



**WORKING WITH CHILDREN LIVING IN HOMES
AFFECTED AND INFECTED WITH HIV&AIDS AND
OTHER PROBLEMS IN MALAWI**



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OUTLINE OF THE PRESENTATION

Value of ECD Research for Children Affected and Infected With HIV&AIDS & Other Problems in Malawi

- Purpose of the session
- Learning Objectives
- The Role of Research in ECD
- ECD Research Activities in Malawi
- Inventory of some ECD-related research studies in the past five 10 years
- Addressing ECD Research Gaps
- ECD Research Dissemination & Utilization
- FINDINGS OF BASELINE STUDY OF PROTECTING ECD IN MALAWI BY
- PECD Research by The World Bank
- Overview of the Protecting ECD Project
- Study Objectives and Scope of Baseline Survey
- Data Collection and Sample
- Establishing the sample
- PECD Study Design
- Key CBCC Characteristics
- Key Household Characteristics
- Child Anthropometric Measures: Stunting, Wasting and Underweight
- Measures of Child Development: Strengths & Difficulties, LR Sustained Attention, MDAT, & PPVT-4
- Child Behavioral Strengths & Difficulties
- Do child development outcomes vary by child and household characteristics?
- Future Directions
- PECD Baseline Research Findings Dissemination Plans
- Way Forward
- Research teams
- What Difference Research Makes for Children Affected by HIV & AIDS & Other Problems?

Purpose of the presentation

RELIGIOUS LEADERS TO APPRECIATE THE VALUE OF RESEARCH IN ECD AND RELATED RESEARCH ACTIVITIES IN MALAWI

Objectives

- explain the role of research in ECD
- discuss key research activities that have taken place in Malawi over the years and their overall contribution to ECD enhancement
- generate a list of research studies from their organizations or partners
- Draw major lessons on ECD from researches.
- Discuss strategies for promoting research in ECD

The Role of Research in ECD

- Generating useful knowledge about programmes and children
- Diagnosis of issues for policy and programming
- Creating appropriate and evidence based interventions
- Evaluating effectiveness of programmes

ECD Research Activities in Malawi

- Various stakeholders are carrying out related research (*Both individuals to organizations*)
 - Unicef & MoGCCD; Save the children; Action Aid Malawi-International; Plan Malawi; AECMD; MoEST; MoHP; NAC; World Vision; Catholic Relief Services, etc.

HIV & AIDS EFFECTS ON CHILDREN IN MALAWI

- HIV adults & children 1,100,000
- New HIV infections 66,000
- Annual AIDS deaths 44,000
- Prevalence in adults 10.8%
- Children living with HIV (0 – 14)
189,000
- New infections for children (0 – 14) 11,000
- Orphans living with HIV 770,000
- Infection rate has declined (2001-2011)
50%
- Annual decline of AIDS death (2001-2011) 33.3%
- HIV people in need of ARV treatment 160,000
- Approximate # of people on ARV
150,000

ECD VISION AND STRATEGIES FOR MALAWI

(National ECD Strategic Plan 2009 – 2014)

1. ECD Vision:

Malawian children that are holistically developed: well stimulated and educated, healthy and nourished, well protected and morally upright so that they can excel in life.

2. ECD POLICY GOAL:

“To promote a comprehensive approach to ECD Programmes and practices for children aged 0 - 8 years, to ensure fulfillment of the rights to fully develop their physical, emotional, social, and cognitive potential.”

The focus for ECD programme is for all children to have a fair start in life, with special emphasis on all children, including Orphans and other Vulnerable Children and other children in difficult circumstances; as such children needing special attention and support.

3. ECD Strategic Objectives:

- a) Increase access and equity in ECD services from 30% to 62% -5 yrs
- b) Enhance quality and relevance of ECD services
- c) Raise the profile of ECD countrywide
- d) Strengthen the institutional and legal framework for ECD
- e) Strengthen leadership, partnership & coordination
- f) Strengthen research and M&E of interventions and activities.

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NATIONAL ECD STRATEGIC OUTCOMES AND PROGRESS

The assumption was a 10% annual increase over the next 5 years, subject to the availability of technical and financial resources

Strategic outcome	Strategies (Output)	Progress as at October 2011
1. Institutional framework for ECD developed and functional by 2014	1.1 Review / develop child-focused laws in relation to ECD	<ul style="list-style-type: none"> ➤ Child Care, Protection and Justice Act 2010 ➤ Need for Child Development Law.
	1.2 Strengthen the Department responsible for ECD within MoGCCD	<ul style="list-style-type: none"> ➤ Restructuring in progress ➤ New managers oriented in ECD with OSISA support
2. Access and equity in centre-based ECD increased from 30% to 70% by 2014	2.1 Increase numbers of ECD structures by 60% by 2014	ECD center centers increased from 20% in 2009 to 38% in 2013 by Government and partners: <ul style="list-style-type: none"> ➤ Gov has upgraded 54 ECD centers with Gov Development Funding, ➤ Some partners have constructed some centers: UNICEF, SAFE, AAIM, Bt Synod, Livingstonia Synod, AECDM, Save the Children, World Relief, Somebody Cares, CCAP Synods, FBOs, District Assemblies, PDRO, Feed the Children & WVI, etc

- Progress as at November 2013 -

<p>2.2 Mobilize local and external sources</p>	<ul style="list-style-type: none"> ➤ Gov funding increased from K850,000 in 2009 to K50 Million in 2011, K120 Million in 2014 and K86 Million in 2013; ➤ Partners supporting ECD with their own external resources increased. i.e. UNICEF, Save the Children, Feed the Children, Action Aid, Action Aid, SAFE, CRS, DAPP, World Relief, World Bank, Capital for Good, Participatory Rural Development Organization, CCAP synods and other FBOs; ➤ World Bank is providing a grant of \$2 Million for a pilot Protecting ECD project, Impact Evaluation (July 2010 to June 2014); treatment came to end in 2014, but the impact evaluation still goes on, and ➤ UNICEF and GOM has come up a rolling plan which has a very beautiful and attractive ECD component which is being implemented.
<p>2.3 Implement inclusion policy (special needs, gender, HIV and AIDS, street children, children in difficult circumstances)</p>	<ul style="list-style-type: none"> ➤ ECD curriculum and training programme has a module on working with children with special needs, on gender and HIV and AIDS mainstreaming, supporting children on the streets and children in difficult circumstances. ➤ 15,600 caregivers and 435 district and community extension staff have been trained and are implementing inclusionary policy.

- STRATEGIC OUTCOMES AND PROGRESS -

Strategic outcome	Strategies (Output)	Progress as at October 2013
3. Quality and relevance of ECD enhanced by 2014	3.1 Build capacity to design, develop and implement ECD programmes	<ul style="list-style-type: none"> ➤ A study was done – 2010 & 2013 on Comprehensive Capacity Building for ECD. ➤ Malawi adopted Essential Package Strategy and officers have been trained on the online EP course and plans to train officers at all levels on it, with focus on District ECD coordinators, programme officers, and CBO managers. ➤ Need to develop Comprehensive ECD Capacity Building Strategy that would include Essential Package Strategy for ECD. ➤ 12 officers graduated in 2010 by ECDVU programme, ➤ 14 officers graduated ECD Diploma, accreditation of the graduated referred to Council for High Education ➤ Some officers undergoing postgraduate studies
	3.2 Mainstream ECD activities in other relevant sectors	<ul style="list-style-type: none"> ➤ Briefing meetings held in 28 district assemblies; ➤ Directors were briefed on enhancing ECD mainstreaming. ➤ ECD focal persons identified in line Ministries and organisations. ➤ Need to train the focal persons in ECD and Essential Package.
	3.3 Develop ECD standards	<ul style="list-style-type: none"> ➤ ELDS framework, draft ELDS developed & validated with UNICEF funding. Need for age validation and printing of the ELDS. ➤ ECD Curriculum materials reviewed and developed, they are yet to be pretested by MIE; ➤ World Bank supported production of guides, yet to be printed. ➤ There is need to print & distribute ECD operational standards.

