

Early Childhood Development Initiative in Malawi

a 10-year initiative (2011-2021)





Message from the Minister of Gender Community Development and Social Welfare

A vision is only realized by Action! The Government of the Republic of Malawi envisions all Malawian children accessing quality early childhood development services. However, it takes more than the government to realise such a vision.

Looking back 10 years ago, only 30% of the eligible Malawian children were accessing early childhood development services. The low access rate was attributed to limited stakeholders in the sector and lack of awareness on the importance of early childhood education amongst other things. We now have over half of the eligible children accessing early childhood development services.

This is the progress that the Malawi government could not have achieved without the support of other stakeholders, notably the Roger Federer Foundation and ActionAid Malawi through the Comprehensive Early Childhood Development Initiative. The programme has greatly complemented the government's efforts in profiling early childhood development in the country from a community to a national policy level. Over the years we have seen more and more communities and stakeholders inspired to invest more in early learning by scaling up access. This initiative has also provided the first proof of evidence that the provision of quality early childhood services is possible even in rural communities. The creation of model centres as centres of excellence, where other community based childcare centres learn and are mentored, has been one of the innovations that the Ministry of Gender is taking forward from this initiative. This is currently being rolled out through the Investing in Early Years for Growth and Productivity Project (IEYP).

I guarantee the Government's commitment to ensuring the sustainability of this relevant approach and will ensure that the 480 Community Based Childcare Centres being handed over to the Malawi Government further benefit from governments initiatives including the payment of honorarium to caregivers. On behalf of the Government of Malawi and the Ministry of Gender, Community Development and Social Welfare we take this opportunity to profoundly thank the Roger Federer Foundation for investing in early childhood development in Malawi and giving the Malawian children a good start in their education. I congratulate ActionAid Malawi for successfully implementing this 10 -year initiative on behalf of the country.

Hon. Dr. Patricia Annie Kaliati

August 2021

Message from the Roger Federer Foundation

The comprehensive Early Childhood Development Initiative in Malawi is a huge milestone for the Roger Federer Foundation. It was the first time in the young history of our organization that we engaged in a long-term education initiative, with the ambition of systemic change in a community as well as on a national level. Back in 2010, we had several workshops with experts in international education development to explore the best approaches, niches and places to launch such a programme. The result of the consultation is documented in this report: Early Childhood Development was evidently the most cost-effective education sector we could invest in as a donor. And as a stable and peaceful country, Malawi offered a promising political environment for the initiative to prosper.

Eleven years later, this decision was proven to be the right one. We found a strong and accountable implementing partner on the ground with whom we could learn, grow and innovate. We met engaged sparring partners in the Government to push the programme further. We experienced enthusiastic communities in the villages who embraced the initiative with energy, dynamic and innovation. But most importantly, we encountered thousands of highly motivated caregivers who are willing to work tirelessly in order to offer the children quality early learning service. The outcomes of the comprehensive Early Childhood Development Initiative are far beyond our expectations. Nevertheless, the last ten years have been a big learning curve for us as an organisation as well as for all involved stakeholders. The programme has fundamentally changed since the beginning: new components have been added, others have been revised, deleted or strengthened. Instead of only focusing on the development of 80 model centres as centre of excellence, we finally doubled our budget to USD 13.5 million in order to establish 480 model and satellite Community Based Childcare Centers. I would like to invite you on our exciting journey in this paper and hope that some of our lessons learnt will inspire others to engage.

With warm regards

Janine Händel
CEO Roger Federer Foundation

August 2021

Message from Action Aid Malawi

Implementing the 10-Year Comprehensive Early Childhood Development Initiative has been a great learning and rewarding experience for ActionAid Malawi. We started the journey with a baseline study that highlighted challenges affecting access and quality of early childhood development services in the country and informed the design of this comprehensive initiative – the first of its kind for ActionAid and Malawi.

ActionAid was privileged to be selected as a long-term partner for the Roger Federer Foundation to lead the implementation of this initiative at a local and national level. The longevity of this partnership assured financial and staff stability for the organisation. It also allowed the programme to evolve as we continually reviewed and incorporated lessons from what was working or not in order to improve the programme outcomes. We would like to appreciate the flexibility of the Roger Federer Foundation to adapt the programme to the changing context and responding to the emerging needs.

This programme has ensured access of over 150,000 poor and socially excluded children to quality early childhood development services, empowered communities and caregivers to own and manage their learning centres and alleviated poverty through economic interventions such as the revolving funds targeted caregivers who until this year have been working as volunteers. The introduction of caregiver honorarium by the government is therefore timely for sustained motivation and retention of caregivers. With this, we are confident that the 4800 caregivers trained under this initiative will continue offering quality services that will see many children being developmentally on track. We would like to commend the unwavering support and collaboration of government ministries and departments, civil society organisations and other stakeholders that ensured the successful implementation of this initiative.

