

Narrative Evaluation of a Community-based Child Care and Education Intervention: The  
Case of Muula Center in Zomba, Malawi

by

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B.Ed., University of Malawi, 2000

M.A., University of Victoria, 2007

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of the Requirements for the Degree of

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## Abstract

This study has evaluated outcomes of the care and educational intervention set up for children of Magalasi and the surrounding villages since 2003. Magalasi Village is located in the rural area of Zomba District in Malawi, Southern East of Africa. The study has investigated perceptions, attitudes and ultimately meanings that participants have attached to this intervention. In doing so, it has established the effectiveness of this intervention, which is based on based on the principle of partnership, and aimed at improving the care and education of young children of Magalasi Village.

The study employed the narrative inquiry approach situated within a hermeneutic phenomenological framework. Data was collected from 35 community participants using conversational narratives and has been analyzed thematically.

The study has generated numerous findings; way beyond assessing the objectives set out at the beginning of the intervention, 40 themes in total. The major findings are: a) the reversal of child neglect situation; resulting in improvement in the hygiene and personal care of nearly all children in Magalasi village; b) highly improved school performance of most children attributed to improved school preparedness and leading to most children enjoying and staying in school, and successfully completing primary education; c) highly appreciable nutritional support to children; and d) existence of challenges and tensions underlying the implementation process.

Overall, the Muula Center is having a huge positive impact on the care and education of most children of Magalasi village with minimal financial and essential technical support. Therefore, the financial, technical and community ingredients that are responsible for the delivery of the care and educational services in this intervention need to be sustained for continued impact. Also, a good understanding of challenges and tensions underlying the implementation process bears the potential of identifying and addressing critical issues, which will lead to further strengthening of the efficacy of the intervention.

**Key Words:** Early childhood care and education, Narrative inquiry, Evaluation, Partnership, Phenomenology.

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**Dedication**

To our three children: Tadala Chibwana, Tayamika Chibwana, and Takondwa Chibwana.

## **Chapter 1: Introduction**

### **Purpose and objectives of the study**

The purpose of this study was to investigate outcomes of the care and educational intervention set up for children of Magalasi village and the surrounding villages. The study aimed to solicit perceptions, attitudes and ultimately meanings that participants attach to this intervention through the stories narrated by individuals involved in this intervention at the community level.

It was anticipated that the study would generate findings that would be of interest to all intervention partners regarding whether the intervention that is on-going is making a significant difference in the care and education of young children in Magalasi Village. Furthermore, it was expected that the narrated stories would generate knowledge about other outcomes beyond the targeted objective stated above. Outcomes that might seem unlikely, contradictory or problematic would be of special interest. This is because such outcomes usually reveal the complex forces underlying social interventions, and a good understanding of these bears the potential of informing intervention participants of the issues that need to be attended to strengthen the efficacy of the intervention.

Two broad objectives of the study are:

1. To explore varied perceptions, attitudes, and meanings that different community members attach to this intervention and,
2. To establish the efficacy of this tripartite partnership intervention on the care and education of young children of Magalasi Village.

## **Background**

In 2003, Dr. Mangani Katundu, a member of Human Ecology Department of the University of Malawi; while conducting his research on food and nutrition security<sup>1</sup> in Magalasi Village, Zomba, Malawi; encountered a situation of extreme poverty and child neglect. He saw children as young as 4 and 5 years old loitering from morning into the day without a bath, without proper clothing, and without food. Some of the children were drinking beer in the process of carrying it from the women that were brewing it to the men that were buying it. As a result, these children were getting drunk during the early hours of the day while their counterparts in other parts of Malawi were learning and playing.

Moved with concern for the care and education of these children, Mangani shared what he witnessed with members of the Department of Human Ecology. I was one of the members who listened to the story. On the basis that we offer courses that address issues related to the problems that children of this community were facing, the Human Ecology Department entered into a partnership with the community to address issues of childcare and education. This was carried out by way of organizing several visits to the village to learn about the situation and establish a collaborative relationship with the community leaders, parents, and custodians of children. Using a few financial resources raised from the bake sales in our Department, a community-based childcare center (CBCC) was established with the intention of improving care and early learning experiences of young children aged between 2 and 6 years old in 2003.

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<sup>1</sup> Mangani's research focused on examining the effects of rodents on the food and nutrition security for the people of Magalasi and the surrounding villages.

The village chief provided land close to a big Muula<sup>2</sup> tree for the construction of a temporary shelter for children. Four members of the community volunteered as caregivers, while two others volunteered to work alongside the caregivers as attendants. Also, a committee of 10 parents was selected to oversee the running of the center on a day-to-day basis. Their duty included attending to issues raised by children, parents or caregivers concerning the running of the center.

Two years later, in 2005, I came to the University of Victoria to pursue an MA program in Child and Youth Care. A year later, I was connected with employees of the Municipality of Saanich through Dr. Judith Evans, who was then an adjunct professor at the School of Child and Youth Care, University of Victoria. In that year, 2006, the Municipality of Saanich was celebrating 100 years of existence. As part of their celebration, some of the employees of the Municipality of Saanich wanted to extend their celebration by making a humanitarian contribution to people outside of Canada. The idea of doing something to help a former sister Municipality of Zomba in Malawi was discussed. Judith, who was party to this discussion, proposed that perhaps the team would be interested in meeting with a graduate student from Zomba, who happened to be studying at the University of Victoria at that time. This is how I was introduced to the group of Municipality of Saanich employees.

In our first meeting, I explained about the collaborative intervention that our department and the Magalasi Village had embarked on. Further discussions were held

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<sup>2</sup> “Muula” is the name that was finally adopted for the center after construction of the main structure was completed. The center is now known as Muula Community-based Childcare Center.

concerning possible activities that could be implemented as part of the childcare and education intervention with financial support from the Municipality of Saanich.

The Human Ecology Department in collaboration with the Magalasi community led the process of developing a proposal for the activities that could be implemented with the financial support from Saanich. The proposal incorporated input from all the participating groups. The Municipality of Saanich employees have since been raising finances, mainly through bake sales, to support this on-going intervention. The collaborative partnership has advanced, and several activities towards improving the care and education of children in one of the poorest communities in Zomba District in Malawi have been and are being, carried out.

Presently, a learning and play center has been built, learning materials and play equipment are being provided, four caregivers have been trained in the basic early childhood care and development course, and caregivers are being paid an allowance. Also, children attending the center are provided with a single meal of enriched porridge during attendance, and some students from the University of Malawi have conducted their practica at the center. The center operates from 8:00 am to 11:30 am on Monday through Friday, over three terms in a year: September to December, January to March, and April to July. On average, 70 - 140 children attend Muula CBCC every year.

### **Rationale**

Although the center has been operating since 2003, no systematic and comprehensive assessment of the outcomes of the community-based child care and education intervention has been conducted. This study will, therefore, fill this knowledge gap, thereby yielding data that not only highlights the outcomes of the interventions but

also add to the existing body of knowledge by producing information about lessons that can be learned from this intervention model as well as from this evaluation approach.

The findings of this study will be of interest primarily to the three partners involved in this intervention namely, the Magalasi Village community, the University of Malawi, and employees of the Municipality of Saanich. Secondly, the findings will be of interest to those individuals and organizations that are working in partnership with poor communities in addressing critical social needs, particularly those addressing the care and educational needs of young children.

Furthermore, a concern to address the care and educational needs of young children, especially those that are in underprivileged conditions like the ones targeted in this intervention, has been the interest of both governments and multi-national institutions, such as UNICEF, Save the Children, and World Vision. The findings of this study will also be of interest to such institutions.

### **Dissertation outline**

In the following chapters, I first present a review of literature about the historical and international perspectives on the care and education of young children. This is followed by a closer look at three early childhood care and education initiatives within Africa as a way of situating this study, and a description of the narrative methodology and how I employed this to conduct my study. This is followed by the findings presented thematically, and highlighting as much as possible the actual quotations from the narratives of the participants. Following this is the discussion chapter, which focuses on the meanings, interpretations and implications of the themes presented. Finally, the

conclusion chapter summarizes the key findings, implications, and recommendations stemming from this study.

## Chapter 2: Literature Review

### Scope of the review

This review proceeds by firstly delineating early childhood care and education as the focus of this study. This is followed by an examination of literature concerning the importance of care and education for young children. Thirdly, a brief history of organized early childhood care and education from European settings and the subsequent major theories that have had a dominant influence on the practice of organized care and education for young children across the world are presented. Fourthly, the influence of the European model and theories on the organization and implementation of early childhood care and education programs in Sub-Saharan Africa, which includes Malawi, is especially highlighted. Fifthly, three African initiatives with a focus on providing early childhood care and education services and a strong bearing on community involvement, like the Muula Center, are examined in relation to Muula Center. These initiatives informed this study by reflecting on the unique approaches that they employed. Overall, the literature review provides context and a referential framework for the study.

No single definition of early childhood care and education can be exhaustive since the meanings, approaches and purposes for each term vary from one setting to another. Nonetheless, it is necessary to adopt some working definitions. Morrison (2000) defined early childhood care as “a comprehensive service to children and families that supplement the care children receive from their families” (p. 165). In addition, education has been described as a life-long process of development of human capacities through experiences, which lead humans to have greater control of their environment, contribute

more positively to human interactions and relations, and enable humans to fulfill their responsibilities (Dewey, 1938).

The provisioning of care and education to young children are intertwined. Most educational services provided to young children incorporate some elements of care, and vice-versa (Morrison, 2000). Notwithstanding, for the specific age category of 3 to 5 years, which is the population of interest in this study, the provisioning of educational experiences as compared to care services tends to receive more attention, especially in organized group settings. Paying more attention to educational services is problematic in that while it has given higher status and value to education, benefits, and lessons imparted by care services go unaccounted – i.e. social, relational, moral and emotional development. This review focuses equally on the care and educational aspects; the two components that are given equal weight in the intervention under investigation.

### **Importance of care and education for young children**

Studies highlighting the importance of early childhood care and education are many (Evans, Myers and Ilfeld, 2000; Lynch, 2004; Penn, 2009; Schweinhart, Barnes, and Weikhart, 1993; United Nations Children's Fund, 2001; Wu, Young, Cai, and World Bank, 2012). The majority of these studies, especially the longitudinal ones, have been carried out in economically developed settings, i.e., in the USA and Europe (OECD, 2013). Brooker (2011) highlighted that in many English-speaking parts in the world, a broad consensus now exists regarding the forms of ECD provisions that are deemed essential in supporting children's wellbeing, development, and education. Consensus exists on aspects of the curriculum, pedagogy, environment, and ethos. In their review of

research on the long-term effects of preschool education, Cotton and Conklin (1989)<sup>3</sup> concluded that preschool graduates surpass children who do not attend preschool in the following areas:

Fewer referrals for remedial classes, less retention/ repetitions, higher grades, greater social and emotional maturity, high school completion rates, greater academic motivation, lower incidence of absenteeism, better attitudes toward school, better self-esteem, lower incidences of illegitimate pregnancy, more sports participation, higher future aspirations, higher employment rates, fewer arrests and antisocial acts, better relationships with family members, better attitudes towards their children's schooling, higher expectations for their children's learning, and increased contact with their children's teachers. (Long-term benefits, Para. 4)

Research trends in the other parts of the world have yielded similar results (Penn, 2002; Vargas-Baron, 2009; Wu, Young, Cai and World Bank, 2012). From this standpoint, it would seem plausible to make a general statement that provisioning of care and educational services to young children contribute to a range of developmental benefits to children, communities, societies, and nations.

Building further on these studies, there has been growing calls to increase investment in providing care and education services for young children all over the world (UNESCO, 1990; UNESCO, 1995; UNESCO, 2000). Governments in both economically

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<sup>3</sup>Cotton, K. and Conklin, N. F. (1989). Effective Practices in Early Childhood Education. Retrieved May 6, 2013 from: <http://educationnorthwest.org/sites/default/files/EffectivePracticesinEarlyChildhoodEducation.pdf>

developed countries and underdeveloped countries have increased their attention to the care and educational services for young children; in many cases, they have also variably increased resource allocation (UNICEF, 2001; Wu, Young, Cai, and World Bank, 2012). The World Bank, UNICEF, other multi-national corporations, and non-governmental organizations have also increased their attention and resources toward the care, and education services for young children across the world (UNICEF, 2001; Wu, Young, Cai, and World Bank, 2012).

The increase in attention and resource allocation in support of care and education to young children have resulted in a modest enrollment increase from 27 percent in 1990 to 58 percent in 2015 globally (UNESCO, 2015). For Sub-Saharan Africa, the increase was the lowest at only 20 percent. Further, “eight of the ten countries with the lowest pre-primary net enrollment rates are in Sub-Saharan Africa” (UNESCO, 2015, p. 5). Furthermore, children growing up in rural areas face more challenges as far as access to adequate care and education services are concerned (Gaduka, 1997), which therefore suggests that a greater number of children living in the rural areas in Sub-Saharan Africa do not have access to care and educational services.

### **History of Euro-Western education for young children**

From the Euro-western perspective, the provisioning of organized group care and education services to young children dates back to the early 1600s. This section presents a range of historically influential thinkers and the ideas that they propagated. The influence of their ideas on the practice of providing care and education services to young children in the contemporary world is highlighted.

Jan Amos Comenius, born on 28 March 1592 in Nivince, Moravia, is credited as one of the original thinkers whose ideas influenced the framing of modern educational theory in general, and early childhood care and educational theories in particular (Morgan, 2007). Comenius suggested that education for children “should start at birth with mothers and fathers taking turns in the role of teacher” (Morgan, 2007, p. 4). The emphasis on starting early to teach young children, as well as, the direct and equal involvement of both mothers and fathers in providing educational experiences to young children, are still relevant issues today. In his own words Comenius pointed out, “When we lift them up, put them to rest, show them anything, or smile on them, we aim that they in turn should look on us, smile, reach out their hands to take what we give” (Comenius, 1957, p. 98). In addition to these ideas, Comenius also advanced the notion of equal access to education for all children regardless of their gender (Morgan, 2007). Access to appropriate care and education for boys and girls, as well as for children from poor backgrounds and children with disabilities are still significant issues in early childhood care and education in the 21<sup>st</sup> century. This concern extends to all other groups of children that face access challenges due to various factors such as poverty, orphanhood, gender, and racial background. Another current practice that is accredited to Comenius, which is traced to his book, *The Visible World* (1959), is the use of illustrations with its matching text on the same page (Morgan, 2007, p. 5). The use of appropriate and adequate materials that can capture the interest of children and foster association, interaction, exploration and discovery are linked to this early line of thinking.

Philosopher John Locke (1632-1704) is credited for writings that were influential in the creation of a constitution with the view that it is justifiable and therefore,

enforceable to let others suffer as a necessary concession for the betterment of the majority. His ideas about education saw the introduction of the Lancaster system, which meant limited freedom of learners, increased authority of the teacher, and increased number of rules and regulations by which schooling was governed to the extent that “a single adult could administer a school of 600 children” (Morgan, 2007, p. 9). A notable influence of John Locke’s philosophical ideas on the education and care of young children is that of colonization of the child, where activities become adult-centered, serving mainly the interest of the adult administrator at the expense of the child’s learning. The legacy of these ideas is traceable to undemocratic practices characteristic of the schooling business in our contemporary world (Gutmann, 1998).

The ideas of Jean-Jacques Rousseau (1712-1778) came onto the education platform in sharp contrast to those of John Locke, advocating that education should be child-centered and not adult-centered. According to Rousseau (1989), he had this to say about adults who administered education for children:

We know nothing about childhood; and with our mistaken notions the further we advance the more we go astray. The wisest writers devote themselves to what a man ought to know, without asking what a child is capable of learning. They are always looking for the man in the child, without considering what he is before he becomes a man. (p. 1)

Morgan (2007) points out that the “view that is consistent throughout ‘Emile’ [Rousseau’s famous publication] (it is the teacher - learner relationship that encourages (or allows) learner freedom” (p. 10). The ideas of Rousseau marked an opening into a period of more child-focused investigations regarding the nature of childhood; how

children interact with the environment to develop knowledge, skills, attitudes, dispositions, behaviors, and personality. Many prominent education philosophers, theorists, and practitioners that followed Rousseau's period were significantly influenced by this view to the study of childhood, which forms the bulk of what goes into the training of early childhood care and education settings even today (Neill, 1969).

Johann Frederick Oberlin (1740-1826) is known to have "established, at his own expense, the first school for children under the age of six, in a rural coal-mining community in the French countryside [in 1767] ... and [later established] several schools for families of the working poor (Morgan, 2007, p. 11). Oberlin's approach involved interviewing the teachers who were of the class of local women that wealthy families used to hire as tutors for their children. Then he hired those that qualified and trained them to conduct classes by "sitting with their group of children, encouraging language interaction and storytelling as starting points for art and music, along with learner-initiated project construction activities (Morgan, 2007, p. 11). Storytelling, characterized by teachers and children seated together, is still one of the practices that are prevalent in most childcare and education settings today.