- STRATEGIC OUTCOMES AND PROGRESS -

Strategic Outcome	Strategies (Output)	Progress as at October 2013
4. Profile & visibility of ECD raised by 2014	4.1 Develop an advocacy and communication strategy for ECD	<ul style="list-style-type: none"> ➤ Strategy was developed and launched ➤ ECD Advocacy and Communication strategy needs to be reviewed
	4.2 Conduct advocacy campaign on the communication strategy	<ul style="list-style-type: none"> ➤ Mmera Mpoyamba was launched twice in Kasungu 2010 and in Karonga in March 2011 ➤ 28 districts briefed on the advocacy campaign; ➤ Billboard were on the campaign on the roads ➤ Need to brief other districts and organizations ➤ Oriented Chief Executives in 2011, chiefs in 2014 and Religious Leaders in 2013. ➤ Need to improve on communication and targeting on advocacy. ➤ AECDM, AAIM & CSEC have sustained ECD Advocacy. Need to be strengthened to go on.
	4.3 Develop and implement communication tools for ECD	<ul style="list-style-type: none"> ➤ A few communication tools developed ➤ Need for more communication tools. ➤ MGDS II has prioritized ECD activities.

- STRATEGIC OUTCOMES AND PROGRESS -

Strategic Outcome	Strategies (Output)	Progress as at October 2013
5. Leadership, partnerships & coordination enhanced by 2014	5.1 Consolidate sector policy, leadership, coordination and implementation by 2014	Discussions being made with development partners to develop a Comprehensive Policy and Plan for Children
	5.2 Establish civil society machinery with interest in ECD to coordinate organizations implementing ECD in	<ul style="list-style-type: none"> ➤ Civil Society organization was established in 2010 and is known as ECD Civil society Coalition. ➤ It was registered with Government as a local organisation.
	5.3 Build capacity of institutions to design, develop and implement ECD programmes	<ul style="list-style-type: none"> ➤ A capacity assessment was made of AECDM; ➤ AECDM developed a strategic plan; ➤ Staffing levels were upgraded. ➤ Further support is required for more local organizations. ➤ AECDM is training a few caregivers, mentors and supervisors, and constructing 4 ECD centers with UNICEF funding.

- STRATEGIC OUTCOMES AND PROGRESS -

Strategic Outcome	Strategies (Output)	Progress as at October 2013
6. Research and M&E for ECD enhanced by 2014	6.1 Establish an M&E system by December 2014	<ul style="list-style-type: none"> ➤ M & E framework being developed ➤ M & E tools were developed and are being reviewed ➤ CPIMS which includes ECD indicators is in the finalization by the by the DPR.
	6.2 Hold regular planning and review meetings	<ul style="list-style-type: none"> ➤ Planning meeting are held annually, biannually and quarterly. ➤ TWG meetings have been held thrice and this one being the last for 2013. ➤ Need for planning meetings with all other stakeholders;
	6.3 Strengthen research and development capacity for ECD	<p># of studies have been conducted with the support of partners:</p> <ul style="list-style-type: none"> ➤ Impact of ECD centers on Children and parents 2010- AAIM, ➤ Positive Deviance Study on CBCCs 2010-UNICEF, ➤ PECD study in progress, ➤ Need for developing research agenda for ECD in Malawi, ➤ OSISA is supporting the development of ECD research in Malawi. ➤ EP research is going on to input into the national package of research information.

INTEGRATED APPROACH TO EARLY CHILDHOOD WITH SEVERAL PROGRAMMES: ACTUALIZED IN CBCCS IN MALAWI

COORDINATING STRUCTURE

- shares goals, monitoring, policies and advocacy, and searches for synergies,

Health programme - immunizations, curative care, bednets, prevention etc.

Water and sanitation programme - water supply, latrine development, hygiene information, etc.

Nutrition program - Baby friendly hospitals, breastfeeding support groups, iron fortification, iodine fortification, child feeding in centers.

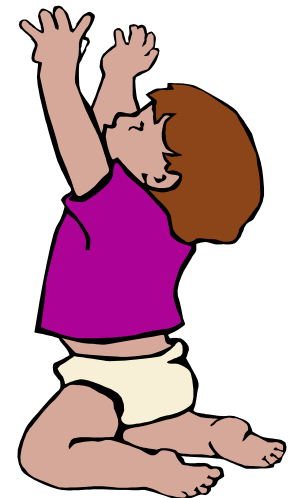
Early Stimulation and Learning or Education : Comprehensive child care centers, parent education, disability identification and integration

Community committees, participatory approaches mobilisers, home visitors and parents educators, front line workers

Families and caregivers

CHILD

Goal: meeting all young children's rights to an identity, to survival, to growth, to development and participation- particularly the most disadvantaged.



