



ICS-SP/CARE/COMPANY PARTNER PILOT
EVALUATION REPORT
EXTERNAL VERSION

Prepared by Innovation for Poverty Action's Right-Fit Evidence Unit , February 2019

Right-Fit Evidence Context

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), 14 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.

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 independent evaluation matrix to assess each pilot.

The final scale up report will therefore be based on the evaluation matrix that was agreed upon all partners.

IPA has used this data to make recommendations on the potential scale-up of the HKI pilot to other relevant cocoa-growing communities

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; and
5. Sustainability.

For each section, we are describing the key findings based on quantitative and qualitative evidence.

Following the setup of the evaluation matrix, we are using a color system to provide an overall assessment against each of the 11 criteria: green means that the pilot is compliant with the criteria requirement for potential scale-up, red means that it is not, and orange means that it does partially comply and that eligibility for scale-up should be conditional on corrective measures to be taken in that area. As per the initial plan, our final overall recommendation is then decided as follows: pilots with green assessments on all 11 criteria 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, receive a conditional recommendation for scale-up – i.e. conditional on the various corrective measures being mentioned in the orange criteria. Pilots with any red criteria are not recommended for scale-up.

The Assessment signs used throughout the document are the following:



Acronyms:

ECD: Early Childhood Development

FGD: Focus Group Discussion

GMM2: Grant Matching Mechanism round 2

ICS SP: Investing in Children and their Societies (ICS-SP) is an African NGO focused on Children Development

IGA: Income Generating Activities

IPA: Innovations for Poverty Action

KII: Key Informant Interview

M&E: Monitoring and Evaluation

PATH: International, non-profit global health organization

SP: *Skillful Parenting*

VSLA: Village Saving and Loan Association

TRECC: Transforming Education in Cocoa Communities

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Executive Summary

General assessment and recommendation

Overall, the CARE-ICS pilot has earned our conditional recommendation for scale-up. Six criteria were rated as green and five as orange. Therefore, this recommendation comes with several important conditions on the orange rated criteria that would have to be addressed for the program to be well positioned to go to scale:

1. In the absence of an ongoing commitment from Company Partner, there is a need to identify an alternative funding partner for the program scale-up.
2. Given the planned model of certifying and training VSLA promoters to deliver the program was not successful, there is a need to identify a vision for cost-effective delivery at scale.
3. Cooperation between CARE and ICS has proven to be challenging resulting in significant changes in project delivery model. As a result, before scale-up roles and responsibilities should be more clearly defined by both partners
4. ICS appears to have limited local resources and buy-in to implement a program like this at large scale. These challenges would need to be addressed before going to the next level of scale.

1.Relevance

Data collected during IPA's baseline survey indicates that *Skillful Parenting* is targeting an important need in the community, illustrated by limitations in regard to child stimulation practices, violence against children, and women's empowerment. Overall, the beneficiaries have a comparable (or higher) level of need in these areas to the non-beneficiaries in our sample.

The beneficiaries reported a high level of interest in ECD coaching at baseline, and qualitative work confirmed widespread interest in parents gaining more knowledge about children's development and stimulation. This provides suggestive evidence that beneficiaries' perception of their own needs is in line with the theory of change of the program.

However, the involvement of Company Partner and CARE in the next stages is still unclear, and it appears that the pilot no longer aligns with Company Partner' strategy and priorities. For the pilot to go to scale would likely require identification of another supportive donor.

2.Results: output and direct outcomes

ICS-SP successfully achieved most outputs at the expected quality with a high level of engagement. However, project cooperation didn't work as initially planned and ICS master trainers ultimately delivered most of the SP trainings to VSLA members. This resulted in a lower than expected involvement of VSLA promoters. The VSLA structure and high involvement of ICS had a significant impact on the very high attendance levels. On average attendance reached between 60 and 90 % depending on the community. At the end, 56% of beneficiaries followed 7 out of the 9 training modules (short of the targeted 80%).

Three families of outcomes were set as critical in the proposal – ECD practice, child maltreatment knowledge and practice and financial skills amongst women. Concerning ECD stimulation practices, we observe some early indication that the training had an impact on parent's behavior, particularly on the singing and playing activities. The aggregated score however does not detect significant changes. As for the responsive care and use of positive child discipline, we observe a significant change in reported practices. In fact, parents using only positive discipline methods increased from 5% to 20% of parents. This large shift in practices might indicate a very heterogeneous impact of the program that managed to change the behavior of a subsample of beneficiaries. Last, the analysis of women's financial skills before and after the project is also subject to significant caveats since during the project implementation, CARE was implementing a second gender-based program through their VSLA called *Women for Change*.

Despite having a reduced sample of beneficiaries due to project delays, many indicators point in the same direction showing that the training successfully changed some levels of self-reported child stimulation and significantly reduced levels of self-reported violent child discipline. Attitudes towards the use of violence also saw a large change.

3. Costs and operations management

The pilot experienced significant delays during the first phase of activities. The contextualization of the training material took a lot more time than expected due to the difficult contractual arrangements and coordination issues with all partners. ICS, through their local staff showed a strong engagement on the project and took the lead on the implementation to speed up the process and enable the project to finish with a two months delay. This had two major implications. First, ICS master trainers turned-out to deliver most of the training with a low engagement of CARE VSLA promoters. Second this had a direct impact on the planned budget, increasing the travel costs of master trainers and requiring a contractual amendment of 11 020 CHF. The initial resources allocated to the core activity of the program, delivering sessions and training facilitators was also initially underestimated reaching only 11% of the total budget.

4. Capacity to learn, improve and innovate

ICS, through their very centralized system of training delivery, managed to collect credible data that was shared with partners on a regular basis. Results of the attendance rates have been used to take corrective measures, and feedback from spot-checks which highlighted the difficulty certain concepts such as self-esteem for beneficiaries were considered and acted on. Detailed data on beneficiaries' knowledge and practices was collected before and after the implementation of the program by ICS's staff, but not all data was used for analysis in the final self-evaluation report by ICS.

5. Sustainability

Some anecdotal signs of sustained benefit to community have been provided by ICS, and participants seemed to believe that it would be possible for them to maintain the practices that they learned despite the financial and social challenges they might face. However, most interviewed promoters declared that financial incentives would be required for them to continue delivering the project. The scale-up strategy of ICS is for the moment unclear, though many different avenues are being explored with the support of Brookings. Despite the recent hire of a project manager, ICS still has limited local capacities remote supervision have proven to be costly and time consuming.

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

Evaluation Criteria	Assesment	Recommendations
1.Relevance		
1.1 Targets an important need in the community	✓	Improve targeting of 0-8 caregivers
1.2 Aligns with the priorities of the donors	✓	Clarify Mars and CARE future engagement
2.Results: outputs and direct outcomes		
2.1 Delivers outputs at high quality	✓	
2.2 Achieves direct outcomes	✓	
2.3 Beneficiaries' feedback about the program is positive	✓	Refinne training material while simplifying message and introduce more role plays
3.Costs and operations management		
3.1 Costs are well managed/cost scale-up vision	✓	Incomplete vision of cost at scale
3.2 Project management is successful	✓	Better define roles of ICS and CARE
4.Capacity to learn, improve and innovate		
4.1 Project collects credible monitoring data	✓	
4.2 Monitoring is used to learn and improve	✓	Use pre and post data for analysis
5.Sustainability		
5.1 Provides sustained benefit to community	✓	Explore ways to better incentivize promoters
5.2 There are prospects of scale-up beyond GMM2	✓	Limited local ressources of ICS to implement a project at scale

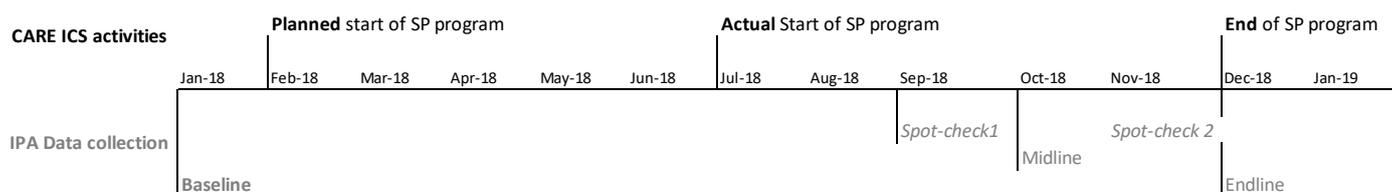
Project summary

CARE Côte d'Ivoire and ICS with the financing of chocolate maker COMPANY PARTNER Inc. implemented the *Skillful Parenting (SP)* project in the Nawa Region (Côte d'Ivoire). The pilot was conducted with 9 groups in Gueyo, totaling 269 members, with an average of 30 members each that have already successfully completed the first cycle of VSLA.

This pilot initially aimed to directly target 269 parents to go through the SP training process. Indirect beneficiaries include 269 partners of VSLA participating parents, and children of these households (approximately 1000 children). It was also anticipated that other indirect beneficiaries would include CARE staff who undertook training on the SP approach (1 master trainer and 1 facilitator) and group promoters who were trained as community facilitators & co-community facilitators.

The implementation through pre-existing VSLA aims to test the viability of the VSLA institution as a channel to provide parenting education, the foundations for improving family relationships, care, nutrition and improving households' economic stability and most importantly, early childhood development. It is considered that these groups have developed strong dynamics, are well used to the core VSLA business and the financial education aspects of their weekly meetings. Moreover, their improved socio-economic situation is intended to offer a more enabling environment to use the new skills expected from the Skillful Parenting process.

Pilot timeline



1.Relevance

The relevance section will include the following two criteria:

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

✓ 1.1 The program is targeting important needs in the community

The needs assessment provides information on the overall need of the community to benefit more from ECD programs, and this need was at least as great among beneficiaries as non-beneficiaries. As expected, beneficiaries have a higher level of awareness on financial literacy issues, women empowerment and family budgeting. In addition to this we observe a lower prevalence of households with a child aged from 0 to 8 among the beneficiaries (83%) possibly because of the restriction in eligibility to VSLA members.

✓ Criteria 1.1.1 Evidence of *Skillful Parenting* being an important need in the community

Data collected during need assessment and baseline survey indicates that *Skillful Parenting* is targeting an important need in the community, because of limitations in regards to child stimulation practices, violence against children, and women's empowerment. In addition, poor access to basic services, low school attendance and limited financial service access provide context on challenges in the relevant communities.

Baseline Methodology

Sampling of Beneficiaries

The sample was drawn from the beneficiaries list provided by Care and ICS. They are all members of the VSLA groups in the project communities. The entire population of beneficiaries includes 257 individuals. For the baseline, we randomly selected 35% of them to be interviewed (90 observations).

Sampling of Non-beneficiaries

We planned to interview an equal number of non-beneficiaries (90 people) during the baseline survey in order to assess the program's targeting of beneficiaries. The sample was split across villages proportionally to the number of beneficiaries in each village.

The process of listing non-beneficiaries was done with each community chief inside their village.

The listing criteria included caregivers who were in charge of at least one child under 8 years old and were not a member of a VSLA¹. We then randomly selected people among eligible non-beneficiary caregivers on the list to be interviewed. However, because most of the caregivers were VSLA members, often we found that the number of eligible caregivers we could find in the community was fewer than the number planned to be interviewed, so we interviewed them all.

¹This includes pregnant women

Child stimulation practices:

Information gathered through IPA's baseline suggest that most parents were not aware of the appropriate means of child stimulation. Similarly, data collected through the baseline survey suggests that parents were not sufficiently involved in activities that stimulate their children's development. For instance, only 13 percent of our baseline sample read a book or looked at a picture book with their child in the three days prior to the survey. Even the two most commonly performed activities, playing with their child and naming things, counting or drawing with their child, were only conducted by around two-thirds of baseline beneficiaries in the three days prior to our survey. Baseline data confirmed that the rates of these practices were similarly low among both beneficiaries and non-beneficiaries (see Table 1).

