



International Child Development Programmes

FINAL PHASE PROJECT EVALUATION
IN COLOMBIA

INTRODUCTION

The present report contains the evaluation of the impact of the ICDP programme in a project, carried out in the towns of Jamundí and Puerto Tejada, located 20 km south of the city of Cali (Colombia) in South América.

The project was aimed at diminishing in a significant way the child mistreatment that was identified in the communities where the intervention took place, and to develop the abilities of the mothers to mediate in their learning, so that they could assimilate as much as possible the positive experiences that they receive from the environment where they live.

It benefits directly 600 homes through the same number of mothers that were trained by 20 multiplying agents who themselves were trained by two professionals in the area of social sciences.

Using the method of random selection 145 mothers were chosen (60 in Puerto Tejada and 85 in Jamundí) for the application of the evaluation instruments.

1. THE EVALUATION INSTRUMENTS

Three types of instruments were used to measure the changes that took place in the behavior of the mothers who took part of the project:

1.1 Auto-evaluation questionnaires before and after intervention.

- Form I.- It measures the level of the capabilities of the Multiplier as educational agent before the training.
- Form II.- Registers the way in which the beneficiary mother relates to her children before the training.
- Form III.- It captures the difference in the level of abilities achieved by the multipliers in the final phase of the training as compared with initial phase.
- Form IV.- It establishes the changes that took place in the mother-child relationship comparing them with the initial phase.
- Mixed diagrams of bars and lines. The different levels of grading used in the forms allow for the presentation of comparative graphs of the previous and after situations that were answered by each of the mothers in forms II and IV, facilitating this way the analysis with the Likert scale.

These questionnaires were filled out by each of the participants according to their own criteria of auto-evaluation and taking as reference point the collective evaluation, that was carried out previously with the use of video recorders, that showed mothers from other places interacting with their children in different daily situations.- In the situations that were analyzed there were clear examples of good and bad interactions in each of the guidelines that were object of the training. These concepts served as models for ranges that were used as basis for grading from 1 to 5 through Likert scale model.

1.2 Field diaries of multiplying agents.

This corresponds to the analysis of the information that was registered by each of the 20 multiplying agents in their respective notebooks, in which they wrote down the details of the activities that were carried out with the direct beneficiaries as well as the sessions of exchange of experiences with their counterparts.- These include:

- Group meetings with the beneficiaries.
- Home visits.
- Follow-up meetings and exchanges of experiences among the team of multipliers.

2. THE OBSERVED VARIABLES

2.1. Interiorization of the guidelines for a good interaction.

Identify in the most objective way that is possible the degree of assimilation and the quality of the practice that each of the beneficiaries has achieved with the guidelines of good interaction constitutes the main objective of this work, for each of the ten guidelines that were graded, where the biggest incidence was obtained for guideline 7 (enlarging concepts and contents).

The level or zero grade, was not considered in the scale that was proposed, but it was necessary to include it based on this new situation.

3. THE RESULTS

Tabla 1.

Grades	P A U T A S																			
	A1	D1	A2	D2	A3	D3	A4	D4	A5	D5	A6	D6	A7	D7	A8	D8	A9	D9	A10	D10
5 Excellent	11	85	3	33	3	31	5	43	2	23	3	17	1	15	0	18	2	35	2	37
4 Good	40	49	21	88	25	83	20	73	18	64	18	51	11	39	19	62	21	71	13	72
3 So so	46	11	41	18	44	29	45	24	35	43	31	55	29	55	32	53	38	33	47	32
2 Deficient	32	0	40	6	37	2	41	5	33	13	32	19	40	26	37	5	36	6	40	3
1 Bad	15	0	40	0	35	0	31	0	48	2	50	3	49	10	50	7	44	0	39	0
0 Worst	1	0	0	0	1	0	3	0	9	0	11	0	15	1	7	0	4	0	4	1

Tabla 2.

%	A1	D1	A2	D2	A3	D3	A4	D4	A5	D5	A6	D6	A7	D7	A8	D8	A9	D9	A10	D10
5 Excelent	8	59	2	23	2	21	3	30	1	16	2	12	1	10	0	12	1	24	1	26
4 Good	28	34	14	61	17	57	14	50	12	44	12	35	8	27	13	43	14	49	9	50
3 So so	32	8	28	12	30	20	31	17	24	30	21	38	20	38	22	37	26	23	32	22
2 Deficient	22	0	28	4	26	1	28	3	23	9	22	13	28	18	26	3	25	4	28	2
1 Bad	10	0	28	0	24	0	21	0	33	1	34	2	34	7	34	5	30	0	27	0
0 Worst	1	0	0	0	1	0	2	0	6	0	8	0	10	1	5	0	3	0	3	1

Table 1 synthesizes the results of the auto-evaluations that were carried out before (Antes = A) and after (Después = D) the intervention.- Numbers indicate the corresponding guideline, so A8 heads the column of grades for the records before (Antes = A) for guideline 8, and D9 heads the column corresponding to the grades of guideline 9 after (Después = D) the intervention.- The cell that intersects the rows indicates the total number of mothers that assigned the different grades from 0 to 5.- Table 2 corresponds to the same distribution with the difference that the numbers indicate percentages.- In this table the column D% in the cell crossing row 5 (Excellent) tells us that 16 %, i.e. 23 mothers believe that they have reached this level.