Sincerely

Assan Golowa
National Director Action Aid Malawi

August 2021



Executive Summary

At the launch of the programme in 2011, access to Early Childhood Development (ECD) service was limited to Malawian children between the ages of 3 – 6. Only 32% of the eligible children including those with special needs had access to Early Childhood Development meaning that 68% had no access. Furthermore, there were inadequate services for children with special needs within the ECD system as stakeholders paid much more attention to older children in terms of special needs.

Poor quality of Child Based Community Centre infrastructure (generally dilapidated or grass-thatched structures with unburnt bricks and mud floors), untrained personnel (volunteer management committees and caregivers), lack of early learning and stimulation materials, low profile of ECD in the country and limited investment are the main challenges the ECD sector faced in Malawi.

The 10-year (2011 – 2021) comprehensive ECD programme in Malawi was implemented by ActionAid Malawi (AAM) in 10 districts of Nsanje, Machinga, Neno and Phalombe in the southern region of Malawi, Lilongwe, Ntchisi, Dedza and Mchinji in the centre, and Rumphu and Chitipa districts in the north with total funding of USD13.5 million from the Roger Federer Foundation. The programme was established with the overall goal of improving the lives and well-being of vulnerable children aged four to six so that they have equitable access to quality Early Childhood Development services. The specific goal of the programme was to improve the lives and well-being of children aged between three to six in the 10 districts by promoting access to quality and sustainable Early Childhood Development services in Malawi.

The programme targeted 150,000 children aged between three and six years over 10 years, (2011 - 2021). Specifically, the comprehensive programme had six objectives, namely: 1) Increase the number of children aged three - six years accessing Early Childhood Development services in 10 districts in 480 CBCCs; 2) Improve the health and nutrition status of children (three to six years) in 480 Community Based Child Care Centres; 3) Promote smooth transition of Community Based Child Care children aged five to six from 480 CBCCs to primary school; 4) Increase the capacity and motivation of caregivers; 5) Enhance community ownership of 480 CBCCs in 10 districts for the sustainability of quality Early Childhood Development; 6) Influence local and national government to invest more resources in Early Childhood Development; and 7) Strengthen the coordination, collaboration of Early Childhood Development stakeholders and record management systems at community district and national level.



Achievements

154,000

Number of children accessing ECD increased from 33,961 to 154,000.

K82,000,000

The Government of Malawi increased budgetary allocation for Early Childhood Development from K82,000,000 to K650,000,000 (lobbying in collaboration with other stakeholders).

1.4%

Is the level of malnutrition among 154,000 children enrolled in the Community Based Child Care Centres reduced from 8%.

52,000

Children developed socially, emotionally cognitively and morally and transitioned to primary school.

315

Increased enrolment and attendance in pre-primary education. The initiative constructed 80 model Community Based Child Care Centres and 235 satellite centres.

The initiative influenced ECD policy and programme landscape in Malawi. The model centres are now used to advocate for improved structures and allocation of more resources towards early learning.

Lessons Learnt

There is a high level of volunteerism among CBCCs. Caregivers, CBCC committees are committed to ensure that children have the best start in life.

The project has been able to show that children who go through CBCC have a high chance of performing better in primary school and continue with education.

It is important to have traditional leaders as key stakeholders and participants in the programme because they are key in the mobilization of the communities.

Food provision and play materials are a huge pull factor for children to attend CBCCs.

Caregivers' competency is a determinant of better child outcomes.

Locally made play materials are easier to replace than the ones brought from shops.

Most of the children in the impact areas have cognitive development delays.

Comprehensive monitoring and supervision of multifaceted community-based programmes are essential to realizing successful outcomes of the programmes as it affords all stakeholders to identify and resolve challenges timely and jointly.

“This programme is beneficial to the community and children, very much, we are talking about our development. We have now a structure the children learn in now.”

(Local Leader, Nsanje)

Recommendations

- There is need to enhance the capacity of caregivers to effectively and continually conduct child development assessments in the CBCCs. This will help address any developmental delays in children before they transition to primary schools.
- A great deal of effort should be put in children’s holistic development all the while ensuring that the children do not lag in their cognitive development.
- Involvement of parents should go beyond provision of food and play materials. They should be equipped to support their children’s learning and development at home through promotion of learning through play.
- Programmes should involve traditional leaders as key stakeholders and participants in all phases of the programme in order to ensure ownership, active participation and sustainability of communities.
- The capacity development of Caregivers, provision of food and play materials should be an integral component of all programming for CBCCs.
- Communities and CBCC management committees should be encouraged to utilize play materials made from locally available materials rather than depend on ones purchased from the shops
- We also recommend the use of the technocrats to supervise the programme at all levels or capacitate the key staff for proper management of the programme.
- There is need for stakeholders to continue with budget tracking and lobbying for increased budget to early childhood development in Malawi.



