

**AN INVESTIGATION INTO THE IMPLEMENTATION OF EARLY CHILDHOOD
DEVELOPMENT POLICY IN COMMUNITY BASED CHILD CARE CENTRES. A
CASE OF NAMATUBI KANYENJERE AREA DEVELOPMENT PROGRAMME IN
CHITIPA, MALAWI.**

RACHAEL SHACREEN KATHYANGA

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THIS WORK IS DEDICATED

TO

MY DEAR FATHER

Rodgers Willard Kathyanga Khambule

For his continued encouragement and unselfish desire to see me excelling

In my

Spiritual, professional, social and academic life.

Declaration

I declare that “AN INVESTIGATION INTO THE IMPLEMENTATION OF EARLY CHILDHOOD DEVELOPMENT POLICY IN COMMUNITY BASED CHILD CARE CENTRES. A CASE OF NAMATUBI KANYENJERE AREA DEVELOPMENT PROGRAMME IN CHITIPA, MALAWI” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Rachael Shacreen Kathyanga
(Student Number 4076-216-5)

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List of acronyms

ADP	-	Area Development Program
AIDS	-	Acquired Immuno Deficiency Syndrome
AOP	-	Annual Operating Plan
APPM	-	Association of Pre-school Playgroups in Malawi
CBCCC	-	Community Based Child Care Centre
CBO	-	Community Based Organization
CRC	-	Convention on the Rights of the Child
DC	-	District Commissioner
ECCE	-	Early Childhood Care and Education
ECD	-	Early Childhood Development
ECDC	-	Early Childhood Development Care
EFA	-	Education For All
FBO	-	Faith Based Organization
FGD	-	Focus Group Discussion
GVH	-	Group Village Headman
HIV	-	Human Immuno Virus
IYC	-	International Year of the Child
JCE	-	Junior Certificate Examination
KG	-	Kilogram
KM	-	Kilometer
MDG	-	Millennium Development Goals
MGCS	-	Ministry of Gender, Children and Community Services
MGDs	-	Millennium Development Goals
MGDS	-	Malawi Growth and Development Strategy
MK	-	Malawi Kwacha
MSCE	-	Malawi School Certificate Examination
NGO	-	Non – Governmental Organization
NSA	-	Non- State Actors
NSO	-	National Statistics Office
NSP	-	National Strategic Plan

OVC	-	Orphan and Vulnerable Children
PCAR	-	Primary Curriculum Assessment Reform
PLA	-	Participatory Learning and Action
PRA	-	Participatory Rural Appraisal
PRSP	-	Poverty Reduction Strategy Paper
PSLCE	-	Primary School Leaving Certificate Examination
SPSS	-	Statistical Package for Social Scientists
TA	-	Traditional Authority
TDI	-	Transformational Development Indicators
TuDI	-	Tubepoka Development Initiative
UN	-	United Nations
UNESCO	-	United Nations Education Scientific & Cultural Organization
UNICEF	-	United Nations Children's Education Fund
UNIMA	-	University of Malawi
UNISA	-	University of South Africa
US	-	United States
WV	-	World Vision
WVI	-	World Vision International

Abstract

The study was carried out to investigate the implementation of the Malawian ECD policy in CBCCC in Namatubi Kanyenjere area. Both primary and secondary techniques were used to carry out the research.

Literature review was carried out to ascertain the evolvement of ECD over the years and establish the basis of the current policy. Interviews were carried out with three respondent groups namely CBCCC committees, care givers and government officials. This was done to assess perceptions, attitudes and knowledge of the ECD policy among communities as well as the roles played by different stakeholders in the policy implementation.

Over 90% of the CBCCC in Chitipa were initiated by communities and duly registered by the government. However there is little monitoring thereof by the government officials which dwindles the activities of the centres. Communities, stakeholders and government face various challenges that require concerted efforts to help improve the implementation of the ECD policy.

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1 CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 Introduction

Malawi has a total population of 13 million (National Statistics Office (NSO) 2008:3) and is ranked among the 15 poorest countries in the world. With a growth rate of 2.8 the country has a youthful population of which 2.7 million are children aged 8 years and below. About 52.4% of the entire population lives below poverty line (Government of Malawi 2002:6). This entails that the country has a task of providing proper support for the survival, growth and development of these children.

Investing in children has become one of the key priorities within priorities in the country's development. This is evidenced by the development of the Early Childhood Development (ECD) policy in 2003, its review in 2006, the launching of the national strategic plan for ECD in 2009 and the inclusion of ECD as part of basic education in the Education Sector Plan in 2009. The implementation of the ECD policy to ensure an investment in the country's future has become paramount. However the major responsibility that the nation has is to ensure proper implementation of the policy so as to achieve the national and international goals. This study then focuses on investigating the implementation of the Malawian ECD policy in Namatubi Kanyenjere Area Development Programme (ADP) in Chitipa.

In this chapter, the background to the problem is provided followed by the problem statement, the study objectives are then formulated on the bases of the problem statement. Furthermore the importance of the study, limitations and scope are described. These are followed by preliminary literature review, a brief research methodology and techniques, clarification of terms and the chapter outline.

1.2 Research background

Studies in child psychology reveals that the development of intelligence, affectivity and social relations occur very rapidly in the early years of a person's life (Evans & Gruba

2000:34, UNICEF 2000:3). The early years of child development are very important not only because they lay the basis for human development, but also because any experiences a child is exposed to during this time have a lasting influence in adulthood. As such a person's future potential is better exploited when proper attention, care and support are accorded as early as possible in one's life. No wonder following the Education For All (EFA) goals assessment (UNESCO: 2000), countries in Sub-Saharan Africa including Malawi are focusing their attention on early learning and development. This enables the country to make progress in ensuring that Millennium Development Goals (MDG), Malawi Growth and Development Strategy (MGDS) as well as Poverty Reduction Strategy Paper (PRSP) objectives on education, health, gender and economic empowerment are attained (Government of Malawi 2002).

According to Evans et al (2000:34) this tallies very well with the perspective that health, intellectual, emotional, spiritual, physical development; socialization and attainment of culture all interact and interrelate in a young child's life. In Malawi various activities classified as ECD services are being offered by communities and the private sector. In urban areas, these services are offered in nursery schools while in rural communities where 75% of the population lives (NSO 2008:8); they are served in Community Based Child Care Centres (CBCCC) (Government of Malawi 2003:1). Currently communities in rural areas are quickly organizing themselves to establish play groups to provide ECD services to children between the ages of 0 - 8.

History reveals that there has been a progression in the number of ECD Centers mushrooming in communities across the country. According to Government of Malawi (2003:6) ECD services increased from 1% in 1994 to 26% in 1999. UNICEF (2001:8) added on to say that enrollment rate for ECD centers in Malawi improved from 0.4% in 1994 to 24.6% in 1998 and that ECD services increased from 10 in the early 1990s to 1,631 by 2001. ECD centers in form of CBCCCs are being established in all rural communities in the 28 districts in Malawi. As of April 2005, a total of 1700 CBCCCs were in place serving as protective environments for approximately 120,000 children (Government of Malawi 2005:20). To date the number of CBCCC has increased to 5665

serving a total of 407,468 (223,658 girls) children in the country (Chalamanda 2009:5). However Garcia, Vitara and Dunkelburg (2008:14) argue that even though the total enrollment rose absolutely in numbers between 1999 and 2004, the gross enrollment ratio is still extremely low. It is averaged to 12% being far below the developed world's average of 36%. Worth noting however is that though it is still one of the poorest countries in the world, Malawi is ranked as having a much higher child welfare index than many richer countries (Garcia et al 2008:14).

The promotion of ECD in Malawi has great potential for increased growth as it is being supported by government and developmental institutions including Non-Governmental Organizations, Community Based Organizations as well as Faith Based Organizations. As alluded by Namakhwa et al (2004: 06) Save the Children, one of the Non-Governmental organizations in Malawi helped to establish CBCCCs to care for children below 6 years of age in all the five districts they work in Malawi. Other NGOs including World Vision International, World Relief, Action Aid, Eye of the Child and others are also supporting the establishment as well as the strengthening of some of these centers in all the 28 districts in the country.

More than half of the entire ECD enrollment is accounted for by private institutions including NGOs, neighborhood associations, churches, mosques and private providers (Garcia et al 2008:24). The provision of ECD services by communities and private sector alone created a chaotic situation over the years where the government had very little control or mandate for coordination, control and support of the centers. No wonder challenges of quality and access especially among children in rural communities have continued to the present time. According to NSO (2008:8) and Ngozo (2009) only one-third of 2.7 million Malawian children, most of who live in rural areas, have access to ECD services. Gracia et al (2008:24), added that it is only 12% of ECD age children that were in school by 2004 in Sub-Saharan Africa countries that includes Malawi. This implies that more children are still not able to access ECD services in the country.

According to Government of Malawi (2006:4), by 1998 the country had no substantive guidelines or direction on the provision of care and support for ECD. To arrest the situation, Malawi government had to find a way of providing proper guidelines and coordination for the provision of ECD across the country. The ECD policy was therefore a viable solution to standardize the services offered by various stakeholders as well as to direct any initiators of ECD centers in the country. The policy's approach aims at promoting and protecting the rights of children to survival growth and development as indicated in the Convention on the Rights of the Child (CRC). At the same time the country wanted to level the ground for achieving the Millennium Development Goals (MDGs) by the year 2015.

It is however possible to have a captivating policy but what pays more is to ensure that the implementation there of is carried out as required. What is clear at the moment is that there is no proper documentation as to whether the ECD service providers know and understand the policy's mandate for them to ably implement it. Furthermore, the operations of the CBCCCs in Namatubi Kanyenjere ADP have not been accorded the systematic and detailed studies that would reveal the quality implementation of the policy objectives. Consequently, little is known about the quality of services offered, benefits children and communities receive as well as the role of stakeholders in ensuring proper provision of ECD services in the area. This then creates a chaotic problem as all key players including the community, government and non-governmental organizations may not be able to make informed decisions to support quality implementation of the ECD policy in CBCCC in the area.

It is against this background that this research seeks to investigate the level of implementation of the ECD Policy in Community Based Child Care Centers in Namatubi Kanyenjere ADP in Chitipa in Malawi.

1.3 Research problem

According to the analysis in the background information, there is no clear information on the implementation of ECD policy in CBCCC in Namatubi Kanyenjere area in Chitipa. So far no proper and detailed documentation of the quality of ECD implementation can be traced in the area. It is also not known whether proper environments for growth and development for children are created in the ECD centres in the area. One may also not know whether initiators of CBCCC have ever read or understood the ECD policy. At the same time one wonders whether there is proper coordination among stakeholders to provide the necessary support as required in ECD policy implementation so as to achieve its objectives.

All these aspects create a problem, because the government and other stakeholders are unable to support and regulate the operations of the ECD centres in rural areas if proper ECD policy implementation is to be realized. This leads to both the failure of the government to make decisions on management and follow up on conditions of CBCCCs in the country.

1.4 Research objectives

1.4.1 Main objectives

The EFA 2000 Assessment demonstrates that there has been significant progress in the implementation of ECD services in many Third World countries (UNESCO 2000:8) including Malawi. To enhance this achievement the government of Malawi developed an ECD policy in 2003 (updated in 2006) to ensure proper coordination as well as provision of improved ECD services across the country. It is believed by some quarters that great strides have been made in attaining the objectives of the policy in all the districts in Malawi. However very little and sketchy documentation has been done on the inventory of CBCCC in the country (Government of Malawi 2009) as well as the utilization of the ECD policy in CBCCCs in Malawi. Considering such an unavailability of reliable documentation the study seeks to investigate the quality of implementation of the ECD policy in Namatubi Kanyenjere ADP in Chitipa, Malawi.

1.4.2 Specific objectives

- 1.4.2.1 To describe ECD and its linkage to Education and Development.
- 1.4.2.2 To analyze the role of communities in establishing ECD Centers.
- 1.4.2.3 To assess the social, political, religious and cultural stumbling blocks communities encounter in the process.
- 1.4.2.4 To explore the perceptions of the extent to which ECD policy objectives are achieved in Namatubi Kanyenjere ADP in Chitipa.
- 1.4.2.5 To assess the role of stakeholders in supporting implementation of the ECD policy in CBCCC in Namatubi Kanyenjere area.

1.5 Importance of the study

Malawi government formulated a policy to coordinate provision of ECD services across the country. Despite the realization that a good start to life is the foundation for ensuring optimal development of the individual as well as the nation, ECD has not yet received the attention it deserves in Namatubi Kanyenjere ADP as well as the whole country. While some studies have been done on the inclusion of children in development (Bohmer 2007), inventory of CBCCC in Malawi (Government of Malawi 2009), no detailed study has been done to investigate the level at which ECD policy is being implemented in CBCCC in Namatubi Kanyenjere in Malawi.

As such the study is very important as it will be used to uncover the perceptions of the extent to which the objectives of ECD policy are being achieved in CBCCC in Namatubi Kanyenjere in Chitipa. It will also serve as a benchmark for any other studies that may be carried out in the near future. Furthermore lessons learnt will contribute greatly to the review of the current ECD policy to address any existing gaps. At the same time the

study will help to inform the ECD 5 - year strategic plan which is an implementing plan for the ECD policy. This will then assist the government of Malawi to ably plan for any improvement and support that may be required in the communities to improve provision of ECD services in CBCCCs.

1.6 Limitation and scope to the study

The study will be conducted in Namatubi Kanyenjere ADP of Traditional Authority (TA) Mwaulambya in Chitipa district in Malawi. It is targeting all the CBCCCs, which are already offering ECD services in the area so as to give all of them equal chances of participating in the study.

Chitipa district is located to the northeast of the northern region of Malawi. It lies at a distance of 700 km from Lilongwe the capital city of Malawi, and approximately 365 km from Mzuzu, the northern region's commercial capital. It has two international boundaries of Tanzania to the north and Zambia to the west. It also shares boundaries with Karonga to the North East and Rumphi district to the south. Namatubi Kanyenjere area has a total population of 28,000 of whom about 9,000 are children below the age of 8 (Malawi Government 2006: 19).

Just like the other districts, Chitipa has seen the mushrooming of CBCCCs, which are providing ECD services to the children in the rural areas. However the researcher is not clear on the extent to which the government policy on ECD is being implemented in the area. She is also not clear on the role played by the community in the area. Namatubi Kanyenjere ADP has a total of 36 CBCCCs in all the villages in the area. The Ministry of Gender and Child Development through the social welfare department in the District Assembly is mandated to supervise and direct the operations of all these CBCCCs in the district (Government of Malawi 2006:9).

The study focused on boys and girls as well as men and women since it is assumed that they not only work together in the development of children in their community but

each one of them is impacted differently. The study is also limited in its generalization and application. Since it was carried out in a small area, the study may not be generalized in the whole country but can serve as a basis for understanding not only the operations of CBCCCs in Namatubi area but also in Chitipa district.

1.7 Literature reviews

The preliminary part of this research involved reviewing relevant publications on education, development, policy, ECD, ECD policies and their implementation. The review centered on both published and unpublished literature from various authors across the globe. This literature was sourced from University of South Africa (UNISA) library, University of Malawi (UNIMA) library, government institutions, Non-Governmental Organizations (NGO), Community Based Organizations (CBO), CBCCCs and other institutions as well as individuals. These included journals, books, magazines, government policy documents, newspapers, internet publications, constitutions, and other write ups. The objective of the review was to establish the correlation of education, development, policy and ECD policy implementation in CBCCC. The documentation on the theoretical chapter of the study expounds more on this review.

1.8 Research methods

The study was conducted using both qualitative and quantitative research techniques and methods. These involved personal interviews with two groups of people namely CBCCC care givers and government officials. They also included focus group discussions (FGD) with CBCCC committee members from the sampled centers. Further to that observations were also made on children and care givers from the sampled centers. At the same time the study made use of primary and secondary techniques of gathering information. While primary techniques involved interviews with participants secondary technique made use of available literature. Secondary literature led into the compilation of Chapter two of the study and reference to the other chapters. These methodologies are further discussed in Chapter three of the study.

1.9 Clarification of terms

- Care givers : These are men and women from the community that are assigned the duty of offering care and stimulation to children in CBCCC in the communities (Government of Malawi 2004:26).
- Child : According to the UN, is any person below the age of 18. CBCCCs cater for children between 0-8 years of age (Government of Malawi 2009:21). This is the group referred to in this study.
- Child Development : The process of change in which the child learns to handle more complex levels of moving, thinking, feeling and relating with/ to others in his/ her environment (Government of Malawi 2004:22).
- Curriculum : In the early childhood setting curriculum means 'all the interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development' (Australia government 2009:5) Adapted from Te Whariki.
- District : A politically demarcated area which is under one District Commissioner (Government of Malawi 2006: 4).
- District Assembly : A team of people responsible for rural and community development at a district level (Government of Malawi 2006: 4).

- Development : The process of change in which an individual/ area improves for the better in his/ its or her environment (Government of Malawi 2004:27).
- Early Childhood : A period of a child's life from inception to 8 years (Government of Malawi 2004:27).
- Group Village Headman : A community leader responsible for supervising a team of village headmen (Government of Malawi 2006: 4).
- Traditional Authority : A community leader responsible for supervising a number of Group Village Headmen (Government of Malawi 2006: 4).
- Village Headman : A community leader responsible for overseeing a group of families (Government of Malawi 2006: 4).

1.10 Chapter outline

Chapter 1 provides an introduction to the study and deals with the problem statement, background to the study, objectives of the study, preliminary literature review and methodologies used.

Chapter 2 provides theoretical information to the study. It describes Education and Development, ECD, the country's context, background of ECD in Malawi and how it has developed over the years. It also explains Malawian ECD policy statement, its purposes, goal, objectives, its approach in the implementation process as well as benefits and challenges of investing in ECD.

In chapter 3, I present the definitions of a design and a methodology, descriptions of secondary and primary research and an overview of the respondents in the primary research. The chapter also highlights the procedures for questionnaire design, its

translation, pretesting, sampling and sample size, data collection methods, data analysis and challenges to the study.

Chapter 4 presents discussions on the findings of the study in line with the sub-topics developed as per the questionnaire.

Finally chapter 5 deals with summary of the major research findings, conclusions, recommendations and areas for further studies.

2 CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The chapter presents a compilation of various literatures on Early Childhood Development (ECD) Policy frameworks and their implementation to ensure quality and effective child development. It is aimed at examining other studies conducted on similar or related topics in order to provide an overview of ECD policy implementation in the country and identify any gaps worthy researching on. It also provides a brief description of the theoretical background against which the researcher will be discussing the ECD policy implementation in Namatubi Kanyenjere ADP in Chitipa, Malawi.

The review starts by explaining Education and Development in which ECD is embedded and the country's context. It goes on to describe the background of ECD in Malawi and the trends of its development over the years. A presentation is also made on the Malawian ECD policy statement, its purposes, goal, objectives and its approach in the implementation process. Furthermore the chapter explores the benefits of investing in ECD as well as challenges that service providers grapple with as they strive to implement the policy's requirements in the country. The chapter concludes by providing a summary of the literature review.

2.2 Education and development

The relevance of education in human development dates back to as early as the 1940s. According to Cornwell (2000:159), the contribution and relevance of education was officially recognized in 1948 when the United Nations listed it as one of the basic human rights in the declaration of Human Rights. Since then it has been declared across the globe that 'Education is a fundamental human right'. Its contribution was later re-affirmed by the World Declaration on Education for All (Jomtien 1990). It was further supported by the Universal Declaration of Human Rights (UNICEF 1990) and the Convention on the Rights of the Child (UNICEF 1990). Thus all children, young people and adults have the human right to benefit from an education that will meet their basic learning needs in the best and fullest sense of the term. As alluded by the Government

of Malawi (2005:15) support to this human right has to start as early as possible in one's life if meaningful and positive change is to be registered.

Education is therefore perceived as a vehicle for tapping each individual's talents and potential, and develops their personalities, so that they can improve their lives and transform their societies (Jomtien 1990). It is also perceived as a key not only to sustainable development but also to peace and stability within and among countries. This is because it provides indispensable means for effective participation in the societies and economies of Third World countries, which are being affected by rapid globalization (UNESCO 2000). Increased levels of quality education have over the years enabled men and women to make more informed choices about family size, career and ways of participating in and transforming their communities. These choices are having a greater impact on demographic growth rates (Jomtien 1990) a factor of great importance for both education and development. It is therefore important to nurture young children in safe and caring environments that allow them to become healthy, alert, and secure and be able to learn so that they can develop into responsible and productive citizens.

Having been hit by various challenges, education is then regarded as a powerful tool that can work against the negative effects of underdevelopment and poverty in Malawi and other Third World countries (Cornwell 2000:160). This is why government leaders, aid organizations as well as political leaders of developing countries are tirelessly working at ensuring that education occupies a central place in all development efforts. A case in point is that of the government of Malawi which took a bold step of increasing allocation of resources towards education sector in its annual budget from MK 37.3 billion in 2009/10 to MK46.8 billion in 2010/11 (15.7% increase). This was in an effort to ensure that there is an increase in access and quality of education among all citizens in the country. The major task however is to figure out how much of this increase is factored towards the improvement of ECD in the country.

The past decade has provided more evidence that good quality early childhood care and education (ECCE), both in families and in more structured programmes, have a positive impact on the survival, growth, development and learning potential of children (UNESCO 2000:12). As such it is important to ensure that the learning and development needs of all young people and children are met through equitable access to appropriate learning and life-skills programmes. Education for All (EFA) must encompass not only primary education, but more importantly ECCE programmes which provide a foundation for all the other EFA goals.

Jenkins (2005:6) alluded that critical brain development in one's life occurs in the first five years of life. He further indicates that studies in brain development have shown that most childhood vulnerabilities in the first three years are preventable. Using both formal and non-formal approaches, ECD must take into account the needs of the poor, the most disadvantaged, remote rural dwellers and nomads, ethnic and linguistic minorities, children, young people and adults affected by conflict, HIV/AIDS, hunger and poor health; and those with special learning needs (UNESCO 2000:12). This is also echoed by Malawi Government (2009: 5) where the most vulnerable groups, including children are to be prioritized in the country's development agenda.

2.3 Country context

According to the 2008 population census, Malawi has a total population of 13 million (NSO 2008:3). More than 65 % of them experience chronic poverty with the highest concentration being in the southern region as opposed to the central and the north where 62.8% and 62.5% are poor respectively (Government of Malawi 2002). Most of the parents from these households have had very little or no schooling and experience hassles in preparing their own children for formal learning and for acquiring literacy skills. The children of these poor parents are particularly vulnerable to malnutrition, diseases and premature deaths.

Out of the entire population, 2.7 million are children aged 6 years and younger (NSO 2008:4). This represents 22.5% of the total country's population. As such children are an important constituency to which families, the community, government and its development partners should accord high investment and development priority. As observed by the Malawi Government (2009:8) only 29.77% (683,825) of the (2.7 million) children are being reached with centre based ECD services in the form of Community Based Child Care Centres (CBCCCs) or other forms of ECD.

2.4 Trends in the development of early childhood in Malawi

Unofficial documentation on early childhood services have existed for hundreds of years. Elements of ECD policy are found in the historical record since the Italian Renaissance and the rise of a merchant class that created orphanages with education and skills training programmes Baron (2005: 6). By the nineteenth century in Europe, two major early childhood traditions had emerged that were led mainly by organizations of civil society and the private sector. According to Baron (2005: 6), one tradition featured orphanages and full day centres providing early care and protection for children with special needs. The other tradition offered early education, usually in the form of preschools and kindergartens. Initial ECD elements began to be developed in the late nineteenth century, and they expanded quickly during the 20th century with the rise of industrialization and the progressive entry of women into the labour force. Today, many nations of Europe, America, Africa and Asia have national policies and highly regulated ECD services.

In Africa, ECD was previously taken as the responsibility of parents and families and not the state (White Paper 1995: 7). This makes it difficult for one to find tangible documentation and evidence on how ECD has evolved over the years. Elements of ECD interventions in Malawi can however, be traced to as early as the 1950s. At that time, the focus was largely on the provision of care to young children before starting standard 1 (first grade in primary school). As alluded by Government of Malawi (2009:7), the first conventional ECD centre was established in 1966 by a wife to a

Scottish missionary and other two Malawian women at the Henry Henderson Institution (HHI) in Blantyre. There after centres taking various forms started mushrooming across the three regions of the country. According to Government of Malawi (2004) some centres took the form of day care centres, others pre-school play groups and more others took the form of CBCCC. All these served the sole purpose of supporting the early years of child development.

