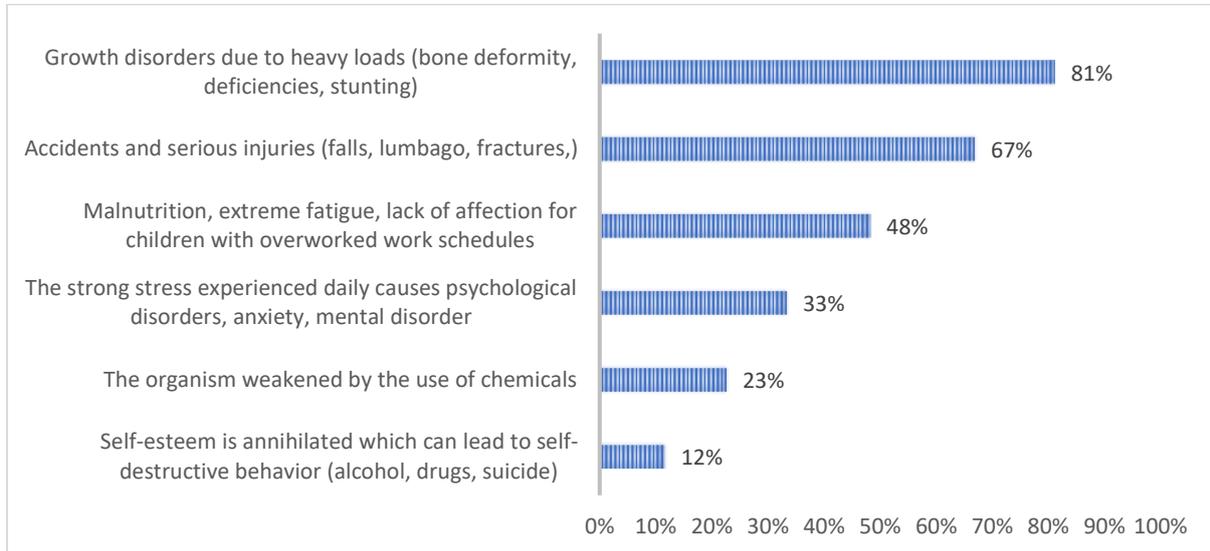
Parents in the program understood the negative effects of child labor. Almost half of beneficiaries (49%) were able to recognize 3 disadvantages of child labor. To compute this indicator, IPA enumerators asked respondents to cite 3 disadvantages of child labor. Then these answers were recorded according to pre-coded modalities. The vast majority (81%) of parents recognize that child labor can affect children’s growth due to heavy loads they will have to carry. The second most common answer among parents (67%) is that child labor can create serious injuries to children. In addition, almost half agreed that it can also create malnutrition, extreme fatigue and lack of affection.

According to ILO, “child labor” is: *work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that is mentally, physically, socially or morally dangerous and harmful to children; and interferes with their schooling by: depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.*

Not all work done by children should be classified as child labor that is to be targeted for elimination. Children’s or adolescents’ participation in work that does not affect their health and personal development or interfere with their schooling, is generally regarded as being positive. This includes activities such as helping their parents around the home, assisting in a

family business or earning pocket money outside school hours and during school holidays. These kinds of activities contribute to children’s development and to the welfare of their families; they provide them with skills and experience and help to prepare them to be productive members of society during their adult life.

Figure 9: Parent's knowledge on consequences of child labor*



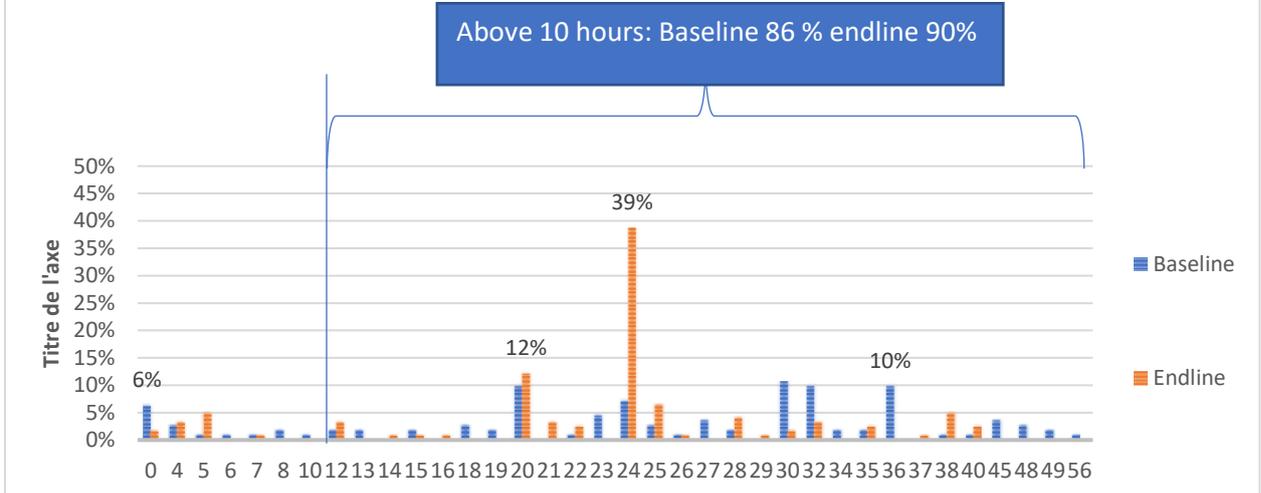
*Multiple selections allowed

✔ 70 % of parents reported that their children (preschool-aged children) spent at least 10 hours per week participating in pre-primary activities.

IPA’s endline data collection found the pilot met its target for the proportion of children who spent at least 10 hours in a pre-primary program during the previous week (85% at baseline and 89% at endline). To compute this figure, we asked parents to report how many hours their children participated in a pre-primary program during the last seven days. Figure 10 shows the distribution of hours spent in an ECD program respectively at baseline and endline.

Figure 10: Distribution of baseline number of hours spent by children in an ECD program

DISTRIBUTION OF BASELINE NUMBER OF HOURS SPENT BY CHILDREN IN AN ECD PROGRAM



✓ 2.3. Beneficiary feedback about the program is positive

Most beneficiaries reported positive immediate outcomes and satisfaction with the FMD training sessions. Focus groups revealed that beneficiaries appreciated the way FMD sessions took place and the professionalism of facilitators. Some beneficiaries emphasize that they became more aware about the importance of infant exclusive breastfeeding. In addition, they discussed learning about the negative effects of child labor on children’s development and the importance of maintaining good communication with children to manage their behavior.

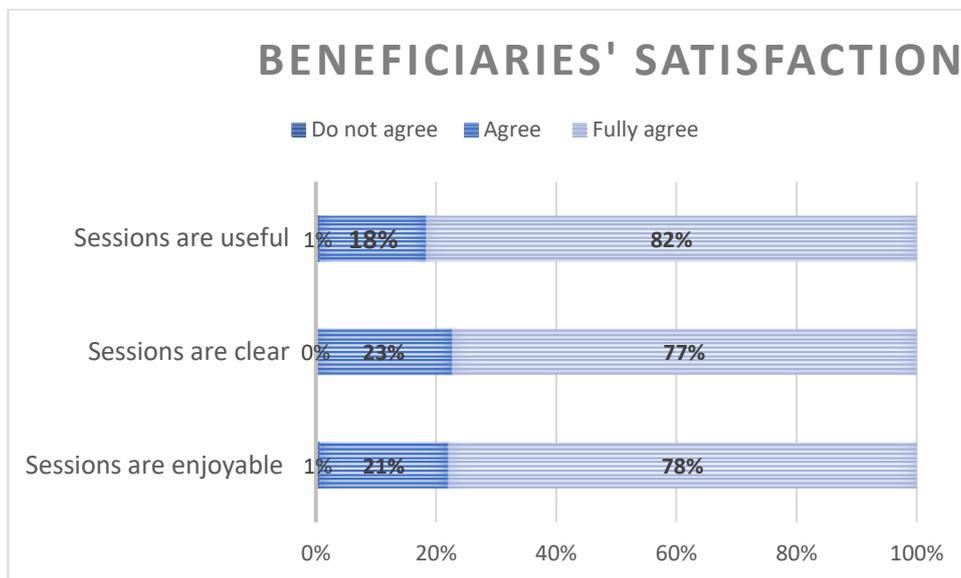
✓ Criteria 2.3.1.a Beneficiaries provide positive feedback on the delivery of outputs

✓ Caregivers are satisfied with the way the FMD coaching was delivered

Respondents reported positive opinions on delivery of the program.

