Protecting Early Childhood Development Impact Evaluation, CBCC Endline Survey Field Manual

FINAL

1 INTRODUCTION

The Government of Malawi recognizes that investment in early childhood development (ECD) is a cost-effective strategy to meet its development objectives in areas of health, nutrition, education, and social protection. Malawi has an explicit national inter-sectoral ECD Policy approved by Cabinet in 2006 which the Ministry of Gender, Children, and Community Development coordinates through the National ECD Strategic Plan (2009 to 2014) in order to address the needs of children from birth to age 8. In Malawi, ECD is delivered through an extensive network of community initiated and owned centers for the most vulnerable children under the age of five, known as *Community-based Childcare Centers* (CBCCs).

The recent global food, fuel, and financial crises hit Malawi hard. Constrained government budgets and activities for ECD have jeopardized the service delivery of the existing centers which cover about a third of all 3-6 year old children in Malawi. The *Protecting Early Childhood Development Project (PECD)* aimed to mitigate the negative effects of the recent global crises on young children and to start building foundations against future crises. More specifically, the project aimed to: (i) prevent the deterioration of services delivered by selected Community-based Childcare Centers (CBCCs) in meeting the critical needs of the most vulnerable children; and (ii) strengthen governance, management, monitoring, and evaluation of ECD services to be better prepared for large scale shocks in the future.

A rigorous impact evaluation is being conducted in 199 CBCCs across the 4 districts of Balaka, Thyolo, Dedza, and Nkhatabay. Baseline data was conducted between October 2011—February 2012, and midline data collection was conducted between May—October 2013. The endline survey is planned to take place in two parts: a CBCC-level survey in May—June 2014 and a child and mother-level survey planned to start in September 2014. This manual refers to the CBCC-level endline data collection.

The information in the PECD endline survey will be obtained by approaching CBCCs collecting detailed information from respondents. The questionnaires are quite detailed, but it is expected that each team can easily finish a CBCC in a day. The survey requires a high level of professionalism among the survey staff at every stage in the process.

The purpose of this manual is to give an overview of the survey organization, survey sample, completion of the questionnaire, detailed instructions on specific sections, and final submission of the questionnaire for the endline data collection. The over-arching objective of this manual is to provide the field staff with key information on how to conduct the survey, the intent of many of the questions and, consequently, how field staff should handle any problems that might arise in administering the questions to respondents. Much of this information is similar to the PECD baseline and midline studies.

2 SURVEY ORGANIZATION

The field staff for the PECD survey consists of *enumerators*, *supervisors* and one *field operations manager.* The staff are the critical foundation upon which a quality data set for use in analysis for decision-making can be built. There will be 3 supervisors in total, including the field operations manager.

The *enumerators* are responsible for completing Classroom Observation instrument, CBCC questionnaire, and Child Pre-Tracking form.

In order for enumerators to do a good job, they need to have adequate supervision and to be able to easily request rapid assistance if required. The supervisor is responsible for making sure that enumerators are able to do their work properly – that they have the correct information and tools needed for the job. The supervisor will review all questionnaires that enumerators have completed to make sure that there are no errors. He/she will regularly sit in on interview or observation sessions at the CBCCs to assess enumerator work. After the enumerator submits the completed survey instruments to his/her supervisor, the supervisor will return to the enumerators any questionnaires that are incomplete or that contain errors. In most cases, the enumerator will have to go back to the CBCCs to make the corrections. Enumerators should expect their supervisors to subject

their completed questionnaires to rigorous examination. The PECD management team will assess the performance of the enumerators and supervisors primarily on the basis of the quality of the data that comes from enumerators and the proper reporting on any problems or issues in the field.

The field operations manager will oversee all field work and report back to the management team frequently. This individual will be responsible for such tasks as coordinating CBCC visits, ensuring that the surveys are being conducted in a timely fashion, and acting as a liaison between the field team and the team in the office.

To facilitate the various activities of the field work, the PECD survey includes several instruments. Below is a list of all of the instruments and their forms:

- CBCC Questionnaire
    - Caregiver consent forms
    - Caregiver Roster supplement
    - Information for pre-filling caregiver roster
- Classroom Observation
- Child Pre-Tracking Information
    - Information for pre-filling
- Closed CBCC form (when applicable)

3 SURVEY SAMPLE

The midline of PECD will be a re-assessment of 199 childcare centers selected for the PECD baseline survey in the 4 survey districts.

3.1 Sample Selection

The process of selecting CBCCs in the PECD baseline (October 2011-February 2012) involved the following steps:

1. List all CBCCs in the selected districts (2011 mapping exercise done by Ministry of Gender)

2. Randomization of listed CBCCs to identify 60 per district.

3. Verification visits, done by field staff to determine which CBCCs were operational with adequate structure and number of children.

4. Minimal criteria, recorded by field staff during baseline visits to all centers that passed verification visits.

All CBCCs that passed verification visits and minimal criteria were included as part of the baseline study. As a result, the numbers in each district are not even.

District	# of centers in PECD Impact Evaluation
Balaka	59
Thyolo	82
Dedza	11
Nhkatabay	47
Total	199

4   COMPLETING THE PECD CBCC QUESTIONNAIRE

Enumerators will be assessing the quality of the participating CBCCs using two different tools: the CBCC Questionnaire, and the CBCC Classroom Observation Tool. The **Questionnaire** focuses on the physical and structural characteristics of the CBCC; how the CBCC operates; the numbers and ages of children registered and in attendance at the CBCC; characteristics of the caregivers; and daily routines. The **Observation Tool** focuses on the interactions between caregivers and children; the types of lessons taught at the CBCC, and the teaching styles used by the caregivers.

Unlike the Classroom Observation instrument, the CBCC Questionnaire will be conducted by only one of the two enumerators trained on this questionnaire. For section 1, it may work best if both enumerators are working to count materials, but for the rest of the sections, the questionnaire should only be completed by one enumerator, whose initials and ID appear on the cover page. Teams may wish to rotate every other day which enumerator conducts the CBCC Questionnaire.

This manual is a guideline for completing the CBCC Questionnaire only. Note that while the majority of the CBCC questionnaire (Sections 2-9) is completed by interviewing a CBCC caregiver, director or committee member for responses to the questions listed, the questionnaire also includes two sections (Sections 0, 1, and 11) that requires enumerators to record information based on their observations of the CBCC.

The CBCC questionnaire has been organized by grouping the observation sections at the beginning (Sections 0, 1) and end (Section 11), and the remaining sections by person/people to interview. Because the CBCC Qx will likely start at the end of or just following the end of the CBCC opening hours, the caregiver-directed questions are grouped together in the beginning of the questionnaire. For Sections 3, 7, 8, 9, 10, 14, enumerators should interview the caregiver(s) present today. If more than one caregiver is present, please ask them to answer the collections collectively. Enumerators should make note of any strong debates in the comments section. Section 14 (qualitative) should be answered by up to two caregivers individually. Section 6 (caregiver roster) should be answered by a CBCC committee representative for listing purposes and reasons why a particular caregiver may not be present today. The remaining questions in Section 6 must be answered by all caregivers who work at the CBCC individually. Section 7 can be answered either by caregivers and/or CBCC committee representatives. However, Section 5 must be answered by a CBCC committee representative.