The pre-school play groups were the most favoured forms of ECD centres at that time. As a result of their ever increasing numbers, a seminar was organized in Blantyre in 1970 with support from the University of Malawi. This was attended by social workers, city of Blantyre and Blantyre mission (HHI) staff. The forum resulted to the formation of the first Association of Preschool Playgroups in Malawi (APPM). The APPM was mandated to coordinate and support activities for all pre-schools in the country (Government of Malawi 2004:7).

Following the United Nations (UN) general assembly declaration on the International Year of the Child (IYC) in 1979, new developments started unfolding in the provision of ECD in the country. Modifications and changes to the existing ECD activities continued to progress into the early 1990s. In 1989 Community Based Child Care Centres (CBCCCs) started mushrooming as a national response to the wide spread malnutrition which resulted in high child mortality rate. Government interventions gathered momentum in the 1990s due to the increased burden of caring for orphans and other vulnerable children (OVC) resulting from HIV & AIDS pandemic. The boom in ECD centres culminated into the development of ECD policy which was launched in 2003. It was later revised in 2006 to accommodate emerging issues (Government of Malawi 2009:7). About 7 years down the line this policy has been in use in the country. However the major issue is to ascertain the extent to which the goals and objectives of the policy are being realised in ECD centres.

The country established a national ECD network to support the Ministry of Gender , Women and Child Development in mobilizing resources, setting standards and

providing direction in the implementation of ECD policy in Malawi (Government of Malawi 2009:7). It is indicated that the network helps to push the ECD agenda forward by providing guidance on the implementation of the program. The network also supported the government to scale up sensitisations and awareness on the role of ECD in development. Due to this increased awareness, more ECD centres are still being initiated and enhanced in all the districts in the country. As per Malawi Education Sector Implementation Plan (Government of Malawi 2009:34) the country has also integrated ECD services as part of the basic education in all the primary schools in the country. At the same time, expansion of child survival programs in the health sector has led to an increased number of mothers receiving care and support hence reaching more children with ECD services (Government of Malawi 2009:7).

In rural areas CBCCCs are considered to be major institutions where ECD activities are being implemented. So far there are over 6,000 ECD centres referred to as CBCCCs in Malawi (Government of Malawi 2009:3 & UNICEF 2009:3)). However it is only 30% of the targeted pre-school children that are attaining ECD services in the country leaving the 70% with no access to ECD services. In rural communities CBCCC are favoured mainly because the centers are found at community level and are run by the community members themselves. As alluded by Government of Malawi (2003:6) communities in rural areas are increasingly getting organized to form informal playgroups as CBCCCs. As such they are often less clearly structured with limited resources but accommodate a large number of children in a community. They are very flexible in terms of time and mode of operations because they are guided by community members.

Malawi Government (2004:289) emphasizes the full involvement and participation of communities in CBCCC, as it is said that it is their own property and for the well being of their community.

2.5 Policy

According to Althaus, Bridgman & Glyn (2007) a policy is typically described as a deliberate plan of action to guide decisions and achieve rational outcomes. It is developed to guide actions toward those that are most likely to achieve a desired outcome. The term may apply to government, private sector organizations, groups, and individuals. Policies can be understood as political, management, financial, and administrative mechanisms arranged to reach explicit goals. If EFA goals are to be achieved then Education and ECD policies are critical for the country's development (John and Mendizabal 2009:4).

The right to education imposes an obligation upon countries to ensure that all citizens have opportunities to meet their basic learning needs. This is because the provision of ECD is an important pillar in the realization of the EFA goals. As such governments have a task of ensuring that each human being has the opportunity to attain some basic education. Such opportunities can best be attained when proper policies are formulated and supported by both politicians and the government.

In some developing nations of Latin America, the Middle East, and Asia, official policies for children's services began to be adopted in the late 1960s and 1970s. For example, in the developing world, the first national-level agency to promote integrated national ECD programmes and policies appears to be the Colombian Institute for Family Welfare that was established in 1968 (Arango 1990). Governments, through relevant ministries, have the primary responsibility of formulating ECD and education policies within the context of national EFA goals. ECD Policy implementation is then supposed to be followed by proper implementation if children are to develop in a proper environment. As alluded by Baron (2005: 3) Child growth and development can be improved through implementing policies that help institutions and communities to identify and meet essential developmental needs of children and parents.

2.6 Early Childhood Development

2.6.1 Definition of Early Childhood Development

There is no agreed single definition of ECD in the world. Various researchers, individuals and governments have attempted to define it in different ways based on their perspectives, understanding, motivation and school of thoughts. As such a few definitions from varied quarters have been explored in this paper to get an understanding of ECD from which the topic will be discussed. ECD is defined as

“a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers” (UNICEF 2001).

Thus it covers various activities aiming at helping the child to develop his/her full cognitive, emotional, physical and social potential. According to Interior Health (2005:4) ECD is considered as:

“the growth that takes place from pre–conception until age six”.

This definition goes a step further to include the pre-conception period which also has an impact on child development. In agreement with Interior Health, (http://www.mcf.gov.bc.ca/early_childhood/index.htm 12 May 2011) defines ECD as:

“the growth and development that takes place from pre– conception until age six’

The White Paper (1995) looks at ECD as:

“an umbrella term which applies to the process by which children from birth to nine years grow and thrive physically, mentally, emotionally, morally and socially”.

The white paper brings a much more encompassing definition by extending the number of years in ECD to nine and looks at it as ‘an umbrella term. The definition is somehow

limiting because it only focuses on the processes involved in ECD. However there are other aspects and outcomes apart from processes that need to be considered in the growth of children. Government of Malawi (2009: 8) looks at ECD as:

“a comprehensive approach to policies and programs for children from conception to 8 years which encompasses their health, education, nutrition and sanitation as well as social development”.

This definition reduces the number of years to 8 and views it as “a comprehensive approach”. On the other hand the description agrees with the definition by UNICEF that ECD is an approach that addresses the needs of a child in totality. It also agrees with the definition by interior health that the approach starts at conception. Republic of Ghana (2004:4) brings yet another element as it defines ECD as:

“The timely provision of a range of services that promote the survival, growth, development and protection of the young child”.

This definition does not give the timing for ECD as it just looks at a life of a young child and provision of a range of services. Evans, Myers and Lifeld (2000) in World Vision International (2002:3) brings yet another dimension in the definition by indicating that ECCD

“includes all the supports necessary for every child to realize his/her right to survival to protection, and to care that will ensure optimal development from birth to age 8”.

The definition describes ECCD in terms of the necessary support accorded to children. It is therefore concluded that various countries, organizations and bodies across the world defines ECD in their own ways. An analysis of all these definitions shows some common elements with the clear one being that they are all supporting the early years of a child’s life. However this confusion is not healthy as it gives people room to

embrace it and support it from their own perspectives based on the organization they are affiliated with as well as their interests.

Worth noting is that the early years are the most critical for neurological development, as the most significant brain growth occurs in the first six years of life (Ramey & Ramey 1998). The quality of care received, including nutrition, health care, and stimulation, during the first few years can have a long-lasting effect on brain development. The experiences of early childhood have a profound impact on the overall health and well being of individuals throughout their lifetime. This study embraces the definition by UNICEF and government of Malawi because these are looking at ECD as comprehensive approach to policies and programmes. These definitions are more encompassing as opposed to the other definitions as they have some loop holes that also need to be improved.

Many terms have been used in policies, frameworks, strategies, researches and reports to refer to services for children's early years. For example UNICEF uses "ECD", World Bank uses "ECCE"; World Vision International (2002) uses "Early Childhood Care for Development (ECCD)" while UNESCO uses "Early Childhood Development Care (ECDC)". Much as they appear to differ in certain aspects, all of them are focusing on the same thing, the early years of a child to ensure proper growth and development. While these terms may be used interchangeably, it would be important for these organizations and researchers to come up with an agreed terminology for easy understanding. Considering that the requirements of mothers and children from pregnancy to age eight include "early education and care" as well as parent education, home visits on nutrition, health and infant stimulation, community-based services, and a plethora of health, nutrition, sanitation and protective services, the author has opted to use the term "ECD". As commented by Baron (2005: 13) this term is widely employed, embraces all sub-fields related to young children, and permits the use of an integrated approach for achieving holistic child development . As such it covers all areas of child growth and development within his/her setting.

2.6.2 Early childhood Development policy in Malawi

In Malawi, the Ministry of Gender Community Welfare and Child Development is entrusted with the responsibility of formulating ECD policies as well as monitoring its implementation. All the other ministries, stakeholders and community members have their roles in ensuring that the policy is implemented for the well being of the child and the community. Apart from releasing the policy in 2003 and modifying it in 2006, the ministry also formulated and released a five year (2009 – 2014) National Strategic Plan (NSP) in 2009 to support the implementation of the policy. Much as the policy is clear on the various ministries' roles, there is very little follow up and monitoring on how far they have embraced their roles.

2.6.3 Rationale for ECD in Malawi based on the policy

The Malawian policy on ECD considers that community based services that meet the needs of infants and young children are vital to development. As such they should include attention to health, nutrition, education, water and environmental sanitation in homes and communities (Government of Malawi 2006). Malawi is a signatory to various charters and other legal human rights instruments/ conventions that includes Convention on the Rights of the Child, Dakar Declaration on Children's Rights on Education and others. As such the policy recognizes all those important international documents in its formulation.

Republic of Ghana (2004:3) indicates its policy rationale as to provide a framework for the guidance of Government, as well as other relevant Sector Ministries, District Assemblies, communities, families, the private sector, Non-Governmental Organisations (NGOs) and the Donor Community for investment in, and effective implementation of, ECCD programmes. In relation to the Malawian ECD policy rationale, Ghana takes a step further to describe the gist of the policy and isolate the contributors to the achievement of the policy's implementation.

Malawi had no proper ECD guidelines for many years until 2003 when the current policy came into effect. As such ECD activities were provided by communities and private sectors as they saw fit. The policy was therefore formulated to provide direction and coordinate ECD activities for enhancement of support and investment to programmes in Malawi (Government of Malawi 2006). This was in realization that a concerted effort was required in collaboration with stakeholders so as to make a fruitful investment in ECD services. The policy makers and the nation at large anticipate that the guidelines will change, for the better, the poor status of children in Malawi.

2.6.4 The Malawi ECD policy statement

The government of Malawi aims at providing the Malawian child with high quality services in early childhood care that ensure his/her survival, growth, protection and development that will lead to active and productive participation in national development. This will be achieved by empowering the household, the community, institutions and organizations to effectively provide the required basic and essential ECD services that will uphold human dignity (Government of Malawi 2006).

2.6.5 The Malawi ECD policy goal and objectives

2.6.5.1 The Malawi ECD policy goal

The ECD policy seeks to promote a comprehensive approach to ECD programmes and practices for children aged 0-8 years, to ensure fulfillment of their rights to fully develop their physical, emotional, social and cognitive potential (Government of Malawi 2006). Much as this goal was developed later than the goal for Ghana, it covers various aspects of the lives of children as they grow and develop.

The Republic of Ghana highlights its broad policy goal as to promote the survival, growth and development of all children (0-8 years) in Ghana. Key to this is the efforts of

Government to ensure improved standard of living and enhanced quality of life for families in Ghana (Republic of Ghana 2004:2).

2.6.5.2 The Malawi ECD policy objectives

As expressed by Government of Malawi (2006:1), the national integrated ECD Policy Objectives include:

- i. To promote the provision of quality antenatal and postnatal care.
- ii. To Provide the best start and early stimulation in life for all children
- iii. To enhance the provision of psychosocial care for holistic development of the children.
- iv. To expand high quality early learning and stimulation services for young children in Malawi.
- v. To strengthen ECD partnership, networking, collaboration and coordination.
- vi. To facilitate the provision of acceptable standards of care and support, early learning and development.
- vii. To address the negative socio-economic factors that affects Early Childhood Development.
- viii. To facilitate the provision of adequate resources for ECD activities at family, community and institutional levels.
- ix. To promote the protection of children against all forms of abuse and discrimination.
- x. To strengthen the protection and safeguarding of children in difficult circumstances.
- xi. To reduce malnutrition, micronutrient deficiencies and improve food security.
- xii. To promote access to safe drinking water and adequate sanitation.

It is possible to come up with well laid down objectives on ECD, however what matters most is whether the objectives are shared among stakeholders and being implemented for the benefit of the children. As such the researcher is not sure whether communities

in the country have understood the policy objectives and strive to achieve them as laid down.

2.6.6 The Malawi ECD policy implementation approach

Malawi initiated moves to utilize a comprehensive approach to the implementation of ECD policy in the country. Its commitment is demonstrated by the fact that it has signed many international conventions on the rights of children and that it also developed and adopted a National Policy on ECD. Furthermore the country launched a 5-year NSP on the implementation of the policy. The country is following a three-fold approach which is multi-sector, life cycle and human rights based for providing ECD services.

According to Government of Malawi (2009) provision of ECD services is a multi-sector responsibility involving public institutions, the private sector and non-state actors (NSAs). The key public sector stakeholders include Ministries of Health, Education, Water and Sanitation, Gender and Child Development as well as OPC through the Department of HIV and AIDS and Nutrition. Furthermore Government of Malawi (2009:8) is following the life cycle approach to ECD interventions which are being provided in line with distinctive developmental age groups. As alluded by Baron E (2005: 9) the life cycle approach is important for designing programmes that support the entire family and achieve cumulative impact over time. Baron E (2005: 9) goes on to indicate that, when applied to ECD policy planning and implementation, the life cycle approach usually includes four main initial periods: Prenatal and perinatal; zero to three; three to five; and six to eight years as well as parent education and support. Though there are some disparities in terms of age structures, the Government of Malawi highlights the following stages:

(i) Conception to Birth

Services are mostly focusing on care for pregnant women including antenatal and other health services, nutritional supplementation, home visits for prenatal education on infant development, nutrition and parenting skills and post natal care (Government of Malawi

2009:8). This stage is important to improve birth outcomes, reduce infant mortality and lower rates of low birth weight infants to ensure survival, improve development, and to reduce poverty and health care costs. According to Baron (2005: 9), this stage is referred to as prenatal and perinatal stage.

(ii) Birth to 2 years

Post-natal services including exclusive breast feeding up to 6 months, complementary feeding, growth monitoring and promotion, interaction and stimulation, conditions for exploration and discovery, cultural socialization, promotion of early learning and living, providing love and affection, parent education, hygiene and sanitation and home visits by extension workers (Government of Malawi 2009:8). Baron (2005: 10) explains that, this stage covers ages zero to three and is characterized by rapid brain growth and parental education. Parent education and support is essential during this early stage of development, especially for parents of vulnerable and high-risk children who live in poverty or are affected by conflicts, famine or chronic diseases. Obviously there is a difference with the age bracket with that of the government of Malawi. Baron seems to agree with what some researchers believe in, that children's brain development normally takes place up to age three. As such it gives one an opportunity to understand children's behavior at this stage.

(iii) 3 to 5 years

At this age the child is able to separate from the family and go to an ECD centre. Interventions at this stage include, growth monitoring, nutrition support, preparation for primary school and parent support programs (Government of Malawi 2009:8). Baron (2005: 10) indicates that this stage covers three to six years and is where there is emphasis on child care and pre-school support. Parent education and support is essential during this early stage of development, especially for parents of vulnerable and high-risk children who live in poverty or are affected by conflicts, famine or chronic diseases.

(iv) 6 to 8 years

The children at this age are going to primary school. Interventions for this age group include stimulation, nutrition support through feeding programs, linkages with Ministry of health to identify and timely address any disabilities, health, hygiene and sanitation, love and affection, parent support programs, Psychosocial care and support as well as orientation of early primary school teachers in ECD methodologies (Government of Malawi 2009:8). Malawi asserts that it is the right of every child to enjoy the best quality life regardless of the child's background. Baron (2005:11) relates this stage to school readiness and transition to school. A culturally appropriate programme for transition from home to school is essential. Research shows that children who live in poverty are far less ready for school than others from middle and upper income homes whose mothers have more formal education. Thus parents living in poverty usually require parent education and support to help their children achieve their full potential in school.

2.6.7 Checklist for CBCCC in Malawi

The government of Malawi through the Ministry of Gender, Women and Child Development (Government of Malawi 2006:1) developed a checklist to ensure improved delivery of services in each CBCCC in the country. The following are the basic items that are required at each CBCCC/ ECD centre in the country.

1. A care giver who was certified by the ministry of Gender Women and Child Development as having been trained for 14 days or more.
2. A well articulated Programme for the day (e.g. food every 3 hours, play time, singing time).
3. A proper and well ventilated structure.
4. Proper, clean and well ventilated kitchen that is not hazardous to the health of the children.
5. Clean, well ventilated and child friendly toilet.
6. Dish rack for drying centre utensils.
7. Tip a Tap (for washing hands) placed just outside the toilet with a hygiene tablet of soap.

8. Linkage system with nearest health facility where growth monitoring activities are carried out and records on such are kept.
9. Register of all children attending the centre (preferably a hard cover).
10. Toys for recreation and early stimulation.
11. Clean surrounding with no obstacles which are hazardous to the health of the child.
12. Mats or chairs for children to sit on to prevent or avoid colds.
13. Utensils for the centre well cleaned and properly kept.
14. Backyard garden for each centre for growing vegetables.
15. Fruit trees planted around the centre such as pawpaw, mangoes, oranges and other fruits that can do better in that particular area.
16. Food stocks.
17. Outdoor games facilities (such as Katungwe, see-saw, tires).
18. Bucket of clean and safe water for drinking.
19. A resting corner for children who would like to rest.
20. Cooking equipment (pots).
21. Growth monitoring charts.
22. At least a meal or two a day complemented with locally found snacks and fruits (Government of Malawi 2006).

These items are clearly stipulated and simple for community members to follow and make available for their children in CBCCC.

2.6.8 Relevance of ECD to development

Across the world there is now an increasing recognition of the importance of ECD, as this sets the foundation for learning, behavior and health through the school years and into adult life. The short- and long-term benefits of ECD programs for children are enormous and cannot be over emphasized. As alluded by Young (2002:3), the benefits have been noted across the board by economists, socialists, behavioral scientists, educators, neuroscientists, biologists and even politicians. Young and Enrique (2009) observed that by providing basic health care, adequate nutrition, nurturing and

stimulation in a caring environment, it helps to ensure children's progress in primary school, continuation through secondary school, and successful entry into the work force.

Myers (1999) examines various reasons why societies and governments should invest in ECD and most of which have greater impact in the country's development.

2.6.8.1 Children have a right to live and develop

From the human rights perspective he argues that children have a right to live and develop to their full potential. This is in support to the EFA goal on education (UNESCO 2000) that indicates that education is a fundamental human right that has to be supported by all people. Every individual should be accorded an opportunity to get education as much as possible. As such, denying children a chance to participate in ECD is in essence denying them an opportunity to get the best education for their lives.

2.6.8.2 Transmission of societal values

From the moral and social values argument, he says that, through children humanity transmits its values beginning in infancy. That is to say that quality investment in children has a lasting impact on continuation and passing on of societal values and development agenda. ECD provision is a viable means of passing on the future development potential of any country (Young & Mustard 2008:18).

2.6.8.3 Economic benefits

Myers (1999) adds on to say that society benefits economically from improved early development through greater productivity in later life. This is possibly because quality and early development in individuals results in quality leaders and citizens who economically contribute to their societal development. According to Young & Enrique (2002:8), early interventions help children to escape the web of poverty. Amongst the world's 6 billion people, 1.2 billion live on less than US\$1 a day (Government of Malawi 2002) As such ECD helps to not only attack the worst effects of poverty on children but it also effectively helps to break the vicious cycle of poverty transmitted across generations (Myers 1999). This is then a key factor if countries are to move towards

attaining the MDG on education, health, gender as well as on poverty reduction. Van der Gaag (2002) from his research also noted that investment in ECD helps to build social capital and equity which are crucial for prosperity and reduction of poverty across the globe.

Myers (1999) further indicates that investments in ECD are preventive and can reduce the need for costly social welfare or remedial programmes in schools, health costs as well as judicial and criminal systems costs. Inadequate care and attention in the early years of life results in adults, who are in conflict with the law, break societal values or drop out of school. Thus countries in Africa would save increased wealth by investing proportionately in the early years of children's lives.

2.6.8.4. It helps to reduce inequalities

According to social equity guru's perspectives, ECD services help to modify distressing socioeconomic beliefs, practices and gender related inequalities (Myers 1999). As it has also been argued elsewhere (World Vision 2002, UNICEF 2000), ECD programs are valuable platforms for child participation in development programs. ECD focuses on learning through play, social interaction, sharing, exploring, questioning and problem solving. It helps to develop the capacity of young children to explore and learn about their social-economic and political environment hence making informed contributions to the society. Children who have gone through proper ECD become responsible adults as they grow up while shaped to make meaningful contributions to the development of their community.

2.6.9 Challenges in the provision of ECD services in Malawi

ECD policy implementation is being hampered by various political, cultural and socio-economic challenges in the country. These challenges are being felt by all people from the policy makers down to the beneficiaries in the community. Some of the key challenges are:

2.6.9.1 Policy and regulatory framework

As commented by Government of Malawi (2009), the existence of an ECD policy has not yet translated into understanding and support from policy makers. As such, ECD continues to be accorded low priority on the national development agenda. This is evidenced by the little funds in the national budget and inadequate numbers of properly qualified people in the lead ministry over the years. At the same time there is no specific legislation to guide and control the provision of ECD services in the country. As such service providers do not know exactly how they should deliver their services (Government of Malawi 2009).

2.6.9.2 Access and equity

Despite the increase in ECD centres, only 29.77% of the total 2.7 million children in Malawi have access to ECD services. This implies that approximately two-thirds (70.23%) of the legible children are being denied the opportunity of accessing early learning. The scenario is worse for children with special needs, orphans, children in rural remote communities, children on the streets, the girl child, HIV positive and other vulnerable children.

Government of Malawi (2005) expressed that non achievement of equitable access can be attributed to several interconnected reasons. Some of these are inadequate service delivery points, in availability of appropriate services, cultural barriers to using services, poor quality services, geographical barriers, reliance on volunteer care givers and limited capacity of service providers (Government of Malawi 2009).

2.6.9.3 Quality and relevance

The quality and relevance in ECD initiatives leaves a lot to be desired. Some poor elements can be traced in ECD centres across the country. A case in point is that so far there is no training institute or recognized training program in the entire country that helps to build the capacity of care givers. This leaves the country in a difficult situation in ensuring provision of quality and relevant services for children. So far there have been

Adhoc trainings, untrained or ill-trained caregivers who were trained for a maximum period of two weeks (Government of Malawi 2009).

There have also been inadequate standardized training materials or delivery services for CBCCC across the country. The country is also challenged by poor monitoring and evaluation system to uphold or enhance quality, inadequate resources to guarantee quality, use of culturally insensitive or irrelevant methodologies and many others (Government of Malawi 2009). All these issues hinder the required quality and relevance of the ECD initiatives in the country. The relevance of ECD services is also affected by a lack of coherence in the content and organization of curriculum materials and failure to address the specific needs and ages of children in the services points.

2.6.9.4 Infrastructure

Infrastructure includes the physical environment, the structure of the centre, and the availability of clean and safe water sources, child friendly pit latrines or toilets, kitchen, play grounds among others. At this stage in the development of ECD services in Malawi, most centres lack adequate facilities. Most of the infrastructure is currently inappropriate to provide adequate care for the survival growth and development of young children (Government of Malawi 2009).

Most of the CBCCC centres are characterized by poor ventilation, dusty rooms, poor lighting, temporary dilapidated structures, learning under trees and absence of child friendly sanitary facilities. This poses as a challenge and threat to the development of children.

2.6.9.5 Leadership, partnership and coordination

Absence of an ECD management unit in the Ministry negatively affects the role and authority to coordinate implementation of ECD policy. There is very little guidance or direction provided to the service providers and communities on how ECD centres should be run (Government of Malawi 2009). As such there are still adhoc services being offered by various providers.

2.6.9.6 Monitoring and evaluation

Ministry of Women and Child Development is entrusted with the responsibility of monitoring and evaluating for feedback of the ECD program. Currently there is no clear monitoring and evaluation system. The ministry does not have designated staff to undertake effective monitoring of services. There are no clear shared tasks as well as obligations for the major sectors to report to the coordinating ministry for purposes of national reporting and learning (Government of Malawi 2009).

2.6.9.7 Resources

The issue of not providing resources reveals a deeper challenge. Despite the many commitments, the Government has not committed resources for ECD services in the country. So far very little if any resources have been allocated to the ministry's department towards ECD services in the country. This negates all the initiatives that Government has been planning (Government of Malawi 2009:10). There is no indication to the provision of resources to various CBCCC that are grappling in providing the services to children in the communities.