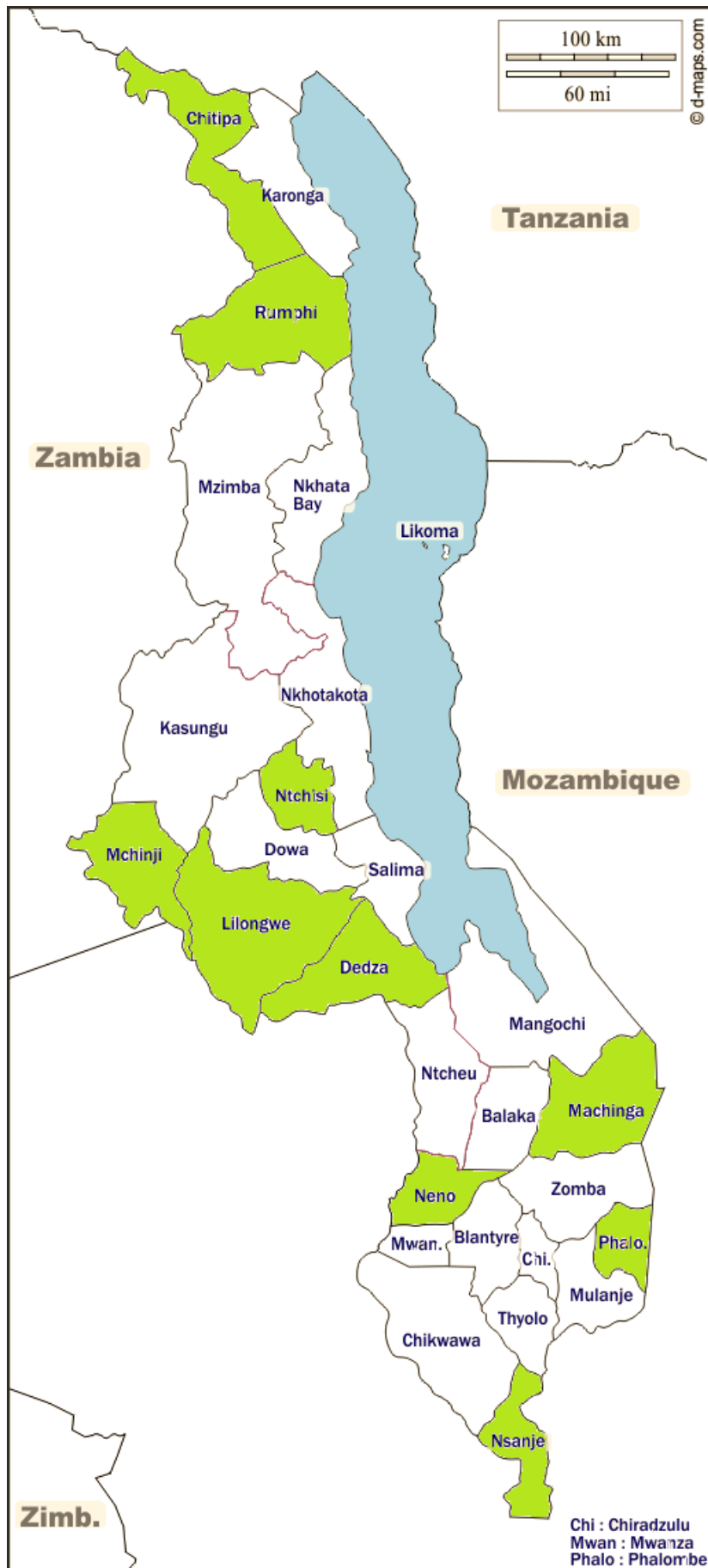
Summary

Early Learning Context Malawi

In Malawi, ECD refers to a comprehensive approach to policies and programmes for children from conception to age eight, their parents and caregivers. Malawi utilizes a community-based approach to ECD to meet the needs of infants and young children. ECE services are provided through nursery schools, preschools, Community Based Child Care (CBCC) centres, nutrition rehabilitation centres, children's wards, community ECD centres as well as through, parenting education and community dialogue on key childcare practices among others. CBCCs targets underprivileged children such as orphans, children with special needs and children from poor families from age 3 to 5.

In 2011 at the beginning of the 10-year ECD initiative, a baseline study was conducted among the new CBCCs to develop project benchmarks for measuring progress. The findings showed that out of the 96 CBCCs visited, 92 (95.8%) did not have a proper and adequate infrastructure (children's classrooms, caregiver offices, kitchen, storeroom, pit latrines and boreholes). In most cases, the structures were grass thatched, had walls made of unburnt bricks and mud floors. Most of these CBCCs were started by individuals who had difficulties sustaining operations due to challenges which included lack of food, skills, knowledge and commitment by caregivers and committee members.

92% of the CBCCs were non-functional. The children who enrolled in these non-functional CBCCs did not get any quality benefits. For those CBCCs in operation, their condition was less than desirable in the sense that they did not meet the minimum standards for operating CBCCs. These standards include the availability of classrooms, pit latrines, a safe water source in the vicinity of the CBCCs and adequately trained caregivers. Because of a lack of skills and knowledge, instead of stimulating children with age-appropriate activities caregivers would just ask the children to memorize calendar days of the week and teach them to sing on top of their voices. Children were not classified according to age despite their age differences. Much as the grouping together of children made it easy for the caregiver to control a group of children, this activity required a lot of energy. It was common to see children listless, tired, bored, and sometimes just going through the movements with no particular interest in the activities.