Unless directly stated READ RESPONSES, enumerators should never read the response options, but rather pick the option that matches the response given. All answers should be recorded on the ENGLISH questionnaire. If conducting the interview in Chichewa or Chitonga, enumerators should read questions from the Chichewa/Chitonga questionnaire, but record answers in the English version. All enumerators are required to read from the Chichewa/Chitonga questionnaire so that all questions are asked in a standardized manner – enumerators should never translate or code-switch on their own. When answers are given as other:specify or under qualitative questions, enumerators should record their answers in English.

Cover Sheet: CBCC identification, survey staff details: On the cover page, you will record the identifying information of the CBCC, including its name, ID code and location. You will also record the name and position of the interviewee, information about the interview length and language spoken, and the outcome of the visit(s).

The cover page is a working document throughout your interview. Some parts of the cover page will need to be filled with consultation from the Committee member/caregiver which can take before,

after, or during the interview. Questions 7a-7d should always be completed before the interview starts, while Q7e-9 must be completed once the interview has finished.

- Selecting a Respondent. For Q4-5 on the coverpage, enumerators should write the name of the CBCC Chair or other CBCC Committee member who was interviewed for Sections 6, 5, (2).Ideally, the CBCC Committee member participating in the interview should be the person who was interviewed at midline and is the person who is most knowledgeable about the operating of the CBCC. In the extreme case that no committee member can be interviewed, enumerators may interview the most senior caregiver for these sections.

Section 0: Child Count: To complete this section, the enumerators must ask for assistance from the caregivers in grouping children according to age (those under 3, those 3years old, 4 years old, 5 years old, and 6 years or older). While the caregivers may not know the exact ages of the children, ask them to use their best guess in grouping them into age categories. For those under 3, make sure to include any young children of the caregivers (who are in the classroom or on their backs). Count and record the number of boys and girls in each age category.

- Once Q1 is complete, the enumerator must record the time in Q2.

Section 1: Observations: In this section, the enumerator will provide descriptive information on the CBCC (number and use of room(s), available furniture, indoor and outdoor learning materials, etc.). This entire section must be filled out based on enumerator observations. This means that the enumerator does NOT ask the interviewee or other CBCC representatives any questions occurring in this section. Instead, the enumerator will complete Section 1 according to what he/she observes alone. The enumerator MAY ask the CBCC representative questions such as "May I see the outdoor play materials?" or "Can you show me any books you may have for the children?" or other questions that will have them locate the items the enumerator needs to count. However, the enumerator should not ask the CBCC representative to tell him/her how many balls the CBCC has, or how many books they have, etc. The enumerator must determine this information based on what they see.

- Q4: Since the enumerators have been in the classroom (including during Classroom Observation), they should record if they have seen children sitting on chairs or mats so far today.

- Q5: Similarly, in order to record code 3, there must be writing tables available, but the enumerators haven't seen children using them so far during their observation.

- Q7: Is there a child-related display at the CBCC? Child-related displays refer to posters, pictures, bulletin boards, etc., that contain visual aids for the purpose of teaching the child something. Examples include displays containing letters for learning the alphabet, animals, fruits, numbers, shapes, colors, calendars (if used to teach about days) and other concepts. Photos of religious, political or sports figures and advertisements should not be counted as child-related displays. Displays must be INSIDE THE CLASSROOM in order to be counted for this question. Figures drawn on the outside of the building should not be counted for this item.

- Q8: Labeling images/items with words helps the child to associate that written word with the item/image it represents. This is an essential component of learning vocabulary and preparing children to learn how to read.

- Q10: This question asks if the classroom is set-up in such a way that the children can do specific activities (or types of activities) in a specific area of the room. For example, one corner of the room has art supplies where children can decide to paint, draw, color, etc. or a corner of the room has wooden blocks in order to stack and build things.

- Q11-Q14: The enumerator must examine any of the stationary outdoor play materials. In Q11, the enumerator should count how many of that item exists (regardless of safety or quality). If there are none, the enumerator can skip to the next item on the list. Q12 asks for the enumerator's opinion of the safety of the outdoor play equipment. If the item contains hazard, record code 2 and proceed to the next question. Q13 asks enumerators to specify the safety hazard. The options are:

  - Sharp edges (including protruding parts or exposed springs where children can pinch their fingers)
  - The equipment is old/broken and dangerous for the children to use.
  - The area around the play equipment has debris or other hazards.
  - The play equipment is not properly bolted to the ground.
  - The ground beneath the play equipment is very hard and children may harm themselves when landing/falling.
  - Anything else. Please specify what the hazard is.

  For Q14, enumerators must mark if the specific outdoor play equipment has been in use so far today during their visit (including during the 2 hour classroom observation).

- Q15-18: The enumerator must examine any of the non-stationary play materials; some may be located outdoors while others may be indoors. The items that are likely to be found outside are listed first. Items may be homemade or produced externally.
  - Skipping ropes may be for individual or 2+ persons.
  - Slates are small, individual chalkboards where children can practice writing and drawing.
  - Matching cards are used for memory games. Children have to match up pairs of similar images.
  - Flash cards usually contain numbers or letters and are used to supplement lessons on these topics or are found in the appropriate activity corners.
  - Puppets are dolls, usually worn on the user's hand that the user can manipulate into "speaking". Puppets are popular for dramatic play and may also be used by the caregiver in lessons or storytelling. Puppets can be commercially made or homemade (usually made from socks).
  - Puzzles usually contain several or many pieces that come together to form a larger picture or object. Puzzle pieces are usually uneven and require children to deduct which pieces fit together.
  - Drawing paper is any paper (can be newspaper or other leftover paper) that is left for children to draw or paint on.
  - Board books are hardcover books with very thick pages (usually of thick cardboard or plastic) that young children can easily manipulate and turn pages.
  - Paperback books have a flexible paper cover page and thin pages. Paperback books are much more fragile than board books or hardcover books.
  - Hardcover books have a thick cover, but thin paper pages. They are often more durable than paperback books.

- In Q15a, the enumerator should ask the CBCC Chair or caregiver if the CBCC has regular assess to this play material and record either yes or no. For example, maybe the CBCC has access to footballs, but they are kept at the CBCC Chair's house on days when they are not used by the CBCC. Because in this example the CBCC does have access to the footballs, the code would be 1 for yes.