2.7 Conclusion

As has been indicated from the write up, ECD is an important part in the country's development. ECD provision has evolved over the years with CBCCC as the widely mode of operation especially in rural communities. The government has made great strides in ensuring that ECD takes a centre stage in the development arena. However there are various challenges affecting the continued development of the interventions in ECD. Such issues range from inadequate policy regulatory framework to poor access, lack of proper infrastructure and lack of monitoring among others. These need not be given a blind eye if positive progress is to be made in achieving the MDGs in education, health, and gender and poverty eradication.

In this view the study's focus will be on investigating the implementation of Early Childhood Development Policy in Community Based Child Care Centres in Malawi. Implementation of ECD policy in CBCCC is the crucial variable in this study. The notion of implementation of ECD policy is focused basically on knowledge and use of ECD policy by community members and stakeholders. It also focuses on monitoring the implementation of the policy by government and stakeholders. This will be assessed through objectives, functional leadership, and quality of infrastructure, capacity of care givers, and access of ECD services by the community as well as networking of CBCCC.

3 CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter gives a presentation of the design and the methodology that was used in the study. It starts with description of a design and a methodology. It also goes on to offer an explanation of the secondary and primary research, followed by an overview of the respondents in the primary research. It also highlights the procedures that were used in designing the questionnaire, questionnaire translation, negotiation for entry into the community, ethical considerations and the actual pretesting. The chapter also gives a presentation of sampling and sample size, data collection and the methods that were employed to analyze the data. Furthermore it also highlights some challenges that were encountered in conducting the study.

3.2 Research design

A research design is defined as a plan or blue print of how one intends to conduct the research (Mouton 2001:55). Thus a design is the entire research process from conceptualizing a problem to writing the narrative results (Creswell 1998:2). As alluded by Mouton (1996:107), a research design is a “set of guidelines and instructions to be followed in addressing the research problem”. It can also be looked at as a plan or protocol for a particular piece of research.

The main task of a research design is to specify and combine the key elements and methods in such a way as to maximize validity (Blanche, Durrheim & Painter 2006:133). The rationale for a research design is to help the researcher “to plan and structure a research project in such a way that the eventual validity of the research findings is maximized through either minimizing or, where possible, eliminating potential error (Mouton, 1996:108). A research design focuses on the end product or the research logic and problem.

3.3 Research methodology

Research methodology refers to the measuring instrument (s) by means of which accurate data about specific phenomena can be obtained (Mouton 1996:125). It is a systematic, methodical and accurate execution of the design (Mouton 2001:55).

A research design uses various tools and methods to perform different tasks of a design. There are various methods that are used for data collection. These include surveys, interviews, group discussions, direct observation and Participatory Rural Appraisal (PRA) or Participatory Learning Appraisal (PLA) tools (Roche 1999, Mouton 1996 & Mouton 2001). For purposes of this study a number of instruments used, fall in the category of group discussion according to Roche (1999:116) while according to Mouton (2001:105) classification fall under interview category. The methods include key informants interviews and focus group discussions.

Focus Group Discussions were chosen because bringing people together is often a cost-effective way of eliciting several people's views at the same time. It also generates new insights and provides a forum for questioning and cross-checking of individual opinions (Roche 1999: 116). The interviewer in this case has opportunities of probing more in order to clarify issues and get more information from participants at the same spot. However, this does not mean that the tools do not have their own shortfalls. FGDs are time consuming and can lead the facilitator astray if he/she is not well experience in his/her role.

Two different sets of data namely qualitative and quantitative were collected for this study. Quantitative data was mainly generated using closed ended questions. These types of questions do not give much room for the respondent to give his/her views as they already present prescribed options for selection. However these questions require less time to administer and ensure that all questions are responded to by the interviewer. Its field of research is much narrower and more restricted than qualitative

research. In the study there was a deliberate direction by the researcher to gather information in relation to the implementation of ECD policy.

3.4 Secondary data collection

Secondary data collection entails reviewing all available documentation on the subject under study. As argued by (Mouton 2001:86), it is essential that every research project begins with a review of the existing body of knowledge. In particular the methodology was used to review all available literature on policy, ECD and Education. The literature was used to gain an understanding of education, development and policy as well as the background of ECD and its policy development in Malawi. It was also used as a basis for compiling the theoretical chapters of the research paper. This literature was reviewed at two levels namely: published and unpublished literature. This was in line with the observation made by Gupta (1993:146), who pointed out that the chief sources of secondary data is grouped into two; unpublished and published literature.

3.4.1 Unpublished literature

Gupta (1993:146) in Madziakapita (2003:173) indicates that unpublished literature review entails sourcing information from any paper or publication that has not yet been released or is considered to be in draft form. According to this research the documents reviewed were files, minutes, discussion notes, Annual Operating Plans, Design documents and reports from both government and Non-Governmental organizations (NGOs) working in Chitipa district. The NGOs included World Vision International, Action Aid, World Relief, Tubepoka Development Initiative (TuDI) and local Community Based Organizations (CBOs). These are local and international organizations that are working in Namatubi Kanyenjere area. With the exception of TuDI and Action AID, all the indicated organizations are supporting the operations of CBCCC in the area. Action AID supports operations of CBCCCs that are located in Nthalire area in Chitipa district. Data from the NGOs was mainly centered on the plans that were made to support the centers and the achievements that were registered in supporting them.

Other pieces of information were sourced from the sampled CBCCCs in the form of minutes from meetings, teaching and learning reports, daily records, child registers, Operational Guidelines and play materials.

3.4.1.1 Meeting minutes and teaching/ learning reports

Minutes of meeting from the sampled CBCCCs were sourced to get information on the activities taking place at the centre. Most of them contained issues that were raised during the committee's discussions. The issues included the centre's achievements, their challenges and solutions as well as the activities carried out by the community members within their specified time.

Teaching and learning reports were normally written by the caregivers to the government department's i.e. the District Social Welfare Office. They contained activities accomplished at the centre and the children's involvement in the activities. However 55% of these reports were never delivered to the responsible persons. This was attributed to lack of feedback by the Social Welfare Office on the issues previously raised by the centres.

3.4.1.2 Daily records and children's attendance registers

These documents contained lists of all the children learning at particular centres disaggregated by gender and age. All the listed children were coming from the villages surrounding the centre. Daily roll call of all the children was conducted by the caregivers every day to monitor attendance of the children at the centre. Those available were indicated as present while those not available were indicated as absent. It was indicated by the caregivers that the parents whose children were constantly absent were normally followed up to remind them of the importance of ECD for children's growth and development (refer to appendix 3).

3.4.1.3 Operational guidelines

A guideline can be any agreed documentation that gives direction on how activities ought to be done. The sampled centres indicated having guidelines that help them in

their daily operations of the centre. The guidelines indicated the responsibilities of each group involved in the operations of the CBCCC. They highlighted separate responsibilities for care givers, CBCCC committees, parents and traditional leaders. Most of these guidelines needed to be reviewed as some other important roles were left out during the formulation. More to that the centres have some unwritten guidelines which are frequently used and hence needed to be included.

3.4.1.4 Play materials

All items available at the centres that were used by the caregivers and children during their interaction were regarded as play and learning materials. These included locally made, factory made toys and others described by the communities as play materials. This was basically because they provide an opportunity for children to appreciate the environment around them for their growth and development. Depending on the level of existence of the centre various materials were in place for children's development. Most of the centres had materials made from locally available resources which are very commendable for the sustainability of the centres.

3.4.2 Published literature

Gupta (1993:146) explains that published literature review covers all published books, articles, pamphlets and reports. Literature in this category was sourced from the Ministry of Gender and Child Development, department of Social Welfare, University of Malawi, University of South Africa, Malawi National Library, British Council Library, Non - governmental Organizations and various websites on the internet. Most of the issues emanating from this review have already been further discussed in Chapter two of the research paper.

3.5 Primary research

Primary research involved interviews with various respondent groups. These respondents were grouped into two different categories of direct and indirect respondents.

3.5.1 Direct respondents

Direct respondents included care givers, CBCCC committee members and children from the community. These were selected from the community with consent from the village elders and their communities. They were able to give out first hand information on the implementation of the policy in the sampled CBCCC.

CBCCC committee members are parents from within the community who are elected as leaders in coordinating activities for the centre. This is irrespective of whether their children were in the CBCCC or not. These members were able to share their knowledge on how the CBCCC were initiated, how they are managed, challenges encountered and how they are addressed. FGD and personal interview methodologies were employed to collect data from these groups. This was done to collect information about their attitudes, their perceptions and knowledge about ECD policy in Malawi and its implementation.

3.5.2 Indirect respondents

Indirect respondents were drawn from the government stakeholder groups in the district. Government stakeholders were drawn from the Department of Social Welfare and Child Development using purposive random sampling. FGD with key informants' interviews was used to get information on their role in supervising, monitoring and supporting CBCCC in the area. It was also used to get information on ECD policy and the extent to which the community and stakeholders working in the area understand and use it in implementing ECD activities.

3.6 Primary research procedure

3.6.1 Questionnaire design

In the study, a questionnaire design provided the researcher with a set of guidelines that were followed in getting information on the operations of the CBCCC in Namatubi Kanyenjere ADP in Chitipa.

For the purpose of this study three separate questionnaires were formulated (Refer to appendices 1, 2 and 3) and used to carry out the primary research. Two of these were for the direct respondents (Care givers and CBCCC committee members) while the other one was meant for the indirect respondents. This was in realization that the use of more than one data collection tool will help to reduce and eliminate some possible errors. As stated by Mouton (1996:156), employing different methods and tools of data collection in a single project we are, to some extent, able to compensate for the limitation of each of them. Data collected from the direct respondents was then cross checked with that which was provided by the indirect respondents. This was then further triangulated by data collected through secondary method.

Methodological triangulation was employed to collect the required data during the study. As alluded by Harricombe (1993:508) methodological triangulation entails studying something from various angles and perspectives. It is where information from two or more techniques is cross – checked to enhanced quality of data (Chambers 1994: 256). Much as it helps to strengthen the study design, one should not adopt a naïve ‘optimistic’ view that the aggregation of data from different sources will quickly add up to produce a more complete picture (Harricombe 1993:508).

The questionnaires included both open-ended and closed-ended questions. However there were more closed – ended questions as opposed to open – ended questions. This was to ensure that the respondents are given an opportunity to offer the necessary information required by the researcher. Open -ended questions were also used to

enable the researcher to clearly discern the respondents' perspectives and observations.

Information in the questionnaire included the instruction to the interviewer, respondents' personal information, CBCCC operations, funding sources, knowledge of ECD policy as well as monitoring of the learning centers. All these sections were important for the researcher to get appropriate information on the operations of CBCCC in the area.

3.6.2 Questionnaire translation

After some discussions on the questionnaire it was decided that only questionnaires for caregivers and CBCCC committees be translated into Chichewa (local language). This was because these two involved interaction with community members and so would make it easier for the interviewers to explain the questions to them in the local language. The questionnaire for stakeholders was not translated as they all use English as an official language of communication in their work hence it was easier and acceptable to use English.

The two questionnaires were then translated into local language by the interviewers who are conversant with the local language. This was done with more attention to ensure that the meaning of the questions remain the same. This was in consideration to the advice by World Vision International (2002:13) and others, who said that proper care must be taken in translating questions to ensure that meaning of questions is not changed as this may also change the data to be collected.

It was important to translate the questionnaires into local languages because it has its own advantages. Firstly, it ensures that questions are asked consistently each time resulting in getting consistent information from all respondents. Using participant's own language is also a proper way of ensuring community participation in an unlimited way (World Vision International 2002:13). Furthermore Fanning (2005:1) indicates that well translated survey questions make it easier for respondents to read and respond – which

after all is one of the key goals in using them (Bradburn, Sudman, & Wansink 2004). If respondents find the research questions easy to read and follow, then the response rate will greatly improve.

In addition well translated questionnaire reduces the measurement error, as respondents will be more likely to follow through and less likely to overlook some questions (Dillman, 2000). That is why Dillman (2000) asserts that people's motivation to respond to questionnaires is vested in their comfort ability in the language being used. As this meet some of their social needs in a way. However, one major limitation with translation is that, if no proper work is done then the meaning of the questions may be completely changed. The second limitation is that it increases study time since additional time is allocated for the questionnaire translation (Bradburn, Sudman, & Wansink 2004).

3.6.3 Negotiating for entry into the community

Before pre testing was done, the researcher requested for a discussion with the District Commissioner (DC) for Chitipa to seek his approval to carry out the study in Namatubi Kanyenjere area. Discussions were conducted on an agreed date where the researcher described the background of the study and how it was to be conducted. The researcher indicated to the DC that the study was meant only for learning purposes and not for any profit. As such participants to the study would not receive any material or financial support for participating in the study. This was done to ensure that participants to the study are prepared well in advance so that they do not have high expectations for their participation.

After a lengthy discussion on the purpose of the study and its impact on the community as well as the whole country, the researcher was advised to send a written documentation. A letter was then sent to the DC who authorized the researcher to conduct interviews with the people from the community. The DC then sent written communication to the Group Village Headmen (GVH) in the designated area, to allow

the study to be conducted on the set dates. An introductory letter from the DC was then used by the researcher to carry out the study with support from the village headmen. Having worked with most of the GVH in the area before, the researcher and her team were allowed to interact with people.

Since the community leaders received letters from the DC, all GVH were ready and gave the needed support to the researcher during the study period. These community leaders helped to ensure that the sampled CBCCC and individuals were notified well in advance and were available for the interview on the required dates. All sampled CBCCC and individuals were given opportunities to make a choice whether to take part in the survey or not. Having given their consent to participate in the survey, then interviews were conducted.

3.6.4 Ethical considerations

Prior to the commencement of the research a meeting was held with some community leaders to ascertain the data collection team of the community protocols, cultural values, religious and moral issues. This was in line with the advice made by Oppenheimer (1992:89-90) on the ethics required in research. Meetings with community people were carried out in their usual meeting places (community meeting places and CBCCC) to allow free flow of information among respondents. This was also done to eliminate disturbances on the social and community settings.

The research team assured the participants that the information shared during the discussions would be used solely for the study and no other publications. They were also assured that the results of the study would be consolidated to give a general picture of the situation of the CBCCC in the area and not attributed to only one person. This was done to ensure that participants are well protected from any misconception so as to confidently participate in the study (www.socialresearchmethods). The team also explained to the participants that they were free to participate in the study or not. As such those that participated made informed choices and did so voluntarily. This helped

the team to ensure that no participant felt coerced to take part in the research. As observed by Family Health International (2004:9), the principle of voluntary participation in the study entails ensuring that people are not coerced into participating in the study. This ensured that people's dignity and rights are well observed during and after the study period. All these issues were taken into consideration throughout the study period to ensure that the participants freely participate in the research.

3.6.5 Questionnaire pretesting

It has been strongly argued by some researchers (Dillman 2000; Bradburn et al 2004) that pretesting is important to the success of any survey. They indicate that questionnaires ought to be pretested to identify potential problems in intent, clarity and navigation. On the contrary additional time and resources are required to carry out pretests of any survey. According to Dillman (2000), this calls for additional time to plan, carry out the pretest and analyze the findings to identify any shortfalls. In the same manner it calls for additional resources which some researchers may not possibly afford to cover.

To ensure that quality data is gathered for the study, the questionnaire was pretested with three separate CBCCC from the area. This helped to identify areas that may have been difficult for the interviewers and interviewees during the interaction. Various issues were noted after the pretests. Firstly it was revealed that two questions required reviewing because they proved to be difficult for the respondents. One more question needed to be removed completely as it carried similar information with its succeeding question.

In addition to the modification of these three questions, there was a need to increase the list of options for three of the closed ended questions in the original questionnaire. This was because most of the options the respondents gave were not included in the list of options for the area. Furthermore some options were to be completely removed from the list because they were not in any way applicable to the area. The review of the

questionnaire was done soon after pre-testing. All these contributions were incorporated into the final questionnaire to modify it in readiness for the actual data collection.

3.6.6 Sampling

As alluded by Mouton (2001:132) sampling is part of our everyday life. It is the process of selecting a few things or objects from a bigger group (the sampling population) when we do not have knowledge of the larger collection of these objects. These become the basis for estimating or predicting a fact, situation or outcome regarding the bigger group. Blanche et.al (2006:133) explains that sampling is the process of selecting cases to observe. It is a known fact that time and resources may not allow us to do research that covers everyone, that is why sampling is chosen as a way of doing research. Though opponents of sampling argue that the process does not offer us an opportunity to find out the facts about the population, it saves time as well as financial and human resources. In this study, sampling was conducted to select the required cases to be included in the survey.

3.6.7 Sample design

There are a number of sampling designs that researchers use depending on the purposes of the study. Some of them include random sampling, non-random sampling and mixed sampling designs. This study used random/probability sampling designs. This is a procedure in which every member of the population has an equal chance of being selected (Mouton 1996:138). Random/probability sampling is good because it helps to remove the possibility of investigator bias in the selection of cases. As recommended by Wright 1982 in Mouton (1996:139) "It is often our only route to eliminate biasness." In addition, through the process of random selection independence is guaranteed and the principles of probability theory may be applied to estimate the accuracy of samples (Mouton 1996: 139).

3.6.8 Sampling techniques

In carrying out this research, random sampling designs were used. Under this category, there are a number of techniques that can be used. Some of these methods include random walk, staged random sampling, cluster random sampling, simple random sampling, purposive random sampling, judgmental random sampling and stratified or systematic random sampling (Blanche et al 2006:134).

In this study two random sampling procedures were applied which are purposive random sampling and judgmental random sampling procedures. This was done to ensure that every CBCCC in the area has an equal chance of being selected. This was in line with recommendation made by Mouton (1996:138) who indicated that random sampling according to its very nature is unbiased in terms of selection. Blanche et al (2006:133) add on to say that random sampling implies that each element in the sampling frame has an equal and independent chance of being selected for the sample. They however argue that random sampling can be a very laborious process and is seldom used in practice.

To offset this challenge the researcher made use of purposive and judgmental random sampling procedures. According to Blanche et al (2006:139), in this case sampling depends not only on the availability and willingness to participate but the cases that are selected. According to World Vision International (2003:19) purposive random sampling involves providing equal chances to each person in the selected population of being included in the sample. This ensures that the study results are as representative of its population as possible. As such, a list of all CBCCC was sourced from the District Social Welfare office, from which a sample was drawn.

3.6.9 Sample size

Sample size refers to the number of electors from whom the required information can be obtained (Mouton 1996:139). Size of sample has a bearing on research results. It is generally true that as the size of the sample increases, degree of error or bias reduces

and the opposite is true (Mouton 1996:139). In order to reduce level bias or error, the researcher used a sample size that is proportional to the size of elements under study.

This was done in line with the advice by some researchers (Chadwick, Bahr & Albrecht 1984:68, Blanche et al 2006:134), who indicated that researchers have developed a rule of the thumb in as far as sampling ratio, is concerned. Blanche et al (2006:134) continues to argue that, small populations of less than 1000 require a sampling ratio of 30%. This is required to ensure accuracy and validity of the data to be gathered. He goes on to say, the larger the population the smaller the sampling ratio and vice versa. However Bailey (1982) explains that 30 is considered by many as a minimum size for a sample. In spite of this argument the researcher used the sample size of 30% for the selection of CBCCC to be included in the study. Details for sampling each group are indicated below:

3.6.9.1 Community Based Child Care Centres

In selecting the CBCCC under study, purposeful random sampling was used over all the centres in the area. This was done in consideration of the recommendation by Blanche et al (2006:133) to ensure that all the CBCCC are given an equal chance to independently participate in the study. A list of all the available CBCCC in the District was obtained from the Social Welfare Office. Chitipa district has a total of 461 CBCCCs of which 36 are in Namatubi Kanyenjere area (Government of Malawi 2006:28). Employing the 30% sample size, a total of 11 out of the 36 CBCCC from Namatubi Kanyenjere area were selected for the study.

For each of the selected centres, interviews were done with caregivers and CBCCC committees. Each CBCCC has 1 committee and two caregivers except Kayanike, Lutengano and Twayipa that have 4 caregivers each. Each committee has a total of 12 committee members responsible for the management of the centres. Only two caregivers from each CBCCC were interviewed for the study irrespective of the total number

of care givers available at the centre. This was because the study required interaction with caregivers that were on duty on the assigned day. This was one way of avoiding disturbances during learning at the selected centers as well as ensuring equal number of caregivers is interviewed. In view of these categories a total of 168 respondents participated in the study as part of the selected population. The participants included 22 caregivers, 145 committee members (3 centres had 14 members). All members for each selected committee participated in the study irrespective of their gender, education status or age.

3.6.9.2 Government Officials

Furthermore district officials from the department of Social Welfare and from the Ministry of Gender and Child Development who are conversant with ECD policy were also interviewed. Considering the nature of the information to be gathered the judgment sampling method was used for this group of people. According to this method, there is a deliberate selection of certain units on the judgment of researcher and nothing is left to chance (Gupta 1993:111). In this research there was a deliberate selection of officers working in the social welfare office who work directly with the CBCCCs and communities in the area. These included the district social welfare officer and all staff working in his office.

A total of four staff currently working in the social welfare office at Chitipa Boma were interviewed. These were the people who have had the experience of working with CBCCC in the area and were capable of sharing their perceptions, experiences and other relevant information with the researcher on CBCCC in Namatubi Kanyenjere ADP. Furthermore these members of staff have knowledge of ECD policy and how it has been used in the area as well as challenges they encounter in implementing the policy.

3.7 Data collection tools

3.7.1 Semi-structured interviews with key informants

A key-informant is described as any person who is capable of providing detailed information, on the basis of their special expertise or knowledge of a particular issue (Almedom, Blumenthal and Lenore 2007:44). In this study key personnel from government departments who are conversant with ECD services were interviewed. This was done in order to get data on availability of ECD resources as well as the level of training received by ECD care givers and committees. Interaction with these participants was carried out using semi-structured interviews to allow them give out the needed information with ease.

A total of four government staff from the Social welfare of the Ministry of Gender and Child Development were interviewed. These staff members are those who directly work with communities on ECD and child welfare issues.

3.7.2 Focus group discussion

Almedom et al (2007) describes focus group discussion as deliberations where people from similar backgrounds or experiences (e.g., mothers, young married men, community workers, teachers) are brought together to discuss a specific topic of interest to the investigator(s).

As argued by Roche (1999:123) FGDs have their own advantages and disadvantages some of which are highlighted below:

Code	Advantages	Disadvantages
1.	Relatively efficient: more people's views can be obtained than in one-on-one interviews	Only limited number of key questions can be asked

2.	Provides quality control through people's interaction	Needs very good group-facilitation skills
3.	Allow people's views to develop in exchanges with others	Requires good note-taking
4.	Allows an assessment of agreement or disagreement on a given issue	May reinforce existing power relations within the group or be dominated by a small number of individuals

Considering their advantages the technique was used for interaction with parents, guardians and other community members involved in managing Community Based Child Care Centres. A total of 11 FGDs were conducted with committees for each of the sampled CBCCC in the area. Participants were encouraged to share their practical experiences about the operational of their centers and their understanding of the ECD policy. Information collected from these groups included activities carried out, physical environment of the centre, community involvement in CBCCC activities, monitoring of CBCCC, collaboration between stakeholders, financial resources and creation of a stimulating environment (refer to chapter four of the study). A total of 146 people participated in the study as committee members of the selected CBCCC. A pre-determined focus group questionnaire was used as a guide for the discussions to correct the required data (ref to appendix 1). The objectives of the study were fully realized when this information was triangulated with that which was collected from the literature reviews.

3.7.3 Structured (spot check) observations

Structured observations involve using a set of preselected things to observe, note down issues and then classifying the information according to relevant themes. As alluded by Almedom et al (2007) this is a relatively unobtrusive and highly effective method that is often combined with other methods, such as interviewing to gather qualitative

information. The method was employed while interacting with caregivers and children from the sampled Community Based Child Care Centers during their normal interaction activities. It was used to collect information on CBCCC learning environment, teaching and learning curriculum, resource mobilization as well as interaction issues between care givers and children. Observations were made among the entire 11 CBCCC under study while interviewing the caregivers. This provided additional information when it was triangulated with the data collected during FGDs and individual interviews (ref to chapter four of the study).

3.8 Data analysis

Data analysis involves 'breaking up' the data into manageable themes, patterns, trends and relationships. It is aimed at establishing an understanding of the various constitutive elements of the data through an inspection of the relationships between concepts, variables and to see whether there are patterns or trends that can be identified, to establish data themes (Mouton 2001: 108). In this study, the data collected using the different methods indicated was analyzed together to identify issues raised by the participants.

Information obtained from focus group discussion was cross – checked with information from interviews, observations and other secondary literature. This was done to ensure reliability and validity of the data collected. In the study, triangulation helped to address loop holes that were noted in each of the methodologies used. It also helped to ensure that adequate and quality data was gathered. One limitation in triangulation is that more time is required to carry out the study using all these indicated methodologies than when one method is used.