We can also observe the following: The cell that corresponds to the intersection of column A1 with row 5 (excellent), tells us that before the training only 11 mothers graded themselves in this level in the application of guideline 1 (showing love), but that after the training under column D1, in the same row the number climbs to 85.

If we examine table 2 with the percentages and we locate ourselves in the equivalent positions of the cells that were mentioned, we will find that these figures represent 8 % and 59% respectively.- Expressed in another way, this level showed an increase of 51%.

TABLE 1. N= 600 (n= 145); TABLE 2. % = Percent from table 1

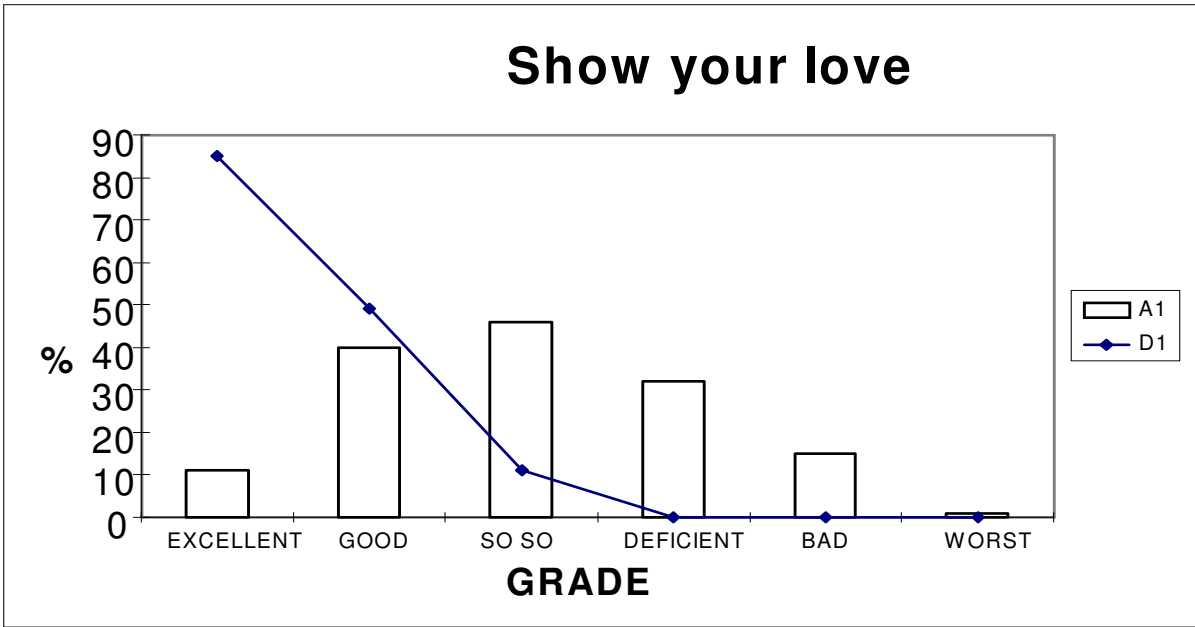
4. THE GRAPHICS

Based on the above mentioned table, the following graphs facilitate the appreciation of the changes that took place in the assimilation and application of the guidelines.

4.1- Show your love (A1= Before, D1 = After)

This guideline is represented in graph 1, and in it we observe that the most significant increase is found in grade excellent (5), which goes from 8 to 59 % as we had pointed out in the previous paragraph.- The level good goes from 28 to 34 %.- The levels worst (0), bad (1) and deficient (2) disappear.- Only the level so-so remains with only 8 %.- Synthesizing, 93 % places themselves after the training in th levels good and excellent.