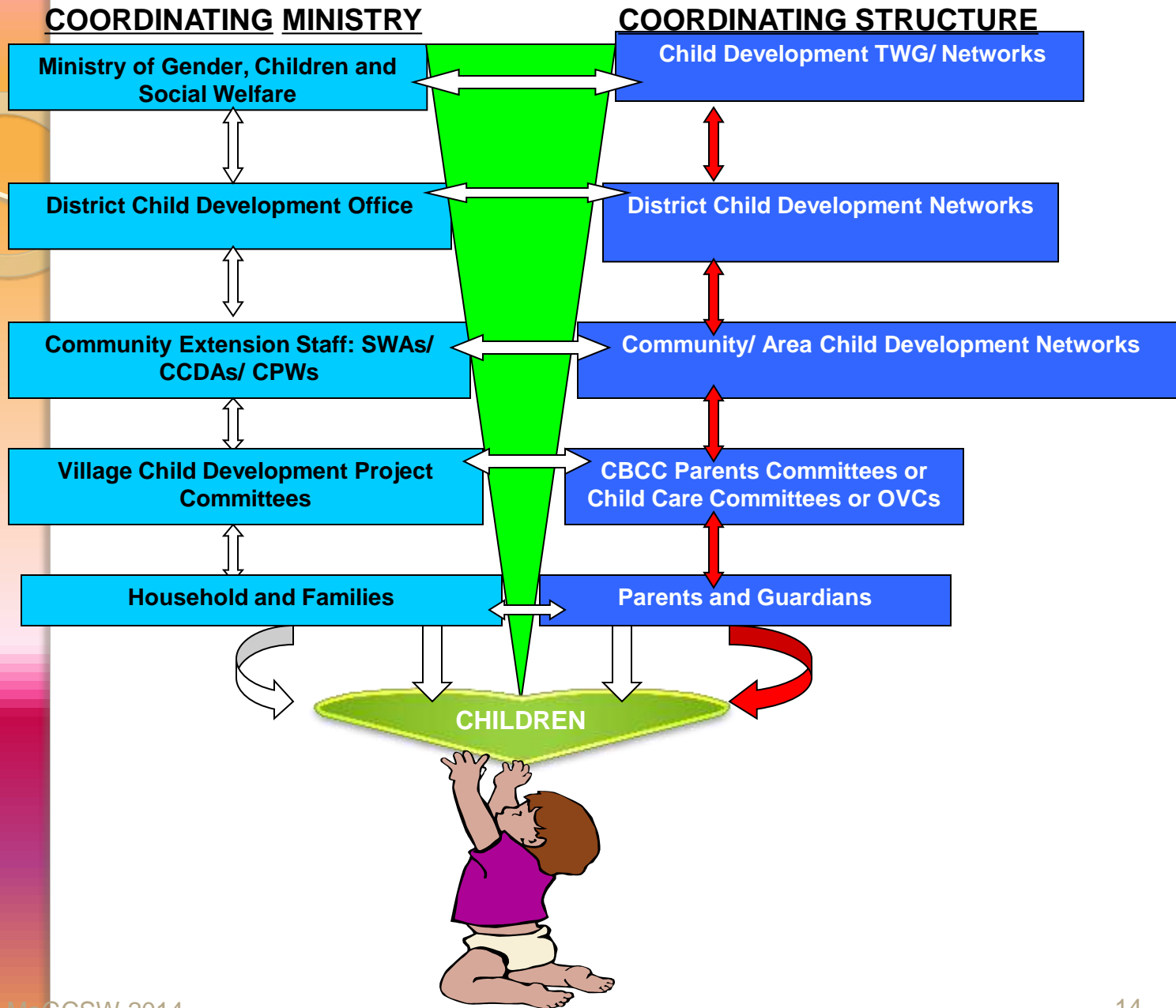
Children Development Policies in Malawi

a). ECD Legislation & Regulatory frameworks:

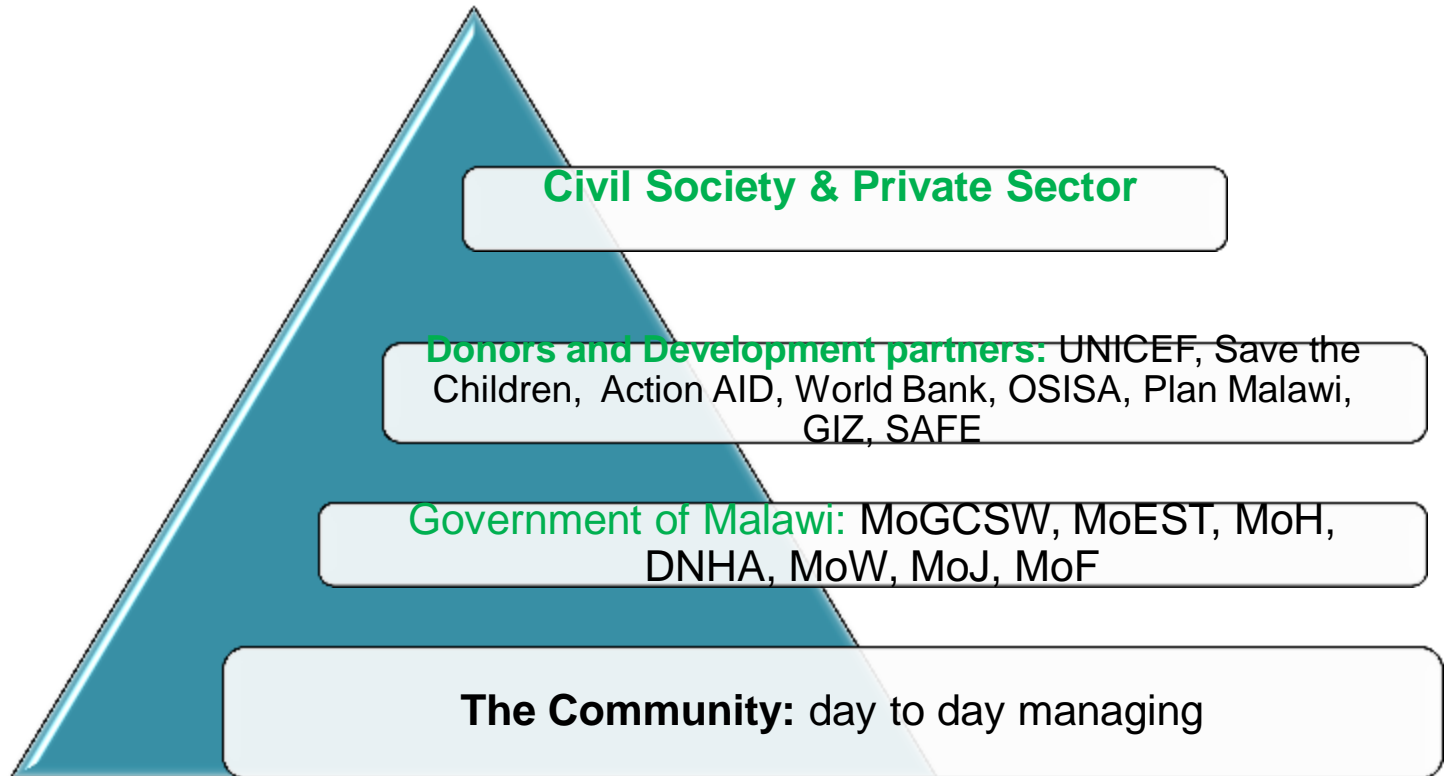
- Child Care Protection and Justice Act 2010
- Ratification of CRC in 1992
- National Plan of Action for CSGPD in 1992-2002
- Draft plan for CSGPD of 2003-2014
- National ECD Policy of 2003/06
- National Nutrition Policy of 2009
- National ACSD Policy of 2010
- National OVC Policy in 2003
- National Plan of Action for OVC 2007
- ECD Strategic plan in 2009
- Advocacy & Communication strategies-2009
- Implementation manuals & guidelines – 2003
- ECD Essential Package: 2012-2013
- Early Learning & Development Standards - 2010
- Comprehensive ECD Training Strategy in progress from 2010.



ECD Governance System



ECD FINANCING IN MALAWI



Other Child Development Projects:

1. **Comprehensive ECD Project** with funding from Action Aid International MW: Nsanje, Machinga, Lilongwe, Ntchisi, Rumphu and Chitipa focusing on CBCC construction, training of caregivers, parents and CBCC management committees, accelerated child survival services, and advocacy.
2. **Interactive Radio Instruction Project** with funding from Save the Children International: Zomba and Monk Bay-Mangochi; and focuses on ECD curriculum guide through radio programmes for caregivers and children.
3. **Essential Package Project** with funding from Save the Children International and is covering the entire country; with more efforts in Zomba, Chiradzulu, Blantyre, Balaka, Phalombe and other districts; and focuses on providing strategies and means for children who are not easily reached by other ECD services.
4. **CBCC Feeding Project** by WFP and UNICEF in Chikhwawa and Nsanje,
5. **Tiwalere OVC Project:** Feed the Children in all the districts in Malawi.