Access to age-appropriate early education environment

The status of the infrastructure that was used as premises for offering ECD services before the programme lacked safety, roominess, cleanliness, durability, ventilation, lighting, and so forth, both for the children and the caregivers. In most centres (95% of the CBCCs in the baseline), the number of rooms where children play and learn from, and pit latrines were too small for the number of children attending the centres. There were no kitchens for cooking food. These negatively affected children's learning and outcomes.

This ECD programme has contributed towards the increased enrolment and attendance of children in the CCBC and addressed issues of poor infrastructure in the 10 targeted districts by building model CBCCs and upgrading Satellite CBCCs. This has ensured that ECD services meet the required standards for the welfare of children and caregivers. Apart from increasing the number of children accessing quality ECD, the project also aimed at ensuring that children are developing socially, emotionally, cognitively, and morally. This has contributed towards the increased enrolment and attendance of children in the CCBC.

***“Our perception was that ECD centres
were only for urban children.
However, we realized
their importance after the introduction
of CBCCs in our area. We have realized that
children who attend the service are
socially active, and their performance is
good when they go to primary school.”***

(Lucia, head caregiver of the CBCC)

Construction of structures was mostly done by the communities themselves. The programme assisted by providing a plan/structure design with three rooms, roofing materials and cement. Out of 400 satellite centres, 356 centres (89%) were provided with materials to upgrade their structure. The remaining 44 centres already had a conducive environment for learning.

The enforcement of bylaws has led to increased attendance and enrollment. Since CBCC attendance is not mandatory in Malawi, community leaders on their own have developed bylaws to encourage parents to send children to CBCCs. Parents who do not send their children to CBCCs are given such penalties as paying a chicken.

Parenting education encouraged the enrollment of children in ECD centres. Parents were also encouraged to ensure that their children are well prepared for school among other things, bathed and fed before escorting them to the centre.

Training of caregivers in making of play materials from locally available resources making, record keeping, roles and responsibilities of other stakeholders, collaboration, and conflict resolution among others. These skills helped in ensuring that the CBCCs are run according to the standards approved by the authorities and that they are safe for children. This also served to increase the assure of more parents to send their children to join the CBCCs. They are also encouraged to ensure that their children are well prepared for school among other things, bathed and fed before escorting them to the centre.

The provision of nutritious food at CBCCs contributed to the increased enrolment as more and more children were attracted by the food as this would be the first meal of their day.

Before and after....



Achievements

80

Model CBCCs consisting of 3 classrooms, a kitchen and child-friendly toilets constructed in 10 districts creating good learning environment for children.

235

Satellite CBCCs consisting three rooms constructed structures with communities providing labour, local materials and constructing toilets and kitchen.

480

87 Child friendly toilets and 393 traditional pit latrines constructed improving the sanitation at the CBCCs.

52

CBCCs have been provided with either borehole or tap water.

330

CBCCs have set up outdoor play areas for children promoting learning through play during and after school

The initiative influenced ECD policy and programme landscape in Malawi. The model centers are now used to advocate for improved structures and allocation of more resources towards early learning.

Lessons Learnt

Improved infrastructure be it model or satellite increases enrolment significantly as both parents and children are inspired to by a good and conducive learning environment.

Model CBCCs are centres of excellence where other CBCCs in the vicinity could come to learn about what they could do in their respective centres, such as having more than one classroom, setting up play and learning areas, mentored by fellow caregivers.

Community leadership and participation in infrastructure improvements and setting up the playground for children is very important for continued sustainability.

Provision of good indoor and outdoor play materials promotes both enrolments and attendance in CBCCs. More awareness should be made on age appropriate play materials as CBCCs set up playgrounds for children.

Termites and thefts have affected sustainability of locally made play materials however termite treatment and enhancing community security would help improve longevity of the locally made play materials.

Community once sensitised about importance of infrastructure improvements and a playground, there is high commitment from both local leaders and parents in contributing materials and labour.



Child wellbeing through nutrition and sanitation

When the project started, the level of malnutrition was about 8% among ECD children. Most CBCCs (59% of the CBCCs at baseline) did not provide nutritious food to children while attending the centres and few children had food from home to eat at the centre. Lack of cooking utensils, plates, spoons, and cups at CBCCs was another main challenge to provide healthy meals to the children. Porridge was cooked in small pots and children were also forced into unhygienic practices like sharing plates, spoons and cups with their peers who did not have their own. Another challenge was the lack of knowledge by parents and caregivers on child nutrition. These made children fail to fully participate and benefit developmentally.