IPA’s quantitative questionnaire shows substantial buy-in for the program from beneficiaries. Regarding feedback on satisfaction with FMD sessions (figure 11), 77 percent fully agreed that the sessions were clear and understandable. An even higher portion of beneficiaries fully agreed that sessions were useful.

Figure 11: Feedback on satisfaction on FMD training sessions



To identify respondents’ feedback about the program, we asked beneficiaries to report the degree they think the training was: useful, clear and interesting across the following choices: 0(Totally disagree), 1(Not agree), 2(Agree), 3(Totally agree), 4(Don’t know). Despite taking these responses with the usual caveats related to desirability bias, these results show signs that participants were comfortable with the sessions.

✔ *Caregivers would recommend the FMD coaching session*

We assume that people have a positive view of the program if they can recommend it to others. On top of reporting positive feedback on training sessions, all beneficiaries would recommend FMD coaching sessions to a friend or a family member. To identify respondents' main immediate outcomes about the program, we asked beneficiaries to report the degree they think they would recommend it across the following choices: 0(Totally disagree), 1(Not agree), 2(Agree), 3(Totally agree), 4(Don't know). With "agree" or "totally agree" regarded as recommendation.

Figure 12: Share of caregivers who would recommend FMS training session

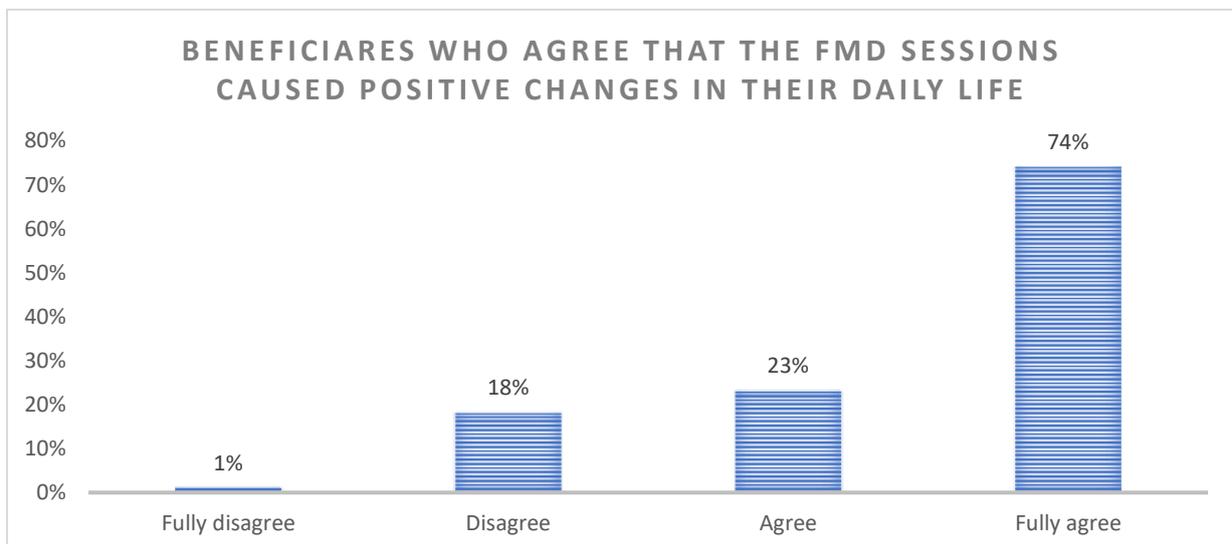
Prop	
% of respondents who fully agreed with recommending FMD sessions to a friend or a family member	71%

✔ Indicator 2.3.1.b Beneficiaries provide positive feedback on the main immediate outcomes

✔ *Caregivers who reported changes in their behavior and/or practices in regard to child care since participating in the program*

74 percent of beneficiaries fully agreed that FMD sessions has changed their daily life and 100 percent declared these changes to be positive.

Figure 17: Feedback on main immediate outcomes



Further information about the benefits participants perceived is provided under [Criteria 2.3.2.](#)

✔ Criteria 2.3.1.c Interview with the beneficiaries shows that they are satisfied with the project

Beneficiaries provided positive feedback regarding their experience with the project, but they reported difficulties applying certain practices taught during training.

In focus groups, beneficiaries reported that they recommended the project to members of their communities. *"Explain to my mates during the talks. If I see my friend hitting his child, I give him advice that I was told not to hit the children".* Beneficiaries were satisfied with their coaches' methods and attitude. More precisely, they stated that coaches were friendly and understanding. *"Our trainer is kind, smiling, at least she was good to us, she was not screaming at us, she was even picking us up at the house to come to the trainings."*

Additionally, some beneficiaries reported during focus groups that their coaches used language which they could understand and that the training content was sometimes translated into local languages to facilitate learning. *"They (the trainers) taught the lessons in simple language. Often, they involved translators in the Baoulé language. "When he explains and you do not understand, he re-explains until you understand."*

However, IPA observed beneficiaries sometimes misunderstood the recommendations. For instance, beneficiaries reported that it is difficult for them to apply the recommendation to wash their hands 12 times before eating. One participant declared: *"What is difficult to do at home is to wash my hands twelve times before eating, I wash my hands but wash twelve times I cannot because the time you will finish washing hands twelve times the food will be finished (laughs)".* Further discussion with facilitators indicated that the recommended practice was more about rubbing your hands 12 times than washing them 12 times.

Also, some men are reluctant to apply saving practices promoted during training. More precisely, some men do not agree that they should include their wives in the management of the households' budget. *"We are told to hand over the cocoa money to the wife or manage with her, I think it's complicated. For the moment, I cannot do that."*

✔ Criteria 2.3.2 Beneficiaries report that the pilot was meaningful for them

Beneficiaries report that the pilot improved their methods for taking care of their children. Discussions with beneficiaries suggest that they have gained knowledge on good parenting but there are barriers to put some of the knowledge learned during training in practice.

Regarding behaviors to be adopted by parents to facilitate the development of children, many participants declared they communicate more with their children. *"We have been taught how to educate our children, how to take care of them, we should not beat them stupidly or you will mix your brain".* Moreover, they identified the benefits that communication with children can have for their well-being. *"You have to talk to the child to find out if he has a problem." It's for the well-being of the children. We communicate with our children so they can succeed. "* Apparently, the change of behavior from their parent had a positive impact on some of beneficiaries' children who are encouraged to talk with their parents. *Before my children could not talk to me, but today they come to talk to me about the problems they have.*

Beneficiaries also report having stopped using violence to discipline their children and seem to have learned about other alternatives. *"I play well with my little girl, I no longer shout at the child, I do not hit them anymore ..." "the little corner has replaced the whip."*

Parents also claimed to have learned some information about children's health. For instance, one beneficiary explained that he learned how to know when the children are sick. *"They showed us how to know that the child is sick, to control the child well because we are the light of our children."* Beneficiaries also improved their hygiene practices after realizing its importance. *"I tell children to wash their hands when they finish playing, and that reduces illnesses."*

Barriers to changes in practice

That said, most parents acknowledged that they face difficulties to meet all their children's needs. Parents mentioned several difficulties: the lack of money, the lack of time, lack of information on child care, the lack of day care, lack of sanitary infrastructure, and lack of schools. Beneficiaries reported that they often encounter difficulties that prevent them from putting into practice the knowledge they have learned during training sessions.