- In Q15b, the enumerator should ask the CBCC Chair or caregiver if this play material is kept on school grounds. If the material is usually kept in a place other than the CBCC (i.e. Chair's house, villagehead's house, school, etc.) than the enumerator should code no (code 2). Note that if the item is not currently at the CBCC, than the enumerator can follow the skip rule and move to the next item on the list.

- In Q15c, enumerators should note if the play materials are currently (or have been during their observation) within reach for the children. In other words, a child needs to be able to go and get this play and learning material without any assistance from the caregiver in order to answer "yes". If the play and learning material is locked in a storage closet/room, or even in the classroom but up high where the child cannot reach, code 2 (no) applies.

- Q16 asks the enumerator to count the number of that play material at the CBCC (note that items not currently at the CBCC will NOT be counted). If there are more than 7 items, the enumerator can record 7+

- Q17 asks the enumerator to determine that item(s)'s overall quality. The code options are 1= overall great quality, 2= overall fair or ok quality, and 3= overall poor quality. If there is more than one item and their level of quality differs, please decide what the overall quality of all of those items is. For example, if a CBCC has 5 footballs, one is brand new (great quality) but 4 are deflated or torn, the overall quality may be poor (even if the quality of one is very good).

- Q18: Enumerators must record whether they have seen this item being used by children so far today. For example, if flash cards were used by children earlier in the day while Classroom Observation was ongoing but then put away (by the time the CBCC Qx started), than the answer for Q18 would be "yes" (code 1).

- Q19. Enumerator checks. This section aims to find out more information why play and learning materials are not kept at the CBCC and to document where they are kept. 19a-b should only be answered if Q15b=2 for at least one item above.

- Q20. Enumerators need to count the number of play materials (books, puzzles, drawing paper, and blocks) available at the CBCC for the children. Use the codes provided to record the amount.

Section 3: Child Information: This section asks about the child attendees, including the number enrolled, registered, ages, etc. As possible, always try to verify information via attendance and/or

registrations records. This section should be answered by caregiver(s) who are present on the day of the interview.

- Q6. This question asks about a registry or registration record for all children who are enrolled at the center. Normally, a registration record would contain each child's name, their age, parents' names, payment of fees, etc. (Think of the registry that is kept in a primary or secondary head teacher's office) This question is not asking whether or not this registry has been updated lately, but rather the respondent's opinion of whether this record exists and is maintained in general.

- Q7. This question asks about a record, or portfolio, that would contain information on a child's behavior and developmental progress. For 7b, the enumerator should answer based on whether or not they were able to see the child portfolios. Regardless of whether or not enums were able to see the portfolios (or what the portfolios contained), enumerators should record what the caregiver(s) says about how often they are updated.

- Q8. This question asks about an attendance record (think of the attendance registry that is kept with the class teacher in primary or secondary school). This question is not asking whether or not this attendance registry has been updated lately, but rather the respondent's opinion of whether or not this record exists.

- Q9: ENUMERATOR CHECKS and answering 9a. Be sure to ask the interviewee to see the registration and attendance records. Complete 9a according to whether the interviewee can show you the registration and/or attendance records or not. 9a options include "Registration records only," "Attendance records only," "Both registration and attendance records," or "Neither registration nor attendance records." How you complete Q9b-Q17 is based on the response to 9a:

    o **Attendance only**. If you determine in Q9a that the interviewee has attendance records only, you should use these records to complete Q9b-Q11 about child attendance. You may also be able to use attendance records to complete Q13-Q16. As possible, you should record responses to Q13-Q16 from what is written in the **attendance** records. Note that column "d" for Q13-Q16 asks you to indicate the source of information for responses to Q13-Q16 (1=Registration records, 2=Attendance records, or 3=Interviewee). If any information required for Q13-Q16 is not in the attendance records, you should ask the interviewee for responses to those questions. Information provided by the interviewee is coded as 3 (information provided by interviewee) in column "d" for Q13-Q16.

    o **Registration only.** If you determine in Q9a that the interviewee has registration records only, you will skip Q9b-Q11. You will use the registration records to complete Q12. You may also be able to use registration records to complete Q13-Q16. As possible, you should record responses to Q13-Q16 from what is written in the **registration** records. Note that column "d" for Q13-Q16 asks you to indicate the source of information for responses to Q13-Q16 (1=Registration records, 2=Attendance records, or 3=Interviewee). If any information required for Q13-Q16 is not in the registration records, you should ask the interviewee for responses to those questions. Information provided by the interviewee is coded as 3 (information provided by interviewee) in column "d" for Q13-Q16.

- o **Attendance and Registration records available.** If you determine in Q9a that the interviewee has both attendance and registration records, you will complete Q9b-Q16 using information from either one or both of these records. As possible, you should record responses to Q13-Q16 from what is written in the **attendance or registration** records. Note that column "d" for Q13-Q16 asks you to indicate the source of information for responses to Q13-Q16 (1=Registration records, 2=Attendance records, or 3=Interviewee). If any information required for Q13-Q16 is not in the attendance or registration records, you should ask the interviewee for responses to those questions. Information provided by the interviewee is coded as 3 (information provided by interviewee) in column "d" for Q13-Q16.

  - o **Neither.** If you determine in Q9a that the interviewee does NOT have registration and/or attendance records, you will skip from Question 9a to Question 13. You will complete Q13-Q16 based on responses from the interviewee.

- Q13. Record the number of registered boys (Q13a) and girls (Q13b) at the school and how this information was verified. Remember if it is only the respondent's opinion, then code 3 must be answered for d.

- Q14. This question asks for average daily attendance by boys (Q14a) and girls (Q14b). Ask for best guess if they are unable to verify. Verification is not needed for this question.

- Q17. This is a yes/no question asking if the CBCC has any special needs children. If no, the enumerator should skip to Q19.

- Q18. If the CBCC has special needs children, the enumerator must ask for the total number of children with each type of special needs. This question is not asking about medical conditions (i.e. diabetes, allergies, epilepsy), but rather developmental disabilities. It is expected that a child with a serious medical condition may also experience some of the special need categories the survey is asking about (below). If a child has more than one special need, please count each special need separately.

  - o Visual impairment: children who have trouble seeing (either partially or completely)
  - o Hearing impairment: children who have trouble hearing (either partially or completely)
  - o Speaking impairment: children who have serious delays or trouble with their speaking abilities.
  - o Other physical impairment: children who have other physical problems, other than hearing and sight.
  - o Mental impairment: children who have mental challenges (i.e. autism, down syndrome)

- Q19. This question asks for the age of the youngest child at the CBCC in months. If the respondent answers in years, the enumerator should probe for the month and year of birth to help determine the child's age in months. Please use the age in month calculating method that was presented in training.

- Q20. This question asks for the age of the oldest child at the CBCC in years and months. For example if it is May 2014 and the oldest child is 5 years old, born in November 2008, then the enumerator should write that the oldest child is 5 years and 6 months.

