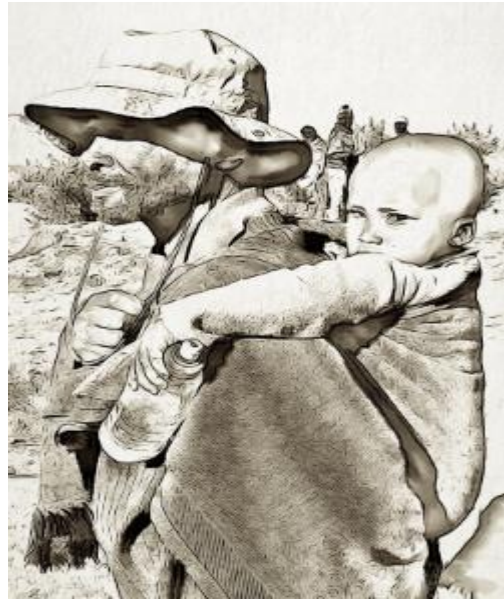


Knowledge, Attitudes and Practices of caregivers about Early Childhood Development in Mohale's Hoek and Quthing Districts: A base line survey



Prepared by

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PREFACE

This report on the Knowledge Attitudes and Practices (KAP) of caregivers in early childhood development was undertaken as a survey in two districts of Mphahle's Hoek and Quthing in the Kingdom of Lesotho. The survey is mostly essential to inform the Early Childhood Advocacy programme implemented by NECDOL in the two districts with Quthing being the lowest performing district in most child indicators particularly in Education.

NECDOL, with the support of UNICEF and in collaboration with Ministry of Education and Training, Ministry of Health and Ministry of Social Development, has been implementing a program focusing on the UNICEF campaign of #earlymomentsmatter. NECDOL's focus has been on advocacy at grassroots level through educating and sensitising parents on the importance of different aspects of early childhood development, particularly child's brain development (0-3 years) as well as children's preschool enrolment. The programme aims to support healthy brain development for the age cohort and at increasing age appropriate preschool enrolment when the time comes.

The study was implemented using a KAP ECD instrument, and it provides valuable insights which are seemingly not documented anywhere on the knowledge levels, attitudes and practices amongst caregivers who have young children five years and younger in the Mphahle' Hoek and Quthing districts. The report guides the caregivers with information on the practices that are critical for the development of young children

as well as the design of advocacy programmes to enhance uptake of ECD and ECE services in the two districts.

As NECDOL's programme has expanded to include a further two districts, the survey report also provides an opportunity to adjust implementation strategies and plans. The intention is to implement a KAP survey in these new districts as well to improve knowledge, attitudes and practices on early childhood matters in the districts specifically and the country as a whole.

Sincerely,

A handwritten signature in blue ink, appearing to be 'R. M. M.', followed by a horizontal line and a vertical stroke at the end.

EXECUTIVE DIRECTOR

NECDOL

ACKNOWLEDGEMENTS

Our profound appreciation goes to the following individuals and organisations who, through their collaborative efforts and their critical and timely inputs contributed to the successful rollout and implementation of the KAP baseline survey in the Mohale's Hoek and Quthing districts. They are:

The Ministry of Health, Lesotho and the Ethics Review Board's valuable comments on the study protocol, namely Dr Thin and Mr Mathaha.

The Ministry of Education and Training Matsepiso Ntsaba and her team in the Department for making arrangements with the District Education Offices to allow us entry into the communities. Special mention goes to the two District Education – Management offices of Quthing and Mohale's Hoek for introducing us to the communities where the survey was undertaken and where we worked with support of two National Teacher Trainers' Lerato Possa in the Quthing district and ' Maitumeleng Motaung in Mohale's Hoek district who were our primary data collectors for this study.

The community Volunteer Enumerators and data capturers who worked tirelessly to collect data and input into the SPSS statistical software package.

The communities in the districts of Mohale's Hoek and Quthing who welcomed us and provided all the support needed to implement for the survey.

Respondents in Mophale's Hoek and Quthing districts who participated in the survey, for their willingness, time and sincere responses.

Edith Sebatane's technical advice is highly appreciated and last though not least, Dr Coretta Jonah, the consultant, who gave freely of her time to participate in the survey.

Finally, UNICEF Lesotho Education specialists, Trine Petersen and Lati Leretholi for facilitating financial support for the survey. Without such funding, there would not have been such a study.

Ms Shoeshoe Mofokeng:

NECDOL NATIONAL COORDINATOR

September, 2020

LISTS OF ACRONYMS AND ABBREVIATION

UNICEF	United Nations Children Fund
NECDOL	Network of Early Childhood Development of Lesotho
MOET	Ministry of Education and Training
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
NTT	National Teacher Trainer

EXECUTIVE SUMMARY

Introduction

The survey was conducted to provide baseline information on the knowledge, attitudes and practices of caregivers regarding early childhood development that would serve as the basis for monitoring progress in the two districts of Molepolole and Quthing in the Kingdom of Lesotho. The survey aimed to unfold the knowledge, attitudes and practices of caregivers in early childhood development and further assess the impact of the sensitisation campaigns that NECDOL periodically conducted in the districts regarding health and nutrition, education, social protection and, water, sanitation and hygiene (WASH).

The study utilised a quantitative descriptive survey design. Data was collected from 157 respondents in the two districts using questionnaires that were administered by fieldworkers. The KAP survey instrument also allowed for the capture of critical data and information that will be used as monitoring and evaluation benchmarks for NECDOL programmes in the two districts

Key findings

The study revealed that the low level of asset ownership was indicative of the poverty rates in the two districts as less than 50% of households owned assets. At the same time, the majority of caregivers sampled though had attended school, the low levels of education completion point to high dropout rates in schools.

The average household size in the sample was six, and the average number of children and adults were both three. Most households had one child in each of the two age

categories. They had biological parents alive and lived with them. However, 28% of younger children and 41% of older children did not live with their biological parents. Of the referenced children under 24 months, 60% were boys and 40% were girls. However, in the older age category of referenced children, the proportion of girls was higher at 52% compared to 48% of boys. 76% and 54% of younger and older children respectively did not have birth certificates.

Breastfeeding was initiated early, within an hour after birth and that was 67% of the younger children and 54% for older children and, the rates of exclusive breast feeding remained high, 78% among all children. Feeding decisions were made by mothers often after the baby was born, and mothers were also responsible for making weaning decisions. Dietary diversity of children in the two sampled districts was low as children were often fed the same type of food every day. Food from the three major food groups was frequently eaten by only 4% of the children.

The survey revealed low rates of adult interactions with children under five years of age. Levels of reading, singing, playing and generally interacting with children were low, especially for children under 24 months and slightly higher for children between 2 and 5 years of age. Rates of stress anxiety and depression were relatively high in the caregivers. Evidence from the two districts indicates that child care continues to remain the responsibility of female household members.

Conclusion

Although the survey has shown that in the two districts gains have been made on the issue of breastfeeding, and mainly exclusive breastfeeding, serious attention needs to be paid to the content of complementary feeding, specifically related to the need for a diverse diet that includes nutrients from all major food groups. Children develop well when adults stimulate them positively. To that effect, there is need to pay extra attention to the level of interaction between caregivers and younger children. The mental health of caregivers for young children requires extra attention for a caregiver with who have high stress levels and does not manage it well can end up abusing their children.

The results of this survey have provided insights into the current knowledge levels, attitudes and practices of caregivers about early childhood development within the districts in order to provide support for successful implementation of the programme. This survey has indicated that while providing the needed data to understand communities we worked in, the level of language and sensitivity on questions that were asked were culturally acceptable and did not create any discomfort for participants,

Recommendations

To leverage the findings of the survey all stakeholders, the study made the following recommendations. First, equitable access to Early Childhood Care and Development services. Second, there is need for the development of intervention programmes to encourage parent–child learning activities, positive behaviour and stress management programmes for caregivers and children. Finally, one-stop shop services that provide holistic needs of children and communities, should be made available in remote and inaccessible places.

1.0 INTRODUCTION

The first few years of a child's life are a particularly sensitive period in the process of development, laying a foundation in childhood and beyond for cognitive functioning; behavioural, social, and self-regulatory capacities; and physical health (Karoly, Kilburn and Cannonn 2005). From birth to five years, children develop foundational capabilities on which subsequent developments build. Additional to their linguistic and cognitive gains, they exhibit dramatic progress in their emotional, social, regulatory and moral capacities (Shonkoff and Phillips 2000).

Children's development does not depend solely on their levels of access to food and health care. Their development is also critically influenced by the quality of care they receive and interventions made on their behalf, which promote cognitive, emotional and social advances (READ, 2001). According to Belkum (2013) caregivers can make valuable contributions to the desired development of children and contribute towards timely identification of problems children may have. Children under the age of five spend most of their time with caregivers therefore caregivers are best information providers when it comes to assisting their children. Additionally, the wellbeing of children depends mostly on the knowledge, attitudes and practices of caregivers towards all aspects of early childhood development which are education, health nutrition, social protection and water, sanitation and hygiene (WASH).

The knowledge parents and caregivers have affected the development of their children, and the provision of services they receive depending on the quality of service provided helps shape the future of their children.

All parents, guardians and other caregivers/professional service providers in children's lives are "active ingredients" of environmental influence driving the early childhood period. Children thrive in the context of close and dependable relationships that provide love, nurture, security, responsive interaction and encouragement for exploration and attitude of parents or caregivers/ professional service providers play a vital role in their provision.

There are many different practices that Basotho carry out to teach and subsequently support their children's early Development. According to Ntsonyana (in Pence and Schafer 2004), caregivers and elders in Lesotho use "Lits'omo", different games and songs for teaching children how to develop their memory, acquire pre-mathematical skills, morals, social and language development. Local knowledge is important to acknowledge, as it makes implementation of interventions easy and relevant.

Attitude and practices of parents or guardians are determinants of how well a child will access early childhood services, but some practices may be harmful to children. Early childhood service providers have the responsibility to provide parents/ guardians with knowledge on best practices when it comes to early childhood development issues. This can be done through sensitisation campaigns or through the provision of different interventions such as Parenting and Family Support programs.

The two districts of Quthing and Molepolole of the Kingdom of Lesotho have persistently recorded low uptake of ECD and other child health services combined with poor outcomes for children under-five. As part of a strategy to address the low uptake

of these services NECDOL intends to initiate an information campaign and training programmes targeted at people who want to open ECCD centres or primary schools

1.2 Objectives and Organisation of the Survey

There is a dearth of research on Early Childhood Development. The poor performance of the two districts on ECD indicators and uptake also points to a limited understanding of Knowledge, Attitudes and Practices of parents/ guardians towards elements of Early Childhood Development. These elements are; Health and Nutrition, Education, Social Protection and WASH.

The primary objective of the KAP survey was to:

- Understand the knowledge, attitudes, and practices in Early Childhood Development and Education as well as practices within the two districts.
- Assesses the influence of the Early Childhood Development and Education sensitisation and campaigns on the knowledge, attitudes, and practices regarding health and nutrition, education, WASH and child protection following the campaigns and intensive awareness- raising.
- Finally, the survey provides baseline data on existing attitudes and practices on ECD in the selected districts, which will form the basis for monitoring progress.

2.0 MATERIALS AND METHODS

2.1 Survey Design

The KAP survey adopted a quantitative cross section design. A KAP is a semi-structured questionnaire with predefined questions formatted to a standardised questionnaire. Usually a KAP household survey is a representative study of a specific population to collect information on what is known, believed and done in relation to a particular topic.

2.2 Research Methods

2.3 Study Population

Study participants were aged 18 years and older who reside in the two districts that self-identified as caregivers of under-five year old children. As men often leave to seek work in towns or the neighbouring country South Africa women perform the caregiver functions in the majority of Basotho homes, the survey focused on female caregivers, however in the instance that the caregiver in a selected household was not female, the survey was still conducted. Caregivers under the age of 18 years old were excluded from the survey.

2.4 Sampling and Sample size

The KAP household survey adopted a multi-stage sampling technique in two districts; Quthing and Mohale's Hoek which were, selected based on their low uptake of ECD services. At the first stage of sampling, the councils in the two districts were divided into two strata of rural and urban councils. Quthing has 10 councils while Mohale's Hoek has 13 councils. A sample of rural and urban councils was drawn, within which clusters are formed. A systematic random sampling is then used to draw a sample of households within each cluster. As the focus was to sample parents who have children

using ECD and EDE services, households that did not have young children or empty houses were skipped. For the study to be representative of the population 150 parent's guardians would have to be interviewed.

2.5 Survey Instrument

A semi structured questionnaire was used to collect data from parents or guardians in this survey. One questionnaire with various sections was used to obtain data on knowledge, attitudes, and practices on Early Childhood Development.

The questionnaire was developed in English and translated into Sesotho. The questionnaire was administered to available parents or adult caregivers in each household.

2.6 Data Collection

2.6.1 Training of Field Staff

NECDOL field staff were trained and used to administer the questionnaire in the field. This was because these workers were familiar to the local people, they spoke the same language and knew the districts well. Training of the field staff took place at the NECDOL office over two days. A total of four women field data collectors and one supervisor, also a staff member of NECDOL participated in the training exercise.

All field staff were instructed in standard survey procedures. These included; general interviewing techniques, conducting interviews at the household level, selection of adult respondents and critical field control. Field staff also administered the questionnaire to themselves during the training to ensure familiarity.

2.6.2 Pre-test

The survey protocol and instrument were pretested in 20 households in the same districts. All the trained fieldworkers led by supervisor, participated in pretesting of questionnaires.

A debriefing session was held at the NECDOL offices and also online with the field staff, supervisor, and the principal investigator who doubles as the data analyst. Modifications were made to the questionnaires based on lessons drawn from the exercise. Changes that were made mainly related to the ambiguity in questions due to translation from English to Sesotho and rewording of a few questions for ease of understanding. The final version of the English questionnaire was translated into Sesotho.

2.6.3 Fieldwork

Based on available information on the communities, it was decided that data collection was to be carried out on weekdays from 7 am to 7 pm as most households were occupied on weekdays. Houses that were included in the sample but had no one at home were revisited after hours between 16:00 and 19:00. A one-person field team carried out the data collection. A total of four field workers, including a supervisor, worked in the field from early November to February 2020.

The NECDOL coordinator monitored the fieldwork and participated in data collection twice a month. Paper questionnaires were used to conduct the interviews. After the interviews, the field supervisor conducted a random verification of questionnaires.

2.6.4 Fieldwork challenges

Fieldwork relied on NECDOL field staff, though they were familiar with working in the field the survey presented a brilliant learning opportunity for them to acquire additional skills. However, a number of challenges during the data collection are highlighted below.

1. Adherence to instructions on filling of questionnaires
2. Missed opportunities to verify using skip patterns and related questions
3. No indicating on a questionnaire whether respondent indicated NO to certain questions.

2.7 Data Processing and Analysis

The data processing operation began upon return from the field. Supervisor examined questionnaires individually for completeness. The pre-coded questionnaires were then entered into the SPSS statistical software by volunteer data entry clerks. The data analyst conducts manual data editing supported with the computer. The editing involved the resolution of computer-identified inconsistencies (range checks, coding errors, skip patterns). Data processing and analysis were accomplished using the SPSS software version 24 and Stata version 12. Data entry, cleaning and editing were initiated in June 2020 and completed in September 2020.

3.0 RESPONSE RATES AND SURVEY INFORMATION

3.1 Response Rate

A total of 170 households were earmarked for interviews of which 168 households were occupied. In the occupied households 11 declined to be interviewed after the purpose of the survey was explained to them hence, resulting in 157 successful

interviews and a response rate of 93%. Of the total 82 households identified in Quthing, five households declined to participate, resulting in a response rate of approximately 94%. Similarly, in Mohale’s Hoek district 80 successful interviews, out of the total 86 earmarked for interviews led to a response rate of 93%.

Pre-Table 1. Response Rate

Agreed interview to	Quthing	Mohale’s Hoek	Total	%
1. Yes	77	80	157	
2. No	5	6	11	
Total	82	86	168	
Response rate	94	93	93	

3.2 Interview Dates

Pre-Table 2: Interview dates

Date	Quthing	Mohale’s Hoek	Total
6 Nov-19	8	1	9
7 Nov-19	3	0	3
8 Nov-19	0	3	3
9 Nov-19	1	5	6
18 Nov-19	10	3	13
19 Nov-19	11	4	15

20 Nov-19	8	4	12
21 Nov-19	7	6	13
22 Nov-19	0	3	3
25 Nov-19	3	7	10
26 Nov-19	0	12	12
28 Nov-19	0	1	1
29 Nov-19	0	7	7
30 Nov-19	0	9	9
4 Dec-19	0	5	5
5 Dec-19	0	4	4
8 Dec-19	1	1	2
9 Dec-19	14	0	14
10 Dec-19	9	4	13
9Feb-20	2	0	2
10 Feb-20	0	1	1
Total	77	80	157

3.3 District of interview

The interviewing was made in such a way that it would coordinate with community advocacy on #earlymomentsmattercampaign supported by UNICEF. The data

collection was conducted before advocacy and sensitization with the communities. The data collectors relied heavily on this campaign for transport and Daily allowances, as there were no direct funds allocated for data collection for this study.

Pre-Table 3: Districts

District	Freq.	Percent
1. Quthing	77	49
2. Mohale's Hoek	80	51
Total	157	100

In Quthing district 77 selected participants agreed to be interviewed which is 49% of the study population, while in Quthing 80 selected participants agreed to be interviewed which is 51% of the KAP survey population.

3.4 Interview Language and Field worker declaration

Despite the questionnaire being available in two languages; English and Sesotho as anticipated, the preferred language of interviews was Sesotho. All interviews were conducted in Sesotho. Field workers adhered to the instruction to sign a declaration out of the 157 completed and return from filed all declarations were signed.

4.0 FINDINGS AND ANALYSIS

4.1: Socioeconomic and Demographic Profile of Household

Household assets is often used as a measure of the economic potential of a household. While assets provide a measure of the households' socioeconomic position and poverty levels, given their nature Household assets also influence the extent to which households can diversify their livelihoods. In the absence of measured incomes

household assets are used to measure and evaluate poverty however, asset poverty tends to be more persistent and prevalent than income poverty.

The most common asset in both districts was mobile phones, in the full sample 88% owned a mobile phone. The level of mobile phone ownership in Quthing and Mohale's Hoek were 87% and 89% respectively. Indicating that more people in the sample owned mobile phones in Mohale's Hoek compared to Quthing.

After mobile phone ownership the most common asset owned by households were furniture items. This was followed by the ownership of a chair, bed/cot, table and wardrobe. Only 22% of households owned a television and 29% owned a radio. Once more as with the mobile phones ownership levels of televisions and radios were slightly higher in Mohale's Hoek compared with Quthing with 26% and 31% of households in Mohale's Hoek owning a TV and radio respectively and 18% and 26% in Quthing.

Ownership of Bicycles and cars which are a means of transport was very low in the study area at 8% and 13% respectively. However, while 10% of households owned a Bicycle in Quthing only 6% owned one in Mohale's Hoek. With car ownership Quthing was only 6% compared to a 20% ownership level in Mohale's Hoek.