Table 1 Baseline reported child stimulation practices by caregivers

Indicators	Beneficiaries	Non-beneficiaries	Difference
% of caregivers who reported having done the following in the last three days:			
read a book or looked at a picture book with their child	13.8	13.3	0.5
told a story to their child	31	33.3	-2.3
sung a song with their child	48.3	73.8	-25.5
taken their child outside the house	55.2	53.3	1.9
played with their child	69	75.6	-6.6
named things, counted, or drawn with their child	69	66.7	2.3

Evidence of high rates of violence against children:

Information gathered during the need assessment suggests that the use of violence against children is prevalent in the relevant communities. Respondents described corporal punishment as an effective way to discipline children and acknowledged the fact that it was still used by many caregivers in their communities.

Moreover, analysis of the data collected during the baseline survey shows that only 36.4 % of beneficiaries and 40.3 % of non-beneficiaries surveyed disagreed with the use of physical child discipline methods to raise or educate a child (see Table 2). By extrapolation, this infers that many respondents do not condone the use of corporal punishment against children. Furthermore, the fact that in the relevant area 90.3% of the children aged from 1 to 14 had been punished using violent methods during the last month prior to the MICS (2016) shows the magnitude of the issue.

Table 2 Baseline child discipline indicators

Indicators	Beneficiaries	Non-beneficiaries	Baseline
% of caregivers who reported having used the following child discipline methods in the last 30 days:			
taken away some privilege from their child	60.3	75.6	-15.3
explained to their child why their behavior was wrong	94.8	95.6	-0.8
shaken their child	60.3	66.7	-6.4
screamed at their child	79.3	84.4	-5.1
given their child something else to do	48.3	53.3	-5
spanked their child on their bare buttocks	58.6	62.2	-3.6
hit their child with something such as a belt, hairbrush, stick	8.6	22.2	-13.6(*)
insulted their child	32.8	33.3	-0.5
slapped their child on the face, head or ears	8.6	8.9	-0.3
hit their child on the hands, arms or legs	20.7	11.1	9.6

Caregivers general opinion on the use of physical methods to discipline a child

% of caregivers who disagree with the use of physical child discipline method to raise or educate a child	36.4	40.3	-3.9
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Statistically significant differences marked with asterisks: * $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$

Women's empowerment:

Our baseline data suggests that gender-based power imbalances are prevalent in the communities targeted by the pilot. For instance, we have found that more than 90 % of the respondents in the baseline survey believed that only fathers were responsible for making decisions about children's health and education.

In addition, the results of the MICS (Multiple Indicator Cluster Survey) 2016 have shown that 39.7% of women in the relevant region aged from 15 to 49 have suffered physical violence since the age of 15. Moreover, in 45 % of cases the authors of these acts of violence against women are their husbands or partners.

These results show that there is a need to empower women in the relevant communities to overcome issues related to gender-based discrimination.

Access to basic services:

During the needs assessment, respondents reported that children do not have proper access to health and education services because of long distances, poor service provision and poor infrastructure.

Furthermore, parents have reported that inadequate infrastructure in health and education facilities posed a major challenge and often requires extra out of pocket expenses.

Also, households found it difficult to access birth registration certificate because they live far away from government offices that provide such services.

These issues are likely to limit access to basic services which may in turn impact children's development negatively.

Low rate of school attendance:

The results of a survey undertaken by the Ivorian government (MICS, 2016) suggests that there is a low rate of school attendance in the central region. In 2016, in the region of interest, 76,7% of children in age of going to primary school did attend school. It is noteworthy to mention that this number was below the national average which was of 79,4% at the time of the survey.

Similarly, in the same period only 48,4% of children in age of going to secondary school attended school.

Moreover, only 32,2% of women and 57,6,2 of men aged from 15 to 24 years old were literate while the national average was estimated at 47,2 % for women and 63,8%.

Limited access to formal institutions providing saving and loans services:

Data collected through the baseline survey suggested low reliance on formal institutions for banking. None of the persons who saved money reported having a bank account. However, amongst those in VSLA groups who saved money, 20.4% reported having used mobile money and 12.2% kept their savings themselves. These results are indeed in line with the Findex² survey carried out by the World Bank in 2016 that reported a mobile money utilization rate of 30 % in the Ivory Coast. Similarly, data shows that loans that the respondents accessed are mostly from VSLA groups (88%), from relatives (11%) and only 1% have reported a loan from a formal institution.

² Demirgüç-Kunt, Asli, Leora Klapper, Dorothe Singer, Saniya Ansar, and Jake Hess. 2018. *The Global Findex Database 2017: Measuring Financial Inclusion and the Fintech Revolution*. Washington, DC: World Bank.

✔ **Criteria 1.1.2** Beneficiaries’ description of their needs and need assessment are in line with the pilot’s theory of change:

The beneficiaries reported a high level of interest in ECD coaching at baseline (see Table 3), largely in order to get a better understanding of their roles and responsibilities as parents. Furthermore, parents also reported that they faced challenges curbing child right violation because of a lack of knowledge and skills to prevent such abuses. Parents explained that there was no venue capable of addressing their need to gain knowledge on child protection at the time of the need assessment. For this reason, they requested to be trained on issues linked to child protection as they anticipate that such trainings would help them tackle issues linked to children’ rights violation.

Table 3 Levels of interest and exposure to ECD coaching and awareness campaigns at baseline

Indicators	Beneficiaries
% of caregivers who are interested in attending ECD coaching	87.1
% of caregivers who have already participated in any ECD related coaching	32.3
% of caregivers who have already taken part in <u>any</u> awareness campaign	21.3
% of caregivers who have participated in an awareness campaign on <u>education</u>	8.0
% of caregivers who have participated in an awareness campaign on <u>child labor</u>	5.3
% of caregivers who participated in an awareness campaign on <u>women’s empowerment</u>	12.0

Overall, it seems that caregivers’ description of their needs is in line with the pilot’s theory of change because they expect that improving their knowledge on issues related to children can positively impact their children’s development and future outcome.

✔ **Criteria 1.1.3** Those who received the intervention have a comparable or greater level of need compared with the rest of the community:

In general, we observe that beneficiaries reached with the intervention have a comparable or greater level of need on most crucial indicators at baseline. The baseline levels on child stimulation and protection were similar. However, it is true that beneficiaries were more likely to have financial literacy knowledge and access to financial services than non-beneficiaries, but this is most likely a product of the focus on the VSLAs as the channel for the SP program, rather than an unintended consequence.

Child stimulation:

The analysis of data collected through baseline shows that beneficiaries have at least comparable level of needs for ECD coaching to the rest of the community. This is because information collected during our baseline survey indicates that the difference between the number of beneficiaries and non-beneficiaries who have participated in ECD related coaching is small (32.3 % of beneficiaries against 28.3% of non-beneficiaries). Moreover, the difference between beneficiaries and non-beneficiaries concerning the use of physical punishment to educate a child is only 3.9 per cent. As a result, both groups have comparable levels of need for new parenting skills.

Loan and savings:

Baseline survey shows strong evidence that beneficiaries’ knowledge on budgeting is a lot stronger than non-beneficiaries. For instance, the percentage of beneficiaries is 67.7 percent and that of non-beneficiaries is 42 percent. Under such circumstances, it seems that beneficiaries have less need for training on saving than non-beneficiaries. This was foreseeable given the fact that all beneficiaries were members of VLSA and only 35 percent were part of VSLA or tontine groups. Under

such circumstances, it is understandable that beneficiaries are more knowledgeable on savings given the fact that they have prior experience on this topic. In addition to this, VSLA promoters also frequently implement soft skills trainings, it is currently the case with the women for change program.

Women empowerment:

Baseline data shows that more beneficiaries have had prior exposure to awareness campaigns on women's empowerment than non-beneficiaries. This is due to the fact that CARE, through their VSLA promoters is implanting gender-based programs. However, it must also be noted that fewer female beneficiaries have reported having taken a loan to finance an income generating activity (34.8%) than non-beneficiaries did (42.3%). This suggests that non-beneficiaries could be more empowered economically than beneficiaries and therefore that beneficiaries have more need for the intervention.

Prevalence of households with a child aged from 0 to 8

Prevalence of caregivers with a child of 8 years old or younger is smaller in the beneficiary group (83%) than in the non-beneficiary group (100%) which suggests that caregivers of older children have been included in the program. This could be explained by the fact that it had been agreed that the partner would only select beneficiaries amongst the already existing VSLA groups. Under such circumstances, the partner could not choose participants freely which in turn had a negative impact on the quality of the targeting.

1.2. Aligns with the priorities of the donors

The implementation strayed from the initial level of cooperation agreed on and the involvement of Company Partner and Care in the next stages is still unclear

Criteria 1.2.1. The pilot, as implemented, remains aligned with the priorities of TRECC

Company Partner has been developing a very strong partnership with CARE for the past several years in the Ivory Coast. Through the VSLA approach, Company Partner has been supporting several soft skills programs such as the Woman for Change program. In turn, adding a parenting skills component through the VSLA program corresponds to Company Partner's ambition to strengthen their partnership with CARE and build capacities.

However, Company Partner did not sign an agreement on a possible scale-up of the program and their involvement in the next phase is unclear. In September 2018, Company Partner launched a new Cocoa Sustainability strategy centered around smallholders. Company Partner plans to test ways to increase productivity, income, resilience, and overall sustainability through crop and income diversification, gender programs, village and savings and loan models and farm development plans.

2.Results: output and direct outcomes

This section will include the following three criteria:

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

✓ 2.1 Delivers outputs at high quality

Most of the outputs were delivered at high quality and all sessions were organized within a five month period on a regular basis. However, while attendance was high, it fell short of the targeted level.

✓ Criteria 2.1.1. Key outputs from the proposal logframe were achieved

Staff Training

The implementing partner is relying on a cascading training model. In a first stage, the already qualified master trainers have received a refresher training on *Skillful Parenting*. In a second stage the master trainers have diffused their knowledge to 14 community facilitators who participated actively in the beneficiaries' training. Crosschecking the expected outcome using administrative data to the achievements made, we find that all targets in terms of staff trained were achieved.

Beneficiaries

The implementing partner's theory of change assumes that the adoption of improved parenting methods by the parents will have a positive impact on their children. For this reason, this program targeted parents of children aged between 0 to 8 years.

The output measure concerns the number of caregivers who were trained on *Skillful Parenting* modules. The program was implemented into the already existing care VSLA structure. Under such circumstances, beneficiaries are divided in 9 VSLA groups of 30 members total on average. In total there are 9 different modules delivered during 11 sessions of approximately 2 hours. (See annex 1 for a detailed overview of the modules). At the end of the program, 269 beneficiaries were trained on *Skillful Parenting* modules.

Table 4: Training indicators

Indicators	Target	Achieved	Difference	Data Source
Master trainers trained	2	3	1	Q3 progress report
Community facilitators trained	10	14	4	Attendance form
Parents who received SP modules	225	269	44	Admin data
# of awareness raising-sessions conducted on nutrition and child labor	4	4	0	Q3 progress report

✓ Criteria 2.1.2 Participation rate:

We were mainly interested in two indicators relating to the levels of participation to the program. For both indicators, we relied on the administrative data the partner provided us to make our own calculations. The first relevant indicator we were interested in was the percentage of beneficiaries who attended at least 7 sessions. In relation to this indicator, the partner found that 151 beneficiaries out of 268 attended at least 7 sessions, which gives a percentage of 56.34 % of beneficiaries who attended at least 7 modules, as against a target of 80%.

Secondly, we were interested in the community facilitators' level of attendance to trainers' training sessions. For this indicator, the partner has not specified the community facilitators' rate of attendance to the training sessions. However, access to the training registry allowed us to make our own calculations. Consequently, based on the information that we were provided, we found that the facilitators' attendance rate to training sessions was 97%.

Crosschecking data:

The partner provided both aggregated and disaggregated data in relation to the attendance indicator. This was particularly helpful because the disaggregated data enabled us to do our own calculations and the aggregated data provided us results based on which we could compare our own findings. Our own calculations confirmed the partner's results which show that 56.34% of beneficiaries attended at least 7 sessions. **Considering this result, it seems that the target of 80 % of beneficiaries who attended at least 7 sessions that was specified in the project proposal has not been reached.** However, looking at the literature and participation rate of this type of programs around the world, the current achieved participation rate is very high. One of the reasons why we observe such a high participation rates is that VSLA promoters explained to beneficiaries that if they would miss the training they would not be able to be part of the VSLA anymore.