Lack of financial resources impede certain practices. Beneficiaries explained that lack of financial resources prevent them from providing the type of nutrition promoted during training. *"Regarding nutrition, we try to respect the advice, but sometimes we lack the means to apply everything".*

Social norms impede the application of certain practices. Some fathers refuse to do certain tasks that they believe are dedicated to women. For instance, a man explained that he refused to take care of children and pregnant women because he believes that it is a woman's role. *"I do not apply child care, the care of the pregnant woman because for me it is the role of the woman".* Also, some beneficiaries admitted that they still use violence to discipline their children. *"What I cannot leave yet is hitting the children, sometimes I am pushed to the end and I hit them".*

3.Costs and operations management

The costs and operations section will include the following criteria:

- ✓ Costs are well managed
- ✓ Project management is successful

✓ 3.1 Costs are well managed

IRC used resources efficiently. Although there were significant delays in the construction of the centers, generating additional costs, IRC managed to save on other fronts and completed the project without extra spending. Compared to the other FMD program (Company/IRC pilot), the cost per beneficiary is slightly lower. This is mainly because this pilot created more groups in the same communities (about 4 groups per community instead of 2 groups per community) allowing for some efficiencies.

[Details removed]

✓ 3.2 Project management is successful

The FMD training and the CACE centers construction were implemented with delay. However, IRC applied efficient remediation strategies ensuring that those delays did not impact the achievement and the quality of the pilot's outputs and outcomes.

The cooperation between the different partners went well. Key informant interviews acknowledge the implication of Company partner at all levels.

[Details removed]

4. Capacity to learn, improve and innovate

This section will include the following criteria:

- ✓ Project collects credible monitoring data
- ✓ Monitoring is used to learn and improve

✓ 4.1 Project collects credible monitoring data

IRC had an efficient data collection process for important aspects of field work. The process implemented for attendance has allowed stakeholders to have real-time data on FMD training attendance.

Although we did not check the quality and the accuracy of all sources of data, IPA's spot checks visits confirm the credibility of the majority of the data collected by IRC.

IRC could strengthen their data system with data on the reasons for participant dropout, as well as by taking back the responsibility for assessing participant knowledge from IPA (who played this role in the pilot).

✓ Criteria 4.1.1 Routine monitoring data are collected and shared on time with the stakeholders

During the project, IRC collected routine operational data and shared the most important data on time with stakeholders.

As planned in the initial monitoring plan, IRC collected routine data including:

1. Pre-school educators' attendance data to training;
2. Beneficiaries' attendance data to FMD sessions;
3. Pre-school educators' feedback on FMD sessions;
4. Communities' engagement data for the construction of the CACE and;
5. Children's participation in CACE activities.

IRC shared data on time with all stakeholders. During the monthly operational committees, IRC updated all project partners based on the attendance data collected on the field and analyzed. IRC shared twice with IPA the raw database on beneficiaries' attendance: once before the first spot-checks and once at the end of the project.

✓ Criteria 4.1.2 IPA's spot-check visits confirm the quality and accuracy of data

During the two rounds of spot checks, IPA collected information to confirm the credibility of the data. To assess the credibility of data collected we will use three key concepts:

- **Validity:** valid data accurately captures the core concept one is seeking to measure
- **Reliability:** implies that the same data collection procedure will produce the same data repeatedly
- **Unbiased:** data does not have systematic errors

Pre-school educators' attendance data to training

We are confident in the credibility of the attendance data for teachers' training. The project management team collected data daily asking participants to sign the attendance sheet. This likely reduced the risk of errors and cheating

Beneficiaries' attendance data to FMD sessions

IRC used an efficient M&E process as confirmed by IPA's spot check visits. IRC had recruited permanent field staff to monitor and collect the attendance data. They were present in all FMD sessions. The attendance logs provided by IRC to IRC staff include all relevant information: the date, and the topic of the session, the beneficiaries' names, signature at the beginning and at the end of the session. After the session, they sent the attendance log to the M&E officer in Abidjan. Real-time data on attendance were available when needed.

Communities mobilization data

Regarding the community's mobilization data, IPA conducted focus group discussions with the different committees in charge of the construction and the management of the CACE. We spot-checked the data by asking for confirmation of the information we had on engagement and contribution to the community's members. We found no difference between IPA and IRC data.

IPA did not check the credibility of the data for pre-school educators' feedback and children's participation in CACE activities.

Figure 13: credible data criteria

Credible data criteria	Valid	Reliable	Unbiased
Pre-school educators' attendance data to training			
Beneficiaries' attendance data to FMD sessions			
Pre-school educators' feedback on FMD sessions	N/A	N/A	N/A
Communities' engagement data for the construction of the CACE			
Children's participation to CACE activities	N/A	N/A	N/A

✓ 4.2 Monitoring is used to learn and improve

The project management team made corrective actions based on data shared regularly by IRC.

Key informant interviews suggested that IRC's data collection was not always a close fit for their needs. For instance, IRC did not digitize the data on trainers' feedback they collected at each session, meaning the data was collected but not possible to analyze or act on. On the other hand, IPA included questions about drop outs in its midline survey because IRC had no data on why parents left the program.

✓ Criteria 4.2.1 Monitoring data is actionable and aligned with program management

During pilot implementation, IRC collected actionable routine data implementing efficient process and closely following training attendance. IPA's spot check visits confirm the credibility of the data. Moreover, IRC was able to share and present this data monthly during the operational committees' meetings.

However, IRC did not use the data collected from pre-school educators on the sessions' feedback. Key informant interview reveals that those data were not actionable because IRC did not have the time to digitize the forms.

In other programs, IRC collected knowledge data before and after the FMD sessions. They did not collect those data points during the pilot because it would have been a duplicate of IPA's independent data collection.

Recommendations for scale-up: The change in parents' knowledge is a critical component of the program Theory of Change. Since IPA's independent evaluation collected data on the participants' knowledge before and after the program, IRC and IPA decided the data collection for those indicators should not be duplicated. . However, we think it is a critical piece of information to collect and manage against in the future. Moving forward, IPA recommends IRC conduct a before-after test during the FMD sessions, at least on a sample basis – a standard practice for the IRC in most programs.

✓ Criteria 4.2.2 Program improvement in response to monitoring

The pilot showed implementers making appropriate use of the administrative data they collected. During the operational committee, IRC presented data to illustrate the progress of the project, fostering evidence-based management. In May 2019, all partners decided on a strategy for dealing with drop outs based on the low level of participation presented by IRC during an operational committee: enroll new participants and conduct catch-up sessions. IPA conducted qualitative data about the causes of high dropout rates to validate that this approach would resolve the problem.

Recommendation for scale-up: The project management team did not have data that could help them understand the reasons for parental drop-out and take corrective actions. Moving

forward, IPA recommends collecting exit feedback on a small sample to understand what might be driving dropout.

5. Sustainability

This chapter will include the following criteria:

- ✓ Provides sustained benefit to community
- ✓ There are prospects of scale-up beyond GMM2

✓ 5.1. Provides sustained benefit to community

In general, IRC built strong buy-in within the community to improve the prospect of the existing beneficiaries to continue to benefit, and for other parents to benefit in future. IRC established communities of practice to sustain behavioral changes on parenting practices over time, though only one community appeared to be engaged through this platform. In addition, the program engaged community members to help lead the trainings, creating natural advocates for the practices coached. Engaging trainee caregivers to deliver daycare during the program was well received in the community and parents generally reported being willing to enroll their children in the new CACEs when they open.

✓ Criteria 5.1.1. Indications that the community members are likely to continue with the practices or program activities

At the end of the program, IPA organized focus group interviews with women and men who benefited from the program. Through a spot check, IPA also visited the communities to evaluate beneficiaries' knowledge on the FMD and observe the advancement of community centers. To gain insight about how the construction of community center took place, IPA also interviewed members of the committee in charge of their construction and the person tasked to manage the center. This section discusses the project's sustainability.

Prospects of maintaining practices over time

The program selected community members who can carry FMD lessons forward. Social workers needed help from community members to lead their FMD trainings, and recruited two people from each community to translate the content and help manage and deliver the classes. These community members' experience with the program positions them well to continue to support FMD's impact, as they could serve as advocates of the practices promoted in the program, provide information about the program to other community members in the future, and even possibly train other people.