Two sets of data were collected namely quantitative and qualitative data which was also analyzed differently.

3.8.1 Quantitative data

Quantitative data was mainly generated using closed ended questions. According to De Beer (2011) these types of questions do not give much room for the respondent to give his/her views as they already present prescribed options for selection. Above all they require less time to administer and ensure that all questions are responded to by the interviewer. As emphasized by Cohen (2003) in Liebenberg and Swanepoel (2003:19) its field of research is much narrower and more restricted than qualitative research. In the study there was a deliberate direction by the researcher to gather information in relation to the implementation of ECD policy.

The data was entered into the computer where it was analyzed using the SPSS program and Microsoft Excel 2003. Using commands in SPSS and excel, all the required analysis was done, frequency tables were generated and pie-charts/ graphs were compiled.

The data was organized and reduced into summary of relevant themes where all major issues from various sources were put together in categories for analysis. Responses were sorted by question or category of respondent where necessary.

3.8.2 Qualitative data

Qualitative data was generated from the open-ended questions that were used to collect information. Open ended questions provided more understanding about the individual's subjective experiences, feelings and understanding (Harricombe 1993:515). However, Harricombe also argues that responses to these questions are difficult to ascertain as respondents can sometimes become wild in their responses resulting in complicated information.

Open ended questions helped to elicit information about the respondents' perception of ECD policy implementation in CBCCC, their experiences on its impact on ECD activities and their reactions to its effects. They were also very important in verifying that

participants understood the questions. Furthermore they provided descriptions of personal/ community experiences that helped to explain how some CBCCC were organizing themselves. More important, the open ended data provided a personal focus and indicated emotional aspects of the experiences of community members and government personnel in dealing with challenges emanating from ECD policy implementation. Finally, data collected from the open ended questions provided information from which most of the themes under discussions were generated.

Summaries of the major and minor points were then made and reported as the results of this survey. Qualitative data analyses provided ways of discerning, examining, comparing and contrasting, and interpreting meaningful patterns or themes. Meaningfulness was determined by the particular themes of the assessment; also the same data was analyzed and synthesized from multiple angles based on the survey issues being addressed.

3.9 Study limitations

Several challenges were encountered during the study period. Some of these are highlighted below.

3.9.1 Poor communication/ Miscommunication

Poor communication in some sites led to situations where communities were not sure of the starting time of the FGD and were coming late to the agreed venue. In other instances, some community members were coming earlier than the stated time. This resulted in the group having few participants while other members were joining the discussions late. Further than that some committee members left their books at home as they were not clearly communicated on the materials required during the discussions. As such some members had to go back after the discussions to get their books. This affected the discussions in some centers. In both cases, the researcher apologized for the confusion in the communications of the stated schedules.

3.9.2 Interviewees' expectations

Some CBCCC committees expected donations after the discussions. They expected the researcher to make a commitment that some of their financial challenges will be met after processing the information gathered. The researcher emphasized the fact that the discussions were basically for study purposes and were meant for learning purposes.

3.9.3 Researcher bias

Having worked in Namatubi Kanyenjere ADP for 1 year and six months, the researcher may have had her own expectations and observations which may have an effect on the outcomes of the research results. Some of the participants in the study had already interacted with the researchers while the government officials also work with her in some of the programmes World Vision implements in the area. As such the results may also in a way be affected by the researcher's subjectivity. However throughout the study the researcher worked at ensuring that information gathered during the study process is only used to come up with the result of the study to ensure that the researcher bias is reduced to a minimal level.

3.10 Conclusion

The chapter clearly outlines the research design and methodologies that were used in carrying out the study. The study employed purposive random sampling and judgmental sampling to meet its requirements. It also describes the two research methods used, the tools used in collecting data which are FGD, key informant interview and individual interviews. It also presents ways which were used in analyzing the collected data. Challenges encountered in the process are also highlighted.

4 CHAPTER FOUR: RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

While the preceding chapter described the research design and methodology, this chapter concentrates on the actual findings of the study. The results are presented and discussed in a simple manner based on the sub – topics identified in line with the research questionnaire. As per discussed in the research methodology, government officials from Chitipa Social Welfare Office were included in the study. This office represents the Ministry of Gender, Child Welfare and Community Development at district level. Their responses therefore represented the perception, attitude and understanding of government as regards to implementation of ECD policy in the district (questionnaire 3, appendix 3).

From the onset of the study the researcher worked on the assumption that the officials working in this office have the required knowledge of ECD policy and how it is being implemented for the development of Children. This was based on the fact that these are the personnel who work directly with CBCCC in the district.

4.2 Research findings and discussions

4.2.1 Respondents background information

4.2.1.1 Age of respondent care givers

Fifty percent of the respondents interviewed were within the age ranges of 21 and 30 years, 29% were in the age category of 31 to 40 while 21% were above 41 years of age.

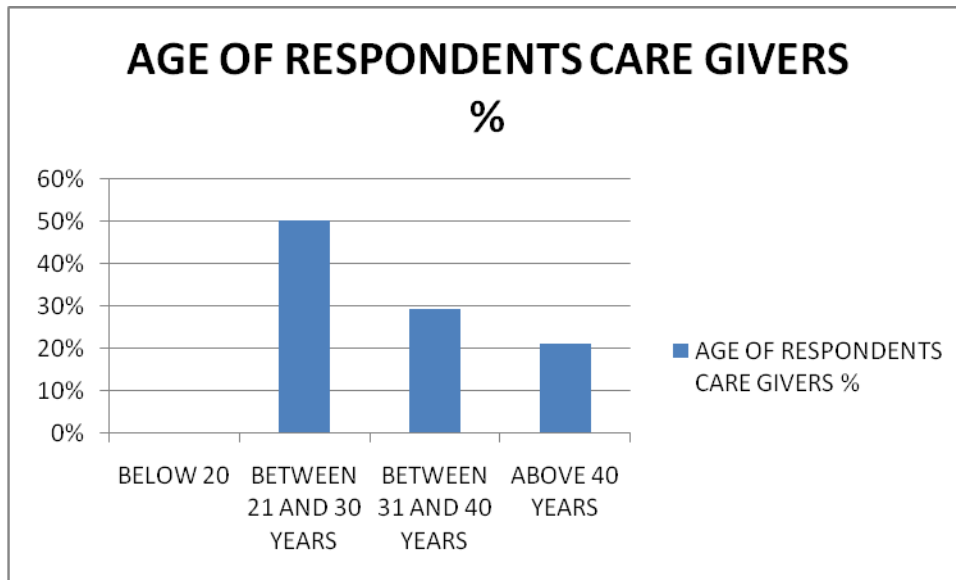


Fig1: Showing age of respondents

There are several reasons for half of the care givers to be between 21 and 30 years. The most probable is that this is the age group which may have just finished secondary school (high school) and is still quick in their understanding of issues. As such these were quickly recognized by their community leaders as capable of learning things that can be trickled down to children. Another reason could be that since these respondents have just finished high school they may be searching for other forms of employment. As a result they opted to become care givers so that they can gain some experience. The ECD policy is not clear on the age ranges of people to carry out such tasks. As such communities are at liberty to decide which age groups are capable of handling the ECD classes.

4.2.1.2 Sex of the care givers

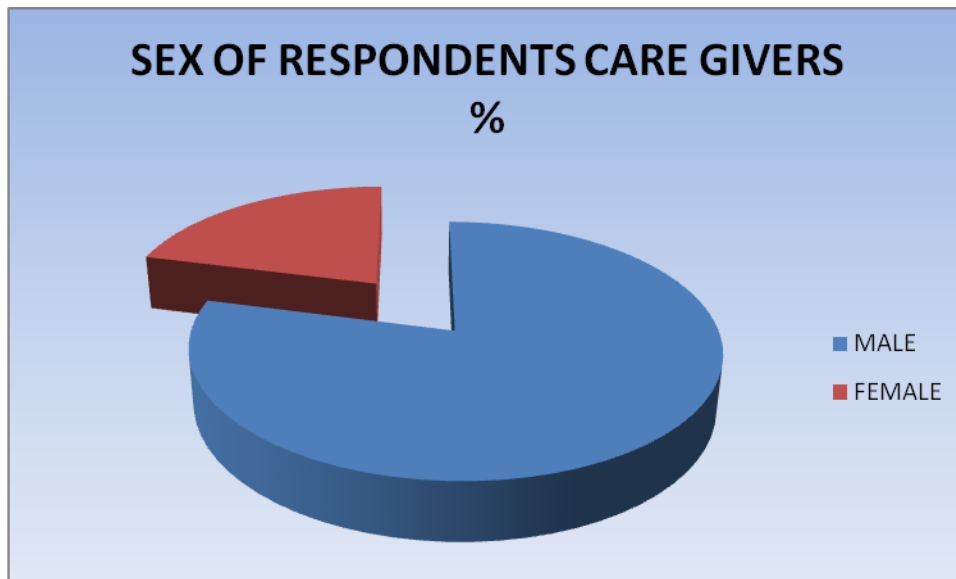


Fig 2: Showing sex of respondents

Disaggregating the results by gender the study revealed that 79% of the care givers are female while 21% are male. These results can be attributed to the following reasons;

- About 52% of the country's population is female (NSO 2008).
- Culturally ECD activities are regarded as feminine.

However the second option could be the most likely reason for having more women than men as care givers. This shows that there are still some gender disparities in the development and growth of children in Namatubi Kanyenjere area. Even though more women participate in the growth and development of children they are mostly led by men. The results also show that culture still plays a big role in the development of children in communities. This is not a surprise because as it has been noted by some researchers there are still various conflicts regarding gender and sexual orientation among poor rural communities in Africa (Mazibuko 2007:165). Communities in Namatubi Kanyenjere and other countries are still grappling with challenges of different roles and responsibilities for men and women.

4.2.1.3 Marital status of care givers

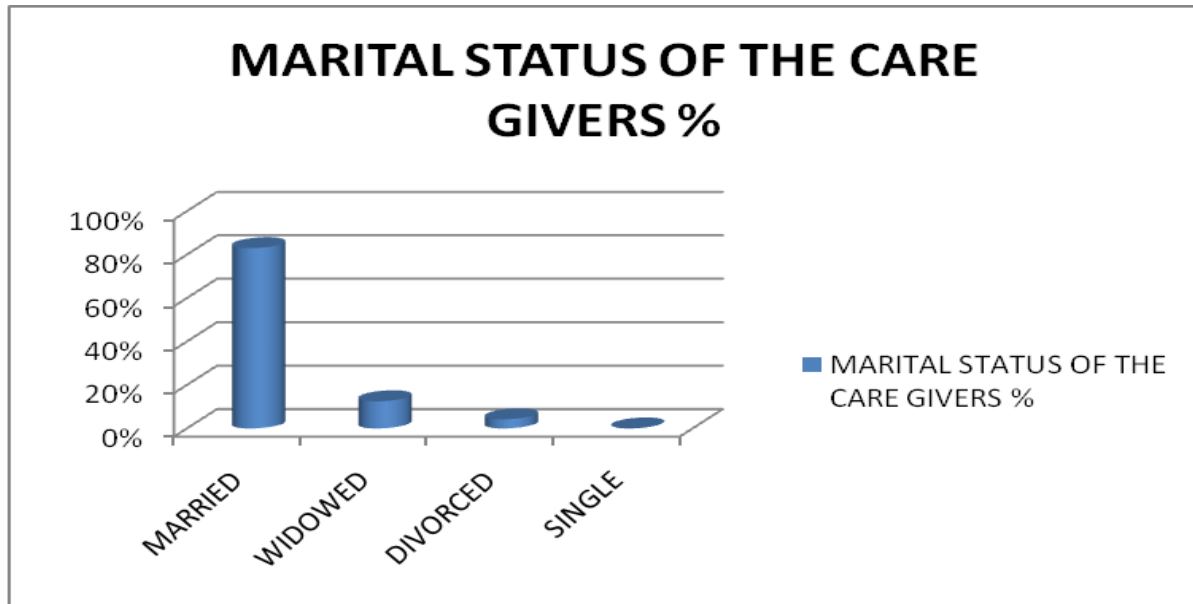


Fig3: Showing marital status of care givers

According to the study 83% of the participants are married, 12.5% of them are widowed while 4.2% are separated from their spouses. No respondent had been single at the time of the study. These results are not surprising because men and women that are married are easily identified in the community as capable of supporting ECD services. Married men and women are regarded as capable of contributing highly to community development in African communities (Jere 2009:18). It is evident from the study that communities place their trust in those that are married than those that are unmarried. Cultural perceptions play a role in the identification of ECD centers' care givers in Namatubi area. The ECD policy is not clear on the care givers marital status, however communities opt for married men and women when it comes to selecting care givers in Namatubi Kanyenjere area.

4.2.1.4 Child: care giver ratio

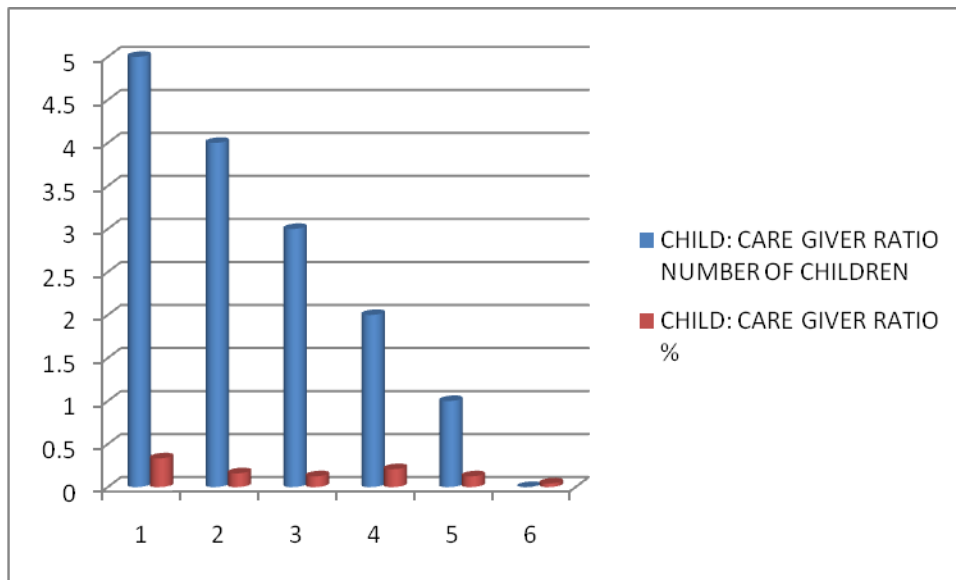


Fig 4: Showing Child: Care giver ratio

The study showed that, 33.3% of the respondents had five children, 20.8% of them had two while 16.7% indicated that they had four. A total of 12.5% said they had one, another 12.5% indicated they had three while yet another 4.2% had no child.

From the results it is clear that the number of children one has does not determine his/her participation in the operations of the CBCCC. Each member of the community is free to participate in the development of their children. However more caregivers had five children while very few had no children. The reason could be that the more the children one has the more interested one is in the operations of the CBCCC. This could be attributed to the fact that these people have an understanding of the importance of ECD. It may also be because they have been sensitized each time they are nursing a child. During ante-natal services mothers are normally counseled on the impact of ECD on the development of children.

The results also revealed that 62.5% of those with children had their children learning in the CBCCC while only 37.5% did not have their children in the centres. Various reasons

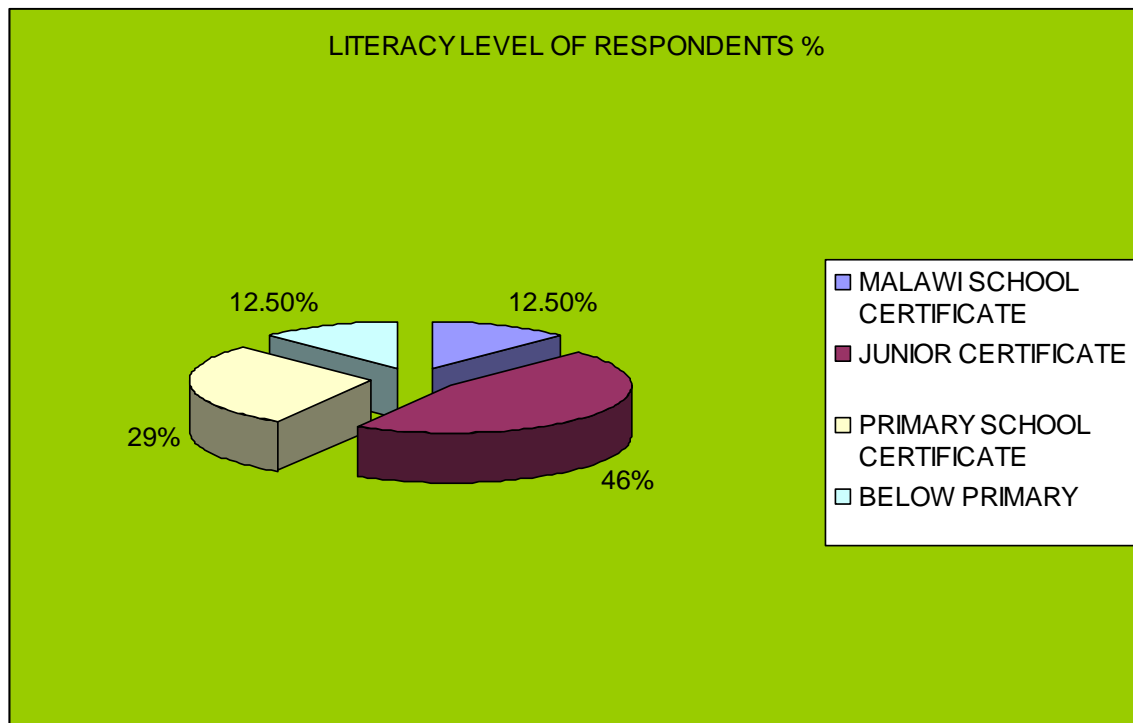
may be explored to ascertain why some care givers children are not enrolled in CBCCC. It could be that their children were beyond ECD education recommended age of 2 – 8 years or were still younger than the recommended age.

The increase in number of care givers whose children are in CBCCCs implies that the care givers have understood the importance of ECD and can easily serve as role models in encouraging others to send their children to the ECD centers.

4.2.1.5 Care givers' literacy level

Forty six percent of the respondents confessed as having a Junior certificate of Education (JCE) qualification while 29% had Primary School Leaving Certificate (PSLCE). A total of 12.5% indicated as having Malawi School Certificate of Education (MSCE) while another 12.5% had an education qualification below Primary School Leaving Certificate of Education (PSLCE). No respondent indicated that they had never been to school.

FIG 5: SHOWING LITERACY LEVEL OF THE RESPONDENTS



According to the results of the study there is no minimum qualification to serve as a prerequisite for becoming a care giver. So long as one has an interest to take part and is chosen by the community leadership then they can become care givers. However it is also very clear that one has to have an education of some kind. Those that do not know how to read and write are given very little opportunities to become care givers.

Considering the literacy level of the district which is at 67% (NSO 2008:14) one would conclude that the community leaders have an idea of the role of education in the implementation of ECD policy. They do not involve those who have never been to school as it may compromise the quality of the policy's implementation. It is concluded therefore that those people that know how to read and write are likely to be selected as care givers in communities than those that do not know how to read and write.

4.2.1.6 Number of years government staff have been in position

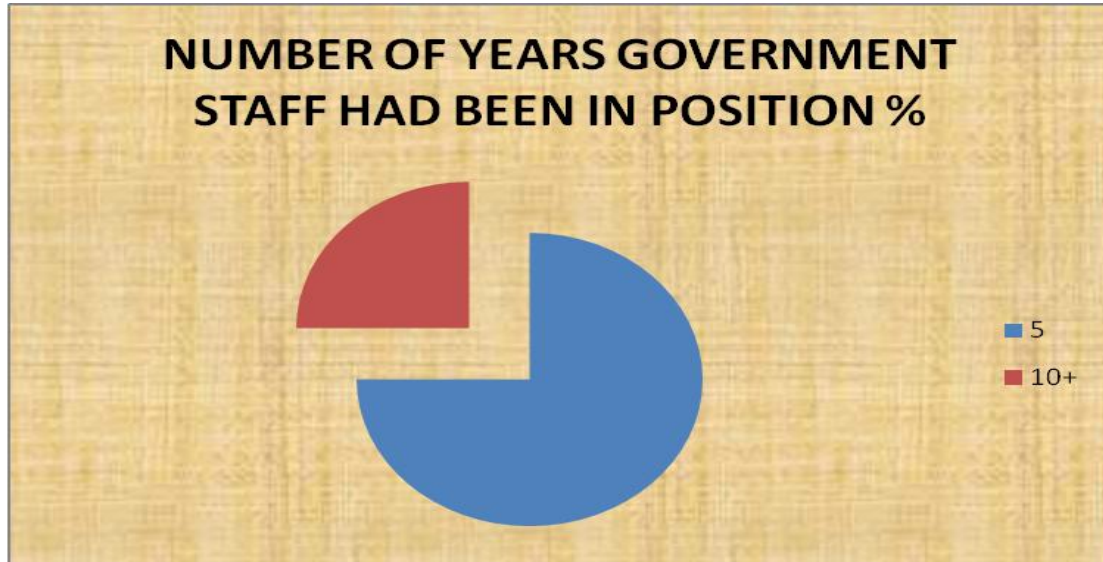


Fig 6: Showing number of years government staff have been in position

About 75% of the government officials interviewed indicated that they had been in the position for 5 years while 25% had been there for 13 years. Those who had been in the office for 13 years were supervisors of those who had been there for 5 years. Though

the majority of officials had been in their position for five years they were capable of articulating issues pertaining to ECD policy and their experiences in supporting CBCCCs. Worth noting is that irrespective of the number of years one had in their positions, all these staff are working with CBCCC committees, caregivers and children on a day-to-day basis.

4.2.2 Meaning and origin of CBCCC in the area

Various committee members gave different statements that help them to describe CBCCC. So far the longer the period the CBCCC had been operational the more clear and comprehensive their definition was and vice versa. Thirty three percent (33%) of the committees went to the extent of indicating the number of years eligible for enrollment in the centers where as 67% gave general definitions. Some of the statements indicated by the members include:

- It is a learning and play centre for all children in the area/ Village. Children aged 2-5 associate with others, share responsibilities, learn together; develop physically, mentally and spiritually.
- It is a centre where children 2-6 years play and learn together to promote their development.
- A foundation to open up children before they get into primary school.
- It is a nursery/ foundation that will help children grow into responsible adults when properly taken care of.
- A children's centre where feeding, playing and learning takes place in order to promote good development for the children.
- Learning and playing centre where feeding takes place in order to promote growth of young children from 2 to 6 years.

Much as community members give varied definitions, it is apparent that they all have an idea as to what constitute a CBCCC. These ideas are in line with Government of Malawi (2004: 287) outlook at these centres. They are described in terms of the services rendered as follows:

“A CBCCC is a centre where community based parent/ childcare services are administered by parents and the community. It is designed to promote the holistic development of children between the ages of 0 - 6 years. It also enhances the capacity of parents/caregivers to provide quality care for children. Their activities range from early learning and stimulation, psychosocial care/support, nutrition, health, water and sanitation, as well as protection’ (Government of Malawi 2004: 287).

Almost all the respondents agreed on the origin of the centres as being the community. About 90% of them came into being after government, NGOs and other church representatives interacted with and briefed community members on the importance of ECD. Only 10% indicated that their children were walking long distances to access centres in other communities. As alluded by Government of Malawi (2004:287), CBCCC are designed to equip parents and caregivers with appropriate knowledge and skills to provide quality care. The agreement in the origin of CBCCC suggests that parents have acquired some knowledge on the importance of the centres for child development. It also entails that communities are being sensitized on their role in establishing CBCCCs in their areas.

4.2.3 Support provided to CBCCC

The study revealed that 91% of the CBCCC in the area received support of some kind from NGOs (95%), government (4%), or the church (1%). Those supported by NGOs said that they got the support from either World Vision International (65.2%) or World Relief (34.8%). The different types of support were normally requested by the community depending on the needs of the centers as well as the capacity of the donors. Respondents were allowed to give more than one type of support they ever received. Below is a chart showing the types of support committees receive.