Table 5 Participation rates

Indicators	Target	Achieved	Difference	Data Source
% of beneficiaries who received at least 7 training modules	80	56	-23.66	Admin data
Community facilitators attendance rate to trainers' training sessions	Unspecified	97%	Irrelevant	Adult registration form

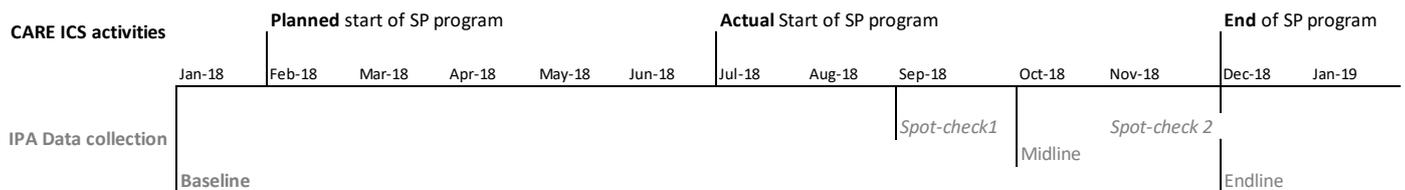
Recommendation: In its final report, the partner has reported that male attendance was a challenge because the program was implemented during a period when beneficiaries were busy with farming activities. To alleviate issues linked to low attendance rate from occurring again it is necessary that the potential beneficiaries' agenda is given more consideration. Particularly, it would be helpful that training sessions areas are held during periods when beneficiaries are less busy.

✓ 2.2. Achieves direct outcomes

Out of the three direct outcomes targeted by the program positive and significant changes appears for two related to child stimulation practices and positive parental practices. These findings are backed by reported attitudes and knowledge on violence and childhood stimulation that have improved. As for the more indirect outcomes such as child labor or women's financial skills, given the methodology used and the other projects implemented by CARE in the meantime it appears difficult to draw solid conclusions.

✓ Criteria 2.2.1 Changes of beneficiaries' knowledge, behavior and practices have been observed over time

Figure 1: Pilot timeline



Methodological section:

IPA has carried out two major waves of data collection. The first one was implemented before the start of the program and is so called a baseline. More detailed information about the power computation and other data collection protocol is available in Annex A.

During baseline, IPA collected data on beneficiaries and non-beneficiaries to assess the effectiveness of the targeting of beneficiaries. Due to logistics hurdles and project delays in implementation, the effective start of the program occurred five months after we completed our baseline. The program was finally rolled-out in June. At the same period VSLA loan cycles ended, resulting in many beneficiaries surveyed earlier dropping the program. As a result, we have information for only 42 individuals at both baseline and endline. We will discuss the implication of such a small sample on our results an analysis at the end of this section.

To compensate this lack of statistical power due to our small sample size, we decided to collect information on more beneficiaries at endline to have a larger sample of beneficiaries. Information was therefore collected on 160 beneficiaries out of the 220 trained.

Our analysis will therefore be divided in two sections. We will first discuss results of the endline survey and compare the current findings to the preliminary objectives set by the organization. In a second stage, the analysis will compare baseline and endline results on preliminary outcomes, using our smaller panel sample of 42 beneficiaries.

Change in Direct Outcomes

To avoid the misuse of data during our analysis, a joint effort was made with all partners to come up with a clear pre-analysis plan. Setting the key variables to measure and being specific about how we measure them helps us to avoid picking only the outcomes that are significantly positive during the final analysis.

Three key families of outcomes were identified before project’s roll-out – child development knowledge and practices, child maltreatment knowledge and practice and women’s financial skills.

In their proposal, ICS-SP set a target of 70% for the key outcome variables. This target was set without prior specific knowledge of the context and starting levels of knowledge.

Table 6 summarizes the main findings on the key outcomes using a before/after approach. A more detailed analysis of these results is presented in the next sections.

Table 6 Direct Outcomes

	N	Mean Baseline	Mean Endline	Difference
Outcome 1: Child Development Outcomes				
% of the caregivers who report having engaged in four or more activities to promote learning and school readiness in the past 3 days	42	40%	45%	5%
Outcome 2 :Knowledge on child maltreatment including child labour				
% of the caregivers who used only[2] positive child discipline[3] methods (take away a privilege, explaining, giving the child something else to do) with their children in the past 30 days	42	5%	26%	 21%
Outcome 3: knowledge and skills amongst women[4] on budgeting family income and plan family needs				
% of women who reported having taken a loan (from any source) for an income generating activity[5]	34	32%	26%	-6%

Endline Child Development practice:

Looking at table 7, we observe a variance between the different child stimulation practices used by caregivers. In fact, playing and singing are the most common practices reported by caregivers. Interestingly the higher scores are observed among the broader categories like “playing”, while more specific categories such as naming things, counting or drawing have lower scores. These categories are the basis for the MICS UNICEF indicator that reports the percentage of caregivers having conducted at least four of these learning and school-readiness activities in the last three days. The aggregated indicator presented at the end of the table reveals that 41 % of beneficiaries are engaged in activities to promote learning in the past three days. This figure seems to be above the national average presented in the MICS 2016 that reaches 28%. Looking into more details we observe that the precise indicator is “ % of children with who an adult was engaged in four or more activities to promote learning in the past three days”. This indicator is focusing on the children between 36-59 months when our indicator focuses more on caregivers that can sometimes have more than one child under 8.

Table 7: ECD practices endline

Indicators	N	mean	SD
% of caregivers who reported having done the following in the last three days:			
Read a book or looked at a picture book with their child	160	45%	0.45
Told a story to their child	160	36%	0.48
Sung a song with their child	160	55%	0.50
Taken their child outside the house	160	55%	0.50
Played with their child	160	58%	0.49
Named things, counted, or drawn with their child	160	41%	0.49
% of the caregivers who report having engaged in four or more activities to promote learning and school readiness in the past 3 days	160	41%	0.49

Child discipline methods: endline

Table 6 shows results for child discipline methods used by caregivers during the last three days.. Amongst the discipline methods in the table 8, the UNICEF MICS survey codes only three as “positive” methods: taken away some privilege; explained to their child; and giving their child something else to do. It is notable that the rates of use of these positive methods among beneficiaries are high. We also observe a very low prevalence of the most violent child discipline methods such as slapping their child on their face, head or ears.

The aggregation of these indicator gives us our target indicator which is the percentage of parents that exclusively used positive child discipline methods during the last 30 days. For the endline this indicator reaches **26 %**.

If we look at the attitude towards the use of violent child discipline methods, we observe that **70 %** of beneficiaries disagree with the use of physical methods to discipline, raise or educate a child.

Table 8:Reported child discipline methods endline

Indicators	N	mean	sd
% of caregivers who reported having used the following child discipline methods in the last 30 days:			
explained to their child why their behavior was wrong	160	68%	0.47
shaken their child	160	21%	0.41
screamed at their child	160	36%	0.48
given their child something else to do	160	44%	0.50
spanked their child on their bare buttocks	160	17%	0.38
hit their child with something such as a belt, hairbrush, stick	160	3%	0.17
insulted their child	160	11%	0.31
slapped their child on the face, head or ears	160	1%	0.08
hit their child on the hands, arms or legs	160	13%	0.34
% of the caregivers who report having engaged in four or more activities to promote learning and school readiness in the past 3 days	160	26%	0.44
Caregivers general opinion on the use of physical methods to discipline a child			

% of caregivers who disagree with the use of physical child discipline method to raise or educate a child	160	69%	0.46
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Practices around child labor: endline

In this section we present statistics about child labor. We include respondents who are caregivers of 5-16-year-old children. Child labor and maltreatment is a complex issue that need to be carefully analyzed considering the many features of a child such as his age or gender. Looking at the patterns of child participation in domestic work we observe that girls are significantly more involved in all types of labor activities than boys. This is particularly true on specific types of work such as cleaning the house, where 73 % of girls took part while only 26 % of boys took part in it during the last 30 days. This strong gender difference can also be observed in the opposite direction in the figure 3. Indeed, boys tend to participate more in farming activities such as harvesting and field cleaning. This discrepancy between girls and boys' engagement is however significantly smaller than for domestic work.