Further, Johann Heinrich Pestalozzi (1746-1827) brought attention to the idea that young children learn better from different approaches and practices specifically suitable to their nature than those that were commonly used for teaching adults (Pestalozzi, 1977). Pestalozzi considered that "knowledge builds from the child's observations of human interactions and social interactions and social circumstances where the behavior of others is available for the child's interpretations and can serve as a model for their own behavior" (Morgan, 2007, p. 13). Later on Robert Owen (1771-1858) who was highly

influenced by Pestalozzi's theories of education, established a school for children under six years of age, in Lanark, Scotland by turning his manufacturing cotton-weaving mill into a Pestalozzi-style, free educational center, which outlawed use of "corporal punishment and the coercion of pupils through threats" (Morgan, 2007, p. 16). Owen, later on, migrated to New Harmony, USA in 1816 where he established "the New Institution" or school which was offering instruction to children and young people up to 600 in number. Education for young children was free and operated for one and half hours in the mornings. Classes for older children were running way into the evenings to cater for after-work learning (Owen, 1969). This laid the foundation for regulated schooling and protective labor laws that are now common across the globe.

### **Approaches and theories about early childhood care and education**

The ideas of the historical thinkers discussed above provided the foundation for some theories and approaches to learning and development that informed child care and education throughout the nineteenth and the twentieth centuries. Friedrich Wilhelm August Frobel, John Dewey, and Maria Montessori; Jean Piaget, Lev Vygotsky, Urie Bronfenbrenner, Lawrence Kohlberg, and Erik Erikson are some of the researchers that advanced their theories on the foundational ideas presented above. As discussed below, currently, in early childhood care and education, theories that are classified under developmental psychology greatly influence the practice of care and education. These theories are broadly categorized into four: behaviorism, psychoanalysis, cognitive development, and social learning theories.

Among behaviorists, the prominent researcher Ivan Pavlov (1849-1936) is credited with developing the classical conditioning theory, which established that

behavior could be conditioned on secondary stimulus associated with a primary stimulus. Another theorist, J. B. Watson (1878-1958), also known as the founder of behaviorism, studied behavior and concluded that through the stimuli-response systematic manipulation, he could take any normal child and raise him to be any person he chose. In a nutshell, Watson was able to demonstrate that a primary or secondary reflexes can be conditioned on some associated stimuli once an associative pattern is established through consistent and repeated actions (Watson, 2013). Watson once stated:

Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I 'll guarantee to take any one at random and train him to become any type of specialist I might select- doctor, lawyer, artist, merchant-chief and yes even [beggar man] and thief, regardless of his talents, penchants, tendencies, abilities, vocations and race of his ancestors. (Watson, 1924, p. 104)

Following on Watson, B. F. Skinner (1904-1990) developed the operant conditioning theory, explaining that learning occurs as a result of modification of behavior that is dependent on the reinforcements that the environment provides in response to already existing responses (Skinner,1965). The combined influence of Pavlov, Watson and Skinner is evident today in early childhood care and education practices associated with initiating, encouraging or discouraging children's behaviors.

Albert Bandura, (1925-present) who also worked with behaviorist theories, particularly those noted for the influence of modeling as a reinforcement for behavior, is credited with the development of the social learning theory, which explains human behavior in terms of "a continuous reciprocal interaction between cognitive, behavioral, and environmental determinants" (Bandura, 1977, p. vii). Bandura's theory "neither casts

people into the role of powerless objects [dominated] by environmental forces nor free agents who can become whatever they choose. Both people and their environment are reciprocal determinants of each other” (Bandura, 1977, p. vii). Social learning theory points to the importance of self-regulation, observation, and modeling in the process of teaching and learning for young children (Morrison, 2000). The influence of this theory is also prevalent in early childhood care and education settings today through emphasis placed on the role of observation and role modeling in teaching and learning practices.

Sigmund Freud (1856-1939) developed the psychosexual theory of development, which stipulates that human development progress through stages with sub-sections of one’s personality consisting of the id, ego, and superego. According to Freud’s theory, the id is that part of our personality that contains basic human sexual energy that strives for satisfaction; the super-ego is the rational part of personality, while the ego is the part of our personality that is overly concerned with how others value us. Thus for Freud, human habits and behavior are a product of these three forces striving against each other for gratification (Freud, 1954). Freud’s theory contributed to greater awareness of the importance of the subconscious or unconscious processes in influencing one’s conscious behavior (Freud, 1961). Paying attention to the state of inner feelings and the ways learners are motivated or demotivated by interactions with peers, are widely acknowledged issues in the education of young children in the contemporary world.

Where cognitive development is concerned, the theory developed by Jean Piaget (1896-1980) is often noted in developmental psychology and has had a pervasive influence on education programming across the globe. Piaget’s theory posits the view that considers “acquisition of knowledge and competence as a consequence of growth

and interaction with the physical and social environment” (Hilgard and Bower, 1975).

Further, the theory stipulates that cognitive development is a product of mainly four processes, namely; biological maturation, experience with the physical environment, experience with the social environment and equilibration. In general, Piaget’s theory has found wide forms of application in the field of early childhood care and development, especially in the shifting of the focus from adult-centered to child-centered programming. For instance, most early childhood education programs place emphasis on active participation of children in the learning process, a practice which is highly associated with Piaget’s cognitive development theory (Piaget, 1952).

In contrast to Piaget’s theory of cognitive development, is the social-cultural development theory developed by Lev Vygotsky (1896-1934). According to Vygotsky,

Learning awakens a variety of developmental processes that are able to operate only when the child is interacting with people in his environment and in collaboration with his peers. Once these processes are internalized, they become part of the children’s independent developmental achievement. (Vygotsky, 1978, p. 90)

Thus, the social-cultural theory emphasized the role of social interaction within a particular cultural context in the process of learning, which leads to cognitive and other forms of development. The incorporation of culture, sensitivity to cultural contexts, and the centering of social interaction in the field of early childhood care and education depict the relevance and application of this theory.

Another theory that emphasizes the role of the social context in the processes of acquiring knowledge and skills as children develop is the ecological systems theory developed by Urie Bronfenbrenner (1917-2005). This theory emphasized the importance of interactional settings and their interrelationship in the development of an individual (Bronfenbrenner & Bronfenbrenner, 2009). Beginning with the “microsystem,” to “mesosystem,” “exosystem,” “macrosystem,” and chronosystem, Bronfenbrenner and Bronfenbrenner highlighted how the different settings, from immediate to distant and abstract ones, influence and in turned are influenced by the developing individual. Bronfenbrenner and Bronfenbrenner postulated the following:

*Microsystem:* Refers to the institutions and groups that most immediately and directly impact the child's development including: family, school, religious institutions, neighborhood, and peers. *Mesosystem:* Interconnections between the microsystems, interactions between the family and teachers, Relationship between the child's peers and the family. *Exosystem:* Involves links between a social setting in which the individual does not have an active role and the individual's immediate context. For example, a parent's or child's experience at home may be influenced by the other parent's experiences at work. *Macrosystem:* Describes the culture in which individuals live. Cultural contexts include developing and industrialized countries, socioeconomic status, poverty, and ethnicity. A child, his or her parent, his or her school, and his or her parent's workplace are all part of a large cultural context. Members of a cultural group share a common identity, heritage, and values. *Chronosystem:* The patterning of environmental events and transitions over the life course, as well as sociohistorical circumstances. For

example, divorces or loss of a family member constitutes a transition, with affected individuals responding differently over time

([https://en.wikipedia.org/wiki/Ecological\\_systems\\_theory](https://en.wikipedia.org/wiki/Ecological_systems_theory)).

This theory brought to the fore the complexity of the interplay between different social settings in understanding and planning for developmental activities for young children, families, learning and other institutions in every society. Issues of transition from preschool to school, standardization of curriculum, development and implementation of care and educational policies, are context-related issues that still receive the attention of professionals in this field (Corsaro, & Molinari, 2005; Kagan, & Neuman, 1998).

### **Early childhood care and education in Pre-colonial Africa**

As described above, the recorded history of ideas that relate to early childhood education and care in the Western world reaches back for many centuries. Such a history also exists in Africa—the cradle of humanity, where child care and education can be dated back to time immemorial. For the African, then, and continuing to this day, education is also a process that starts at birth and lasts for life (Nsamenang and Tchome, 2011). Historically, it is widely acknowledged that unlike in most other African societies where education was largely informal, the Egyptian society developed and established quite an advanced form of formal education system that Enosi (n.d.) describes as follows:

Egypt had a relatively advanced formal education system. The Egyptians for instance evolved a series of symbols (*Hieroglyphs*) for writing and reading. This was pictographic language developed over 5000 years ago and used until the 450 AD. It had elements similar to those of the modern alphabet. (p.19)

As noted just above, the form of education in most other parts of Africa was informal. As depicted by Scalon (1964),

African traditional education has been variously described as indigenous, pre-colonial and informal or community-based education. The descriptions were predicated on the fact that there were no schools of the modern type and no professional teachers as found in the modern system. However, there were certain centers of initiation and the adult members of the community served as teachers. Though the traditional system lacked the modern classroom setting under the guidance of a teacher, though it is characterized by the absence of student/pupils with uniform, regimentation, and permanent teachers, however, it served its purpose at the time. This is because it was essentially practical training designed to enable the individual to play useful roles in the community. (p. 72)

While most of the approaches to the care and education of children in Africa today reflect a lot of foreign influences, especially Euro-western ones, traces of an African paradigm for the care and education of young children can still be identified. Among the values that inform this approach are the centrality of the extended family as the major institution responsible for the socialization and education of children; the high value placed on attributes such as obedience, respect of others and others' property, collectiveness, the dignity of hard-working, responsibility; rites of passage and maintenance of social order (Ejuu, 2012; Kingsley, 2010). That said, over the years the value system of the African traditional education has been greatly disrupted and undermined by colonization and westernization such that the system that once was coherent and effective has now been rendered incoherent and ineffective.

The methods of delivery in traditional African education settings were largely informal. Among others, the following methods stood out:

- Use of oral forms of literature such as storytelling, proverbs, riddles, poems, and songs
  - The mini lecture was used where short messages were verbally given to the learner who was expected to listen, observe and later do as instructed
  - Observation and imitation
  - Cultural functions that included ceremonies of happiness and sorrow were used to expose the learner to hidden traditional practices and beliefs
  - Games and plays were used in shaping desirable social values and enhancing the physical fitness of the individual
  - Active participation was crucial for the transmission of various skills
  - Apprenticeship, which was more elaborate, was also used to expose the learner to specialized knowledge, skills and values, i.e. Crafts, Arts, and Medicine
  - Rewards and Punishments were used as mechanisms to enforce discipline.
- (Ejuu, 2015; Enosi, n.d; Mazonde & International Conference on the Cultural Approach to Development in Africa, 2001).

It should be noted that although African traditional education has not received the same amount of recognition and support in the field of education, in Africa; most Africans to this day have been largely educated (informed and oriented in terms of knowledge and skills acquisition, as well as attitude formation towards forms and modes of living) by traditional African education (Ejuu, 2015; Nsamenang & Thombe, 2011).

From birth up to the age of 6 years, most children in the African context will have fully developed linguistic proficiency in their mother tongues. That proficiency comes with a lot of knowledge, skills and attitudinal orientation that influences the educational processes that follow (Phillips, & Shonkoff, 2000). Further, Nelson (1998) pointed out that the early years between one to five years, “sets the stage for the acquisition of cultural knowledge systems and for entering into the literate cultural world as a full participant in all its technologies” (p. ix).

The majority of children in Africa are usually introduced to formal education when they turn six years old and join the primary school. Only a small number of African children as yet, attend pre-primary or early learning programs, so for example, according to Africa-American Institute (2015), “on average, only 20 percent of young children in Africa were enrolled in pre-primary programs in 2012” (p.6). Interestingly, for the most part, formal education comes prepackaged in either English, French or Portuguese depending on the post-colonial legacies. The complexity of the challenges facing the education enterprise in Africa today include issues such as poor infrastructure, poor qualification of teachers, lack of availability of teaching and learning materials, long distances to and from school, unequal access to education between boys and girls, high teacher to student ratio, etc. (Africa-American Institute, 2015). That said, the introduction of formal education with knowledge packaged in a foreign language and used by teachers who have no mastery of that foreign language, is one big challenge that the majority of African children are subjected to since the arrival of colonization on the continent. While it is widely acknowledged that colonization of African countries came to an end, unfortunately, the colonizing systems and structures that govern life on the continent are

still alive and very much functional, as reflected in the case of languages used for instruction in most formal education systems.

### **Pre-European and European early childhood care and education (ECCE) influence on Africa**

Long before the arrival of the European expeditions in Africa, the continent's major colonizing influence on traditional education can be traced to the advent of Islamic refugees in Ethiopia in 615. According to one online source,

During Muhammad's lifetime, a group of Muslims escaped Meccan persecution (615) by fleeing to Ethiopia, where the Negus gave them protection. The spread of Islam in Africa began in the 7th and 8th century with the Umayyads, who brought the religion to the Middle East and the littoral of North Africa.

(<http://www.infoplease.com/encyclopedia/society/islam-africa.html>, para1).

The subsequent conquest of Egypt and Libya by the Islamic armies lead not only to the spread of Islam as a religion, but also the spread of the Arabic language and the establishment of its culture, of which, education was at its center. This is highlighted below:

The Muslims took Egypt and Libya from the Byzantine Empire in 642. Islam transformed and uplifted the decaying Byzantine civilization in Egypt, imparted to it a transcendence based on *Tawhid* so that the land of the Nile became a cradle of the nascent Islamic civilization. Within forty years of the conquest of Egypt, Umayyad armies had reached the Atlantic

Ocean. (<http://historyofislam.com/contents/the-classical-period/islam-in-africa/>.

Para 11)

As pointed out by Mazonde, & International Conference on the Cultural Approach to Development in Africa (2001), the spreading of Islam required that Koranic schools be set up where children and the converts were supposed to memorize and recite Koranic verses. Thus, Koranic schools were established next to mosques and a formal system of education where a specialized teacher worked with a group of learners/students was introduced. As Mazombe et al. further noted, the learners were classified according to the different levels of accomplishments based on student's acquisition of Islamic religion and culture, not on their demonstration of traditional African cultural knowledge:

For most pupils, formal education ended with the memorization of a part of the Koran and the acquisition of the skill to read and write the Arabic script; but [abler] and ambitious pupils could enter the next stage of schooling which involved the comprehension of the meaning of the Koranic verses learnt by rote, reading other writings such as Hadith (that is, the traditions of the Prophet), followed later by learning the rules of grammar. The program of studies at this stage might also include other branches of knowledge, viz, theology, commentaries on the Koran, logic and jurisprudence. (p. 4)

The influence of Islam on the education in Africa is still dominant especially in the north, east and west Africa. It was only in the fifteenth century that Europeans brought their form of education onto the continent of Africa with the arrival of the Portuguese missionaries (Mazonde et al. 2001). Mazonde further stated that:

The real foundation of the Western-type school system in Africa was laid by the eighteenth-century missionaries. This is true of most colonial powers such as Britain, France and Portugal, although there were national and local differences. In the period following the First World War, colonial administrations in Africa assumed greater responsibility for education. In most colonial territories Directors of Education were appointed, and committees were set up in European capitals for assistance to formulate official policies on African education. (2001, p. 6)

Prochner and Kabiru (2008) observed that missionaries and colonial masters, who employed racist approaches, such as negating local languages and their inherent value systems, also quickly transferred the infant school model developed in Europe in the early 19th century to Africa. The particular colonial model of preschool education, which was characterized by low investment, poor standards, highly authoritative, high child-teacher ratios; became the dominant model of pre-primary education delivery across Africa and the colonized world (Pence, 1998).

The first missionaries used early childhood education as one way of “Christianizing” the indigenous populations. The common view held by the missionaries of that day was summarized in the words of Champion (1968) as follows:

There is an opinion prevalent here among those interested in missions, that those entering new missionary fields should sit down immediately, in the infant school [and] teach the children the English Language, in order that in the course of two or three generations the native language may be extirpated. The English introduced, [and] thus that all the stores of literature, science, and religion that there are in the English tongue may be laid at their feet. Thus, you have saved

translations, [and] you have a language adapted to civilized [and] Christian men. The language then will not cramp their minds as those minds expand under the influence of Christianity. (p. 5)

UNESCO (1985) makes a similar observation about the type of Christianity responsible for the introduction of formal schooling in Africa as follows:

The Christianity that came to parts of Africa in the nineteenth century reflected the arrogance and confidence of an increasingly industrialized and technologically advancing Euro-American world. The missionary expansion became part of the expanding search for markets for products of the new industrialization, and precursors for European colonial conquest and rule. In spite of the Christian religious orientation, therefore, the dominant ethos of the missionary movement was secular, involving co-operation with the different colonial regimes or working under their sufferance and regulations. The Christian system of education thus became an aspect of colonial administration. (p. 14)

As highlighted above, early childhood education initiated by the missionaries was not only conceived as a vehicle for “Christianizing” the heathens; it was also infused with the craft of suppressing, if not displacing, the indigenous languages and cultures of the colonized populations with the European languages and culture. Thus, the missionaries sought to “civilize” African children by passing along their Eurocentric values concerning race, education, and religion, while at the same time demonizing African values or relegating them to an inferior status (Prochner and Kabiru, 2008).