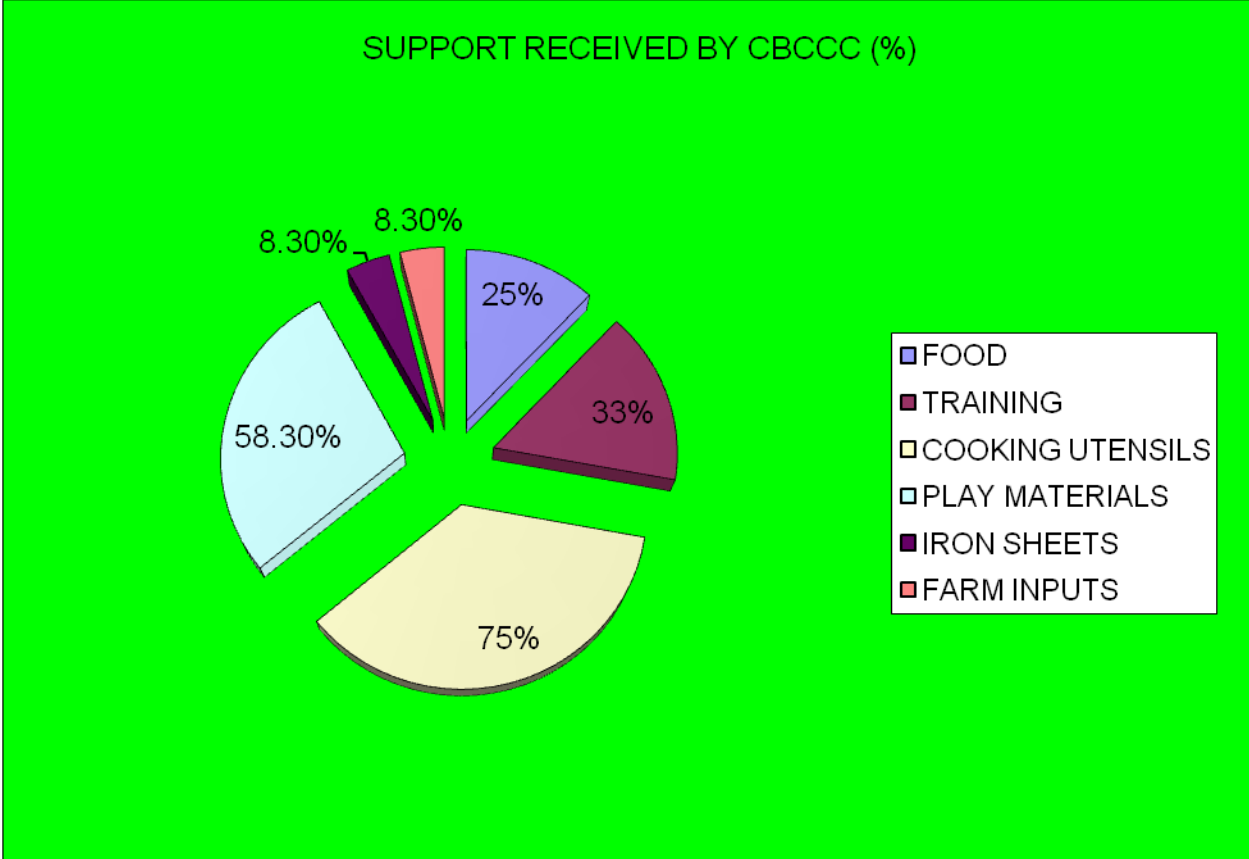


FIG 7: SHOWING TYPES OF SUPPORT RECEIVED BY CBCCC

As indicated in the pie chart, CBCCC receive support in form of cooking materials (75%), play materials (58.3%), trainings (33%), food (25%), farm inputs (8.3%) and iron sheets (8.3%). Cooking utensils and play materials were ranked as number 1 and 2 types of support the centers received. Trainings and food were ranked third and fourth respectively while iron sheets and farm inputs were regarded as rare types of support to communities. Considering that the support is provided according to the needs of the communities as well as the capacity of the donors, it is then clear that communities and supporters consider cooking materials and play materials as acceptable types of needs for the advancement of the CBCCC in the area.

According to the study these trainings were mostly provided by NGOs (83.3%) in the area. These materials are crucial for the operations of the centers as they help to

provide a conducive environment for the growth and development of the children. Much as this kind of support is beneficial to the community it is important that more sustainable types of support or interventions rather than hand outs be provided by the donors. It is therefore clear that CBCCC in the area are continually receiving support of some kind either from government or other stakeholders.

The study has revealed that NGOs are playing a vital role in supporting ECD activities in the area. This is evidenced by the 95% support the NGOs are providing to the community. According to the national ECD policy all cooperating partners (including NGOs) have a responsibility of providing resources for ECD activities or implement ECD activities (Government of Malawi 2006:18). However the Social Welfare Office has the mandate to coordinate such support to avoid promoting dependence syndrome or duplicating efforts among the communities. The 4% support provided by individuals from other communities suggests that CBCCCs can lobby support from individuals within or outside their communities. This is one way of encouraging wider participation by the entire country.

One hundred percent (100%) of the government officials interviewed were articulated the kind of support government provide to the CBCCCs in the area. Multiple responses were given by each of the participants. Some of the responses indicated were:

- Providing policy guidelines on the operations of CBCCC.
- Supporting coordination of all ECD activities in the district and community.
- Providing play and learning materials.
- Linking CBCCCs to other partners like departments of water, Food security, community development Faith Based Organizations and NGOs.
- Teaching communities to make play materials from locally available resources and materials.

According to the study all the government officials interviewed were conversant with their responsibilities in supporting CBCCCs in the area. The responses provided were in

line with their job descriptions which are also fully aligned to the national ECD policy. The policy indicates that the Ministry of Gender and Child Development has the responsibility of coordinating all ECD interventions in the country (Government of Malawi 2006:18). These responsibilities are undertaken by the Social Welfare staff at district level. Their ability to articulate these issues implies that they are aware of what they ought to do. More experienced staff were able to clearly articulate their responsibilities as opposed to those who were new in their positions. However implementation of their responses seems to differ from the responses given by the care givers and CBCCC committees.

4.2.4 Information sharing in CBCCCs in the area

The community members highlighted different issues regarding information sharing in their areas. Some of the issues highlighted were:

4.2.4.1 Community meetings

Meetings serve an important function in organizational communication. Leaders of organizations use meetings to keep their teams informed and motivated (Jere 2009:22). Meetings are used as a way of effective and accountable management. It is during meetings that there is information flow from the leadership to the committee members or to the group (Swanepoel and De Beer 1996:4).

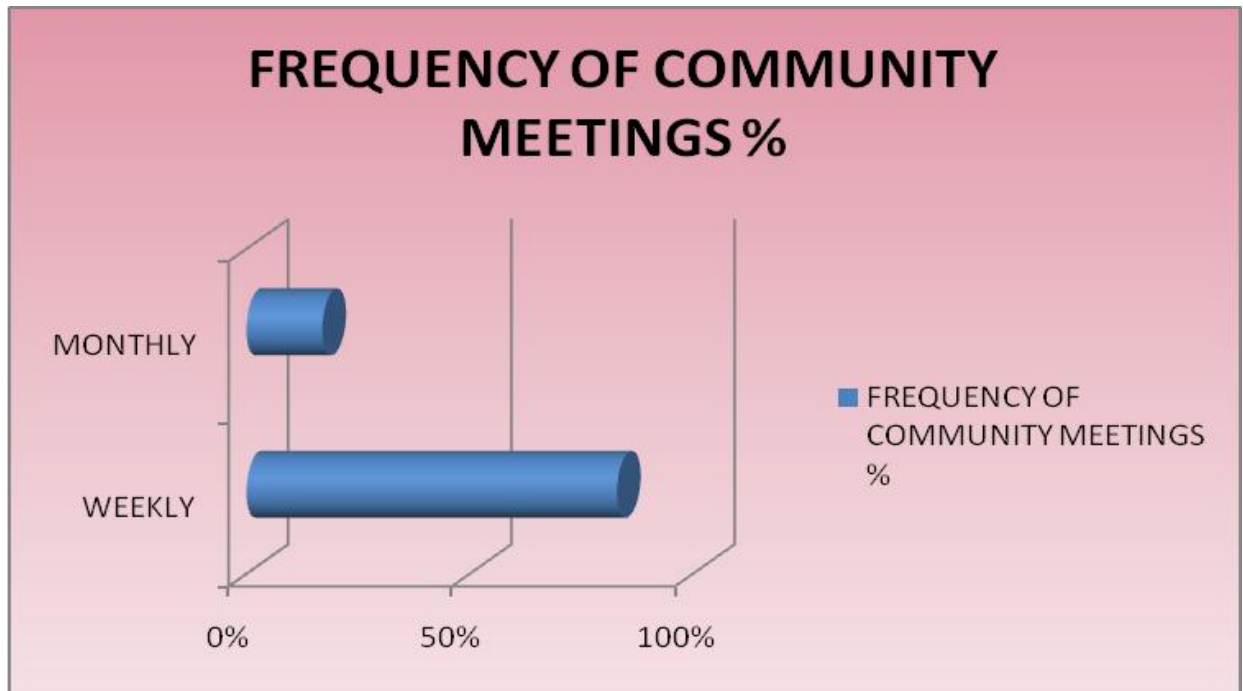


Fig 8: Showing frequency of community meetings

The study revealed that 100% of the committees under study meet on a regular basis. Eighty three percent of them indicated meeting once every week while 17% indicated meeting once every month. The study also revealed that these meetings were facilitated by the village headmen in collaboration with committee chairpersons. Worth noting is that they take these meetings as compulsory and failure to participate without any acceptable reason attract a fine of a chicken. On the same note, late comers are also charged a fine of an agreed amount. According to the committees this forces the people to participate in most of the meetings. It was also noted that these meetings serve as forums for sharing important information before it is communicated to the whole village. They serve as podiums for resolving conflicts, checking plans, reviewing progress of implementation, community participation and any other issues as they arise. Over 80% of the registers and minute books reviewed showed that meetings were indeed taking place as regularly as indicated by the participants.

However the study revealed that government staff were not monitoring the operations of these CBCCCs. Ninety one percent of the interviewed CBCCCs indicated that they had

never been visited by the government officials while only 9% said they had been visited. In terms of activity monitoring only 40% indicated being monitored by other stakeholders while 60% indicated that they were not monitored. As such the plans which were being made were not reviewed by any designated government staff. As indicated by the community members it is critical that government officials review their plans and activities for them to appreciate whether they were moving in the right direction or not.

4.2.4.2 Sources of information

Seventy five percent of the respondents explained that they got information on CBCCC through community awareness meetings. A total of 12.5 % indicated that parents got their information from their friends while another 12.5% said that they got information from the radio.

From the findings it is clear that the major source of information among community people is through meetings. As described in other literature, community members use meetings as forums for passing on information to each other (Swanepoel and De Beer 1996, Jere 2009). These meetings are normally organized by community leaders where every member of the area is mandated to attend. Those who abscond from such meetings pay a fine of a local chicken or money equivalent to the chicken.

4.2.4.3 Reports from CBCCC

Information sharing through reports is always important in validating the progress of any activities implemented. According to the study 66.7% of the caregivers interviewed indicated that they write reports while the other 33.3% indicated that they do not produce any reports. Ninety four percent of those who produce reports send their reports to District Social Welfare office while 6% sent their reports to NGOs.

However, only 31.25% of those producing reports were able to get feedback while 68.75% have never received any feedback from their reports. All the respondents who get feedback expressed that it helps them in various ways in implementing their

activities. Sixty percent indicated that feedback encourages them to continue working harder while 40% said that it helps them to improve where they were not doing well. To curb the problem of no feedback from the stakeholders, 100% of participants who do not get feedback expressed that they will begin to follow up with the government officials in order for them to still get the required feedback.

According to the ECD policy, communities have the responsibilities of disseminating information on ECD activities (Government of Malawi 2006:18). Sharing reports with stakeholders could be one way of disseminating information on their activities. One major assumption that one would make is that the communities were not fully sensitized on the importance of producing the reports. Another assumption would be that the produced reports are not handled seriously by the government staff. This is evidenced by inadequate (31.25%) feedback on the government part on the reports that are produced.

It is clear that CBCCCs send their reports to the responsible personnel who should be able to give the appropriate feedback. The Ministry of Gender Child Welfare and Community Development has the mandate of coordinating all ECD activities in the district. As such they have the responsibility of ensuring that all other stakeholders are sensitized on the importance of reviewing reports from the CBCCCs. Respondents indicated that feedback is vital in their operations and they value it so much. That is why all respondents indicated that they need feedback from the reports they submit.

4.2.5 Knowledge and utilization of the ECD policy

As alluded by of Government of Malawi (2006:3), the ECD policy seeks to provide guidelines and coordination for implementation of ECD activities in Malawi. For this purpose to be realized, communities and individuals ought to know the contents and use of the policy. The study revealed that 83% of the communities have heard of the ECD policy while 17% have not heard. This shows that though some work was done to mobiles communities on the existence of the policy there is need to share more information on the same. According to the ECD policy guidelines, every child has a right

to attain an education (Government of Malawi 2006:6). The government and all stakeholders need to collaborate to ensure that these communities are accorded the opportunity of receiving the required information on ECD policy.

The survey also revealed that all CBCCCs developed guidelines in line with the issues emanating from the ECD policy. The guidelines from the communities entails that the communities have control over and monitors their centres. Some of the said guidelines indicated include:

- Every child should go through CBCCC before getting into primary school.
- Parental participation is mandatory, otherwise they are fined.
- Checking in and out for care givers.
- Abscondment of committee meetings invites a penalty of K200 while late coming entails a penalty of K100.
- Rotation of 3 committee members to monitor CBCCC performance every week.
- Contribution of 10kg maize and 1 packet of sugar.
- Daily plans are set for activity implementation.

Forty two percent of the centres interviewed indicated that Social welfare officers assisted them in setting up some guidelines. Seventeen percent indicated that their village headman helped them to set up the guidelines while 4% said it was a partner church to which they report that gave them guidelines. A total of 33% did not know where the guidelines came from as they just adopted them from other centers.

The study results are showing that most 61.5% of the communities receive their information from the government staff. This could be because in most of the poor countries including Malawi, government is the major service provider. NGOs and other bodies only provide additional support in the activities.

As indicated by the respondents, government officials in Chitipa district are using the National ECD policy as guiding tools in the implementation and provision of advice to

partners as they carry out the activities. The national ECD policy was developed to provide guidelines and support, and enhance coordination in ECD Programmes (Government of Malawi 2006:10). According to the officials these guidelines are shared with all partners involved and interested in ECD activities' implementation.

4.2.6 Implementation of the ECD policy

The ECD policy clearly stipulates that the Ministry of Gender and Child Development has the mandate of ensuring that the policy is properly implemented at all levels (Government of Malawi 2006:15). Officials in the social welfare office keep checking with all the partners on how the policy is being utilized. Various ways are employed and some of these include:

- Assessing the situation of the area before the CBCCC is opened (50%).
- Continue monitoring implementation of their work (75%).
- Getting reports from each CBCCC (25%).
- Training community leaders to continually monitor the operations of the CBCCC in their areas (25%).

About 75% of the government officials considered monitoring implementation of activities in CBCCC as a critical aspect in monitoring utilization of the ECD policy. This is followed by the assessment of the situation before the centers are opened (50%).

All the officials interviewed agreed that there have been instances when some aspects of the policy have not been followed by the communities. When such situations arise they take steps to support the centers to ensure that guidelines are followed. They either re-educate the CBCCC leaders (100%) or close down the centre (25%) if they persist. However it was pointed out that closing down of centers is normally done after a series of visitations, monitoring and discussions with the leaders of the centers.

All the officials indicated that they prioritize building the capacity of the communities to implement the policy in a better way. This was because their major role is to ensure that

children are enrolled in the centers, are supported and accorded the opportunity to grow and develop in a safe environment.

4.2.7 Minimum standardized requirements for CBCCC

The ECD strategy (Government of Malawi 2009:11) indicates the minimum requirements for every CBCCC to put in place to ensure that the well being of children is taken care of. Included is a graph showing the status of these centers in the area.

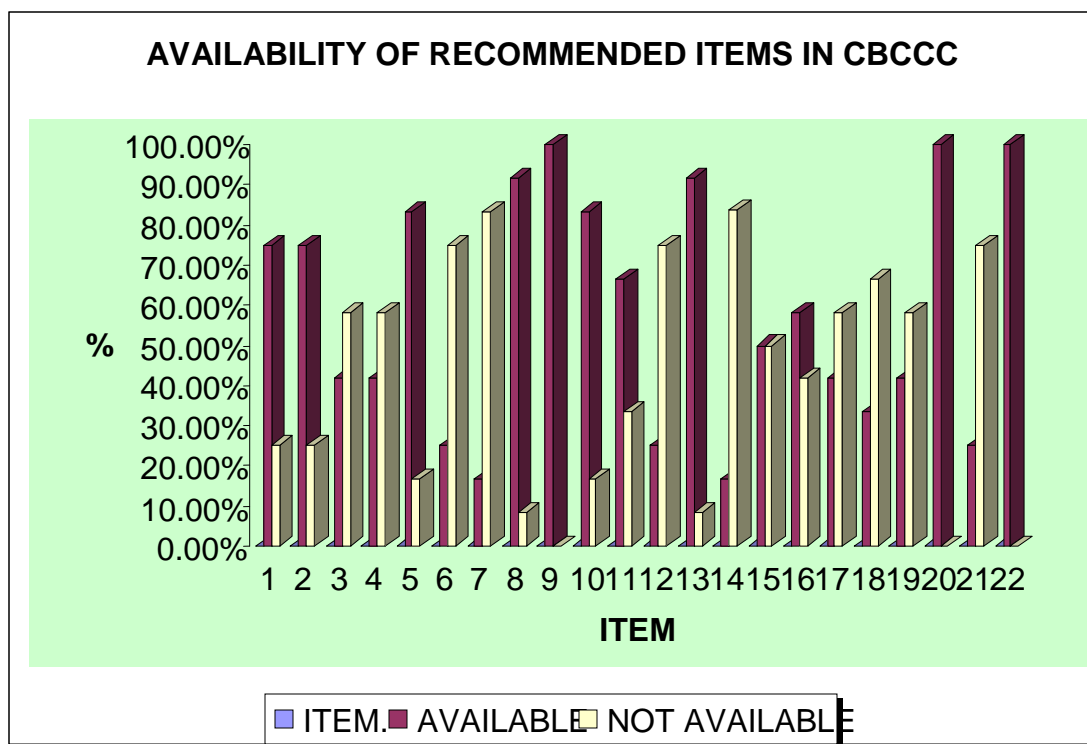


FIG 8: AVAILABILITY OF RECOMMENDED ITEMS IN CBCCCs

KEY

CODE	ITEM	CODE	ITEM
1.	TRAINED CARE GIVER	12	MATS/CHAIRS
2.	DAILY PROGRAMME	13.	CLEAN UTENSILS
3.	BUILDING	14.	GARDEN
4.	KITCHEN	15.	FRUIT TREES
5.	TOILET	16.	FOOD STOCKS
6.	DISH RACK	17.	OUTDOOR GAMES
7.	TIP TAP	18.	CLEAN DRINKING WATER BUCKET
8.	LINKAGE TO HEALTH CENTRE	19.	RESTING CORNER
9.	REGISTER	20.	COOKING POTS
10.	TOYS	21.	GROWTH CHARTS
11.	CLEAN SURROUNDING	22.	1 OR 2 MEALS

According to the study findings all the CBCCC in the area have registers (hard covers) for children’s roll call in place. The centers also provide 1 or 2 meals a day to the

children and have cooking pots in place. Cooking pots and meals for children are always available mainly because the communities mobilize each other on the required food items. It is also because sometimes they receive support from NGOs and other individuals as previously indicated.

It was noted that 83.3% of all the studied centers had caregivers who had been trained while 16.7% were untrained. All these were trained by either World Vision International (74%) or World Relief (26%). A good 90% of the CBCCCs indicated having linkages to the health centers, have well cleaned and properly kept utensils and clean toilets. This is an indicator that the communities are mindful of the children's health in their areas. The study further revealed that 75% of them have a daily Programme in place that helps them to ably support the children in their play and learning activities.

However it was revealed that only 16.7% of the centers have tip taps placed outside the toilets for children to wash their hands while 83.3% do not have. It was also noted that only 25% have mats/ chairs for children to sit on while 75% do not have and that only 16.7% had back yard gardens for growing vegetables where as 83.3% do not have. The study also noted that only 33.3% have a bucket for keeping clean and safe water that children can drink while 67.7% do not have.

It can be concluded then that though the centers are making progress in some areas of the requirements, they are still lagging behind in most of sanitation and nutrition requirements in their centers. This has a major implication on the implementation of the policy as they may derail the growth and development of the children.

4.2.8 CBCCC Management

4.2.8.1 Number of CBCCC in the area

According to the study, Chitipa district has 461 CBCCCs of which 36 are in Namatubi Kanyenjere area. With a total of 5 group village Headmen and 65 villages (World Vision International 2008:6) the area has population of 28,000 of whom 9,361 are children

under the age of 8. According to the findings 36 centers cater for all the children under the age of 6 in the area. These centres are not enough to accommodate the increased number of children available. It is therefore concluded that the centers are overcrowded to effectively implement the ECD policy. However the policy is not clear on the geographical area demarcation for CBCCCs to operate. It leaves the community with the liberty to enroll as many children as possible.

4.2.8.2 CBCCC registration with the District Social Welfare Office

A total of 91.7% of the respondents affirmed that their centers are registered with the Social Welfare Office while 8.3% said that they are not registered. Worth noting is that 70.8% of all the studied centers have been operational for less than five years where as 29.2% have been existing for more than 5 years but less than 10 years.

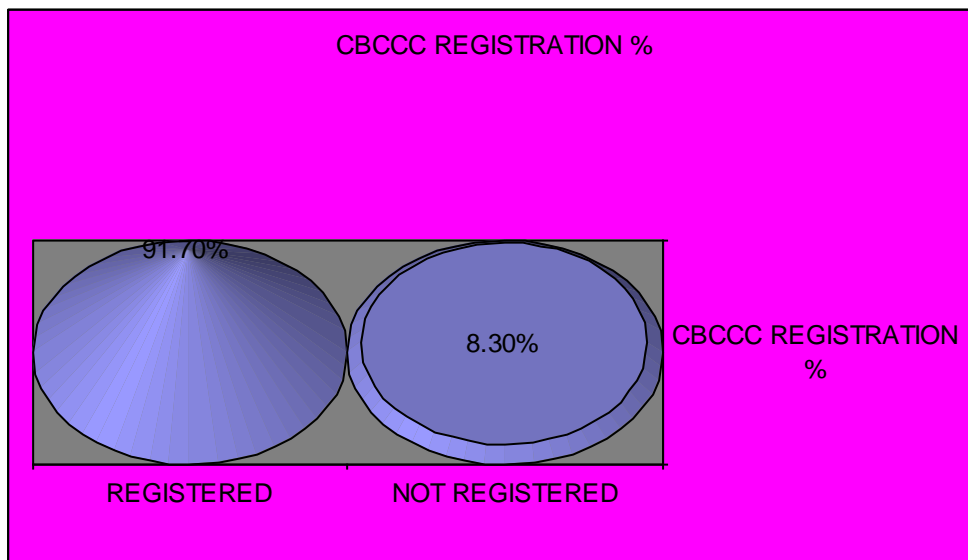


FIG 9: SHOWING CBCCC REGISTRATION

Registration of any community driven groupings is of paramount importance if sustainability is to be achieved (Jere 2009:5). As eluded by Government of Malawi (2003:15), one of the major responsibilities of the Ministry of Gender, Child Welfare and Community Development is to ensure registration of all the ECD centers (including

CBCCC) in the country. Government officials interviewed also indicated that they have a track record of and registers all the CBCCCs in the area.

However neither the CBCCCs nor the government officials showed any written documentation of registration. This is a big flaw in the implementation of the policy. We may not be certain whether the centres are really registered or these are mere speculations. This flaw also gives freedom to the centres not to use the ECD policy because no-one can hold them accountable. At the same time the government may not really register the centres but just pretend because they do not have any monitoring mechanism. A written agreement for registration is the only legal binding document for registration of any grouping (Jere 2009:8). It is therefore concluded that the CBCCC in the area are not legally registered entities hence are at liberty to operate in any way they want.

4.2.8.3 Motivation for involvement in CBCCC as a care giver

Seventy five percent of the participants indicated that they were just chosen by the community leaders while 25% indicated that they just got interested in supporting children. None of the participants said that they were involved in the CBCCC because they do not have any other jobs to do.

In Namatubi area, leaders have a key role to play in ensuring that their communities are supported. For the community members, it is always an honour to be chosen by the community leaders to carry out such duties. As such subordinates listen to their leaders without any objection. This may be the major reason why a large percentage got involved in ECD due to their being chosen by the community leaders. Community leaders play a major role in the selection of community members as care givers for the CBCCC.