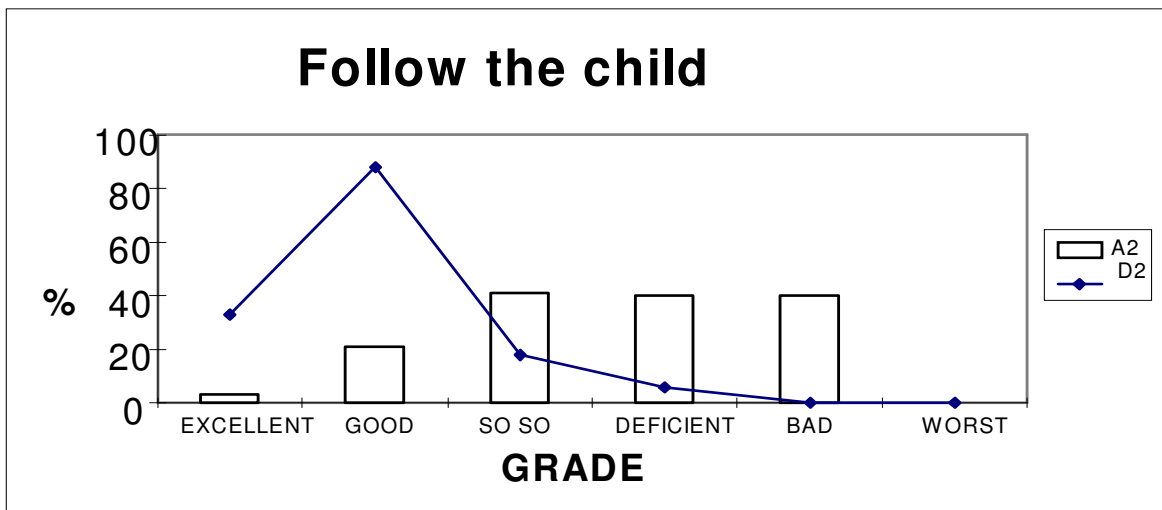
Graph 1



4.2 To follow the child (A2, D2)

This corresponds to graph 2, and in this graph we can see that the greatest change appears in the level good (4) by going from 14 to 61 %.- From the lower levels there only remains 4 % in the deficient level.- A total of 84 % are placed in the upper levels with only 12 % in the so-so level.-

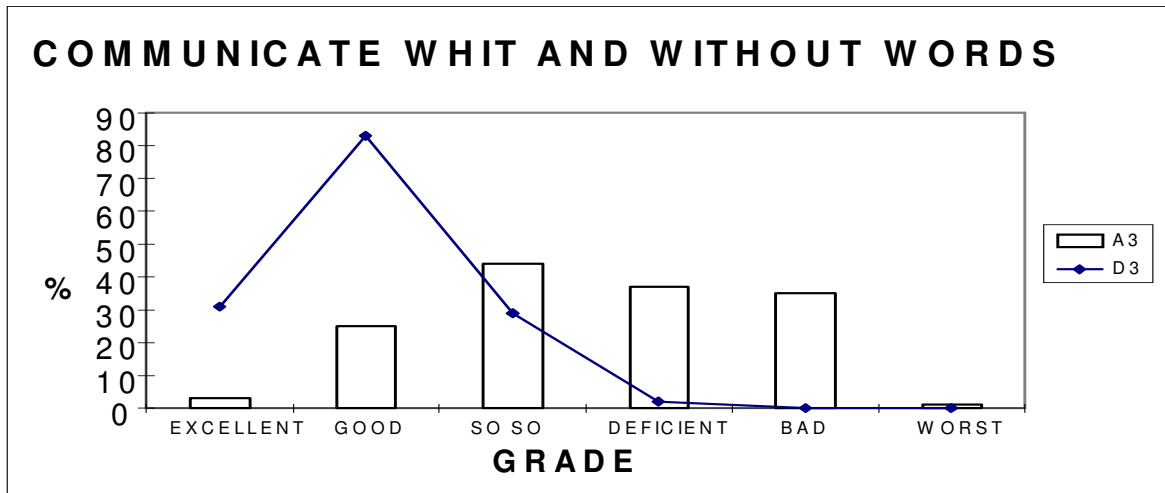
Graph 2



4.3 Communicate with and without words (A3,D3)

It is shown on graph 3 and the biggest change appears in level good (4) which goes from 17 to 57 %.- The level good and superior together add up to 78 %, being slightly lower to the levels of the previous guideline.- There is 1 % that remains in the deficient level, but the rest 99 % have a grade that is above the so-so grade (3).