Early childhood education was therefore used as a vehicle through which the project of civilizing the colonized populations could be economically achieved. The views expressed by Wilderspin (1832) below depict the essence of this racist ideology:

The children of barbarous tribes start with the advantages of those of civilized man, and instead of being retarded in their progress by the ignorance and imbecility of a people only rising above the slave state. They raise up to cultivate and humanize their parents, and become the elements of a society that will soon be able to supply its own wants, advocate their own rights, and diffuse the blessing of civilization among the tribes in the interior of Africa. (pp. 16-17)

It should be noted that the education introduced in Africa by Europeans did not aim at producing critical thinkers, innovative inventors, or graduates who would dare to move the boundaries of science, technology and all the other forms of knowledge and skills development. Instead, the purpose of education was to train the student in basic knowledge and skill required to fill out very low administrative and clerical positions and perform such tasks that were considered menial for the expatriates (Kingsley, 2010).

The introduction of formal European education in Africa came with the dismissal of the importance of traditional forms of education that had provided support to the social cohesion and cultural identities for societies for thousands of years (Nsamenang and Tchombe, 2011). As those that were educated in the formal schooling were recruited in the administrative positions, given a salary, and their status were elevated above those that did not participate in formal European education, the social order for most parts of the colonized Africa was disrupted forever (Jagusah, 2001). The lack of

acknowledgement and recognition of the African traditional education has continued to this day as almost all educational resources in most African countries are directed towards formal European type of education, which among other effects has led to loss of local languages together with their accompanying cultural knowledge, technologies and values (Scott, 2007).

### **Approaches to care and education intervention for young children**

Currently, practitioners in early childhood care and education use various approaches to address the demand for care and education of young children in different parts of the world. Across the spectrum of different approaches, debate still prevails as to what forms of care and education approaches are best or suitable for particular settings (James and Prout, 1997; Marfo, 2011; Moss, Dahlberg, and Pence, 2000; Nsamenang, 2008; Pence, 1998; Serpell, 2011). Notwithstanding the debate, the influence of developmental psychology has been the dominant force in the development of various approaches across the globe (Arnett, 2008; Nsamenang, 2008). It is in developmental psychology that the theories of how children learn and develop have come together to form a unified view of the child (Castañeda, 2001; Nsamenang, 2009). From this unified body of knowledge, the universal images of normal and abnormal childhood have been developed along with universal standards for caring, educating, and evaluating services for young children (Arnett, 2008). The USA has been at the forefront of developing standards that have been applied universally (Arnett, 2008; Evans, Myers, and Ifield, 2000).

Many critics of developmental psychology have highlighted the problem with such a universalization of childhood (James and Prout, 1997; Marfo, 2011; Nsamenang, 2008; Pence, 1998; Penn, 2002; Serpell, 2011). Among other criticisms, the universalization of

childhood has been highlighted as being insensitive to other contexts and cultures (James and Prout, 1997; Nsamenang, 2008).

Sociological perspectives have both challenged the universal application of most of the standards in childcare and education, and have proposed the alternative means by which more context-sensitive approaches can be advanced (James and Prout, 1997). This study will, therefore, adopt the sociological perspectives since this framework appears to be more sensitive to particular contexts and is cognizant of the subjective legitimacy of knowledge based on personal experiences of the intervention beneficiaries.

### **Evaluation research in early childhood care and education**

In the same manner, most of the evaluation studies in early childhood care and education have been dominated by the mainstream, mostly developed in the US, quantitative approaches to research and knowledge development. So for example, the experimental model has been adopted in many cases with specified input and output measures, controlling for some other variables between randomly selected samples assigned to comparative groups (Arnett, 2008). The importance of qualitative approaches to the evaluation of early childhood care and education interventions has not received similar attention (Laird, 2003), as the major drive behind most of the evaluation studies has been the expansion or application of the studied models to other populations and contexts (Lynch, 2004; The RISE Institute, 2009; Penn, 2002).

While exportation and importation of early childhood care and education models continue, the evidence in support of the universalization of early childhood care and education models remains questionable. For instance, since knowledge is always situated

(Chambers et al., 1979; Gherardi, 2008), every community is unique in its history, culture, geography, set of relationships among living and non-living things, composition of populations, economic and social fabric, availability or scarcity of resources and amenities, attitudes, aspirations, rules and regulations governing public and private lives, politics, environmental challenges, epidemiology, genetics, etc. All of the listed factors influence how provisioning of care and education for young children play out and the meanings that beneficiaries derive from participating in such interventions. It is, therefore, obvious that replicating experiences and meanings associated with one intervention in a specific location, and time, to a population in a different location, and time, is at best a wishful undertaking.

Qualitative approaches to the study of the effectiveness of care and education interventions for young children provide a rather broader and more flexible basis for evaluation than positivist, quantitative approaches (Guba, and Lincoln, 1994). More specifically, narrative approaches have been proposed as being uniquely suitable to elicit broader and deeper understandings of the outcomes of a social intervention by capturing the views, perspectives and meanings of intervention participants (Clandinin and Connelly, 2000).

The fluidity of narratives combined with the multiplicity-of-truth view that governs narrative inquiry foregrounds the capturing of meaning and complexity, which cannot be planned for ahead of time, or which cannot be objectified ahead of implementation (Clandinin, & Connelly, 2000). These are nuances of knowledge that go beyond the quantifiable, tangible, and visible outcomes of any social intervention program. As noted before, effects of childcare and education services documented in

literature today tend to focus on outcomes that are quantitative in nature, such as an increase in school completion rates, better job opportunities, fewer school dropouts, fewer remedial classes and lower rates of crime (Cotton & Conklin, 1989). What these studies do not provide are the meanings that people attach, not only to the specific observable outcomes at some point in time, but to the experiential journey that has taken them through a particular path in life: the fears, dilemmas, confusion, perplexities, resolutions, feelings of gratifications, ambitions, reflections, aspirations, dreams, personal investments and choices (Clandinin, & Connelly, 2000).

The more often employed quantitative approaches to evaluating early childhood care and education intervention have tended to depersonalize the social processes through which outcomes are made possible. In this regard, children are rather portrayed as objects to which things are done. This view to planning and evaluating early childhood care and education intervention is too narrow. Children are dynamic, and so are caregivers, helpers, teachers, parents, siblings, and the environments with which they interact. Stories, unlike other forms of data, are fluid enough to allow the personal side of the interplay, characteristic of social interventions processes, to come alive (Clandinin, & Connelly, 2000).

Upholding the view that children are dynamic players in care and education intervention not only broadens the capturing of a myriad of outcomes beyond those that can be planned for and objectified ahead of implementation but also shifts the legitimacy of intervention significance from the intervention supporters (planners or partners) to intervention beneficiaries. In considering the significance of provisioning of care and

education to young children, it is only credible to have the beneficiaries share from their perspectives what they value and consider as benefits.

As I see it, while it is possible to apply early childhood care and intervention approaches from one population to another, and observe similar outcomes, it is not feasible to duplicate completely the experiences, meanings, interpretations, and values that people attach to any such intervention. These experiences, meanings, interpretations, and values are what undergird impact - the long lasting impressions and behavioral modifications that people formulate because of participating in an intervention.

Further, what may appear to be a positive outcome of an intervention, may be so on face value, without considering the complex processes leading to the outcome and its aftermath. As my wife once commented, “each pregnancy is associated with a unique set of feelings and challenges” (A.I. Chibwana, personal communication, September 30, 2009). Our first-born is a girl and so is our second born. We both harbored ambitions and prayed for a son to balance the ratio of one male to three females in our family. During the third pregnancy, my wife developed swollen feet, put on much weight to the extent that most people thought she was going to give birth to twins. She completely lost her amazing walking coordination! Then we concluded, this was the last pregnancy and tubal ligation will be done after cesarean section. Coming to see the baby, one of my wife’s brothers who was evidently overjoyed commented; “now the boys have started to come!” (S. Kalanda, personal communication, September 30, 2009). His joy for more boys to come was greeted with a shocking, “No, no more, game over, finished!” (A.I. Chibwana, personal communication, September 30, 2009). So, although it was joyous to see the boys coming, the cost was not something both my wife and I were willing to pay. I am

using this story as an example of the unseen costs associated with any social intervention project. Stories have an open front, in the sense that, in story-telling participants have more freedom to divert completely from what was expected to be heard, to what the storyteller feels, and thinks is worthwhile in his or her perspective, and therefore worth telling.

It has been conventionally accepted that you can treat two separate human populations as being equal on some parameter of interest, hold some parameters to be constant over time, and introduce some conditions to the experimental group, which is later compared to the control group. While treated as absolute truths, these constructs are at best ambitions of scientism to treat dynamic social phenomena as laboratory elements with a specified and limited set of qualities that can be explained, and predicted given any particular set of circumstances (Lather, 2005). This is not to say that scientific methods and their associated statistical procedures are not valuable, no, but to indicate that they are limited to capture certain forms of knowing, while narratives are able to capture different or other types of knowing.

From my personal story-telling cultural perspective, (I am a descendant of the Chewa tribe, a Malawian, and an African), I consider stories as storehouses of those experiences that we consider most valuable. I believe that if humans would create stories of every single experience, then the longest lifespan would be too short for any person to tell all their stories. However, of all the people that we see in a day, and all the interactions that we become part of, only the ones that we interpret as most valuable we keep in our storied treasure houses. These treasures take multiple dimensions as knowledge, wisdom, feelings, insights, perceptions, fears, instructions, valuing,

remembering, relating, connecting, honoring, and restoring. We share these treasures with friends, relatives, and strangers from time-to-time, and from one generation to another. As such, I believe that without stories, there would be no heritage! My experiences and beliefs about narratives, certainly assist me with valuing these as sources of vital information and no doubt influenced my choice of method.

### **Context and rationale for the Muula Study: ECCE community-based projects in Sub-Saharan Africa**

The ‘community’ has been very active in the development of young children in Africa as the common African adage goes, “it takes a village/ community to raise up a child.” Parents, guardians, grandparents, siblings, extended family members and even neighbors have always taken an active role in providing care and educational services to the growing child. From the moment the child is born, he or she receives constant attention of the mother and the grandparents for a week or two when the child is then seen and cared for by immediate family members. As the child grows further, more and more people become directly involved in providing care and education to the child.

With the gaining of national independence for most African countries, formal education began to expand to include the previously excluded population (UNESCO, 1985). However, by and large, formal education focused on the primary, secondary and tertiary level of education. The care and education of children below the age of six years, were largely a private matter and mainly the responsibility of parents and communities. As such, children of the few privileged expatriates and other wealthy nationals in the urban areas had access to formal settings for early childhood education (Mazonde, & International Conference on the Cultural Approach to Development in Africa, 2001).

Even at this point, education for the young is publically perceived as more of a luxury than a right. At the national level, the public investment in this sector of education has been relatively very low (UNESCO, 2015).

It is rather in the late twentieth century that African countries started to focus on early childhood education as an important area of the education system (Pence, 2004). This has come about because of many years of advocacy and research work pointing out the need to recognize early childhood education as a proper foundation for the later stages of education. It is during this period that most policies in Early Childhood Development (ECD) started to mushroom across the African countries (Pence, 2004).

Nevertheless, although most countries dedicated efforts to developing the early childhood care and education policies, very little was done to make available the human, material and financial resources needed to provide optimum standards of early childhood education to all children. Early childhood care and education has remained as a family or community responsibility without the much-needed investment from governments across the continent (Pence, Amponsah, Chalamanda, Habtom, Kameka & Nankunda, 2004).

The landscape of early childhood care and education especially in Sub-Saharan Africa, which is a region marked by highest levels of human conflicts, HIV infections, and diseases such as Malaria and Tuberculosis, under-nutrition, and poverty, is still such that the individual families and the communities bear the greatest burden associated with early childhood care and education (Pence et al., 2004; UNESCO, 2015). This is despite some relatively increased investment by the World Bank and other international organization such as United Nations Children's Fund (UNICEF) and Save the Children (UNESCO, 2015). Three cases of community participation projects in ECD from Ghana,

Kenya, and Mozambique, are discussed in relation to the Muula Center intervention and its narrative evaluation.

### **The case from Ghana**

The Child, School, Community Project on Education (CHILDSCOPE) study in the Afram region of Ghana conducted by Dr. Seema Agarwal in 1994, aimed at identifying and addressing the issues related to poor performance of children in primary schools despite the investments made to improve the same. The study, therefore, focused on children 0-6 years old, which included kindergarten ages. The Ghana statistics at the time of the study indicated that about 90 percent of children aged 0-6 years old did not have access to ECD services. Further, the statistics revealed that the majority of children from poor households aged below 6 years were at risk of malnutrition, disease, lack of security, and inappropriate developmental practices; infant mortality rate stood at 132 per 1000 live births and; 30 percent of children below the age of 3 years were stunted (Agarwal, 1994).

CHILDSCOPE's specific objectives included the following:

- 1) Improve primary education so children can read, write and be numerate by the end of primary school;
- 2) Maintain (or increase where necessary) enrollment; and
- 3) Increase attendance and continuation rates, especially among girls. (Agarwal, 1994, p. 4)

The project utilized community participation approaches as its main strategy, whereby all levels of the community were involved in the planning and implementation processes as stipulated below:

This approach to program development highlights the importance of the role of local personnel as action researchers, and views the process of development (Assessment of a given situation, Analysis of the reasons why, and Action based on the findings) as cyclical. Thus, the program goals and ongoing objectives were developed and continually revisited using locally generated information. For instance, interviews were conducted with mothers, parents, teachers, head teachers, community elders, assemblymen, members of the village/town and children in diverse locations reflecting the multiple factors that create the child's learning environment: the home, school, and community. (Agarwal, 1994, p. 5)

Among the several lessons learned from this kind of a project were the following:

- 1) Identify and build on the strengths of existing institutions.
- 2) Build the capacity at all levels—community, school, District Education Office (DEO), District Assembly (DA), other decentralized departments, and the Ministry of Education (MOE) and Ghana Education Services (GES) at the national level.
- 3) Merge the knowledge and experiences of people from all backgrounds.
- 4) Community members and teachers must be involved in identifying and analyzing issues at their schools and in developing solutions.

5) Non-governmental Organizations (NGOs) and the Community Development Office (CDO), with their experience in working directly with communities, can work hand in hand with the DEO to generate community involvement.

Furthermore, the DEO can enhance their work with the teachers by incorporating some of the participatory approaches often used by NGOs.

The two projects, Muula Center and CHILDSCOPE, are similar in the sense that they are both community-based and broadly focus on the education of young children. In addition, the initial steps in establishing the Muula Center similarly included consulting and engaging the community from the very beginning of the project through community dialogue.

Nevertheless, differences exist. The main objectives for establishing the Muula Center are slightly different from those of the above-referred project in the sense that the Muula Center is focused on curbing the problem of child neglect and lack of access to meaningful childcare and education services before school going age. Further, the scope of the CHILDSCOPE project was bigger; covering the entire region, as compared to a single community in Zomba. Furthermore, unlike the CHILDSCOPE project, no specific attempt was made to clearly identify the community's strengths for the Muula Center. This could present a missed opportunity in terms of building on the community's strengths. Further, the community's sense of significance and ownership of the project may have been somewhat hampered due to lack of identification, acknowledgment and utilization of community's strengths. In light of this, this evaluation has attempted to capture the extent to which the community is actively involved in the implementation of intervention activities. In addition, the study also explored the views and perceptions of

the community regarding whether their capabilities to support care and education services for their children have changed over the years.

### **The case from Kenya**

From Kenya, the case of its national early childhood education program is considered. The main purpose of the program is to prepare children for schooling. The program has the following characteristics:

- 1) It is community-based.
- 2) It is a large program, found in 28 of the country's 41 districts (68%).
- 3) It enrolls approximately 800,000 children, i.e., almost 30 percent of the estimated 2.8 million children, ages 3 to 5 in the country.
- 4) It includes many communities that are difficult to reach and/or are extremely poor
- 5) It is a low- cost program; more dependent on families and communities than on the government.
- 6) It is decentralized: county, town and municipal governments take an active role in administering the program.
- 7) The program is sensitive to cultural diversity. The curriculum exists in at least 13 languages. An important part of teaching is based on local stories, dances, and games. (Myers, 1992)

The three major achievements of the early childhood education program in Kenya cited by parents, teachers and center managing committees were:

- 1) Improved social traits,
- 2) Academic preparation for primary school and
- 3) Improved cognitive development, and improved attitude towards school-going and attendance (Myers, 1992).