Figure 2 Children domestic work: endline

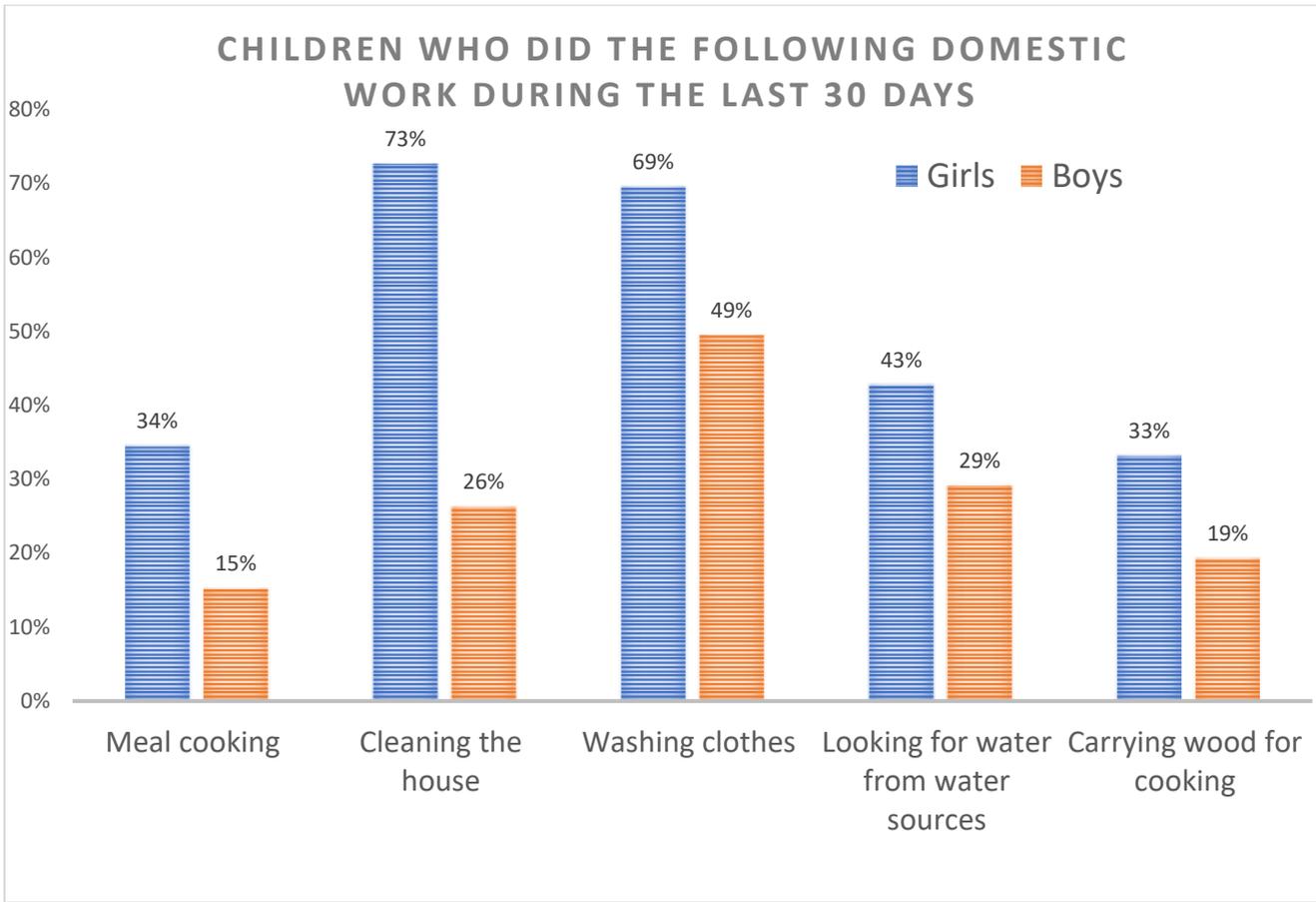


Figure 3 Children farm work: endline

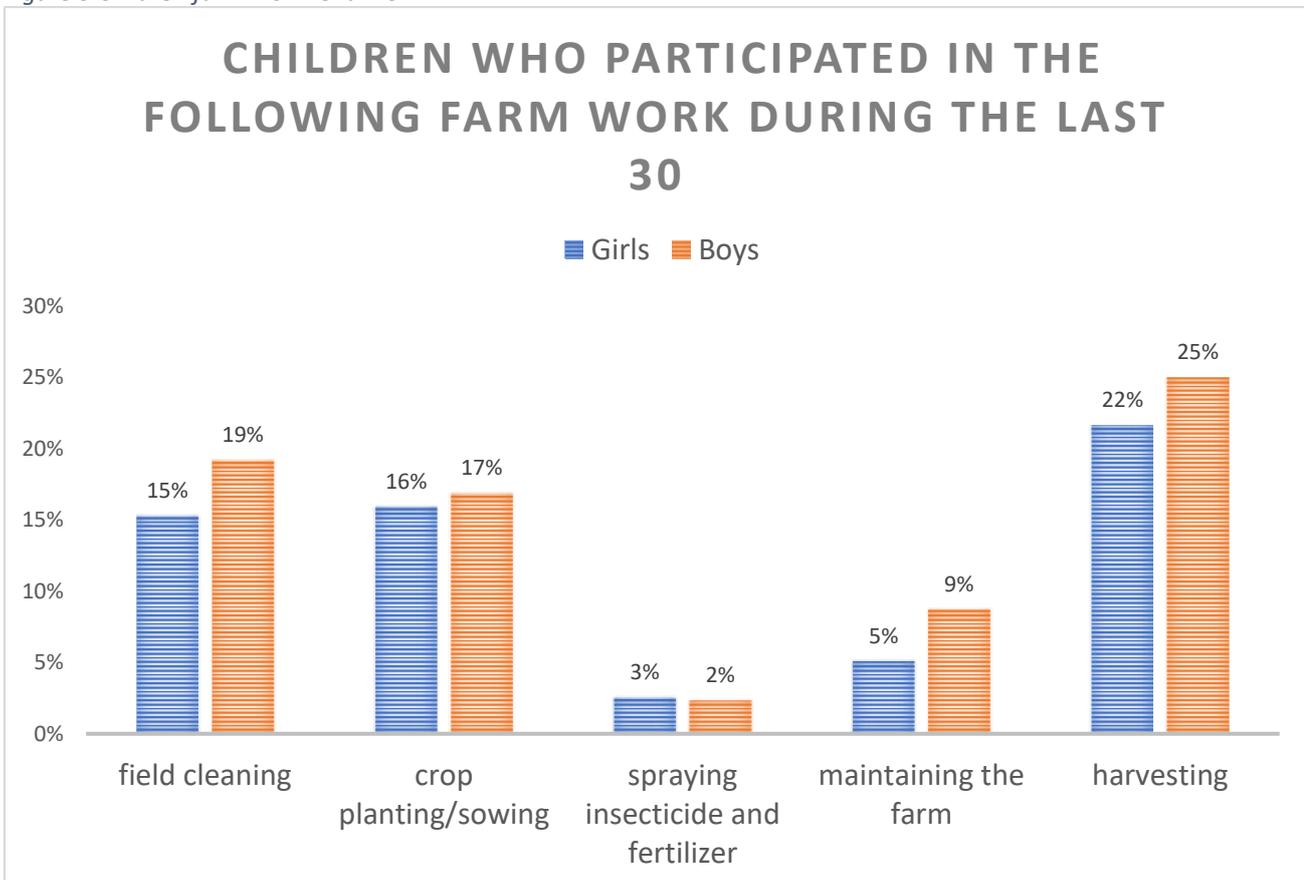
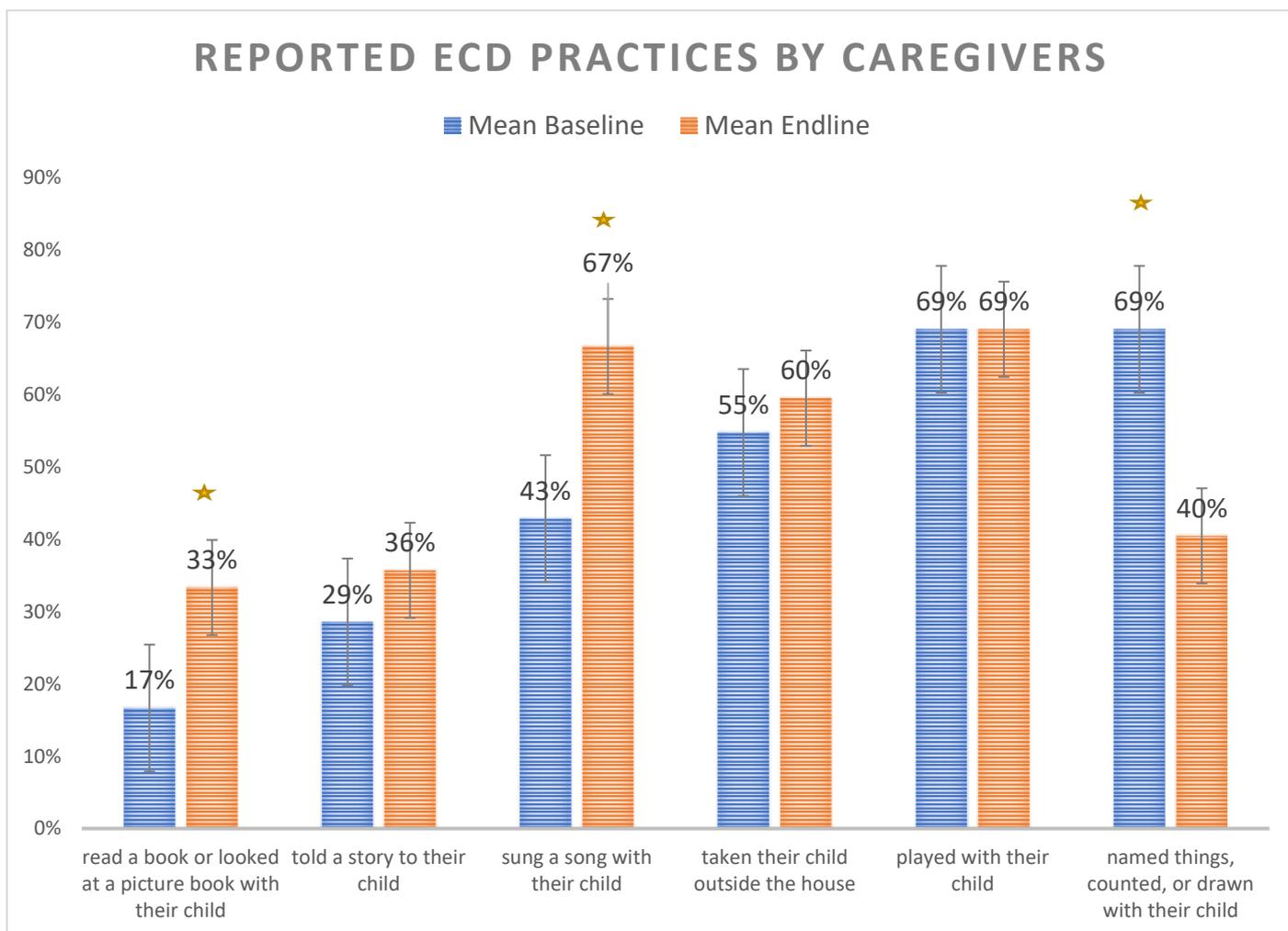


Table 9: Knowledge and skills financial education

Indicators	<i>N</i>	<i>mean</i>	<i>sd</i>
% of respondents who are members of VSLAs groups or tontine groups	160	99%	0.11
% of respondents who reported having taken loans during the 12 past months			
<i>Women</i>	119	74%	0.44
<i>Men</i>	41	76%	0.43
<i>Total</i>	160	74%	0.44
% of respondents who reported having saved money during the 12 past months			
<i>Women</i>	119	87%	0.33
<i>Men</i>	41	83%	0.38
<i>Total</i>	160	86%	0.35

As expected, nearly all beneficiaries are from the VSLA group with a large majority of women. Two thirds of the women beneficiaries took a loan during the VSLA cycle and 41 % of those used it for business or trade. Multiplying those two results we obtain the outcome 3 indicator: 25 % of beneficiaries took a loan for an income generating activity (IGA). Most beneficiaries saved money during the last 12 months and 45 % of them did it for investment and business and trade.

figure 4: Reported ECD practices baseline endline (error bars show 95% confidence interval)

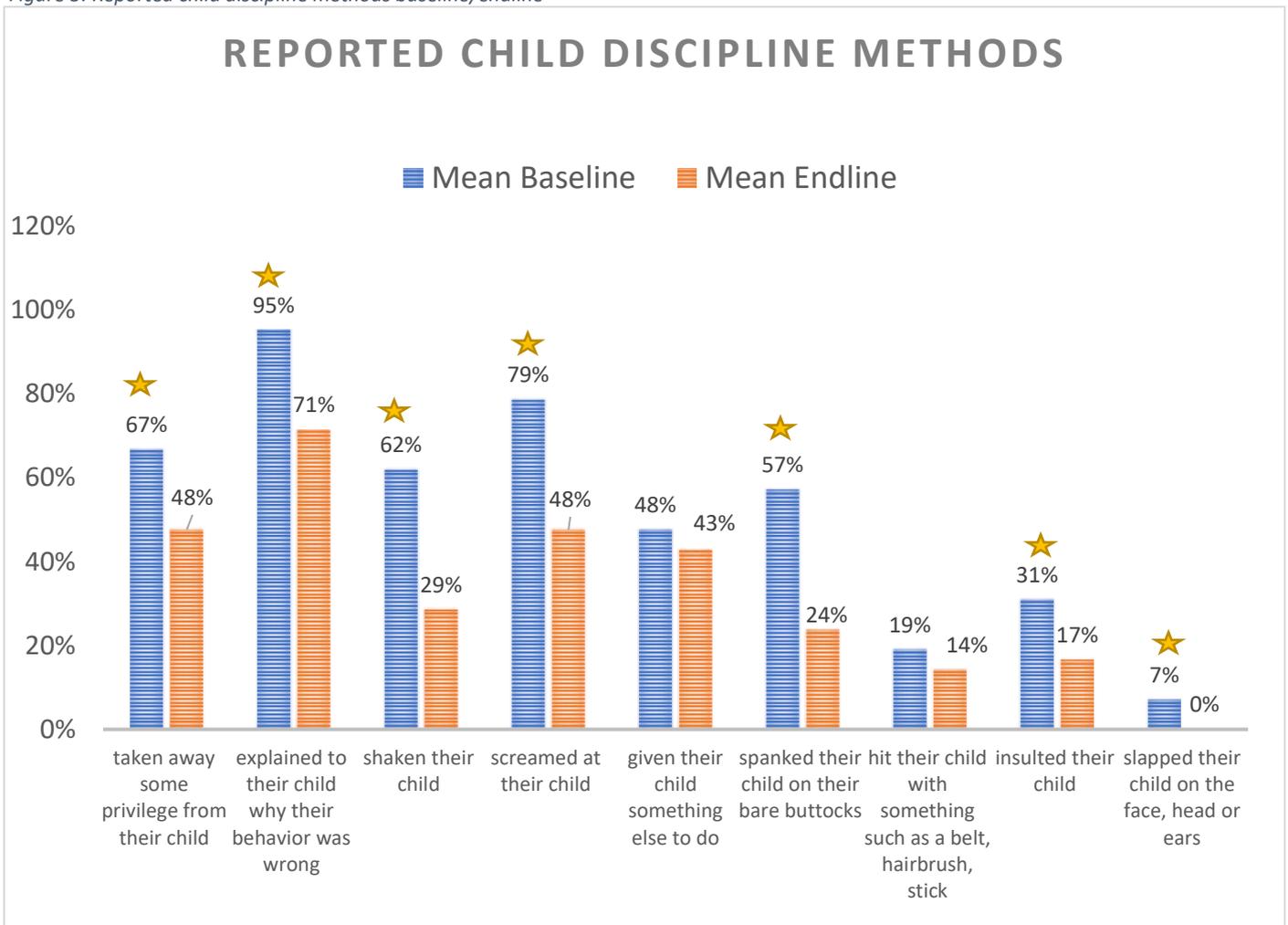


In figure 4, we present results for baseline and endline on our matched sample of 42 participants that were present in both rounds of data collection. We observe that some of the reported practices experienced a statistically significant change (statistically significant changes are marked by a star). This is the case for singing or reading a book, indicating a possible effect of the stimulation modules. Interestingly we however find a sharp decrease in the number of respondents declaring naming things or drawing with their children. For the aggregated indicator, % of caregivers who report having engaged in four or more activities to promote learning and school readiness in the past 3 days, we find an increase from 40 to 45 % but this is not statistically significant (noting that we have a sample of only 42 participants).