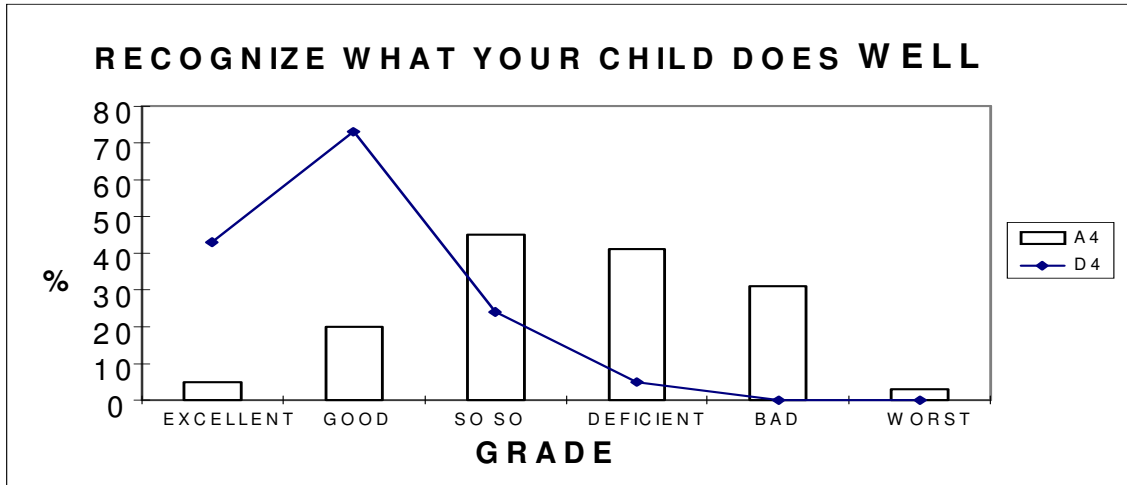
Graph 3



4.4 Recognize what your child does well (A4,D4)

Graph 4 completes the block of guidelines that are related to the mediation aspects in the affective domain with a balance as positive as the previous ones.- A total of 80 % of the mothers are graded between good (4) and excellent (5).- There is a 3 % that remains in the deficient grade level.

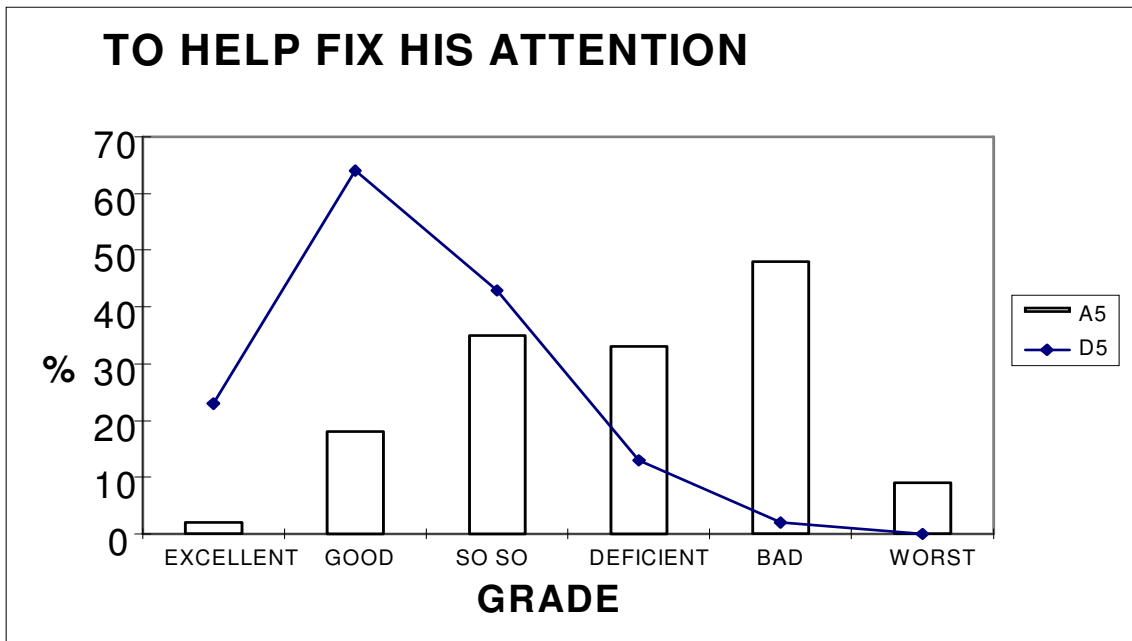
Graph 3



4.5 – To help fix his attention

Together with the next two guidelines it makes up the mediation block in the cognitive aspects.- Graph 5 is different from the others insofar as the number of mothers with grade in the lower phase reaches 10 %.- A total of 60 % is placed in the upper levels, with 30 % remaining in the so-so level (3).- A total of 46 % of the mothers have overcome the critical levels made up of levels worst, bad and deficient, and one out of each 10 beneficiaries is still lagging in this category.