Apart from being large-scale, the Kenyan early childhood education program is similar to the Muula Center intervention. The Muula Center is community-based, as community members are the key players in all activities concerning the center. Also, the project serves children from seven surrounding villages. Relatively the project is low cost in the sense that while the employees of Municipality of Saanich, British Columbia, Canada have been providing financial support, that support has been kept to a minimum to allow the community to own the project and provide all the other supports that are within its capacity. For instance, the caregivers are the only participants who are given an allowance of about \$10 per month, while helpers, committee members, and Chancellor College staff and all other participants who support the running of the center, provide their services on a voluntary basis.

Further, the Muula intervention partnership resembles a decentralized entity in the sense that the anticipated beneficiaries at the community level are the key stakeholders of the project as they manage the day-to-day running of the center. Furthermore, the project can be said to be culturally sensitive in the sense that it is accommodative of all children from the seven villages. The seven villages are somewhat homogenous in terms of their culture; but culture being dynamic, minute differences regarding household backgrounds or mixed marriages cannot be ruled out. This evaluation, therefore, attempted to examine if the three major accomplishments realized in the Kenyan program, i.e., improved social

traits, academic preparation for primary school, improved cognitive development, and improved attitude towards school-going and attendance, are also being realized by the Muula community.

### **The case from Mozambique**

From Mozambique, the case of a three-year longitudinal early childhood care and education project supported by Save the Children is considered. The project employed the randomized control trial (RCT) approach to compare treatment communities and control communities. The purpose of the Early Childhood Development Project was to improve children's cognitive, social, emotional, and physical development through supportive community-based preschool centers, home and community environments where young children "learn by doing" under the care of supportive adults (Martinez, Naudeau and Pereira, 2012).

The specific objectives of the project included the following:

- (a) Deliver quality early stimulation, psychosocial support, and emergent literacy and numeracy instruction;
- (b) Strengthen positive parenting practices and decrease harmful ones, and
- (c) Facilitate children's transition to primary school. (Martinez, Naudeau and Pereira, 2012, p.10).

The project adopted a community-based preschool model with the communities being responsible for managing and sustaining the center activities. Communities provided space to construct up to three classrooms with the capacity to sit 35 children

each. Further, the communities supplied any locally available construction materials and 100 percent of the labor for construction. Communities received technical assistance and materials for the construction of classrooms, playgrounds, child-sized latrines, and a washing station with safe water for hand washing and drinking. In addition, each community organized its supervisory committee composed of 10 members responsible for managing their preschool as well as mobilizing parents and caregivers to enroll their children and to participate in parenting meetings, construction, and maintenance activities. (Martinez, Naudeau and Pereira, 2012, p.10)

Among other things, this study established the following findings:

- 1) The probability of enrolling in primary school increases by 15.4 percentage points for children who attended preschool, representing a 24.2% increase over the controls.
- 2) Children who attend preschool are 10.2 percentage points more likely to enroll in school at the appropriate age representing an increase of 21.7% over the control.
- 3) Target children who enrolled in preschool show an increase of 14.6 points on the aggregate Age and Stage Questionnaire (ASQ) score. This represents a 5.2% increase over controls. When we disaggregate by child development domain, as a percent increase over the control we observe an improvement of 5.3% on the communication score, an increase of 6.4% on the problem-solving score and an increase of 6.3% on the precise motor coordination score. There are no significant increases in gross motor coordination.

- 4) Preschools show a 12.1 point, or 87% increase in the cognitive domain score.

While the estimated impacts on some of the other domains such as physical health, social competence and emotional maturity are present, none is statistically significant.

- 5) The sample of preschool-aged children interviewed at baseline presented alarming deficiencies in physical growth, with stunting present in over 42% of children (an average height for age z-score of -1.99 in treatment communities and -1.85 in controls). Given that the program did not include a nutrition component, the primary pathway to improved nutrition and growth is parenting meetings conducted by the program on health and nutrition related topics. It is important to note that the sample of target children was 3 to 5 years old at baseline, and that early delays in physical growth (as evidenced by stunting) are often difficult to reverse beyond the age of 2 years (Martinez, Naudeau and Pereira, 2012, pp. 22-26).

The Mozambican study is similar to the Muula CBCC partnership in that it was community-based with community members taking an active role in the construction of the classrooms, playgrounds and pit latrines. Teachers were trained in basic ECD training and were remunerated monthly. Also, the centers were supplied with play and learning materials, and a supervisory committee oversaw the running of the center. However, the scale of the project was significantly larger in that it involved 30 communities in the treatment group and 46 communities in the control group. Further, the project design employed the randomized controlled trial approach in that qualified and selected communities were randomly assigned to either an intervention receiving group or non-

intervention receiving group with clearly identified variables to be documented and tracked for comparison purposes. Instruments to measure specific impacts of the project on children's learning and development, which were mainly quantitative, were adapted and utilized.

Nevertheless, compared to the Muula CBCC partnership, the Mozambican project was relatively short-term, lasting for only three years. Further, the project did not directly support the nutrition of the children in the treatment group, an aspect that is highly related to the motivation of children in attending preschool education especially in poor communities and integral to the learning and development capacity of young children (Evans, Myers and Ilfeld, 2000). In addition, the Mozambican study is mainly a quantitative study with the ability to yield information that is quantifiable and versatile in terms of statistical manipulation but deficient in soliciting the view, perceptions, and meanings that people attach to this intervention. Therefore, the major advantage of the Mozambican project is the comparative and quantitative nature of the project in the sense that variables were objectively identified, documented, and formed the basis of objectively differentiating the impact of the intervention on the treatment group in comparison to the control group.

The Muula CBCC partnership did not objectively identify quantifiable variables that could be documented and statistically analyzed at the designing stage. However, it is still possible to identify certain variables such as nutrition status, levels of language, cognitive, social, emotional, and physical development of children especially that are joining the Center, document the changes over time and statistically analyze the data to measure the impact of the intervention. Since this would be workable longitudinally, it is

therefore not immediately applicable to the cross-sectional study already planned. This information will be passed on to the management team for consideration regarding future data collection.

### **ECCE community-based projects in Malawi**

The national early childhood development and education approach in Malawi resembles closely that of Kenya in that it is community-based (Ministry of Women and Child Development, 2006). Currently, the ECD program is housed in the Ministry responsible for Gender, Children and Community Development (MGCCD) that works in close collaboration with key allies namely; Ministries of Education, Health, and Agriculture. The program focuses mainly on the rural areas where over 80 percent of the children live (Ministry of Women and Child Development & UNICEF, 2009). The generic approach for establishing an ECD center involves community sensitization on the importance of ECD, community mobilization and organization for the establishment of an ECD center with a supervisory committee, voluntary caregivers and helpers, and implementation and monitoring of ECD center activities with trained or untrained caregivers, supported by the community members. Most of the community-based childcare centers (CBCCs) as they are popularly known, are supported entirely by communities, while few are linked to institutions located outside of their communities for various forms of support. The CBCC positive deviance study conducted in 2009 indicated that one of the factors critical to the success of a CBCC was viable linkages with supporting institutions usually located outside the community (Government of Malawi and UNICEF, 2009). The Muula Center partnership falls under this latter category.

According to a 2015 national annual report for integrated early childhood development (Ministry of Gender, Children and Social Welfare, 2015), as of 2015, in Malawi there were about 11,105 ECD centers, of which 8,198 were Community Based Childcare Centers. Of eligible children aged 3 to 5 years old, only 1,295,386 (40.03%) had access to ECD preschool services offered in the ECD centers. Also, there were a total of 32,361 caregivers responsible for providing services to children in these centers, but of that number, only 16,101 (49.75%) caregivers were trained, mostly in an ECD two-week-long basic course.

### **The Plan Malawi Project**

According to Silo, Kholowa and Chibwana (2009), Plan Malawi introduced the pre-school program here referred to as Early Childhood Care and Development (ECCD) programs in its impact areas in 2004, when there were 132 CBCCs/preschool centers in the impact areas of Lilongwe, Kasungu and Mzuzu districts. The Project was financially supported by the Finland National Office (FLNO) for three years. The goal of this project was to improve and expand early childhood care and development activities in Plan impact areas (Mzuzu, Kasungu, and Lilongwe). These areas were characterized by low-income levels and poor social indicators (high rates of infant, under age five, and maternal mortality; poor nutritional status; poor school attendance, enrollment, repetition and drop-outs at all levels of the education system). The ECCD programs aimed to address the holistic developmental needs of young children, in the areas of health, education, and social and physical development. Specific objectives of the project included the following:

1. To work through community in establishing community-based centers

2. To increase capacities of families to better care for their children
3. To reduce women's child care burden for a few hours of the day
4. To increase capacity of local communities to implement ECCD interventions
5. To assess children's growth and development on a regular basis (Silo, Kholowa, and Chibwana, 2009).

The project intended to enhance Government efforts in supporting communities in developing the Community Based Childcare Centers (CBBCs) by providing the following services:

1. Awareness creation among parents on the importance of early childhood education
2. Training preschool caregivers
3. Training pre-school committee
4. Provide pre-school supplies and materials
5. Construction of pre-school building
6. Provision of pre-school furniture and equipment
7. Construction of pit latrine blocks
8. Provision of water
9. Promoting linkages with the health sector for improved access to health services

10. Supporting food security as well as HIV/AIDs prevention and mitigation activities (Silo, Kholowa, and Chibwana, 2009).

Among others, the Plan Malawi project registered the following achievements:

1. Motivated caregivers with increased understanding of how to support young children's learning and development
2. Reduced occurrence of intestinal worms, diarrhea, and water-borne illnesses among young children
3. Reduced malnutrition cases (stunting and wasting)
4. Increase in the number of children who completed the immunization schedule by their first birthday
5. Increased community support for all the operations of a preschool
6. High sense of ownership of the preschool by the community
7. High level of knowledge of the importance of early childhood development
8. More children enrolling and regularly attending the community-based center
9. More children having better performance in primary schools
10. More children are staying and completing junior primary school (Silo, Kholowa and Chibwana, 2009).

As depicted above, the Plan Malawi ECCD project was comprehensive in nature.

Two specific activities are unique and bear some significance to any community-based childcare and education program like the Muula Center. These include community

training of committee members and promotion of linkages with the major stakeholders such as the health sector. To maximize the impact of the Muula CBCC partnership, it is imperative that incorporating these activities should be considered. This study has attempted to examine the impact that is experienced because of lack of training for the parents' committee and lack of partnership with the health sector. Also, the study has also sought to examine the achievements being realized from Muula Center in comparison to the list of accomplishments realized by the Plan Malawi project.

It should be noted that there are several other community participatory projects in ECD in Malawi being supported by international non-governmental organizations (NGO) such as Save the Children and ActionAid, while others are supported by local (NGOs) such as Association of Early Childhood Development in Malawi (AECDM) and Namwera Aid Coordinating Committee (NACC). While these organizations are numerous, their approaches are generally similar as they focus on all or some of the six major components of supporting the CBCC initiative, which are: infrastructure development; human capacity development; material and equipment supply; food, nutrition and health support; coordination and networking with other stakeholders; and monitoring and evaluation (Ministry of Gender, Children and Social Welfare, 2015).

Of the six major components, most CBCC initiatives do not focus on monitoring and evaluation systematically for several reasons. For some projects, they do not have enough resources to devote to this activity, while for others the program set up put emphasis on addressing the needs of the children living in poor communities, so much so that they overlooked this important aspect (Health and Education Advice and Resource Team, 2015). The Muula CBCC partnership falls in the latter category. However, without

a systematic approach to evaluating specific ECD initiatives, it is difficult or impossible to establish the impact that the projects are having on the children and the communities they serve. Further, it would also be difficult to learn from the series of activities that these projects implement as to which ones work well, or not, and why. Therefore, it is expected that this study will provide the basis both for understanding the impact of the project and lessons that can be learned from this intervention.

## Chapter 3: Methodology

### **Narrative Evaluation**

As I noted in the preceding chapter, the experiences, meanings, interpretations, and values that people attach to interventions in which they have participated reveals the impact of those interventions. To understand these, I have elected to conduct a qualitative study, as such research is more typically used to uncover lived meaning and experience. Qualitative research is distinct from the quantitative approach in some significant ways. Patton (2002) pointed out the following:

Quantitative measures are succinct, parsimonious, and easily aggregated for analysis; quantitative data are systematic, standardized, and easily presented in a short space. By contrast, the qualitative findings are longer, more detailed, and variable in content; analysis is difficult because responses are neither systematic nor standardized. (p. 21)

My study sought to capture and convey the changes in the care and education of children of Magalasi Village that have been witnessed and experienced over the past 10 years. Views, perspectives, and experiences of the community participants constitute the data. A narrative inquiry approach was used to collect data in the form of stories from the community participants.

### **Theoretical Orientation**

This research is situated within a hermeneutic phenomenological framework that emphasizes the multiplicity of truth. It relies on the foundational works of Husserl,

Heidegger, and Gadamer (Heidegger, 1962; Husserl, 2013; Gadamer, 1991). I aligned this study closely to the theoretical perspective espoused by Heidegger and Gadamer.

Without attempting to provide the historical and topical summaries of the philosophical positions advanced by each of the philosophers above, I will highlight, as a way of situating this study, the philosophical tenets of these three philosophers. Edmund Husserl (1859-1938) is widely acknowledged as the founder of phenomenology; the one who developed phenomenology as a philosophy that challenged the view of truth as being objective, empirical and positivist (Barnacle, 2001). He contended that truth is not something that is 'out there' existing independently of any individual (Lavery, 2003). Instead, he advanced the view that truth is constituted in the relationship between consciousness and the 'objects of knowledge' or the 'things themselves' (Barnacle, 2001). According to this view,

The observer could transcend the phenomena and meanings being investigated to take a global view of the essences discovered; i.e. settling for generic descriptions of the essences and phenomena without moving to a 'fine-grained' view of the essences and phenomena under investigation. (Sloan and Bowe, 2013, p. 1294)

Smith et al. (2009), considers Husserl's view to be essentially 'objectivisation' of the meanings of human experiences. When applied to the process of inquiry, the observer would have to 'bracket off' their previous knowledge, views, and experiences in order to discover the noema of experience (the 'what) and the noesis (the 'how it is experienced') (Sloan and Bowe, 2013, p. 1295). According to Husserl's phenomenology, "once 'things themselves' have been identified, or analyzed," and after that explicitly described, then the work of inquiry would be considered finished (Sloan and Bowe, 2013, p. 1295). It is

from this way of approaching inquiry that Husserl's phenomenology is considered as descriptive phenomenology.

Martin Heidegger (1889 - 1976), who was a student of Professor Husserl at Freiberg University in Germany, advanced a view of phenomenology that differed from that of Husserl (Smith et al., 2009; Spinelli, 2005). Heidegger suggested that "a philosopher cannot investigate 'things in their appearing' to identify their essences while remaining neutral or detached from the things—that it is not possible to bracket off the way one identifies the essence of a phenomenon" (Langdrige 2007, as cited in Sloan and Bowe, 2013, p. 1295).

Instead of focusing on phenomena as it appears, Heidegger focused on the lived experience or 'dasein'—the situated meaning of a being in the world (Thompson, Locander, and Pollio, 1990). This philosophical standpoint is premised on the view that it is not possible to 'bracket off' one's views, knowledge, and experiences when it comes to making an inquiry.

Therefore, rather than attempting what is practically impossible, an investigator needs to be consciously aware of his views, background knowledge and experiences and acknowledge how these influence the process of inquiry (Heidegger, 1962). In this regard, Heidegger emphasized that "humans are embedded in their world to such an extent that subjective experiences are inextricably linked with the social, cultural, historical and political contexts" (Leonard 1999 as cited in Flood, 2010, p.9).

Further, Heidegger's philosophical standpoint entails co-constitutionality—the view that the product of inquiry is jointly derived by all the participants in an investigation, that in this case implicates both the researcher and the research participants

(Geanellos, 2000). This shift in the view of reality meant that the inquirer's task does not end with the description of the essences of phenomena, but rather with the explanation or interpretation of the meanings that human beings attach to phenomena. Hence, Heidegger's phenomenology is considered as interpretive or hermeneutic phenomenology (Osborne, 1994).

In taking these ideas further, Hans-Georg Gadamer (1900 – 2002) focussed on language and interpretation. His philosophical point of view is that “language, understanding, and interpretation are inextricably linked” (Langdrige 2007; Rapport 2005, as cited in Sloan and Bowe, 2013, p. 1295). Sloan and Bowe (2013) also highlighted that for Gadamer, “Language is not independent of the world: the world is represented by language and language is only real because the world is represented within it” (p. 1295).