- **Capacity Enhancement for ECD project** being supported by:
 - **Government of Malawi** through development funding in the Ministry of Gender and Ministry of Education: Accelerated Implementation of ECD programme in MW.
 - **Save the Children with Online Essential package** has ECD projects in Zomba, Blantyre, Chiradzulu, Balaka, and Lilongwe, however EP is meant to reach out to the to the entire country;
 - **UNICEF** is supporting capacity development in some district through AECDM
 - **Capital for Good** in Chitipa, Karonga, Rumphi, Mzimba and Nkhotakota;
 - **OSISA** provides support for capacity development at different levels, coordination, networking and governance;
 - **Other NGOs/ FBOs & CBOs** are implementing ECD policy and ECD strategic plan, there is need to strengthen CBOs' capacity to implement ECD.

Malawi needs more resources for ECD to strengthen its human capacity to meet the demand and requirements for ECD services at center, institutional, organizational, community and household levels.

ACCREDITATION SYSTEM ECD

- 1) **Introduction:** definition, importance, and Process
- 2) **Scope and Model** interprets the Scope, Model, Model, Criteria and guidelines for providers
- 3) **Providers and Institutions** outlined, Link between provider & accreditation institutions, & Registration of providers;
- 4) **Training and Qualification** looks at ECD Curriculum, Syllabus, Transition, and Qualifications;
- 5) **Reporting on Appeals Procedures** details Reporting procedures & Appeal procedures in implementation of accreditation System;
- 6) **Regulating Framework** describes Accreditation Bureau and its Linkage to ECD Coordinating Ministry of the National ECD Body.

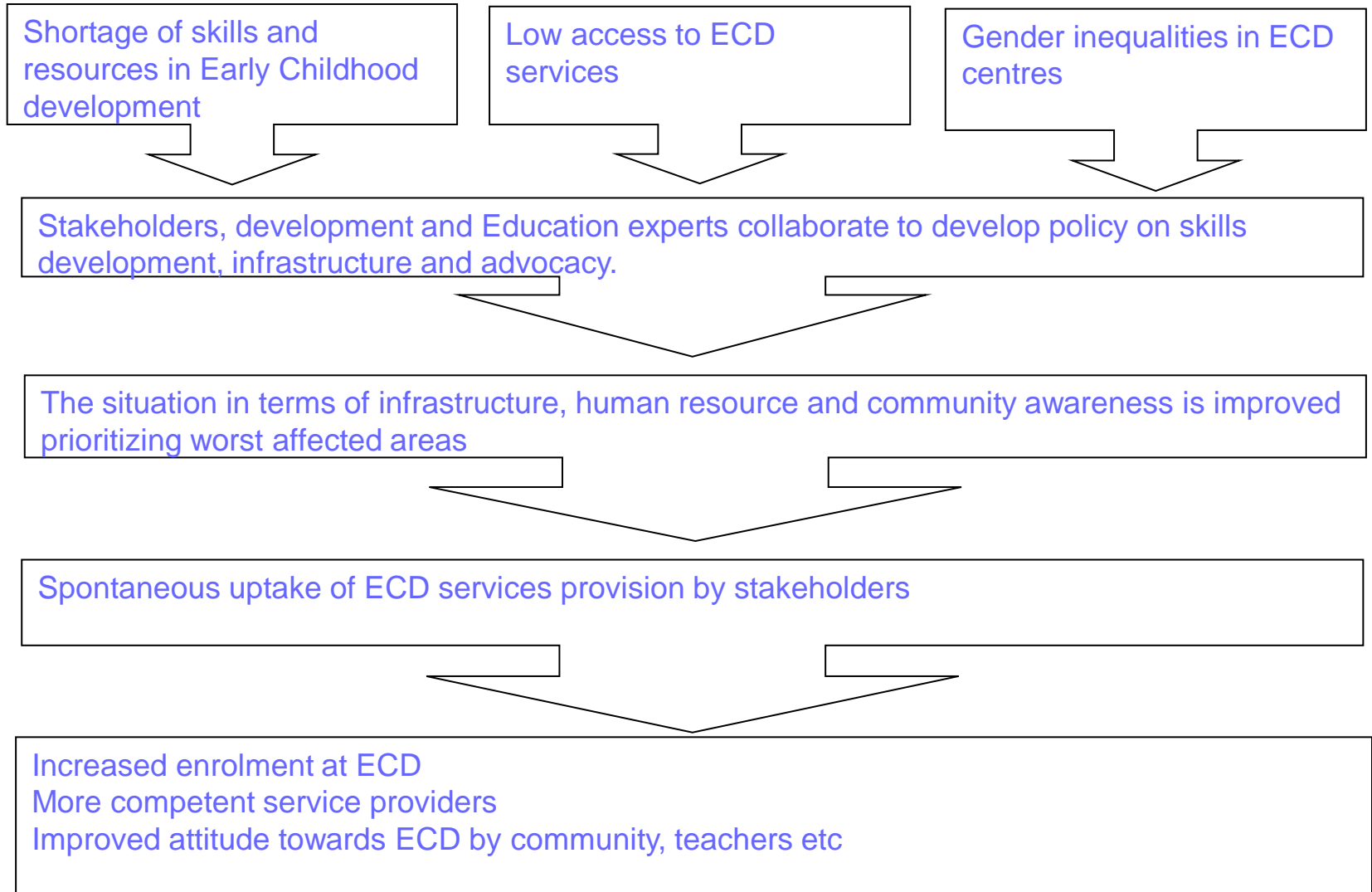
Accreditation Levels:

Bands:

1. **General ECD Education and Training (GET) :** Basic ECD Training Certificate (BITC)
2. **Further Education & Training (FET):** Advanced ECD Training Certificates (AITC)
3. **Higher Education and Professional Training (HET):**
 - Diplomas in ECD
 - Honours in ECD
 - Degrees in ECD: BA, MA, PhD

ECD QUALITY ASSURANCE

MALAWI ECD M&E CONCEPTUAL FRAMEWORK



LESSONS BEHIND SUCCESSFUL ECD PROGRAMME IN MALAWI

- 1) Comprehensive models & strategies
- 2) Focus on disadvantaged children: OVCs, Children with disabilities, children on the streets, etc.
- 3) Begin with younger children
- 4) Sufficient intensity and duration
- 5) Quality:
 - Training of providers: caregivers, parents, committees,, community facilitators (extension workers), trainers (ToTs, & District Trainers) , CBO managers. Parenting educators.
 - Creating Learning Environment for Children: for them to have opportunities for initiative and exploration in their learning environment
 - Partnerships with families, communities, organizations, & departments
 - Blending traditional child rearing with evidence-based approaches
 - Stable Support: from Government, donors (UNICEF), INGOs, NGOs, FBOs, Communities and households.
 - Deliberate targeting and linkages with Community Based Organisations
 - Prioritize scaling up of Essential Package and other ECD innovations, i.e. IRI, PSS, etc.