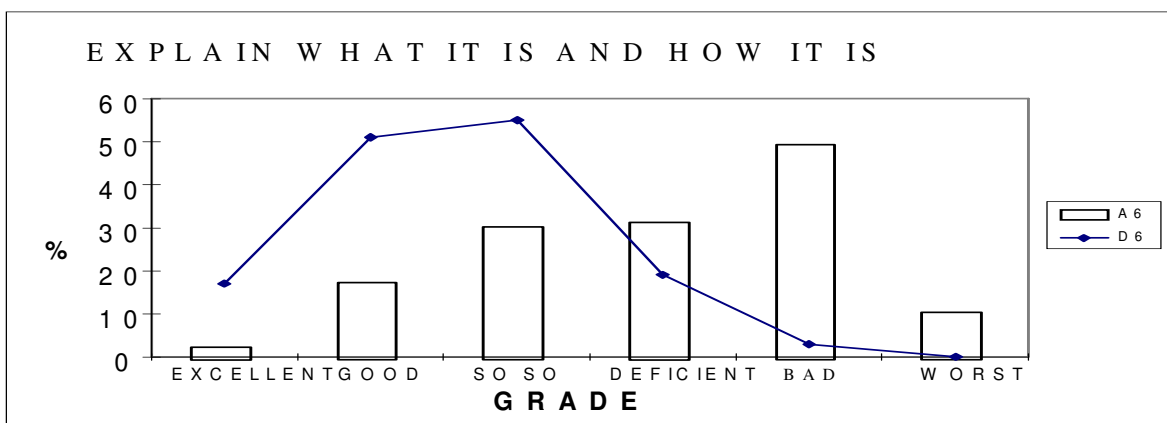
Graph 4



4.6 Explain what it is and how it is (A6, D6)

It occupies the intermediate level among the three guidelines with the lowest achievements of aims, as it ends up with 15 % of the mothers in grades deficient and bad.- It is shown on graph 6 and it is convenient to notice that before the intervention, the number of mothers in this level was 56 % while now 47 % are in the upper levels, where before there were only 14 %.- Therefore in other words the proportions have been reversed.

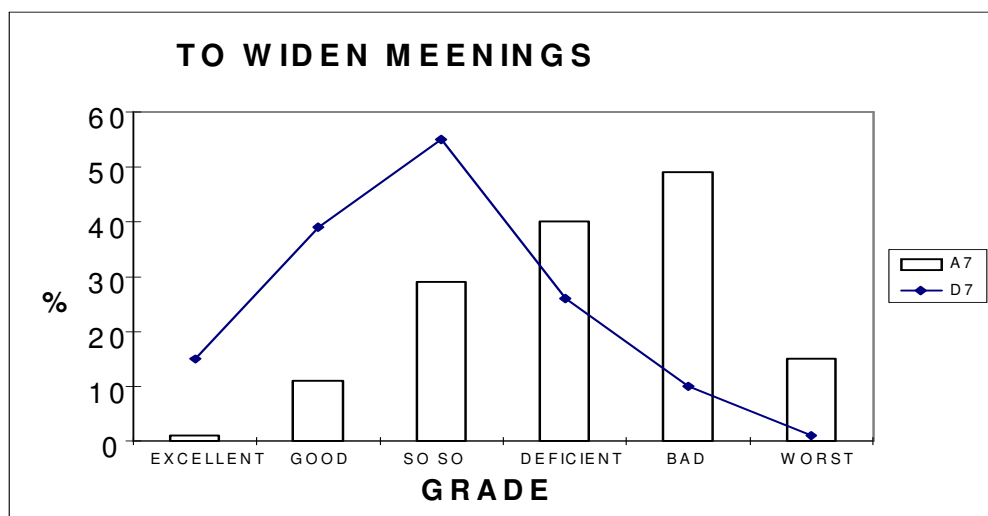
Graph 5.



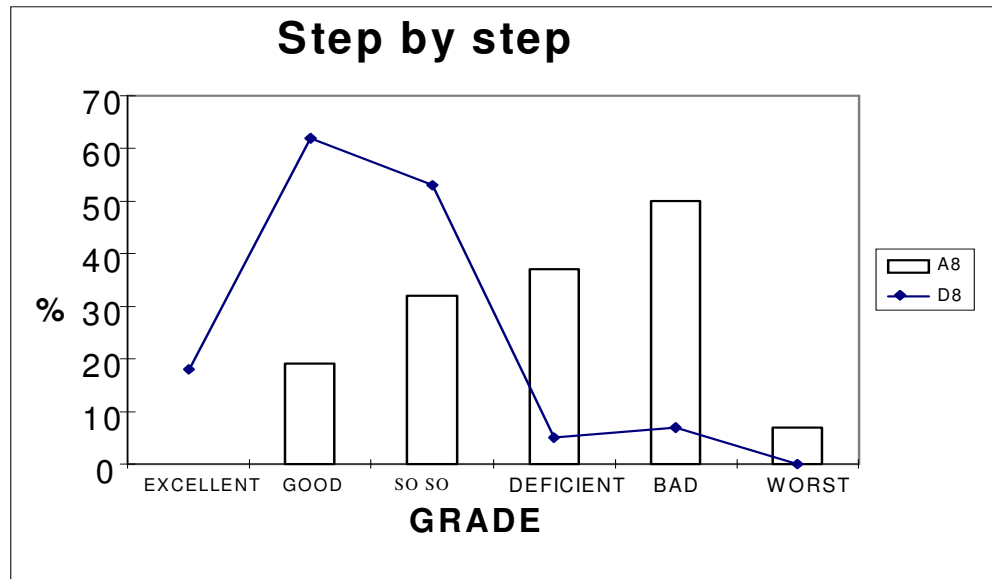
4.7- To widen meanings (A7, D7)