### **Application to this study**

In this study, narrative truth involves a co-constructed account of the experience, not a factual record of what ‘really’ happened. The focus is on how events are perceived, understood and experienced (Wertz, Charmaz, McMullen, Josselson, Anderson, and McSpadden, 2011, p. 225).

While there are many definitions of narrative research, Wertz et al. (2011) have pointed out the following:

Narrative research shares a fuzzy border with other forms of qualitative research and is distinguished by a focus on narrated texts that represent either a whole life story or aspects of it. Narrative research is a ‘mixed genre’ in the sense of

integrating systematic analysis of narrated experience with literary deconstruction and hermeneutic analysis of meaning. (p. 224)

According to Labov and Waletzky (1967), narrative was defined first as a “verbal technique for recapitulating experience; in particular, a technique of constructing narrative units, which match the temporal sequence of that experience” (p. 13). Later on, the definition was modified to read, “One method of recapitulating past experience by matching a verbal sequence of clauses to the sequence of events which (it is inferred) actually occurred” (Labov & Waletzky, 1972, p. 360). Bell (2002) captures the essence of narrative inquiry in the following passage succinctly:

Narrative inquiry rests on the epistemological assumption that we as human beings make sense of random experience by the imposition of story structures. That is, we select those elements of experience to which we will attend, and we pattern those chosen elements in ways that reflect the stories available to us. (p. 207)

In addition, Connelly and Clandinin (1990, p. 4) highlighted the collaborative nature of the process that gives rise to storytelling as follows:

Narrative inquiry is, however, a process of collaboration involving mutual storytelling and re-storying as the research proceeds. In the process of beginning to live the shared story of narrative inquiry, the researcher needs to be aware of constructing a relationship in which both voices are heard. The central task is evident when it is grasped that people are both living their stories in an ongoing experiential text and telling their stories in words as they reflect upon life and explain themselves to others. For the researcher, this is a portion of the

complexity of narrative, because life is also a matter of growth toward an imagined future and, therefore, involves retelling stories and attempts at reliving stories. A person is, at once, engaged in living, telling, retelling, and reliving stories.

Moreover, Ospina and Dodge (2005) identified the following three forms of narrative inquiry:

- a) Narrative inquiry that is concerned with understating intentions, values, beliefs, and emotions which reflect situated social knowledge rather than objective reality;
- b) Narrative inquiry that conveys practical knowledge gained from personal experience, which emphasizes the significance of telling and re-telling stories from personal interpretation and meaning-making;
- c) Narrative inquiry as constructions shaped by individuals, but also as forces that shape individuals and help give meaning to the social worlds. (Bruner, 1991; Riessman, 2002)

In this study, I adopted the third form of narrative from the list above as the study focussed on both the participation of community members in the intervention and the way participant's lives have been impacted through the intervention.

### **Narrative inquiry's suitability**

Narrative inquiry, which focuses on stories told from experiences, resonates with the common cultural practice of storytelling for this particular community. The community in which this study was conducted is historically an oral-based culture, where verbal communication is a common medium through which cultural values and knowledge are held and passed down from one generation to the next. For this

community, storytelling is a ubiquitous practice both in the homes and in the Muula Center. As such, I deemed narrative inquiry as the most appropriate approach for soliciting participant's views, perceptions, and experiences concerning this intervention.

Also, I deemed a narrative inquiry approach as most suitable for carrying out this study because it offered the possibility of learning from the experiences of the community members about the value and meanings that they attach to this intervention.

As Connelly and Clandinin (2000) highlighted concerning the narrative inquiry approach,

The Inquirer emphasizes the importance of learning from participants in a setting. This learning occurs through individual stories told by an individual or several individuals. These stories report personal experiences in narrative inquiry (what the individual experiences) as well as social experiences (the individual interacting with others) (as cited in Miller & Salkind, 2002, p. 149).

Further, this study took place in the natural settings of the intervention. Narratives from children were recorded at the natural settings in the Center or Primary School during usual story telling sessions. The rest of the narratives from the caregivers, teachers, parents and community leaders were also collected from either their home or work settings. This is in line with the general characteristic of qualitative research as depicted by McDavid, Huse, and Hawthorn (2013) in the following excerpt:

Qualitative methods are often used as part of naturalistic evaluation designs; that is, they do not attempt to control or manipulate the program setting. With naturalist designs, the evaluator works with the program as it is, and works with stakeholders as they interact with or perform their regular duties and responsibilities in relation to the program or with each other. Naturalist also

means that natural language is used by the evaluator- the same words are used by program stakeholders. (p. 201)

In addition, Gwyn (2000) successfully argued that,

Evaluation is a continuous and constantly shifting process within the narrative encounter.... Narratives are not the static discourses of literary theory and structuralist analysis, but dialogically evolving episodes of interaction, in which evaluations are frequently co-constructed between speaker and listener. (p. 313)

It is this view of narratives that made narrative inquiry valuable as the effective approach for evaluating this intervention, especially when one considers that quantitative approaches are unable to capture certain forms of knowledge, such as perceptions, attitudes, values, intentions, interpretations, and meanings in the same way that qualitative approaches does. To underscore this notion, Ospina and Dodge (2005) highlighted that “narrative inquiry also contributes to stronger scholarship because some phenomena are better understood through narrative rather than through other methods of inquiry such as surveys or experiments. Stories tell us something that other forms of data do not” (p. 151). Through narrative inquiry, richer and more complex nuances of knowledge that inform and guide how social interventions play out in a specific context are brought to the fore. Ospina and Dodge (2005) assert the following:

Narrative inquiry is appropriate for learning about social phenomena in context because it allows people to tell stories that reflect the richness and complexity of their experience. This contrasts to a survey, for example, where the analyst reduces that complexity, intentionally leaving out context. (p. 151)

Further, Ospina and Dodge (2005) pointed out that as a “form of interpretive research, narrative inquiry provides an appropriate method for tapping into ‘local knowledge,’ multiple voices, and experiences in context” (p. 153). To underscore the significance of this approach, McDavid, Huse and Hawthorn (2013) have highlighted the following:

Within interpretive qualitative evaluations, the emphasis is placed on the uniqueness of human experiences, eschewing efforts to impose categories or structures on experiences, at least until they are fully rendered in their own terms. This form of qualitative program evaluation tends to build from these experiences upwards, seeking patterns but keeping an open stance toward the new or unexpected. The inductive approach starts with “the data,” namely, narratives, direct or indirect (unobtrusive) observations, interactions between stakeholders and the evaluator, documentary evidence, and other sources of information, and then constructs an understanding of the program. (pp. 200-201)

As a result of this approach, rich accounts of what is perceived as valuable effects, outcomes and impacts of this intervention have been captured from the key participants individually and collectively.

### **Methodological challenges**

Using narrative inquiry to evaluate a social and educational intervention project, is a departure from the traditional approach for evaluating such projects. While the traditional project evaluation approach tends to employ either quantitative methods only or mixed methods, this approach employs purely qualitative methods (Patton, 2002). Just as program evaluation that uses purely quantitative methods has advantages and

disadvantages in terms of assessing all forms of knowledge using numbers, employing purely qualitative methods also has pros and cons (Creswell, 2009).

First, qualitative data is inflexible in terms of statistical manipulations. Because of this, it is difficult to work with this kind of data to show trends over time and be able to predict emerging patterns based on the analysis of data. Second, the findings obtained through qualitative methods speak about processes and happenings that are highly contextualized. Because of this, findings from this evaluation cannot be generalized to a larger population. Instead, lessons can be learned for those settings that identify with the conditions and circumstances similar to those of the context in question. Third, the use of words as data tends to leave out other forms of knowing which use numbers as the most suitable form of representation. Therefore, narrative program evaluation as a qualitative approach can be seen as only able to capture part of the picture. Fourth, this study is time-consuming compared to traditional methods for program evaluation as two or more sessions would be required for each participant to convey the entire narration. Attached to this aspect, are the resources in the form of travel, recording and transcribing materials, as well resources for data analysis and write up.

The final challenge is that the use of stories to evaluate a social program produces multiple “truths” as co-constructions by the narrators and the researcher (Riessman, 2002). This type of information is often seen by program funders and planners as less useful for informing policy and improving programming as these partners tend to be more interested in the single “truth” grounded in objective, verifiable, and tangible evidence (McDavid, Huse & Hawthorn, 2013). However, while a single “truth” approach makes programming easier and more straight-forward, it does not adequately capture the

dynamism and complexities characteristic of social programs. Every social intervention program is designed for and implemented in a particular context that is unique in terms of locality, time, economic and political histories, culture, and unique composition of individuals with unique backgrounds and sets of knowledge, skills, and aspirations. All these factors play out in a unique fashion to bring about experiential outcomes some of which are varied while others are similar for the different people involved. Therefore, the multiplicity of “truths” approach, while complex and demanding when it comes to programming has greater potential to capture the various meanings that different people attach to a social intervention program.

### **Methodological advantages**

Despite all the above-outlined limitations, it is my view that this approach remains the most suitable approach for capturing the views, perceptions and meanings that participants attach to this particular intervention based on the advantages already explained above. I acknowledge that others may argue that a mixed method might have contributed a fuller picture of the outcomes of the intervention. However, I contend that considering the practical set up of the intervention, where specific indicators were not discretely identified, documented and monitored over time as variables of interest, narrative program evaluation remains the most suitable approach for assessing program outcomes through the meanings that participants and would-be beneficiaries attach to this intervention. Further, this approach is more appropriate because the impact of the intervention will be substantiated by the experiences of the very people that have been participating in the intervention.

## Procedures

The following procedures as outlined by Miller and Salkind (2002, pp.150-151) were adapted to the specifics of the context, as is usually the case with qualitative fieldwork:

1. Identified a research problem that focuses on learning or exploring the personal or social stories of an individual's (or sometimes more than one individual's) lived experiences.
2. Selected the participants who had stories to tell and spent considerable time gathering their stories through personal, in-depth interviews.
3. Collected their stories and narratives through open conversations.
4. The conversational narratives were transcribed, coded.
5. Analyzed data through themes, meaning-making, and interpretation by reflecting on my own 'situatedness' in the context<sup>4</sup> in relation to the data, repeatedly.

## Sampling

Participants in this study were selected purposefully. The first step was decided by focusing on this particular project. The second step involved briefing the community members, the caregivers and teachers, and the children of the purpose and implications of the study. From the pool of willing participants, preliminary open-ended questions were asked concerning their views of the intervention (see Appendix A). Participants were recruited based on their activeness and ability to share their views and experiences (see

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<sup>4</sup> My situatedness in context: First, I was born, raised and educated in Malawi up to graduate level. Secondly, I was trained as a teacher; graduated with a Bachelor of Education with a major in Home Economics and a minor in Geography. Thirdly, since 2001 I have been teaching university courses in early childhood development and education, among others. Finally, I have been one of the faculty members of the University of Malawi that have been involved in supporting this intervention at a technical level since inception.

Appendix B). Further, guiding questions were formulated for specific groups upon which collection of detailed narratives were based (see Appendix C).

### **Complexities and ethical issues related to sampling**

The major complexity with the sampling approach adopted in this study was that the sample needed to be relatively small for practical purposes. The amount of time spent collecting data from each participant was comparatively long and intense. In total, 35 members of the community participated in the study. This number is relatively small compared to the population of children and community members that have participated in the intervention over the ten-year period<sup>5</sup>. This situation raised the challenge of representation as one is bound to ask the question- so how representative are the narratives of the participants of the community from which they come?

The narratives, while bearing the reflection of the context from which they are told, are not to be considered representative of the larger community from which they come. However, they are considered as typical and authentic in the sense that they convey a personal and subjective meaning that members of this community individually and collectively attached to their experience regarding the intervention in question.

Further, purposeful sampling has the potential of missing out on representation of different groups of people when categorization is extended further, i.e., able-bodied vs. disabled; married vs. never married; and employed vs. unemployed. Such a limitation may lead to failure to capture the views, perceptions and meanings that the left-out groups attach to this intervention. I was aware of this limitation. Consequently, I

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<sup>5</sup> Every year Muula Center enrolls between 80 to 170 children from Magalasi Village and the surrounding villages.

demarcated a broad categorization of different groups at the community level involving, children at the center, children at the primary school, caregivers at the center, teachers at the primary school, parents and community leaders. I deemed this categorization to be sufficient for the purpose of this study as it captured all the major groups of participants at the community level.

### **Analysis**

As Gwyn (2001, p. 314) has pointed out, there are more fully developed types of narrative that contain a combination of all or some standard features. These are:

1. Abstract - an optional précis of the plot
2. Orientation - the time, the place, the players
3. Complicating action - what happened?
4. Evaluation - so what?
5. Result or resolution- what happened in the end?
6. Coda - 'bringing back' to the present.

All the above-listed features were applied to the analysis of the narratives.

However, the "evaluation" and "result" features were prioritized as these two are key to this type of study. Specifically, the focus of this study was on the experiences of the following participants who could provide accounts of the impact of the intervention in the village: children (5 years old) currently attending the Center; children (6-8 years old) that have attended this Center but were in Primary School at the time of the study; the Primary School teachers (for Standard 1 and 2) who teach children graduating from the Center; parents who send/have sent their children to the Center; the caregivers who teach

and interact with the children at the Center; and the community leaders who supervise the day-to-day activities of the Center.

Data collected were coded and inductively analyzed thematically using qualitative software NVivo 11. This was appropriate for systematically identifying and focusing on both common and uncommon meanings that community members attached to the intervention in the form of both narrative content and processes (Riessman, 2008). In addition to focusing on narrative content and processes, further analysis focused on the context from which the stories were told, which included historical, social, economical, environmental, and cultural aspects (Riessman, 2002). Finally, meaning-making and interpretation were conducted through the process of repeatedly reflecting on my situatedness in the context in relation to the data.

### **Complexity and ethical issues related to analysis**

In some qualitative studies, being distant from the observed (or from the data) is considered valuable for one to maintain an analytical stance in analyzing research data (Patton, 2002). However, being distant from what is observed in itself does not translate into an analytical stance in analyzing research data. In this research, the following constituted an analytical stance for analysis:

- a) Jointly framing the narrative-generating questions with research participants;
- b) Following responses with appropriate probing questions to invite participants to tell more details concerning events and experiences and the meanings they make of these and;
- c) Paying attention to details in the process of collecting and analyzing data.

(Clandinin, 2007)

Participation in this study was considered at two levels: first, direct participants; those that are involved directly on a day-to-day basis such as the children, the caregivers and helpers at the center, members of the supervisory committee, siblings and parents of children who attend the center and primary school teachers who teach children graduating from this center. The other level consists of indirect participants; such as members of staff of the University of Malawi, Chancellor College, who provide technical support and the employees of Municipality of Saanich who provides financial support. Therefore, the study focused on the experiences of the direct participants at the community level.

Further, an analytical stance in analyzing data was not constitutive of an objectivist positioning of myself as a neutral observer, and the participants as the research subjects. Instead, it was constitutive of fully accounting and acknowledging my relational positioning as a researcher with a long history of supporting the intervention from a technical coordination-standpoint and the participants as co-constructors of the meanings and understandings derived from this inquiry. In this study, I did not attempt to distance myself as an outside researcher; I am, in that regard, an inside investigator.

Furthermore, the analytic process for this study was continuous: starting with the framing of the questions to be asked, data collection, through to reflection of the entire set of data collected during the study (Labov, 1997). As a participant observer with an existing connection to the project being studied, I formulated a set of initial guiding questions. These were framed as guiding questions with room and flexibility for further probing. I made conscious efforts to pay greater attention during data collection to specific meanings, understandings, perceptions, and values that participants attached to events and experiences related to the intervention. In addition, conscious efforts were

made during this period to focus on my new role as a researcher. Since all lecturers in the Human Ecology Department play the role of technical supporters, matters arising from this study regarding issues requiring immediate technical support were directed to fellow lecturers for appropriate action.

### **Management Issues**

Managing a double role as researcher and technical supporter of the project posed some advantages as well as challenges. Advantages included a) already developed rapport with some of the community members that participated in the study, b) familiarity with the culture and context of the people, and c) possession of some knowledge regarding observable changes witnessed since the time the intervention started.

Firstly, there was an already developed rapport with the community built over the past 10 years. That was advantageous for the purpose of letting community members share their personal experience with me as the researcher. This good rapport, which had already been established to some extent, progressed further during data collection period and did not consume much time.

Secondly, familiarity with the context and culture of the targeted population was advantageous because meaning making requires the researcher to situate the narratives in the context (including historical, cultural, environmental, social, economic, and political) in which the narration takes place (Connelly and Clandinin, 2000). Without situating narratives in context, it would have been practically impossible to derive appropriate understanding and meanings from any phenomenon studied in this manner.

While familiarity with context may work as an advantage, it can also work as a disadvantage in the sense that certain aspects may appear ordinary due to familiarity and

therefore skip an analytical eye. In this regard, I made a conscious effort to be analytical about every aspect of data both in the processes of data collection and afterward during interpretation and analysis.