Issues Raised by 2009 ECD Positive Deviance Study:

- **Quality of Care Caregivers Training**
- **Food - quality and quantity: Consistent throughout year, Garden (fertilizer subsidy programme), Contributions and donations**
- **Management of CBCCs: Parental & community involvement, CBO and / NGO, Dynamic and committed individual (Director, Chief, GVH)**
- **Networking and Linkages: Community level (CBO, NGOs and support organisations, Community extension workers), District & National Levels**
- **Sustainability: Communal garden – 4 out of 6 PD CBCCs, Community contributions, Access to external support and IGAs**
- **Health and Safety: Safe water / toilets / environment / hand washing**
- **Volunteerism: Turnover and Incentives**
- **Training: Caregivers and Committees, as well as Parenting Education focusing on 0 to 2 olds**
- **Transition to Primary School: Linkages lacking, Challenges for primary school teachers**

Inventory of some ECD-related research studies in the past five 10 years

- 1) Using indigenous Materials for ECD Curriculum in Malawi [Phiri, M, 2004]
- 2) A community-driven rural early childhood development (ECD) Project, with emphasis on Culturally and Developmentally Appropriate exploratory learning concepts [Day, C, 2004]
- 3) Capacity development for ECD Programmes in Malawi [Chalamanda, F, 2004]
- 4) Single Parenting: Case study Chinansungwi CBO (Matola, C, 2004)
- 5) Community Based Child Care Centres (CBCCs): Past, Present, and Future: A study of Community Based Child Care Centres in Malawi [MoWCD & UNICEF, 2006]
- 6) Community Based Child Care Centers (CBCC) Resource assessment: the case of Zomba [Chibwana, K, 2007]
- 7) Early literacy development opportunities for rural pre-school children in Malawi: case study of four pre-schools in Zomba District [Kholowa, F, 2007]
- 8) Inventory for Community Based Child Care Centres (CBCC) – (MoWCD & Unicef, 2007]
- 9) Final Evaluation of Early Childhood Care for Development (ECCD)/Preschool Support and Development Project in Kasungu, Lilongwe and Mzuzu Programme Units (Plan Malawi, 2007)
- 10) An assessment of pre-school Education in Mzuzu City (Saka, T, 2008)
- 11) CBCC Positive Deviant Study (MoCCD & Unicef, 2009]
- 12) Parenting Knowledge, Attitudes and Practices (KAP) in Lilongwe, Dedza and Zomba Districts (Save the Children, 2009)
- 13) Tracking the performance of CBCC graduates in early primary school (Save the Children, 2009).

- **ECD-related research studies –**

- 14) Impact of School feeding on pupils attendance in four primary schools in Zomba (Malawi) - (Chikuni, R, 2010)
- 15) Comprehensive ECD Training Needs Assessment in Malawi (MoGCCD & Unicef, 2010).
- 16) An assessment of the extent to which the operations/activities of ECD in Malawi integrate children with special needs: A case study of Zomba (*MEd Thesis*, Ngwira-Sauti, M, 2011).
- 17) Early numeracy development in pre-school Children in Lilongwe District (*MEd Thesis*, Mazombwe-Kutsaira, C, 2011).
- 18) Status of Early Childhood development in Malawi: *Analysis of funding trends; successes and challenges* (Civil Society Education Coalition, 2011).
- 19) Capacity Support for Early Childhood Development and Psychosocial Support (C-SEP) (Save the Children & USAID, 2011).
- 20) Joint national study on the impact of CBCC on children development in Malawi (Lilongwe Urban Poor People's Network/Action AID, 2010).
- 21) Mid-Term Evaluation for the Comprehensive Early Childhood Development (ECD) Project (Action Aid Malawi International, 2011).
- 22) Rapid Assessment on the Impact of ECD on School Performance in Malawi (Catholic Relief Services, 2012)
- 23) An exploration of Malawian home literacy practices and their contribution to emergent literacy development in pre-school children in rural settings (*MEd Study* by Alice Waliwa, 2013 [In progress](#)).
- 24) Protecting Early Childhood Development in Malawi: Baseline Survey; *Midline*, and *Endline Evaluations* (The World Bank, 2013-2014, [In progress](#)).
- 25) Comprehensive ECD Training Needs Assessment in Malawi (MoGSW & OSISA, 2013) ([Extended, In progress](#)).
- 26) Tracking ECD center children in the education system in Malawi. (Save the Children and Action Aid Malawi)

Addressing ECD Research Gaps

- Need to trace child-related studies by relevant government Ministries, local and international organisations in Malawi
- Gaps still exist in such key areas as:
 - Children with special needs
 - Child assessments
 - Early literacy and numeracy
 - ECD Centre Practices

ECD Research Dissemination & Utilization

- *How do we put research findings into practice?*
- *Are we maximally utilizing research in ECD in:*
 - Policy and programming?
 - Curriculum Development?
 - Practice in ECD Centres?
 - Capacity building?
 - Monitoring and Evaluation?
- *How do we improve on dissemination of research findings?*
- *How do we build capacity for basic research nationally & within our organizations?*

FINDINGS OF BASELINE STUDY OF PROTECTING ECD IN MALAWI BY THE WORLD BANK

Initial findings from the PECD baseline survey



Overview of the Protecting ECD Project

- Launched in 2010 with support from the World Bank and Rapid Social Response Multi-Donor Trust Fund.
- Aims to mitigate some of the negative impacts of the global economic crisis by testing strategies to improve the early development and learning of Malawi's most vulnerable children.
- Implemented by Ministry of Gender, Children, and Social Welfare in partnership with Save the Children and UNICEF-Malawi.
- Focuses on 4 interventions:
 1. **Play and learning materials:** kit of basic play and learning materials and supplies
 2. **Caregiver training and mentoring:** enhanced 5 week residential training program for CGs including fieldwork and mentoring
 3. **CG incentives:** small monthly cash incentive to encourage retention and performance
 4. **Parenting education:** 12 group sessions for parents

Study Objectives and Scope of Baseline Survey

Impact evaluation will test the effectiveness of different approaches in improving the following:

- Quality of ECD centers
- Parenting knowledge and practices
- Child development and school readiness



Purpose of the baseline survey and report:

to summarize key characteristics of the study population at baseline

Data Collection and Sample

- Fieldwork: October 2011-March 2012
- Data collection took place over a 2 day period at each CBCC:
 - **Day 1:** Administered the CBCC questionnaire, CBCC observations, CG roster/interview, child listing exercise, contacted mothers/guardians
 - **Day 2:** Mother/guardian interviews, administration of child developmental assessment tests, child anthropometric measures
- Sample includes:
 - 199 CBCCs in Balaka, Thyolo, Dedza, and Nkhata Bay
 - 2120 children 3-4 years of age

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Establishing the sample

District	Initial No. CBCCs meeting preliminary criteria	No. operational CBCCs during verification visits	No. CBCCs operational during verification visits with adequate shelter	No. CBCCs in final sample ^a	% of original sample
Balaka	120	102	77	59	49.2
Thyolo	287	171	104	82	28.6
Dedza	206	39	28	11	5.3
Nkhata Bay	77	56	53	47	61.0
TOTAL	690	368	262	199	28.8

^A CBCCs with less than 5 children present or who had stopped operating during baseline visits were dropped from the study sample.