This is the guideline that offers the greatest difficulties for the mothers for its correct application (graph 7). A proof of this is that 72% occupy in the initial phase the lower grade levels.- In the final phase there are still 25 % who have not overcome these low levels.- Only 37 % that finish in the upper levels are able to overcome the challenge of applying correctly the corresponding guideline.- A total of 38 % occupy the so-so level.- At this level it is equal to the previous guideline.

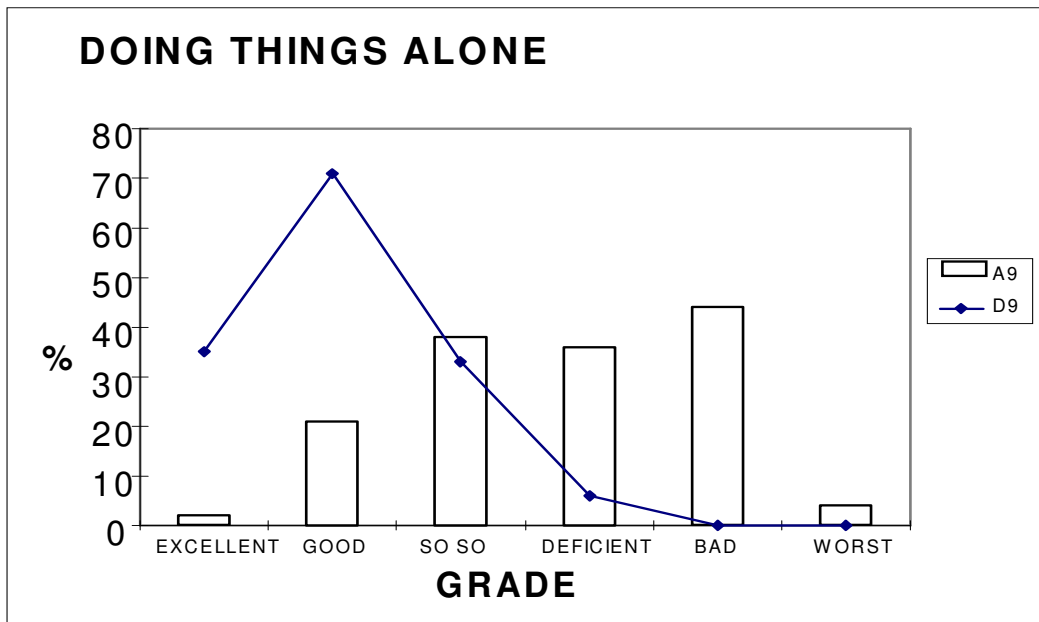
Graph 7



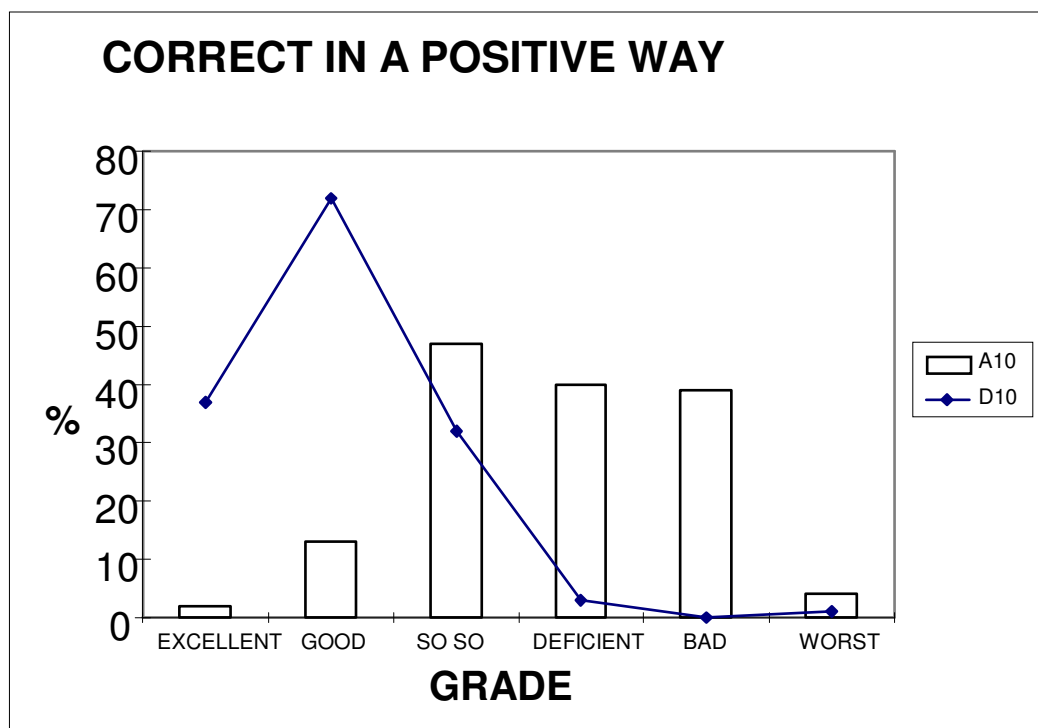
Graph 6



Graph 7



Graph 10



4.8 Step by step (A8, D8)

Together with the next three guidelines (graph 8), it makes up the group related to the field of control of conduct.- The achievements with these three guidelines (8, 9 and 10) are superior to the previous group but do not surpass the first one.- The number of mothers that are best placed in guideline 8 reach to 55 %, but there are still a large number in the intermediate or so-so stage 37 %, which is very similar to the grading on guidelines 6 and 7.- A total of 8 % of the mothers are still in the unsatisfactory level, but it also means that 58 % of them who were initially at that level were able to improve their status and place themselves in the upper levels.

4.9 Doing things alone (A9, D9)

It is again one of the areas of higher achievements (graph 9), as 73 % of the mothers that were evaluated occupy the upper levels, and those who are still at the so-so level diminish to 23 %.- There remain 4 % who have not overcome the critical levels.- The situation before was 48 % in this same situation.

4.10 Correct in a positive way (A10, D10)

This result is also satisfactory (graph 10), as before 90 % graded themselves so-so or lower, and now 76 % are at excellent or good, while 22 % are at the so-so level and only 3 % in the critical levels. To improve the situation in this area is particularly significant, as in Colombia child mistreatment begins in the arbitrary and often cruel way in which child behavior is normalized.

5. THE FIELD DIARIES

The FAMI mothers confirm the interiorization of the guidelines in their registries for the filed diaries. These are some of the more frequent expressions:

“ I am learning to be a better mother” “In my home all the members know the guidelines” “At my home everyone is speaking about the guidelines”

One lady told the FAMI mother: “Out of the pretty things that have happened to me, this is the most important one, because it has helped all my family.”