Thirdly, possession of some knowledge regarding observable aspects of the intervention since its inception, 10 years ago, was advantageous in the sense that, as a researcher, I was consciously aware of the situation that existed before the intervention and the situation that existed at the time of this study. In that regard, I had some knowledge of the historical context of the intervention. This gave me an opportunity when listening to the narratives by the community members to understand their narratives within a historical context. Also, I was in a good position to probe more broadly and deeply to obtain rich data with this historical knowledge than without it.

### **The Risk of Bias**

Taking up the double role as a participant-observer and a technical supporter to the project posed the possibility of being biased in the formation of interview questions, failing to stick to my research agenda during data collection, and being selective in data analysis and reporting. In being a technical supporter of the project, there was a danger that in framing the study question, I would formulate questions that might be prone to solicit only information that would be in favor of project objectives and not otherwise.

To address this, I made the initial set of questions very open to allow participants to provide unrestricted information according to what they valued. Further, I made a deliberate effort, during data collection, to solicit more information about interesting sentiments such as dissatisfaction, disagreement, and confusion. This strategy was employed on the basis that, in my opinion, there are more lessons that one can learn from

what appears to be a failure than what appears to be a success since failure prompts for agency more than success. For instance, to improve the quality of care that children receive at the center, logically more attention should be directed at those experiences that depict dissatisfaction from service beneficiaries compared to those that depict greater satisfaction.

In addition, all interviews were transcribed and coded. All coded data were included in the subsequent thematic analysis, and all themes have been included in the final meaning-making and interpretation of the findings. This was deemed vital for capturing the entirety of meanings that participants attach to this intervention. Again, since the study aimed at a breadth and depth of perspectives, it was appropriate that all data be included in the analysis. Finally, the final write-up of the findings centered on actual quotations from the participants so that participants' meanings and perspectives are advantaged over mine.

### **Reliability, validity**

Traditionally, reliability is concerned with obtaining the same or similar results out of an investigation given the same conditions and application of the same research procedures. This view to doing research is typical of Objectivist orientation. Interestingly, even some qualitative researchers share this view (Straus and Corbin, 1998). However, a narrative inquiry approach contrasts this orientation predicated on the notion that narratives are fluid and always changing from one telling to another as they sensitively respond to contextual influences of place, time and audiences (Riessman, 2002). As pointed by Lincoln and Guba (1985), dependability and confirmability replace reliability in interpretivist approaches. In this study dependability and confirmability were ensured

by being transparent in detailing the study design and its implementation processes, as well as, clearly accounting for the positioning of the researcher in relation to that of the participant in the research processes (Ospina and Dodge, 2005).

Validity refers to the goal of adhering closely to reality (Miles and Huberman, 1994). In narrative inquiry, instead of being concerned with the actual record of events in terms of their nature and occurrence, inquirers are more concerned with the understanding and the meanings that people make out of their experiences. Narrative inquiry takes into consideration the fact that the same occurrence, happening, or event may mean different things to different people depending on an array of factors such as their background knowledge, cultural orientation, age, temperament, intentions, desires, likes and dislikes, fears and hopes; the list can go on and on (Miles and Huberman, 1994). In light of this position, credibility becomes the standard for plausibility of argumentation in place of validity (Lincoln and Guba, 1985). Thus, thick descriptions from this study, backed up by raw data, with carefully distinguished accounts of informant's and researcher's perspectives, were employed to ensure credibility (Ospina and Dodge, 2005).

### **Translation, interpretation, and trustworthiness**

Another practical complexity to this study was the issue of language. The study was developed in English at the University of Victoria, B.C. Canada, as part of fulfilling the requirements for a Ph.D. program in Child and Youth Care. The study concept, proposal, and the ethics approval package were developed and submitted to the University of Victoria's supervisory committee and ethics committee respectively. Later on, another ethics approval package for the study were developed and submitted to the

Malawi's National Committee on Research in the Social Sciences and Humanities under the National Commission for Science and Technology. This submission included the University of Victoria's ethics approval certificate and the study instruments which had been translated into the local language—Chichewa. Interviews with all the research participants were conducted and recorded in Chichewa. Data collected in the form of narratives were translated upon transcription into English. While the first presentation of this study is in English, there remains, later on, the need to have the excerpts, specifically the findings and the discussion chapters, translated back into Chichewa, and be shared with the study community.

This kind of back-and-forth language translation poses challenges in as far as comprehension and interpretation are concerned (Holstein and Gubrium, 2003). One of the challenges is that not all English words have their exact counterparts in Chichewa. Therefore, direct translation was limited to words and sentences that conveyed exactly the same meanings in both languages. Where meaning varied, "phrasal interpretation" was utilized for the sake of preserving the original meaning of words and sentences. However, it should be noted that even though conscious effort was made to achieve accurate translation and interpretation, words and sentences are symbols used for representation, which do not have the absolute capacity to convey original meanings without 'distortion' or 'refraction' across the different languages (Holstein and Gubrium, 2003). Therefore, the possibility of distortion or refraction was essentially minimized and not eradicated.

Furthermore, it should be noted that as the researcher, in this case, I have been exposed to Chichewa since birth and to English since 5 years old. Also, since 9 years old

to the current postgraduate level, I have undertaken my education in English. Therefore, I am highly proficient in both languages. Further, the research assistant recruited was a postgraduate Malawian national with similar experiences in both languages. She acted as an inter-rater in the translation. Mindful of the limitations inherent to the symbolism of language and the nature of cross-translation, I have endeavored to keep any distortion of meaning to a minimum to uphold the trustworthiness of findings from this study.

### **Other ethical issues**

Since this study involved the participation of humans including children as young as 5 years old, several ethical considerations were taken into account. According to (Karhausen, 1987), ethics is a branch of philosophy “primarily concerned with the evaluation and justification of norms and standards of personal and interpersonal behavior” (p.25). When applied to different fields of study, different professions develop their customized ethical codes by which the conduct of research should be guided.

Homan (1991) points out:

There is a common core of ethical issues which is to be found in all the professional codes. This includes access to subjects, the acquisition and informing of consent, rights of participants such as privacy and confidentiality, precautions to be taken in the interest of the reputation of the profession, obligations to colleagues and sponsors and care to be taken in reporting, speaking and publishing. (p.19)

In this study, which is typically social in nature (therefore inherently less risky than medical research), every effort was made to ensure confidentiality and anonymity of

participants, albeit, with limitations. Also, issues of power relations, risks and harm, benefits and expectations, respect, and finally consent were also taken into account.

### **Confidentiality and anonymity**

Confidentiality refers to the act of keeping the entrusted information and the person sharing that information safe from negative implications likely to arise out of identity disclosure and association with the information provided (Ogden, 2008). In this regard, participants were assured that their participation in the study will not bring about any undue risk and harm associated with their particular contribution to the study. Often, it is upon this condition that prospective participants become willing to participate in a study. In survey studies, this becomes relatively easier to achieve than in qualitative studies (like this one) which require interpersonal interaction and covers extended periods of time (Homan, 1991). Attached to the notion of confidentiality is the aspect of anonymity; the measure of concealing one's identity by not representing him or her with known identifiers such as one's real name (Bastida, Tseng, McKeever & Jack, 2010; Ogden, 2008).

In this study, measures to ensure confidentiality included having individual key informant interviews and in-depth interviews with adult participants. In addition to this arrangement, interviews were conducted in locations that were preferred and were convenient to participants. Further, anonymity has been achieved by use of pseudonyms instead of real names in this dissertation. However, because data collection happened during day time and in a community where most people know each other, it was likely that members of the community were able to identify the study participants in general.

However, I expected that they would not be able to associate particular contributions to individual participants.

Nonetheless, this study is based on narratives of people's experience with the intervention, and it would be naive to assume that these stories were told only to the researchers, and not to other members of the community. If participants have shared their narratives with other members of the community, confidentiality and anonymity cannot be assured.

Confidentiality was especially limited when collecting data in small-group activities such as during storytelling by children. As Mahon, Glendinning, Clarke, and Craig (1996) have pointed out "there appears to an emerging consensus amongst researchers that complete confidentiality can never be guaranteed to child research subjects" (p. 151). Also, there is a high likelihood that participating caregivers, community leaders, and primary school teachers would be identifiable by the context of this study. In such cases, it is most likely that community members were able to trace data contributions to particular participants during data collection, and would possibly be able to do so upon research findings dissemination. Despite this, all participants in this study have been represented by the use of pseudonyms.

### **Risk of harm**

Notwithstanding the limitations to confidentiality and anonymity, it was, and is, hoped that the risk associated with this study is very minimal, largely because there were no known sensitive issues attached to this study. The main risk conceivable in this study was the time that participants were to spend participating in the study. Other than the risk of time lost, the only harm conceivable in this study was the discomfort that some

participants could be subjected to in the process of narrating their stories, although this was considered very unlikely due to the nature of the topic under investigation.

Reflecting on the data collection process, only on one occasion did I meet a participant who was extremely shy to share her narrative. I supported this participant to feel confident in sharing her story by emphasizing that she should be comfortable in telling her story and take as much time as she needed. Although I managed to get some information from this participant, I did not probe her further as doing so would, in my judgment, constitute forcing her to provide information. Except this case, all interviews felt natural, open and provided very rich information; perhaps more information than I had anticipated.

### **Respect**

According to Poff (2006), one of the tenets of community-based participatory research is respect. In this study conscious effort was made to respect the participants and their cultural values. Permission to conduct this study was obtained in writing from the District Commissioner for the Municipality of Zomba as well as the Village Chief and the elders of the community.

### **Gender sensitivity**

Going into this study, I was not aware of any gender-based cultural protocols that required women to seek approval from their husbands or household heads for participating in research in the targeted area. Notwithstanding, I was sensitive to respect such protocols where they might have existed. None of the interactions in this study brought about the need for this special attention.

**Benefits associated with participation**

Participants in this study have benefited by developing a deeper reflection and broader understanding of the outcomes of the intervention from the processes of narrating their personal experiences individually and collectively. It was evident during the data collection process that participants had an opportunity to reflect deeply on the achievements and challenges faced in supporting this intervention. Further, it was apparent that participants developed feelings of significance attached to sharing their personal and community experiences with us as researchers, and other communities nationally and internationally when this dissertation is finalized and disseminated. Apart from these, there were no other benefits accrued to the participants.

**Informed consent**

Undergirding any process of obtaining genuine voluntary consent is the trust that research participants develop in the researcher (McDonald, Townsend, Cox, Paterson, & Lafrenière, 2008). Trust is dynamic in the sense that numerous factors influence its outcomes. On one hand, factors such as historical, social, economic, political, and personal experiences, just to mention a few, influence whether and to what extent the potential participant does trust the researcher with personal information (McDonald, et al., 2008). On the other hand, personal qualities of the researcher such as honesty, openness, integrity, understanding, respecting, and humility can as well encourage participants to trust the researcher more with their personal information (McDonald, et al., 2008). I embraced and exercised all these attributes during the data collection process.

During the initial contact, I oriented participants to the aim and objectives of the study. After that, I provided a clear and precise briefing, outlining the entire process of

the study with an emphasis on anticipated benefits, risks, and harmful effects. Further, I emphasized that participation is voluntary throughout the study period such that participants should be free to pull out of the study at any time without fear of any negative consequences.

Subsequently, willing participants were asked verbally key questions to check their understanding of the risks and benefits of the study. Where participants indicated a lack of comprehension, with the use of illustrations, I slowly reiterated the key messages until all willing participants expressed satisfaction that they understood the implications of their participation. Following this exercise, consent was obtained through signing or thumb stamping on the consent forms by the willing participants. Assent for the participating children was obtained from their parents in the same manner.

The subsequent sessions built on the initial one by first checking if the participants were willing to continue narrating their stories voluntarily. For most participants, two sessions were held. I had only a single session with some of the participants mainly because several attempts to hold the second sessions were unsuccessful. I was aware that the narrative sessions took a considerable amount of time out of participants' daily routines. Because of participating in this study, other productive activities that participants would have attended to, likely suffered. Despite this, no compensation was paid because doing so was considered unethical since the project being evaluated is a community-based one with members of the communities as the owners and the rest of the players as partners.

## Chapter 4: Findings

### Context

The setting of this study is essential to the understanding of its findings, discussion, implications and recommendations because the study is highly contextualized. The study took place in Africa, the second largest continent, in Malawi, where I was born and raised. It is home to an estimated 17.9 million people (<https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>). Malawi is located on latitude 13°30' south of the Equator and on longitude 34°00' east of Greenwich Meridian. It is bordered mostly by Mozambique from the center southwards. It is bordered by Zambia on the north-west and Tanzania on the north-east. The total land area for Malawi is 118,480 Km<sup>2</sup>, stretching 853 km from the south to the north, and 257km from west to east (<https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>).

Geographically, Malawi is very rich; with the third largest fresh-water lake in Africa, ninth largest in the world—Lake Malawi. It stretches 580km in length along Malawi's eastern border, and 75km in width. It is home to more species of fish than any other lake in the world. Other great features in Malawi include the eastern rift valley, mountains and mountain ranges, highlands, and plateaus. The climate for Malawi is semi-tropical, with mainly two seasons; the rainy season (December to April) and the dry season (May to November), with slight to significant seasonal variations from time to time ([https://en.wikipedia.org/wiki/Geography\\_of\\_Malawi](https://en.wikipedia.org/wiki/Geography_of_Malawi)).

The population of Malawi is made up of mainly nine ethnic groups: Chewa 32.6%, Lomwe 17.6%, Yao 13.5%, Ngoni 11.5%, Tumbuka 8.8%, Nyanja 5.8%, Sena

3.6%, Tonga 2.1%, Ngonde 1%, other 3.5%

(<https://www.cia.gov/library/publications/the-world-factbook/geos/mi.html>). Most individuals identify with their ethnic group. However, the majority of Malawians identify with more than one ethnic group as intermarriages across different ethnic groups are fairly common.

Malawi was colonized by Britain in 1891, and gained national independence in 1964. Malawi has never attained economic independence as it has been highly dependent on Britain and other European countries to finance even its national budgets. In addition, most of the governance structures and instruments that Malawi has adopted and utilize remain colonial in nature up to this day. From 1964 to 1994, Malawi was ruled by one party system, with heavy-handedness and dictatorial leadership. From 1994, Malawi adopted a multi-party system of governance, which has come with the weakening of the overall institutional governance, weakening of the economy, lack of accountability and rampant abuse of authority by elected government officers.

The majority of Malawians (about 80%) live in the rural area and depend on subsistent rain-fed agriculture with only one growing season per year. Corn is the staple crop for food. Other food crops include rice, wheat, sorghum, plantains, cowpeas, pigeon peas, beans, groundnuts, and soya beans. Burley tobacco is the main cash crop. Other cash crops include tea, sugarcane, coffee and cotton.

Muula Center is situated in one of the rural areas in Magalasi village under Traditional Authority (T.A.) Mwambo in Zomba, Southern Malawi. Magalasi Village is surrounded by seven other villages whose children enroll in Muula Center. Each village consists of between 50 to 100 households with approximately 5 to 8 members per

household. Most of the households rely on corn and pigeon peas as their main crops. Farming is done in the gardens usually close to the dwelling houses. In general, crops are cultivated during the wet season because as the area do not have constant rivers from which to irrigate crops. The soils are dark and loamy, but the fertility is very low. To get a good harvest, crops like corn require the application of fertilizers, which are priced beyond the affordability of most households. Consequently, households harvest yields that are not sufficient for their consumption. Even with insufficient yields, most households are forced to sell part of their harvests to obtain cash for other household needs. It is this situation that renders most of the household food insecure. Apart from the crops, most households raises chickens, which roam freely during the day and feed from the surrounding areas. A few households rear goats and pigs. This help to supplement household nutrition and income.

Most of the houses in the community are built of wood and mud, and are thatched with grass. Most of these houses are small; with two rooms. Single roomed houses are also common. Three-roomed houses are very rare. Households that are perceived to be economically well-to-do own a bicycle and radio. Households rely on firewood for cooking, as there is no access to electricity. Water for domestic use is drawn from boreholes and shallow open wells. There are very few boreholes in the area. Because of this, women wake up very early in the morning and wait in long queues to draw water from the available boreholes, so long as the boreholes are functional.

The early childhood care and education (ECCE) intervention examined here was initiated against this background and has led to the construction of a Center. The main building has three classrooms, one office, and a storage room. There is also a

purposefully built kitchen, eight-roomed pit latrine, a borehole and a play area. The Center is mainly used for the care and educational purposes, but it also serves the community as a meeting place for various activities, such as religious meetings, and weddings. Also, the entire village of Magalasi benefits from the borehole at the Center.