PECD Study Design

- Cluster-randomized controlled trial
- 199 CBCCs in 4 of Malawi's 28 districts were randomized after baseline to one of the following groups:

Control Group	Treatment 1	Treatment 2	Treatment 3
Play/Learning Materials only	Caregiver Training + Materials	Caregiver Training + Incentives + Materials	Caregiver Training + Parenting Education + Materials

Key CBCC Characteristics

N (%)

a) Year of establishment

1984-2000

32 (16.1)

2001-2005

65 (32.8)

2006-2011

101 (51.0)

b) Number of days the CBCC operated in the past 7 days

0

1 (0.5)

1-2

9 (4.6)

3-4

71 (36.4)

5-7

114 (58.5)

c) CBCC schedule

Follows the school year

174 (87.4)

Year round

21 (10.6)

Other

4 (2.0)

d) Main sources of funding for the CBCC (more than one can apply)

National or local government

UNICEF

6 (3.0)

CBO

7 (3.5)

NGO

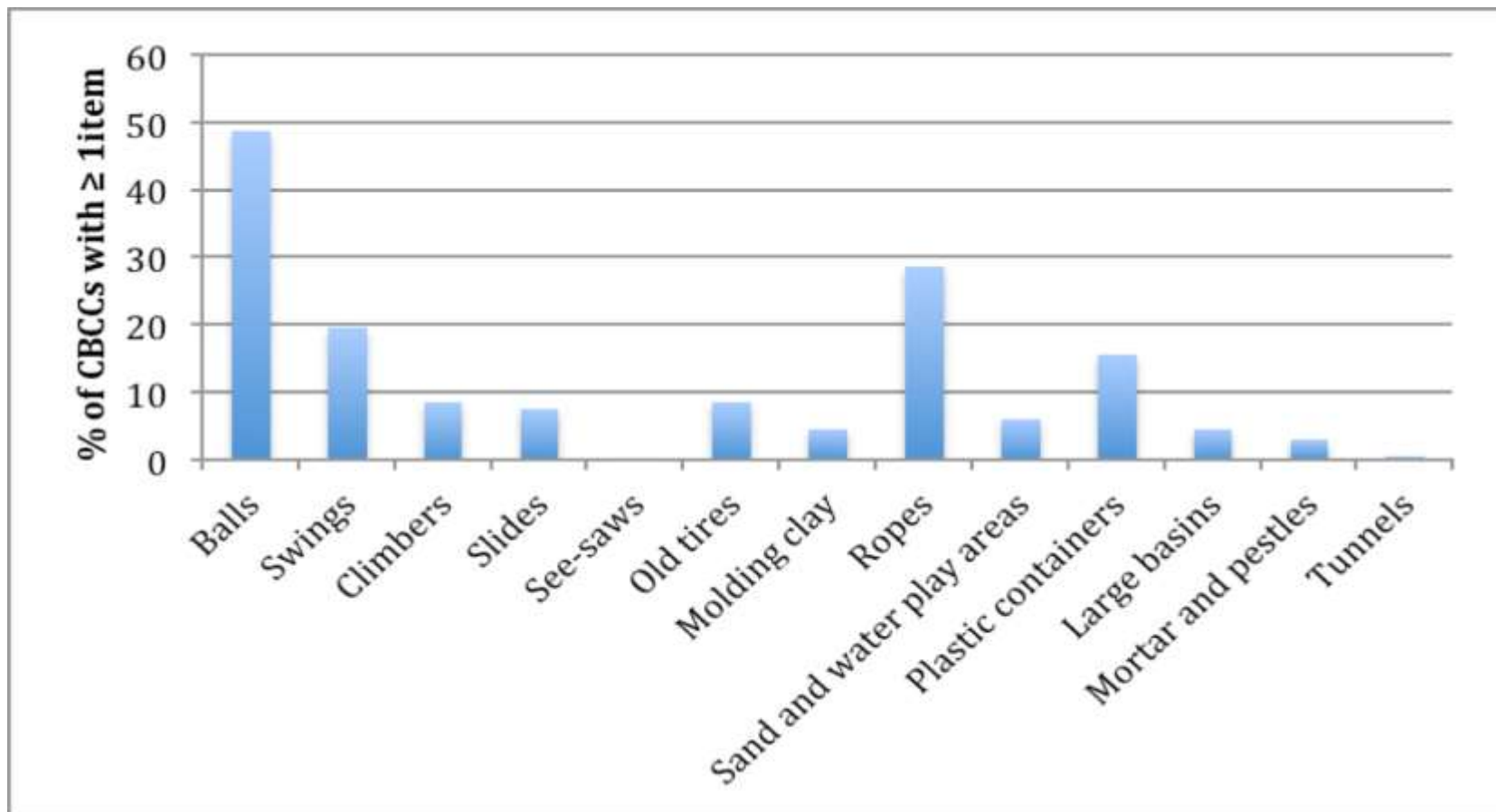
10 (5.0)

Other

23 (11.6)

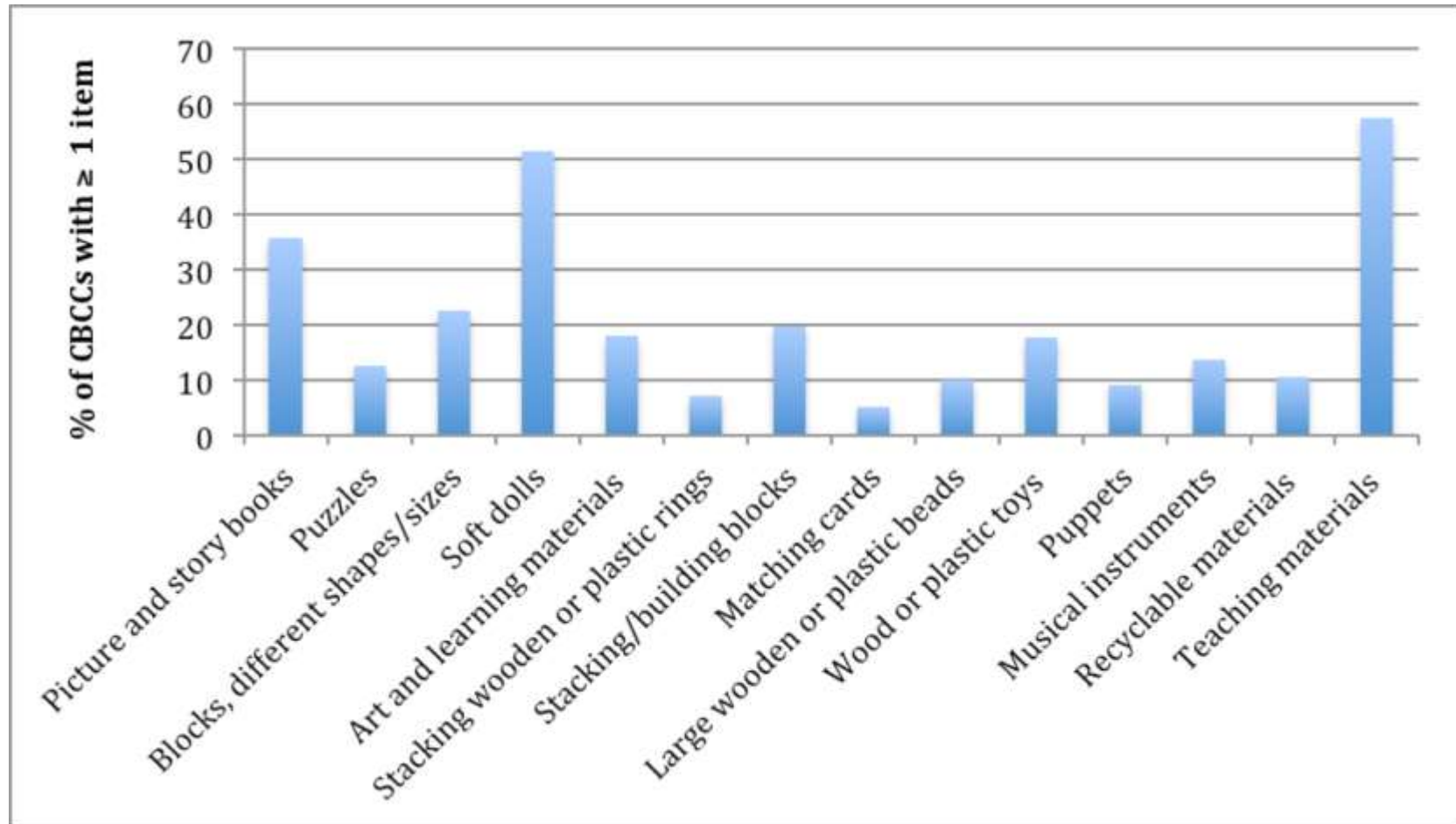
64 (32.2)

e) CBCCs with Outdoor Play Materials



This figure shows the proportion of CBCCs that have at least one of several different types of outdoor play materials. It is clear that these play materials are in short supply. Balls were most commonly owned by nearly half of all CBCCs. The proportion of CBCCs possessing all other types of outdoor play materials was substantially less. Just over one-quarter of CBCCs had ropes for children to play with, less than one-fifth had swings, and somewhat surprisingly, only 15.6% had plastic containers for children to play with.