Through the ECD programme interventions, the level of malnutrition has reduced to 2.2%. The provision of cooking pots, spoons, plates, cups, buckets without taps, buckets with taps, knives, basins and measuring cups to the 480 CBCCs has improved hygiene and cleanliness in the CBCCs. The programme also worked innovatively with the communities to address this gap by promoting community gardening to produce food and provide nutritious meals to children at the centres. The program also incorporated growth monitoring at the centres carried out by Government's Health Surveillance Assistants and assisted by caregivers. This has helped to track the nutrition and health status of the children, hence positively contributing to children's health, development, and education.

***“Because these children are provided
with food or porridge, that has
improved their nutrition status.***

***The things happening
are specially to do with nutrition,
stimulation, and early learning;
they are supposed to go together.”***

(District Stakeholder, Neno)

The feeding schemes are completely community-led. One key intervention was to enhance the development of community gardens to produce food and provide nutritious meals to children while attending the CBCCs. 303 CBCCs of the 480 CBCCs (63%) had a garden by end of the initiative. A total of 301 of the 480 CBCCs (60%) were able to provide nutritious food regularly to children in the 10 districts. Some chiefs have provided land for the cultivation of food crops to feed children at the centres. In other instances, community members rent the land for growing maize, soya, sweet potatoes, groundnuts, and beans. Community members provide maize, soya, and other foods for the preparation of porridge. Parenting committees were taught how to prepare nutritious meals for the children. Knowledge attitude and practice of parents regarding childcare practices has improved as parents are now able to prepare nutritious meals for their children using locally available foods. Access to quality ECD has increased following initiatives such as the provision of Corn-Soya blend to CBCC going children.

Health Surveillance Assistants and caregivers regularly screened children to detect malnutrition. 2,133 were sent to the Nutrition Rehabilitation Units for treatment. Caregivers weigh children on a quarterly and monthly basis.

Access to safe water and proper sanitation facilities is another area that lead to better health and well-being of children. The initiative sensitized and mobilized parents and community members to drill boreholes by using the Local Development Fund and improve sanitation at the centres. Child hygiene practices have been introduced and children are now able to wash their hands. The availability of safe drinking water contributed to higher attendance at the centre. And finally, 87 centres offer today child-friendly toilets.

It was important to have traditional leaders as key stakeholders and participants in the programme because they play a key role in the community. Ownership creation among parents and trainings were key to understand the various developmental needs of their children at every stage and be able to respond appropriately.

Before and after....



Achievements

301

CBCCs are providing food to children three to five days every week throughout the year using either food from their communal gardens and or food contributions by parents.

303

CBCCs have communal gardens where the community grows food as a joint effort for feeding children at the centre.

1.4%

is the level of malnutrition among 154,000 children enrolled in the Community Based Child Care Centers reduced from 8% (0.1 % being severely malnourished).

960

hand washing facilities in total, distributed to 480 CBCCs (two per CBCC) where one is for washing hands after use of toilet and another one for classroom use.

214

Health Surveillance Assistants were trained to conduct termly comprehensive growth monitoring sessions at the CBCCs while caregivers record the weight of children every month.

Lessons Learnt

Regular feeding of children at CBCCs improved consistence in attendance of children. Therefore, feeding should be integral in all CBCCs.

When communities and parents are challenged to feed their own children at CBCCs, they always become self – reliant and innovative in feeding their children.

Communities that were reliant on external food handouts proved very difficult to be motivated again to start feeding children on their own once the food donations stopped.

Involvement of the Health Surveillance Assistants in monitoring the growth of children at CBCCs is convenient for parents and timely helps to identify developmental delays in children and link parents to health facilities for support.

There is good coordination amongst villages in support school feeding programmes at the CBCCs from food contribution, rotational cooking and cleaning of utensils.

There is need for discussions with the relevant government departments and organisations who supply water at the onset of the programme to prioritise provision of portable water in CBCCs.



Capacity and motivation of caregiver

Before the ECD programme, about 87% of caregivers in the CBCCs, CMC members and parent committees lacked essential knowledge and skills to deliver quality ECD services that would promote children learning, growth and development. The big majority of caregivers were untrained and did not know that children learn through play, and they copied primary school teachers' mode of education which was teacher-centered and not age-appropriate. Most of the centres had no play and teaching materials. Another demotivating factor for caregivers was the lack of remuneration for their services, hence were not fully dedicated to their job, and could stop working any time. This compromised ECD service delivery in the CBCCs.

The initiative trained 4833 caregivers aimed at building their capacity, knowledge, and skills to effectively create a conducive learning and stimulation environment for children's development. Modules covered Child Development, Play and Early Learning Materials, Learning Through Play, Planning and Organizing the Environment, Child Health and Care, Child Hygiene and Environmental Care, Child Nutrition and Care, Children's Rights and Welfare, Children with Special Needs and ECD Centre management. At the end of each CBCC the syllabus and Caregiver's Guide were given to be used as resource material. The trainings improved the delivery of quality ECD services. The trained caregivers are now able to teach age-appropriate content and follow the syllabus. They now understand that a child needs holistic development and are able to stimulate children in all the six developmental domains.