### **Meta-themes and themes**

Several meta-themes/major themes emerged from the narratives of the participants in the intervention. The focus of these includes Status of childcare before the intervention, Impacts on children, Nutrition provisioning, Support for special needs' children, Children's future dreams, Children's needs, Impacts on Caregivers, Volunteer caregiver on-the-job challenges, Job resilience of caregivers, and Community participation. All seven meta-themes have addressed the first objective of this study, which was: to explore varied perceptions, attitudes, and meanings that different community members attach to this intervention. Meta-theme two has specifically addressed the second objective, which was: to establish the efficacy of this tripartite partnership intervention on the care and education of young children of Magalasi Village. Several themes/minor themes ensue under these meta-themes.

### **Status of childcare before the intervention**

From the narration of caregivers and parents, it is abundantly clear that before the intervention, children in this area lacked developmental services desirable for a healthy and wholesome state of childhood. During the pre-intervention period, child neglect and unhygienic conditions also prevailed. Further, negative child upbringing outcomes, child

exploitation, poor school readiness and school performance appeared to be the order of the day in the lives of the majority of children back then.

### **Lack of appropriate developmental services**

The following narrative from Mrs. Ndalama [caregiver (CG)] depicts the status in which most children found themselves before Muula Center was established. As she said, “Even my children then, they had no access to a preschool. They were just waiting to reach 6 years old to be enrolled at the Primary School.” Similarly, Mr. Tembo [caregiver (CG)] observed, “Children were just staying idle.”

### **Child neglect and poor personal hygiene**

The absence of deliberate and organized services for advancing the care, protection and education of young children that prevailed at that time, coexisted with the prevalence of child neglect in this community. Thus, Mr. Tembo (CG) recollected the following, “Parents did not care for the children that much” (Makolo analibe gawo lenileni lomwe amatenga). Mr. Phiri [community leader (CL)] also observed, “Before the Preschool, parents in this community would just mind their own business; go to the market or the garden, and children would be left alone to take care of themselves.” This lack of parental care also coexisted with poor hygiene of the children as further witnessed. Mr. Tembo (CG) noted, “Previously, children were not getting any care; they stayed the whole day without a bath, and children spent their day playing with worn-out rims of bicycles (Ana amangokhala mbuyo ili mbuuu, amapanga chinadindi).” Mr. Dambo [parent (P)] observed likewise, “Before the Preschool, children were not bathing, and they wore dirty clothes all the time. They were refusing to bathe.” Further, Mr.

Bwalo (P) recalled, “Most children lacked personal care; they were not bathing and were looking dirty. The introduction of the Preschool has changed everything.” Mr. Tembo (CG) underscored the lack of parental care and the prevalence of unhygienic status of children that existed at that time by narrating the following:

Most children had only one set of clothes to wear every day. Parents were waiting for the children to start school to buy them another set of clothes, which would be the school uniform. Parents were not bathing them and children used to walk aimlessly all day long (Mbuyo ili mbuuu). There was no responsibility on parents to care for their children.

### **Negative child upbringing**

Largely, children in this community who were younger than 6 years old were left to their own devices, which lead to some negative developments. Mrs. Ndalama (CG) highlighted the notion that, “Children could just be playing any games available.” Further, Mr. Tembo (CG) pointed out, “In the past ... children spent the day playing with worn-out bicycles rims.” Furthermore, Mrs. Pinto (CL) testified, “Before the Preschool was introduced, children were not bathing, they were always dirty, they were playing with fire, and there were many accidents; houses burning down.” Again, Mr. Bwalo (P) observed the following:

Before the Preschool was introduced, many children were doing unpleasant things like stealing. There was no close monitoring of whatever they were doing.... As a result, most children were turning out to be disobedient to their parents (Ana ambiri amatha kuchita zithu zambiri zosayenera, amatha kuba).

In addition to these negative engagements that many children spent their time pursuing, Mrs. Ndalama (CG) pointed out that some children were engaged in what one can describe as child-labor. She testified, “Some children spent their time taking care of animals such as goats,” a work-based activity more suitable for adults.

While the picture portrayed by the quotes above indicates a lack of appropriate developmental services to children in this community, Mrs. Milomo (P) still observed, “There was some care ....”

### **School apathy**

The absence of early learning and care services in this community created an environment where children were left to care and fend for themselves, which in one way, led to a creation of a culture that I would label, “School apathy.” The culture of school apathy manifested by young children forming peer groups that they hang out with, and do other things, rather than going to school, even when they attained school age. One such activity that stood out from the narratives was video watching. One of the parents, Waza’s Mother (P), complained about the involvement of her child Waza [Primary school child (PSC)]in the school culture of school apathy as follows:

He was just difficult and hopeless (Wokanika), it is just recently that he has been making progress in school. I used to encourage him to go to school, but he could not listen at all. Children here in Mwapatsa Village do not go to school. Even if you can go to the Group Village Mwapatsa, you will find that children do not go to school.

When I asked Waza (PSC) what he was spending his time on, he replied as follows:

I used to hang out with my friends at Mohiwa Trading Centre at the video showing place, near the maize mills. You will find all children from Mwapatsa Village at that trading centre. When we went into one video showing room, if they started asking for money, we would go out and enter into another video showing room, and if they asked for money there, we would go out and enter into another video showing room, like that. We never watched and completed a movie at one seating.

Interestingly for Waza (PSC), he managed to come out of this culture and started to like school, to the amazement of his mother. When I asked her what made him change, her response was, “I am not sure, but I used to tell him to go to school; he was spending his time with those boys from the chief’s house. However, he changed on his own and started going to school.” In his words Waza (PSC) confessed, “When I started school, I started enjoying it.” His mother further pointed out, “Now he likes school so much so that he does not accept to stay home for without a valid reason.”

### **Poor school readiness and school performance**

Children that were growing up in this community joined Primary School upon reaching the age of 6 years old following the national education policy for Malawi. Their experiences as depicted from the narration of primary school teachers, caregivers and parents paint yet another grim picture. Mrs. Ndalama (CG) observed that all children in this community “were just waiting to reach 6 years old for them to be enrolled at the

Primary School. When they started Primary School, cognitively they were not ready for school.” Further, Mr. Dambo (P) observed, “Transitioning to Primary School was a big challenge.” In addition, Mr. Tembo (CG) witnessed the following:

Children also had a lot of problems to adapt and get used to school life once they join school. Standard 1 was a challenge to most children, possibly due to lack of interactional skills among the children. School was frightening, the idea of a teacher or the meaning of school was not understood. Standard 1 was a strange place to most children. For example, if a child went to school and saw different faces, when they saw the teacher standing in front of the class, it was a strange thing and most children were dropping out of school.

Mr. Dambo (P) observed, “School life was very difficult because most of the children were failing, so much so that they could not even be promoted to the next class on a trial basis (Kumukokeranso kunali kovuta).” Mr. Tembo (CG) agreed, “After sitting examinations, most children were failing and repeating classes. For children to take in new concepts and grasp new information, it was very difficult.”

It is clear that because of lack of school readiness or preparedness, the school experience for most children was mostly negative, with high rates of repetition and drop-out. Mr. Tembo (CG) underscored this observation when he said, “Children were repeating classes a lot because they had challenges in adapting to schooling.” Mrs. Uta [Primary school teacher (PST)] summed up her observation as follows:

Previously, when we did not have children that were enrolling into our school from Muula Center, it was difficult to teach literacy and numeracy to children.

Most of the children who did not attend Preschool, like the ones in Standard 5 and 6, still do not know how to read and write; not even in Chichewa (local language). Some of them, we simply allow them to proceed to the next grade, especially girls, because they are becoming more mature physically, and we do not want them to drop out of school, and get married early.

Given all the narratives presented above, none of participants mentioned witnessing positive encounters that children experienced with schooling before this intervention was introduced to this community. It is a hard reality to imagine that for this community schooling did not bring about positive encounters and outcomes as it is usually expected. The general lack of support for schooling both in the homes and outside the homes before this intervention apparently created conditions that made school difficult for the children from the Magalasi community.

### **Impacts on children**

In general, the lives of children in Magalasi village and the surrounding seven villages have been positively affected by this ECCE intervention. Over the years of this intervention, participants testified that there have been significant improvements in children's hygiene, school preparedness/ readiness, school performance, and nutrition provisioning.

#### **Improved children's hygiene**

Mr. Tembo (CG) observed the following about the changing hygienic practices in the community:

When school had just started all children had torn clothes, but after a while parents started being conscious or mindful of what their children were wearing. Parents could do casual works to buy extra clothes for their children. They would bathe their kids and buy them new clothes. Children looked well-dressed.

Mrs. Mpila (P) in expressing her satisfaction said, “Children are well cared for ...” Mrs. Ndalama (CG) also made this observation, “With the introduction of the Center, most of the children in this village bathe in the morning around 7:00 a.m., getting ready to attend school.” Mr. Phiri (CL) presented his observations as follows:

There is some change; the introduction of the school enlightened us on the appropriate care of children. For example, the parents’ committee continuously advises parents to bathe their children before sending them to the Center. Bathing children in the morning was a big challenge before the Center was established. Before the Preschool was introduced, parents in this community would just mind their own business; go to the market, or to the garden, and children would be left to take care of themselves. From the meetings that we hold from time-to-time, we have seen some changes. Parents now bathe their children before sending them to the Center.

For most parents in the community, the morning routine for the care of children changed with the introduction of the Center, as shown in the following confession by Mrs. Mpila (P):

When the child gets up, I ask, ‘how are you doing,’ to find out if the child is sick or not. When the child gets up, say on a school-going-day like Monday, I bathe

the child and dress him or her up in the school uniform, which we got from the Center.

Mrs. Milomo (P) recalls a similar routine:

There has been a change, when the children get up at home; we get them ready to go to school. We prepare water for a bath, and when it is time for Preschool we send them to the Preschool.

Mrs. Mpila (P) further expresses the continuity of care that children receive when they are at the Center as follows:

When children come to the Center, they are well cared for; caregivers toilet-train young children by taking them to the pit latrine and helping the children use the toilet. They help children with drinking water, and they also encourage children who are reluctant to eat to finish their porridge, and clean their mouths after eating porridge.

Mrs. Milomo (P) agreed as follows:

When I started taking my children to the Center, they began to receive very good care. For instance, when the young ones have defecated in their pants, the caregivers would clean them, and send a message home. Then I would bring a clean set of clothes and dress him up. I would then take the other set of clothes with me and wash them. So, there is good care at the Preschool.

Mrs. Pinto (CL), while testifying to the improvements in the hygienic practices that changed with the introduction of the Center; also appreciate the extended benefit of ample time that parents realized at the same time. She stated the following:

Since the introduction of the School, children are bathing; parents are bathing children. Before the Preschool, children were not bathing, they were always dirty, they were playing with fire, and there were a lot of accidents; houses burning down. Now that children go to the Preschool, parents have time at home to be busy doing housework and not to be checking on children. Even after school, children come back to the school ground to play, creating more time for parents to concentrate on other activities.

#### **School preparedness/ readiness**

Narratives from the caregivers, teachers, community leaders, and parents revealed that Muula Center has significantly impacted the lives of children in this community; orienting the children to school life and equipping them with basic skills and knowledge that makes them better prepared for schooling. Mrs. Ndalama (CG) shed light regarding this by stating the following:

The final class of the Preschool helps children to start to learn how to write. By the time children go to Primary School, they will have already learned how to write letters and basic numbers. They can write numbers 1 to 5; vowels a, e, i, o, u; shapes; circle, triangle; they know the days of the week, which days are for going to school and which ones are for staying at home.

Mrs. Pinto (CL) simply made this confession concerning children at Muula Center, “To say the truth; children are learning.” Her counterpart Mrs. Beni (CL) agreed, “The children are learning alphabet letters, and when they go to Primary School they do not have problems to adjust and fit into the learning program.”

Further, Mrs. Lezala (PST) recalled the following:

Muula Center is making significant contribution to the school readiness of most children. For instance, today when I asked in my class, ‘who comes from Magalasi Village,’ the children that raised their hands are the ones that are able to read. Children who have been to Muula Preschool are fast learners; they are able to increase the speed of reading in Standard 2.

Another teacher, Mrs. Uta (PST), made the following observation:

There is a difference. For someone who comes from Preschool to Standard 1, he or she is already aware of a lot of things. For instance, the children from Nursery have good interaction skills with their friends, are familiar with a school environment, those from home they just sit down. The ones from Preschool learn quickly, they are able to read right from Standard 1. Here, they learn to increase the speed of reading but by the time they come here, they already are able to read words. They already know the alphabet and it is easy for them to learn. Therefore, children that come into the School without the background of the Preschool take time to know the basics such as alphabet letters; they really start from scratch.

Mrs. Uta (PST) further observed the following:

Children from Muula Center are active participants in class (Kachangamukidwe). When you ask them a question, they are able to respond. But most children who have not been to Muula Center are dormant, and take time to ask questions, or respond to questions. Children that have been to the Muula Center are very quick in raising their hands and asking or answering questions. Those that have not been to Muula Center tell their friends to ask questions to the caregivers in class on their behalf. Even when you ask them a question, and they know the right answer, they would whisper to their counterparts so that they should speak for them.

Mrs. Sobo (PST) made the following rejoinder:

Muula Center is a bit far from here, but the children who come from there will have already learnt the importance of school, as well as the basics of school. They are usually trained to associate with their friends; they are able to share food with their friends. In Standard 1, we start with introducing children to the basics of school life, such as, letting them know where the pit latrines are, how to use the pit latrines properly, how to interact positively with peers and teachers, etc.

Children from Muula Center come here equipped with this knowledge already. They know the alphabet, basic numbers and a few words in English. They know the basics of school already, as such, it becomes easy on our part to teach these children compared to children that are just coming into the school from home. For children that are coming into the school from home, it takes a long time for them to learn the basics of schooling and be used to the school environment and school routines.

Mrs. Sobo (PST) further underscored this observation and highlighted the aspect of peer learning, which is created as children from Muula Center interact with children that did not attend the Center in the School. She testified as follows:

For children that come from Muula Center, the introduction to school part is only necessary because this is a new environment to them and they need to know where specific facilities are located, but they are already used to school life.

Children from Muula Center tend to orient their counterparts regarding the basics of school life, and that in a way, helps the other children learn from their peers as well.

Mr. Tembo (CG) observed that, in general, children's attitudes towards school have improved and that repetition of classes and dropping out of School have considerably reduced as a result of this intervention. To this effect he narrated the following:

When children started Primary School after graduating from Muula Center, most of them had interest in schooling and were not repeating classes in the Primary School as was the case before. Parents appreciated and supported the Preschool initiative. Children do not run away from Primary School anymore because of the good preparation they have from the Center. If a child is failing, he or she goes to the teacher and ask for help (Mwana akamakanika, akafunse chilipo). Many children have an understanding of the importance of school and what school is all about.

Mr. Dambo (P) pointed out that non-attendance of school has reduced in the community since the introduction of Muula Center. The following is what he observed, “Before Muula Center was established, most children were not attending school.”

Mrs. Pensulo (CL) observed the following:

One of the ways in which Muula Center is helping is that when children graduate from Muula go to Matiya Primary School, they are performing very well. Because of this positive preparation, those children that did not go to the Muula Center are sent back to start Muula Center.

Parent participants testified to the same phenomena concerning their own children and children in the community in general. Mr. Bwalo (P) had this to recall:

I feel her transitioning into the Primary School was easy because she had a good foundation at Muula Center. She is finding school easy because she was intellectually well prepared for school. Educating children was a challenge. The benefit of this Preschool is that these children start learning while they are young. When they go to Primary School, they perform very well because they already know the basics; their minds are ready to learn new things.

Mrs. Mpila (P) observed that children’s transitioning into schooling was smoother than was the case before this intervention. She observed the following:

Children in the village are now able to learn and understand about school. They answer questions properly when you ask them. They also have learnt the entire alphabet (akuphuzira a mphaka kumapeto). When children from the Center go to

the Primary School, they are able to progress smoothly, a thing which was difficult previously.

Mrs. Milomo (P) testified of an annual event at the end of the Preschool calendar, which also facilitates the transitioning into schooling, as follows, “People from Chancellor College bring books and pencils, and give these to the children that will be starting Primary School the following year.”

Mrs. Uta (PST) witnessed the positive contribution of this intervention to a child with a learning disability, and narrated the following:

One other specific example is that of Moto Makala, who is a child with speech impairment, but he is very active. His great advantage has come from Muula Center because he was already familiar with school life. If he had joined the Primary School without attending Muula Center, he was going to have a lot more problems with catching-up because of his speech impairment.

### **Impressive School performance**

Parents, teachers, caregivers, community leaders and the children also shared their narratives regarding the positive impact that this intervention has been registering on the performance of children when they graduate from the Muula Center and enroll in Primary School. Mr. Tembo (CG) narrated, “When the Preschool started, children started doing well in Primary School.” Mrs. Ndalama (CG) testified about what she had observed concerning the school performance of her daughter. She stated the following:

I was impressed with the progress of my child when she joined primary school. I went and talked to the chair of the parents' committee, expressed my interest to volunteer as a caregiver. My child performed exceptionally well when she joined primary school. I was referred to Mrs. Pilo, and after talking with her, I joined the caregivers in 2007 as a volunteer.