Section 7: Water and Sanitation: Section 7 asks questions about the disposal of rubbish, and the availability and use of toilet facilities at the CBCC. This section should be answered by the caregiver(s) present at the CBCC on the day of the visit.

- Q5: If answer is "No," be sure to skip to Q11.

- Q9: This question refers to urination as well as defecation by the children.

- Q10-11: Even if a CBCC has a toilet, toilet-trained children may not use the toilet when going to the bathroom for a variety of reasons (toilet is too far, too dark, too dirty, not encouraged by caregiver, etc.). For these questions, we are interested in where children urinate/defecate and what happens with their waste.

- Q14: Remember to not read list; circle all mentioned by interviewee.

Section 8: Health and Food: In this section, the caregiver(s) is asked to respond to questions concerning how children falling ill at the CBCC are cared for; health services that may be provided at the CBCC by visiting health workers; and the provision and frequency of meals or snacks for child attendees at the CBCC.

- Q1: Do not read list of response options. Circle all responses mentioned. Prompt as necessary to be sure that the interviewee has mentioned all responses applicable to this question

- Q3-Q4. These two questions refer to health workers visiting the CBCCs to provide health services to children attending the CBCC and (if applicable) their families. If a CBCC shares their premises with a healthcare facility, remember to ask specifically for the services provided to the children at this center (rather than to the whole village).

- Q4: Be certain to read each option. Circle 1=Yes or 2=No as indicated by interviewee.

   - ITNs are insect treated nets.
   - a "health talk" is a presentation or discussion on a health-related topic provided by the health workers. This can happen independently or separately from other health services.

- Q7: Be certain to read each option. Circle 1=Yes or 2=No as indicated by interviewee.
   - K: carbohydrate (other than nsima) with a protein (meat, fish, or beans) and vegetables. Carbohydrates can include potatoes, spaghetti, rice, etc.

- Q8: Do not read list of response options. Circle all responses mentioned. Prompt as necessary to be sure that the interviewee has mentioned all responses applicable to this question.

- Q12: Be certain to read each option. Circle 1=Yes or 2=No as indicated by interviewee.

- Q14: Do not read list of response options. Circle all responses mentioned.

<u>Section 9: CBCC Curriculum and Daily Activities:</u> Section 9 asks the caregiver(s) whether the CBCC follows any daily schedule or timetable of activities (i.e., morning welcome, snack time, outdoor play, nap time, etc.).

- Q3: This item asks who developed the timetable used by the CBCC.

- Q4: This item asks how frequently various activities are done with children at the CBCC. Be certain to read each activity aloud to the interviewee. Circle the appropriate option code ("Daily," "Weekly," "Sometimes," or "Never") to indicate how frequently each activity typically occurs as reported by the interviewee. Be sure to use prompting to clarify the respondent's answers as necessary, but do not challenge the answers provided.

- Q5 asks: "Does the caregiver break the children into smaller **supervised** groups to work on some activities?" Children (and adults) often learn better in smaller, supervised groups. The purpose of this item is to determine whether the caregiver uses small groups at least some of the time.   It is important, however, that the caregiver provides some supervision to the small groups. If the children are split into smaller groups, and then left on their own without any guidance or supervision, this should be coded as "No, not usually."

- Q6: The intent of this item is to learn whether caregivers allow children, at least some of the time, to help choose activities or materials. Allowing children to have a choice in some of their activities has a positive influence on child functioning.

- Q7: Do not read list of response options. Circle all responses mentioned. This is regardless of whether the materials are locally made or store-bought. Politicians can be included under (g) well-wishers.

- Q8 asks: "Have you heard of…" followed by the names of 5 different national-level ECD documents, numbered 8a-8e. For each question (8a-8e), there are 3 columns of responses. In the first column, you will write 1 (Yes) or 2 (No), based on the interviewee's answer as to whether s/he has heard of the document in question. If the answer is "No," you will skip to the next item. If the answer is "Yes," you will complete the next two columns.

<u>Section 10: CBCC Supervision</u>
This section aims to find out from the caregiver(s) who visits the CBCC as part of any monitoring/supervision visits and what feedback they provide. The 4 questions on supervision are repeated for the District ECD Coordinator, the District Social Welfare Staff, Child Protection workers, Community Development Assistants, Mentors, and anyone else (not in the above list).

- The District ECD Coordinator is the focal person for early childhood in the District Social Welfare Office. Data collection teams should find out the name of the District ECD Coordinator when visiting the DSWO (prior to starting data collection in that district), so that enumerators may ask Q1-4 using the specific name of the ECD Coordinator.

- District Social Welfare Staff refers to any other DSWO staff members (not the ECD Coordinator) who visit the CBCCs as part of their job.

- Community Development Assistants are extension workers hired to assist with ECD activities in some districts.

- Mentors are senior caregivers who supervise caregivers at their CBCC and other centers. For Q17, if the mentor comes from within the CBCC but supervises other caregivers at their (home) CBCC, then enumerators should record "yes".

- Anyone Else (Q22-26) refers to anyone other than the District ECD Coordinator, DSWO staff, child protection workers, extension workers, or mentors who visit CBCCs AND supervise the activities of the CBCC in some manner. For example, this could be an NGO worker or Ministry of Gender (HQ) employee. If someone visits a center (i.e. to drop of play and learning materials, food, etc.) but does not supervise the CBCC, enumerators should not record them in this section.

- Q4, Q8, Q12, Q16, Q21. These questions ask about the areas of feedback given during the supervision visits. In other words, what did the visitor comment on (praise or criticize)? What were the conversations between the visitor and the CBCC committee or caregivers about?
  - [include explanations/definitions of any items a-ac that enums find confusing]

Section 11: Qualitative questions. This section should be completed by up to 2 caregivers present at the CBCC that day. If there are more than 2 caregivers, please select the two caregivers who have participated the most in any caregiver trainings. Please make sure to interview these caregivers individually, so that their answers are not heard by their colleagues and they can answer openly and honestly. Although it is expected that caregivers will answer in their native language, enumerators should record their answers in English, writing in full sentences. Please make sure that the answers provided make sense – enumerators should probe caregivers to elaborate more if their response is not clear in some way.

Section 6: Caregiver Roster: This roster should list "regular" caregivers, or those expected to work at least twice this month, and should not include those at the CBCC who work in other roles (i.e. cooking). Enumerators should make sure to pre-fill all caregivers from the provided list and be sure that they are written on the caregiver roster with the same caregiver ID. After the pre-filled caregiver names from the baseline/midline are listed, enumerators should write the names of any new caregivers that work at the CBCC, even if they are not present that day. Make sure all names are listed before continuing on with Q1b.

Note that Q1-Q2d should be completed in consultation with the CBCC Committee Chair or the CBCC committee representative. For Q1b-1d, this information should be pre-filled for caregivers who are on the information sheet from the baseline/midline. For all newly listed caregivers, it is expected that their answers to Q1b and Q1c will be No (code 2) as well as No (code 3) for Q1d.