Crosschecking:

If we compare these results with the pre and post-test implemented by ICS in the field, we can observe that their results generally confirm the observations above, particularly in terms of an improvement on the parental stimulation practices described above (though the ICS data show higher self-reported practices scores, perhaps because the questionnaire was delivered right after the training or because beneficiaries had more incentives to respond as expected if the survey was implemented by ICS’s staff). Further detail on these results is in Annex 4.

Figure 5: Reported child discipline methods baseline/endline



According to our findings it seems that the training has been successful in changing parenting behavior and attitudes, reducing the use of violence towards children. We also observe that a significant number of parents started to use exclusively positive child discipline methods. This change in practice is supported by a shift of attitudes towards the use of violence to educate a child.

Looking at the figure 5, we observe the details of reported child discipline methods used by caregivers during the last three days. We observe a clear decrease in the reported use of negative methods such as insulting a child or screaming. However, we also observe a decrease in the number of positive methods that were used during the last three days. Looking at the aggregated indicator that reports the percentage of caregivers that only used positive child discipline methods we observe a significant change. In fact, during baseline only 5 % of parents declared using only positive methods when at endline 20% of parents report using only positive methods. Note that we observe some heterogeneity in the effects within our sample of beneficiaries, with a smaller fraction of parents who radically changed their behavior.

This shift is confirmed by decrease in the number of people that disagree with the following statement, “Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?”. In fact, during baseline, 80 % of respondents agreed with this statement when only 40 % of them agree with the following statement during endline.

Crosschecking:

Looking at the result of the pre and post-test of ICS in the annex 5 we observe very similar patterns. Most beneficiaries declared using less negative discipline methods, with a sharp decrease for the most violent ones.

Child labor:

Due to the fact that our analysis lacks a true counterfactual and relies on a before and after comparison, a detailed analysis of the change over time in children's participation in farming activities and domestic work is not feasible. In fact, many confounding factors which include agricultural season have a big impact on the participation of children in field work. During the harvest, many more children are helping their family than during the dry season. In addition to this, the schooling period is also an important predictor of child participation in domestic work. During holidays children tend to help their parents on the different daily tasks much more than during school time. As a result, given the difficulty to disentangle each factor influencing child labor we will limit our analysis to what was previously presented in figure 4 and 5. A graph showing the level of child participation in labor activities at the baseline and endline is available in annex 6. Given that the endline was carried out during the harvest season, we observe a very large number of children participating in the different activities, but of course we do not attribute this observed change to the program.

Women's financial skills

As mentioned above, looking at women's saving and loan rate as a baseline/endline comparison is not informative in our case because many factors are influencing these decisions. First, there is a strong cyclical factor in the VSLA: loans can be taken only during a certain period of time. In addition to this, during the SP program another soft skills gender based program was implemented by CARE promoters, *Women for Change*.

Threats to validity

Sample size:

A smaller sample of beneficiaries increases the variability of the estimates of the change over time, because of the increased sample variance. In our example it is possible that we would have found different results if we had taken another set of 42 individuals out of the final 188. This higher sample variance reduces the statistical power to detect statistically significant changes over time. This problem is even more severe if there is a high population heterogeneity and if indicators have a large variance.

In the current case, since most variables we are looking at are dichotomous (yes or no variables) the variance of our indicators is relatively limited. Despite the small size of the sample, crosschecking with various computation methods and samples, most results point in the same direction. In general, we are adequately powered to detect substantial shifts in key outcomes on most measures above.

Before/After Analysis:

The strength of the before/after analysis is the simplicity of implementation. However, this methodology makes a strong assumption, as it assumes that the program was the only factor influencing any changes in the measured outcomes over time. This assumption can be acceptable on very specific direct outcomes during a limited period of time (such as parental knowledge or practices on specific items that were the focus of coaching) but less believable when we are talking about less direct outcomes that could also be affected by other factors, such as child labor or women's position in a household.

Assessment: ✓

Out of the three direct outcomes targeted by the program positive and significant changes appears for two related to child stimulation practices and positive parental practices. These findings are backed by reported attitudes and knowledge on violence and childhood stimulation that have improved. As for the more indirect outcomes such as child labor or women's financial skills, given the methodology used and the other projects implemented by CARE in the meantime it appears difficult to draw solid conclusions.

✓ 2.3 Beneficiaries' feedback about the program is positive

Most beneficiaries reported being satisfied with the way the training was conducted and feedback on the trainers was very positive. Focus groups revealed an increased awareness on good parenting practices. Beneficiaries also acknowledge that big changes in social practices and norms takes time.

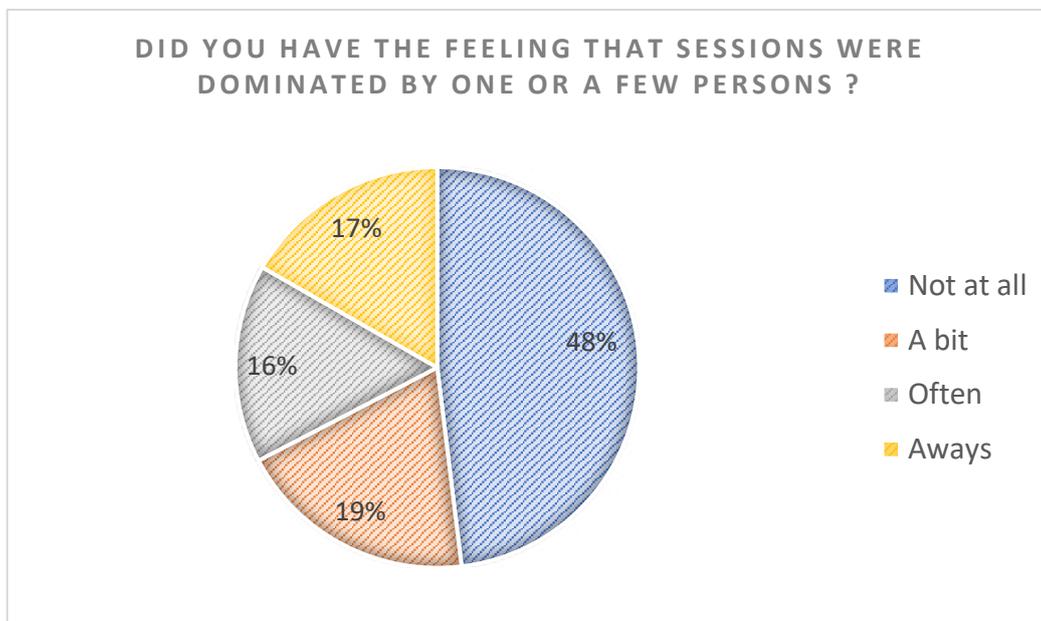
✓ 2.3.1 Beneficiaries provide positive feedback on the delivery of outputs:

According to the results of our two spot-checks, most beneficiaries reported that sessions were held regularly in a safe and comfortable place that suited everyone. They also reported that all required material for the training including images and posters were also available.

The endline survey confirms these results as 90 % of beneficiaries reported that sessions were always organized in a comfortable place for everyone to be at ease. Noting that ICS master trainers delivered most of the messages, an overarching majority of respondents also declared that sessions were organized in a timely manner, with a recap of the last session at the begin and a summary of the discussion at the end.

Interestingly, we had more nuanced answers when we asked a question about the domination of some participants during sessions. 33 % of participants considered that sessions were often or always dominated by a few. This is a very common feature of group dynamics that should be addressed in the training of master trainers.

Figure 6: Sessions were dominated by a few



93 % of beneficiaries reported that they would recommend the program to a friend and 88 % of the respondents reported that the program had a positive impact on their daily life.

✓ 2.3.1 Beneficiaries provide positive feedback on the main immediate outcomes:

IPA collected beneficiaries' feedback during several stages of the project. First, during the baseline and endline through two rounds of focus groups, and then during the two rounds of spot-checks.

During the spot-check the M&E associate also tested the knowledge levels of beneficiaries on the different modules through a qualitative interview with 10 % of the sample.

Language barriers

One common challenge for all training programs in rural settings is the language. In fact, within one group it is possible to have beneficiaries that speak two to three different languages. This requires a high capacity of adaptation from the trainer and very deep knowledge of the local culture and vocabulary. One common criticism that focus group participants reported was the level of French used during training sessions. Many participants asked for the use of a simpler French during training sessions.

Time spent on trainings:

The focus group participants reported an average time of sessions around 3 hours. This length was perceived as being too long for many women that had to take care of a lot of chores in their households.

Recommendation: Promoters reported that the current ICS training should include more games and acting. These types of role plays are easier to understand for the communities and give practical examples of how to behave in specific situations.

Beneficiaries describe positive experience with the program

We conducted focus groups to understand more about participants' experience with the program. Focus group participants declared having learned new education techniques that they put in practice with their own children. For instance, they reported that before the project it was more common to hit a child or oblige them to do chores.

Nutrition

Beneficiaries learned that they had to exclusively breastfeed their children until 6 months. A focus group participant in X reported " We learned how to breastfeed our children, it's important to breastfeed between 0 and 6 months, and a we learned special position to breastfeed our children to avoid the milk entering in our children's noses". Participants also declared having learned what was needed to educate a child in a safe environment, cure him when he is sick and send him to school at the correct age.

Child Development

To talk about child development and more particularly cognitive skills, many participants used the word "intelligence" which refers to the hope that child development practices would in turn create wiser people that would be better off. As a result, many participants reported that it is important to develop children's intelligence. One of the most cited channels to develop intelligence was speaking to children, "It's important to speak the language to your children" reported a beneficiary in AWA AVEC. Most participants also identified playing as a way to develop "intelligence" or cognitive skills.

Beneficiaries describe how they put in practice the knowledge acquired during the pilot

Concerning how beneficiaries effectively adopt new practices, participants mostly cited children's education and household communication. One participant clearly cited the main message of the program saying that "everything we told us, we are doing, we know we must speak to our children, with our husbands, we are doing everything. We are not hitting our children anymore, we are playing with them, talking with them, taking care of them". This sentence resumes clearly the essence of

the training that mostly insisted on the importance of communication within the household between partners but also with children

Recommendation for scale-up: ICS should invest in refining their training material to build on the pilot experience. Reducing the time of a session, simplifying some of the core concepts, introducing more role plays are some of the avenues forward identified through our qualitative work with participants.

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

Due to an incorrect assessment of the field constraints and terms of cooperation between ICS and CARE, ICS had to take-over parts of the logistical costs through an amendment with Jacobs foundation. Resources could have been better allocated from the inception as the core activity of the program received only 11% of total budget.

[Details removed]

✔ 3.2 Project management is successful

Important delays occurred on the project due to contractual arrangements and coordination issues. Despite the 4 month delays on the material contextualization the project managed to finish activities with only one month of no cost extension. We note that this rush in project implementation had a significant impact on the collaboration between CARE and ICS. This resulted in a unbalanced distribution of tasks, with ICS master trainers delivering nearly all trainings.

[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

Credible and reliable data was regularly collected by the partner and shared according to the agreed calendar. Given the types of measures we are interested in such as self-reported behavior or attitude we cannot rule out that the pre and post-test are biased to some extent.

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

In their proposal ICS referred to an online project portal connected to monitoring tools. Despite the work of ICS's team, we couldn't observe the use of this type of technology during project implementation.

Data was collected by mainly one person in charge of most of the training, ICS's master trainer. The first data was shared in August, one month after the start of the project. Thereafter, ICS continuously shared monitoring data until November as defined in the monitoring plan. At the end of the project in November, ICS shared the final database designed by IPA.