Less than 50% of the households had electricity or solar and a means of power with an even smaller proportion owning a generator set. This indicates that most households did not have access to power needed to use household equipment such as fridges, televisions and computers providing some insights into their low levels of ownership.

A comprehensive breakdown of assets ownership in the household in the two districts are presented in Tables 1.1, 1.2 and 1.3.

Figure 1.1 Asset ownership full sample

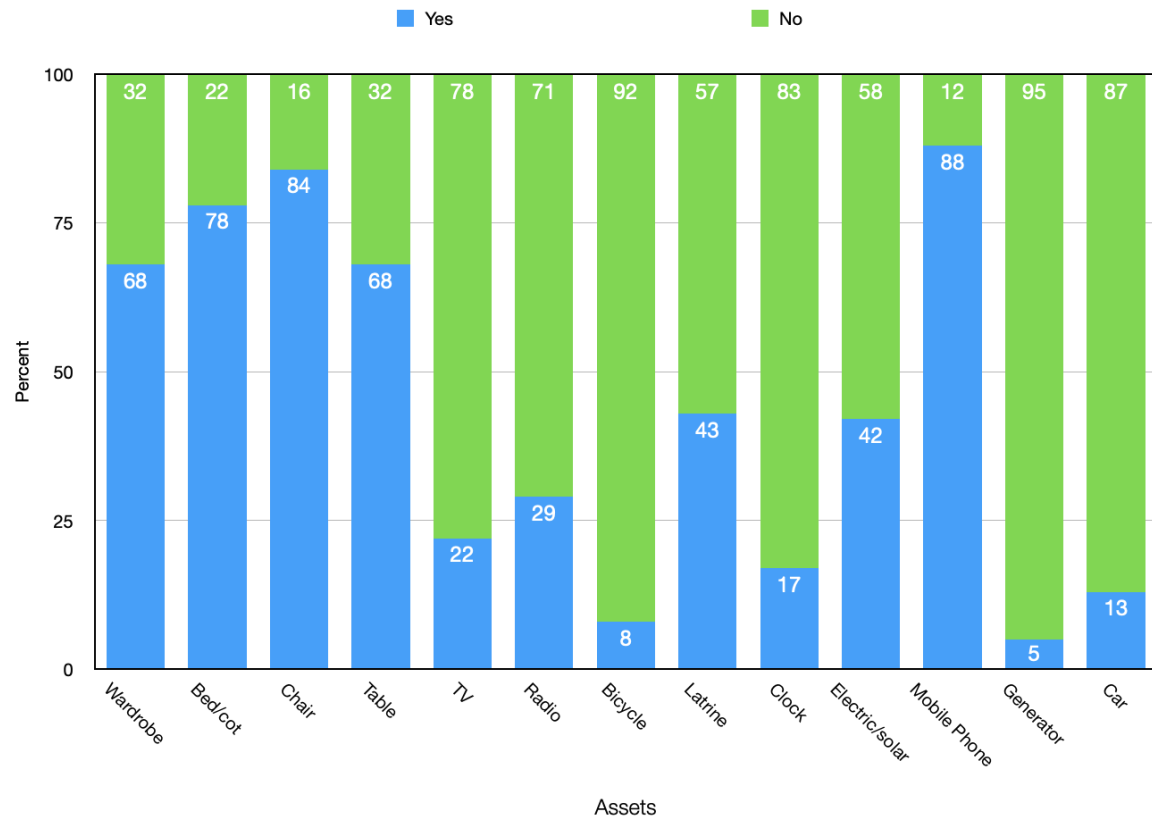


Figure 1.2 Asset ownership Quthing

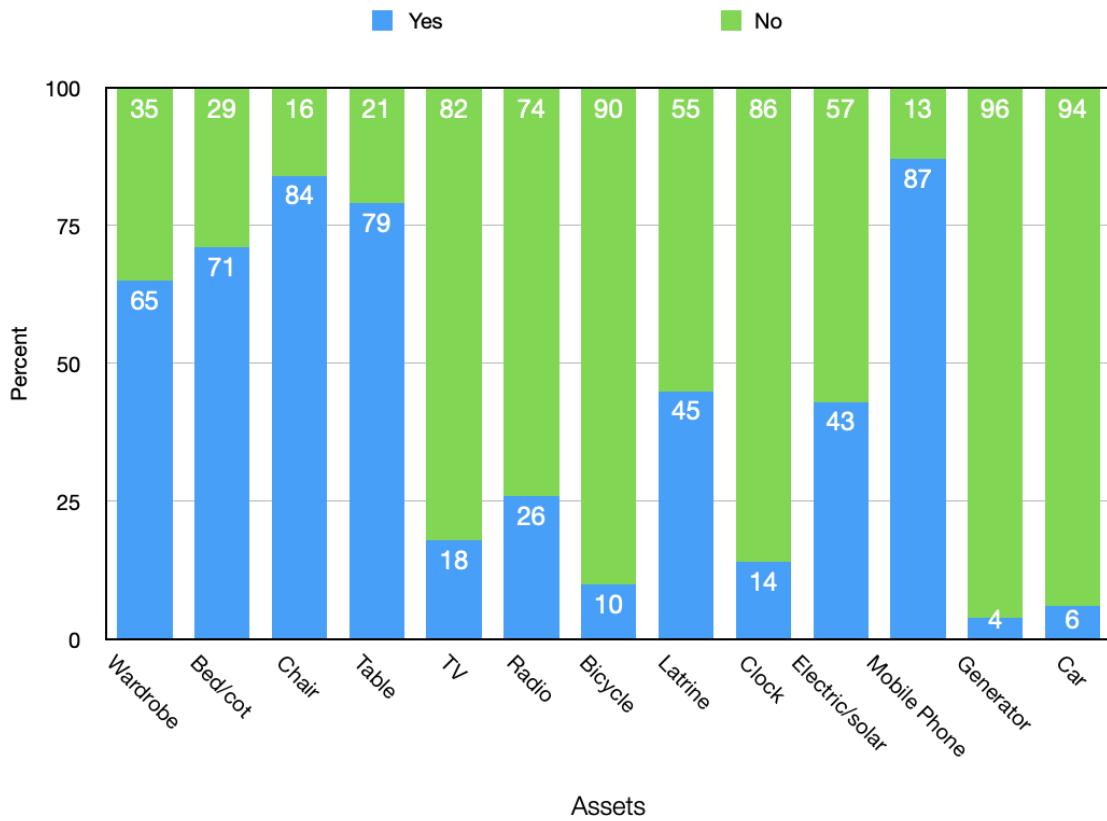


Figure 1.3: Asset ownership Mohale's Hoek

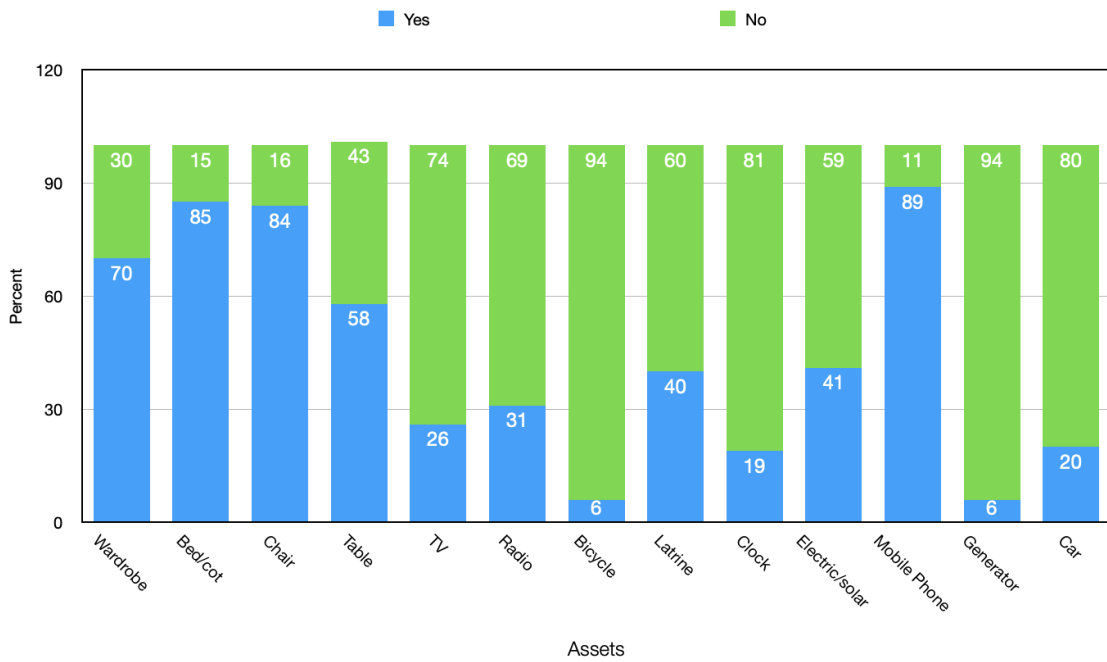


Table 1.1: Household source of water

	Full Sample		Quthing		Mohale's Hoek	
	Freq.	Percent	Freq.	Percent	Freq.	Percent
1. Piped into dwelling	2	1	0	0	2	3
2. Piped to yard/plot	11	7	4	5	7	9
3. Piped to neighbour	7	4	3	4	4	5
4. Public tap/standpipe	124	79	68	88	56	70
5. Tube well or borehole	3	2	0	0	3	4
6. Protected well	7	4	0	0	7	9
7. Unprotected well	3	2	2	3	1	1
Total	157	100	77	100	80	100

Table 1.1 shows that in Quthing there were no participants who had water in their homes, while Mohale's Hoek 3% of participants had water in their homes, 7% of participants in Quthing have water within their yard while Mohale's Hoek the number is higher as it had 9% of those with water within their yards. When looking at neighbours of participants of these districts 4-5% had water within their yards, but numbers seem to increase when it comes to those who collect water from public taps, where Quthing stands at 79% and Mohale's Hoek 70%. This is an indicator that most participants access their water from public taps. Small percentage collected their water from boreholes standing at an overall percentage of 2, and protected well at 4% and unprotected well at 2%.

Table 1.2: Type of toilet facility

District	Pit Latrine	Communal	Donga	Total
1. Quthing	42	2	33	77
Percent	54.55	2.6	42.86	100
2. Mohale's Hoek	41	1	38	80
Percent	51.25	1.25	47.5	100

Total	83	3	71	157
	52.87	1.91	45.22	100

According to the World development indicators 2017, 27.28% of Lesotho’s population practice open defecation (World Bank 2017) and looking at Table 1.2 the statistics maybe a bit higher in the two districts. There is a need for further education on importance of building toilets as open defecation contributes to poisoning of open water resources. Table 1.2 shows that in Quthing 54.4% of participants have their own pit latrine toilets, while 2.6% share and 42.86 do not have them and therefore resort to dongas. In Mohale’s Hoek the number is lower as only 51.25% of the participants have their own toilets, while 1.25% share toilets and 47.5% use dongas. This is also a reflection of the state of toilet facilities in pre-schools in the two districts. Many of the schools do not have toilet facilities for young children.

Table 1.3: Where is toilet facility located

District 1.	In own dwelling	In own yard/plot	Elsewhere	Total
1. Quthing	0	47	30	77
	0	61.04	38.96	100
2. Mohale’s Hoek	7	46	27	80
Total	7	93	57	157
	4.46	59.24	36.31	100

Toilet contributes towards the holistic hygiene of humans as well as their surroundings. Owning a toilet and assists in training children to understand and use toilets effectively. The data presented in table 1.3 indicates that only 4.46% of participants have toilets in

their own dwelling while 59.24% have toilets in their yard and 36.31% used toilets outside their own dwellings.

Table 1.4: Type of fuel for cooking

District	Electric	Gas	Paraffin	Coal	Wood	Agricultural crop	Total
1. Quthing	2	9	8	0	58	0	77
%	3	12	10	0	75	0	100
2. Mhale's Hoek	3	19	3	1	44	10	80
%	4	24	4	1	55	13	100
Total	5	28	11	1	102	10	157
%	3	18	7	1	65	6	100

Table 1.4 shows the data on types of cooking fuel. Wood is the predominant form of fuel used for cooking with a percentage of (55%) of households reporting using wood for cooking purposes. This may seem to be the obvious choice of fuel as for many rural household wood is not purchased. However, the environmental impact off burning wood and often the time used to find wood makes it quite a costly source of fuel that the two districts should be relying so heavily on. Followed by gas which is at 23.75%, then 12.5% of participants said they use agricultural crops while less than 5% used electricity 3.75%, Paraffin 3.75%, Coal 1.5%.

There is need for development of policies and strategies to control and preserve trees, while the government should work together with the community to develop a more sustainable source of fuel such as electricity or recycling faeces and turning them into coal to be used as fuel. If this issue is not urgently addressed it will definitely contribute

to lack of rain and will result in drought which will affect children’s nutrition and health negatively.

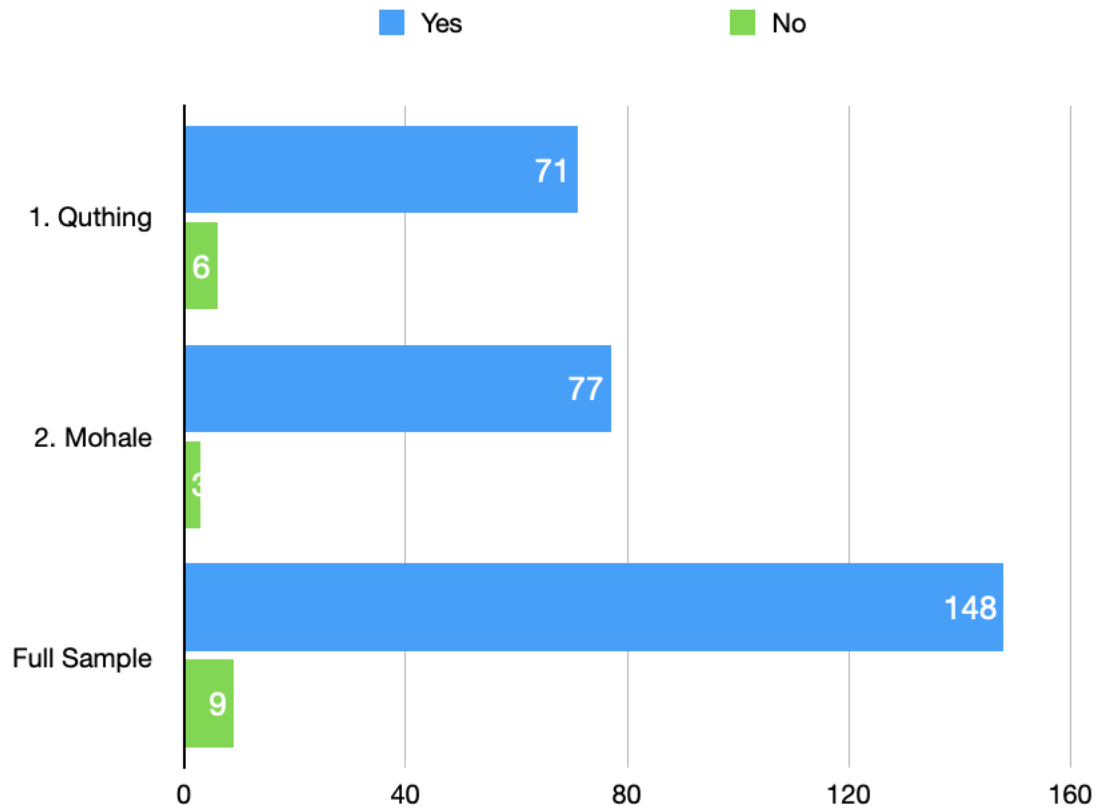


Figure 1.4: Ever attended school

In table 1.8, data on whether or not the respondents attended school is presented. While 92% of respondents interviewed had attended school in Quthing, a slightly higher proportion, 96% have attended school in Mohale’s Hoek and 94% for the full sample. However, details on school attendance shows that the majority had only completed Primary school with 29%, 25% and 33% completing primary school in the full sample, Mohale’s Hoek and Quthing respectively.

The breakdown of the school attendance points to a relatively high dropout rate in the two districts. For example, in Quthing and Mohale’s Hoek respectively 33% and 30%

attended primary school but did not complete. while lower proportion furthered their education to Junior and senior secondary. Despite the low completion rates the evidence shows that most people do attend school as No schooling levels were overall low at 5%,3% and 7% for the combined sample, Mohale’s Hoek and Quthing respectively. equally low were levels of tertiary education across districts a total of only 4%.

Table 1.5: Highest level of education

District	Primary incomplete	Primary completed	Junior Secondary	Senior Secondary	Tertiary	No School	Total
1. Quthing	25	25	10	9	2	5	76
%	33	33	13	12	3	7	100
2.Mohale’s Hoek	24	20	20	9	4	2	79
%	30	25	25	11	5	3	100
Total	49	45	30	18	6	7	155
%	32	29	19	12	4	5	100

In Lesotho a year of pre-primary education and primary education and basic education is free. For Orphaned and Vulnerable children this extends beyond primary level. This reflected in the fact that more than 90% of caregivers our participants had accessed some form of education. However, very few caregivers (Q=12% MHK=11%) had completed secondary education. Secondary education is the minimal qualification required for one to access a formal job in Lesotho in most sectors.

The low levels of education highlight the fact that most of the participant if working, are working in the informal sector and would not be able to compete in the already

congested market of Lesotho with high rates of unemployment. The informal sector often has low incomes and precarious working conditions which potentially affects the families economically. Also, the evidence of an association between maternal education and children's outcomes suggest that these relatively low level of education of female caregivers negatively impacts on the child's outcomes.

Table 1.6 provides data on household composition in each of the two districts surveyed. In all the largest household had 14 persons and the smallest household had three people. The maximum number of adults and children in a household was eight and nine respectively. At the same time, the minimum number was one for both adults and children. The average household size was six, and the average number of children and adults was three.

In Mohale's Hoek, the largest household had 12 people and the smallest two. The average home in Mohale's Hoek had five members. However, the average number of children in a household was more than adults at three and two respectively. While the maximum number of children in a household in Mohale's Hoek was seven, the maximum number of adults was six. The minimums for children and adults in Mohale's Hoek was the same at one.

Participants from Quthing tended to have larger households with the maximum number of persons in a household at 14, a minimum of three and a mean of six. While the mean and minimum for the number of children and adults in a household in Quthing was the same, three and one respectively. However, the maximums differed at nine and eight for children and adults respectively.

Table 1.6: Breakdown of household composition

Variable		N	min	max	mean	sd
1. Quthing	Household Size	77	3	14	6	3
	Adults	77	1	8	3	2
	Children	77	1	9	3	2
2.Mohale's Hoek	Household Size	80	2	12	5	2
	Adults	80	1	6	2	1
	Children	80	1	7	3	1
Total	Household Size	157	2	14	6	2
	Adults	157	1	8	3	2
	Children	157	1	9	3	2

4.2: Demographic Profile of Children

The survey aims at understanding caregiver knowledge and attitudes related to the care and upbringing of young children. To do this, the survey was conducted in households with children five years and younger. However, due to the peculiar differences in the levels of care of extremely young children, and slightly older one's information was specifically sought on two age groups of children; children two years and younger and children older than two and younger than five years.

