Facilitator Tool – ECD Scorecard

Section A – Access to Education					
	Question	1. Far from ideal situation	2. First steps made	3. Making progress	4. (Nearly) ideal situation
1	Enrolment	A small percentage of children from the surrounding community are enrolled.	Less than 50% of children from the surrounding community are enrolled.	More than 50% of children from the surrounding community are enrolled.	Most children from the surrounding community are enrolled.
2	Attendance Rate	Almost all children are often absent due to illness, lack of money, or because education is not seen as important.	More than 50% of the children are often absent.	Less than 50% of the children are often absent.	Most children are present consistently – with few exceptions due to illness.
3	Inclusion	The ECD centre and services are not accessible/suitable for children with disabilities or special learning needs.	The ECD centre is accessible/suitable for children with disabilities but no children with disabilities or special learning needs are included.	A few children with disabilities or special learning needs are included. The services are accessible/suitable, but the caregiver lacks knowledge and skills on how to include children with a disability.	Most children with disabilities or special learning needs are included and outreach is done to encourage parents to send all children. The services are accessible and the caregiver has the capacity to include children with a disability.

Section B - Infrastructure					
4	Physical Infrastructure	The infrastructure is not suitable for an ECDC. The space has many safety hazards.	The infrastructure has been improved to make it suitable for an ECDC, but there is limited space for learning and play and there are still safety hazards due to weak infrastructure.	The infrastructure is suitable for an ECDC. There is enough space for learning and playing. There are no safety hazards. Disability accessibility is lacking.	The infrastructure is suitable for an ECDC. There is enough space for learning and playing. There are no safety hazards. The ECDC is accessible for children with a disability.
5	Hygiene and Sanitation	There are no WASH facilities (toilets, handwashing stations, water) for the ECDC.	There are some WASH facilities (toilets or handwashing stations), but they are not functioning properly or cleaned regularly.	There are toilets and handwashing stations that function most of the time but not always and they are also not always clean.	WASH facilities are in line with national standards. There is water available and WASH facilities (separate toilets and handwashing stations) are well-maintained and often cleaned.
6	Space for Outdoor Play	There is no safe space for outside play. There is no space, or the space has many safety hazards.	There is limited space for outdoor play and/or play equipment is broken or dangerous.	There is enough space for outdoor play, but there is no fence around the compound and/or play equipment is broken or dangerous.	The outdoor play space is in line with national standards. It is fenced, and has a play area set up with some simple and safe toys.

Section C – Caregiver Quality					
7	Child Protection	Caregivers don't know the code of conduct and policies on child safeguarding. Caregivers didn't receive any training on Child Protection issues. Children are often not supervised and/or corporal punishment takes place.	Caregivers have little knowledge of the code of conduct and policies on child safeguarding. Caregivers received some training on Child Protection issues. There is some attention for positive disciplining, but corporal punishment still takes place.	Caregivers understand the Child Safeguarding Policy and have signed the aligned Code of Conduct. Caregivers received training on Child Protection issues and positive disciplining. Overall, supervision is good and corporal punishment is not used.	Caregivers understand the Child Safeguarding Policy and signed the aligned Code of Conduct. Caregivers are trained on how to identify and respond to CP issues. The ECD is linked to Child Protection Committees. Children are always supervised and there is no corporal punishment.
8	Caregiver Qualifications and Skills	Caregivers are untrained and unable to use playful methodology that stimulates active learning and participation of children.	Caregivers are trained but teach in a traditional fashion that is teacher-centred (little or no playful methodology).	Caregivers have received some specific ECE training and try to use some active learning techniques and playful methodology.	Caregivers are well-trained and experienced in ECE and make use of mixed methods, even giving time for free play in learning corners.

9	Use of Pre-primary curriculum	The centre does not have a copy of the national pre-primary curriculum and the caregiver does not know the content.	The centre does not have a copy of the national pre-primary curriculum, but the caregiver has received some information/training about the content and approaches.	The centre has a copy of the national pre-primary curriculum, and the caregiver received some training on how to use it to plan and link daily lessons.	The centre has a copy of the national pre-primary curriculum, the caregiver received several trainings/continuous support and actively uses it to plan lessons in a thematic and integrated way.
Section D – Sustainability					
10	Parental Participation	Parents rarely pay fees (or in-kind contributions) and rarely come to general meetings or other events.	Parents struggle to pay fees regularly (or in-kind contributions) , but do come to general meetings or other events.	Parents try their best to pay fees regularly (or in-kind contributions) and participate actively in general meetings or other events.	Parents mostly pay fees regularly (or contribute via in-kind contributions) and actively support the centre by doing volunteer jobs and giving in-kind contributions to help the ECDC.
11	IGA's	The centre is unable to pay the teachers/caregivers or cover other operational costs	The centre has limited funds, which it collects from parents alone.	The centre is linked to other IGAs like SHGs, which can top-up parental payments.	The centre receives enough income from parents and SHGs and/or the centre has been able to advocate for some government funds or services – within various sectors (education,