The setup of community of practice groups in the communities of intervention could also contribute to the sustainability of the program practices. The team in charge of the implementation of the intervention put in place an FMD Community of Practice. These are essentially discussion groups led by beneficiaries to inform other members of their

communities about the concepts they have learned during the training. Communities of practice are led by parent leaders who the trainers and IRC team chose based on their attendance to the training, availability, proximity and affinity with other members. The setup of communities of practice provides an organizational structure to spread the knowledge learned during the training sessions to a larger audience.

However, it is necessary to mention that community of practice members encountered several difficulties which IRC listed as follows: *“the lack of a formal meeting place, the lack of coordination of the activity, and especially rural activities that take up all their time.”* As a result, we observed that engagement among the communities of practice was stronger in one of the communities than the others. Unfortunately, we do not know why, as little data was collected on the CoP.

Recommendation for scale-up: Communities of Practice (CoP) – beneficiaries who work together to spread the lessons they learned - are key to the project’s long-run effects, but the pilot collected minimal information about them. Data that could provide insight into how or why they succeed or fail would offer opportunities for internal or external learning. Testing whether CoP carry out the intended activities would be a good use of M&E resources during scale-up, and IPA recommends integrating the CoP into the MEL system by defining key indicators and setting a strategy to collect them.

Community centers

The setup of community centers (CACEs) is an important part of the pilot. Community centers could contribute to the adoption and sustainability of parenting practices promoted during the training in the communities of intervention. IRC intended that the setup of community centers could sustain the pilot after its end, because community centers present the opportunity for beneficiaries and other members of the communities to have a dedicated place to discuss ECD best practices and play with their children.

Communities have contributed to the construction of the centers in various ways. They have provided the land on which the centers were built, participated in the construction work, and supplied some of the material used for the construction.

Focus groups interviews with beneficiaries revealed that all participants (30 during Focus Groups) are willing to send their children to the CACE as they have very positive opinion about the past social worker and consider the membership fee as reasonable. This willingness to pay from the parents perspective is around 2000 XOF for a year of early learning.

Finally, a key assumption for the sustainability of the project relies on the capacity of the MFFE to integrate the CACE in their system while allocating qualified staff and resources. This has yet to be confirmed by governmental counterparts and even if confirmed should be checked.

Recommendation for scale-up: The sustainability of the project’s scale-up is dependent on the government’s (MFFE) ability to maintain and staff the CACEs with skilled and diligent caregivers. It is not certain that this will be the case; although cost-effective, it is a financial commitment and requires a chain of trainings. Before government scale-up begins, it will be

essential to confirm to stakeholders' satisfaction that the government is committed and able to spend the necessary time, money and talent to run CACEs well. We recommend that this be part of a broader set of pre-implementation data collection to verify assumptions about the sustainability of the approach.

✓ 5.2. There are prospects of scale-up beyond GMM2

There are prospects of scale-up beyond company funding, namely through the Ministry of the Family, Women and Children (MFFE) with which IRC is about to sign a Memorandum of Understanding. The current financing environment is very supportive for programs such as FMD.

✓ Criteria 5.2.1 Evidence of government/partners buy-in

IRC has put a lot of energy into seeking institutional support from governmental counterparts. In this respect, IRC identified the Ministry of Women Family and Child (MFFE in French) and the Coordination Unit for Basic Education Services (SCSEB) as a possible key partner that is in charge of Community Action Centers for Children (CACEs). IRC was already working with the MFFE and their trained social workers on FMD and strengthened this partnership by working on a MoU that would extend IRC's engagement to more communities.

✓ Criteria 5.2.1 Enabling and financing environment

The national environment is suitable for further scale up given the new investment of the World Bank and Power of Nutrition on a Multi-sectoral Nutrition and Early Childhood Development Plan (USD 60 million). The first Strategic Objective is the following: "Good nutritional practices and preventive measures are promoted". This objective aims to promote good nutritional practices and preventive measures with a focus on promoting key Essential Nutrition Actions (ENA +) and early childhood stimulation and care, such as IRC offers.

The Ministry of Education (MENETFP in French) has established a framework for addressing challenges in pre-primary education in the Education Sector Plan 2016-2025. By 2025, the MENETFP aims to increase enrolment in pre-primary from 10 percent to 16 percent of children through a combination of developing pre-primary in existing primary schools, restructuring existing kindergartens, establishing community pre-schools, and private provision as indicated in table. In this context, the good performance of pre-school educators on this program could constitute a future opportunity in line with national strategic objectives.

Key informant interviews with IRC revealed that extensive discussions already took place with the Ministry of Women, Family and Children (MFFE) and that potential sources of financing have already been identified for a scale-up of FMD to all the Preschool Education Counsellors.

✓ Criteria 5.2.2 Organizational capacity to implement at scale

IRC is a large NGO with a national presence in Ivory Coast dating back to 1994. The organization developed several regional offices that facilitate the implementation of the

different projects in the field through regular supervision visits. In addition to this, IRC benefits from a strong M&E culture with very well-trained staff able to analyze large survey data.

IRC is used to working at a large scale and received many significant grants from International Institutions and foundations. In 2017, the Mastercard Foundation and the IRC signed a five-year partnership to train 10 000 young Ivorians, highlighting this capability.

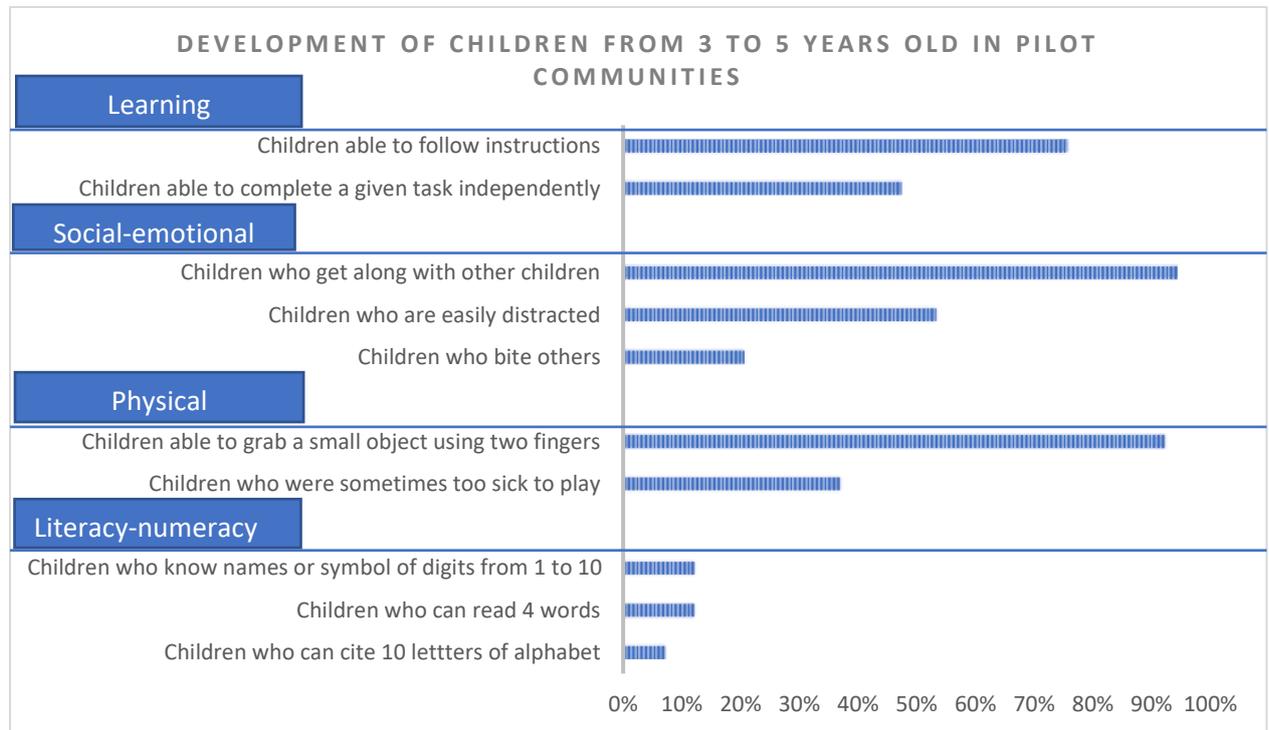
6. Annexes

Annex 1: Early childhood development index

The 4 domains of the early childhood development index are defined as follows:

1. **Literacy-numeracy:** Children are identified as being developmentally on track if they can do at least two of the following: identify/name at least 10 letters of the alphabet; read at least 4 simple, popular words; and/or know the name and recognize the symbols of all numbers from 1 to 10.
2. **Physical:** If the child can pick up a small object with two fingers, like a stick or rock from the ground, and/or the mother/primary caregiver does not indicate that the child is sometimes too sick to play, then the child is regarded as being developmentally on track in the physical domain.
3. **Social-emotional:** The child is considered developmentally on track if two of the following are true: The child gets along well with other children; the child does not kick, bite or hit other children; and the child does not get distracted easily.
4. **Learning:** If the child follows simple directions on how to do something correctly and/or when given something to do, and is able to do it independently, then the child is considered to be developmentally on track in the learning domain.