For example, while we expect a child older than two years old to be in some formal preschool or at least be prepared for formal education, often younger children are kept at home with a caregiver. Similarly, developmentally these two age groups of children are very different. Most children older than two years of age would have acquired more complex skills and be able to play in various ways and therefore, cannot be compared to younger children.

Additionally, dividing these children into these two age categories allows us to identify come forms of policy and attitude shifts over time with regards to children. For example, levels of uptake of pre schooling may be different for a five-year-old and a two-year-old due to a policy shift that took place two years ago and lumping these two groups of children together will not allow for the capturing of such shifts.

While a focus on each year of life would provide more nuanced information, a trade-off was required, and these cut-offs were decided based on analytical utility. This section provides a demographic profile of the children, it starts by providing a breakdown of the numbers of households with young children in the two districts, establishes their relationship to the respondent and proceeds to provide a brief demographic profile for the two groups of children.

Table 2.1: Number of Children under 2 years in home for full sample

Number of children	Full Sample		Quthing		Mohale's Hoek	
	Freq	Percent	Freq	Percent	Freq	Percent
One child	39	68	17	63	22	73
Two children	13	23	8	30	5	17
Three children	4	7	1	4	3	10
Four children	1	2	1	4	0	0
Total	57	100	27	100	30	100

Table 2.1 presents a breakdown of households with children younger than two years of age. Out of the total 57 households that had children aged two years and below, the majority 39 had just one child. 13 had two children, while four households had three children only one household had four and more children younger than two years. This

pattern was consistent in the two districts. In Quthing out of a total of 27 households that reported having children younger than two years old, 17

had just one child, 8 had two children and only one household each had either three or four children under two years. In Mohale’s Hoek out of a total of 30 households with children under two years, 22 had only one child in the home two years and younger, 5 had two children, 3 had three children no household had four or more children.

Table 2.2: Number of children between 2 and 5 in home

Number of children	Full Sample		Quthing		Mohale’s Hoek	
	Freq	Percent	Freq	Percent	Freq	Percent
One child	69	76	35	73	34	79
Two children	17	19	9	19	8	19
Three children	3	3	2	4	1	2
Four children	1	1	1	2	0	0
Five or more children	1	1	1	2	0	0
Total	91	100	35	73	30	100

More households had children in the older age category compared with the younger category in the two districts. 91 households in total reported having children between two and five years old. Of these 91, 69 households had one child, 17 had two children, three households had three children, one household had four children, and one household had five or more children. In Quthing 35 households had one child, nine households had two children. A further two households had three children, one household had four children, and another one household had five or more children making a total of 48 households with children between the ages of two and five years. In Mohale’s Hoek out of a total of 43 households with children under five years; 34 had one child, eight had two children, and one had three children.

Table 2.3: Is the child biologically yours

Biological child		Child 1		Child 2	
		Freq.	Percent	Freq.	Percent
Full sample	1. Yes	42	72	57	59
	2. No	16	28	39	41
	Total	58	100	96	100
Quthing	1. Yes	17	63	25	50
	2. No	10	37	25	50
	Total	27	100	50	100
Mohale's Hoek	1. Yes	25	81	32	70
	2. No	6	19	14	30
	Total	31	100	46	100

Caregivers were required to reference a child in each age category based on whom they would respond to the questions posed. In all 58 of the referenced children were two years and younger and 96 between the ages of two and five. Of these children the majority were biological children of the caregivers, see table 2.3. Out of 58 referenced children under two years old 42 constituting 72% were biological children, indicating these kids were living with their parents. The pattern breakdown for each district shows that within each district this pattern of children living with their parents dominated as 63% of children in Quthing and 81% of children in Mohale's Hoek lived with their parents.

However, it is with noting that within the older age category, the children were less likely to be living with their parents. In all 59% of children between the ages of two and five years lived with their parents. The lower proportion of older children living with them was consistent within each district as 50% of older children lived with their

parents in Quthing compared to 63% of younger children and 70% in Mohale’s Hoek compared with 81% of younger children between the age of two years and five years.

Table 2.4: Biological parents of child living

still alive		Child 1		Child 2	
		Freq.	Percent	Freq.	Percent
Full sample	1. Yes	56	97	93	97
	2. No	2	3	3	3
	Total	58	100	96	100
Quthing	1. Yes	25	93	47	94
	2. No	2	7	3	6
	Total	27	100	50	100
Mohale’s Hoek	1. Yes	31	100	46	100
	2. No	0	0	0	0
	Total	31	100	46	100

Though a large number of the referenced children lived with their parents, the number who were not living with their parents was not insignificant. As can be observed from table 2.4 approximately 28% of children under two years and 40% of children between 2 and five years were living with a caregiver who was not their parent. While there are many reasons why children may not be living with their parents especially in the context of rural Lesotho; some of which are economic and others cultural. Orphaning is one such situation which is critical to examine.

Therefore, the survey explored whether the biological parents of the referenced children were alive. The results presented shows that in the children younger than two years only 2 out of 58 were orphaned. The number for children between the ages of 2 and five was similarly small with only 3 out of 96 referenced children’s parents being

deceased. This suggests that the parents being deceased is not the main reason why children live with caregivers that are not their parents.

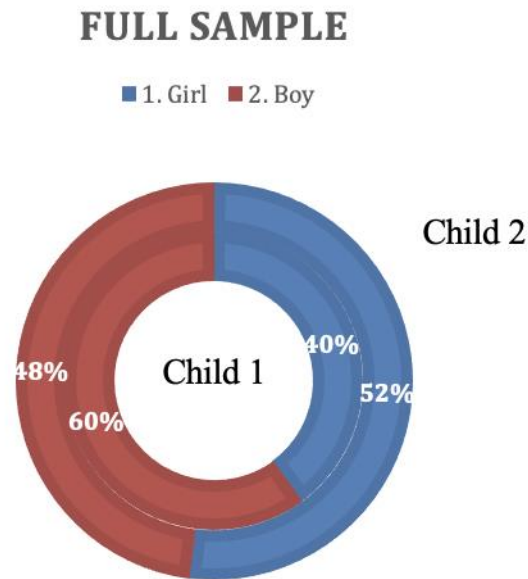


Figure 2.1: Gender full Sample

While other children may live in a particular household, the survey asked a question about a referenced child for each age category. To fully understand the nuances if any, for specific decisions related to each child, information on the gender of the referenced child was gathered. Of 58 children under two years of age, 40% were girls and 60% were boys. There were also more boys in both districts for children under two years; 59% and 61% in Quthing and Mohale’s Hoek respectively.

QUTHING

■ 1. Girl ■ 2. Boy

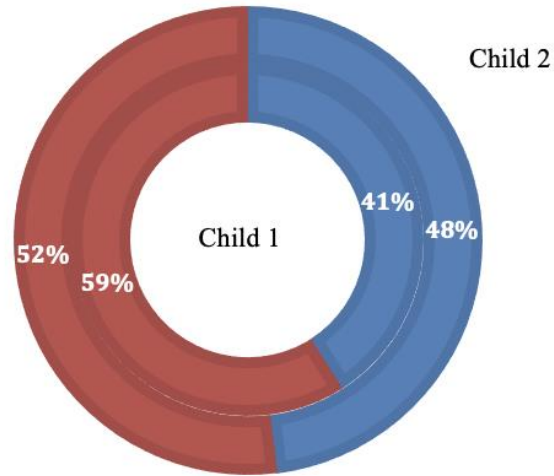


Figure 2.2: Gender Quthing

However, for children between two and five years old in total the majority, 52% were girls, while 48% were boys. However, in Quthing, the boys were more than the girls making 52% of referenced children and girls constituting 48%. Mohale's Hoek had 57% of children between two and five years as girls compared to 43% of boys. The gender breakdown of children referenced in the interviews are presented in Figures 2.1, 2.2 and 2.3.

MOHALE

■ 1. Girl ■ 2. Boy

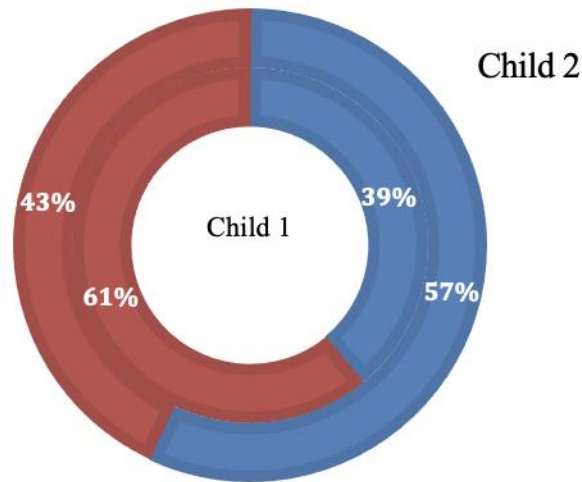


Figure 2.3: Gender Mochale's Hoek

Birth registration is a fundamental right of every child. It has direct and indirect benefits to the child. In Lesotho, a birth certificate is an essential requirement for children to access social services such as health, education and even grants. Additionally, the existence of accurate birth registration records allows governments to plan for all children in the country formulating policies that impact their lives. While being registered holds immense benefits to a child, it is not only adequate for the child to be registered, but the timeliness of registration is equally essential. As a critical step in establishing a child's legal proof of identity, delayed registration often means delayed access to vital and life-saving vaccines.

Sub-Saharan Africa and Asia have the highest percentage of unregistered birth; 37% and 57% respectively (UNICEF 2020). On the African continent, Lesotho is one of the countries with low rates of birth registration. These low rates are even though birth registration in the country dates as far back as 1892. A possible reason for the low rates

of registration may be found in the fact that though a law on birth registration was passed as far back as 1947, it was still a choice for parents.

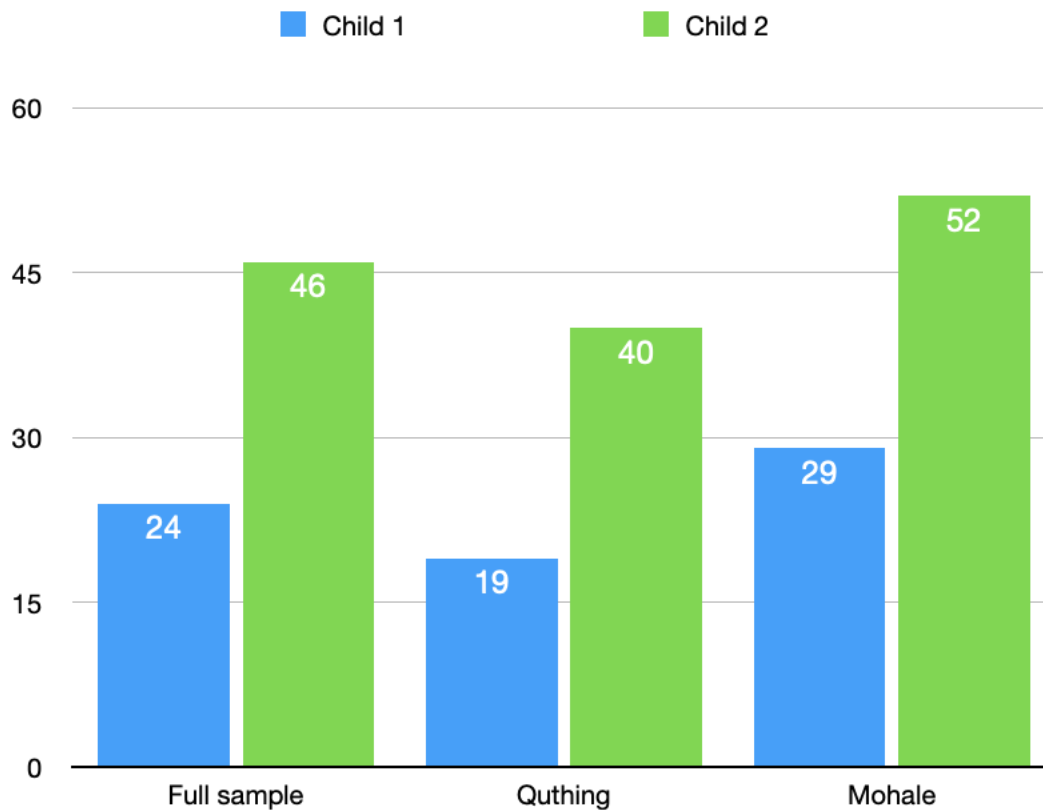


Figure 2.4: Child has a birth certificate

The survey revealed that only 24% of children under two years and 46% of children between two and five years had birth certificates, the higher proportions of older children with birth certificates point to a high level of late registrations. The rates of birth registration were much lower in Quthing compared to Mohale's Hoek. In Quthing 19% of children under two years and 40% of children between two and five years old had birth certificates, the equivalent proportions for Mohale's Hoek were 29% and 52% respectively. These results are presented in Figure 2.4.

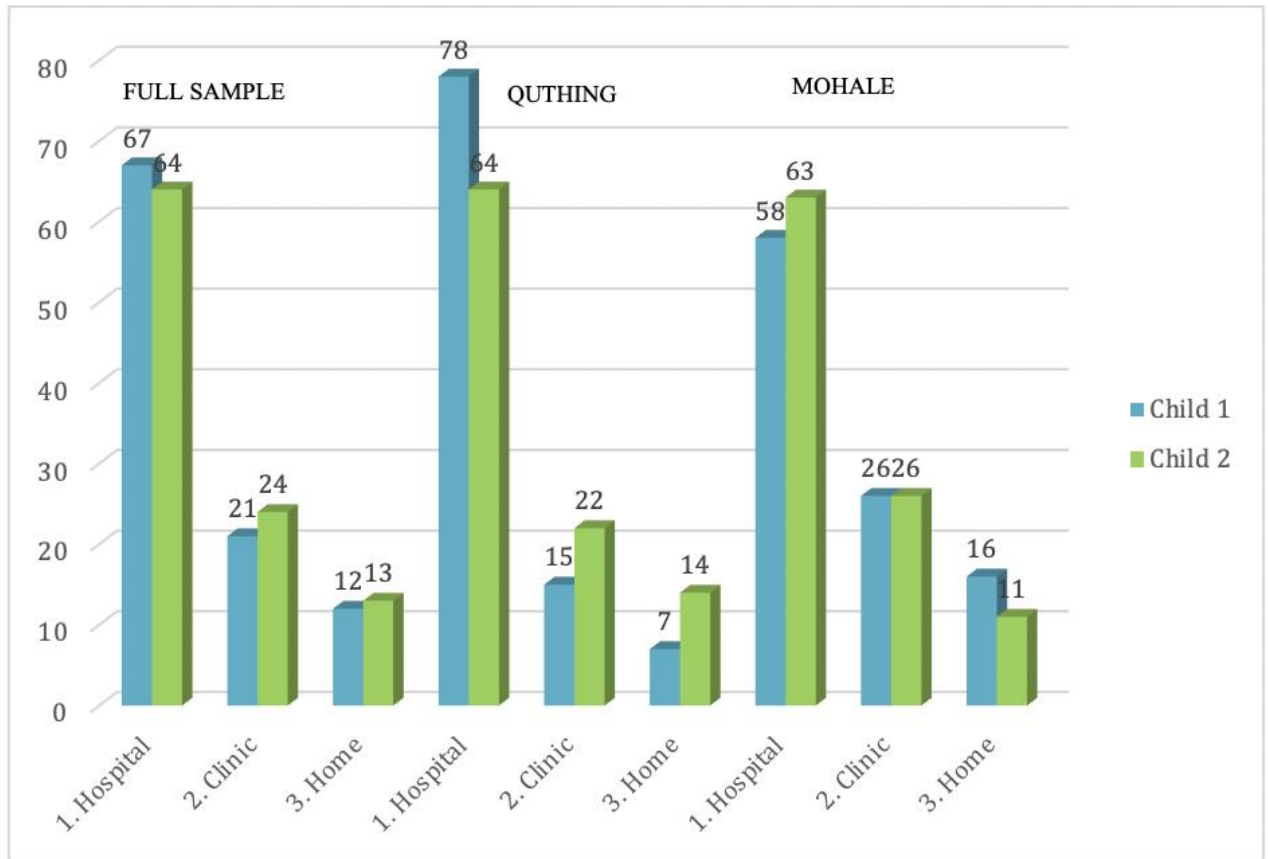


Figure 2.5: Place of birth of children

In a context of poor transport infrastructure and hospitals being few and far between the place of birth of a child often makes a huge difference in accessing lifesaving medical intervention for both mother and child. According to Lesotho MICS report, 2018 around 9.1% of birth deliveries are done at home while the rest of the mothers deliver in health facilities; either hospital or clinic. Figure 2.5 corroborates the high rates of delivery in health facilities in the country. For both children under two years and those between two and five years old approximately 88% were delivered in a health facility. The pattern is delivered in either a hospital or a clinic held in both districts.

4. Feeding Decisions

According to the nurturing Care framework young children flourish from exclusive breast feeding. In the context of Lesotho, a country with high HIV prevalence (28%) (UNAIDS 2019) exclusive breastfeeding also provides them with better chances of preventing mother to child HIV transmission. Then from 6 months' children need diverse supplementary foods with micronutrients for their rapid growth. It is therefore important for mothers to be well informed through education on best practises of feeding their children.

Table 3.1 presents the data on when mother's made decisions around feeding their new born. Feeding decisions comes from information that the mother gets and this could be prior pregnancy, during or after birth. The highest number of mothers (34%) indicated that they took their decision during pregnancy. The relatively early timing of feeding decisions may be due to education that mothers get while attending antenatal clinics, as well as advice from the elders.

They are also provided with counselling and health assessments are done to determine if it is in the best interest of the child for the mother to breastfeed. 27% of mothers indicated that they make their decisions after birth while the other 27% said they did not remember when they made their decision. The results show that very few mother think of child feeding before pregnancy.

Table 3.1: When did you decide how to feed child

When feeding decision was made	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Before pregnancy	3	5	2	2
2. During pregnancy	23	40	32	34
3. After birth	17	29	26	27
4. Do not remember	15	26	35	37
Total	58	100	95	100

According to the Nurturing Care Frame Work report 2018 breastfeeding in the first hour of an infant’s life is very important, as it helps to provide skin to skin between mothers and provides a child to connect with the mother. Looking at under 24 months’ children participating in the survey 67% of caregivers indicated that the children were breastfed within the first hour of their life while children above 24 months participating in the study caregivers indicated that only 57% of them were breastfed within the first hour of their life. for under 24 months’ children 24% of them were not breastfed within their first hour of their life and for, above 24months children 25% were also not fed within their first hour of birth. This is a good indicator that shows parents are encouraged to breastfeed within the first hour. This also helps provide the infant with colostrum milk which is rich in protective factors. See Table 3.2.

Table 3.2: Initiated breastfeeding 1-hour afterbirth

Initiated breastfeeding	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	39	67	51	54
2. No	14	24	25	26
I do not know	5	9	19	20
Total	58	100	95	100

In table 3.3 data on the proportions of children that were exclusively breastfed is presented. For both younger and older children, the rate of exclusive breastfeeding is 78%. While 22% of caregivers indicated that their children were not exclusively breastfed for 6 months.