Also in the field diaries there are many registries of examples of how they are applying the guidelines.

5.1 Mother child communication

Graph 3 allows us to observe significant changes, specially in the level of good grading which went from 25 to 85 mothers with grading in this level.

In the field diaries the FAMI mothers report frequently:

“In my home discussions diminished”
“Children were afraid of me, and now have confidence in me...”

In the questionnaires that the FAMI mothers gave out, many beneficiaries expressed that they understand the child better and that they are more closely bonded.- Others comment that their children are “less rebellious / less capricious / more “docile”...and all due to the dialogue”.

“Before communication was scoldings, welling and orders.- Now I speak to them with care, I listen to them”.

“Now the child also gives his / her opinion, and we try to come to an agreement”.

6.- CONCLUSIONS

6.1 The objectives of the project were achieved:

In the field diaries the FAMI mothers expressed that all the beneficiary mothers of their groups were correcting the mistreatment attitudes in a larger or smaller degree.

In the home visits there is reported more tolerance, serenity and more explanations when there are prohibitions, which has helped the children accept the limits to their actions with more ease.

“When they damage something, they try to repair it if it is possible. Now they have more confidence towards me, while before they were afraid of me.”

“I changed yelling, beating and cursing for explanations and good treatment.- They are more docile. I did not know that I was mistreating them”.

“I would let off steam by hitting them for any reason, and now I don’t”.

“I took revenge on the father by punishing the children exaggeratedly.- Now I don’t dare, I think about how they feel.- And the relationships with my husband improved.”

Two (2) children gave testimony to the FAMI mothers recounting how their mothers had changed:

“Mother corrects me by speaking to me, she no longer hits me, she prohibits what I like, she does homework with me and father has also changed” said one child.

The girl expressed: “ I am no longer afraid of her, I tell her things with confidence because I know she will not yell or hit”.

And the husband of a participating mother also visited the group to give his testimony of the changes that had taken place in their home: “Before we both would hit each other and the smallest child was already armed with a knife to stand against his brothers.- Now he doesn’t do it because we have talked to him and also he no longer saw that violence between us”.