Response categories for all questions included in the ECDI are: *yes*, *no* and *don't know*. The ECDI score is then calculated as the percentage of children aged 36 to 59 months who are developmentally on track in at least three of these four domains.



Annex 2: FMD training module contents

Nb	Module name	Content
1	Welcome to the program Families Make the Difference	Parents get to know each other and the facilitators. The program is presented, participants and facilitators set rules and discuss program expectations. Participants get to understand the fundamentals of positive parenting.
2	Take care of yourself to take care of your children	Parents learn to handle negative feelings, learn to calm down. Participants learn to take care of themselves
3	Positive interactions through play encourage healthy child development	Participants learn how young children's brains develop in young. Participants understand the importance of their role in helping a child learn in life. Participants are aware that different stages of childhood require different emotional, social and intellectual stimulation.
4	How to help your child learn positive behaviors	Parents will learn to provide appropriate supervision that reinforces the sense of security and positive behavior in the community. Parents will understand the importance of positive or negative attention. Parents will explore loving interactions through the daily routines of bathing, eating and chores.
5	Empathy and mutual respect among peoples promote peace and the development of happy children in good health	Participants will learn that positive parenting techniques such as rule-making and punishment are important for all children in their care. Participants will learn techniques to reinforce good behaviors and reduce bad ones. Participants will learn how to exercise discipline while preserving the dignity of all household members
6	Harmony and responsibilities in my home	Participants will learn that positive parenting techniques such as rule-making and punishment are important for all children in their care. Participants will learn techniques to reinforce good behaviors and reduce bad ones.

		Participants will learn how to exercise discipline while preserving the dignity of all household members
7	Essential family practices	Newborn Registration and care: Relating to Newborn care, Relating to the Management of Home-Based Illness Cases, Relating to the Recognition of Signs of Danger for children
8	Nutrition for child development	Relative to Breastfeeding Exclusively, Relative to complementary feeding, Relative to vitamin A supplementation and deworming of the child, Relative to the consumption of iodized salt in the household.
9	Prevention against childhood diseases	Relative to Breastfeeding Exclusively, Relative to complementary feeding, Relative to vitamin A supplementation and deworming of the child, Relative to the consumption of iodized salt in the household
10	Review and celebration: a commitment to positive parenting	Program participants will present the sessions and what they have learned to their families, village leaders and other members of the community. Participants to the program will receive a certificate of participation and make a commitment to positive parenting.

Annex 3: Treatment on the Treated analysis

Figure 14: Changes in beneficiaries' knowledge

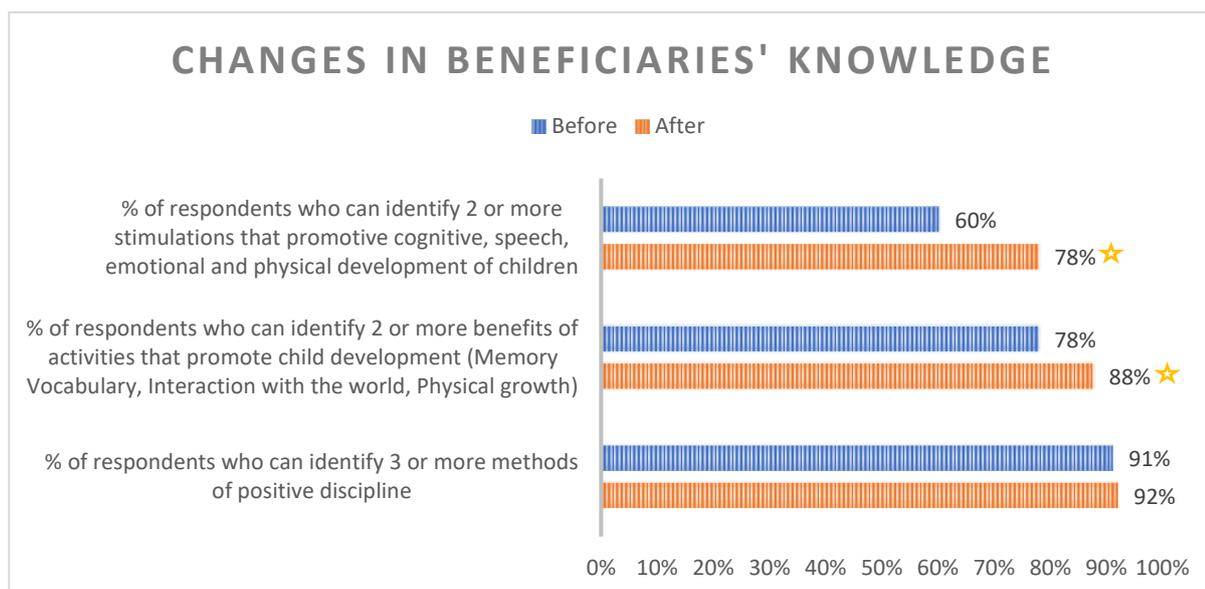


Figure 15: Changes in knowledge on nutrition, hygiene and violence

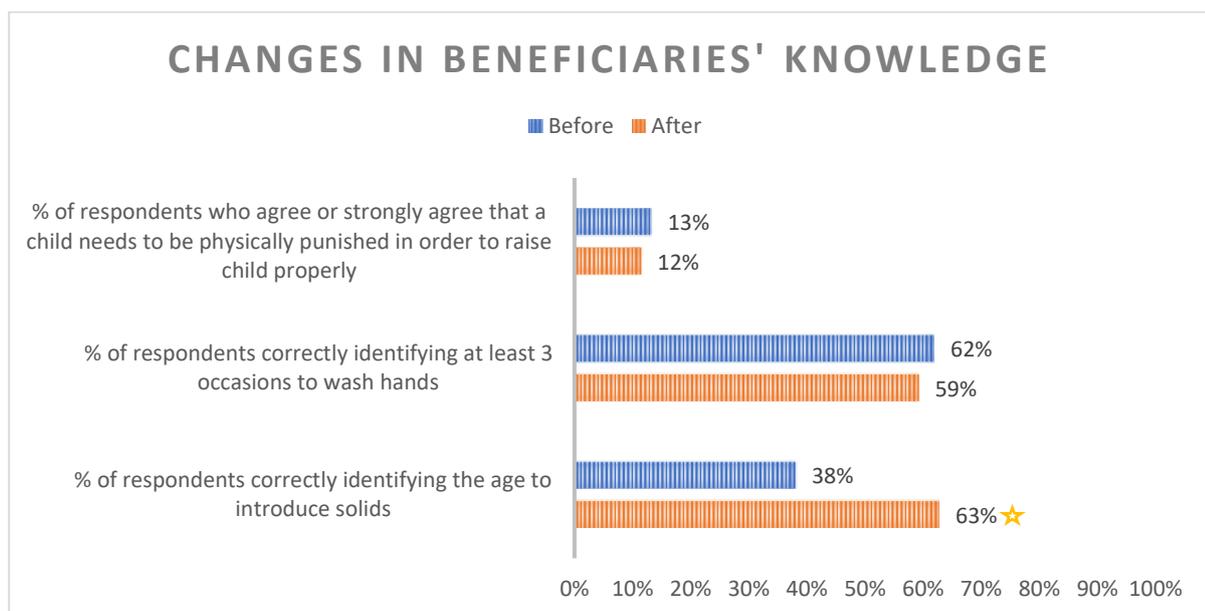


Table 18: Share of children with who an adult was engaged in four or more activities to promote learning in the past three days