These high rate of exclusive breastfeeding is an indicator that children receive a good nutrition for the first six months of their lives. However, the results point to the fact that feeding situation deteriorates after six months when they need supplementary foods. Due to high poverty rates families lack purchasing power to diversify their children’s meals therefore child malnutrition is high, for example stunting rates in Lesotho was at 33.2% in 2019 (World Food Programme Report 2018-2019) which is above the expected WHO rate per developing country

Table 3.3: Child was exclusively breastfed for first 6months

Breastfed for 6months	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	45	78	75	78
2. No	13	22	21	22
Total	58	100	96	100

Table 3.4 presents the findings on food given to children in their first 6 months of life. The above table indicates that most mothers practise exclusive breastfeeding for six months, but there is still a small percentage that has given a child other foods than breast milk. Though this number is small, it still important to know how many mothers do not breastfeed and what other foods they give to children as some mothers are unable to

breastfeed. For other mothers who cannot and do not breastfeed it is crucial to ensure that the children are being given age appropriate food. Due to the effect on Mother to Child Transmission of HIV/AIDS it is important to educate these mothers on the benefits of exclusive breastfeeding.

Table 3.4 Food given to children in first 6 months

Food Feed within first 6 months	Child 1			Child2		
	Yes	No	Total	Yes	No	Total
Only breastmilk	45	13	58	75	21	96
Formula	6	52	58	18	78	96
Water	2	56	58	1	95	96
Fruit Juice	0	58	58	1	95	96
Sugar Water	1	56	57	3	93	96
Other foods	6	52	58	6	90	96

To further probe the issue of breastfeeding the report examines the number of children who were ever breastfed, this data is presented in table 3.5. Parents are free to practice exclusive breastfeeding or mixed feeding depending on their medical conditions as well as the medical advice they receive. Some mothers also make breastfeeding decisions based on the advice they receive from other people other than medical personnel as well as their understanding.

Table 3.5 indicates that for the children under 24 months, 96% of them were breastfed while children above 24 months, 85% of them were breastfed. There are a few numbers of children who did not breastfeed at all. This may be due to many different factors, including advice from a doctor or family, or death of the mother during birth. For under 24 months' children, only 4% of them were not breastfed at all while for children above 24 months participating in the study, 14% of them never had breastfed.

Table 3.5: Child was breastfed at all

Child was breastfed	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	54	96	80	85
2. No	2	4	14	15
Total	56	100	94	100

In table 3.6, the reason why additional food was introduced to babies six months or less is presented. Exclusive breastfeeding is encouraged, especially when the child is still under six months as mothers milk is said to be nutritious enough. However, as the baby grows, it might start crying as an indication that it no longer gets full of breast milk only. Therefore, a mother will start introducing soft foods to the child. Some mothers introduce soft foods to children even before six months due, and the reasons for this is presented in table 3.6.

Table 3.6: Reason for introducing additional food to breastmilk

Reason for weaning	Child 1	Child 2
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	Freq.	Percent	Freq.	Percent
Doctor	8	14	12	14
Baby Hungry	11	19	15	17
Other	11	19	12	14

Table 3.7 indicates that for both children under 24 months and above 24 months, 14% of parents introduced food to the child because a doctor or health worker suggested that the child should be weaned off milk. Another reason caregiver provided for weaning children was that the child was hungry, implying that a milk diet was not enough, the proportions are 19% for children below 24 months and 17% for children above 24 months. 19% of caregivers for children under 24% weaned their children for other reasons and 14% of parents for children above 24 months also weaned them off for other reasons.

Table 3.7: Doctor or health worker was reason for weaning

Doctor or health worker	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	8	14	12	14
2. No	50	86	76	86
Total	58	100	88	100

As children grow older, they turn to communicate and be understood better through their actions. One of those actions is crying when not full, and this is one of the reasons why mothers then decide to introduce additional food while children are still breastfeeding. Table 3.8 indicates that for children under 24 months only 19% of these children have already been introduced to other food while breastfeeding while for

children above 24 months 83% of caregivers indicated that they had introduced food to their child while still breastfeeding.

Table 3.8: Hungry baby was reason for introducing weaning

Baby Hungry	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	11	19	15	17
2. No	47	81	73	83
Total	58	100	88	100

Other reasons for introducing food to the child were explored, and table 3.9 indicates that 19% of caregivers for children under 24 months had other reasons for introducing food to their children while still breastfeeding while for children above 24 months it was 14 % of caregivers who also had other reasons for introducing food to their children while breastfeeding.

Table 3.9: Other reason for introducing additional food to breastmilk

Other	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	11	19	12	14
2. No	46	81	76	86
Total	57	100	88	100

When a child is born, parents often have family and friends surrounding them, providing information and guidance to assist them with their decision making in raising the child. These people help in informed decision making, however not all parents have support systems. Whether a caregiver has access to information or not at some point,

decisions have to be made. Table 3.10 indicates that for children under 24 months, 26% of the mothers decided by themselves to introduce food to their children, while for children above 24 months, it is 34% of the mothers.

Table 3.10: The decision to introduce additional food – self

(self)	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	15	26	30	34
2. No	42	74	59	66
Total	57	100	89	100

As members of a household, fathers contribute to decision making on the feeding of their children. Results in table 3.11 show that for children under 24 months, only 2% of fathers contributed to making feeding decision. The share of fathers contributing to feeding decisions increases to 7% for children above 24 months.

Table 3.11: The decision to introduce additional food – Husband

Husband	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	1	2	6	7
2. No	56	98	83	93
Total	57	100	89	100

4.4: Response Feeding

The practice of hygiene when preparing food ensures that children eat food that is free of germs and bacterial that could be on caregiver's hands (Usafar, Iswarawanti,

Davelyna and Dillion 2010). Food preparation also includes ensuring that utensils used for dishes are clean. Parents and caregivers need to understand their child’s eating patterns as some children are able to feed themselves and enjoy eating while other children do not like eating and therefore require attention and assistance from their caregivers.

Table 4.1: Parent/Adult washes hands with soap before feeding

Wash Hand before Feeding	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	47	90	84	88
2. No	2	4	3	3
3. Sometimes	3	6	9	9
Total	52	100	96	100

Hygiene practices before feeding children are one of the essential practices of keeping children healthy. Unhygienic practices contribute towards children getting infections and diarrhoea, which could lead to loss of weight as well as contribute towards the high rates stunting, which is stated to be around 32%. For parents of children under 24 months, 90% indicated that they wash their hands before preparing food, while 4% said they do not, and 6% said they sometimes do. In children above 24 months, 88% of caregivers indicated that they wash their hands. While 3% said they do not, and 9% indicated that they sometimes wash their hands before preparing food for their children.

Table 4.2: Parent sits with child during meals

Sit with child when eating	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	45	87	59	61

2. No	5	10	23	24
3. Sometimes	1	2	14	15
4. Breastfeeds only	1	2	96	100
Total	52	100	Freq.	Percent

Children under five years often need caregivers to encourage them to eat so they may develop well. Table 4.2 indicates that 87% of caregivers sit with their children under 24 months as they eat. While 10% said they do not sit down with their children, 2% indicated that they sit with their children sometimes. The other 2% said they only sit with their children when they are breastfeeding.

In the category of children above 24 months, only 61% said they sit with their children when they eat, therefore dropping with 26% as children get older. There is an increase in caregivers that do not sit with their children as they eat (24%). For children above 24 months, 15% of parents also indicated that they sometimes sit with their children as they feed while 100% of parents did indicate they did sit down with the child while breastfeeding.

Table 4.3: Encourage child to eat during meals

Encourage child to eat	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	45	96	93	98
2. No	1	2	2	2
3. Sometimes	1	2	0	0
Total	47	100	95	100

Table 4.3 indicates that caregivers are often encouraging their children to eat as more than 90% of them indicated that they encourage their children to eat during meals. A very low percentage (2%) of caregivers indicated that they do not encourage their children. For under 24 months' children and 2% of caregivers indicated that they sometimes encourage their children to eat. For children above 24 months, 98% of caregivers indicated that they encourage their children to eat, while 2% said they never encourage their children to eat.

Table 4.4: Child knows when full

Child knows is full	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	12	26	84	89
2. No	35	74	7	7
3. Sometimes	0	0	3	3
Total	47	100	94	10

In the above table looking at child 1 who are children under 24 months, only 26% of the children are able to tell when full. The inability to communicate when full for the younger child is understandable as they are still young. Children at that age need to eat frequently and may not have acquired the skill communicate when they are done to the caregiver. With children above 24 months, 89% of them are at a stage where they can now communicate either by actions or verbally that they are full.

Table 4.5: Require child to finish meals

Finish meal	Child 1	Child 2
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	Freq.	Percent	Freq.	Percent
1. Yes	39	80	84	88
2. No	8	16	8	8
3. Sometimes	2	4	4	4
Total	49	100	96	100

Table 4.5 indicates that for under 24 months, 80% of caregivers force their children to finish their food. While 16% said they do not force their children and 2% indicated that they sometimes require their children to finish their food. For children above 24 months, there is an increase in caregivers who require children to finish their food. The table indicates that 88% of caregivers require children to finish their food, while 8% said they do not do that, and 4% said they do it sometimes.

Table 4.6: Force child to eat

Force to Eat more	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	27	55	58	61
2. No	21	43	28	29
3. Sometimes	1	2	9	9
Total	49	100	95	100

Children often struggle to eat because of many factors which include their tummies being small or being distracted by their surrounding environment. Often when young

children refuse to eat, some caregivers resort to forcing them. Table 4.6 indicates that for under 24 months' children, 55% of caregivers force their children to eat. In contrast, 43% said they do not force their children to eat, and 2% said they sometimes force their children to eat. For children above 24 months, 61% of caregivers indicated that they force their children to eat and 29% indicated that they never force their children to eat while 9% said they sometimes force their children to eat.

Table 4.7: Hold child to eat

Hold child to eat	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	12	24	16	17
2. No	32	65	80	83
3. Sometimes	5	10	0	0
Total	49	100	96	100

Young children often require assistance while eating, including holding them, but as children grow older and are able to feed themselves, caregivers no longer hold them. Table 4.7 indicates that children above 24 months only 17% of them are held while eating, and 83% are no longer held, but for younger children under 24 months, 24% of them are held when eating, while 10% are sometimes held, and 65% indicated that they do not hold their children while eating.

Table 4.8: Reward child with sweets

Reward with sweets	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent

1. Yes	16	32	53	55
2. No	25	50	29	30
3. Sometimes	9	18	14	15
Total	50	100	96	100

Caregivers sometimes reward children for partaking in any activity in various ways. Some of the caregivers reward their children with sweets when they refuse to eat. The above table indicates that for younger children who are under 24 months, not many caregivers use sweets to reward children as only 32% said they do, and 18% said sometimes. But it seems as children get older (24 months and above) caregivers increase their reward with sweets as 55% said they often do that while 15% sometimes said which brings down a number of parents who do not reward their children with sweets by 20%.

Table 4.9: Child has at least one meal with all major food groups

At least 1 meal with all food groups	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Never	8	16	28	29
2. Sometimes	29	58	63	66
3. Everyday	13	26	4	4
Total	50	100	95	100

4.5: Early Childhood Learning

According to the Nurturing Care Framework 2018, children do not begin to learn when they attend preschool. However, learning is built in a mechanism for human beings, ensuring their successful adaptation to changing circumstances. It is the earliest years where children acquire skills and capacities to relate to other people. Learning begins at home from the day the child is born.

Table 5.1: Home Language spoken

Language spoken	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Sesotho	58	0	58	96	0	96
Xhosa	3	55	58	4	92	96
Phuthi	0	58	58	1	95	96
other local	0	58	58	0	96	96
English	0	58	58	3	93	96
Total	61	229	290	104	376	480

Lesotho has two official languages which are Sesotho and English. However, there are other minority groups found in the small mountain Kingdom which speak other languages which are Xhosa and Phuthi. Table 5.1 indicates that all participants are able to communicate with their children in Sesotho, while three caregivers for children under 24 months indicated they also communicate with their children in Xhosa while four caregivers with children above 24 months also indicated they also communicate with their children in Xhosa. Only one caregiver with a child above 24 months indicated that

they communicate with their child in Phuthi. Three caregivers with children above 24 months indicated they communicate with their children in English.

Table 5.2: Member of household tells stories to child

Household member	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Mother	2	56	58	14	82	96
Father	1	57	58	5	91	96
Sibling	2	56	58	4	92	96
Other	3	55	58	8	88	96
Total	8	224	232	31	353	384

Children learn through different means and listening to stories is one of them where they know new words which assists with language development as well as listening skills. Basotho often do this by telling bedtime stories “Lits’omo”. Table 5.2 indicated that only 8 household members were admitted to telling under 24 months’ children stories, while 31 household members were admitted to telling children above 24 months’ stories.

Table 5.3: Member of household sings lullaby to child

Household member	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Mother	23	35	58	30	66	96
Father	3	55	58	8	88	96
Sibling	4	53	57	6	90	96
Other	5	53	58	20	76	96

Total	35	196	231	64	320	384
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Singing lullabies is a means of entertaining young children. It is often used to calm children down when crying and even make them laugh. However, it also helps them with the development of language. Table 5.3 indicates that 35 household members indicated that they did sing to children under 24 months. In contrast, it indicates that 64 household members sang lullabies to children above 24 months. In both older and younger children less than half of caregiver sing to the children.

Table 5.4: Drew with child

Household member	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Mother	3	55	58	18	78	96
Father	0	58	58	3	93	96
Sibling	2	56	58	1	95	96
Other	0	58	58	10	86	96
Total	5	227	262	32	352	384

Drawing helps children learn as well as train their small muscles to hold a pen for writing. Table 5.4 indicates that a very low number of children under 24 months had household members draw with them. In all, only five household members were said to have drawn something with them. The number of caregivers and family members who draw with children above 24 months old is more though it is still a very low number where participants indicated that 32 household members drew with children above 24 months.

Table 5.5: Took child outside home

Household member	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Mother	12	46	58	10	86	96
Father	0	58	58	1	95	96
Sibling	0	58	58	1	95	96
Other	2	56	58	11	85	96
Total	14	218	232	23	361	384

There are many opportunities for a family to go outside the house. Some trips outside the home are for meeting needs such as; visiting health facilities, attending school while others are for leisure, for example, or visiting relatives. and many other reasons. Travelling outside the home environment is part of socialisation. It teaches children how to interact with people outside their family unit and provides an opportunity to explore new places. Table 5.5 shows travelling patterns of participants were for under 24 months' children only 14 household members were said to have travelled with the child outside the home. In contrast, 23 household members admitted to having travelled with children above 24 months.

Table 5.6: Read Books to child

Household member	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Mother	4	54	58	20	76	96
Father	0	58	58	1	95	96

Sibling	0	58	58	3	93	96
Other	0	58	58	11	85	96
Total	4	228	223	35	349	384

Reading to a young child is essential for a child's development. Reading fosters communication skills through the acquisition of new words and children who are ready to acquire language quicker. A child's creativity and imagination are often developed through exposure to scenarios that are usually found in stories. Results from table 5.6 indicate that reading was not a common practice in the two districts. Only 4 participants indicated that a household member had read to a child younger than 24 months old. The rate of reading to children while was significantly higher for older children was still low as 35 out of 96 children was read to in the age between 24 months and 60 months. Additionally, the table indicates that most mothers read to their children.

Table 5.7: Played with child

Household member	Yes	No	Total	Yes	No	Total
Mother	28	30	58	39	57	96
Father	3	55	58	8	88	96
Sibling	7	51	58	5	91	96
Other	6	52	58	19	77	96
Total	44	188	232	71	313	384

Table 5.7 shows 44 household members played with the children under the age of 24 months. There is an increase as the child grows older as 71 household members who played with children above 24 months.

Table 5.8: Type of reading material

Reading material	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Magazines or newspapers	1	57	58	8	87	95
children's books	4	54	58	19	76	95
Adult books	0	58	58	10	85	95
Poster or calendar	1	57	58	7	88	95
Total	6	226	232	44	336	380

Table 5.9: Reasons for not reading to child

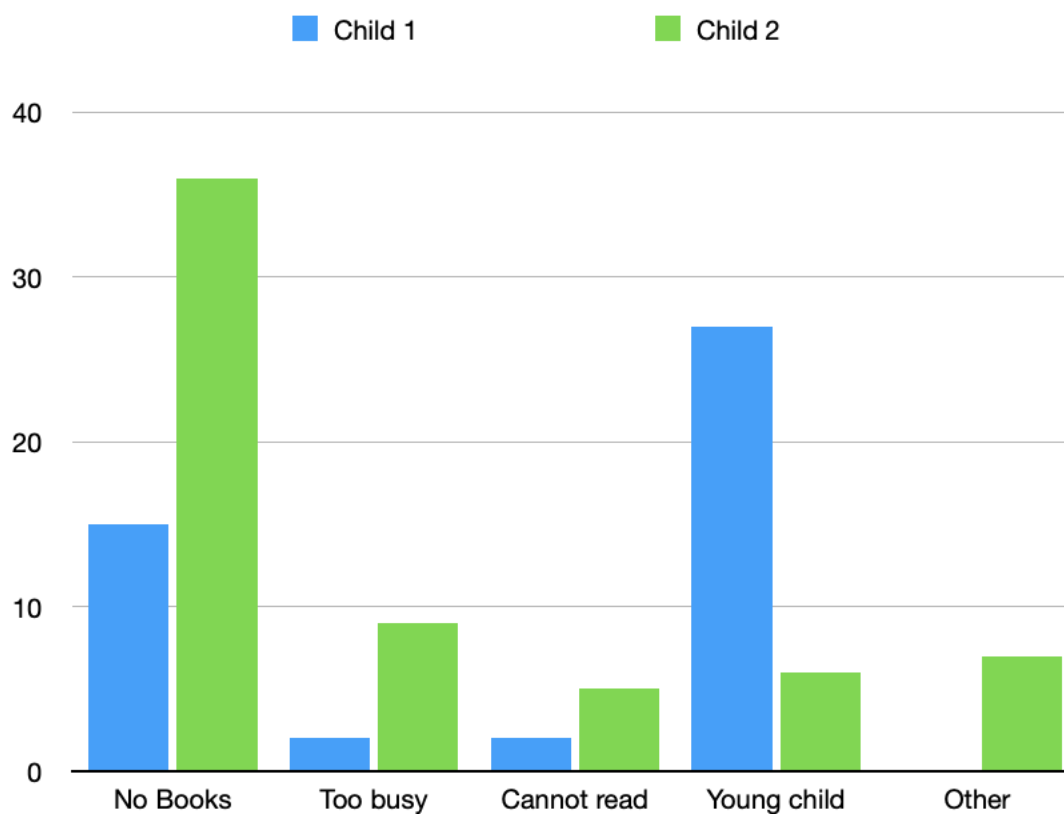


Figure 5.1 Reasons for not reading to child

Table 5.10: Types of Play material used to play with child

Play material	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Purchased toys	24	34	58	36	59	95
Homemade toys	13	45	58	36	59	95
Musical or sound based items	1	57	58	10	85	95
Drawing or writing items	2	56	58	17	78	95
Utensils	2	56	58	2	93	95
Rocks/sticks from outside	18	40	58	48	47	95
Total	60	288	348	149	421	570

Many different items are available for children to play with, and these include toy and other age-appropriate safe household items. Table 5.10 indicated that for under 24 months' children, 24 participants indicated that household members played with purchased toys. In contrast, 13 household members played with homemade toys; one household member played with musical or sound-based items. In contrast, two household members were said to have played with children with drawing or writing material; two played with utensils and 18 played with sticks or rocks.