f) CBCCs with Indoor Play and Learning Materials



This chart similarly indicates that there is insufficient play and learning materials inside the CBCCs as well. More than half of all CBCCs had some teaching materials (e.g. chalkboards, posters etc.), but less than one-fifth had any art or learning materials. Likewise, fewer than 20% of CBCCs had puzzles, art and learning materials, stacking wooden rings, stacking/building blocks, matching cards, large wooden or plastic beads, puppets, or recyclable materials.

g) CBCC Equipment and Materials

- 1) In two-thirds of CBCCs there were no chairs or mats for children
- 2) In 97% of CBCCs there were no writing tables for children
- 3) In 60% of CBCCs the caregiver did not have a chair or table
- 4) In more than 70% of CBCCs there were no child-related displays
- 5) In 86% of CBCCs, the room was not set up for various activities (corners for reading, writing, playing, etc).

h) Top 5 Problems Faced by the CBCCs, Reported by Caregivers

- 1) Lack of food (82.4%)
- 2) Lack of play materials (59.3%)
- 3) Lack of stimulation/ teaching materials (55.8%)
- 4) Lack of building (48.2%)
- 5) Lack of dishes/utensils (45.7%)

i) Top 3 Reasons Mothers/Guardians Send Children to CBCC

- 1) Prepares the child for school (80.4%)
- 2) It's good for the children (50.8%)
- 3) Provides a break to get household chores done (15.7%)

Key Household Characteristics

N (%)

a) Language spoken in the household

Chichewa

1113 (55.4)

Chitonga

395 (19.7)

Chilomwe

269 (13.4)

Other

232 (11.6)

b) Composition of outer walls of house

Mud bricks (unfired)

574 (28.6)

Burnt bricks

1348 (67.1)

Other

88 (4.4)

c) Main source of drinking water

Open source

95 (4.7)

Personal source

77 (3.8)

Shared source

1838 (91.4)

d) Household access to electricity

No

1907 (94.9)

Yes

103 (5.1)

e) Type of toilet facility used by the household

Standard pit latrine

151 (7.5)

Traditional pit latrine

1834 (91.5)

VIP latrine or flush toilet

20 (1.0)

g) Households Severely & Negatively Affected by Crises in the Past 12 months

Event	N (%)
Lower crop yields due to drought or floods	622 (31.0)
Livestock died or were stolen	258 (12.9)
Large rise in price of food, or unavailability of food	657 (16.0)
High price of agricultural inputs	322 (16.0)
Illness or accident of household member	493 (24.6)

h) Food Insecurity Events Reported by More than Half of All Households

1. Adult household members cut the size of meals or skipped meals for 3 or more months in the past year (72.6%)
 - Adult household members went the entire day without eating during 3 different months of the past year (64.7%)
 - Respondent couldn't afford to eat balanced meals (64.0%)
 - Respondent worried that the household would run out of food before getting money to buy more (48.7%)

i) Child's Play with Toys and Books at Home

Child plays with:	N (%)
Homemade toys (e.g. dolls, cars, or other toys made at home)	962 (47.8)
Toys from a shop or manufactured toys	549 (27.3)
Household objects (e.g. bowls, pots), objects found outside (sticks, rocks, animal shells or leaves), or recycled/discarded objects (containers, bottle caps etc.)	1540 (52.9)
Paper and pen, pencils or crayons	946 (47.1)
Number of books or picture books for the child	
0	1808 (90.0)
1-2	158 (7.9)
3-5	40 (2.0)
6-10	4 (0.2)

Child Anthropometric Measures

Anthropometric indicator	PECD Study Population (%)	2010 DHS national sample of children 36-47 months (%)
a) Stunting	37.7	51.6
b) Wasting	2.8	2.7
c) Underweight	14.4	12.8

Measures of Child Development

- *Ndioganizira anthu ena.*
- *Ojijilika, sakhazikika kwa kanthawii*
- *Kawiri kawiri amakangana ndi akulu.*
- *Kawirikawiri amathandiza ena mongodzipereka*

a) Strengths and Difficulties



b) Leiter - R Sustained Attention



c) MDAT



d) PPVT-4

Photos by C. McConnell

Child Strengths & Difficulties Questionnaire (SDQ)

- Parents report on 20 items about child's behavior
- Higher score on subscales = more problematic behaviors (prosocial subscale excepted)
- Standard reference values have not been validated in any African country, but SDQ used in Kenya, South Africa, Madagascar
- PECD sample: average values for all scales (except conduct problems) are within the range of normative values established for industrialized countries

- There are 5 subscales to the SDQ.
- The first four subscales (emotional symptoms, conduct problems, hyperactivity/inattention, and peer relationship problems) are summed to generate a total difficulties score. For these four subscales and the total difficulties score, higher scores reflect the presence of more problematic behaviors.
- Although, standard reference values have not been validated in Malawi or any other African nation, in industrialized settings, scores above the 90th percentile are predictive of a disorder. The cutoffs are: a total difficulties score greater than 15, an emotional symptoms score and hyperactivity score each greater than five, and a conduct problems score and peer problems score greater than three.
- There is also a pro-social behavior subscale, and a score of 6-10 on this scale is considered normative.
- The impact score summarizes the overall distress and social impairment for the child. Scores can range from 0-10, with higher scores reflecting a greater degree of impairment.