***“Every caregiver would just
come and do whatever they
are pleased with the children.***

***It was after the training
That we got to know that
there is a daily programme
That has to be followed”.***

(head caregiver, Suwali CBCC)

To address the gap of low retention and enhance the motivation of caregivers, the ECD programme included three important incentives for caregivers, CMC members, and other community members, namely capacity building (training), pass-on goats (economic/livelihoods incentive), and a revolving fund (economic/livelihoods incentive). These efforts have proved to be a good motivator for the caregivers and have ensured that caregivers are retained and discharge their duties well, with a high degree of commitment in promoting the learning and development of children. The programme introduced:

- a) The goat-pass-on scheme - The programme was implemented in the 80 model centres. Each centre received 4 goats. The initiative was introduced as a way of motivating caregivers who work as volunteers and to enable them to have household assets. Over 80 percent of the caregivers in the model centres received the goats.
- b) CBCC Revolving Fund - aimed at promoting the economic status of the CBCCs so that they could sustain operations of the centres and be capable of delivering high quality child-friendly care and protection services while at the same time increasing retention of motivated caregivers who have the capacity to offer quality and comprehensive ECD services. The interest from servicing the loans enable the centre committees to give an honorarium to caregivers.

Number of caregivers trained and caregivers dropped out over the ten years

District	Caregivers trained	Caregivers dropped out	Percent
Chitipa	660	30	5%
Machinga	720	23	3%
Ntchisi	676	36	5%
Nsanje	670	97	14%
Lilongwe Peri-Urban	480	187	39%
Rumphi	720	45	6%
Dedza	245	9	4%
Mchinji	182	5	3%
Neno	180	20	11%
Phalombe	300	13	4%
Total	4833	465	10%

Achievements

4833

Caregivers have been trained in early childhood development and mentored on a on-going basis.

423

Mentors have been trained in early childhood and mentorship. The mentors have effectively been mentoring other caregivers and acting as the first line of support for caregivers.

73%

Dedicated caregivers are still offering their services to CBCCs voluntarily after more than 5 years.

0.07%

is the current caregiver turnover rate. Before the introduction of caregiver incentives such as the Revolving Fund, the turnover rate was only 30%. at the baseline.

3487

Caregivers have directly benefitted from the Revolving Funds either through accessing affordable loans or receiving honorarium from the proceeds from the revolving fund.

Lessons Learnt

Volunteer Caregivers are driven by passion to help children however passion must be complemented with trainings which helps them to do better what they are passionate already about.

The 1:1 Mentor to CBCCs ratio has proved to be more effective ratio in supporting other caregivers on delivering quality ECD services. The programme started with the ration of 1:6 then reduced to 1:3 and finally 1:1.

Trained caregivers have improved understanding of child developmental areas and ably support the children on their developmental journey.

Motivation of caregivers is very important in improving caregiver retention.

Caregivers' competency is a determinant of better child outcomes.

Exchange between caregivers and grade 1 teachers is mutually beneficial.

Graduations of pre-primary class children are a good platform for showcasing what children learn at a CBCCs, sensitise parent to enrol children and exchange between caregivers and grade 1 teachers for smooth transition.



Comprehensive school readiness for smooth transition to school

Over 80% of the CBCC did not have adequate learning and stimulating indoor and outdoor materials and equipment for child development. This resulted in antisocial behaviors as children scramble and fought for the few available resources. It also led to a lack of active participation and poor attention amongst the children thereby affecting their transition to primary school. Children who transitioned to primary schools were not monitored.

Children who transitioned from the CBCCs to Grade 1 primary school having undergone the readiness assessment were performing exceptionally academically, socially, and emotionally because of being adequately prepared for school. For instance, academically, from a selected sample of 100 children who were tracked from standard 1 to standard 6 across the feeder schools in all the ten districts, children from CBCCs outsmarted those that never underwent the Early Childhood Development Programme. The initiative has innovatively changed the situation not only by providing adequate and appropriate play and learning materials and equipment but also by training community members to make play and learning materials from locally available materials. This has resulted in all the CBCCs (100%) having adequate play materials and a greater involvement of the community in replenishing them to set up the eight learning areas in their classrooms, indoor and outdoor play, and learning areas.

“The children from CBCCs have a higher performance than those that have not attended a CBCC before. They are also quite fond of playing outside with others and relate well with others than those that have not been to a CBCC.”

(Primary School Teacher, Lilongwe)

The collaboration between CBCCs and primary schools is another achievement that has improved and promoted smooth transition to primary schools. Exchange visits that involved primary school teachers visiting CBCCs to participate in the assessment of children in transition class and caregivers taking children to primary school to introduce and hand them over to primary school teachers is an example of good collaboration. Further, the caregivers were visiting the primary school to monitor how their graduates were performing.