					health, nutrition, child protection).
12	Link with Primary Education	The centre has no relationship with a primary school – children scatter when entering P1.	The centre is known by the government education officer but there is no direct relationship with a nearby primary school.	There is a nearby primary school and the headteacher knows about the centre, as well as the government education officer, and welcomes children positively.	The linkage to a nearby primary school is strong – the headteacher gives some support to teachers and the ECDC brings children for a visit prior to transition.
13	Collaboration with (local) government	The centre is operating in isolation, there is no collaboration with the (local) government.	The centre is known by the (local) government and they sometimes visit the centre.	The centre receives some support (training, materials) and/or funding from the government.	The centre has multiple sources of financial and technical support from the government.
Section E – Holistic Service Provision					
14	School Feeding	There is no meal provided to children at school.	There is no meal provided to children, but most families are able to pack food, and food is shared so that all children eat.	There is a feeding program in place to provide porridge, but irregular due to limited resources.	There is a daily feeding program in place that provides quality food/porridge for all children.

15	Health Services	There is no connection between the ECDC and the local health centre or community health workers.	There is a connection between the ECDC and the local health centre or community health worker. Parents are sensitized during general meetings to bring their children to the local health centre.	The community health worker or nurse comes to the ECDC to monitor the growth of children. There are no specific events organized for parents.	The community health worker or nurse comes to the ECDC to monitor the growth of children AND organizes education events for parents on health topics .
16	Integrated Nutrition and ECD interventions	No training or specific interventions in the area of nutrition take place.	Training/messaging on healthy nutrition (breastfeeding and complementary feeding) takes place. There are no regular interventions to promote well-nourishment of children.	Training/messaging on healthy nutrition (breastfeeding and complementary feeding) takes place. There are regular interventions to promote well-nourishment of children.	Nutrition messages and services are integrated part of ECD services. This can include: ongoing training/messaging (on breastfeeding and healthy food), distribution of dietary supplements, referral for malnourished children, home visits, cooking demonstrations, kitchen garden at the ECD centre etc.

Instructions

In the following sections, you will find more instructions on how to sample and facilitate the focus group discussions for collecting data for the ECD Scorecard. The target group of the tool is ECD committees.

Sample

- The scorecard should be done at yearly basis with all supported ECD centres in the project area with an ECD committee.

Facilitation

The **facilitator** has an essential role in conducting the focus group discussions. The tools are participatory by nature, as groups come together to discuss different topics. The facilitator is responsible for explaining the tools well, guiding the conversation, making the participants feel at ease, and encouraging them to speak out to give their honest opinions. The facilitator does the exercise together with a note-taker. The facilitator introduces the questions and leads the discussions. The **note-taker** records the scores and takes notes of the reasons for giving certain scores.

1. Preparation

- Make sure that the tool is translated into local language if needed.
- The facilitator and the note-taker prepare a printed version of the tool and Kobo to record the data.

2. Facilitating the group exercise

- The exercise should take approximately an hour and 15 minutes to keep everyone on board. Long discussions may need to be ended if time runs out.
- First, the facilitator introduces the tool to the group and explains what it is about and what topics it entails.
- Second, **for each question**, the facilitator explains the question and the meaning of the scores. Ensure that all participants understand it before continuing. For each topic, there is an “ideal situation” (or “nearly ideal situation”) or a “very good situation” (4). The highest rating implies that for this aspect, no further improvements in the situation are needed or even

possible. The lowest rating is a “far from ideal situation” or a “very bad situation” (1). A lot of improvements are needed to move towards the ideal situation. In between, there are two other scales: “first steps” or “bad” (2) when the situation is better than the “far from ideal situation”, but there is still a long way to go. And “moving on” or “fair” (3) when steady progress is made toward the “ideal situation”, but one or more serious issues are still lacking to consider the situation “nearly ideal” and clear further action points can still be defined. The exact meanings of the scores are described in the tools.

- Every participant receives four stones or beans (or something similar). After introducing the question, the facilitator invites the participants to put 1, 2, 3 or 4 stones/ beans in front of them, representing their opinion.
- The stones/beans should be placed at the same time to avoid participants copying each other. The facilitator could count down.
- When everyone has placed their stones/ beans, the facilitator can ask people why they gave this score. In this way, there can be a discussion about the positive and/ or negative remarks that help people determine their end score. **Participants are free to add or remove stones during the debate.**
- Please note that the participants are not obliged to give a reason.
- The note-taker makes notes of the reasons mentioned, to be used for the partner’s reflection.
- During the discussion, the participants are invited to give their ideas to improve the situation for the coming year. This is how participants play an active role in data collection, sensemaking and planning for the next steps.
- The note-taker also makes notes of possible actions that need to be taken by the implementing partner. This is for the partner’s reference.
- Sometimes, participants give an answer or reason to their score that does not fit the question (it may serve another question better). In that case, the facilitator can help the participants by explaining the question or referring to another question. **The facilitator must therefore be very familiar with the tool.** The facilitator should not tell the participants to change their scores but can help decide the appropriate score by asking questions and guiding the conversation.

3. Scoring

- When the discussion is finished, and everyone is satisfied with the number of stones/ beans placed, the note-taker notes the number of participants who scored a one, two, three and four. The average score is calculated automatically by Kobo.
- After finishing all questions, ask the participants if there is anything else that they want to share related to the topic of the tool.