For pre-listed caregivers, Q1d (pre-coded) answers 1 or 2 means that enumerators will have to ask the CBCC committee representative to clarify any issues stemming from the baseline or midline rosters. For example, (pre-coded) code 1 refers to an issue with the caregiver's status at baseline. Using the information sheet (which lists CG names, CG IDs, dates of baseline and midline data collection, and the answers for Q1b-Q1d), enumerators who see code 1 for Q1d, should ask the CBCC committee representative, "was this caregiver working at this CBCC in [month and year of baseline]?" If yes, mark 1e (is there a change required to the previous information?) as "yes" and write a note in the margins explaining the change needed. Pre-coded answers for Q1b-d should NOT be crossed out and changed to reflect the correct answer.

A (pre-coded) code 0 for Q1d represents caregivers who were part of the CBCC at baseline but had left the center at the time of the midline. Unless that caregiver has returned to the CBCC and resumed work, no additional questions need to be answered for that caregiver.

Q3-Q21 should be completed by each caregiver.

Ask the CBCC Chair questions 2a-2d for each caregiver, new and old. Try to finish 2a-2d for each caregiver with the CBCC Chair before moving onto the consent forms. If the caregiver is working today (Q2a=1), then follow the skip rule to the consent form. Q2b is meant to determine whether the caregiver is simply absent (and why) or no longer at the center. If absent, mark the correct code with their answer and follow the skip rule to Q3, the consent form. If the caregiver no longer works at the center, Q2c and Q2d must be administered to the CBCC Chair or respondent, before moving onto the next caregiver on the list.

For all caregivers still working at the center, Q3 must be administered and verbal consent asked of each caregiver, either in person or over the phone. If any caregiver refuses to give their verbal consent, than the enumerator should move onto the next caregiver on the list.

- Q4: asks caregivers how they are compensated for working at the CBCC. The compensation may not always be financial, nor always happen.

- Q5; asks caregivers why they became a caregiver. Options should not be read. Rather, the enumerator should circle the code that best matches the caregiver's response, specifying when an "other" answer is given.

- Q7: current age of the caregiver. If they do not know, the enumerator should ask for the caregiver's best guess.

- Q8. Enumerators should pay close attention to the answers given to this question and those provided by the baseline/midline information sheet. For example, if the caregiver states that they have been working at the center for over 1 year, but were not listed in the midline data, then enumerators should probe. Enumerators should take note of any cases (and report to their supervisors) where the caregiver insists that they have worked at the center for a period longer than the baseline/midline yet were not included as such in the pre-filled information sheet.

- Q9: Over the past 2 weeks, how many days has the caregiver worked at the CBCC. If the caregiver responds, for example, "I work 2 days every week," the enumerator must not automatically assume the answer is 4 days, but probe to ask how many days specifically in the past 2 weeks.

- Name: Rewrite the first names of all caregivers listed on the roster for easy reference on the second page of the roster, even if that caregiver no longer works at the CBCC. The ID codes for each caregiver on the second page should match the ID codes on the first page.

- Q14: asks caregivers for their highest level of education attended, even if they did not complete it. For example, if a caregiver started Form 3, but then dropped out, code 5 still applies.

- Q15: asks caregivers for their highest level of education qualification. Enumerators should probe if the answer in Q15 does not match with the answer in Q14.

- Q17: marital status of caregivers. If a caregiver answers that she/he is married, the enumerator should probe whether this is a monogamous marriage or polygamous marriage.

- Q10a: asks caregivers if they have received any training in 2012. The year is very important to answering this question. Skip to Q11a if no.

- Q10b, Q11b, Q12b: if a caregiver answers "an NGO", make sure to probe whether this is Save the Children or if it was another NGO to determine between code 1 and code 2. There are two columns provided for this question in case the caregiver attended training by more than one organization within the same year. If a caregiver only attended training by one organization within a given year, please leave the second column blank.

- Q10c, Q11c, Q12c: answer based on the longest training attended (NOT cumulative). For example, if a caregiver attended a 1 week and a 2 week training in the same year, code 3 (2 weeks) would be appropriate.

- Q10d: some caregivers may have received some financial incentives for a period of time during/after they participated in trainings in 2012. Please only record yes (code 1) for those caregivers who say they received financial payment in 2012.

- Q10e: for those caregivers who received financial payments in 2012, please ask them how many monthly payments were received.

- Q11a: asks caregivers if they have received any training in 2013. Skip to Q14 if no.

- Q18: asks caregivers if they are a mentor for other caregivers. In Malawi, long-serving and high-performing caregivers often serve as mentors to their peers in their CBCC and potentially nearby CBCCs. If the caregiver is not a mentor, the enumerator should skip to Q20.

- Q19: asks caregivers if they receive mentoring by other caregivers (regardless of if it is from a caregiver at their CBCC or another nearby CBCC). If no mentoring is received, the enumerator can skip to the next caregiver on the list.

Section 2: General Information on the CBCC: This section, to be answered by either the caregiver(s) or CBCC representative, asks about the general operation of the CBCC. Most questions are fairly straight-forward.

- Q6-7: A children's corner is when the center serves as a play space for children of many ages after school hours or during the weekends.

- Q8. This question asks if the CBCC operates year-round (12 months of the calendar year). As CBCCs frequently follow the school calendar, the enumerator may need to probe to confirm that the respondent believes the center is open for all 12 months of the year if "yes" is answered.

- Q18-19: Q18 asks about the problems faced by the CBCC. Do NOT read options aloud, and be certain to circle all problems mentioned by the interviewee. For Q19, you will ask the interviewee to list, in order of priority, the 3 biggest concerns. Re-read only the responses circled in Q18, and ask them to rank the problems. Do not read options not mentioned in Q18.

    o "Caregiver turnover" refers to the situation where the CBCC hires caregivers, but then the caregivers don't stay for very long. As a result, the CBCC must keep hiring new caregivers. This can be a different situation than Code G "Lack of caregivers" as a CBCC could simply not have enough caregivers working at their centers.

Section 5: Staff Information: Section 5 includes questions about recruitment of caregivers, the number of caregivers working at the CBCC, desirable characteristics of caregivers, their training experiences, and information on the CBCC committee members.

- Q2: Q2 asks how frequently caregivers usually work. Responses should be recorded in # of days per either week, month, or year, depending on how the respondent answers.

- Q4: Do not read list of response options. Circle all responses mentioned.

- Q5: Be certain to read all response options, and indicate interviewee's response (1=Yes; 2=No). Each item should be asked one at a time, letting the respondent answer yes or no, before moving to the next item on the list.

- Q7: Caregiver training should be specific to the learning and play materials available in the CBCC.