For children above 24 months, the table shows that 36 household members are said to have played with purchased toys with the child, and other 36 household members played with homemade toys. Ten household members were said to have played with the child with musical or sound-based items, while 17 household members played with drawing or writing materials, and two played with household utensils. As can be observed with the older children, there is an increase in playing with sticks/ stones as 48 household members were indicated to play with the child using sticks/stones.

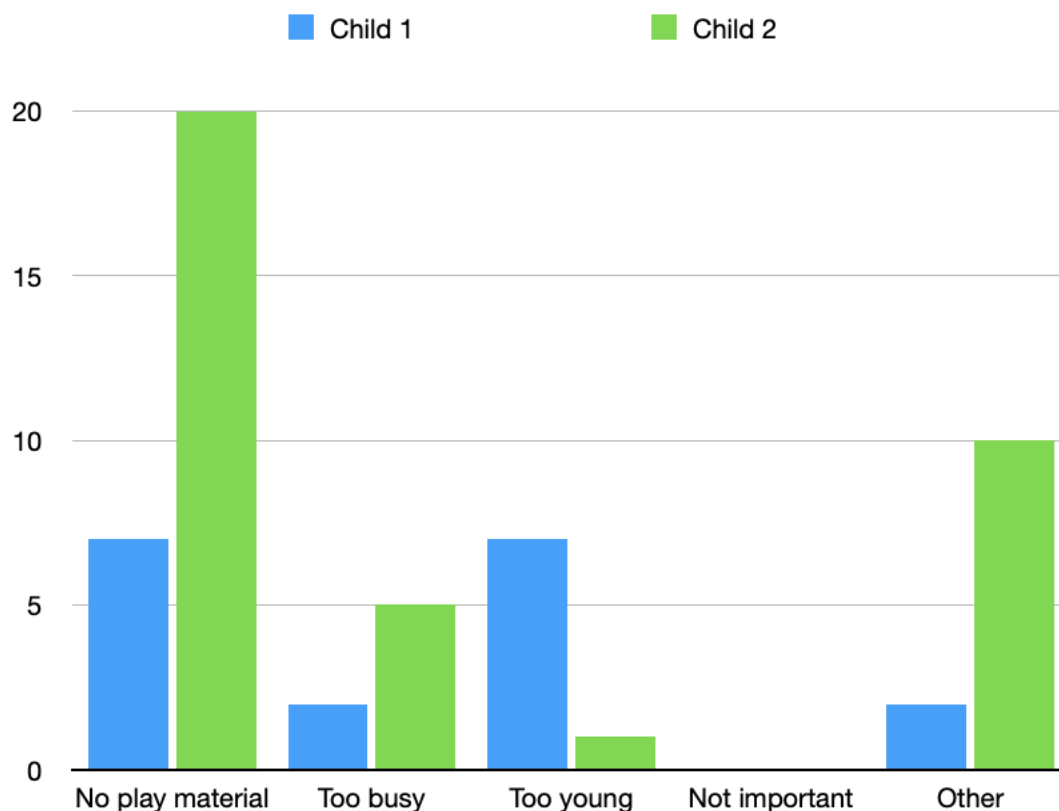


Figure 5.2 Reasons for not playing with child

4.6: Learning and Education

Table 6.1: Language spoken to prepare child for preschool

Language	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Sesotho	55	2	57	88	5	93
Xhosa	2	55	57	0	93	93
Phuthi	0	57	57	1	92	93
other local	0	57	57	0	93	93
English	3	54	57	6	87	93
Total	60	225	285	95	370	465

The language spoken within the community the child grows up in is best for assisting the child to learn as well as interact with other members of the community. Lesotho has other minority groups who speak other languages other than the two official languages, which are Sesotho and English. Unfortunately, the education system only caters for the two dominant languages. This situation forces those who speak Xhosa, Phuthi and any other language to teach their children to communicate with the official languages.

Table 6.1 indicates that for children under 24 months, 55 caregivers communicate with their children in Sesotho, while two caregivers communicate in Xhosa and three communicate in English. Then for children above 24 months, 88 caregivers indicated that they communicated with their children in Sesotho, one caregiver communicated in Phuthi and 6 in English. It is notable that as children grow, older caregivers communicate with them more with the two official languages.

Table 6.2: Seek information to prepare child for preschool

		Child 1		Child 2	
		Freq	Percent	Freq	Percent
Prepare for preschool	1. Yes	23	42.59	57	76
	2. No	31	57.41	18	24
	Total	54	100	75	100
Already attends Preschool	1. Yes	2	4	44	49

	2. No	54	96	45	51
	Total	56	100	89	100
Discuss enrolment	1.				
	Yes	4	17	22	52
	2. No	20	83	20	48
	Total	24	100	44	100

Pre-primary education is the foundation of education. While some caregivers may understand, others may consider preschool as a form of an institution to keep children safe and busy as their primary caregivers attend to other things. Table 6.2 indicates that for children under 24 months, 42.59% had already sought information on preschool. However, this number seems to increase as the child grows older as 76% of caregivers indicated that they had sought information about preschool.

Looking at enrolment for children under 24 months' table 6.2 indicated that only 4% of the children were already attending preschool. However, it is notable that children below 24 months are below the recommended age for starting preschool 36 months. This scenario is explained by an increase in uptake with the children above 24 months. 49% of caregivers indicated that children were attending preschool, while 52% of them indicated that they have at some point discussed the enrolment of the child to preschool.

Table 6.3: Source of information to prepare for preschool

Information Source	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Friends and family	5	50	55	7	77	84
Teachers and schools	17	38	55	44	41	85
Parenting programmes	1	54	55	2	83	85
Books	0	55	55	0	85	85
Television	0	55	55	1	84	85
Radio	0	55	55	0	85	85
Total	23	307	330	54	455	510

Access to reliable information is vital for informed decisions, and this includes making decisions on your child's future. There are different sources of information which guide parents on the education of their children. Table 6.3 indicates that for caregivers of children under 24 months, 17 of them received information about preschool education from preschool teachers/preschools. While 5 received the information from family and friends then lastly 1 received information from parenting programmes.

For children above 24 months, there is an increase in the information received from preschools or teachers. Forty-four caregivers indicated that they received information from preschool teachers/preschool. This is anticipated as children above 24 months are approaching the recommended age of enrolment. Other sources of information for caregivers with children above 24 months is family and friends with seven caregivers, indicating that is where they got their information. Two caregivers indicated they

received information from a parenting programme and one saying it was from television.

Table 6.4: Main reason why no preschool

	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
None in area	3	52	55	5	73	78
Child is too young	49	6	55	18	61	79
Too expensive	1	54	55	18	61	79
I did not know one was available	0	55	55	0	79	79
Not beneficial	0	55	55	0	79	79
Too far or no transport	0	54	54	0	79	79
Child is needed at home	0	55	55	0	79	79
Child is sick or disabled	1	54	55	0	79	79
Other	1	54	55	8	71	79
	55	439	494	49	661	710

According to Heckman 2014, investing in human capital is the best thing any country can do for its economy. His equation indicates that this investment is best made in educating every individual, with emphasis on the importance of investing in early childhood education. Table 6.4 explores reasons why children of participants are not in school. The highest number of children (49 for under 24-month children) who were said not to be in school seems to be so because their parents believed they were still too young to attend. There is also a concern of schools not being available in other areas, as the table indicates that 8 participants claimed that their children are not in school because there is none in their locality.

4.7: Health

Table 7.1: Children with difficulties

	Child 1				Child 2			
	Yes	No	Too young to say	Total	Yes	No	Too young to say	Total
Sight	0	55	1	56	2	91	0	93
Hearing	0	55	1	56	3	90	0	93
Speaking	2	53	1	56	4	89	0	93
Moving arms/legs	11	45	1	56	7	85	0	92
Understanding	31	29	2	62	81	10	0	91
Total	44	237	6					

Looking at table 7.1 few children seem to have challenges with their senses with two having difficulties with sight, three with hearing, four with speaking and seven with physical movements. A significant number are children who do not yet understand what is being said to them, but it can conclude that it is because the children are still young.

Table 7.2: Discussed child's health

Person	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
No one	27	29	56	56	37	93
Doctor	3	53	56	9	84	93
Nurse	7	49	56	7	86	93
Traditional healer	0	56	56	0	93	93
Family or friend	14	42	56	21	72	93
Teacher	0	56	56	6	87	93
Pastor	0	55	55	0	93	93
Other	4	52	56	6	87	93
Total	55	392	447	105	639	744

Table 7.2 looks at with whom parents discuss their children's health. The majority of parents did not discuss the health of the children with anyone. Those who did discuss their children's health mostly discussed it with a family member or a friend. Caregivers were also more likely to discuss the health of children with a nurse, followed by a doctor. This result was consistent for both older and younger children.

Table 7.3: Received/ receiving treatment for some health condition

Received treatment	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	10	18	12	13
2. No	46	82	81	87
Total	56	100	93	100

A meagre percentage of our child participants in the survey are taking treatment for health conditions. For child 1 only 18% of the children are or took treatment while for child 2 it was 13% of the children who took treatment this data is presented in table 7.3.

Table 7.4: Grant teacher access to medical records

Grant access	Child 1		Child 2	
	Freq.	Percent	Freq.	Percent
1. Yes	53	96	87	97
2. No	2	4	3	3
	55	100	90	100

Many parents indicated not to have a problem with teachers accessing health information about their children. As shown in Table 7.4, both under 24 and above 24, more than 90% of the parents agreed they would grant teachers access to their child's medical record. Only a few numbers of parents which is below 5% indicated they would have a problem in sharing their child's health information.

4.8: Social Protection

Table 8.1: Primary caregiver leaving child

	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Left child alone	2	54	56	15	77	92
Caregiver regularly work outside home	1	55	56	12	75	87
Left child in care of male relative	19	33	52	44	47	91
Serious injury	4	52	56	10	80	90
Total	22	142	164	71	199	270

Table 8.1 indicates that younger children under the ages of 24 months are hardly ever left alone. This shows that this form of child neglect in children under 24 months is low in both districts. However, as the children grow older, a significant number of children above 24 months are left alone. Which is worrying as these children are still at a young age, and may suffer injuries from accidents and exposed to other dangers.

Culturally the raising of children is left to females and Lesotho is not an exception (Overseas Development Institute 2015), and this is supported by a low number of

children left with male members of the family. As a child grows older, they are more likely to be left in the care of a male relative.

Table 8.2: Relationship of male relative who watched child

	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Father	13	43	56	20	72	92
Sibling	3	53	56	9	83	92
Other relative	2	54	56	12	80	92
Other	0	56	56	2	90	92
Total	18	206	224	43	325	368

While table 8.1 indicates less than 50% of children have been left in the care of a male relative. Table 8.2 shows that the relative male children are mostly left with their fathers, followed by their siblings. It seems it is rare for other male relative other than the father or siblings to be left with young children to care for them

Table 8.3: Nature of serious injury

Injury Type	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Child wounded -Burn	4	52	56	4	80	84
Child wounded -Wound	0	56	56	1	83	84
Child wounded -Poison	0	56	56	2	82	84
Child wounded -Accident	0	56	56	1	83	84
Child wounded -Other	0	56	56	2	82	84
Total	4	276	280	10	410	420

Children are likely to suffer from an injury while young if they are not supervised properly. This is due to the lack of their understanding as well as their curious nature to explore their world. In very young children, an injury may also be due to negligence on the part of caregivers. Primarily serious injuries can occur if they are left alone, or a caregiver is distracted by something. Table 8.3 shows that very few numbers of children have suffered severe injuries, and it also shows that the most common serious injury the children suffered was from being burned.

Table 8.4: Means of Disciplining child

Punishment type	Child 1			Child 2		
	Yes	No	Total	Yes	No	Total
Pull ear or pinch	0	54	54	0	92	92
Shout, yell or scream	1	53	54	14	78	92
Shake spank or slap	0	54	54	1	91	92
take away privileges	0	54	54	0	92	92
Explain why something is wrong	9	45	54	16	76	92
Give them something else to do	0	54	54	0	92	92
Do nothing	7	47	54	2	90	92
Other (Hit or scare)	31	23	54	56	36	92
Total	48	383	432	89	647	736

There is always a thin line between disciplining children and hurting them, which can either be physical or verbal. It is therefore vital to determine and understand methods parents believe to be effective so support and guidance can provide for the healthy development of a child. Table 8.4 presents various techniques or practices used for disciplining a child. It is therefore clear that when a child is still younger, there are

fewer forms of tactics to discipline the child, but as the child grows more is done to instil discipline in them. Many parents also indicated others which were found as (taking a stick and scaring or hitting the child with it).

4.9: Access to Services

The utilisation of services is often impacted by the level of access and availability of these services. Access is essential for services that are utilised by children. While access may be assessed in various forms in this survey, geographic access measured by distance to health and education services in the two districts is examined. Access to services in the two districts may have different challenges such as lack of transportation, long-distance to services, shortage of staff at the point of services, or lack of resources to pay for the service.

Table 9.1: Distance to health, preschool and primary school

	Child 1				Child 2			
	15min-1 hour walk	1hr- 3hrs walk	More than 3 hours	Total	15min-1 hour walk	1hr- 3hrs walk	More than 3 hours	Total
Health	46	2	3	51	80	3	2	85
Preschool	46	2	3	51	80	3	2	85
Primary school	42	12	0	54	84	10	1	95
Total	134	16	6	156	244	16	5	265

Table 9.1 shows the distance participants have to walk for them to access health and education services. The table indicates that participants have to walk a short distance

of less than an hour to access the previously mentioned services. Therefore, this suggests that though there might be different transport challenges, most of them can walk to facilities. Nevertheless, there are still others who have walked for more than three hours. Though this is a small number of 11 participants, it indicates that some children may not get basic essential services for their development due to unavailability.