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

The first spot check was conducted between the 19 and 20 September 2018. The objective was to assess the quality of the administrative data collected and test the first beneficiaries' feedback on the project.

The spot-check revealed that the list transmitted to IPA to compute attendance rates corresponds exactly to the attendance rate observed in the field. This is mostly due to the use of a unique excel file to track participation in all VSLA groups.

✓ Criteria 4.1.3 Monitoring data is actionable and aligned with program management

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: Measurement bias refers to the systematic difference between how someone responds to a question and the true answer to that question.

Credible data criteria	Valid	Reliable	Unbiased
Activity 2: Staff training	✓	✓	✓
Activity 3: Attendance	✓	✓	✓
Activity 3: Pre and Post test	✓	✓	✓

Activity 3: Pre and Post test

Valid: A large range of indicators were included in the pre and post-test

Reliable: We are confident data is reliable

Unbiased: Given the fact that ICS agents collected data directly after the training we cannot rule out that answers of beneficiaries are biased. This is even more true when many questions included in the test are related to global attitude of self-declared behavior.

✓ 4.2 Monitoring is used to learn and improve

Data was analyzed, used to learn and take corrective measures to improve implementation. A more detailed analysis on the pre and post-test data could have been carried out by the team in included in the final report.

✓ Criteria 4.2.1 Program improvements in response to monitoring

Operational Data

Detailed computation about attendance enabled ICS to take corrective measures to encourage beneficiary participation. Such corrective measures include engagement campaigns done by co-facilitators or the delivery of incentives through small snacks at the end of sessions.

Pre and Post Test:

ICS rolled out a large scale pre and post survey on their program. The data collected through excel was well organized and detailed. Both pre and post-test were shared with IPA but the databases were not matched in such a way that would have enabled us to quickly compute the before/after analysis. Both databases were merged by IPA, and the results are available in the annex. Despite precise data collected in the field, ICS did not provide an analysis on the main results in their final report.

Spot-check:

During spot-check visits an overall assessment of beneficiaries' knowledge was carried-out. One to one interviews were conducted to assess beneficiaries' knowledge of the core concepts for each module. A quick overview of these results using

a colour system is available in the annex 5 and 6. ICS responded positively to our spot-check results and implemented changes on their training module, more particularly on the self-esteem module that was not well understood by some AVEC groups.

5. Sustainability

The sustainability section will include the following two criteria:

- ✔ Provides sustained benefits for community
- ✔ There are prospects of scale up beyond GMM2

✔ 5.1 Provides sustained benefit to community

Some signs of sustained benefits in the community are identified, and the challenges to ongoing use of the practices learned seem surmountable. However, most promoters involved in the project declared being in need of financial support to continue delivering the training.

✔ Criteria 5.1.1. Signs that the intervention from the pilot will continue to benefit the beneficiaries/community members over time

Prospects of maintaining practices over time:

From our focus groups, we discussed with participants the prospects for maintaining the changes in their lives over time. After the first half hour of focus group discussion, participants started to declare that habits are difficult to change. A participant declared “ *We are doing bit by bit, we cannot radically change the way we were doing before so we are doing bit by bit.* ” This difficulty to change behavior was most noteworthy on the intra-household communication and organization. Women mostly cited their husband’s behavior and perception of the role of a woman in a household as a barrier for new practice adoption. The social norm consisting of “ *The women does not give orders to a man* ” was frequently cited as a main barrier for the implementation of shared budget within the household.

Many beneficiaries in focus groups reported the importance of a change in practice at the community level. In small villages many people other than the direct caregivers are involved in children’s education, and if only a small fraction of the community is using positive child discipline it might not be enough to trigger a global change. Finally, beneficiaries declared the lack of financial means as a barrier to new practices’ implementation. This is particularly relevant for the nutrition module that advises parents to buy specific food that is often more expensive.

Prospects of ongoing delivery of program:

The VSLA approach had initially two major advantages. First, using an existing group structure is a convenient way to deliver a program and achieve a good participation rate. Second, training VSLA promoters to deliver SP had the clear advantage of setting the foundation of a more sustainable approach given their participation in many loan cycles. However, current findings seem to indicate a limited buy-in of VSLA promoters given their voluntary status and their high involvement in CARE activities. During individual interviews many promoters acknowledged the quality of ICS’s staff and their availability to answer questions. A key topic of discussion was also the incentive package ICS delivered to promoters involved on the projects, meaning reimbursement of transportation costs and T-shirts. This last component creates many debates as most promoters declared that a good way for them to continue delivering the program would be to receive financial support from ICS.

ICS-SP left all the needed material to continue delivering the training during VSLA meetings. In the final report ICS-SP also mentioned that some community facilitators like those of Kouamekro and X started transferring SP methodology to other VSLAs. In addition to promoters, ICS also trained 3 leaders in each VSLA to guide parenting discussions after the project period.

✔ 5.2 There are prospects of scale-up beyond GMM2

Not enough time and resources have been devoted to seek government buy-in due to the short period of implementation. For the time, being the organizational capacity to implement a project at scale appears to be limited resulting in few potential prospects for scale-up beyond the company funding.

✔ Criteria 5.2.1 Evidence of government/partners buy-in

Due to the short timeframe of the project and the remote location of the top management more work should be carried-out to seek for government buy-in on the project.

Locally, ICS and CARE organized two stakeholders' events in Gueyo and Soubré with authorities and community leaders to explain the project.

In addition to this, ICS made the effort to link beneficiaries with different service providers. A first project to map all the services that are available was carried out. ICS-SP however acknowledged that not enough time and staff resources were allocated to this task.

✔ Criteria 5.2.2 Organizational capacity to implement at scale

ICS proved its ability to recruit highly skilled staff that implemented the coaching at large scale at a high quality level. However, the fact that the top management is in Kenya and not speaking French had an adverse effect on the efficiency of the advocacy work and the capacity of the organization to provide a quick answer to specific problem identified in the field. In addition, it is not clear that this model of hiring trainers and having them deliver the program directly to the VSLAs would be feasible at scale.

The scaling vision of the current project has not been clearly defined.

Brookings Feedback on GMM2 Company Partner, ICS-SP, and CARE Scale-up Project Workplan

March 1, 2019

Strengths of Scaling Plan

Overall, Brookings found the proposed project workplan from Company Partner, ICS-SP, and CARE to be a strong initial plan for scaling. We were excited to learn about their efforts and progress to date and felt the plans for scale were carefully considered and well developed. In particular, we noted that the scaling vision emphasized expanding the impact of the pilot and considered multiple pathways towards achieving this goal, including horizontal scale through expanded direct implementation, vertical scale through integrating components into government plans, and organizational scale through partnerships with other service providers. Further, we were pleased to see the plan included adaptations to simplify the model and consider ways to make it more cost-effective and easily-replicable to facilitate scaling. Another strength of the plan was the framing of scaling as a non-linear, iterative process; the plan struck a good balance between planning for scale from the start, while understanding that scaling plans must be flexible and capable of adaptation based on data, real-time learning, or new changes to the enabling environment.

Other key strengths of the scaling plan include:

- Clearly identifies and responds to a need felt by both the local communities and the Ivorian government and aligns with national priorities;
- Employs a systems-approach when considering scaling, assessing in particular where there might be support in the system to facilitate scale up and where to potentially leverage existing avenues to expand service delivery long-term;
- Considers the enabling environment that can enable or impede scaling;
- Adapts the monitoring and evaluation plan to better suit the scaling phase, looking beyond outputs to also measure progress, challenges, successes, and lessons learned and to understand how the scaling process is unfolding; and
- Incorporates lessons learned from the pilot phase into the adapted design of the program. For example, it was good to see how the project design was adapted to address challenges faced in engaging fathers in the training during the pilot phase.

Areas for further development

There are a few areas of the scaling plan that CUE felt could benefit from additional information, consideration, or clarity, especially since these areas will have significant implications for designing, implementing, and financing the initiative at scale.

- **Training.** One challenge identified during the pilot phase was that facilitators tended to become “sloppy” or distort key messages of the training over time. In this next phase of work, it would be helpful to hear how additional consideration is given to strategies for maintaining quality and impact of the training over time, and especially as scaling. In particular, the project team should consider how to ensure quality when training additional cohorts of facilitators, since dilution of content and quality has been well documented in the cascade model of training and will only be exacerbated during the transition to implementation at larger scale. The scaling plan mentioned the potential for holding refresher training courses or including ongoing mentoring for the facilitators, but it was not clear if these options were still being considered or whether

they would in fact be implemented during the scaling phase. If the latter, additional information about how the refresher courses will be implemented and the budgetary implications of these trainings would be useful.

- **Facilitator compensation and motivation.** A second area that would benefit from further detail is the question of compensation and incentives for the facilitators. The pilot used an incentive package to help support and motivate volunteer facilitators, but it was not clear how this package was being incorporated into the next phase of work. The plan would benefit from further detail on whether an incentive package will be included in the next phase of work, what it would include, and the financial implications of that choice. If an incentive package is not being used, more discussion on other plans to maintain facilitator motivation would be beneficial. This issue closely aligns with the question of who will serve as facilitators in the long-term and how these individuals will be compensated. It appeared as though the plan was for the training to eventually be delivered by government officials where possible, but it was not clear where this plan currently stood, whether these individuals would be engaged during the next phase of work, or how they be compensated/motivated.
- **Delivery channels.** While the final pilot report indicated a clear intention to explore additional delivery channels and mechanisms for delivering the Skillful Parenting intervention through existing systems and infrastructure (such as the health care system), the scaling plan only included concrete plans to deliver the intervention through Village Savings and Loan Associations. Given the long-term scaling goals, exploring and further developing additional avenues for delivering the training will be essential during the next phase of work. However, it was not clear in the scaling plan whether the proposed activities would include testing additional delivery channels in this next phase of work.
- **Plans for simplification.** As mentioned above, CUE felt that the adaptation and simplification of the model based on learning from the pilot is a strength of the scaling plan. However, more details would be useful on exactly how the decisions on what elements to eliminate and simplify were made, and if there is any evidence that these changes will not impact the effectiveness of the intervention.
- **Government engagement.** CUE felt that the long-term vision for government uptake and integration of key elements of the intervention was a core strength of the scaling plan. However, the plan did not include many concrete steps or activities to lay the groundwork for progress toward this goal. Especially in first three years of work, the scaling plan would benefit from clearly detailing more concrete activities and outcomes toward the goal of government integration, such as identifying possible government channels for potential take up or direct engagement with government representatives beyond what TRECC has already planned to facilitate. This will also include exploring where the initiative can build on and leverage existing infrastructure in the system, beyond just building new infrastructure from scratch. Finally, it would be useful to have more detailed information about the project partners' specific long-term vision for "full scale" and what it would look like if this goal was accomplished. For example, it was not clear whether their vision for full scale meant every parent in the country would be participating in the program, every parent in the country would have access to the program, every family in a cocoa growing community would participate in the program, etc.

Opportunities for learning across pilots

There were several areas of commonality between this scaling plan and the scaling plan proposed by HKI, Partner companies that offer interesting scope for cross-pilot learning, sharing, and collaboration. For example, both initiatives are exploring different potential delivery mechanisms for implementing parental education programs and could benefit from the experiences of the other. Both pilots are also grappling with issues of compensation and motivation for facilitators; the issue of bridge funding between pilot and scaling phases; the potential to incorporate technology into the program design; and strategies for better engaging fathers in the training program.

Potential role for the Real-time Scaling Lab

Finally, there were several places in the scaling plan where CUE found that the Real-time Scaling Lab could help to address challenges or needs identified by the project team. First, the scaling plan noted the strong reliance on TRECC for facilitating and leading the initiative's high-level engagement with government representatives. They note that this type of advocacy is time-consuming, and the project would benefit from additional support in this area. Together with the TRECC's team existing efforts, the Real-time Scaling Lab could play a role facilitating the dialogue between the TRECC pilot projects and government representatives, in order to support the conversation around how the interventions could feed into national policies and programs. While this is not a new idea for the potential role the lab could play, CUE was happy to see the desire for this type of engagement from the Company Partner-ICS-CARE project team and to note that the scaling lab could respond to directly to an identified need for additional support.