- Q11: Be certain to read all response options, and indicate interviewee's response (1=Yes; 2=No).

- Q13: Do not read list of response options. Circle all responses mentioned. If the respondent answers "NGO", the enumerator should probe whether this was Save the Children or another NGO. Note for your own clarification that NGO = Non-Government Organization; DSWO = District Social Welfare Office; APPM = Association of Preschool Playgroups in Malawi; and AECDM = Association of ECD in Malawi.

Section 11: Observations (CONTINUED): As in Section 1, the enumerator will provide descriptive information on the CBCC. This entire section must be filled out based on enumerator observations. This means that you do NOT ask the interviewee or other CBCC representatives any questions occurring in this section. Instead, you will complete Section 10 according to what you observe alone. You MAY ask the CBCC representative questions such as "May I see the cooking area?" or "Can you show me the toilet facilities?" However, you must record the information for this section based on what you observe.

- QA is the exception to this observation section. Enumerators must ask CBCC committee members (or caregivers who have been at the center for more than 1 year) if there have been upgrades to any of the CBCC facilities in the past year. This could include toilets,

kitchen/cooking areas, CBCC building, barriers around the CBCC, etc. If there have been no upgrades to the CBCC in the past year, all other items in this section can be skipped. However, if there have been any upgrades, the enumerator must complete Q1-24.

- Q6 and Q17: By generally clean, we mean floor and counter surfaces are free of debris or old food; a lack of rubbish, food scraps, animal feces, etc., in the classroom and other rooms within the structure.

- Q7 and Q18: There should be adequate ventilation in each room. This would be indicated by the presence of windows and doors that can allow fresh air into the classroom. Any smoke from the kitchen or cooking area should be ventilated away from the classrooms and outdoor play areas.

- Q26: If the classroom is shaped like a square or rectangle, the enumerator should measure (with their tape measure!) the length and the width of the classroom, including only useable space (for example, if the back of the classroom is stacked with old tables, chairs, or other items not used by the CBCC, then don't include that space in the final count). Ultimately, this question captures how much useable space there is for children inside the classroom. Enumerators should record their answers in meters, to the nearest cm.

- Q27: If the classroom is not in a square or rectangle, then the enumerator should measure (with their tape measure! and some geometry!) the total area of the room to the nearest cm.

- Q10b: In the outside area is enclosed, enumerators must also measure the length and width of the outdoor space.

- Q11: Dangerous materials can also include toxins (puddles of oil, fuel or other chemicals), animal feces, wires, sharp objects, etc.

- Q21: Toilet areas should be free of feces, urine or other debris.

- Q22: For this question, "Yes, all" means that all children who needed to use the available toilets (and none were observed urinating or defecating outside the toilet facilities); "Yes, most" means that most children used the toilets, and only a few were observed doing their business outside the toilet facilities; and "Yes, but only some" means that only a few used the toilets, with most urinating or defecating outside the toilet facilities.

- Q23: You may need to ask the CBCC representative if there is a dedicated space where children can rest or sleep, if it is not obvious from your observations of the room(s).

Section 12: Enumerator Observations: Enumerators should complete this section based on their impressions of the interview.

Section 2.14: Section 13: CBCC Contact Form: the enumerator should examine the CBCC Contact Form from the baseline (if it exists). Assuming it exists and all of the information is clear and still relevant, than the enumerator does not need to complete a new contact form. However, if the directions are unclear or out of date, the enumerator should complete a new CBCC CF and attach it to the questionnaire.

5 COMPLETING THE CLASSROOM OBSERVATION QUESTIONNAIRE

Important to remember:
- Classroom Observation should be conducted only on an unscheduled and unannounced visit to the CBCC.
- Both enumerators should observe for **2 hours** continuously, regardless of if the caregiver is present the entire time.
- Enumerators should position themselves so that they are a minimal distraction to the class but that they can still see all that is happening with the caregiver(s) and children. Enumerators may sit in different corners of the room if this helps them get a better view of the entire class.
- Enumerators make take notes on the front page during the 2 hours, but should not answer any questions until the hour has ended and they can answer the questions together.
- For all questions, enumerators should think about which answer is the best representation of the entire 2hr observation.
- In case there are more than one caregivers present, enumerators should provide the answer which best represents the overall care by all caregivers present.
- If the CBCC class is split into different groups, the enumerators should focus on observing the 3-5 year old children. In some cases, this may require enumerators splitting up. If this happens, enumerators are welcome to switch places with one another, but this should be agreed upon beforehand and should take place every 30 minutes.

Q1: Group Structure. This question asks enumerators to observe how the CG(s) have organized children during the hour observation. Code 1 should be recorded if the class is never divided by the caregiver. Code 2 and 3 should only be circled if the caregiver intentionally breaks the class into groups (regardless of if children end up self-selecting themselves into smaller groups). The difference between code 2 and code 3 is the amount of time they were broken into smaller groups. If the large majority is spent as one collective group, but the caregiver splits them into smaller group on occasion, then it is code 2. If during a large majority of the time, the caregiver has them split into smaller groups, code 3 would be appropriate.
- If a caregiver is having each child one-by-one stand up and repeat something to the whole group, this is a group activity, NOT an individual activity. During individual activities, children are each individually occupied with a task (i.e. writing, drawing, or reading).

Q40: Groupings of children by age. If the caregiver(s) separates the children by age during the observation, enumerators should record code 2. For example, if the enumerators are observing the older group of children (as this is where all of the 3-5 year olds are), but other CG(s) are providing childcare to younger children, the enumerators should still count this as code 2 as the CBCC has separated children by age.

Q3: Washing hands. This question is NOT about whether the CG(s) gives lessons on hygiene, but rather only if the CG(s) encourages children to wash their hands after using the toilet or before eating. Enumerators can record N/A if they don't observe children using the toilet or the time before children start eating. Note that this is only referring to official snack time (disregard if a few children go into their bags and start eating their snacks before it is snack time). If the caregivers actively encourage all children to wash hands after using the toilet and before eating, but a couple of children eat or use the bathroom without doing so (undetected by the CG), then code 3 is still appropriate.

Q38: Use of activity corners. Enumerators should observe whether caregivers have set up activity corners and if so, how often they are used during the observation period.

Q7: Attending to children's immediate health, emotional, or behavioral needs.   This question is ONLY asking about these immediate needs (crying child who needs comforting, child with an accident who needs his/her clothes changed, child with a runny nose who needs his/her nose blown, child who needs help putting on/taking off shoes, etc.); other types of children's needs are addressed in other questions. It is very unlikely that enumerators would not encounter any immediate health, emotional, or behavioral needs in the hour that they are observing young children. In code (1), those immediate needs are not responded to or addressed by the CG(s). In code (2), CGs respond to those needs only sometimes or appear to be angry/annoyed when having to respond to children's immediate needs. Code (3) is the ideal situation where the CG(s) respond to children's needs in a friendly/helpful/caring manner.

