

TERMS OF REFERENCE:

MIXED METHODS EVALUATION FOR MALAWI ECD PROJECT

Objective

- To examine caregivers' ECD behaviours, as well as attitudes and practices of children under 3 years through an in-person baseline survey.
- To monitor the impact of the campaign on the outcomes of interest (ECD behaviours, attitudes and practices through an in-person endline survey).
- To explore in-depth caregiver experiences with ECD activities through in-depth interview of a subset of survey participants at endline.

Target population and sample size

The final sample size will be agreed during the project planning phase, but we anticipate an estimated sample size of:

- 600 caregivers of children aged 6-28 months will be recruited from Lilongwe and Salima districts for a baseline survey. The baseline survey will take place in June 2025.
- The baseline survey sample (600 caregivers) will be followed up at endline (in-person). The endline survey will be conducted in January 2026.

Study setting, sampling approach and timing

Districts have been selected with good coverage of radio transmission and similar prevalence of child stunting/poverty. Enumeration areas (EAs) in each district will be sampled using probability proportional to size method (PPS), stratified by district and setting (rural and urban). A household listing shall be conducted in the sampled EAS to inform the sampling frame.

The same number of caregivers of children aged 6-28 months will be surveyed from each EA, with equal numbers of male and female caregivers and equal numbers of participants who report being exposed or unexposed to DMI's campaign. All caregivers will be aged 18-49 years. A 10% oversampling of households should be done in anticipation of data collection and/or reporting errors.

Preparations for the survey (i.e., enumerator training, local permissions etc.) should start in May 2025 and actual baseline survey data collection should start in June 2025 at the latest.

The following specifications must be followed:

- DMI is responsible for obtaining ethical approval for this study. With support from DMI, the Service Provider is responsible for obtaining the necessary approvals from the National and districts authorities promptly following ethics approval prior to conducting any research activities as part of the project.
- The service provider shall conduct a household listing in the sampled EAs in the two districts.
- A final sample of 600 (300 per district) caregivers who have children aged 6-28 months should be surveyed at baseline (in-person) and 600 at endline (in-person). This is a longitudinal study as such, same samples shall be recruited for all surveys. Equal numbers of male and female caregivers should be sampled.
- At endline, a subset of survey participants will be sampled for Focus Group Discussions and in-depth interviews, stratified by district, setting, and sex.
- Prior to the baseline survey, the Service Provider will cognitively test the questionnaire separately with 10 primary caregivers (aged 18-49 years) who have children aged 6-28 months prior to the actual survey and provide DMI with data and feedback. The questionnaire will be revised following cognitive testing.
- The baseline and endline questionnaire will have approximately 100 questions with skip patterns and should be programmed onto tablets according to DMI's specifications. The midline questionnaire will be an abbreviated version of the baseline/endline questionnaires. Surveys will be bench tested by DMI prior to piloting and implementation.
- The Service Provider will recruit and train all the data collectors prior to baseline and endline surveys in the following: sampling methods, conducting the interviews in Chichewa, seeking informed consent, using the

tablets/data collection software, collecting data accurately. The Service Provider agrees to allow DMI to observe the training of enumerators and request additional training if DMI deems it to be necessary.

- Data collectors will have the ability to speak Chichewa and will conduct interviews using a questionnaire in Chichewa. The Service Provider is responsible for accurate translation of the questionnaire from English.
- After training, but prior to the survey, the Service Provider will pilot the questionnaire with at least 10 caregivers (aged 18-49 years) in each of the study districts and provide DMI with data and feedback.
- The Service Provider will provide GPS coordinates for each interview (directly from tablet or from traditional GPS locator if not possible to do with the tablet).
- The Service Provider will be responsible for monitoring the quality of data collection and conduct necessary quality control measures, including spot checks/sit-ins, audio checks (if recorded), and backchecks on minimum 10% of randomly selected study sample to ensure validity of participants interviewed. The Service Provider will also be responsible for monitoring, on an on-going basis, the accuracy with which data is being collected by enumerators through high-frequency data checks. Data quality updates will be provided to DMI regularly during data collection and discussed on weekly calls with the project team.

Deliverables

The key deliverables are listed in Table 1. Deliverables will be timebound and specific deadlines will be agreed between the parties once all approvals are in place.

Table 1: Key deliverables

Key deliverables
Conduct household listing in sampled EAs in Lilongwe and Salima districts
Translate questionnaires, back translate for accuracy, and share suggested edits with DMI.
Produce an implementation plan, including the methods for developing a household sampling frame, sampling strategy, fieldwork schedule and enumerator training manual (based on final questionnaire). Finalize and refine the implementation plan based on DMI's feedback.
Recruit a team of enumerators to conduct the surveys. Prepare all necessary field materials for enumerators to ensure they can administer the surveys through electronic devices.
Conduct training of enumerators. DMI staff should be invited to attend all training and the training must be conducted to DMI's satisfaction.
Cognitively test the questionnaires among the sample outlined above and provide feedback and data to DMI. The questionnaires will be revised based on the results of cognitive testing.
Programme questionnaires using survey software onto electronic devices and bench test thoroughly. Send DMI the online questionnaires for testing. The questionnaires/scripts will be revised based on the results of bench testing.
Pilot the revised questionnaires among the sample outlined above and share feedback and data files with DMI. The questionnaires/scripts will be revised based on the results of piloting.
Conduct a brief re-training of enumerators to discuss changes made to the questionnaires following piloting of the surveys.
Conduct a baseline survey with 600 caregivers of children aged 6-28 months, as outlined above. Follow up with 200 of this sample at midline (via phone) and 400 at endline (in-person). A 10% oversampling should be done in anticipation of data collection and/or reporting errors.
Supervise data collection, including conducting back-checks of minimum 10% of randomly selected study sample. Monitor the quality of data on an ongoing basis. Provide DMI with regular updates on data quality, including feedback during weekly calls.
Develop a protocol for data cleaning and share the protocol with DMI. Supervise timely data checking and coding and provide DMI with: an uncleaned data set, code used for data cleaning, a clean dataset, and a variable code list. The dataset provided must be of a quality acceptable to DMI.
Provide a fieldwork report to DMI, including details of planning/preparation (e.g., results of cognitive testing, piloting, sampling), the final sample achieved, quality control measures and results, challenges and lessons learned, and data management and cleaning.
Provide on-going support to DMI regarding any dataset queries.