4.10: Parent Caregiver Depression and Anxiety

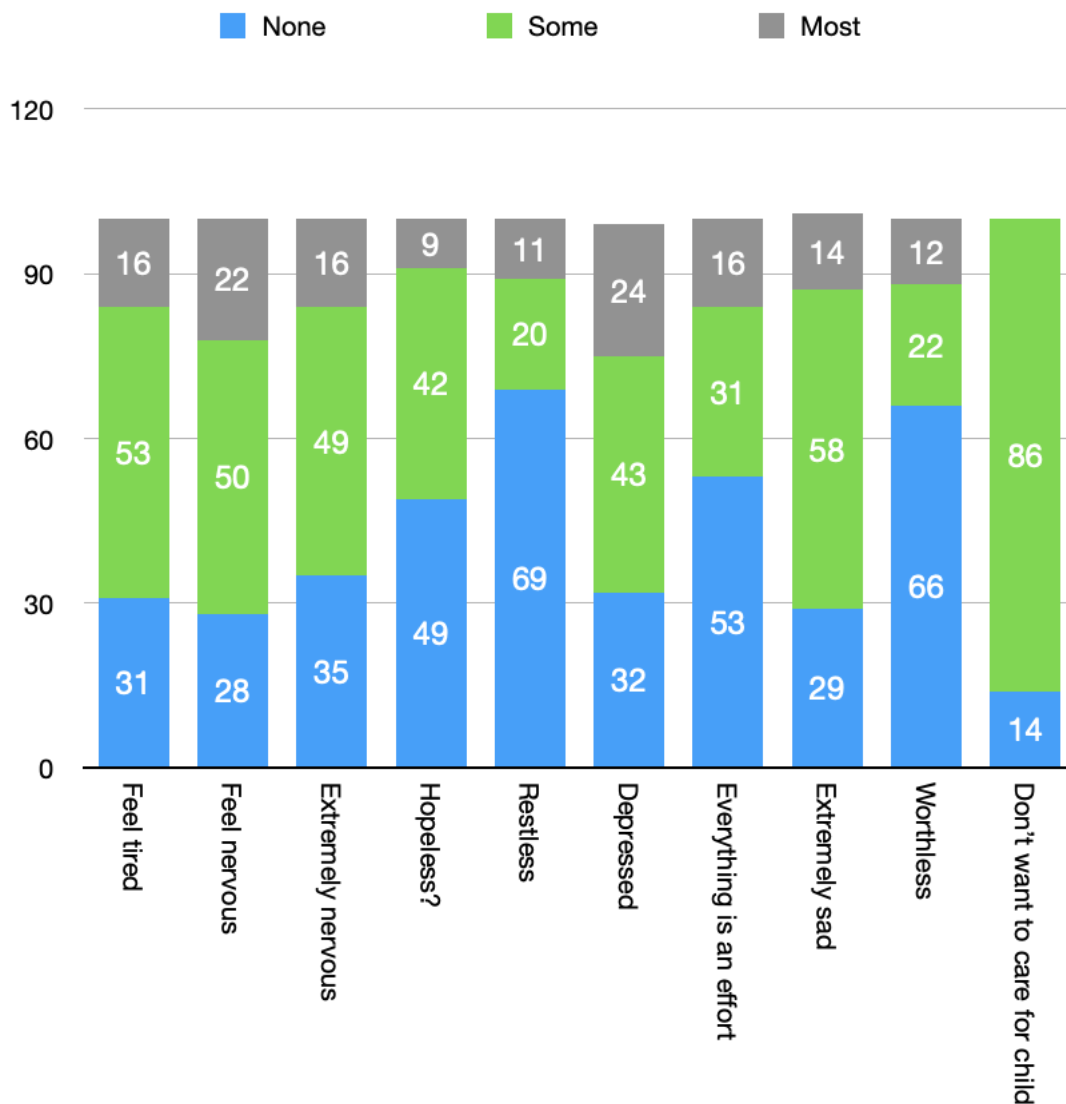


Figure 10.1 Parental/ caregiver depression full sample

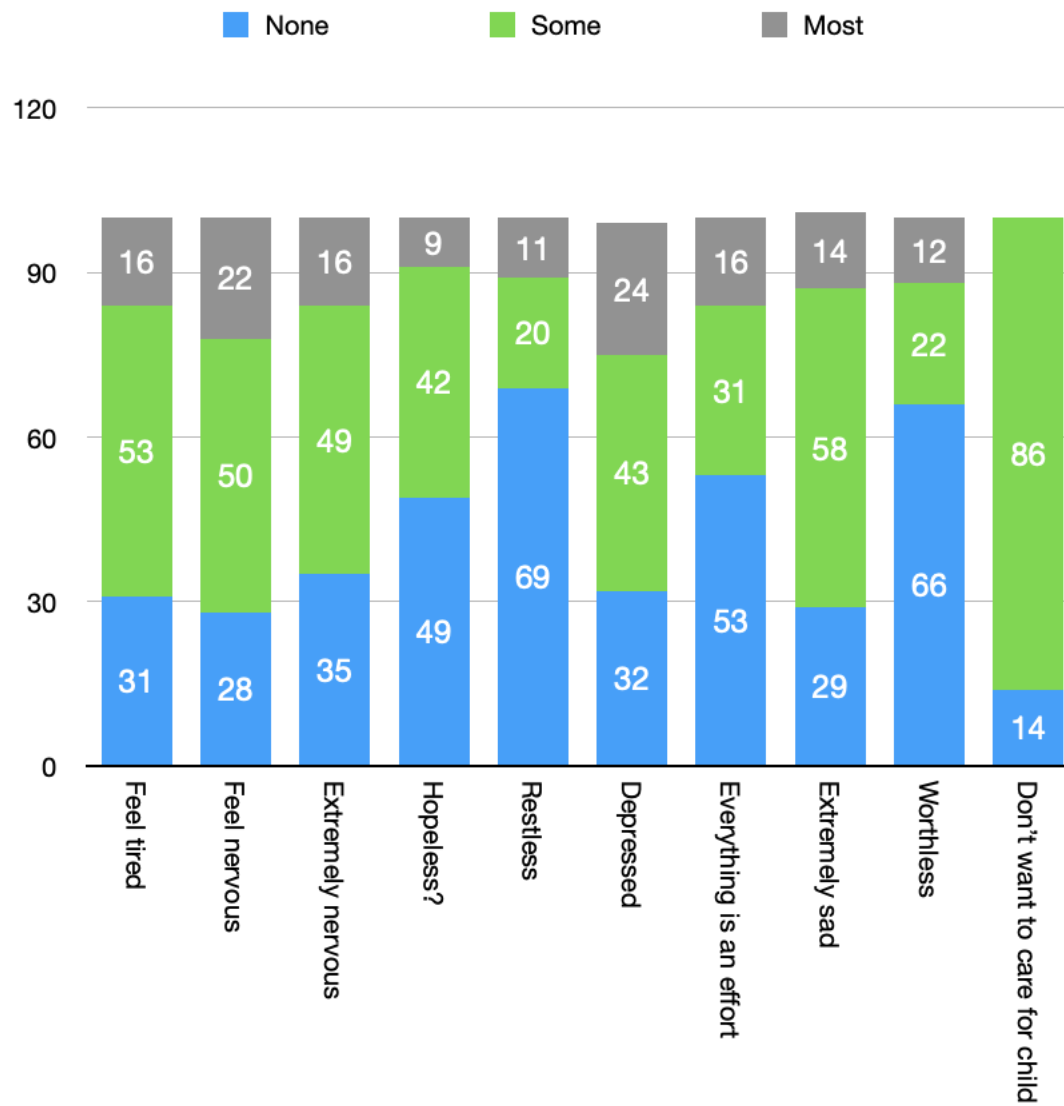


Figure 10.2 Parental/ caregiver depression Quthing

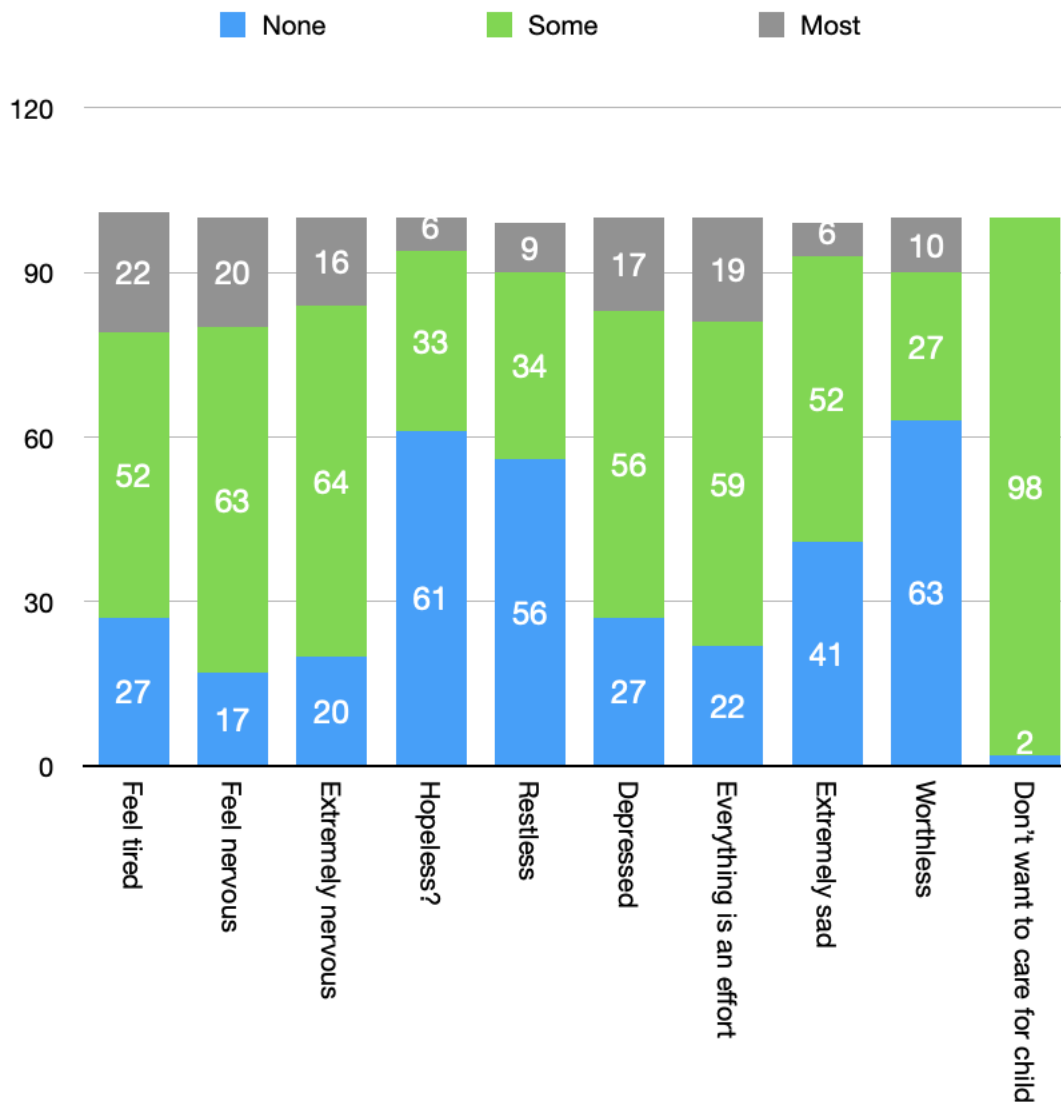


Figure 10.3 Parental/ caregiver depression Mohale's Hoek

Many different factors contribute towards caregiver depression, and the figures 10.1, 10.2 and 10.3 show that every caregiver at least once in their life has experienced or shown signs of depression. The results also show that of 163 participants, 64 of them at one point felt like not taking care of the child. It can be concluded that taking care of young children can also be a contributing stress factor.

4.11: Father Involvement

The data presented in table 11.1 shows father or male household member participation in the households of both districts, and it can be concluded that males do not seem to participate in household chores, which support the common belief that household work is meant for women as the table indicates that the highest household done by males is sometimes cooking and feeding their children which is at 57% with 62% indicating that they have never assisted in bathing their children.

Table 11.1: Support from father total sample

Variable	Never	Per	Someti mes	Per	Alway s	Per	Total
Cooking meals	18	37	28	57	3	6	49
cleaning of home	24	49	23	47	2	4	49
Doing laundry	29	60	18	38	1	2	48
Prenatal or post-natal clinic visits	24	50	16	33	8	17	48
Feeding children	17	35	28	57	4	8	49
Bathing children	29	62	17	36	1	2	47
Carry children when traveling	22	45	22	45	5	10	49
Fetching water	9	18	27	55	13	27	49
Total	172	44	179	46	37	10	388

Table11.2: Support from father Quthing

Variable	Never	Percent	Sometimes	Percent	Always	Percent	Total
Cooking meals	9	33	17	63	1	4	27
cleaning of home	13	48	13	48	1	4	27
Doing laundry	16	59	11	41	0	0	27
Prenatal or post-natal clinic visits	15	58	6	23	5	19	26
Feeding children	8	30	16	59	3	11	27
Bathing children	17	65	9	35	0	0	26
Carry children when traveling	15	56	10	37	2	7	27
Fetching water	5	19	11	41	11	41	27
Total	98	46	93	43	23	11	214

In Quthing, 46% of caregivers indicated that their male partners never assist them with the above-listed household chores. In comparison, 43% indicated that their male partners sometimes assist them with household chores and 11% of caregivers indicated their male's partners always assist them with household chores. In relevance to early childhood development, it is worth mentioning that a very low percentage of males seem not to engage in activities that directly involve their children. The activity that fathers in Quthing were involved in a lot seem was feeding their children.

Table 11.3: Support from father Mohale's Hoek

Variable	Never	Per	Someti mes	Per	Always	Per	Total
Cooking meals	9	41	11	50	2	9	22
cleaning of home	11	50	10	45	1	5	22
Doing laundry	13	62	7	33	1	5	21
Prenatal or post-natal clinic visits	9	41	10	45	3	14	22
Feeding children	9	41	12	55	1	5	22
Bathing children	12	57	8	38	1	5	21
Carry children when traveling	7	32	12	55	3	14	22
Fetching water	4	18	16	73	2	9	22
Total	74	43	86	49	14	8	174

Table 3 indicates that fathers in Mohale's Hoek are mostly helpful in fetching water as 73% of interviewed participants indicated that their male partners sometimes assist them with this chore. The highest activity that male partners seem to never assist within Mohale's Hoek is doing laundry. There is a 14% correlation between the number of male partners who always assist mothers carry children when going to the clinic. In Mohale's Hoek there seems to be high male participation in activities that directly involve children. As 45% of caregivers said their male partners sometimes attend antenatal clinics with them, 55% sometimes carry children when travelling as well as assist in feeding them.

5.0 CONCLUSION, RECOMMENDATIONS, AND WAY FORWARD

5.1 Conclusions

Results from this baseline KAP study in Mohale's Hoek and Quthing has shown that poverty, social deprivation and poor access to services remain high in these poor-performing districts. While there exists a high level of knowledge on feeding practises, responsive feeding practises, and levels of interaction with especially smaller children in these two districts is an area in need of attention.

Household assets are often used to measure poverty as well as the surrounding environment of the community. According to World Bank Report 2019 half of Lesotho's population is living in poverty and this is supported by the results of these two districts as less than 50% had most assets, and more than 70% rely on public or shared resources such as community water pipes. Many participants have accessed some form of education, but most have not reached a level where they are considered to be employable which is completing senior secondary which is the lowest form of education that the government requires for one to be hired therefore more than 70% of our participants can be considered to be living in poverty.

Family sizes were generally small and equally small was the number of young children in households. The majority of children are living with their biological parents; also of the children that were not living with their biological parents, most parents were still living. Despite the high level of birth in health facilities, many children remained unregistered or without birth certificates.

Most parents make this feeding decision when the child is already born, and the mothers mainly took this decision. There is a high level of early initiation of breastfeeding, mostly in the first hour after birth. Additionally, the levels of exclusive breastfeeding are relatively high in the two districts. Many parents see children crying as an indication of not being full. Other household members were more likely to contribute to feeding decisions of older children rather than younger children.

Children under 24 months of age are more likely to be fed by and with a caregiver present compared with older children, the majority of caregivers wash their hands before feeding. Dietary diversity for children tends to be low as many children are fed the same food every day. Few children frequently ate meals consisting of food from the three recommended food groups, and children are not able to eat as much as they want. A relatively large number of caregivers use sweets as rewards to make sure that children eat.

Despite the two districts having minority populations that speak Xhosa and Phuthi, the majority of children were only spoken to with Sesotho. Levels of reading, singing, playing and generally interacting with children were extremely low, especially with very young children. The main reasons given for the low levels of interaction is that children are too young. Majority of caregivers sought information on preparing children for preschool from the schools and the teachers themselves; older children were more likely to be prepared for preschool compared to younger ones.

Few health challenges, including disabilities, were picked up in the survey, and the bulk of these challenges picked up were related to problems with physical mobility and

understanding. Also, few children were said to be actively taking treatment. While caregivers indicated that they are willing to open up about their children's health with preschool teachers and grant teachers access to their children's health book, the majority of caregivers discussed health issues of children with no one. A small proportion discussed children's health issues with family and friends and health workers.

Children younger than 24 months were not often left alone, and caregivers with younger children were less likely to work outside the home. As children grew, they were more likely to be left on their own, and caregivers were also more likely to work out of the home. Children were occasionally left in the care of male relatives the majority of these being fathers. Under the age of 24 months, children were not often disciplined by any means and few parents that did only shouted or scared them. Children between two and five years were mainly yelled at, hit or scared as a means of discipline or punishment.

Most children walked less than an hour to the nearest preschool. However, these are not subsidised or paid for by the government. Primary schools, on the other hand, were relatively further away, as more children walked long distances to a primary school. The nearest health facility was often within an hour's walk in the two districts. Many caregivers in both districts at some point in their life experienced situations that could lead them to have anxiety or lead them to depression.

Mainly caring for children remains the responsibility of female household members as low levels of father involvement were recorded in the survey. Fathers or older male household members more likely to work outside the home ploughing and herding.

5.2 Recommendations

As a nation, we need to start investing in our children from a young age, investing early results in massive returns. There should be the provision of free quality health services, access to equitable education from preschool and the government should support its people, so they provide a conducive environment for their children to grow and live healthy lives.

The government of Lesotho should invest more on the holistic development of children. Primary stakeholders in Early Childhood Development such as; Ministry of Health, Ministry of Social Development and Ministry of Education and Training should collaborate in providing children holistic services by moving from working in silos like they are currently doing. This should be guided by the already existing 2013 integrated early childhood care and development policy.

The Ministry of Health and Ministry of home affairs should collaborate and coordinate to provide children with birth certificates at all health facilities, immediately after birth. This is because despite more than 80% of participants indicated that they have delivered at a health facility, a large share of children did not have birth certificates.

There is a need to reach caregivers in the districts with information on ECD. The low rates of TV and radio ownership compared with the high levels of mobile phone ownership suggests caregiver should be targeted through radio and cell phone messages. At the same time, TV and radio children programs can be accessed by every child everywhere, and so these platforms should be leveraged despite low ownership levels in the sampled households.

Civil society organisations, including NECDOL should strengthen the advocacy framework and scope, so they reach all communities to ensure access to information on early childhood development (Health, Education, WASH and Social protection). There is a need to develop advertisements strategy to educate communities on the importance of early childhood development and age-appropriate preschool environment.

NECDOL and other ECD civil society organisation should support the development and implementation of Parental community interventions which educate young adults at childbearing ages about early childhood development. These programmes will ensure there is an understanding of the importance of planning for children. The programmes can be used to address any gaps that the survey has identified from the root. Such as caregivers being assisted to move away from the notion that children are still too young to learn and promoting reading and active learning cultures within communities.

There is a need for a programme and activities on child nutrition and development in these two districts. These efforts to promote these should include other members of the household, especially older women who are also caregivers and fathers of children. Primarily due to the low levels of playing, reading and singing to young children, fathers especially should be encouraged to participate in child feeding programmes. Also, support from other members of the household will significantly improve primary caregivers' mental health.

At least a preschool or other spaces in each community should be identified for the establishment of a book lending library or book exchange place. Reading programmes should be provided at these libraries to read to children and train parents to read to

children at home. Even when parents or caregivers cannot, they should be trained in elaborate storytelling.

5.3 Way forward

The findings from this KAP study should be presented at the national and local levels with key stakeholders in education in general and the ECD sector specifically. The findings should also be translated and presented to the communities who actively participated in the survey. NECDOL shall develop interventions targeting to fill the gaps identified in collaboration with ECD stakeholders.

5.4 Challenges

There was no money allocated explicitly for the survey budget. Therefore, researcher and data collectors had to rely on programme activities implemented in both Quthing, and Mophale's Hoek under the UNICEF supported #earlymomentismatter campaign. This delayed data collection as well as data entry as we had to rely on volunteer students from the National University of Lesotho to assist us with the data entry. The lack of funds also means that though the KAP was designed originally as a mixed-methods study with qualitative interview component, these had to be shelved for later.

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APPENDIX 1

INSTRUMENT FOR DATA COLLECTION

KAP SURVEY: EARLY CHILDHOOD DEVELOPMENT LESOTHO

FINAL QUESTIONNAIRE

Questionnaire number		Interviewer Name	
Village Number		District	

Name of Respondent	
Address of Respondent (Describe)	House Number
	Name of street
Telephone Number	

	Date	Time started	Time ended	Response
Particulars of visit				

Interviewer Declaration

I certify that this interview took place *in full* with the recorded respondent and that the information contained in this questionnaire is an accurate reflection of his/her views. The interview was carried out as instructed by (NAME OF ORGANISATION) and no pressure was placed on the respondent to participate.

Interviewer name	Signature	Date

Fieldwork Control (office use only)

Check back	Signature	Date	Remarks
Personal			
Telephonic			
Quality Checks	Signature	Date	Remarks
Supervisor:			
Office check:			
Data capture:			

INTRODUCTION AND CONSENT

Hello. My name is..... I am working with [Network for Early Childhood Development of Lesotho] in collaboration with University of Western Cape. We are conducting a survey about early childhood development, health and other topics in this [NAME OF DISTRICT]. The information we collect will help the government and NECDOL to plan Early Childhood Development services and Early Childhood Education. Your household was selected for the survey. I would like to ask you some questions about your children and your household. The questions usually take about 15 to 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on this information sheet.

GIVE INFORMATION SHEET WITH CONTACT INFORMATION

Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER

DATE

RESPONDENT DISAGREES TO INTERVIEW

RESPONDENT AGREES TO INTERVIEW

SCREENER QUESTION

Is there a child 5 years or younger living in this household?