4.2.8.4 Number of boys and girls (children) enrolled in CBCCC

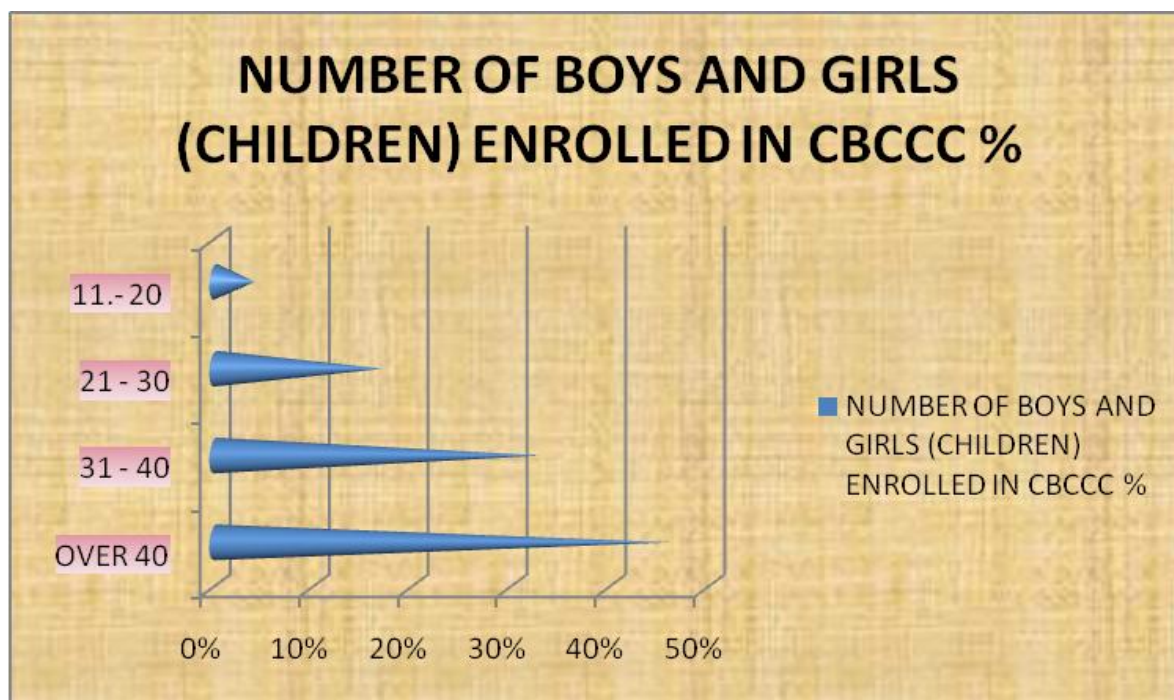


Fig 10: Showing Number of boys and girls enrolled in CBCCC

According to the study 46% of the CBCCCs indicated that they have over 40 children in their centres. Thirty three percent said they had between 31 to 40 children while 17% had between 21 and 30. Four percent of the participants had between 11 and 20 children in their centres.

From the results it is evident that the communities do not have a limit on the number of children to enroll in their centres. This is evidenced by the varying ranges of children enrolled in the centers. According to Government of Malawi (2006:15), the ECD policy is there to ensure that all children are afforded an opportunity to attain early learning at an appropriate age. In such a case it is difficult for the communities to limit the number of children each centre need to have. However the policy is supposed to not only set a standard on the care giver: child ration but also enforce it. Failure to coordinate this requirement gives room for the communities to accommodate too many children in one centre without proper monitoring.

4.2.8.5 Enrollment of children in CBCCC

The ECD policy stipulates that all children, both boys and girls should enroll in CBCCC before proceeding to primary school (Government of Malawi 2003: 4). Thus enrollment to a CBCCC is a pre-requisite for any child to be accepted in all primary schools in the area. According to the study, 62.5% of the care givers interviewed indicated that each child in the community is eligible so long as he/she lives in that particular community. A total of 29.2% said that parents always express interest to have their children enrolled while another 8.3% said that they organize community meetings.

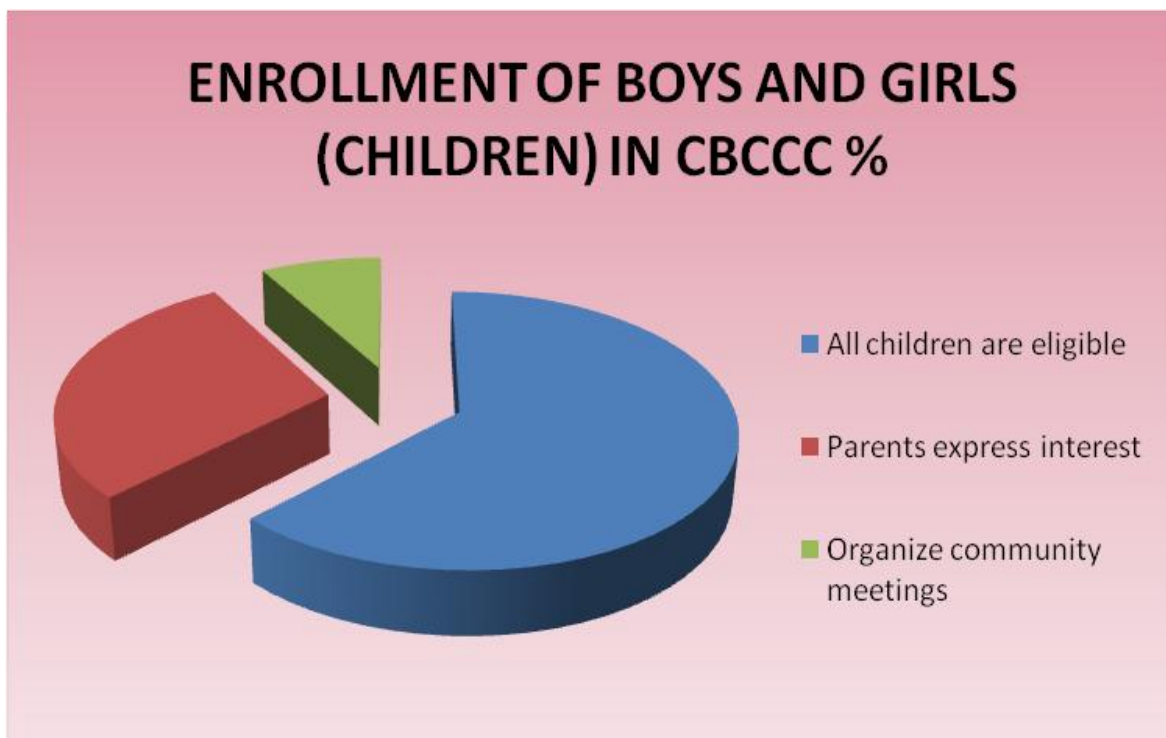


Fig 11: Showing enrollment of boys and girls in CBCCC

According to the findings centers have varying ways of enrolling children into the CBCCC. Even though 62.5% of the committees interviewed understands that all children are eligible, there are still others (37.5%) who do not understand. This mixed standard in the CBCCC enrollment is a worrisome situation in the implementation of the ECD policy in the area. It shows that there are still some misunderstandings in the

treatment of children in the centers. Proper information has to be accorded to the communities to ensure that the members have a common understanding on the enrollment of children.

4.2.8.6 Willingness of parents to enroll their children in CBCCCs

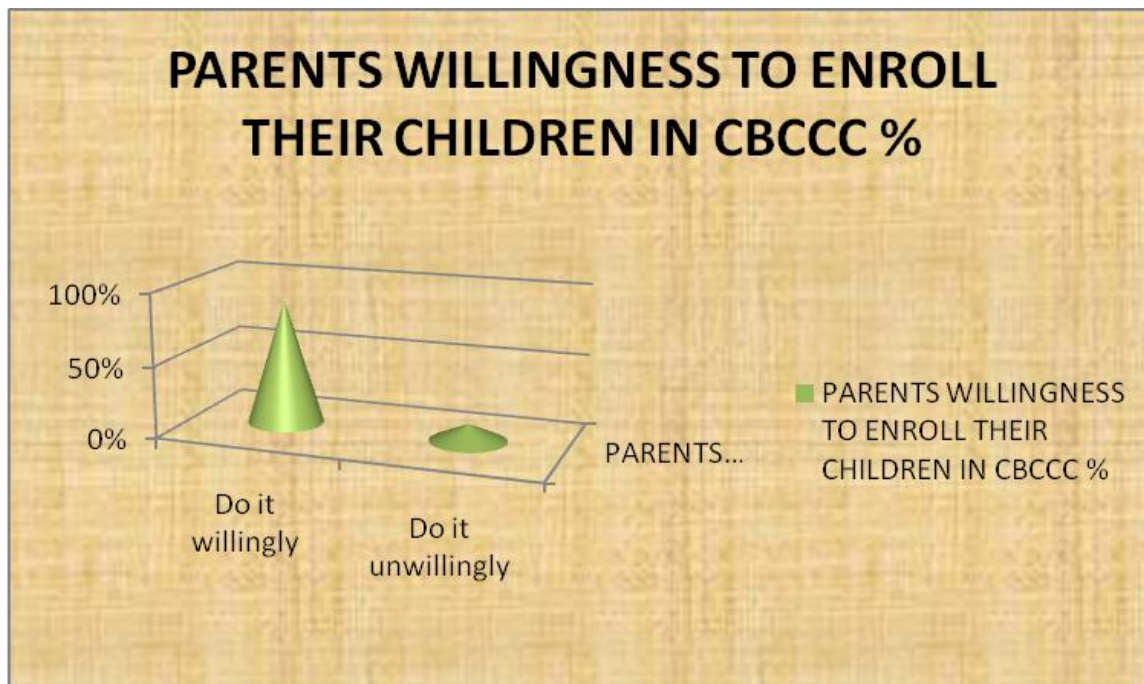


Fig 12: Showing Parents' willingness to enroll their children in CBCCC

Eighty eight percent of the respondents indicated that parents willingly send their children to the centers while 12% said that they did not do it willingly. The respondents went on to say that they encourage those who do not willingly send their children to the centers in so many ways. The most common way was by engaging the committee members to visit them and explaining to them the importance of ECD for children's growth and development (12.5%). If this fails then community leaders summon the people to their compound for questioning. Since leaders are critically respected, parents give in to their leaders' demands. It is then concluded that communities in Namatubi Kanyenjere have coordinated ways of enforcing the ECD policy standards in their villages. It is critical then that this zeal to achieve the policy standards have to be backed up by thorough understanding thereof.

4.2.8.7 The role of government in the operations of CBCCCs

The ECD policy indicates clear roles and responsibilities for every government department to undertake in the wellbeing of the children. All government staff interviewed indicated that they know their roles. Examples of such roles include:

- Community mobilization.
- Capacity building of caregivers, community committees, community leaders and other members of the area.
- Building the capacities of all stakeholders involved in supporting ECD in the district.
- Resource Mobilization: for the operations of the ECD centers.
- Monitoring of ECD operations in the communities.

It is clear that government officials have the knowledge of their roles in the implementation of the policy. The points raised above are in line with the roles indicated in the policy guidelines (Malawi Government 2006:15).

4.2.9 Community participation in CBCCC management

Community participation is one of the major issues in as far as ECD policy implementation is concerned. People's participation forms the basis of community development (Kotze & Swanepoel 1983:2). It entails that local people take part and are involved in planning, managing and monitoring their own development. Monaheng (1998: 135) looks at this as genuine community participation. This is where people must have the power to influence the decisions that affect their lives.

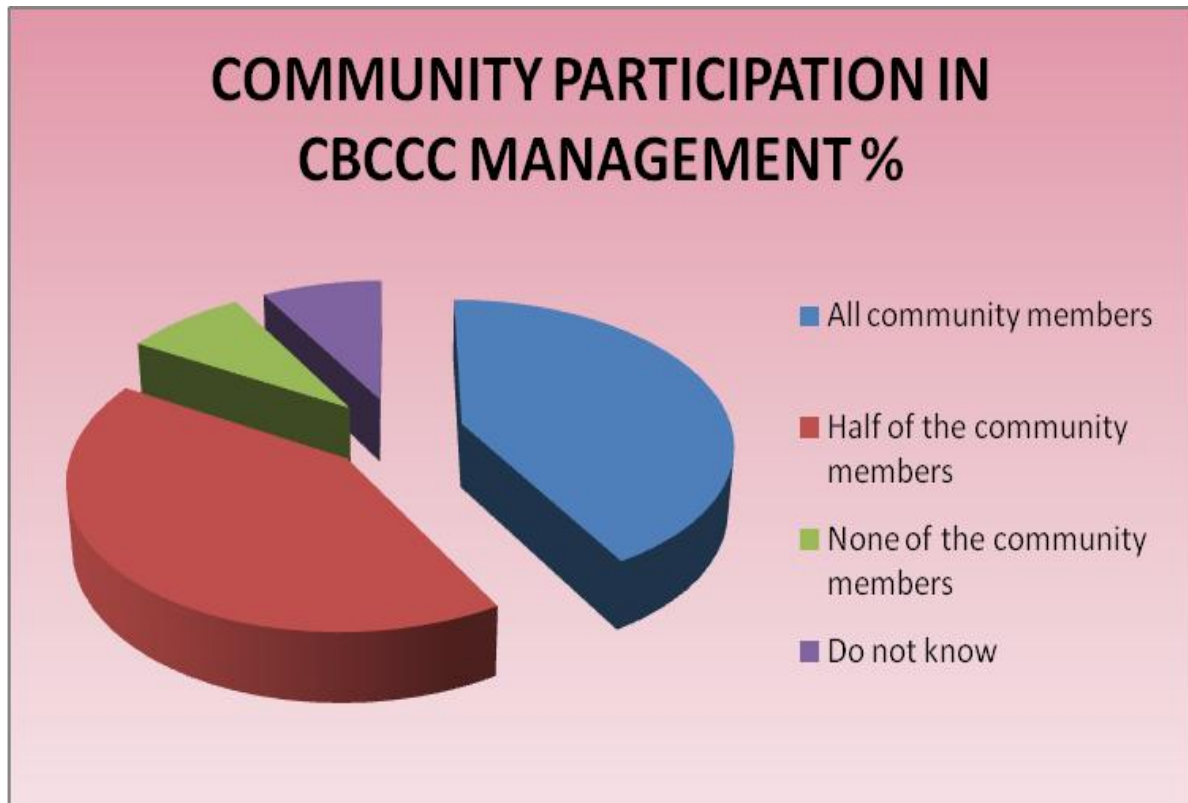


Fig 13: Showing community participation in CBCCC management

According to the study a total of 41.7% of the CBCCC committees interviewed that all the community members participate in the affairs of the CBCCCs while another 41.7% said that only half of the community members take part in the activities of their centres. A total of 8.3% said that none of the community members take part while yet another 8.3% said that they did not have any idea on people's participation in the implementation of ECD policy in CBCCC in their area.

Guided by the study, 83.4% of the committees affirm some community participation in the affairs of the centre. This high number informs us that communities are aware that they need to always take part in their development. Communities are always there to influence the implementation of development activities affecting their communities (Monaheng 1998:38). It is argued that such contributions entail ownership of the development initiatives. Thus communities in Namatubi Kanyenjere area exercise some elements of ownership of their CBCCC activities.

One element of participation is that communities should be able to contribute to their own development. According to the study, community's contributions come in different forms depending on the need at that particular time. It was indicated that chiefs sensitize their subjects on the requirements of their centres. Examples of the cited support were money (50%), food (58%) and working in a communal garden where maize, soya beans and G/ nuts are grown (50%). Parents that do not contribute give unnecessary excuses when it is time for contributions and challenges are still evident in the work of some visited centres.

4.2.10 Capacity building

Capacity building of people is paramount if the objective of the national ECD policy is to be realized in the country. One major aspect of capacity building is training or orienting care givers and committees to understand their roles so that they can ably deliver on promise.

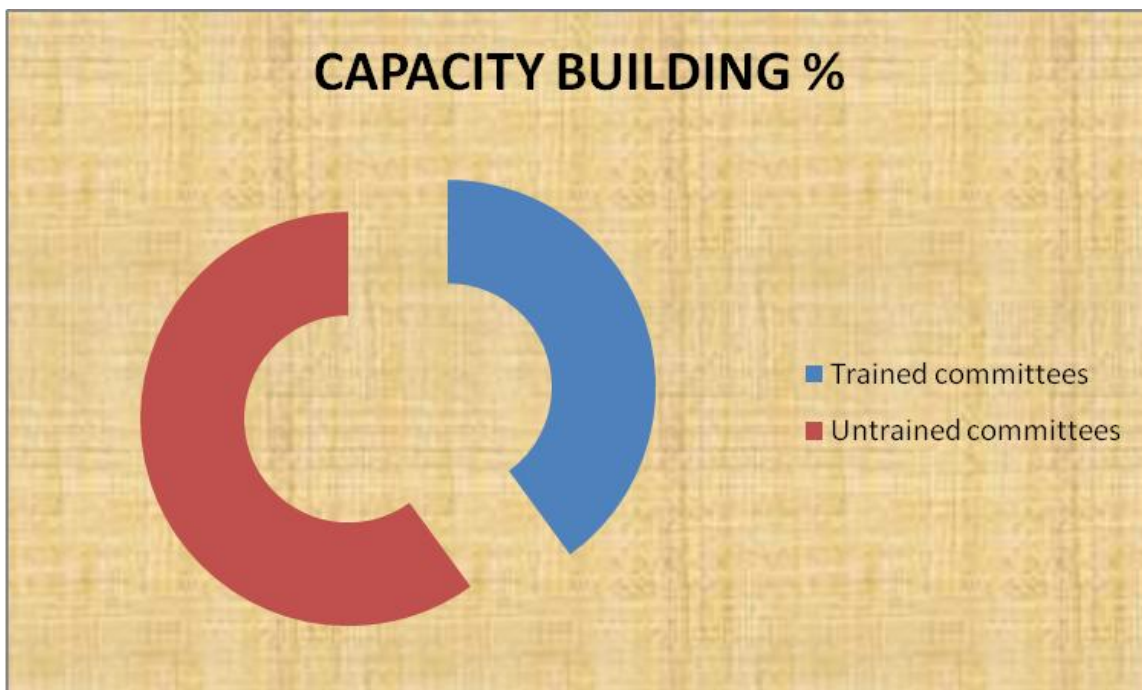


Fig 14: Showing capacity building for care givers

The study revealed that 50% of the caregivers were trained while another 50% were not trained in their roles. The findings are relatively in agreement with those from the committees who indicated that 40% of them were trained in their roles while 60% were not trained. Those trained indicated that they were either trained through NGOs (84%) or government (16%). According to the ECD policy each care giver is supposed to be trained for a minimum of 14 days by the social welfare officers before they can begin interacting with children (Government of Malawi 2006:18). However the policy is silent on the minimum number of days committees are to be trained in their roles.

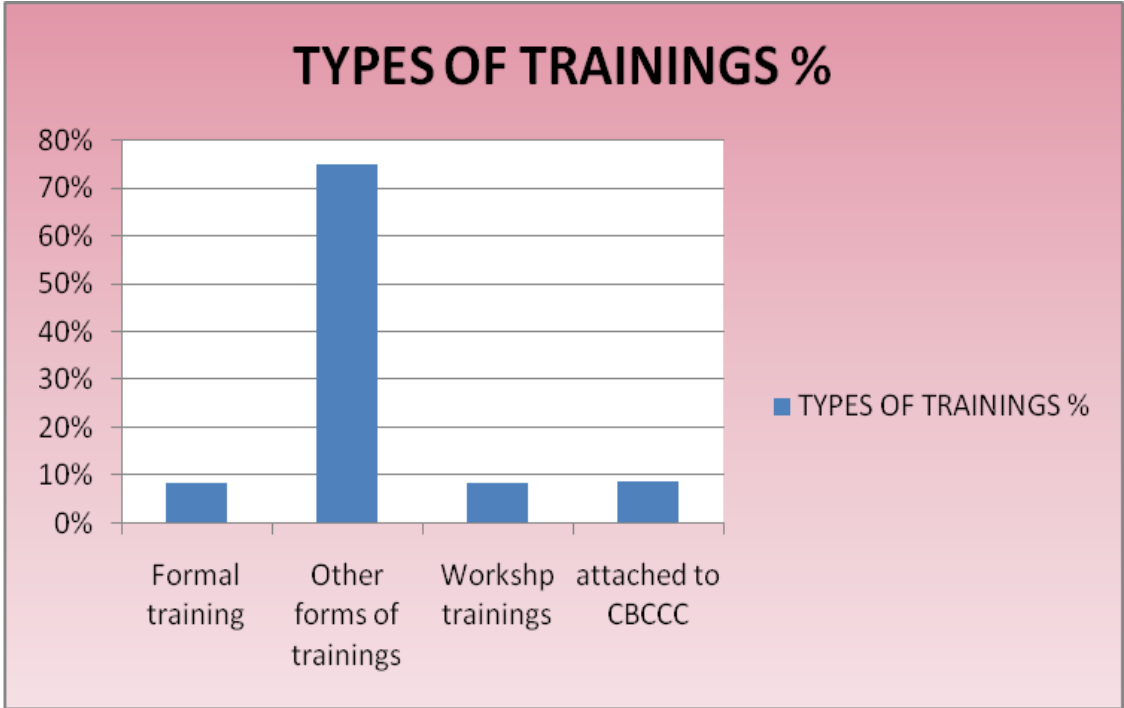


Fig 15: Showing types of trainings for care givers

It was further revealed that only 8.3% received a formal type of training while 71% of the trained care givers received various other forms of training. Another 8.3% received a workshop like training while another 8.3% was attached to other CBCCC for training. Variations in the forms of training given to the care givers pauses a challenge on the standard of learning in the centers. This creates confusion since each caregiver had

been oriented differently. As such it is difficult for the caregivers to provide standardized support to the children. As alluded by the Government of Malawi (2009:4):

'the national ECD strategy (4.3.6) aims at facilitating the provision of acceptable standards of care, early learning and development that are in line with the guiding principles'.

Worth noting is that all the trained care givers indicated that they were greatly helped with the trainings as they are now able to plan better lessons (40%) and make toys from local materials (60%). As such it can be concluded that caregivers are either not trained or partially trained in their roles however they still replicate in children the little knowledge they get.

4.2.11 Planning for monitoring and implementation of activities in CBCCC

4.2.11.1 Types of activities in CBCCCs

All participants indicated varying activities being done in their centres. Some of the activities listed include; Playing, singing, dancing, sports, writing, storytelling, feeding, praying. It is important to ensure that these activities are done in a coordinated manner so that both children and care givers benefit from the initiative. It is clear that communities engage in a variety of activities to support children's growth and development.

4.2.11.2 Impact of food shortages in CBCCC

All participants indicated that they have faced some food shortages in their CBCCCs. The shortage has the following as its effects on the lives of the child:

- Sometimes children learn without any food at school which forces them to knock off early each day.
- Community leaders call for meetings to sensitize parents on the challenges for them to contribute.

- Some centers just close down if there is no food until they are able to access some food.
- They alert the social welfare office if the worst scenarios occur.

Seventy nine percent (79%) of the participants said that the centres get food from community contributions while 8.3% indicated getting their food from NGOs. Four percent (4%) said they get their food from the district assembly. Fifty percent (50%) of those that indicated getting food from their community went on to indicate that they mobilize their food through community gatherings. The other 50% said they get it through door to door visitations. It is clear from the study that food shortages do affect CBCCC and have an adverse impact on the performance of the centers as well as the health of the children. Community members address the challenges that are manageable and refer the rest to government officials when the situation gets off hand.

4.2.11.3 The role of government in CBCCC monitoring

Ninety six percent (96%) of all the CBCCC indicated that they have been visited by the District Social Welfare Officers while only 4% lamented that they have never been visited. The participants indicated that they were visited and provided with advice after monitoring visits (46%) or given new updates from the government (54%).

It is clear from the results that government staff allocate some time to visit the centers. Much as there may be various relevant reasons for their visits, their major one is to share updates from the office. The reason indicated is contrary to the ECD policy (Government of Malawi 2006:15) that indicates that the Ministry of Gender Child Welfare and Community Development through the District Social Welfare office has a responsibility of supervising, monitoring and evaluation of the ECD activities in the country.

It is therefore clear that very little monitoring of the ECD activities is done by the social welfare officers in the district.