Q8: Caregiver Supervision. This question is asking if children are ever left <u>on their own</u> without supervision from CG(s) during the 2 hour observation. For this item, as long as the caregiver is in the same room/space as the children, it can be considered that that child is being supervised. Keep in mind that this question does not refer to children's safety, as that is covered in Q8. For codes (1) and (2) it doesn't matter if it is only one child or many children that is left unsupervised. ALL children must be in the company of at least one caregiver the ENTIRE hour of the observation in order to answer code (3).

Q9: Attention to child safety. For this question, enumerators need to pay attention to how the CG(s) is looking out for the safety of the children. Code (1) means that no actions were taken or comments verbalized by the CG about safety. For code (2), the caregiver is overly or unnecessarily concerned about safety concerns, which limit's children's development, exploration, etc.   For example, the caregiver may be imposing safety rules which are appropriate for much younger children. In code (3), the CG does address some safety issues, but provides too little supervision towards safety. For example, children may be jumping from a bench and in danger of falling and hurting themselves. The caregiver tells them to stop but doesn't repeat herself and the children don't listen. For code (3), the caregiver may also provide a good amount of safety concerns about one unsafe activity, but provide no safety concerns about other dangerous activities. The difference between code 1 and code 3 is that a caregiver gives some attention to children's safety to qualify for code 4. If the children's safety is ensured throughout the hour observation (either the children are not in any unsafe situations or the caregiver appropriately addresses any unsafe situations), then code 4 is applicable. Enumerators should note that this question mainly refers to children's safety in regards to their surroundings (benches or other places they could fall from, sharp objects, etc.) rather than behavior issues from other children (hitting, slapping, etc.) which is covered in Q14-17).

Q10: Amount of time left unsupervised. If caregivers have left children alone (even just one child) at any point during the hour observation, enumerators should record how much time those children are left alone in order to complete Q10.

Q11: Length of caregiver engagement with children. Enumerators should note that this question is quite different from Q10. For Q11, enumerators must determine how many minutes (of the hour observation), the caregiver was actively engaged with the children (teaching a lesson, singing a song, or interacting with children in general). A caregiver can be supervising children but not engaging with them (i.e. sitting on the konde while children are playing).

Q12: Quality of caregiver engagement. When the caregivers are interacting and engaged with children, Q12 aims to uncover the quality of that engagement. For this question, it is useful for enumerators to observe whether children are paying attention and actively participating in the lesson, song, game, etc. Children who are not engaged often seem bored, distracted, uninterested, non-responsive to the caregiver, and doing their own thing whether it be playing, talking, sleeping, etc. If the caregiver mostly engages some, but not all children, during the observation period, the enumerator should determine if it is mainly the younger or the older children who are engaged in order to determine between code 2 and code 3.

Q29: Caregiver position during engagement. While the caregiver is interacting with children, enumerators should observe his/her position. If caregivers were standing the entire time of engagement use code 1, sitting the entire time of engagement (whether it is on the floor or on a chair) use code 3, or use code 2 if both standing and sitting occurs during caregiver engagement with children.

Q14: Controlling behavior through physical methods. Enumerators should observe if caregivers ever use physical methods (hitting with a stick, slapping, pulling by the ear, etc.) to control children's bad behavior. Codes 1 and 2 differ by how often physical methods were used to control bad behavior. Note: children may be somewhat roughly grabbed by the arm and moved if they seek immediate attention (Q7, code 2). If enumerators witness this happening, they must determine if this action was correcting bad behavior or moving the child to provide some immediate attention.

Q15. Controlling behavior through yelling. Enumerators should be able to determine if a caregiver is controlling a child's behavior through the volume and tone of their voice. Shouting can be considered yelling if the tone of the voice is negative towards the child/children. Enumerators should keep in mind the differences between the three codes are solely the frequency of yelling that occurs during the observation period. For code 1, yelling is the method most often used

Q16: Controlling behavior through other negative/punitive methods. This item asks about caregiver's negatively controlling children's behavior, but in ways other than physical punishment or yelling. Long isolation, restricting food, and threatening are all examples of this. Please remember that this is referring only to when the caregiver is responding to bad behavior.

Q17: Controlling behavior through positive methods. Positive methods of controlling behavior are productive ways of getting children to calm down and understand what they did wrong. Caregivers who use positive methods can be found discussing with the child what they did wrong (note: this should be in a positive tone, otherwise it could be understood as yelling), having the child take a small break from the group (3-4 minutes maximum is appropriate for young children), or resolving the issue by eliminating the conflict (i.e. positively redirecting the child or finding a duplicate toy for both children to play with). The tone in any of these positive methods should be patient, calm, and positive. If this never happens, the enumerator should use code 1. If the caregiver(s) use positive methods only occasionally to correct bad behavior, code 2 should be used. If the caregiver(s) mostly/always use positive methods to correct bad behavior, then code 3 will be appropriate. Q17 should always be in harmony with the answers for Q14-Q16. If code 1 is used for any items in Q14-Q16 (or several code 2s across Q14-Q16), it is impossible for code 3 to be used for Q17.

Q18: Created speaking opportunities for children. This item refers to how children and caregivers interact with each other. Code 1 is applicable when children speak to caregivers in a formal or routine manner. For example, a child recites the days of the week, or counts up to ten, or correctly identifies the shape/color/body part being discussed. For Codes 2 & 3 to be applicable, the caregiver

must create more natural speaking opportunities for the children. In this way, the classroom is organized as more of an open discussion or dialogue (children explaining what they did over the weekend or telling the group a story), where the caregiver may not be looking for one specific answer. Code 2 is applicable when the caregiver creates these natural speaking abilities, but the children are largely silent or unengaged.

Q19: Language of giving instruction. This item is rather straight-forward. While songs may be sung in English or local languages, enumerators should listen for what language the caregiver is giving instructions to children (i.e. "Now we are going to pray" or "Please form a circle" or "Now we are going to sing a song"). Enumerators should generalize whether these instructions were mostly in English (code 1), local language (code 3), or largely in combination of the two (code 2).

Q20: Style of teaching numbers. Enumerators should pay attention to whether numbers were taught during the hour of observation. To distinguish between code 2 and code 3, enumerators must observe whether children are simply reciting the names of numbers "1… 2… 3" or if they are writing/counting numbers in relation to seeing or handling a number of objects.

Q21: Frequency of Counting. Enumerators should record if they observed any counting during the observation period, and if so, if it was done across a variety of activities or only when numbers/counting was the focus of the activity. The answer recorded in Q21 should relate to the answer in Q20 (i.e. if codes 1 or 2 are indicated in Q20, it is likely that code 1 will be answered for Q21).