Outcomes	Before		After		Differences	
	N	Prop	N	Prop	P value	Sig
% of children with who an adult was engaged in four or more activities to promote learning in the past three days	87	33%	87	53%	0.010	**

Figure 16: Changes in beneficiaries' learning practices toward 2 to 5 years old children

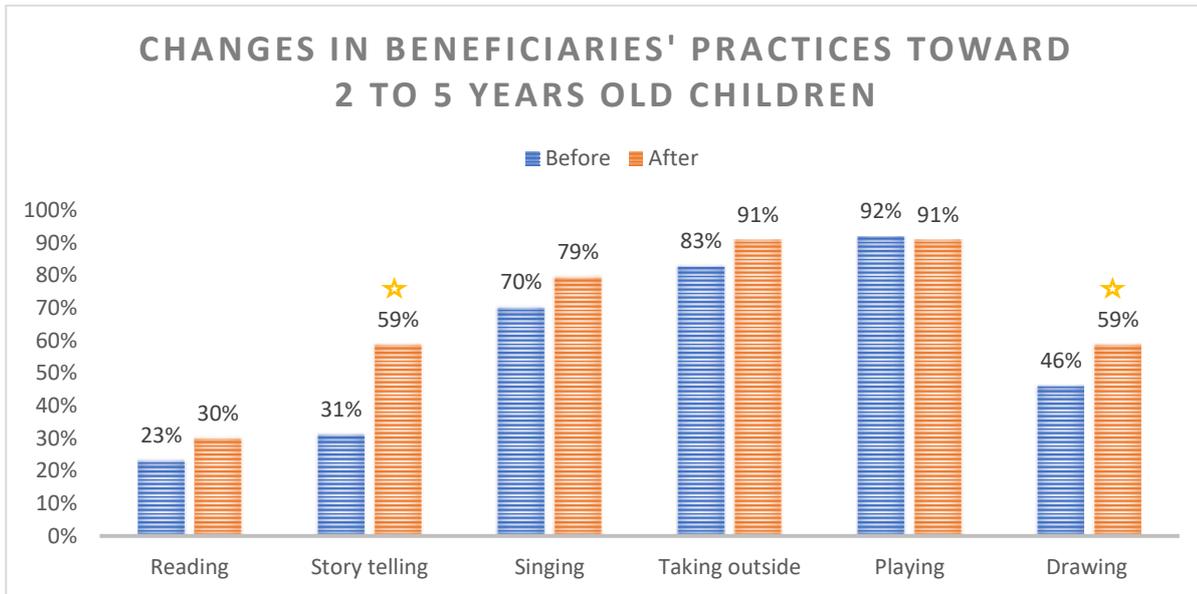


Table 19: Share of respondents who can recognize at least 3 effects of child labor

	Prop
Percentage of respondents able to recognize 3 disadvantages of child labor on children	53%

Annex 4: Knowledge indicator computation methodology

To assess respondents' knowledge about good parenting practices, respondents were asked to recognize activities that promote child development and then name benefits of these activities. IPA chose to take a pilot-tailored approach to best monitor knowledge changes that are directly related to the curriculum of each pilot. On the four first questions¹¹, beneficiaries were asked to identify out of three pictures the picture showing the situation that promotes cognitive, speech, emotional and physical development of children. Then, the four following questions asked them to identify the benefit from a given activity that promotes child development, also shown as a picture. A third indicator concerned the identification of positive child discipline methods. Parents were asked to report all the positive methods of child discipline they knew (enumerators categorized answers within the following items - Redirecting the child/ drawing attention to something else, suggesting an alternative activity, Explaining the rules and expectations, ignoring when the misbehavior is minor, Praising good behavior).

Annex 5: Evaluation matrix

The Transforming Education in Cocoa Communities (TRECC) initiative aims at improving the living conditions of children and youth in Côte d'Ivoire by promoting quality education in cocoa-growing communities. Via its Grant Matching Mechanism round 2 (GMM2), 9 pilots-to-scale projects are being co-funded with 10 cocoa companies and implemented by 14 implementing organizations in the sectors of Early Childhood Development, Primary Education and Vocational Training.

¹¹ All questions were prompted randomly to avoid any bias in respondents automatically selecting the first available answer

The role of Innovations for Poverty Action (IPA) is to provide technical support to the companies and implementing agencies to design and implement sound monitoring systems to closely monitor and learn from these pilots. In parallel, IPA conducts its own independent and complementary data collection. IPA will use these two sources of information – the administrative data collected by the implementing organizations through their own M&E system and the independent data collection – to feed into an evaluation matrix to assess each pilot.

Each evaluation matrix describes how IPA will use the data to make recommendations on the potential scale-up of the pilots to other relevant cocoa-growing communities. In addition, TRECC may consider whether certain pilots are feasible for future scale-up beyond such communities, for example to the regional or national level, though this is not a central focus of this evaluation matrix given the existing contractual arrangements on GMM2.

The evaluation matrix comprises five sections which will be the basis on which to recommend eligibility of a pilot team to submit a proposal for potential scale-up. The five sections are Relevance; Results (outputs and immediate outcomes); Costs & Operations management; Capacity to learn, improve and innovate; and Sustainability. For each criterion, we describe the key evaluation questions, which will be common across all pilots.

This document presents the evaluation matrix tailored to the Company partner, IRC and ICI pilot with the five sections and the qualitative and quantitative indicators to that will be used to assess each criteria. IPA will work with Company partner, IRC and ICI pilot to finalize the indicators, targets and data sources for the pilot, drawing on their logical framework.

We will use a “traffic light” color system to provide an overall assessment against each of the 11 criteria: green will mean that the pilot is compliant with the criteria requirement for potential scale-up, red will mean that it is not, and orange will mean that it does partially comply and that eligibility for scale-up should be conditional on corrective measures to be taken. At the final evaluation stage:

- pilots with green assessments on all 11 criteria will receive an *unconditional* recommendation for eligibility for a scale-up proposal;
- pilots who have only green and orange criteria (no red), and among these a majority of green criteria, will receive a *conditional* recommendation for scale-up – i.e. conditional on corrective measures in response to findings from monitoring and evaluation.
- pilots who have only green and orange criteria (no red), and among these a majority of orange criteria, will not be recommended for scale-up.
- pilots with any red criteria will not be recommended for scale-up

During implementation, IPA will provide work-in-progress traffic-light assessments to the pilots as part of our quarterly updates (ideally during advisory calls), for criteria for which there is enough data already available for an interim assessment. This will allow opportunities for course correction and improvement. Before sharing our work-in-progress assessments, if any are orange or red light assessments, we will discuss them with the implementing partners first.