[1] Yes

[2] No [TERMINATE]

FAMILY DEMOGRAPHICS

Section No	Question	Response	
F1	<p>I am going to read through a list of household items that you may or may not have. Please say 'Yes..... ...01' if you have an item and 'no' if you do not.</p>	<p>NO [2]</p>	<p>YES [1]</p>
	<p>Wardrobe 01</p>	<p>1</p>	
	<p>Bed/cot 02</p>	<p>2</p>	
	<p>Chair 03</p>	<p>3</p>	
	<p>Table 04</p>	<p>3</p>	

TV	05	4	
Radio	06		
Bicycle	07	5	
Latrine	08	6	
Clock/watch	09		
Electricity/solar power/solar light	10	7	
Mobile Phone	11	8	
Generator	12	9	
Car	13	10	
		11	
		12	
		13	

F2	Where do you withdraw water from?	Piped into dwelling.....01 Piped to yard/plot.....02 Piped to neighbor.....03 Public tap/standpipe.....04 Tube well or borehole.....05 Protected well.....06 Unprotected well.....07 Protected spring08 Unprotected spring.....09 Rainwater.....10 Tanker truck.....11 Irrigation channel.....12 Other.....13
F3	Where do you go to the toilet?	Flushing toilet in the house.....01 Pit Latrine.....02 Community toilet.....03 Donga.....04

F4	Do you share this toilet facility with other households?	Yes..... 01 No..... 02
F5	Where is this toilet facility located?	In own dwelling..... 01 In own yard/plot..... 02 Elsewhere..... 03
F6	What type of fuel does your household mainly use for cooking?	Electricity..... 01 LPG..... 02 Paraffin..... 03 Coal, lignite..... 04 Charcoal..... 05 Wood..... 06 Straw/shrubs/grass..... 07 Agricultural crop..... 08 Animal dung..... 09 No food cooked in household..... 95 Other.....
F7	Did you attend school?	Yes..... 01 No..... 02
F8	If Yes.....01, ask:	Primary incomplete.....01

	What is your highest level of education?	Primary completed.....02 Junior Secondary (7---10).....03 Senior Secondary (11-13).....04 Tertiary.....05
F9	How many people (including yourself) live in your household?	Adults (18 and over) Children (under 18) Total

The following set of question is for children between 0 -24 months if the child is above this age please move to the next section for children between the ages of 25-60 months

QUESTIONS: Children 0-24 Months

Child Demographics

Q1	How many children do you have between the ages of 0--5 living with you?	<input type="checkbox"/> 1 child.....01 <input type="checkbox"/> 2 children.....02 <input type="checkbox"/> 3 children.....03 <input type="checkbox"/> 4 children.....04 <input type="checkbox"/> 5 or more children.....05
Q2	What is the age of the child or what are the ages of the children living with you?	<input type="checkbox"/> Under 1 year.....01 <input type="checkbox"/> 1 yrs.....02 <input type="checkbox"/> 2 yrs.....03 <input type="checkbox"/> 3 yrs.....04 <input type="checkbox"/> 4 yrs.....05 <input type="checkbox"/> 5 yrs.....06

	<p>If more than one child is reported, say:</p> <p>For the remainder of the survey I would like you to think about and answer my questions as they apply</p> <p>to just one of your children, specifically, the child who is aged (2 years and above). Talking about only one of your children will keep the survey shorter.</p>	
Q3	What is the name of the child?	
Q4	<p>a) Is (name) your biological child</p> <p>If no continue to 4b</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
	<p>b) Are (name)'s parents still alive</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
Q5	Is (name) a boy or girl?	<input type="checkbox"/> Girl01 <input type="checkbox"/> Boy02

Q6	a) Does (name) have a birth certificate	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
	b) If no why? Please explain	
Q7	a) Where was (name) born?	<input type="checkbox"/> Hospital.....01 <input type="checkbox"/> Clinic.....02 <input type="checkbox"/> Home.....03
	b) What are the birth dates of (name)	Date/month/year.....01
Early Childhood feeding Practices (Health and Nutrition)		
E1	When did you first decide how you would feed (name)? Was it: Read List	<input type="checkbox"/> Before you became pregnant.....01 <input type="checkbox"/> During pregnancy.....02 <input type="checkbox"/> After your baby was born.....03 <input type="checkbox"/> Don't know/ don't remember.....04

E2	<p>Who or what helped with your decision about feeding (name)?</p> <p>Do not read list; select all that apply.</p>	<p><input type="checkbox"/> Myself (no one).....01</p> <p><input type="checkbox"/> Husband.....02</p> <p><input type="checkbox"/> Mother or mother---in---law.....03</p> <p><input type="checkbox"/> Other relative.....04</p> <p><input type="checkbox"/> Doctor.....05</p> <p><input type="checkbox"/> Midwife.....06</p> <p><input type="checkbox"/> Previous experience with other child.....07</p> <p><input type="checkbox"/> Friends.....08</p> <p><input type="checkbox"/> Parenting program.....09</p> <p><input type="checkbox"/> Books.....10</p> <p><input type="checkbox"/> Radio or television.....11</p> <p><input type="checkbox"/> Other:.....12</p>
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E3	<p>Have you received any information on feeding your child from the following;</p> <p>Read list; Tick all that apply</p>	<p><input type="checkbox"/> Parenting program or intervention01</p> <p><input type="checkbox"/>community health worker.....02</p> <p><input type="checkbox"/>Nutritionist.....03</p> <p><input type="checkbox"/>Nurse04</p> <p><input type="checkbox"/>Other- explain.....05</p>
E4	<p>In the first hour after (name) was born, did you give him/her breast milk?</p>	<p><input type="checkbox"/>Yes.....01</p> <p><input type="checkbox"/>No.....02</p>
E5	<p>In the first six months after (name) was born, what was your baby given to drink?</p> <p>Prompt: was there anything else?</p>	<p><input type="checkbox"/>Breast milk.....01</p> <p><input type="checkbox"/>Formula.....02</p> <p><input type="checkbox"/>Water.....03</p> <p><input type="checkbox"/>Fruit Juice.....04</p> <p><input type="checkbox"/>Sugar Water.....05</p> <p><input type="checkbox"/>Other06</p>

E6	<p>Did you breastfeed (name) or do you currently breastfeed?</p> <p>If Yes, ask E7 – E10</p> <p>If no, skip to next section.</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
E7	<p>What was the first solid food that you gave (name)?</p> <p>How many months old were they?</p>	<p>Name of first food: Months:</p>
E8	<p>Could you tell me why you decided to introduce additional foods and liquids to (name) in addition to breast milk?</p> <p>Do not read list; select all that apply.</p>	<p><input type="checkbox"/> Doctor / health visitor advice.....01</p> <p><input type="checkbox"/> Friend or relative advice.....02</p> <p><input type="checkbox"/> Previous experience (with another baby).....03</p> <p><input type="checkbox"/> Baby was hungry.....04</p> <p><input type="checkbox"/> Baby was not gaining enough weight...05</p>

		<input type="checkbox"/> Poor quality milk/ not enough milk.....06 <input type="checkbox"/> Baby ill.....07 <input type="checkbox"/> Baby old enough/right time.....08 <input type="checkbox"/> Family traditions/cultural beliefs.09 <input type="checkbox"/> Other:.....10
E9	How old was (name) when you stopped breastfeeding – or if you are still breastfeeding, when will you stop breastfeeding?	Months:

E10	Did anyone suggest that you stop breastfeeding? Do not read list; select all that apply.	<input type="checkbox"/> No one.....01 <input type="checkbox"/> Husband.....02 <input type="checkbox"/> Mother or mother---in---law.....03 <input type="checkbox"/> Other relative.....04 <input type="checkbox"/> Doctor..... 05 <input type="checkbox"/> Midwife.....06 <input type="checkbox"/> Previous experience with other child.....07 <input type="checkbox"/> Friends.....08
Responsive Feeding Practices		
RP F 1	Do you wash your hands with soap and water before feeding (name)?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03

RF P 2	During meals, do you sit with (name)?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RF F 3	At what age was (name) given small foods that he/she could feed to himself/herself?	Months:
RF P4	During a meal, do you talk to (name) and encourage them to eat?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RF P 5	Does (name) let you know when he/she is full?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03

RF P 6	Do you try to get (name) to finish all of his/her food during a meal?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RF P 7	Do you ever have to force (name) to eat because you felt he/she needed to eat more?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RF P 8	Do you every have to control (name) while eating, such as by holding his/her head or body?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RF P 9	Do you allow (name) to eat sweets to keep him/her happy?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03

RF P 10	How many meals does (name) have in a day?	Say number
RF P 11	Does (name) get atleast one meal with three main groups: Carbohydrates, Protein and vegetables and fruits everyday	<input type="checkbox"/> Never.....01 <input type="checkbox"/> Sometimes02 <input type="checkbox"/> Everyday.....03
Early Child hood Learning and Education		
LE 1	What language do you speak at home with your child? Tick all that apply.	<input type="checkbox"/> Sesotho.....01 <input type="checkbox"/> Xhosa.....02 <input type="checkbox"/> Phuthi.....03 <input type="checkbox"/> Other Local language.....04 <input type="checkbox"/> English.....05

We recognize that many parents are very busy. With this in mind, in the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name).

If Yes.....01, ask:

Who engaged in this activity with (name): the mother, the child's father, a sibling or another adult member of the household?

LE 2		Mot her	Fat her	Sibl ing	Ot he r	No one

	<p>a) Told stories to(name)?.....</p> <p>b) Sang songs or lullabies with (name)?..... ..</p> <p>c) Counted or drew things with (name)?..... ..</p> <p>d) Took (name) outside the home compound?.....</p> <p>e) Read books or looked at picture books with (name)</p> <p>f) Played with (name)?..... ..</p>					
LE 3	READING (Yes.....01)					

	<p>You mentioned that you read to your child. I am going to read a list. Please say ‘Yes.....01’ if you read these types of things to (name).</p> <p>Read List</p>	<p><input type="checkbox"/>Magazines or newspapers.....01</p> <p><input type="checkbox"/>Books for children including picture books.....02</p> <p><input type="checkbox"/>Books for adults.....03</p> <p><input type="checkbox"/>Posters or wall calendar.....04</p>
<p>LE 4</p>	<p>READING (No – e)</p> <p>Not all parents read to their children. Could you please tell me why adults in your home do not read to your child?</p> <p>Prompt: is there anything else? Do not read list; select all that apply.</p>	<p><input type="checkbox"/>No access to books or reading materials.....01</p> <p><input type="checkbox"/>Parents are too busy/ work demands.....02</p> <p><input type="checkbox"/>Parents cannot read.....03</p> <p><input type="checkbox"/>Child is too young.....04</p> <p><input type="checkbox"/>Other:.....05</p>

	<p>PLAY (Yes – f)</p> <p>You mentioned that you play with your child. I am going to read a list. Please say ‘Yes.’ if these are the types of things that (name) plays with. Read List</p>	<p><input type="checkbox"/> Toys from a store or market....01</p> <p><input type="checkbox"/> Homemade toys.....02</p> <p><input type="checkbox"/> Things which make or play music..... 03</p> <p><input type="checkbox"/> Things for drawing and writin.....04</p> <p><input type="checkbox"/> Household objects (e.g. bowls, plates, cups or pots).....05</p> <p><input type="checkbox"/> Outside objects (e.g. sticks or rocks...06</p>
	<p>PLAY (No – f)</p> <p>Not all parents play with their children. Could you please tell me why adults in your home do not play with your child?</p>	<p><input type="checkbox"/> No access to play materials....01</p> <p><input type="checkbox"/> Parents are too busy/ work demands.....02</p> <p><input type="checkbox"/> Child is too young.....03</p> <p><input type="checkbox"/> Not important for children.....04</p>

	Prompt: is there anything else? Do not read list; select all that apply.	<input type="checkbox"/> Other:.....05
Health and Development		
	I would like to ask you some questions about the health and development of (name). Children do not all develop and learn at the same rate. For example, some walk later than others. It is okay if your child cannot do some of these things.	
HD 1	Can (name) identify or name at least 10 letters of the alphabet	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 2	Can (name) read at least four simple, popular words	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02

HD 3	Does (name) recognize the symbol of all numbers from 1 to 10	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 4	Can (name) pick up a small object with two fingers, like a stick or a rock from the ground?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 5	Is (name) sometimes too sick to play?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 6	Does (name) follow simple directions?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 7	When given something to do, is (name) able to do it independently?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 8	Does (name) get along well with other children?	<input type="checkbox"/> Yes.....01

		<input type="checkbox"/> No.....02
HD 9	Does (name) kick, bite, or hit other children or adults	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 10	Does (name) get distracted easily?	
HD 11		
HD 12	Do you plan to send (name) to primary school? If Yes.....01, continue to ask questions L21 – L24 If no, go to next section.	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD 13	At what age will you send (name) to school?	Age in years:

<p>Sa mpl e fra me or mas ter sam ple of Les oth o HD 14</p>	<p>What language do you speak to your child to prepare them for school, like when you speak, read or play with him/her?</p> <p>Tick all that apply.</p>	<p><input type="checkbox"/> Sesotho.....01</p> <p><input type="checkbox"/> Xhosa.....02</p> <p><input type="checkbox"/> Phuthi.....03</p> <p><input type="checkbox"/> Oher Local language.....04</p> <p><input type="checkbox"/> English.....05</p>
<p>HD 15</p>	<p>Do you look for information on how to prepare your (name) for school?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>

	<p>If Yes.....01, ask:</p> <p>Where do you look for information? Do not read list; select all that apply.</p>	<p><input type="checkbox"/>Friends or family.....01</p> <p><input type="checkbox"/>Teachers or schools.....02</p> <p><input type="checkbox"/>Parenting programs.....03</p> <p><input type="checkbox"/>Books.....04</p> <p><input type="checkbox"/>Television.....05</p> <p><input type="checkbox"/>Radio.....06</p> <p><input type="checkbox"/>Other:.....07</p>
<p>HD 16</p>	<p>a) Does (name) currently attend preschool or have they attended a preschool in the past?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
	<p>b) Follow up Question if no explain why</p>	
<p>HD 17</p>	<p>At what age will you send (name) to school?</p>	<p>Age in years:</p>

<p>HD 18</p>	<p>What language do you speak to your child to prepare them for school, like when you speak, read or play with him/her?</p> <p>Tick all that apply.</p>	<p><input type="checkbox"/> Sesotho.....01</p> <p><input type="checkbox"/> Xhosa02</p> <p><input type="checkbox"/> Phuthi.....03</p> <p><input type="checkbox"/> Other Local language.....04</p> <p><input type="checkbox"/> English.....05</p>
<p>HD 19</p>	<p>a) Have you met with the preschool teacher to discuss (name) learning?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
<p>HD 20</p>	<p>b) If no please explain</p>	
<p>HD 21</p>	<p>How much do you think (child) learned at preschool? Would you say:</p> <p>Read List</p>	<p><input type="checkbox"/> Did not learn much at all.....01</p> <p><input type="checkbox"/> Only learned a little.....02</p> <p><input type="checkbox"/> Learned a lot.....03</p>

<p>HD 22</p>	<p>Not all children attend preschool/home based centre. Could you please tell me the main reason why (name) does not go to preschool or home based centre?</p> <p>Do not read list; select all that apply.</p>	<p><input type="checkbox"/> No Kindy in the area.....01</p> <p><input type="checkbox"/> Child is too young.....02</p> <p><input type="checkbox"/> Too expensive.....03</p> <p><input type="checkbox"/> Did not know Kindy was available.....04</p> <p><input type="checkbox"/> Did not believe Kindy would benefit..05</p> <p><input type="checkbox"/> Too far/ lack of transportation...06</p> <p><input type="checkbox"/> Child is needed at home.....07</p> <p><input type="checkbox"/> Child is sick/ has a disability....08</p> <p><input type="checkbox"/> Other:.....09</p>
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HealthH

I would like to talk to your more about your child’s health condition.
Your answers will not be shared with anyone outside the research team.

H1	<p>a) Compared with other children, does or did (name) have any difficulty seeing, hearing or speaking?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
	<p>b) If Yes.....01, What does (name) have difficulty with?</p>	<p><input type="checkbox"/> Seeing.....01</p> <p><input type="checkbox"/> Hearing.....02</p> <p><input type="checkbox"/> Speaking.....03</p>
H2	<p>Does (name) have difficulty in walking or moving his/her arms?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
H3	<p>When you tell (name) to do something, does he/she seem to understand what you are saying?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>

<p>H4</p>	<p>Have you discussed (name) health with anyone who might be able to provide information or help?</p> <p>Do not read list; select all that apply.</p>	<p><input type="checkbox"/> No.....01</p> <p><input type="checkbox"/> Doctor.....02</p> <p><input type="checkbox"/> Nurse.....03</p> <p><input type="checkbox"/> Traditional healers.....04</p> <p><input type="checkbox"/> Family or friends.....05</p> <p><input type="checkbox"/> Teacher.....06</p> <p><input type="checkbox"/> Church Pastor.....07</p> <p><input type="checkbox"/> Other:.....99</p>
<p>H5</p>	<p>Has (name) received treatment or medication for this specific health condition?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
<p>H6</p>	<p>a) Would you give (name)'s preschool teacher access to their medical record</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>

	b) If no why?	
Social Protection		
SP1	Have you ever left (name) alone	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....03
SP2	Do you have any regular activities in which you have to work outside the home and leave your child?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
SP3	<i>If</i> <i>Yes.....01:</i> On average, how many days a week do you work outside the home?	# days: _
SP4	Sometimes adults taking care of children have to leave the house to go shopping, washing clothes, or for	# days:

	<p>other reasons. How many days in the past week was (name) left alone for more than one hour?</p> <p>If none, enter 0 or 'DK' if Don't Know</p>	
SP5	<p><i>If</i></p> <p><i>Yes.....01:</i></p> <p>How many days in the past week was (name) left in the care of another child, that is, someone less than 10 years old, for more than an hour?</p>	# days:
SP6	<p>Have you ever left (name) with a male?</p> <p>If Yes.....01 who?</p>	<p><input type="checkbox"/> Father.....01</p> <p><input type="checkbox"/> Sibling.....02</p> <p><input type="checkbox"/> Relative.....03</p> <p><input type="checkbox"/> other.....99</p>
SP7	<p>Has (name) ever been burned, seriously</p>	<p><input type="checkbox"/> Yes.....01</p>

	wounded, poisoned, or been in a boat or road accident?	<input type="checkbox"/> No.....02
SP8	<i>If Yes.....01, ask:</i> Could you please tell me the type of injury or accident? Tick all that apply.	<input type="checkbox"/> Burn.....02 <input type="checkbox"/> Wound.....02 <input type="checkbox"/> Poison.....02 <input type="checkbox"/> Accident.....02 Other:.....02
SP9	When (name) does something wrong, what do you do?	<input type="checkbox"/> Pull ear or pinch.....01 <input type="checkbox"/> Shout, yell or scream.....02 <input type="checkbox"/> Shake, spank or slap.....03 <input type="checkbox"/> Take away privileges.....04 <input type="checkbox"/> Explain why something is wrong.05 <input type="checkbox"/> Give them something else to do instead.....06 <input type="checkbox"/> Do nothing.....07 <input type="checkbox"/> Other:.....08
SP10	If anything wrong happens do you know who to	Mention them

	contact in order to get assistant ?	
Access to services		
AS 1	a) How far is the nearest Health centre	<input type="checkbox"/> 15min-1 hour walk.....01 <input type="checkbox"/> 1hr- 3hrs walk.....02 <input type="checkbox"/> More than 3 hours walk.....03
	b) How much do you pay to access health services	Amount
AS 2	a) How far is the nearest Pre school	<input type="checkbox"/> 15min-1 hour walk.....01 <input type="checkbox"/> 1hr- 3hrs walk.....02 <input type="checkbox"/> More than 3 hours walk.....03

	b) How much is the school fees	Per Month.....01 Per Quarter.....02
AS 3	How far is the nearest Primary School	<input type="checkbox"/> 15min-1 hour walk.....01 <input type="checkbox"/> 1hr- 3hrs walk.....02 <input type="checkbox"/> More than 3 hours walk.....03
AS 4	What is the main mode of transport in the village	Private Cars.....01 Public Transport.....02 Horse riding.....03 Donkeys.....04 Foot/walking05