Additionally, when discussing potential obstacles to scale, the plan noted the challenge that TRECC includes multiple early childhood development projects, which are essentially competing for similar partnerships, resources, and attention from the broader system. The plan highlighted the potential for this reality to make scaling even more difficult, especially if the pilots are not well coordinated but rather working in isolation to engage the government and advocate for take up of their own solution. CUE believes this would be another place for the Real-time Scaling Lab to add real value to the TRECC process and respond directly to a concern identified by one of the project teams. The lab could help facilitate coordination, alignment, and streamlining between the different ECD pilots and support them to share learning and experiences with each other as well as with the government partners.

Annexes:

Annex 1: ICS Module Structure 1

Module	Module name	Content	nb of session
1	Relations familiales:	Un dialogue sur la définition et l'importance de la famille dans la société africaine, y compris comment les relations familiales (élargies) et la relation entre les parents/conjoints ont une influence sur le développement de l'enfant. Exploiter les atouts, les valeurs et les compétences au niveau de la famille.	1
2	Rôles et responsabilités	d'un bon parent : Les informations sur les étapes de développement de l'enfant, les besoins des enfants et les styles parentaux, suivi de la discussion sur les rôles et responsabilités d'un bon parent, y compris les informations spécifiques sur l'importance pour les pères de rester disponibles, réactifs et impliqués dans le processus de la parentalité.	1
3	Estime de soi et soins personnels	Les informations sur les raisons pour lesquelles l'estime de soi est importante dans le rôle parental et quels facteurs contribuent à influencer l'estime de soi, y compris le développement de l'estime de soi chez les enfants et l'importance du soin personnel et la gestion du stress.	1
4	Valeurs et discipline :	Les informations sur l'importance des valeurs familiales positives dans le processus de la parentalité, les différences entre la discipline et la punition et la résolution de problèmes liés à l'âge. La discipline ; comment améliorer le comportement positif chez les enfants et gérer les comportements difficiles chez les enfants.	1
5	Communication	Les informations sur les caractéristiques d'une bonne conversation et les 4 C de la communication dans la famille (communication, attention, engagement et valeurs communes). Comment communiquer avec les enfants et les obstacles et les solutions pour une communication efficace entre les conjoints, entre les parents et leurs enfants.	1
6	Protection de l'enfant	Les informations sur les différents types de maltraitance et de négligence (notamment le travail des enfants), les causes de maltraitance et de négligence des enfants. Les effets de la maltraitance et la négligence des enfants, et les mythes et préjugés sur la maltraitance et la négligence des enfants. Suivi de la prévention et la réponse à la maltraitance et à la négligence des enfants, y compris les facteurs de risque à la maison, à l'école et dans la communauté.	2

		Comment réduire les facteurs de risque et les signes (précoces) de maltraitance ou de négligence. Et comment parler aux enfants de la maltraitance et quelles actions doivent être menées et par qui. Renforcer la résilience et aider les enfants et la famille affectés à faire face à la maltraitance.	
7	Budget familial	: Informer les parents (et les enfants) sur l'importance de la gestion du budget familial, l'endettement et comment prioriser et planifier les dépenses. Former et soutenir les parents dans la réduction et la prévention de l'endettement. Former et informer les parents et les enfants sur l'importance de l'épargne et les difficultés liées à l'épargne, y compris la gestion des risques et des urgences. Mettre un accent particulier sur la communication au sein de la famille concernant les finances afin d'avoir des enfants financièrement responsables.	2
8	Développement de la petite enfance	: Les informations sur la stimulation adaptée à l'âge et les activités de jeu nécessaires pour promouvoir le développement de l'enfant. Les parents recevront également des informations sur la façon dont ils doivent positivement orienter le comportement d'un enfant.	1
9	. Nutrition		1

Annex 2: Child environment characteristics

For all tables in annex, N means number of observations and sd standard deviation

Annex 1: Child environment characteristics

Child environment indicators	<i>N</i>	<i>mean</i>	<i>sd</i>
Relationship of the main caregivers to the 0-8 child			
% of main caregivers of 0-8 child who are household heads	160	44%	0.00
% of main caregivers of 0-8 child who are household head spouses	160	27%	0.00
% of main caregivers of 0-8 child who are household head children	160	7%	0.00
% of main caregivers of 0-8 who are other household head co-wife	160	4%	0.00
% of main caregivers of 0-8 who are household head other parent	160	10%	0.00
% of main caregivers of 0-8 who are household cohabitant	160	3%	0.00
Main occupation of the caregivers			
% of caregivers who are farmers	160	65%	0.00
% of caregivers who small businesses	160	18%	0.00
% of caregivers with other occupations	160	17%	0.00
Type of farming activity conducted by caregivers who are farmers			
% of farmer caregivers have cocoa as main crop	160	72%	0.00
% of farmer caregivers who reported being affiliated to a cooperative	160	9%	0.00
Education of the caregivers			
% of caregivers who went to school	160	46%	0.00
Highest education level of caregivers among those who went to school			
% of caregivers whose highest education level is primary school	160	65%	0.00
% of caregivers whose highest education level is junior high school	160	25%	0.00
% of caregivers whose highest education level is senior high school	160	7%	0.00
% of caregivers whose highest education level is University	160	3%	0.00
Health certificates			
% of caregivers that no of their children don't have a birth certificate	160	38%	0.49
% of caregivers who reported that none of their children have a vaccination certi	160	19%	0.19

Annex 3: Child environment indicators baseline Annex3

Child environment indicators	Beneficiaries	Non-beneficiaries	Difference
Relationship of the main caregivers to the 0-8 child			
% of main caregivers of 0-8 child who are mothers/mothers-in-law	33.7	35.8	-2.2
% of main caregivers of 0-8 child who are fathers/fathers-in-law	34.5	30.2	4.3
% of main caregivers of 0-8 child who are brothers and sisters	1.19	1.4	-0.21
% of main caregivers of 0-8 who are other family members	17.1	20.3	-3.2
% of main caregivers of 0-8 who don't have family relationship with the child	13.5	12.3	1.2
Main occupation of the caregivers			
% of caregivers who are farmers	52.2	60.7	-8.5
% of caregivers who small businesses	30.4	17.9	12.55
% of caregivers who are housewives	13	3.6	9.4
% of caregivers with other occupation different from the above	0	10.7	-10.7
% of caregivers without any occupation activities	0	7.1	-7.1
Type of farming activity conducted by caregivers who are farmers			
% of farmer caregivers have cocoa as main crop	33.3	76.5	-43.2(**)
% of farmer caregivers who reported being affiliated to a cooperative	4.35	0.0	4.35
Education of the caregivers			
% of caregivers who went to school	39.13	53.57	-14.44
Highest education level of caregivers among those who went to school			
% of caregivers whose highest education level is primary school	66.7	26.67	40.03(*)
% of caregivers whose highest education level is junior high school	11.1	46.67	-35.57(*)

% of caregivers whose highest education level is senior high school	22.2	6.67	15.53
% of caregivers whose highest education level is University	0.0	20.0	-20.0
% of caregivers that no of their children don't have a birth certificate	19.7	13.0	6.7
% of caregivers who reported that none of their children have a vaccination certificate	6.6	1.9	4.7

Annex 4: Pre and Post test results ICS

This annex shows the results of the pre and post-test implemented by ICS in the field. First, the overall level of stimulation practices is higher than reported during our baseline and endline. This might be because the questionnaire was delivered right after the training or because beneficiaries had more incentives to respond as expected if the survey was implemented by ICS's staff. Out of the 6 indicators, 4 experienced a statistically significant change (indicators with a starred p value). These are namely about whether the respondent caregivers, told a story, sung a song, read a book and played with their child. We don't observe the same pattern for the question about naming and counting things. Higher values of reported practices are reported and 4 are significantly different from baseline, in turn positively impacting the aggregated outcome measure that now reaches 64%. According to the data collected by ICS, 64 percent of caregivers reported being engaged in four or more activities to promote learning. This is still below the target of 70% set prior the program implementation but corresponds to a significant change of 23 percentage point.

Indicators	N	Mean pre test	Mean post test	diff	SE	P value
% of caregivers who reported having done the following in the last three days:						
Told a story to their child	195	43%	66%	-23%	0.0432	0.0000***
Sung a song with their child	195	67%	81%	-14%	0.0442	0.0014***
Played with their child	195	70%	87%	-16%	0.0414	0.0001***
Read a book or looked at a picture book with their child	195	24%	37%	-13%	0.0453	0.0052***
Named things, counted, or drawn with their child	195	22%	28%	-6%	0.0437	0.1987
Taken their child outside the house	195	86%	85%	1%	0.0308	0.7398
% of the caregivers who report having engaged in four or more activities to promote learning and school readiness in the past 3 days	195	41%	64%	-23%	0.0467	0.0000***

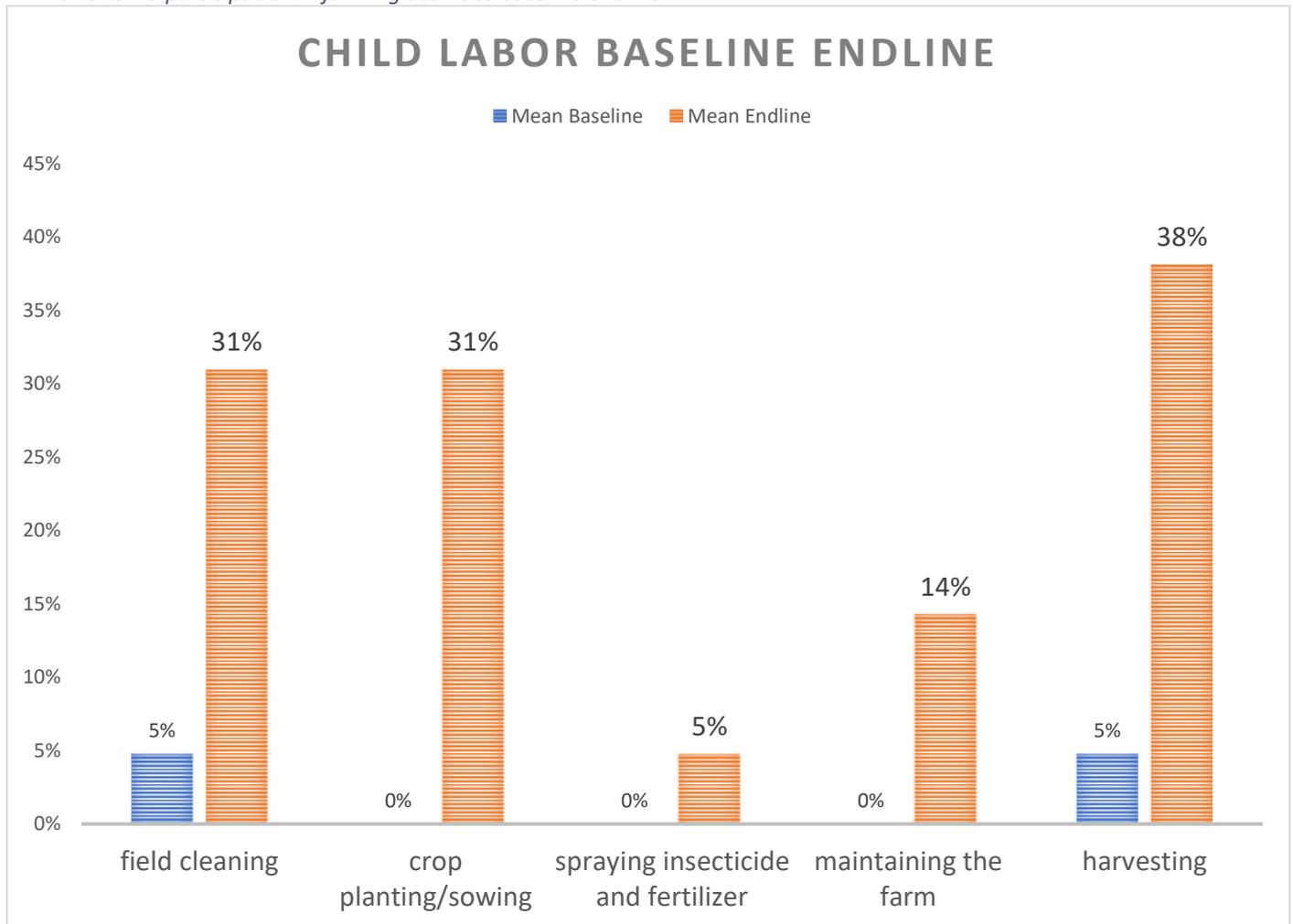
The ICS-SP questionnaire also revealed significant changes on knowledge relating to the correct age of introduction of solid food and the period of exclusive breastfeeding (see table below), tending to support the improvements on practices observed above.