1. Relevance

Evaluation Criteria	Evaluation Questions	Quantitative indicators	Qualitative indicators	Data source and collection method	Assessment definitions
<p>1.1. Targets an important need in the community</p>	<p>1.1.1. Is there any evidence of this being an important need in the community?</p> <p>1.1.2. Is the intervention model appropriate to respond to the identified need?</p> <p>1.1.3. If relevant, do the project's targeting criteria allow to reach the group that needs the intervention the most in the community?</p>	<p>1.1.1. Needs assessment report and IPA independent data collection shows evidence of the need being addressed</p> <ul style="list-style-type: none"> – Evidence of children experiencing developmental delays in the target communities. – Minority of beneficiaries have access to a community platform – Minority of beneficiaries have already participated in coaching/discussion on children's development <p>1.1.3. If relevant¹², beneficiaries are those most in need of the pilot intervention <i>E.g. the baseline performance score of beneficiaries is lower, on average, than the rest of the community (or no higher).</i></p>	<p>1.1.2. Beneficiaries' description of their needs, or the needs assessment, links to the theory of change of the pilot</p> <p>Data from interviews or the needs assessment shows that target communities have limited skills and competencies fundamental to child development, protection and well-being; and lack a community-based platform where all members of the community, including adults and children, can experience healthy learning, education, and livelihood opportunities</p>	<p>Administrative data</p> <ul style="list-style-type: none"> o Project targeting criteria o Needs assessment report <p>Independent evaluation</p> <p>Quantitative and qualitative Interviews with beneficiaries</p>	<p>Green:</p> <ul style="list-style-type: none"> o Pilot addresses specific important needs that were among targeted population. <p>Orange:</p> <ul style="list-style-type: none"> o Pilot did not fully address important identified needs and/or partially reached the targeted population o Feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o Pilot does not address important needs in the community and/or does not serve the targeted population o No feasible remediation identified for these issues

¹² Targeting may not be relevant to every pilot, as some have a broad target population or would spend unreasonable amounts on targeting compared to the benefits of it. This question will be included where relevant as agreed with project partners.

<p>1.2. Aligns with the priorities of the donors</p>	<p>1.2.1. Does the pilot still align with the objectives of TRECC and Company partner?</p>		<p>1.2.1. The pilot, as implemented, remains aligned to the objectives originally agreed and any agreed changes have been documented Interview with IRC, READ and IREX team confirms that the program goals remain aligned with the priorities originally described in the proposal, being to “improve the physical, intellectual, and social-emotional well-being of young children in Côte d'Ivoire through the creation of a scalable, sustainable, and community-led resource center that will build a healthy and supportive community environment for the prosperity of future generations” (even if the strategy for achieving those</p>	<p>Independent evaluation</p> <ul style="list-style-type: none"> o Interviews with program management including TRECC and Company partner o Desk Research o Review of initial proposals 	<p>Green:</p> <ul style="list-style-type: none"> o The intervention as implemented focuses on the objectives initially agreed, or agreed changes. <p>Orange:</p> <ul style="list-style-type: none"> o The implementation strayed somewhat from the initial agreed objectives o Feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o The implementation shows that program objectives are no longer relevant to those originally agreed. o No feasible remediation identified for these issues
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			objectives has changed).		
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2. Results (outputs and direct outcomes)

Evaluation Criteria	Evaluation Questions	Quantitative indicators	Qualitative indicators	Data source and collection method	Assessment definitions
2.1. Delivers outputs at high quality	2.1.1. Has the pilot produced measurable outputs with the required quality? 2.1.2. Did the expected number of beneficiaries engage in sustained way?	<p>2.1.1. Key outputs from the proposal log frame were achieved</p> <ul style="list-style-type: none"> – 16 of state agents trained on FMD (of which 4 representative s of Ministries, 2 Ministry center Directors and 10 pre-school Educators); – 240 cocoa farmer-led households participated in FMD; – 132 training sessions organized with parents; – 75 children reached directly through the creation of CACE centers; – 960 children reached indirectly through parents who participate in the FMD program; – 3 communities benefited from the program; <p>2.1.2. Participation rate</p> <ul style="list-style-type: none"> – At least 70% participation 		<p>Administrative data</p> <ul style="list-style-type: none"> o Review of the quarterly & annual reports and routine monitoring reports o Analysis of project monitoring data <p>Independent Evaluation</p> <p>Results from spot-checks</p>	<p>Green:</p> <ul style="list-style-type: none"> o Most of the outputs were achieved, and with the expected quality <p>Orange:</p> <ul style="list-style-type: none"> o Some outputs were not achieved, or not with the expected quality o Feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o Outputs were only partially achieved and/or low quality o No feasible remediation identified for these issues

		rate in FMD training sessions			
2.2. Achieves direct outcomes	2.2.1. Have changes been observed/self-reported in the knowledge, attitudes, behavior or practices directly targeted by the interventions?	<p>2.2.1.a. Results of pre and post-tests show immediate improvement in knowledge</p> <ul style="list-style-type: none"> - At least % of the educators scored above % on the post-training knowledge test; <p>2.2.1.b. Changes in beneficiaries' knowledge, behavior and practices have been observed over time</p> <ul style="list-style-type: none"> - 70 % of the parents who participated in FMD report improved knowledge of parenting practices; - 70 % of the parents who participated in FMD engaged in four or more activities to promote learning for children; - 70 % of the parents who participated in FMD understand the negative effects of child labour; - 70 % of parents who reported that their children (preschool-aged children) spent at least 10 hours per 		<p>Administrative data Pre and post-test evaluation conducted by the IRC, READ and IREX</p> <p>Independent evaluation</p> <ul style="list-style-type: none"> o Quantitative interviews with the direct o Pre and post-tests with a subsample of beneficiaries 	<p>Green:</p> <ul style="list-style-type: none"> o Most of the key immediate outcomes were achieved, and with the expected quality <p>Orange:</p> <ul style="list-style-type: none"> o Some key immediate outcomes were not achieved, or not with the expected quality o Feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o Key immediate outcomes were only partially achieved and/or low quality o No feasible remediation identified for these issues

		week participating in/ attending ECD;			
<p>2.3. Beneficiary feedback about the program is positive</p>	<p>2.3.1. How satisfied are the beneficiaries with the intervention? 2.3.2. How meaningful is the intervention to beneficiaries' lives?</p>	<p>2.3.1.a Beneficiaries provide positive feedback on the delivery of outputs</p> <ul style="list-style-type: none"> – % of caregivers who are satisfied with the way the FMD coaching was delivered; – % of caregivers who would be likely to recommend the FMD coaching to a family member or friend (positive Net Promoter Score). <p>2.3.1.b Beneficiaries provide positive feedback on the main immediate outcomes</p> <p>% of caregivers who report changes in their behavior and/or practices in regard to child care since participating in the program.</p> <p>% of community members report enhanced positive leadership and communication skills.</p>	<p>2.3.1.c Beneficiaries describe positive experiences with the program</p> <p>Interview with the beneficiaries shows that they are satisfied with the project</p> <p>2.3.2. Beneficiaries report that the pilot was meaningful for them</p> <p>During the interviews with the beneficiaries, they can describe how the program had a positive effect on the way they take care of their children, and why that is important to them.</p>	<p>Independent evaluation</p> <ul style="list-style-type: none"> o Focus group discussions with beneficiaries o Quantitative Interviews with beneficiaries o Results of spot-checks 	<p>Green:</p> <ul style="list-style-type: none"> o A high and sustained participation rate was recorded among beneficiaries, who provided positive feedback <p>Orange:</p> <ul style="list-style-type: none"> o Below expectation participation rate was recorded among beneficiaries who provided mixed feedback o Feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o Outputs and key immediate outcomes were only partially achieved and/or low quality o Low participation rate was recorded among beneficiaries who provided negative feedback

					<ul style="list-style-type: none">o No feasible remediation identified for these issues
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3. Costs and operations management

Evaluation Criteria	Evaluation Questions	Quantitative indicators	Qualitative indicators	Data source and collection method	Assessment definitions
<p>3.1. Costs are well managed</p>	<p>3.1.1. Did the project make efficient utilization of resources? 3.1.2. Does the implementing partner have a vision for cost-efficiency at scale within GMM2?</p>		<p>3.1.1. Budget expenditures show good value for money The expenditure indicates cost-efficient use of money There are indications that cost-effectiveness was continuously sought during the pilot – avoidance of unnecessary high costs, efficiencies found, etc. 3.1.2. Partner’s vision for scaling Company partner, IRC, ICI team can explain how they will achieve a more cost-efficient model at greater GMM2 scale, and show cost data that this is feasible.</p>	<p>Administrative data</p> <ul style="list-style-type: none"> o Pilot Financial proposal o Pilot Quarterly and annual financial reports o GMM2 Scale-up Proposal <p>Independent Evaluation</p> <ul style="list-style-type: none"> o Interview with Company partner, IRC and ICI 	<p>Green:</p> <ul style="list-style-type: none"> o Good cost management, in line with the proposal <p>Orange:</p> <ul style="list-style-type: none"> o Some signs that costs could have been better managed resourced better allocated; costs significantly exceeded initial budget o Most issues were justified and feasible remedial measures are identified to address these issues if pilot was scaled-up <p>Red:</p> <ul style="list-style-type: none"> o Signs that costs were not well managed and some resources were wasted; costs significantly exceeded budget without justification. o No feasible remediation identified for these issues
<p>3.2. Project management is successful</p>	<p>3.2.1. Has the project been implemented as planned, with any changes</p>		<p>3.2.1. Intervention is implemented according to roadmap, and any changes</p>	<p>Administrative data</p> <ul style="list-style-type: none"> o Review of the proposal including planned end 	<p>Green:</p> <ul style="list-style-type: none"> o Good project management,