4.2.12 Roles of NGOs in supporting CBCCCs in the area

Cooperating partners (including NGOs) in the field of ECD are mandated to support the efforts of and collaborate with the Ministry of Gender Child Welfare and Community Development (Malawi Government 2006:18). This is to ensure that duplication, overlap and wastage of resources and efforts are avoided. The government officials interviewed indicated that NGOs in Namatubi Kanyenjere area have played varying roles in supporting the centers. Some of these roles are:

- Sourcing funds for capacity building of care givers. Most of the NGOs working in the district such as World Vision International, World Relief, Action AID, TuDI and others have been mobilizing funds from donors and training most of the care givers in the area.
- Constructing blocks for CBCCCs to carry out their activities e.g. World Relief which is one of the NGO's in the district constructed a block for one of the CBCCCs in Chisitu village.
- Mobilizing farm inputs such as seed and fertilizer for the CBCCCs.
- Mobilizing communities to organize CBCCCs in their villages. So far 25% of the CBCCCs in the district emanated from the sensitization meetings facilitated by the NGOs we have in the district.

All the officials interviewed are aware of the existence of NGOs in the area. They were able to articulate some of the responsibilities assigned to them in the policy. It is clear that the NGOs are taking up their responsibilities and support the CBCCC in the area as required. These are important partners to government and the community in ensuring the realization of the ECD policy in the area.

4.2.13 Challenges faced by communities and stakeholders

4.2.13.1 Challenges faced by the communities

Communities are faced with a couple of challenges in their quest to implement the ECD policy in the area. Respondents were allowed to give as many reasons as they wanted; some of which are highlighted below:

- Inconsistencies in the mode of teaching by care givers (50%).
- Volunteerism of caregivers which results in massive resigning (100%).
- Caregivers' low level of education (25%).
- Poor infrastructure (25%).
- Lack of incentives to caregivers (50%).
- Unavailability of resources to carry out the work in the community (25%).
- Poor community participation (25%).
- Untrained caregivers (25%).

It is an undeniable fact that communities continue to face various challenges in the implementation of the ECD policy in the country. These challenges are an indicator that more has to be done to support the implementation of the policy. According to the study, the major challenges are inconsistencies in teaching by care givers and lack of incentives for care givers.

4.2.13.2 Challenges faced by government

All the respondents interviewed indicated that they had faced various challenges in their centers. Since participants were allowed to explain three major challenges, the following were listed:

- Low participation by parents
- Food shortage
- Lack of teaching and learning materials
- Distances to clinics
- Unavailability of medical support at the clinic.
- Abrupt absenteeism of care givers which creates vacuum

- Illnesses of children
- Welfare of care givers is not being addressed
- Some parents do not honour their contributions
- Unavailability of writing materials
- Children are still learning in a church buildings
- Too many children handled by 2 care givers (81 children)

The revelation that CBCCCs struggle in delivering their services is not surprising at all. Despite the adoption of the national ECD policy in 2003 (Government of Malawi 2008:7), the strategy for supporting this policy was launched in 2009. To date there are still other issues that communities are grappling with as they continue to implement the policy. Considering that 75% of the population lives in rural areas (NSO 2008) coupled by the poverty situation of the country (Government of Malawi 2000:8), there is more that has to be done to improve the policy implementation.

4.2.13.3 Solutions to the challenges

Despite the numerous challenges indicated communities suggest their own ways of addressing them. Fifty percent (50%) of the respondents indicate that they conduct awareness meetings on importance of ECD for the growth and development of the children. Eight percent (8%) explained that they establish communal gardens to curb food shortage challenges while 8.3% said that they contact health personnel to treat children who are ill. Another 4.2% said they follow up when other caregivers are absent and 4.2% others indicated that they send reports to social welfare on those challenges that need external interventions. A total of 20.8% said they just leave the challenges the way they were as they were beyond their control.

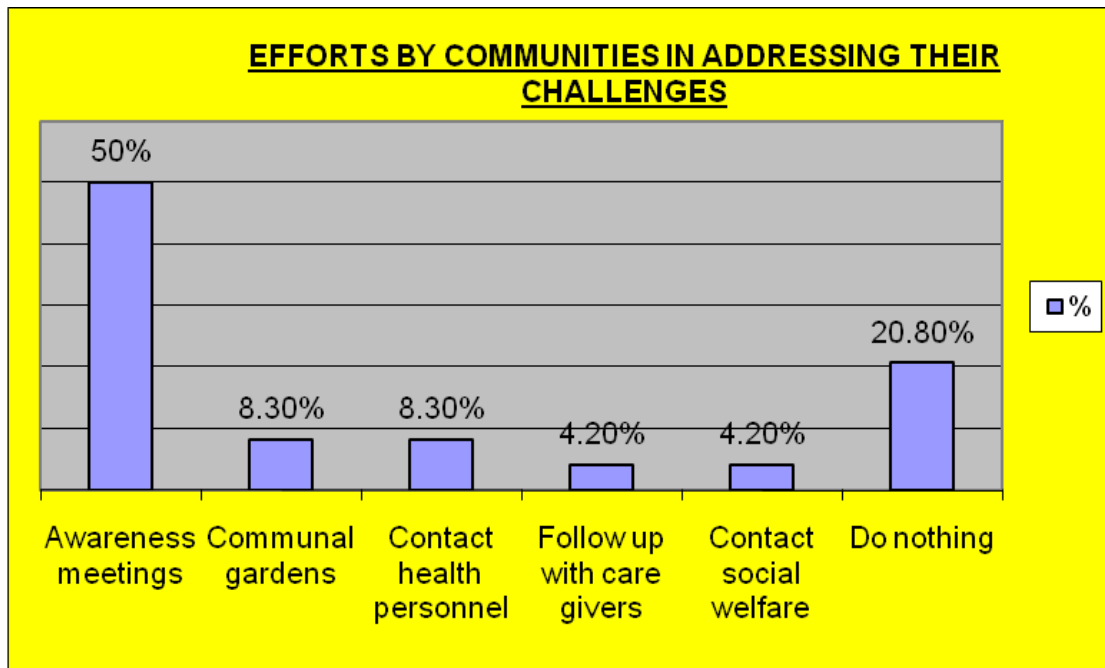


FIG 16: Efforts by communities to address their challenges

The results indicated above shows that community members have ways of sorting out their own challenges. Since 80% of the suggested solutions to their problems shows that they can be handled on their own, these communities are showing ownership of their centers. This is in total agreement with the national ECD policy that indicates that communities have a responsibility to establish and manage ECD centers (Government of Malawi 2006:18). Below is a graphic presentation on government’s ways to curb the identified challenges:

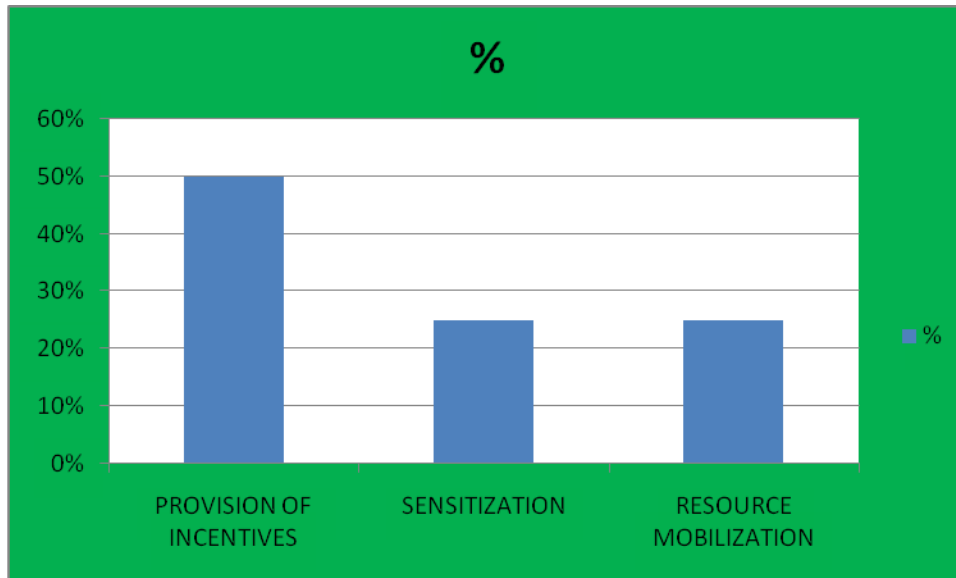


Fig 17: Suggestions by government staff on how to address challenges faced by CBCCC

As per recommendation from the government officials, provision of incentives to caregivers features highly if challenges in ECD implementation are to be addressed. This is followed by sensitization of communities and mobilization of resources.

4.2.13.4 Improvements required to the guidelines

The government officials interviewed made some recommendations to improve the ECD guidelines and policy. Some of them are:

- There should be commitment by the government and all partners to provide incentives to caregivers.
- Intensify monitoring of CBCCCs.
- Intensify community mobilization.
- All partners implementing ECD should seek for guidelines before implementing their activities.

- Partners should share their work-plans with the coordinating office before actual implementation of their ECD activities.

It is no surprise that there are still areas of the ECD policy that need to be reviewed. This is because policy implementation forms a basis for informing the policy itself. Being the custodians of the policy at district level and people who get first hand information on the impact thereof, government officials' contribution is paramount to inform the policy. Having worked with CBCCCs for between 5 and 13 years the officials have had a feel of the struggles centers encounter in their endeavor to implement the ECD policy. In agreement to the care givers and CBCCC committees, the provision of incentives to care givers continues to come out as a major issue that has to be looked into in reviewing the ECD policy.

All the caregivers interviewed indicated that there was need to make some improvements to the operations of CBCCC in the area. Some of the improvements indicated were in line with the ECD policy. Here are some of the improvements suggested:

- Uniform for the children (16.7%).
- Parents should be willing to release their children to attend classes (8.3%).
- Monthly supervision of the children (16.7%).
- Proper collaboration with community members (8.3%).
- Committee members to have more interest in running the CBCCC (16.7%).

It is clear from the contributions that caregivers interviewed had a vision of the centers in their area. According to the study all the caregivers agreed that they wanted to see some improvements in their CBCCC. Having been involved in the operations of the CBCCC for 2 to 6 years the caregivers were conversant with some issues in the ECD policy. As such they knew how the improvements needed to be done. From the study results, it is clear that the community members have a major role to ensure that the centers are improved. It is also clear that the government and stakeholders have a

contribution to make to support them. There is great recognition among all care givers that something has to be worked out to improve the learning and playing environment to enable their children to learn better.

CBCCC committee members indicated some issues that need to be included in the ECD policy to improve the wellbeing of children in the area. Some of the suggestions include:

- It should be clearly stipulated that care givers be given honorarium at the end of each month in order to motivate them to work hard (50%).
- All committee members are to undergo trainings of specified days of 14 days as per ECD policy (16.7%).
- The education level of the care givers should be indicated to ensure that no uneducated people are taken on board (25%).
- There should not be too many children being taught by one care giver (8.3%).

According to the findings, there are a number of issues that need to be clarified in the policy if its objectives are to be fully achieved. Since the committee members have had some experiences in supporting children, their ideas could be borne out of the challenges they have faced.

As such the provision of honorarium to care givers ranked first in the proposition into the ECD policy. This is followed by the inclusion of the specified educational level of the care givers.

4.3 Conclusion

As presented in the chapter, three different groups of respondents articulated issues emanating from the implementation of the ECD policy in the community. Each of these group expressed itself in such a way that they brought out issues that would help them perform their duties better. CBCCC committee's perceptions were based on what they expected to be done by the government and other stakeholders.

Care givers also explained issues that they felt caused them to struggle in their work whereas government officials explained issues that would reveal their contributions to the centers. More than that government officials had a general view of the issues and presented what they felt was to be handled by all the partners supporting child development.

It was also noted that each of the interviewed groups were able to unveil some challenges they encounter and make propositions to contribute to the review of the national ECD policy.

5 CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The country has made great strides in the implementation of the ECD policy. The policy is being implemented widely not only in ECD centers in urban area but also in CBCCC in the rural areas where over 80% of the country's poor population live (NSO 2008). Implementation of the policy has provided an opportunity for the communities to take up their roles in ensuring the growth and development of their children.

This chapter presents evaluation on meeting the research objectives and a summary of the major findings and conclusions. These summaries are presented in line with the primary and secondary objectives of the study. The chapter also presents recommendations drawn from the findings followed by areas befitting further research. The recommendations are provided for CBCCC committees, care givers as well as the government.

5.2 Evaluation on meeting the research objectives

To ascertain that the study achieves its aims, it was necessary to re-examine the aim and objectives of the study in light of the findings.

5.2.1 Major objective of the study

The major objective of the study was to assess how the Malawian ECD policy was being implemented in CBCCC in Namatubi Kanyenjere in Chitipa, Malawi so as to provide guidelines for creating awareness for all stakeholders in the area. The aim of the study was achieved as the existing literature was used to provide background on which informed FGDs and key informant interviews with caregivers, CBCCC committees and government officials were conducted. Results of the discussions and interviews which are presented in chapter four of the study were brought into context by relating it to the existing/ secondary data. The process culminated into a clear

perspective on how communities, government and other stakeholders are fairing in the implementation of the ECD policy objectives in the district.

5.2.2 Specific objectives of the study

A total of five specific objectives were developed and presented in chapter one of the study. To examine their achievement, the objectives will be highlighted again in this section followed by a description on how they have been realized in the study.

5.2.2.1 Specific Objective 1: To describe ECD and its linkage to Education and Development

Chapter two provides a literature review that captures issues satisfying the meeting of this objective. The chapter presents a description of Education and Development and how they are linked together. It also presents a description of the socio-economic context of the country in which this linkage is being facilitated. This information obtained from the existing literature provides a basis on which the objective has been achieved.

5.2.2.2 Specific objective 2: To analyze the role of communities in establishing ECD Centers

Chapter two continues to provide a literature review that captures issues satisfying the meeting of this objective. The chapter describes the background of ECD in Malawi and how it has developed over the years. It also makes a presentation on the Malawian ECD policy statement its purposes, goal, objectives and its approach in the implementation process where roles are highlighted. Furthermore chapter four provides the practical roles communities' play in establishing and managing the CBCCCs in the area. This information sourced from primary and other secondary literatures confirms the attainment of this objective in the study.

5.2.2.3 Specific objective 3: To assess the social, political, religious and cultural stumbling blocks communities encounter in the implementation of ECD Policy in Namatubi Kanyenjere ADP.

Chapter four provides highlights of issues emanating from the research findings which are satisfying the requirements of this objective. The chapter clearly presents the various roles for caregivers, CBCCC committees, government as well as other stakeholders throughout the operations of the centres. In the findings operational and monitoring roles are clearly indicated to ensure proper support for the children. It also describes the social, cultural, political and religious challenges that are faced by all the stakeholders in the process of implementing the policy. Furthermore it highlights some ways communities employ in addressing these challenges.

5.2.2.4 Specific objective 4: To explore the perceptions of the extent to which ECD policy objectives are achieved in Namatubi Kanyenjere ADP in Chitipa

Chapters three and four further indicate issues to address this objective. Much as chapter three explains the design and methodology used in the study, there are some issues emanating from the chapter that reveal to us some perceptions of interviewees. This is especially from the section on unpublished literature that includes play materials, operational guidelines, and meeting minutes. Chapter four also highlights other issues that reveal the communities perceptions on how the policy is being achieved. Some issues included in the chapter describe the communities' perceptions of how government and other stakeholders should support the centres. These issues are clearly showing how the objective has been tackled.

5.2.2.5 Specific objective 5: To assess the role of stakeholders in supporting implementation of the ECD policy in CBCCCs in Namatubi Kanyenjere area

Chapters two and four guide us on how the objective has been achieved in the study. Chapter two explains the role of all stakeholders as indicated in the ECD policy. Chapter four provides information on the sources of funding to support the centres as well as

how the community accesses the support from various stakeholders. These issues provide us with all the information that was required to achieve this sub-objective.

5.3 Summary and conclusions of the chapters of the study

The choice of the research topic, based on the rationale of the research problem was motivated in chapter one. This resulted in the formulation of the research problem which was followed by the determination of the major and specific objectives. As such a qualitative research was required to address the problem namely, the implementation of the ECD policy in CBCCC in Namatubi Kanyenjere area.

The second chapter presented an overview of information sourced from the existing literature. A presentation on education and development was made which provided a basis on which ECD policy issues were explored. These were followed by a description on the trends of ECD in Malawi as well as the Malawian ECD policy and its objectives. An attempt was also made to present advantages of investing in ECD as well as challenges that are registered.

The third chapter was focused on describing the design of the study and the methodology that was implored. Apart from describing the sampling design used in the study, a presentation on questionnaire development, pretesting and translation as well as consent issues were made. These were followed by highlights of the research methodologies that were used. FGD, observations and key informants interviews were used in carrying out the study.

Chapter four presented the actual findings of the study in relation to the questionnaire that was used during the interviews. These findings were compared to the existing literature and summarized in the other sections of this chapter. The summaries are presented to provide guidelines with an aim of creating awareness among stakeholders on the issues emanating from the policy's implementation. These are then followed by recommendations to the study and areas for further research.

5.4 Summary of the main findings

Summary of the key findings critical to the objective of the study have been drawn from chapter four and included in this chapter to enable the researcher to draw relevant recommendations. These main findings are presented below:

- Communities in Namatubi Kanyenjere area are aware of what constitutes a CBCCC. As such they ably help children with the general services stipulated in the ECD policy itself. Over half of the CBCCC have heard of the ECD policy from the social welfare office, NGOs or church and other sources.
- CBCCC in the area receive various forms of support from within and outside their community. The support comes in different forms of either cash or materials depending on the need at hand.
- Planning for monitoring and implementation of activities in CBCCC is normally done by community members. Community leaders facilitate meetings for the committees as well as the whole community to discuss issues and activities pertaining to the welfare of children in their centers. CBCCCs have a daily Programme that govern their activities.
- With support from their leaders communities developed guidelines that govern the operations of their centers.
- Sixty percent (60%) of the Care givers and 40% of CBCCC committees are partially trained while the others are not trained. These are normally trained by NGOs working in the area. The trainings help them to support the children in their activities as well as monitor their performance.
- Only 8.3% of the trained care givers received a formal type of training at an institution while the rest received other forms of trainings ranging from attachments in institutions to workshop types. This makes it difficult for the care givers to provide standardized form of support to the children in the centers.

- Irrespective of their religious or political affiliations anyone in Namatubi Kanyenjere area can become a caregiver, so long as they are appointed by the community leaders and have an education of some kind.
- There are gender disparities in the implementation of the ECD policy in the area. ECD activities in the area are regarded as feminine activities hence there are more women (79%) care givers than men. About half of them are of child bearing age (21 – 30 years).
- Cultural perceptions still plays a big role in the development of children and management of CBCCC in the area. More women than men participate in development activities targeting children in CBCCC in the area though they are mostly led by the men. A total of 87.5% of the CBCCC chairpersons are men.
- Community leaders are entrusted with the responsibility of selecting people to become care givers in the area. A total of 75% of the care givers interviewed were selected by the community leaders.
- Enrollment into the CBCCC is regarded as a pre-requisite for any child to be accepted in all the primary schools in the area though it is not stipulated in the policy. As such parents who would want their children to be enrolled in primary school have no choice but to enroll them in the CBCCC.
- Community members take part in the implementation of activities in their centers. A total of 83% of the respondents indicated that members of the community participate in the affairs of their CBCCC.
- Some of the activities carried out in the area include; Playing, Singing, Dancing, Sporting, Writing, Storytelling, Praying, Feeding.
- CBCCCs in the area have ever faced some food shortages. As such they have developed their own mechanisms to address such situations.
- Community meetings are the chief source of sharing information among community members in the area (75% of the respondents). The meetings serve as podiums for sharing information, resolving conflicts, checking plans and reviewing progress of activities.

- Government officials are also aware of the guidelines stipulated in the ECD policy that clearly indicate their roles and responsibilities in the implementation of the policy.
- Ninety two percent (92%) of the CBCCC in the area are said to be registered with the District Social Welfare Office. The social welfare office keeps a record of all the registered centres in the area.
- There is no official documentation given to the CBCCC or kept by the District Social Welfare Office as a symbol of their registration with government. This implies that the centres are not legal entities in the communities.
- Government officials employ various ways to ensure proper utilization of the ECD policy by the partners in the area.
- Government prioritizes capacity building of the communities to ensure proper implementation of the policy.
- Major stakeholders in the area are aware of and take up their roles in supporting the CBCCC in their activities. These stakeholders in the area include NGOs, the church, CBOs and FBOs.
- Communities face various challenges in their endeavors to implement the ECD policy.

5.5 Major conclusions

Several major conclusions can be drawn from the study findings and the summary presented above. The conclusions include:

- 5.5.1 The government of Malawi has made some strides in the implementation of ECD policy in CBCCC in rural communities who make up 80% of the total country's population.
- 5.5.2 Community members have heard of the ECD policy and have an idea of how important it is on the development of the children.

- 5.5.3 Community members are taking up their roles and responsibilities in the ECD implementation in CBCCC in their areas. This is evidenced by the fact that all the CBCCC in the area were initiated by the community members.
- 5.5.4 Community leaders take leading roles in sensitizing communities on the importance of ensuring that all children of the recommended age are enrolled in CBCCC in their areas.
- 5.5.5 Government through the Ministry of Gender Child Welfare and Community Development have taken up their role of ensuring that all CBCCC are registered by the social welfare though the centres are not provided with written documentation.
- 5.5.6 Government, communities and all stakeholders support CBCCC with various items that include trainings, food items, cooking utensils, play materials and other things.
- 5.5.7 Government and stakeholders provide minimal support and monitoring of CBCCCs in their area.
- 5.5.8 CBCCC continually produce reports and share them with relevant stakeholders and government officials, however they are never given feedback which is of great value if they are to improve operations of the CBCCC in their areas.
- 5.5.9 CBCCC are adhering to some minimum requirements stipulated by the government, however they require increased support to make sure they improve in the areas they are lagging behind. A quick push and proper follow up can enable them to move up higher in the quality of implementation.

5.5.10 Apart from trainings, care givers in CBCCC are not provided with any other incentives which results in some of them dropping out while others inconsistently support the affairs of children.

5.5.11 There is no recognized body at district level to coordinate and monitor the implementation of the ECD policy standards in CBCCCs in the area. All the quality control tasks are left in the hands of the government officials who may also have other assignments to fulfill.

5.6 Recommendations

Various recommendations can be drawn from the research findings but for the sake of this study here are the major recommendations made. The recommendations are drawn for all the three groups of interviewees who participated in the study.

5.6.1 Recommendations for CBCCC committees

- 5.6.1.1 In collaboration with community leaders, committees should continue to sensitize communities to support the centres.
- 5.6.1.2 There should be coordinated efforts by committees to lobby for support from other stakeholders and well wishers to improve the standards and learning conditions of their centres.
- 5.6.1.3 Committees should also find their own ways of providing incentives to care givers on their performance in the centres.
- 5.6.1.4 Committees should come up with local networks to help each other build their capacity and share lessons.

5.6.2 Recommendations for Care Givers

- 5.6.2.1 Care givers should continue to write reports as a way of sharing information on the progress of the CBCCC in their areas.
- 5.6.2.2 They should also find more ways of ensuring that they get proper feedback from the government officials on the reports they send them so that they are kept informed on the oncoming issues.
- 5.6.2.3 There is need for care givers to come up with groups at local level to ensure cross- fertilization of their experiences and ideas.

5.6.3 Recommendations for Government

- 5.6.3.1 Government should come up with an agreed care giver to child ratio for all the ECD centres in the country to ensure that children are provided with the required attention in all the communities.
- 5.6.3.2 There should be an agreed way of providing incentives to care givers so that the time they spend with children is seen to be appreciated by all the stakeholders. Otherwise the use of volunteers is a threat to the implementation of the policy.
- 5.6.3.3 There should be an agreed education limit for the care givers as well as enforcement of gender balance to ensure quality play and learning for the children in the centres.
- 5.6.3.4 The government should facilitate formation of District coordinating committees that can help support quality and effective

implementation and monitoring of the implementation of the ECD policy in CBCCCs.

- 5.6.3.5 Government should come up with a step by step procedure on how to initiate and monitor CBCCCs. This can also be followed by development of a proper monitoring tool for checking progress of implementation in all the CBCCCs in the country. Once these are developed they should be shared with the relevant stakeholders and communities for their use.
- 5.6.3.6 Government should put in place proper mechanisms to ensure that the training standard of 14 days for care givers is enforced and followed by all stakeholders involved. Once fully trained all the care givers should be offered certificates of recognition to motivate them on their participation.
- 5.6.3.7 There should be an agreed allocation of both financial and human resources in the national agenda to support implementation of ECD policy. It should not just be hidden in the education allocation but must be clearly stipulated.
- 5.6.3.8 All CBCCCs and ECD centres registered with the Ministry of Gender and Child Welfare should be provided with registration certificates which could be regarded as a symbol of their registration with the government. Other than that any centre can claim of their registration and government officials can claim registering centres that are not registered at all.