It is evident that the mothers make a conscious effort to give more and better explanations to the children about things and situations that they live through together.

But also it is observed that for most of the mothers it is easier to describe something they have on sight than something that is not present. Also it is less difficult to describe things that situations. This is explained but the low level of schooling and a personal and cultural history where there was little or no cognitive mediation from part of those who were their caregivers.

This situation can be corroborated in the rural schools of the area where there are many courses with repeating children, with equal number to the non-repeating children.

6.2 The intrafamily and interpersonal relationships in the community improved.

The testimony that was registered by the FAMI mothers in their field diary prove that also the relationships with other family and community members improved.- “The relationship with my husband and other people also improved”.

“The relationship with my mother in law improved”; “The relationship with my stepson improved”; “I was able to achieve that my husband abandon his macho attitude.- Before I was responsible for everything that was bad. Now he understands me more and he likes tom come to the meetings”. My husband wants to come to tell you that I have changed with him and with the children”. “ I am sure I will also help my father and to improve my relationship with him”.

6.3 There has been incidence in the integral development of the child.

When asked about this, in the evaluation questionnaire, they answered that they had improved, adding that they were careful to feed them well, take them to bed with clean clothes at bed time and they were attentive to their motor development.

6.4 Leader mothers have come about.

A common objective to all working sessions of the FAMI mothers was: transmit to others (family, friends, neighbors) the guidelines for good interaction, and there were held activities for training aimed at achieving this. Also the task was left to practice it at home or with neighbors until they could meet again. At the end of the training the FAMI mothers reported that almost all beneficiaries were transmitting the guidelines to other homes.

Another achievement in this sense occurred with a rural community where the FAMI mother contributed to the development of a college thesis of two educators about the methodology to give a sexual education program to mother groups.

Another FAMI mother had good relationships with her beneficiary mothers but was unable to guide them.- She not only improved her group work, but she gained credibility with the group that she was leading. They began to come to her frequently to ask her orientation about how to treat the children. This lady felt so secure of her work that she approached the school in her zone to offer the possibility of working out the program with the school parents. Her initiative was followed by another FAMI mother of another community.

Two beneficiary mothers expressed their wish to be trained as facilitators because they were already carrying out group work with other community mothers.

There were two other cases at the Puerto Tejada town where the program was also taken to parents of the children that were attending the local primary school.

6.5 The current expectations of the parents towards their children have not changed.

At the end of the training 104 mothers of the sample of 145 who were evaluated, continue to express that obedience and respect of the elders is the first thing they expect from their children. And the consider the program has helped them much because they have been able to “satisfy” that expectation.- They express: now they are more “docile”, “more obedient”, “less capricious”, “less rebellious”.

These results show that even if the expectations towards their children have not changed, these mothers have changed the ways to achieve the expected obedience: Convincing the child with explanations, not imposing their authority and their wishes as before.

6.7 The project was carried out together with the community

The methodology of the project is eminently participatory. The beneficiary mothers enriched the work of the facilitators, getting actively involved in the process, because it starts from the own experiences of the participants and this promotes auto-motivation.

The follow up of this process allowed us to see the need to train the facilitators (FAMI mothers) on how to plan their own work guidelines.

At this moment they are able to prepare their own guidelines about any subject they might have to work out within their institutional engagements (some of them already do so).

6.8 The potential of the participants improved

The answers to questions 6 and 8 also evidence this situation.

6.9 Sensitizing the community towards the needs of children.

The methodology with which the intervention is carried out guarantees the sensitizing of the participants because there is no “instruction” from a “trainer”. A FAMI mother reported in her field diary: “Even though I do not tell them what to do, a lady told me: I didn’t even know how to show them love. Since we talked here about such nice and clear things, I show love to my children and I feel important and they also.”

The facilitator is tacitly recognized as a leader, who maintaining some objectives that are very clear allows the group to express itself freely, fostering creativity and above all is open to the group with a flexible mind to learn from the group and grow with it.

Upon arriving at this point the FAMI mothers made their own process as a group making them feel confident, secure and respected, so that they also as the beneficiary mothers, began to recognize their mistakes. One FAMI mother made a public statement with which they all identified: “I always complained about the lack of attendance of the user mothers, and now I know it is not their fault but mine, because I do not know how to reach to them.” Another said: I will not worry about why they do not come, nor will I scold them.- I will try to motivate them and make them feel good”.

This last one reported upon ending the project: that besides having the attendance of all the user mothers of her group, other mothers approached her to allow them to be in her meetings even if they were not given the food ration nor the “bienestarina”¹ flour.

¹ This refers to a food supplement given by the Colombian Family Welfare Institute (ICBF) that is given to the mothers who attend the training sessions that are normally held by the FAMI mothers as part of their institutional commitment.