Comparative average academic performance of CBCC and Non-CBCC children from Standard 1 to 6

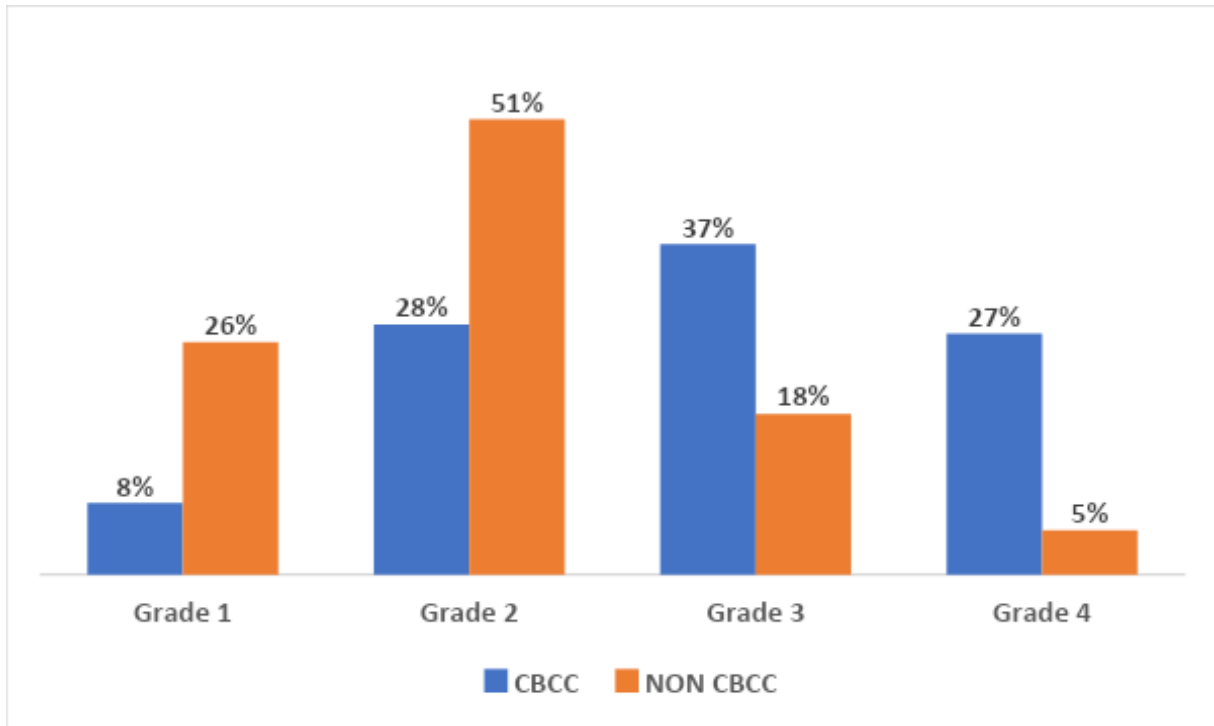


Table : Transition over the years

Year	Boys	Girls	Total
2012/13	221	250	471
2013/14	456	500	956
2014/15	1848	1771	3619
2015/16	1879	2100	3979
2016/17	2292	2518	4810
2017/18	3325	3752	7077
2018/19	4608	5108	9716
2019/20	4460	5050	9510
2020/21	5255	6866	12121
Total	24344	27915	52259

Case Study:

Henry excels in primary school

There is growing evidence to indicate that children who have gone through Community based childcare have a better foundation for their education than children who have not gone through CBCCs. This has been demonstrated in Chitipa through monitoring children enrolled in the CBCCs.

Henry Ngwira is an exception among the learners at Nthalire primary school in T/A Nthalire. The 12-year-old young boy is the second born Mr and Mrs Bonface Ngwira, farmers from Chalaghala village. Henry was enrolled at Tiyanjane CBCC in 2012. In 2013, he graduated from Nthalire primary school and is presently in standard eight. The school's head teacher, Mr BL Mtambo says; *"Henry is a brilliant boy in class. He has never repeated a class. Since standard one he has been achieving above average grades (Grade 4) and I have no doubt that he will be selected to a good secondary school this year. Henry is among the top five highest academic achievers in his class. He shows a great deal of interest in school. He is never absent from school without proper reasons. He is a clever boy and always listens to the teachers. He relates well with his classmates at school."* The headteacher attributed Henry's success to the solid foundation laid by the CBCC he attended before getting enrolled at Nthalire primary school. They said that apart from Henry, there are also other children who have gone through the ECD programme and are all doing well in class.

Henry's mother also had this to say about him. *"I try my best to support my children. I make sure that my children have taken enough breakfast before going to school. My first-born child had no chance of attending the CBCC because I did not realize its importance until one of the CBO members, Charles Mfunu encouraged me to register my child at Tiyanjane. It took me some time to get convinced that my child should continue going to Tiyanjane CBCC. After three months I observed some major changes in my son. He became very clever such that whenever he was playing with his friends, he always wanted to be in the forefront leading them. When I sent him to primary school, the first remark I got from the teachers was that Henry was a star performer in class. Now I believe that the CBCC has played a great role in his achievements."*





Community owner- and leadership

Sustainability of the Early Childhood Education is dependent on community ownership. Most of the centres were established and supported by communities with caregivers offering their services on a voluntary basis. The support from the community included the volunteering of caregivers, the construction of temporary shelters which were grass thatched and labour to replace the grass every season. Some of the communities also provided other structures like kitchens and pit latrines for children. Some parents helped in cooking the food for the children. In some cases, caregivers and other helpers monitored operations of the CBCC. In most CBCCs the food contributions made by the community members were in the form of maize flour. In a few cases, most of the monetary and material contributions to the CBCCs were from the committee members.