Annex 5: Pre and Post test results

vars	Obs	Pre	Post	Diff	SE	Pval	
Can name the correct period for exclusive breastfeeding	187	47%	77%	30%	0.047	9.97E-10	***
Can name the correct age to start introducing complimentary solid foods	187	31%	71%	40%	0.048	3.51E-14	***
Can name the correct age for pre-school education	187	26%	43%	17%	0.046	0.00024	***

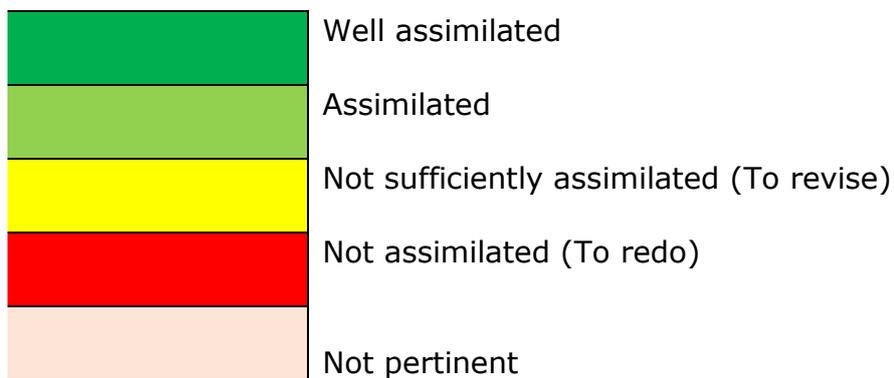
What do you do when your child misbehaves or does something wrong?	N	Pre-test	Post-test	Diff.	Std. error	Pval	
Understand the meaning behind the behavior	187	52.41%	67.38%	-14.97%	0.051	0.004	***
Punish the child	187	44.39%	11.76%	32.62%	0.041	2E-13	***
Discipline the child	187	40.64%	48.66%	-8.02%	0.050	0.11	
Do nothing	187	4.28%	4.28%	0.00%	0.020	1	
What are the different ways in which you correct your child when they have done something wrong ?							
Deny food	187	17.65%	8.02%	9.63%	0.035	0.006	***
Deny privileges	187	16.58%	4.28%	12.30%	0.030	8E-05	***
Cane, beat, Pinch, shake	187	27.81%	4.81%	22.99%	0.036	1E-09	***
Shout, yell or scream verbal insults	187	37.43%	26.20%	11.23%	0.049	0.022	***
Explain why something is wrong	187	27.27%	70.05%	-42.78%	0.046	4E-17	***
Nothing	187	2.14%	3.74%	-1.60%	0.018	0.367	

Annex 6: Child participation in farming activities baseline endline



Annex 7: Spot-check results knowledge

Chart:



Community	AVEC Group	Communication	Child protection	Family budget	Self-esteem and self-care	Nutrition
X	X					
	X					
X	X					
X	X					
	X					
	X					
X	X					
X	X					
X	X					

AVEC group	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9	Average per Group
X	70%	66.66%	70%	56.66%	66.66%	70%	66.66%
X	80%	66.66%	63.33%	60%	46.66%	53.33%	61.66%
X	53.33%	50%	73.33%	63.33%	63.33%	33.33%	56.11%
X	50%	66.66%	56.66%	56.66%	50%	50%	55%
X	66.66%	50%	63.33%	53.33%	43.33%	66.66%	57.22%
X	83.33%	63.33%	80%	80%	80%	90%	79.44%
X	66.66%	70.37%	85.18%	85.18%	83.33%	96.29%	81.17%
X	80%	80%	93.33%	83.33%	73.33%	90%	83.33%
X	54.83%	76.66%	67.74%	58.06%	61.29%	83.33%	66.98%

Annex 8: Spot-check attendance results

Annex A: IPA General methodology

This needs to be tailored to the current pilot

1. Introduction

The Independent Data Collection (IDC) is led by IPA in the context of the TRECC-GMM2 project in order to inform the Evaluation Matrix. This comes in complement to the administrative data collected by the respective M&E team of each pilot. The objective is to better understand the context in which the pilots are being implemented, learn and provide feedback and recommendations to TRECC, implementers and companies.

This document presents the protocol guiding our independent data collection. It is organized in two main parts: first, the methodology (this document) and second, its application to the specifics of each pilot. The methodology part includes 5 main sections about: i) the different waves of data collection; ii) the data collection methods; iii) the sampling strategy; iv) data quality; and v) the regulatory requirements. The part on the pilots includes as many sections as the number of pilots.

2. Waves of data collection

There will be three to four data collection rounds per pilot. Ideally, we will run one before the beginning of the intervention (baseline), one or two during the implementation (follow-up) and one at the end of the pilot (end-line).

In each round, the type of information collected, and interviews conducted may change. For instance, it may be relevant to look at the beneficiary selection criteria into the program at the baseline but not during the follow-up or the end-line.

In general, the baseline survey will analyze the situation before the intervention starts and how the selection criteria into the program affect the overall profile of the beneficiaries. The follow-up surveys will focus on tracking the activities, outputs and learning process during implementation. The end-line survey will focus on beneficiaries and contribute to understand whether and how the intervention affected them.

3. Data collection methods

We will combine quantitative and qualitative data collection through individual surveys, focus groups, Key Informant Interviews and direct observations.

Individual quantitative survey (IQS)

Design

The 30-45 minute individual survey collects quantitative data (list of short open-ended questions) and targets direct beneficiaries, indirect beneficiaries and non-beneficiaries at the unit level (i.e. at the individual level or the household level) of the intervention. The three main goals of the IQS are to provide data to assess programs against the evaluation matrix, validate the administrative data collected by the implementer and give a general idea of the local context. Survey questions are designed based on the Theory of Change and the log frame.

Implementation

Staffing (Other than the permanent staff) per wave of data collection

- Enumerators (probably 4-5)
- Team Leader (probably 1)
- Back-checker (probably 1)

Staff will be selected from the IPA database to meet the criteria specific to each position and trained.

- Number of interviews

The sample size of the IQS will depend on the number of beneficiaries and the size of the population in the village/ community selected.

4. Sampling for quantitative survey

Sampling method

Sampling of beneficiaries

The beneficiaries are the principal source of information which will be used during each round of IDC. They will be selected from a list provided by the implementer, using a sampling method specific to each pilot, detailed in the separate sections for each pilot.

Sampling of non-beneficiaries

In addition of the beneficiaries, we may need to interview non-beneficiaries at baseline if the targeting of the program to a specific segment of the population is an important part of the program. In those cases, non-beneficiaries (similar to the beneficiaries except that they are not taking part to the program) will be selected using a systematic choice from a listing done with village chief, Community agent etc. In most cases it won't be necessary to survey non-beneficiaries during follow-up or end-line surveys, because baseline data will be sufficient to assess the program's success in targeting the beneficiaries most in need.

Sample size

Determining a sample size to have credible and reliable results is very important. Thus, the main criteria to determine our sample size will be to achieve a representative sample within the budget, and ensure that we have adequate statistical power to detect target changes on key indicators between baseline and end-line for immediate outcomes. The default parameters for our sample size calculations are:

- Margin of error: We will use the standard margin of error of 10% percent, where the budget allows.
- Confidence interval: we will use the standard rate of 95%.

This means that we will be able to say with 95% confidence that the true value of variable of interest is within 5 percentage points of our sample estimate.

The general formula we use in our Sample size calculator is:

$$n \geq \frac{\alpha * N}{N + \alpha - 1} \text{ avec } \alpha = \left(\frac{Z}{\varepsilon}\right)^2 * p * (1 - p) \quad (\text{E. 1})$$

n : The sample size

N : The population size

ε : The margin error

p : The estimated proportion of people having the studied characteristic.

Z : z score with 95% confidence

5. Data Quality

IPA has strong requirements regarding high data quality and will implement a Data quality insurance plan.

The plan defines all data quality protocols and steps in processing the data that should be done during the data's lifetime.

Focus group discussion

Design

This survey will be done at the village/community level with a group of 8-12 people. Depending on the data collection wave to be conducted, the FG could be direct/indirect beneficiaries/non-beneficiaries.

The goal will be to get qualitative data on:

- Perceptions of the community members regarding the problem the pilot is seeking to address,
- Community members' current practice as compared to what the intervention is seeking to bring
- Beneficiaries' description of their needs links to the outcomes delivered by the pilot
- Beneficiaries describe positive experiences with the program
- Indications that the community are likely to continue with the practices or program activities
- General feedback about interventions (current and past/future);
- General ideas on local behaviors and beliefs.

Implementation

Staffing

- A focus group moderator (1)
- A focus group moderator-assistant (1-2)

Focus groups moderators (and assistants) will be selected from the IPA database or from a recruitment process. We will require previous experiences in focus group and Key Informant Interviews, with focus on strong qualitative data collection experiences. Once selected, they will be trained to use the research instruments of this project.

Number and composition of focus group discussions

The number of discussion sessions will depend on the characteristics of the pilot (number of village, size of the population, number of community/ethnic group etc.). Depending on the local culture and in order to increase interactions / discussions, it may be possible to re-organize people in order to have a homogenous discussion group.

Key informant interviews

Design

We will run key informant interviews in other to complete the evaluation matrix regarding questions like alignment with priorities, sustainability and operations. It will consist of individual structured interviews with key people for each pilot.

According the matrix the keys informants are:

- Partners program management team
- TRECC staff

- Brooking Institution staff
- Government relevant staff
- Community leaders

Implementation

Staffing:

Those interviews will be led by the facilitators, the Field managers or the M&E staff depending on the level of the people to be interviewed.

6. Regulatory requirements

Language concerns/accommodations

There are many local languages and not one main language in Cote d'Ivoire. Therefore, it may be useful for the team to have guides/translators. Together, team leaders / enumerator who speak the language and the guides will agree translations of questions. In addition, some regularly used words / expressions in some local languages could be added in the electronic form.

Regarding the focus group, teams could take translators (who are not participants) to help them during the interview if needed.

Confidentiality and privacy

We strongly care about the privacy and the confidentiality. The name of the companies associated with the implementers and other details from other pilots should not be mentioned during interviews or any other moment outside IPA office.

Information from interviews should not be discuss outside / after interviews even in another village or location. We remind that all interviews are strictly confidential.

Consent

As this project is a M&E project, we are not required to submit for approval by an Institutional Review Board (IRB). However, we still ask consent from respondents to whatever survey they are taking part in.

To be able to interview children aged under 18 involved in an intervention (for example, primary school students), consent from their parents/ legal guardian is needed as well as consent (verbal or written) from the child and youth themselves.

For the specific case of the focus group, they should be done whenever the minimum number is achieved and people consent to be part of it. However, this should be done with sensitivity to cultural expectations – for example, we will notify the relevant community or group leader about the focus group if appropriate.

Personal data protection

Collecting and/or sharing personal data (personal data are those that can allow to identify an individual; this includes name, first name, phone number, GPS coordinates, etc.) in Côte-D'Ivoire is regulated by the recently created Autorité de Régulation des Télécommunication en Côte-D'Ivoire (ARTCI). Although the regulation is quite new and its application still has some ambiguities, it appears that in order to collect and share such data in conformity with national rules and regulations, an organization needs to comply with the Law No. 2013-450 of 19 June 2013 regarding the protection of personal data of ARTCI. Since companies, implementing agencies and IPA will be collecting and sharing personal data, it is important that each partner investigates whether it needs to comply with ARTCI.

IPA has submitted a request to ARTCI for an authorization and has designated its M&E coordinator as "ARTCI data protection correspondent". The process is still ongoing and we are waiting for ARTCI approval. As far as the process is ongoing IPA can legally start the data collection.