QUESTIONS: CHILDREN 25-60 MONTHS

Child Demographics		
Q1	How many children do you have between the ages of 0--5 living with you?	<input type="checkbox"/> 1 child.....01 <input type="checkbox"/> 2 children.....02 <input type="checkbox"/> 3 children03 <input type="checkbox"/> 4 children04 <input type="checkbox"/> 5 or more children.....05
Q2	What is the age of the child or what are the ages of the children living with you?	<input type="checkbox"/> Under 1 year01 <input type="checkbox"/> 1 yrs.02 <input type="checkbox"/> 2 yrs.03 <input type="checkbox"/> 3 yrs.04 <input type="checkbox"/> 4 yrs.05 <input type="checkbox"/> 5 yrs.06

	<p>If more than one child is reported, say:</p> <p>For the remainder of the survey I would like you to think about and answer my questions as they apply to just one of your children, specifically, the child who is aged (2 years and above). Talking about only one of your children will keep the survey shorter.</p>	
Q3	What is the name of the child?	
Q4	<p>c) Is (name) your biological child</p> <p>If no continue to 4b</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
	d) Are (name) still alive	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
Q5	Is it a boy or girl?	<input type="checkbox"/> Girl01 <input type="checkbox"/> Boy02
Q6	<p>c) Does (name) have a birth certificate</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02

	d) If no why? Please explain	
Q7	c) Where was (name) born?	<input type="checkbox"/> Hospital.....01 <input type="checkbox"/> Clinic.....02 <input type="checkbox"/> Home.....03
	d) What are the birth dates of (name)	Date/month/year
Early Childhood feeding Practices (Health and Nutrition)		
E1	When did you first decide how you would feed (name)? Was it: Read List	<input type="checkbox"/> Before you became pregnant.....01 <input type="checkbox"/> During pregnancy.....02 <input type="checkbox"/> After your baby was born..03 <input type="checkbox"/> Don't know/ don't remember.....04

<p>E2</p>	<p>Who or what helped with your decision about feeding (name)?</p> <p>Do not read list; select all that apply.</p>	<p><input type="checkbox"/> Myself (no one).....01</p> <p><input type="checkbox"/> Husband.....02</p> <p><input type="checkbox"/> Mother or mother-in-law....03</p> <p><input type="checkbox"/> Other relative.....04</p> <p><input type="checkbox"/> Doctor.....05</p> <p><input type="checkbox"/> Midwife.....06</p> <p><input type="checkbox"/> Previous experience with other child.....07</p> <p><input type="checkbox"/> Friends.....08</p> <p><input type="checkbox"/> Parenting program.....09</p> <p><input type="checkbox"/> Books.....10</p> <p><input type="checkbox"/> Radio or television.....11</p> <p><input type="checkbox"/> Other:.....12</p>
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E3	<p>Have you received any information on feeding your child from the following;</p> <p>Do not read list; Tick all that apply</p>	<input type="checkbox"/> Parenting program.....01 <input type="checkbox"/> community health worker..02 <input type="checkbox"/> Nutritionist.....03 <input type="checkbox"/> Nurse.....04 <input type="checkbox"/> Other explain.....
E4	<p>In the first hour after (name) was born, did you give him/her breast milk?</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....01
E5	<p>In the first six months after (name) was born, what was your baby given to drink?</p> <p>Prompt: was there anything else?</p>	<input type="checkbox"/> Breast milk.....01 <input type="checkbox"/> Formula.....02 <input type="checkbox"/> Water.....03 <input type="checkbox"/> Fruit Juice.....04 <input type="checkbox"/> Sugar Water.....05 <input type="checkbox"/> Other.....06

E6	<p>Did you breastfeed (name) or do you currently breastfeed?</p> <p>If Yes.....01, ask E7 – E10</p> <p>If no, skip to next section.</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
E7	<p>What was the first solid food that you gave (name)? How many months old were they?</p>	<p>Name of first food: Months:</p>
E8	<p>Could you tell me why you decided to introduce additional foods and liquids to (name) in addition to breast milk?</p> <p>Do not read list; select all that apply.</p>	<p><input type="checkbox"/> Doctor / health visitor advice.....01</p> <p><input type="checkbox"/> Friend or relative advice.....01</p> <p><input type="checkbox"/> Previous experience (with another baby).....01</p> <p><input type="checkbox"/> Baby was hungry.....01</p> <p><input type="checkbox"/> Baby was not gaining enough weight.....01</p>

		<input type="checkbox"/> Poor quality milk/ not enough milk.....01 <input type="checkbox"/> Baby ill.....01 <input type="checkbox"/> Baby old enough/right time.....01 <input type="checkbox"/> Family traditions/cultural beliefs.....01 <input type="checkbox"/> Other:.....01
E9	How old was (name) when you stopped breastfeeding – or if you are still breastfeeding, when will you stop breastfeeding?	Months:

E10	Did anyone suggest that you stop breastfeeding? Do not read list; select all that apply.	<input type="checkbox"/> No one.....01 <input type="checkbox"/> Husband.....02 <input type="checkbox"/> Mother or mother---in---law.....03 <input type="checkbox"/> Other relative.....04 <input type="checkbox"/> Doctor.....05 <input type="checkbox"/> Midwife.....06 <input type="checkbox"/> Previous experience with other child.....07 <input type="checkbox"/> Friends.....08
Responsive Feeding Practices		
RPF 1	Do you wash your hands with soap and water before feeding (name)?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03

RFP 2	During meals, do you sit with (name)?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RPF 3	At what age was (name) given small foods that he/she could feed to himself/herself?	Months:
RFP4	During a meal, do you talk to (name) and encourage them to eat?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RFP 5	Does (name) let you know when he/she is full?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RFP 6	Do you try to get (name) to finish all of his/her food during a meal?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....01

		<input type="checkbox"/> Sometimes.....03
RFP 7	Do you ever have to force (name) to eat because you felt he/she needed to eat more?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RFP 8	Do you every have to control (name) while eating, such as by holding his/her head or body?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RFP 9	Do you allow (name) to eat sweets to keep him/her happy?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02 <input type="checkbox"/> Sometimes.....03
RFP 10	How may meals does (name) have in a day?	Say number

RFP 11	Does (name) get atleast one meal with three main groups: Carbohydrates, Protein and vegetables and fruits everyday	<input type="checkbox"/> Never.....01 <input type="checkbox"/> Sometimes02 <input type="checkbox"/> Everyday.....03
Early Child hood Learning and Education		
LE 1	<p>What language do you speak at home with your child?</p> <p>Tick all that apply.</p>	<input type="checkbox"/> Sesotho.....01 <input type="checkbox"/> Xhosa02 <input type="checkbox"/> Phuthi.....03 <input type="checkbox"/> Oher Local language.....04 <input type="checkbox"/> English.....05
	<p>We recognize that many parents are very busy. With this in mind, in the past 3 days, did you or any household member age 15 or over engage in any of the following activities with (name).</p>	

	<p>If Yes.....01, ask:</p> <p>Who engaged in this activity with (name): the mother, the child's father, a sibling or another adult member of the household?</p>					
LE 2	<p>g) Told stories to (name)?....</p> <p>h) Sang songs or lullabies with (name)?.....</p> <p>i) Counted or drew things with (name)?.....</p> <p>j) Took (name) outside the home compound?.....</p> <p>k) Read books or looked at picture books with (name)?.....</p> <p>l) Played with (name)?.....</p>	Moth er	F a t h e r	S i b l i n g	O t h e r	No one

LE 3	<p>READING (Yes.....01 – e)</p> <p>You mentioned that you read to your child. I am going to read a list. Please say ‘Yes.....01’ if you read these types of things to (name).</p> <p>Read List</p>	<p><input type="checkbox"/> Magazines or newspapers..01</p> <p><input type="checkbox"/> Books for children including picture books.....02</p> <p><input type="checkbox"/> Books for adults.....03</p> <p><input type="checkbox"/> Posters or wall calendars....04</p>			
LE 4	<p>READING (No – e)</p> <p>Not all parents read to their children. Could you please tell me why adults in your home do not read to your child?</p> <p>Prompt: is there anything else? Do not read list; select all that apply.</p>	<p><input type="checkbox"/> No access to books or reading materials.....01</p> <p><input type="checkbox"/> Parents are too busy/ work demands.....02</p> <p><input type="checkbox"/> Parents cannot read.....03</p> <p><input type="checkbox"/> Child is too young.....04</p>			

		<input type="checkbox"/> Other:.....05
	<p>PLAY (Yes.....01 – f)</p> <p>You mentioned that you play with your child. I am going to read a list. Please say ‘Yes.....01’ if these are the types of things that (name) plays with. Read List</p>	<input type="checkbox"/> Toys from a store or market.....01 <input type="checkbox"/> Homemade toys.....02 <input type="checkbox"/> Things which make or play music.....03 <input type="checkbox"/> Things for drawing and writing.....04 <input type="checkbox"/> Household objects (e.g. bowls, plates, cups or pots).....05 <input type="checkbox"/> Outside objects (e.g. sticks or rocks).....06

	<p>PLAY (No – f)</p> <p>Not all parents play with their children. Could you please tell me why adults in your home do not play with your child?</p> <p>Prompt: is there anything else? Do not read list; select all that apply.</p>	<p><input type="checkbox"/> No access to play materials.....01</p> <p><input type="checkbox"/> Parents are too busy/ work demands.....02</p> <p><input type="checkbox"/> Child is too young.....03</p> <p><input type="checkbox"/> Not important for children.....04</p> <p><input type="checkbox"/> Other:.....05</p>
<p>Health and Development</p>		
	<p>I would like to ask you some questions about the health and development of (name). Children do not all develop and learn at the same rate. For example, some walk later than others. It is okay if your child cannot do some of these things.</p>	

HD1	Can (name) identify or name at least 10 letters of the alphabet	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD2	Can (name) read at least four simple, popular words	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD3	Does (name) recognize the symbol of all numbers from 1 to 10	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD4	Can (name) pick up a small object with two fingers, like a stick or a rock from the ground?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD5	Is (name) sometimes too sick to play?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD6	Does (name) follow simple directions?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02

HD7	When given something to do, is (name) able to do it independently?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD8	Does (name) get along well with other children?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD9	Does (name) kick, bite, or hit other children or adults	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD10	Does (name) get distracted easily?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD11	Does(name) like to being around adults all the time?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD12	Do you plan to send (name) to primary school?	<input type="checkbox"/> Yes.....01

	<p>If Yes, continue to ask questions L21 – L24 If no, go to next section.</p>	<input type="checkbox"/> No.....02
HD13	<p>At what age will you send (name) to school?</p>	<p>Age in years:</p>
HD14	<p>What language do you speak to your child to prepare them for school, like when you speak, read or play with him/her?</p> <p>Tick all that apply.</p>	<input type="checkbox"/> Sesotho.....01 <input type="checkbox"/> Xhosa02 <input type="checkbox"/> Phuthi.....03 <input type="checkbox"/> Oher Local language.....04 <input type="checkbox"/> English.....05
HD15 4	<p>Do you look for information on how to prepare your (name) for school?</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02

<p>HD16</p>	<p>If Yes.....01, ask:</p> <p>Where do you look for information? Do not read list; select all that apply.</p>	<p><input type="checkbox"/> Friends or family.....01</p> <p><input type="checkbox"/> Teachers or schools.....02</p> <p><input type="checkbox"/> Parenting programs.....03</p> <p><input type="checkbox"/> Books..... ...04</p> <p><input type="checkbox"/> Television.....05</p> <p><input type="checkbox"/> Radio.....0</p> <p>6</p> <p><input type="checkbox"/> Other:.....0</p> <p>7</p>
<p>HD17</p>	<p>Does (name) currently attend preschool or have they attended a preschool in the past?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
<p>HD18</p>	<p>Follow up Question if no explain why</p>	

HD19	At what age will you send (name) to school?	Age in years:.....
HD20	<p>What language do you speak to your child to prepare them for school, like when you speak, read or play with him/her?</p> <p>Tick all that apply.</p>	<input type="checkbox"/> Sesotho.....01 <input type="checkbox"/> Xhosa02 <input type="checkbox"/> Phuthi.....03 <input type="checkbox"/> Other Local language.....04 <input type="checkbox"/> English.....05
HD21	c) Have you met with the preschool teacher to discuss (name) learning?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
HD22	d) If No please explain	
HD23	How much do you think (child) learned at preschool? Would you say: Read answers	<input type="checkbox"/> Did Not learn much at all...01 <input type="checkbox"/> Only learned a little.....02 <input type="checkbox"/> Learned a lot.....03

<p>HD24</p>	<p>Not all children attend preschool/home based centre. Could you please tell me the main reason why (name) does Not go to preschool or home based centre?</p> <p>Do Not read list; select all that apply.</p>	<p><input type="checkbox"/> No pre-school in the area..01</p> <p><input type="checkbox"/> Child is too young.....02</p> <p><input type="checkbox"/> Too expensive.....03</p> <p><input type="checkbox"/> Did Not believe pre school would benefit.....04</p> <p><input type="checkbox"/> Too far/ lack of transportation.....05</p> <p><input type="checkbox"/> Child is needed at home....06</p> <p><input type="checkbox"/> Child is sick/ has a disability.....07</p> <p><input type="checkbox"/> Other:.....08</p>
<p>Health</p>		
	<p>I would like to talk to your more about your child’s health condition. Your answers will Not be shared with anyone outside the research team.</p>	
<p>H1</p>	<p>c) Compared with other children, does or did (name)</p>	<p><input type="checkbox"/> Yes.....01</p>

	<p>have any difficulty seeing, hearing or speaking?</p>	<input type="checkbox"/> No.....02
	<p>d) If Yes.....01, What does (name) have difficulty with?</p>	<input type="checkbox"/> Seeing.....01 <input type="checkbox"/> Hearing.....02 <input type="checkbox"/> Speaking.....03
H2	<p>Does (name) have difficulty in walking or moving his/her arms?</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
H3	<p>When you tell (name) to do something, does he/she seem to understand what you are saying?</p>	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
H4	<p>Have you discussed (name) health with anyone who might be able to provide information or help?</p> <p>Do Not read list; select all that apply.</p>	<input type="checkbox"/> No.....01 <input type="checkbox"/> Doctor.....02 <input type="checkbox"/> Nurse.....03 <input type="checkbox"/> Traditional healers....04 <input type="checkbox"/> Family or friends.....05

		<input type="checkbox"/> Teacher.....06 <input type="checkbox"/> Church Pastor.....07 <input type="checkbox"/> Other:.....08
H5	Has (name) received treatment or medication for this specific health condition?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
H6	c) Would you give (name)'s preschool teacher access to their medical record	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
	d) If No why?	
Social Protection		
SP1	Have you ever left (name) alone	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02

SP2	Do you have any regular activities in which you have to work outside the home and leave your child?	<input type="checkbox"/> Yes.....01 <input type="checkbox"/> No.....02
SP3	<i>If Yes.....01:</i> On average, how many days a week do you work outside the home?	# days:_
SP4	Sometimes adults taking care of children have to leave the house to go shopping, washing clothes, or for other reasons. How many days in the past week was (name) left alone for more than one hour? If None, enter 0 or 'DK' if Don't Know	# days:
SP5	<i>If Yes.....01:</i> How many days in the past week was (name) left in the care of another child, that is, someone less than 10 years old, for more than an hour?	# days:

<p>SP6</p>	<p>Have you ever left (name) with a male?</p> <p>If Yes.....01 who?</p> <p>Tick all that applies</p>	<p><input type="checkbox"/></p> <p>Father.....01</p> <p><input type="checkbox"/> Sibling.....0</p> <p>2</p> <p><input type="checkbox"/></p> <p>Relative.....03</p> <p><input type="checkbox"/> other.....0</p> <p>4</p>
<p>SP7</p>	<p>Has (name) ever been burned, seriously wounded, poisoned, or been in a boat or road accident?</p>	<p><input type="checkbox"/> Yes.....01</p> <p><input type="checkbox"/> No.....02</p>
<p>SP8</p>	<p><i>If Yes....., ask:</i></p> <p>Could you please tell me the type of injury or accident? Tick all that apply.</p>	<p><input type="checkbox"/> Burn01</p> <p><input type="checkbox"/> Wound.....02</p> <p><input type="checkbox"/> Poison.....03</p> <p><input type="checkbox"/> Accident.....04</p> <p>Other.....05</p>

SP9	<p>When (name) does something wrong, what do you do?</p> <p>Read the list</p>	<input type="checkbox"/> Pull ear or pinch.....01 <input type="checkbox"/> Shout, yell or scream....02 <input type="checkbox"/> Shake, spank or slap.....03 <input type="checkbox"/> Take away privileges.....04 <input type="checkbox"/> Explain why something is wrong.....05 <input type="checkbox"/> Give them something else to do instead.....06 <input type="checkbox"/> Do Nothing.....07 <input type="checkbox"/> Other:.....08
SP10	<p>If anything wrong happens do you know who to contact in order to get assistant?</p>	<p>Mention them</p>
<p>Access to services</p>		
AS 1	<p>c) How far is the nearest Health centre</p>	<input type="checkbox"/> 15min-1 hour walk.....01

		<input type="checkbox"/> 1hr- 3hrs walk.....02 <input type="checkbox"/> More than 3 hours walk....03
	d) How much do you pay to access health services?	Amount
AS 2	c) How far is the nearest Pre school	<input type="checkbox"/> 15min-1 hour walk.....01 <input type="checkbox"/> 1hr- 3hrs walk.....02 <input type="checkbox"/> More than 3 hours walk....03
	d) How much is the school fees?	Per Month..... Per Quarter.....
AS 3	How far is the nearest Primary School?	<input type="checkbox"/> 15min-1 hour walk.....01 <input type="checkbox"/> 1hr- 3hrs walk.....02 <input type="checkbox"/> More than 3 hours walk....03

AS 4	<p>What is the main mode of transport in the village?</p> <p>Do Not Read the list</p>	<p>Private cars.....01</p> <p>Public Transport Horses.....02</p> <p>Donkeys.....03</p> <p>Foot.....04</p> <p>other.....05</p>
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PARENT CAREGIVER DEPRESSION AND ANXIETY

	<p>The following questions concern how you have been feeling over the past 7 days. After I read each one, please tell me how often IN THE PAST SEVEN DAYS you have felt this way. You can answer None of the Time, Some of the time, or Most of the time.</p>			
		None of the time	Some of the time	Most of the Time
DA 1	How often did you feel tired for No good reason?	0	1	2

DA 2	How often did you feel nervous?	0	1	2
DA 3	How often did you feel so nervous that Nothing could calm you down?	0	1	2
DA 4	How often did you feel hopeless?	0	1	2
DA 5	How often did you feel so restless that you could Not sit still?	0	1	2
DA 6	How often did you feel depressed?	0	1	2
DA 7	How often did you feel that everything was an effort?	0	1	2
DA 8	How often did you feel so sad that Nothing could make you happy?	0	1	2
DA 09	How often did you feel worthless?	0	1	2
DA10	Do you ever feel like you do Not want to take care of (name)	<input type="checkbox"/> Yes.....01		

		<input type="checkbox"/> No.....02
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