- 5.6.3.9 Government should come out clearly on the need/ policy condition for all children to be enrolled in CBCCC before being enrolled in primary school.
- 5.6.3.10 The government should employ properly qualified individuals in the relevant ministry to help push the ECD agenda forward. This should also be backed by properly trained staff at district level solely responsible for ECD. It does not need to be an additional responsibility for the social welfare staff at district level.
- 5.6.3.11 There should be clearly allocated resources for ECD in the national budgets to support improvement of the learning standards in the communities.
- 5.6.3.12 Government should put in place a mechanism to support the improvement of the infrastructure in the ECD centres.
- 5.6.3.13 Government should help to come up with an accredited institution to train care givers in their roles so that they can also be recognized by communities once they are fully trained. This can help to address the problem of inconsistencies in the standard of learning in CBCCC.
- 5.6.3.14 There should be standardized training material for all care givers in the communities.
- 5.6.3.15 Government and stakeholders should come up with model CBCCCs where communities can learn and appreciate the standard centres required.

- 5.6.3.16 There should be an agreed geographical demarcation for CBCCC to be included in the policy to control registration of children in the centres. For example a centre could accommodate children from a particular village only depending on the distance children are to cover.

5.7 Areas for further research

Several areas for further study were unveiled during the study. Here are some of the areas:

- 5.7.1 An investigation into the volunteerism of care givers in the implementation of ECD policy.
- 5.7.2 The capacity of government to enforce the minimum requirements for CBCCC.
- 5.7.3 The impact of culture on the implementation of the ECD policy.
- 5.7.4 The role of religion in the implementation of the ECD policy.
- 5.7.5 Parents' perceptions on the effectiveness of ECD in the development of their children.

5.8 Conclusion

CBCCC are the major ECD service providers in the rural areas in the country. All these centers are initiated and managed by the community members with support from various stakeholders. The government sectors and NGOs have their own defined roles in ensuring that the national ECD policy is effectively implemented in the centers. Though a lot of work has been done on the ground, communities and stakeholders grapple with numerous challenges that need concerted efforts by government and communities to address. The challenges range from inadequate supervision, food shortages, and untrained and unmotivated care givers to poor learning environment just to highlight a few examples. Even though the communities are attempting to address some of these challenges, there is need for more coordinated efforts to address them. The efforts will go a long way to improve ECD conditions not only CBCCC in Namatubi Kanyenjere area but also centers in other areas across the country.

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APPENDICES

Appendix 1: QUESTIONNAIRE 1

CBCCC COMMITTEES IN NAMATUBI KANYENJERE ADP IN MALAWI.

1. INTRODUCTION

Thank you for accepting to take part in the FGD we are having today. The information we get here is solely for learning purposes and will help us appreciate the work you are carrying out in the area to support children and their families. I assure you that the information will be used with absolute confidentiality

Name of interviewer.....

Date of interview.....

Name of CBCCC

Name of Village.....

Number of men

Number of women

2.0 QUESTIONS

<p>1. What does a CBCCC as a play and a learning centre mean to you?</p>	
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<p>2. Can you give names of the CBCCC you have in this area and how many children can each accommodate?</p>	
<p>3. Who originated these CBCCC? (Probe for responses such as an individual, government, community or other organizations)</p> <p>- How did they mobilize the people to start the center?</p>	

<p>4. Have you ever been supported in any way as a committee and what support did you receive? (Probe in terms of training, materials like food, play materials e.t.c.)</p>	
<p>5. In the absence of support from external sources, how do you ensure that the CBCCC continue to operate in the area? (Probe for contributions from the community members in both cash and kind).</p> <p>If garden or poultry or any physical item then check their availability at the centre and make a comment on how they are fairing.</p>	
<p>6. Who plans and monitor the implementation of CBCCC activities in your</p>	

<p>area? How is it done?</p>	
<p>7. Are there any guidelines/ procedures that are used in running the CBCCC in this area? Explain them.</p>	
<p>8. Where did you get the guidelines and how are you using them?</p> <p>(Check if social welfare department or any government sector helped them in formulating the guidelines. At what level were they helped)?</p> <p>Do they know the ECD policy?</p>	

<p>9. Any other issues you would want to be included in the guidelines to help improve the lives of children in this community?</p>	
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10. Do you have the following items/ activities at your centre (CBCC)

#	ITEM	YES	NO	COMMENT
(a)	A trained care giver (for 14 days).			
(b)	A Programme for the day (e.g. food every 3 hours, play time, singing time e.t.c.)			
(c)	Proper and well ventilated structure.			
(d)	Proper, clean and well ventilated kitchen that is not hazardous to the health of the children.			
(e)	Clean, well ventilated and child friendly toilet.			

(f)	Dish rack for drying centre utensils			
(g)	Tip a Tap placed just outside the toilet with a hygiene tablet of soap.			
(h)	Linkage system with nearest health facility where growth monitoring activities are carried out and records on such are kept.			
(i)	Register of all children attending the centre (preferably a hard cover).			
(j)	Toys for recreation and early stimulation.			
(k)	Clean surrounding with no obstacles which are hazardous to the health of the child.			
(l)	Mats or chairs for children to sit on to prevent/ avoid colds.			
(m)	Well cleaned and properly kept utensils.			
(n)	Backyard garden for growing vegetables.			
(o)	Fruit trees planted around the centre such as pawpaw, mangoes, oranges and other fruits.			
(p)	Food stocks (Maize, G/ nuts e.t.c.)			
(q)	Outdoor games facilities (Katungwe, see-saw, tires e.t.c.).			
(r)	Bucket of clean and safe drinking water.			

(s)	A resting corner for children who would like to rest.			
(t)	Cooking equipment (pots)			
(u)	Growth monitoring charts			
(v)	1 or 2 meals a day			

THE END

THANK YOU FOR YOUR PARTICIPATION

APPENDIX 2: QUESTIONNAIRE 2

INDIVIDUAL CARE GIVERS IN CBCCC.

INTRODUCTION

Thank you for accepting to take part in the interviews we are having today. The information we get here is for learning purposes and will help us appreciate the work you are carrying out in the area to support children and their families. I assure you that the information will be used with absolute confidentiality

Name of interviewer.....

Date of interview.....

Name of interviewee.....

Name of CBCCC.....

Name of Village.....

PERSONAL INFORMATION

2.1 Age of respondent

- (a) Below 20
- (b) Between 21 and 30 years
- (c) Between 31 and 40 years
- (d) 41 years and above

2.2 Sex.....

- (a) Male
- (b) Female

2.3 Marital Status.....

- (a) Single
- (b) Married
- (c) Widowed
- (d) Separated
- (e) Divorced

2.4 How many children do you have?

- (a) One
- (b) Two
- (c) Three
- (d) Four
- (e) Five and above
- (f) None

2.5 Are any of your children learning in the CBCCC?

- (a) No
- (b) Yes

2.6 Literacy level of the respondent

- (a) Never been to school
- (b) Below Standard 8
- (c) Primary School Leaving Certificate
- (d) Junior certificate
- (e) Malawi School certificate of Education
- (f) Tertiary level

CAPACITIES OF THE CBCCC CARE GIVERS

3.1 What is your role in the management of the CBCCC?

- (a) Care giver

- (b) Committee member
- (c) Child's parent
- (d) Community member
- (e) Other, explain

3.2 Why are you involved in the running of the CBCCC

- (a) I just got interested in supporting children
- (b) It's a way of serving my community
- (c) I don't have any other job to do
- (d) I thought I could be getting some money
- (e) I was requested by the community leaders
- (f) I'm more educated than other people.

3.3 How many boys and girls (children) are learning in the CBCCC?

- (a) Less than 10
- (b) 11-20
- (c) 21-30
- (d) 31-40
- (e) Above 40

3.4 How many men and women from your community take part in the activities of the CBCCC?

- (a) Half of the community members
- (b) All community members
- (c) None of the community members
- (d) Other, explain

3.5 Are they volunteers or paid members?

- (a) Volunteers
- (b) Paid members
- (c) owners

3.6 If paid members, who pays them?

- (a) Community
- (b) Government
- (c) Other, specify

3.7a. Have you ever received any form of training in your role as a care giver?

- (a) Yes
- (b) No

3.7b. If yes, who organized and funded the training?

- (a) Government
- (b) Community members
- (c) NGOs
- (d) Other, explain

3.8 What sort of training was it?

- (a) Formal training at an institution.
- (b) Workshops held by an organization.
- (c) Attachments to other centers
- (d) Was employed in a company where I learnt the skill
- (e) Others, Specify.....

3.9 How is the knowledge gained in the training helping you in your role?

- (a) I can now help the children better
- (b) It helps me to plan better lessons for the children
- (c) It doesn't help me in any way

- (d) Its long time ago so forgot most of the information that I learnt
- (e) Other, specify

3.10 If No, where did you get the skill to teach ECD at this CBCCC?

- (a) I just started teaching the children without any training.
- (b) I learnt it from friends/ parents
- (c) Was employed in a nursery school in the city where I learnt the skill.
- (d) Others, Specify.....

ACTIVITIES OF THE CBCCC

4.1 How did the CBCCC start?

- (a) The community just mobilized itself to start the centre
- (b) A member of the village
- (c) The District Assembly/ Government started it
- (d) One of the NGOs
- (e) A church and its leaders.
- (f) I don't know
- (g) Other, specify.....

4.2 What activities do you carry out with the children? Tick all those that are applicable.

- (a) play
- (b) singing
- (c) dancing
- (d) sports
- (e) writing

- (f) story telling
- (g) feeding
- (h) sanitation
- (i) praying
- (j) Other, specify

4.3 If feeding, where do you get the food?

- (a) Government
- (b) NGOs
- (c) Community contributions
- (d) Produced by community members
- (e) Other, specify

4.4 If community, how do you organize yourselves to get the food from each contributor?

- Community meetings
- Individual willingness
- Visitations
- Other

4.5 Are there any days when the children go without food?

- (a) Yes
- (b) No

4.6 If yes, how do you deal with such situations?

- (a) Grow our own crops such as maize and beans
- (b) Ask community members to contribute
- (c) We ask from other organizations
- (d) Government provides for us
- (e) Other, specify

4.7 What effect does that have on the children's attendance and participation in learning?

- (a) It increases absenteeism
- (b) No effect is registered
- (c) More children still participate
- (d) Other, specify

4.8 How do you enroll children into the CBCCC?

- (a) Parents express interest for their children
- (b) Each child is eligible to be enrolled so long they live in this village
- (c) Care givers select children for enrollment
- (d) We enroll those that participate in community activities
- (e) Other, specify

4.9 Where do parents get information regarding the CBCCC?

- (a) We conduct awareness campaigns in the village
- (b) Parents get information from their friends
- (c) Announce information on the radio
- (d) Other, specify

4.10 Do all parents willingly send their children to the CBCCC?

- (a) Yes
- (b) No

4.11 If no, how do you support those that do not send their children to the learning centre?

- (a) We visit them in their homes and explain to them its importance.
- (b) We do not do anything.
- (c) We report them to the chief and then punish them.
- (d) We send them out of the community.

- (e) We send them to the social welfare office.
- (f) Other, specify

4.12 What improvement should be done to improve the activities of your CBCCC?

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5.0 MONITORING OF ACTIVITIES

5.1 How long has the CBCCC been operational?

- (a) Less than 5 years
- (b) 5-10 years
- (c) 10 + years

5.2 Is the CBCCC registered with the district Assembly?

- (a) Yes
- (b) No

5.3 If yes, have the officials ever visited you?

- (a) Yes
- (b) No

5.4 If yes, what information did they share with you?

- (a) Advice after monitoring visits
- (b) New updates from the Assembly
- (c) Teaching and play materials
- (d) Other, specify

5.5 Do you ever write reports on the activities of the CBCCC?

- (a) Yes
- (b) No

5.6 If yes, where do you send the report?

- (a) District Assembly/ Social welfare department
- (b) NGOs
- (c) Community leaders.
- (c) Other, Specify.....

5.7 Do you get feedback on the reports that you send?

- (a) Yes
- (b) No

5.8 If yes, how does the feedback help you with your follow up activities?

- (a) It encourages us to continue working
- (b) We are learning to write better reports
- (c) To improve where we were not doing well
- (d) Other, specify

5.9 If no, what should be done for you to get some feedback on your report?

- (a) I need them to send us the feedback in any form.
- (b) They can organize some meetings for a group of us to get the feedback together.
- (c) I can also follow up with them at their offices.
- (d) I don't know
- (e) Other, specify

5.10 Have you faced any challenge in the management of the CBCCC?

- (a) Yes

(b) No

5.11 If yes, can you describe the challenges?

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5.12 How did you address them?

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5.12 Any other comment?

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6.0 CBCCC FUNDING

6.1 What other forms of support have you ever received?

- (a) seed and fertilizer
- (b) Food/ Likuni Phala
- (c) Teaching and playing materials
- (d) Water
- (e) Constructed a CBCCC Block
- (f) Cooking utensils
- (g) Blankets
- (h) Other, explain

6.2 Who gave you the support?

- Government
- NGO (name it)
- Individuals from other communities
- Others, explain

6.3 Have you ever heard of the National ECD policy?

- (a) Yes
- (b) No

6.4 If yes how are you using the information from the policy?

- (a) For planning our activities
- (b) For monitoring activities

- (c) We are not using it
- (d) Other, specify

6.5 Who shared the information about the policy with you?

- (a) The social welfare department.
- (b) An NGO working in this area (name it)
- (c) A friend
- (d) Our local/ church leaders
- (e) Others, specify

6.6 Any other comment?

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THE END

THANK YOU FOR YOUR PARTICIPATION

APPENDIX 3: QUESTIONNAIRE 3

GOVERNMENT STAFF/ STAKEHOLDERS SUPPORTING CBCCC

1. INTRODUCTION

Thank you for accepting to take part in the interview we are having today. The information we get here is for learning purposes and will help us appreciate the work you are carrying out in the area to support children and their families as well as CBCCC in the area. I assure you that the information will be used with absolute confidentiality

- (a) Name of interviewer.....
- (b) Name of interviewee.....
- (c) Position of interviewee.....
- (d) Number of years in the position.....
- (e) Date of interview.....

2.0 QUESTIONS

- 1. How many CBCCC do you have in this area?

- 2. What is your role in the operations of the CBCCC in the area?
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- 3. As government representative what support do you provide to ECD centers in the area?

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- 4. Does government have any guidelines and policies governing the operations of the CBCCC?
 - (a) Yes
 - (b) No

- 5. If yes, what does it say?

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- 6. How are you using the policies and guidelines to support CBCCC in the communities?

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- 7. Do you share these guidelines with the /would be proprietors of CBCCC?
 - (a) Yes
 - (b) No

- 8. If yes, how do you check whether they are using them or not?
 - (a) We assess the situation of their area before the CBCCC is opened

- (b) We continue monitoring their work
- (c) We get reports from each CBCCC
- (d) We train community leaders to continually monitor their CBCCC

9. If they are not using them, what actions do you take?

- (a) we close the centre
- (b) we re-educate them on the importance of the guidelines
- (c) No-one has failed to use the guidelines
- (d) Other, specify

10. Are there any sections in the policy that are not applicable to the communities you serve?

- (a) Yes
- (b) No

11. If yes, which areas?

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12. What do you think are the roles of NGOs in supporting ECD centers?

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13. What challenges are you encountering in the implementation of the policies?

Circle all the appropriate reasons.

- (a) Inconsistencies in mode of teaching by caregivers
- (b) Volunteerism of care givers which result in resigning
- (c) Caregiver's level of Education
- (d) Lack of incentives to caregivers
- (e) Lack of agreed defined tools for monitoring CBCCC
- (f) Unavailability of designated personnel to supervise the CBCCC
- (g) Untrained caregivers
- (h) Poor infrastructure
- (i) Unavailability of resources to carry out the work in the community
- (j) Other, please explain

14. What should be done to address these challenges?

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15. What improvements should be made to these guidelines to address needs of the children and their communities?

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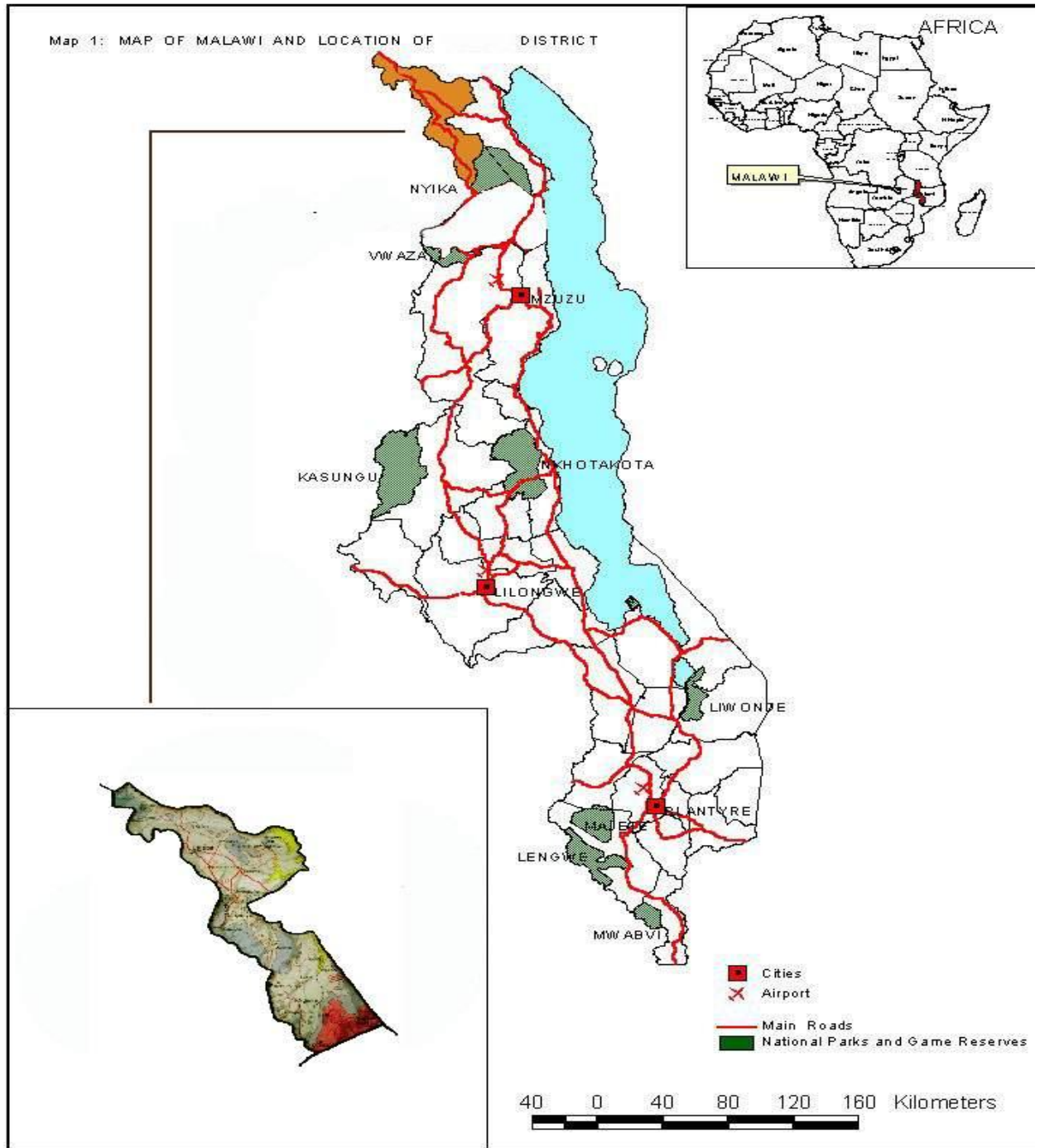
THE END

THANK YOU FOR YOUR PARTICIPATION

Appendix 4: LIST OF SAMPLED CBCCC

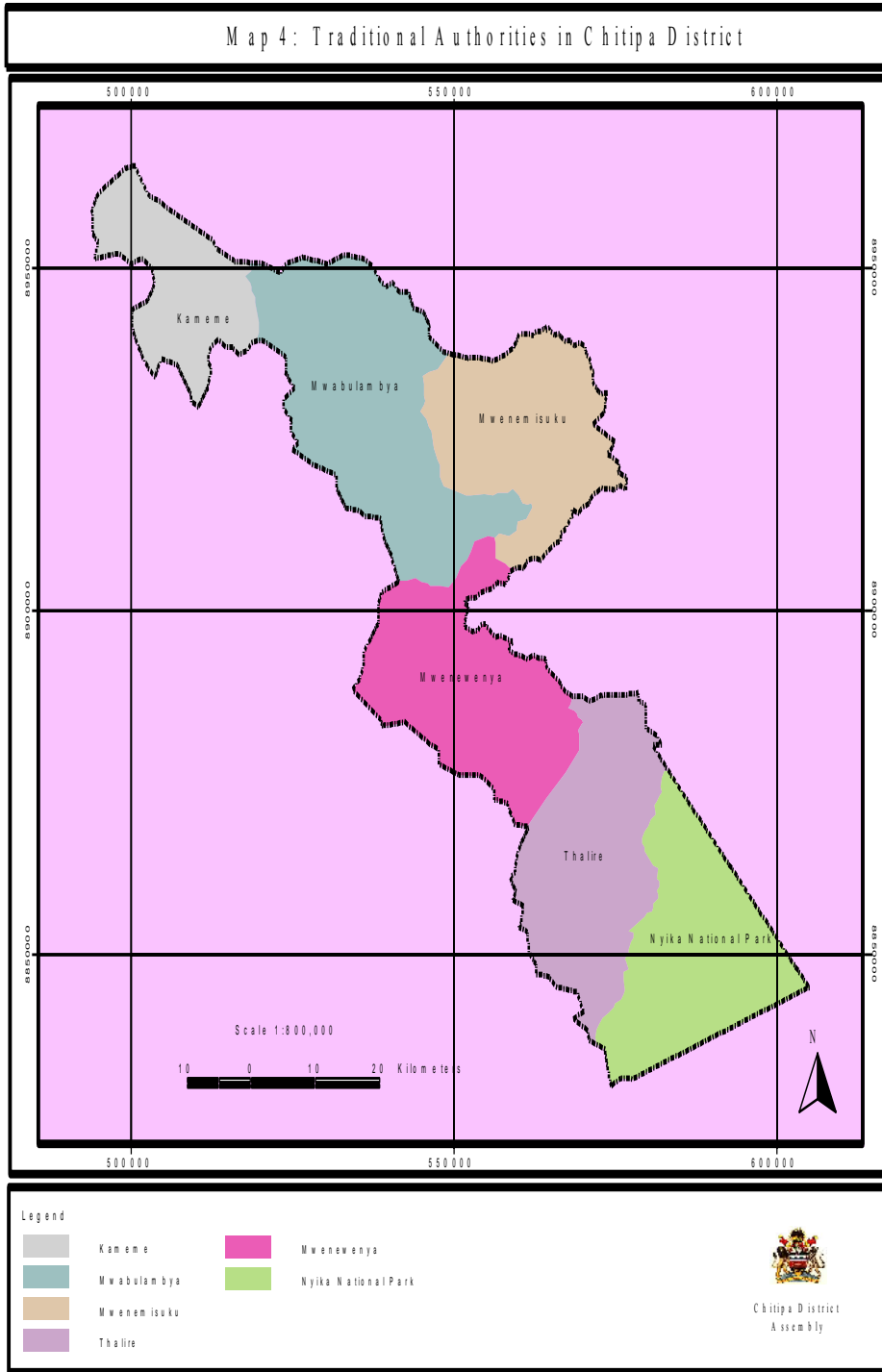
CODE	CBCCC NAME	VILLAGE	NUMBER OF CHILDREN BY GENDER		TOTAL NUMBER OF CHILDREN
			BOYS	GIRLS	
1.	Tughele	Mwangoloma	9	13	22
2.	Tulipoka	Nchelenje	19	17	36
3.	Chikondi	Nchelenje	20	18	38
4.	Lutengano	Namatubi	42	30	72
5.	Sekwa	Sekwa	12	06	18
6.	Mukuyu	Lodge	16	22	38
7.	Kayanike	Kayanike	46	35	81
8.	Kasimu	Meru	14	21	35
9.	Twayipa	Muselema	29	21	50
10.	Kapiri	Kapirir	19	26	45
11.	Musani	Musani	12	14	26
TOTAL			238	223	461

Appendix 5: MAP OF MALAWI SHIWING CHITIPA DISTRICT



Source: Chitipa District Socio-Economic Profile

Appendix 6: MAP OF CHITIPA SHOWING NAMATUBI KANYENJERE AREA (MWABULAMBYA)



Source: Chitipa District Socio-Economic Profile