	<p>being justified or outside the partners' control?</p> <p>3.2.2. Have the cooperation partners been involved in the pilot management according to agreed aspects?</p>		<p>are fully justified</p> <p>The pilot was implemented according to the workplan, and significant deviations were fully justified and approved.</p> <p>3.2.2. Cooperation Partners' involvement</p> <p>Company partner participated as agreed in the management and implementation of the pilot, or changes in this role have been documented.</p>	<p>dates of keys activities and planned budget</p> <ul style="list-style-type: none"> o Review of the quarterly & annual reports including realized end dates of key activities and realized spending o Review of the pilot relevant meetings reports (operational, advisory, steering and review meetings) reports <p>Independent evaluation</p> <ul style="list-style-type: none"> o Interviews with Company partner, IRC and ICI. 	<p>in line with the proposal</p> <p>Orange:</p> <ul style="list-style-type: none"> o Some delays were observed; some activities initially planned were not implemented because of lack of time or resources o Most issues were justified and feasible remedial measures are identified to address these issues if pilot was scaled-up <p>Red:</p> <ul style="list-style-type: none"> o Important delays occurred without justification; key activities were not implemented by lack of resources or time. o No feasible remediation identified for these issues
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4. Capacity to learn, improve and innovate

Evaluation Criteria	Evaluation Questions	Quantitative indicators	Qualitative indicators	Data source and collection method	Assessment definitions
<p>4.1. Project collects credible monitoring data</p>	<p>4.1.1. Is actionable monitoring data collected? 4.1.2. Are the routine monitoring data credible and reliable?</p>	<p>4.1.1. Routine monitoring data are collected and shared on time with the stakeholders Monitoring data are collected and analyzed by program management and shared with IPA monthly as defined in the monitoring plan. 4.1.2. IPA spot check visits confirm the quality and accuracy of the data shared by partner IPA spot check confirms the data quality; percentage discrepancies found in the data shared by Company/CARE/ICS compared with IPA independent data is not more than 10% for variables with fixed, stable values (such as the number of training sessions held) and are not statistically significant for variables that may vary in surveying (such as estimates of the numbers of attendees).</p>	<p>4.1.1.b. Monitoring data is actionable and aligned with program management - Routine monitoring data that was collected provides actionable insight on program management. - IRC, READ and IREX responded to project risks that IPA observed in spot checks in a timely manner.</p>	<p>Administrative data</p> <ul style="list-style-type: none"> o Review of the monitoring plan and routine quarterly reports o Analysis of the project routine monitoring data o RAID Template <p>Independent evaluation</p> <ul style="list-style-type: none"> o Results of spot-check visits o Review of the pilot relevant meetings reports (operational, advisory, steering and review meetings) reports 	<p>Green:</p> <ul style="list-style-type: none"> o Credible and reliable data was regularly collected by the partner and shared according to the agreed calendar <p>Orange:</p> <ul style="list-style-type: none"> o Signs that data was not always credible or reliable and/or was not collected and shared according to agreed calendar o Most issues were justified and feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o There was little data collected and shared and/or data was not reliable nor credible o No feasible remediation identified for these issues
<p>4.2. Monitoring is used to learn</p>	<p>4.2.1. Is the IRC, READ and IREX demonstrating</p>		<p>4.2.1. Program improvement in response</p>	<p>Administrative data</p> <ul style="list-style-type: none"> o Review of the 	<p>Green:</p> <ul style="list-style-type: none"> o Data were analyzed and used to learn

<p>and improve</p>	<p>g willingness to learn, innovate and incorporate monitoring feedback? 4.2.2. Did the IRC, READ and IREX test some key assumptions in their theory of change?</p>		<p>to monitoring Significance of appropriate changes in program management or delivery that can be linked to monitoring findings 4.2.2. Use of data to refine the ToC IRC, READ and IREX shows that they have refined their understanding of the Theory of Change through use of their own data, and documented these refinements.</p>	<p>monitoring plan and routine reports</p> <ul style="list-style-type: none"> o Analyses of the project routine monitoring data and reports o GMM2 scale-up proposal <p>Independent evaluation</p> <ul style="list-style-type: none"> o Interviews with IRC, READ and IREX 	<p>and take corrective measures to improve the implementation</p> <p>Orange:</p> <ul style="list-style-type: none"> o Data was collected but was only sometimes used for learning and improvement or not documented o Most issues were justified and feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o If data was collected, it was rarely used to take corrective measures or documented o No feasible remediation identified for these issues
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5. Sustainability

Evaluation Criteria	Evaluation Questions	Quantitative indicators	Qualitative indicators	Data source and collection method	Assessment definitions
<p>5.1. Provides sustained benefit to community</p>	<p>5.1.1. Are there any signs that the intervention from the pilot will continue to benefit the beneficiaries/community members over time?</p>		<p>5.1.1. Indications that the community members are likely to continue with the practices or program activities Interview with caregivers shows that they are equipped to overcome challenges to their continued use of the practices adopted during the program Evidence of actions taken by IRC, READ and IREX to sustain the pilot in the six communities after the end of the pilot</p>	<p>Independent evaluation</p> <ul style="list-style-type: none"> o Field observations o Qualitative interviews with the beneficiaries, community members and key informants o Interview with the IRC, READ and IREX 	<p>Green:</p> <ul style="list-style-type: none"> o Strong signs of sustained benefits in the community <p>Orange:</p> <ul style="list-style-type: none"> o Some signs of sustained benefits in the community and ways of improvement are identified <p>Red: No sign of benefits or only short-term benefits</p>

<p>5.2. There are prospects of scale-up beyond GMM2 [It is still to be defined how IPA and Brookings will collaborate to address this criterion – currently being discussed]</p>	<p>5.2.1. Are there indications that there is potential for further scale-up of the pilot approach in some way, by the government of Côte d'Ivoire, the Cooperation Partner or other development actors?</p>		<p>5.2.1.1. Evidence of government/partners buy-in Level of participation of government representatives in the training of the trainer Government relevant staff confirm the alignment of the pilot with government priorities</p> <p>5.2.1.2. Enabling environment Interviews with relevant stakeholders show that the national and or local environment is suitable for pilot scale-up, including that the Ministry would be willing to continue to have their staff deliver the FMD programming at scale.</p> <p>5.2.1.3. Financing Interviews with TRECC indicate the potential for government, other donors or the Company partner to fund the scale-up</p> <p>5.2.1.4. Organizational capacity to implement at scale IRC can demonstrate capacity to operate at larger scale, or plans to handover the program to a</p>	<p>Independent evaluation</p> <ul style="list-style-type: none"> o Keys informant interviews with implementing Côte-D'Ivoire government/Cocoa company relevant representatives o Interview with TRECC team o Interview with Brookings Institution team 	<p>Green:</p> <ul style="list-style-type: none"> o Pilot addresses specific important needs that were among targeted population. <p>Orange:</p> <ul style="list-style-type: none"> o Pilot did not fully address important identified needs and/or partially reached the targeted population o Feasible remedial measures are identified to address these issues <p>Red:</p> <ul style="list-style-type: none"> o Pilot does not address important needs in the community and/or does not serve the targeted population o No feasible remediation identified for these issues
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