The programme enhanced community ownership of 480 CBCCs in 10 districts for the sustainability of quality early childhood development. The involvement of local leaders and the local community is key to the success of programme implementation and sustainability because it creates a sense of ownership among the local people.

***“If we, as chiefs and communities
are not working hand in hand,
this development would not have
been there. You have found
the CBCC operating well as it is
because of us working together.
This is because we consider this as a
community facility that is there
to develop this community.”***

(Local Leader)

The project complemented their efforts by putting proper governance structures in place such as CBCC management committee, parents' committees and building their capacity. The committees were revamped, trained, and linked up with existing structures at all levels such as VDCs and ADCs. Involvement of relevant departments such as education, social welfare, let alone partners. These are essential for the sustainability of the project because they will still carry on working with CBCCs.

The CBCCs were linked up with all necessary government staff such as health surveillance assistants, primary school teachers and agriculture extension workers. They were trained in business management, so they are able to generate income for the smooth operation of the CBCC. The coming of revolving fund initiatives has brought positive transformations in terms of the financial independence of the CBCCs. So far, MK18,491,660.00 has been used in the management of the CBCCs. These funds have been spent on CBCC maintenance, paying caregivers, purchase of food items, paying water bills, paying security guards and others. In all the 480 CBCCs the community is able to produce food for the children, they make their own play materials, there are volunteers that cook food for the children and clean the surrounding, they maintain the structures. The chiefs were the entry point of the project and they ensured that all the governance structures at the CBCC are working and children are attending.



Achievements

4775

CBCC committee members have been trained in centre management and supervision.

4800

Members of the parenting committee have been trained in the parental involvement in the CBCCs operations and supporting child's learning at home.

1089

Committee members from all the 480 CBCCs have been trained in nutritious food preparation.

1743

Caregivers have been trained in record keeping and management

470

CBCCs have developed by-laws (social norms) how to enforce parents to enroll their children and ensure attendance.

261

CBCCs are receiving complementary support ranging from chairs, play materials, construction materials etc. from other stakeholders such as government departments, NGOs etc.

Lessons Learnt

There is a high level of volunteerism among CBCCs. Caregivers, CBCC committees are committed to ensure that children have the best start in life.

After orientation on ECD, Members of Parliament played a critical role of lobbying for caregiver incentives during budget sessions.

The District Councils are very critical in sustainability of intervention at district levels as such their early engagement in the programme is important.

The local chiefs imposed penalties on parents such as payment of a 1 kg packet of sugar when a child is absent from school without a reason. This enforced parents to enrol the children and ensure attendance in the CBCC.

Trained members of the CBCC management committees effectively manage the CBCC operations and easily mobilise the communities to work and support the CBCC related activities. In addition, they supervise what the caregivers teach the children.

Comprehensive monitoring and supervision of multifaceted community-based programmes are essential to realizing successful outcomes of the programmes as it affords all stakeholders to identify and resolve challenges timely and jointly.



Stakeholder engagement and coordination

The government of Malawi was allocating less than MK85 million annually to early childhood development initiatives making it impossible to register any impact of ECD services at the community, district, and national level. The insufficient budgetary allocation to ECD services failed to meet the minimum financial and human resources for effective and efficient ECD delivery, thus compromising children's outcomes. Lack of collaborations and coordination at all levels also contributed to challenges in the sector as there were no set systems, records and follow-up on progress in early childhood development.

The project revived the networks at the community district and national level. All advocacy issues are now channeled from community level to district level to national level. All partners in the networks share their plans and budgets and this reduces the likelihood of duplication of efforts at all levels. This also assists the coordination of all national level events such as ECD week, Caregivers' conferences and advocacy meetings with government and donors. The programme also involved the participation of government and ECD stakeholders during implementation who created a sense of shared and joint responsibility for supporting the CBCCs. In 2015, a special boost in public awareness raising happened through the visit of Roger Federer as President of his foundation.

***“The result of the project
is this long-lasting structure
you see here. So, it will stand
here as a good reminder
of what has been done to us.
The benefits will be long-lasting
because we have taken the
CBCC as our own.”***

(Local Leader, Neno)

A Call for Further Action

- **There is need to scale up the programme in all districts in Malawi benefit more children.**
- **There is need to increase the number of Model CBCCs to have fewer Satellites CBCC efficient and effective monitoring of the Satellite CBCC.**
- **There is need for continuous training for caregivers**
- **There is need for continued advocacy for Government uptake on the approach**
- **There is need for continued tracking for CCBC graduates in the medium and long term to assist child outcomes.**

Masthead

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