Child Behavioral Strengths & Difficulties

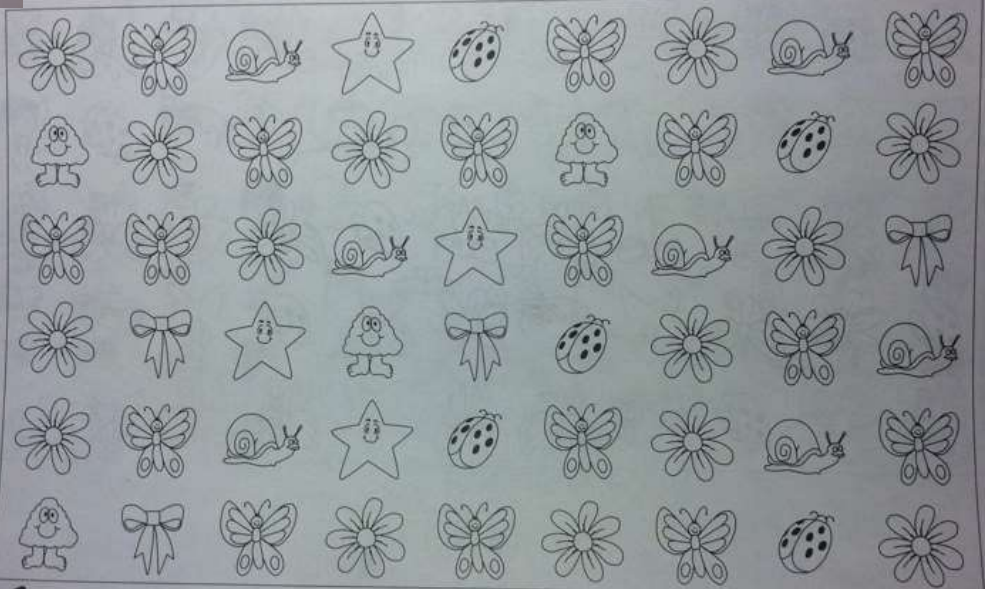
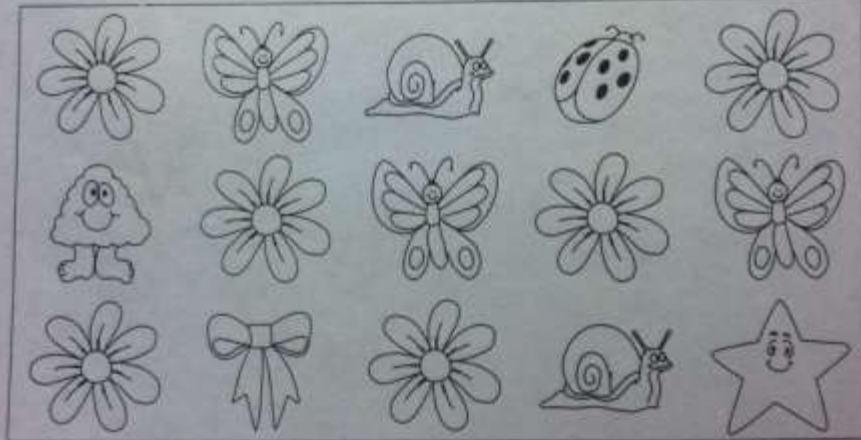
	US Cutoffs ²	PECD M ± SD n=1725	Kenya Mothers M ± SD N=115	Kenya Grandmothers M ± SD N=134
Emotional symptoms	>5	3.7 ± 2.3	-	-
Conduct problems	>3	3.0 ± 2.3	-	-
Hyperactivity/ Inattention	>5	4.5 ± 2.0	-	-
Peer problems	>3	2.6 ± 1.8	-	-
Total difficulties	>15	13.8 ± 5.9	15.6 ± 4.6	11.4 ± 4.1
Pro-social behavior	<6	6.0 ± 2.4	-	-

Oburu et al 2004 examined parenting stress for a group of biological mothers compared with grandmothers caring for orphaned children. Biological mothers had children 2-10 years of age, while grandmothers cared for children 2-16 years of age ²Cutoffs for determining problematic behavior

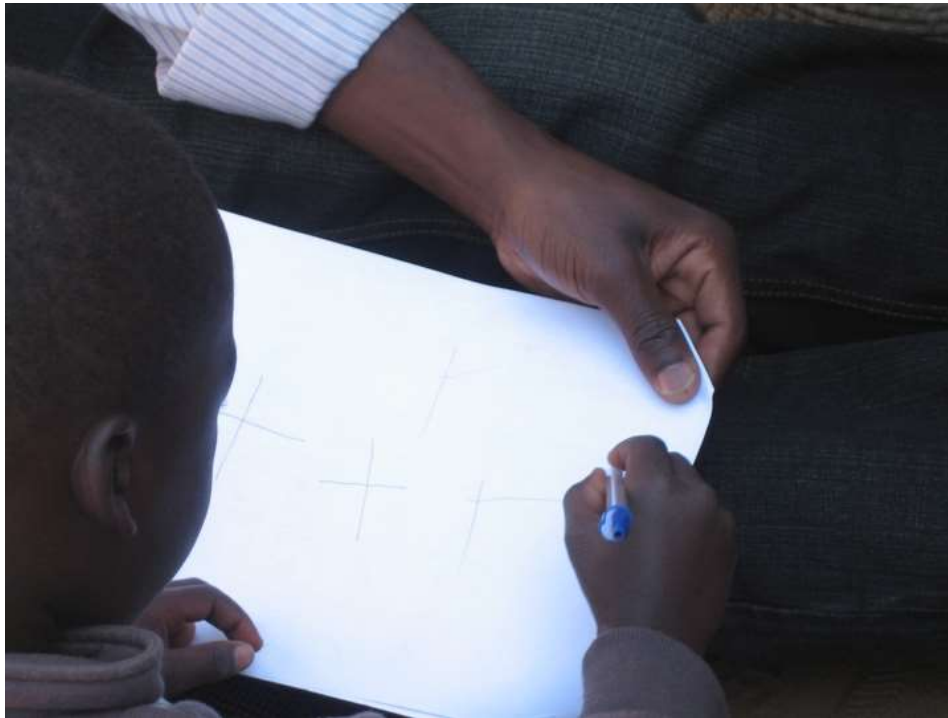
Measures of Child Development: Leiter-R Sustained Attention



Practice for AS 5



Measures of Child Development: MDAT



Measures of Child Development: PDVT



Do child development outcomes vary by child and household characteristics?

	Child Age	Child HAZ	HH SES	Maternal Education
Sustained Attention	Yes	Yes	No	Yes
PPVT-4	Yes	Yes	No	Yes
MDAT	Yes	Yes	No	Yes

Similar to results found for Madagascar, Mozambique and Ecuador.

Future Directions

- Baseline report to be released in May 2013
- Midline survey will be carried out starting April 2013 to capture short-term effects of the various interventions
- Endline survey is planned for Spring 2014.



Photo by C. McConnell

PECD Baseline Research Findings Dissemination

- *How do we put these research findings into practice?*
- *How can we maximally utilize these PECD research findings:*
 - Policy and programming?
 - Curriculum Development?
 - Practice in ECD Centres?
 - Capacity building?
 - Monitoring and Evaluation?
 - Early Investment in ECD?
 - Organizational prioritization of ECD interventions?
- *How can we improve on dissemination of PECD research findings?*
- *How do we build capacity for basic research*

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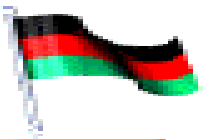
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Key Strategic issues in ECD

- Institutional framework for ECD
- Access and equity in centre-based ECD
- Quality and relevance of ECD
- Profile and visibility of ECD
- Infrastructure
- Incentives for caregivers
- Materials & resources
- Partnership building
- Absence of accreditation system with commissioned training institutions.
- ECD standards not adequately reinforced.
- Service providers not properly coordinated or regulated.
- Ad hoc implementation of parenting Education and Support programmes despite having properly designed programme.
- ECD system that relies heavily on un-or under-qualified volunteers.



WAY FORWARD

- Open new more ECD centers
- Intensify capacity building using the available standardized instructional materials
- Strengthening networking and partnership
- Increase resource mobilization
- Enhance linkages of ECD to OVC, VCT, HIV & AIDS, and with other relevant programmes
- Scaling up findings up nationally
- Leveraging & positioning ECD into UNDAF, National Economic Plan
- Operationalization of the ECD and OVC Policies
- Advocacy for national policies and baseline studies



THANK YOU FOR LISTENING ZIKOMO!!!