Q22: Style of Teaching the Alphabet. Similar to Q20 (but on letters). Enumerators should pay attention to whether letters are taught during the observation period (note that even one letter taught, rather than the whole alphabet, still counts as teaching letters). For code 3 to be applicable, letters must be taught in relation to common objects named (but not handled nor shown as a picture). If letters are taught in relation to initial sounds of common objects which ARE handled or shown to children, then code 4 is applicable.

Q23: Reading (books) with children. This question asks whether a caregiver was observed reading books or other reading materials to the children during the observation period. Code 1 is applicable if reading does not occur during the observation period (regardless of whether books are available). Note that children can be handed books, but unless the caregiver reads with/to them, code 1 is still applicable in this case. If the enumerators witness caregivers reading to children, then code 2 or 3 are applicable. If the enumerators witness the children participating while the reading is occurring (discussing the story, identifying shapes/colors/letters/other drawings), then code 3 can be circled.

Q24. Frequency of identifying and sorting shapes. Choose code 1 if there was no talk or discussion of shapes (having the children come together in a circle does not count unless there is further discussion of other shapes). Choose code 2 if there is a lesson or part of a lesson on identifying and/or sorting shapes, but shapes are not discussed in other parts of the observation period. Even if caregivers do not have specific play materials related to shapes, they could always use everyday objects to have a lesson on different shapes (i.e. Tyres are cicles, doors are rectangles). Choose code 3 if the caregiver discussed shapes during a variety of activities (for example, when reading a book, caregivers discussed shapes of objects that were pictured in the book or the children were encouraged to identify shapes of objects in the playground during free play).

Q25: Frequency of identifying Colors. Similar to Q24, Q25 asks enumerators to report if/how colors were taught during the observation period. For code 3 to be applicable, the enumerators must

witness colors being discussed/identified during times when colors are not the main lesson (i.e. while reading a story, playing during free play).

Q26: Role playing and make-believe. Role play helps children use their imagination and act out different situations. Children can role play animals (i.e. hyenas), professions (doctor/nurse, teacher, shop owner, etc.), and make-believe scenarios (princess/prince). Note that this question asks specifically how the caregiver promotes/facilities role play during the observation period. Telling children to "jump like a frog" as part of a song (that promotes gross motor movement) is not actual role-play as the caregiver did not organize a structured role-play activity (i.e. set up a "shop," "house," "minibus" or other imaginary location for the role-play).

- Code 1: there is no make-believe or role playing activities observed during the 1hr observation.
- Code 2: the caregiver sets up a structured role-play activity but does not connect it to other learning.
- Code 3: the caregiver sets up a structured role play. If any of the following takes place, code 3 should apply: a) the caregiver participates in the role play along with the role play b) the role play is advanced with many diverse materials used to support it (i.e. building blocks and other materials used as "food" to buy in a "shop" or "medicine" to take in a hospital) c) the caregiver connects the role play to other learning activities (i.e. teaching about shapes, colors, weather, hygiene, animals, etc.).

 Q28: Fine Motor. Fine motor activities are activities which use the "small muscles" of the hands. This can be demonstrated with writing/drawing/coloring, stringing large beads, opening containers, tying a knot, stacking blocks, or any related activity which involves the careful use of hands (using a spoon to eat porridge does not count). Most of the action needs to be in the hands (rather than arms) in order for it to be counted as a fine motor activity. The question specifically asks about opportunities provided for fine motor activities. Therefore, it doesn't matter how many children are doing the fine motor activity (that is the purpose of Q29) as long as at least one child was doing fine motor activities, the enumerator can choose between code 2 and code 3.
	Code 1: no fine motor activities happened during the observation period.
	Code 2: only one fine motor activity was observed during the 1hr observation period.
	Code 3: more than one fine motor activity was observed during the 1hr observation period.

Q29: Participation in Fine Motor. This item is closely related to Q28. In Q28, the enumerators recorded how many fine motor activities took place. This item asks how many children were participating in those fine motor activities. If code 1 is circled in Q28, then code 1 should also be circled in Q29. If fine motor activities do occur during the observation period, the enumerators should pay close attention to how many children are doing this activity to decide between code 2 and code 3.

Q30: Gross Motor Activities. Gross Motor refers to the "large muscles" of the body, which are very important for children's development. Gross motor activities should be easier for enumerators to identify as examples include running, jumping, clapping, throwing, climbing, catching, kicking, balancing (standing on one leg), and dancing. Most likely there will be many gross motor activities observed if the observation hour includes free play outside.
	Code 1: no gross motor activities observed.
	Code 2: gross motor activities only

Q31: Music and movement. While it should be clear if songs are sung during the observation period, enumerators need to closely watch if/what actions occur when children sing songs. If children are only singing (no movement at all), then code 1 applies. If children sing and clap only OR sing and dance only, then code 2 applies. If children sing, clap, AND dance (or do another movement), then code 3 applies.

Q33: Science and Nature. Lesson on body parts ("this is my head," "these are my eyes") counts as a science lesson, but the quick mention of body parts in a song does not count as a science lesson. Other science or nature lessons could be about weather, seasons, plants, insects, etc.

Q34: Social interaction. Part of a good caregiver's role is to promote positive interactions (such as sharing toys, taking turns, working together on a project, helping each other on the swings, etc.) and discourage fighting (by taking toys away from others, etc.). This question specifically asks enumerators to observe whether the caregiver promotes positive interactions and/or discourages negative interactions between children. Note that positive interactions don't have to include sharing in order to be counted and that sharing of snacks is not included here (children aren't supposed to share their food). If the caregiver only discourages negative interactions, code 2 is applicable. Whereas, if the caregiver also encourages positive interactions, then code 3 is applicable.

Q35: Positive Individual Attention. It is important for children to feel special. This item seeks to identify how many children are given positive individual attention during the observation period. Enumerators should make not when children are called upon to answer a question, told "well done", or given another compliment during the observation period.

Q37: Religion or spirituality. CBCCs sometimes include religion or spirituality into their routines. Enumerators should record whether or not they witness religious elements and if so, if they are beyond repeating a routine prayer or singing a son.

MDAT ADMINISTRATION

6 FIELDWORK CHECKLIST FOR ENUMERATORS

Before going to the field everyday, enumerators should have with them:

<u>Classroom Observation Enumerators</u>
- ✓ Classroom Observation instrument
- ✓ CBCC Questionnaire (pre-filled with CG roster)
- ✓ CG Roster information sheet
- ✓ CBCC Contact Form from Baseline or Midline
- ✓ Closed CBCC Form
- ✓ Child Pre-Tracking Roster (pre-filled with child information)
- ✓ Child Tracking Form
- ✓ Caregiver verbal consent script
- ✓ Phone to note time

<u>Supervisors</u>
- ✓ GPS unit

Christin's Contact:
cmcconnell@worldbank.org

Lois's Contact:
Lois.silo.mw@gmail.com
0994501888

Supervisors should send her a text message and she'll return with a phone call to help answer questions.