Mrs. Ndalama (CG) further pointed out the following:

Children from Muula Center are doing very well in Primary School compared to other children; even when compared to children from other centers around, like Maliko Center, which is close to where Mr. Tembo (CG) resides. Therefore, I take pride in knowing that as one of the caregivers at Muula Center, my contribution is making positive impact in the lives of children. If parents were complaining that children from Muula Center are performing badly once they join the Primary School, I was going to feel bad about my job. But as it is, I feel good about the job that I do.

Teachers at St. Paul's<sup>6</sup> Primary School, where most of the children who graduate from Muula Center go, also testified of the good school performance of graduates of Muula Center. Mrs. Mbewe (PST) observed the following:

Most children from Muula Center are fast learners; they are quick to comprehend.

When they are given an assignment, they complete it quickly and call for more

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<sup>6</sup> St. Paul's Primary School is the formal and actual name of the Primary School to which most children that graduate from Muula Center go. However, the School is commonly known as Matiya Primary School because it is situated close to Matiya Market. It is a famous market in the area, and as such the location surrounding this market is commonly referred to as Matiya.

work. Otherwise, if we do not give them more work, they end up making noise because they do not have anything else to do.

Further, Mrs. Sobo (PST) attributed the good performance of children from Muula Center to their unique qualities of task persistence and their ability to positively respond to task-correction-feedback. She narrated the following:

Their performance is so good, such that in my class all children from Muula Center have passed and are going to start Standard 2 in the next academic year. They interact well in class and are interested in school generally. I can describe them as children who refuse to fail. They can keep redoing their exercises several times to make sure they get it right. They are eager and interested to learn at all times. This is unlike other children who come to enroll in this School without an early education experience or even other children who come from other Early Childhood Centers.

Memory's Father (P) testified not only of the good school performance of his daughter, who attended Muula Center before enrolling in Primary School, but also of her persistence in attending school regularly. He stated the following:

The way she conducts herself, she shows that she is very interested in school. She does not like to miss school for no good reason at all. Her friends would be absent from school, but she does not mind going to school alone. During rainy season, when there is a lot of vegetation cover (Ngowero), people say it is dangerous, but she would use the main road that passes through Mpeta (which is longer) to go to school. If she is ever absent from school, it is because she is sick.

This observation was also collaborated by Mrs. Sobo (PST) who said that children who enroll in Primary School from Muula Center “Do not absent themselves from school without valid reasons.” In addition, Mrs. Soko (P) expressed her joy in that her children who attended Muula Center are not repeating their classes in Primary School. She stated the following:

What makes me happy ... is that children that are graduating from Muula Center are doing very well; they are not repeating classes. All my children who first attended Muula Center are doing very well in Primary School. This makes me very happy, and this is also the reason why I am still sending my younger children to Muula Center because I know the benefits that they will get.

The good school performance shown by the children that graduate from Muula Center appears to be a product of several factors. Mrs. Sobo (PST) made the observation concerning positive general behaviors of these children and the increased parental involvement in their education. The following is what she narrated:

The committee that runs the school knows some school values because the children’s general behavior and their school performance indicate to us that they have had a good background. Their parents also know how to care for school-going-children and they would have learnt this from the Center. Parents whose children come from Muula Center also follow up on their children’s progress. The children’s progress and even their dressing indicate that they are aware of the importance of school. When children and teachers are working together in this way, it is a good thing.

Mr. Dambo (P) further observed, “Muula Center has taught children to read, and continues to educate our children. Children who had no interest in education are now interested in education and are attending school.” The change in the attitude of children towards school in this community is a development that is worth noting because without positive attitude towards school, most of the children would have continued to find excuses for staying at home, instead of attending and staying in school.

Mrs. Sobo (PST) also observed that the presence of children from Muula Center in her class advances peer learning as highlighted below:

Since the children from Muula Center already know a lot of things, they assist in teaching as they are made group leaders. Consequently, they impart their knowledge to their peers. As teachers, we reinforce the knowledge as we facilitate the learning process. We do a lot of group learning. Children also learn from their peers other things, such as toilet training.

Mrs. Mbewe (PST) observed that children that attended Muula Center acquired literacy and numeracy skills very early. She pointed out the following:

On the contrary, most of the children from Muula Center, those in Standard 1 and Two, are able to read and write. Some of them can read and write better than the children in Standard 5. This was not happening in the past; most of the children would start to read and write properly from Standard 5 onwards.

Furthermore, Mrs. Mbewe (PST) highlighted the relationship between early acquisition of numeracy and literacy and the likelihood of high school completion rates when she stated the following:

I only wish that Early Childhood Centers like Muula should be more in this area so that the population of children that enroll in the Primary School with preschool background should increase. If that happens, then we would have more children in our School who are able to read and write at an early age, which would also ensure higher proportion of those that would complete school later.

### **Home educational support**

The environment that children find themselves in in the home plays a vital role in either enhancing their education or not. Against the background where most of the parents in the community either did not attend school at all, or only attended basic Primary School, none of the parents indicated they provided activities in the home that were school related. I asked some of the parents the kind of activities that their children get involved in when at home. One of them, Mrs. Mpila said, “They are involved in gardening.” Another parents, Memory’s Father stated the following:

They do some house chores but mainly they play. Girls wash plates, draw water, but after eating they go out and play. They also do some sweeping in the morning. Boys help out with cultivating the garden this time. But when schools open, they stop and leave everything for us.

When asked to state any activities that she does other than what was mentioned already, Memory (PSC) said, “We play cooking (Masanje). We cook okra known as Limanda” (a local name for a type of okra that grows naturally in the gardens in this area). It is noteworthy that none of the activities that children are involved with in the home directly relates to their education, but rather relates to food production and preparation and day to day functions of the home.

### **Nutrition provisioning**

Provision of a nutritious meal to children in the morning featured highly as an issue of concern in the community. The participants provided various points of view about and descriptions of their nutrition related experiences with the home and the Center situation:

#### **Endemic household poverty**

Endemic household poverty was highlighted repeatedly as the reason for lack of nutrition provision to children in the morning in this community. Mr. Dambo (P) narrated about the nutrition situation when Muula was being established by saying:

It was difficult to cook food for children in the morning. Especially due to poor harvest. Yes, children were eating like grown-ups; they could eat lunch at 12:00 and then the next meal would be late in the evening.

Mrs. Pensulo (CL) lamented of the same situation that was prevailing even at the time of the interviews. Responding to the inquiry regarding provision of food to children in the morning, she said, “No, they do not eat. There is nothing to eat in most households.

They only eat in the afternoon.” Mr. Phiri (CL) agreed by stating, “Due to poverty, children do not eat before going to school. Sometimes when the Center has no porridge, they go back home hungry, and they do not pay attention in class.”

Because of endemic household poverty, parents and children do resort to extreme measures in order to get the nutrition they need. Bruce (PSC) confessed the following, “We would just sit at a place where people throw rubbish, we used to pick up sugarcane left overs that people discarded; we would pick them and eat them.” When we visited one of the parents who was not at home by the time we arrived that mid-morning, she stated the following upon arrival, “I was just going round in other people’s gardens looking for left over pigeon peas.” That was what she was hoping to find and cook as relish to eat for lunch, and perhaps for supper as well that day. Noting the presence of killer beans (Kalabar beans) on the veranda of Bruce’s (PSC) house, I inquired from his mother how she prepares the beans for food. She stated the following:

I boil the beans 8 times, then I peel off the skins, and cook them adding water for two or three times, then they are ready for food. This is poison; one can die due to these beans. Yes! Not even boiling twice, you can die, not even three times! It also requires a lot of firewood.

### **Meal provision seen as a remedy**

Provision of nutrition to children in the morning at Muula Center is a remedy to a situation where no food was being provided to children. Mr. Dambo (P) stated that, “That time, food was a challenge, children were not eating at home, but now they eat at the Preschool.” Mrs. Mpila (P) narrated, “When there is food at home, I give the children

some food before they go to the Center. When there is no food, I just hope that they will have porridge at the Center.” Similarly, Mrs. Milomo (P) highlighted, “If there is something to eat at home, they eat and come to the Center. If there is nothing to eat, I do not get worried because they eat porridge at the Center. Afterwards, they come home to eat lunch.”

All children interviewed mentioned eating porridge as one of the significant benefits from Muula Center. When asked what they like about Muula Center, John [Muula center child (MCC)] and Alex (MCC) in unison responded, “We like to eat porridge.” Faced with the same question, Mable (PSC) simply answered, “Porridge.” When Waza (PSC) was asked to differentiate between his experiences at Muula Center versus those at St. Paul’s Primary School, he stated, “At Muula Center children eat porridge, but not at St. Paul’s Primary School.”

### **Dynamics around nutrition provisioning at the Center**

While all children appreciated the nutrition provision that they got, or were still getting at Muula Center, a few others pointed out some of the nuances and dynamics related to nutrition provision at the Center. Waza (PSC) complained of not having adequate shares of food at the Center by stating, “The food was not enough; we shared one plate between two people.” In relation to inadequate provisioning of food, Waza (PSC) further pointed out, “Children were just arguing, fighting for porridge, eating from the plate of others. I did not like that.”

Another child, Mable (PSC) pointed out the need to improve the richness of the porridge when she stated, “We need peanut butter to add to the porridge.” By adding

peanut butter to the porridge, one would improve both the nutritive value and palatability of the porridge.

In as much as nutrition provisioning for children at Muula Center was applauded as a great benefit to children, uninterrupted supply seemed problematic. When Bruce (PSC) was asked if porridge was served every day during his enrollment period there, he responded by saying, "It was available, but not at all times." Mr. Bwalo (P) made the following observation, "I have seen that the porridge that the Center receives sometimes runs out, and with poverty in our households, children may stay hungry the whole morning, which is very worrisome" (Chakudya chikamakhala chopewera zimakhala zodandaulitsa). Mrs. Mpila (P) concurred by stating, "There are times when there is no porridge for the kids. Sometime we had no porridge, and no water; the bore hole had broken down." Apparently, periodic shortages of food at Muula Center results both in reduced attendance and lack of concentration or reduced participation of children. Mrs. Ndalama (CG) narrated the following:

This area is in the village, when there is porridge at the school all children are happy and participate more when they eat porridge than when there is nothing to eat. When we run out food for the children most of them become unhappy; some tend not to participate in the classes while the countenance of others tends to appear as if they are sick. Therefore, for me, I enjoy my work especially when we give children food because then children become relaxed and actively participate in the activities that we prepare for them.

### **Relationship between availability of food and Center attendance**

The relationship between availability of food at Muula Center and the number of children in attendance seem to have shifted from the earlier days to the current.

According to what Mr. Tembo (CG) has witnessed, during the earlier days, most parents would send their children to the Center with an accompanying snack, a tendency that most parents have abandoned. This is his account:

In the past, there was no problem with attendance of children with or without food. Food was not an issue for the turn up of children. The number was constant could be between 80 to 100 children on a daily basis. But there are some children who attend school because of porridge. This is a problem caused by parents who send children without food to school. Some parents just send children to school without giving them any food at home. Some children stop attending the Center when there is no food.

Mrs. Soko (P) agrees with the observation above and projects poor school performance by those children whose attendance of preschool is dependent on the availability of food at the Center. She stated the following:

The committee encourages us to send children to school every day, even caregivers do the same. But other parents are difficult, when there is no porridge they withdraw their children, but when there is porridge they re-enroll them. This is bad because the children miss out lessons during the time they do not attend school because there was no porridge. These kinds of children, when they enroll

into Primary School, will not do well because they did not attend preschool well; they usually fail in Primary School.

Mrs. Mbewe (PST) of St. Paul's Primary School captured the essence of this dynamic in the following observation and request:

Children are assisted with porridge at Muula Center and children attend the school because of porridge and get to learn a lot of things. I wish to ask if we could be assisted with the initiative of porridge. Many children come from very far and porridge would encourage children to come and attend school.

### **Periodic shortages of food**

While the food that children receive when they attend Muula center was highlighted as one of the major things that children liked about the Center, parents and community leaders on the other hand, were quick to highlight that one of their major concerns was the periodic shortages of food supplies at the Center. One of the parents, Mr. Bwalo said, "I have seen that the porridge flour that the center receives sometimes runs out, and with poverty in our households, children may stay hungry the whole morning. That becomes worrisome" (Chakudya chikamakhala choperewera zimakhala zodandaulitsa).

Initially, Muula Center used to get 100kgs. of enriched corn flour for children's porridge, which only lasted for two weeks. One of the parents' committee members, Mrs. Beni (CL), pointed out the following action taken by the committee over this observation, "Later we asked that we should be receiving more because 20 packets only lasted 2

weeks. On July 2, we got 40 packets of enriched corn flour, which we have been eating for the past two weeks, and we will be eating in the next two weeks.”

Mr. Lumbe’s (P) perspective regarding periodic shortages of food at Muula Center differs. The following was his observation:

Mainly, I have observed that the Center receives sufficient amount of enriched corn flour for porridge but it does not last long. I think the adults share among themselves the rest of the flour. It does not last longer than 3 to 4 days. The people in the committee seem to be sharing the porridge (Timaliona phalalo m’manyumba mwa anthu. Koma phalalo limabwerera ana).

Mr. Lumbe (P) reiterated his perspectives and highlighted the concerns he attaches to this as follows:

I would say that in my view, that one is the major challenge; because the food that comes to the Center is for the children attending the center and therefore, it is not fair to find this food in the households of other people. Because of these tendencies, sometimes children come home when they are very hungry with their tummies drawn-in. And some of the children are very young and suffer so much when they do not eat at the center.

### **Community’s initiative to support Center feeding**

The community around Muula Center is also involved in supporting the feeding initiative at the Center in various ways. At the initial stage of the intervention, late Chief Magalasi offered a piece of land near the Center for the community to cultivate in support

of the feeding program for the Center, which was commendable. The operationalization of this activity became problematic as soon as it was launched, as Mrs. Pensulo (CL) pointed out:

The garden was cultivated once. After harvest the corn was never milled for the children's porridge. It was stolen. As a result, parents were discouraged to continue gardening. Then the garden was left fallow for some time and we decided to take it back.

She further suggests what she thinks the problem was, and proposes what the solution could be as follows:

I wish there was a system that someone or some members of the community could keep the maize in their houses and there could be records of how many bags have been kept and how many have been taken out. But the maize was kept at the Center where there was no watchman. That was not a good idea.

When asked if it was possible to revive this initiative using the same field Mrs. Pensulo (CL) expressed her doubts as follows:

Frankly, it is not possible. The one who is currently cultivating the garden is the late chief's wife. It will not be possible to tell her to stop using the garden. But if we can find a garden and rent it, then we can use the rented garden.

Nonetheless, Mrs. Pensulo (CL) underscored the importance of cultivating in a communal garden for the Center, which according to her will ensure "Continuity of providing porridge to children in cases when we do not get the porridge flour in time."

Other than cultivating in the communal garden for the Center, parents also support the feeding initiative by assisting with cooking and serving the porridge to children at the Center. For instance, Mrs. Milomo (P) indicated, “Like today, I came because I was invited to cook porridge.”

### **Parental appreciation of the nutritional services**

Notwithstanding the concerns over running out of food supplies, accusations of parents’ committee members taking some food to their homes, and inadequacy of food given to children, provisioning of food to children that attend a community-based child care and education center, is a significant attribute unique to Muula Center. One of the parents, Mrs. Mpila appraised Muula Center by stating the following:

I am satisfied, this kind of a Center is not available in many areas, like at Mpetu, they have a center for children, but they do not eat porridge, they do not get uniforms like what happens here, I am very happy with the school and how it has assisted in care of children (zikutikhutitsa mtima kwambiri).

In comparison to other communities, the above narration highlights the advantage and a key service unique to Muula Center, for which parents are very grateful. This is very understandable for a community that is unable to provide the breakfast meal for its young population, with the exception of very few households.

Mrs. Mpila (P) further noted that caregivers support children positively with the act of feeding itself when she pointed out, “They also encourage children who are reluctant to eat, to finish their porridge and clean their mouth after eating porridge.”

Further, Mrs. Milomo (P) praised the caregivers for sorting out the squabbles among children around feeding by stating that, “For example, if older children are giving young children trouble in terms of getting porridge from the young children, the caregivers prevent this from happening. They make sure the young children have enough porridge to eat.”

A few households, however, made provision for breakfast for their children in this community. As in most underprivileged communities, exceptions exist. When asked about the provisioning of nutrition to children in the morning, Mrs. Mpila (P) responded, “In the morning, they ate porridge,” while Mrs. Sobo (PST) stated the following concerning her children, “They have eaten, a long time ago; otherwise they could have been here crying.”

### **Controversies around nutrition provisioning**

The initiative to provide nutrition to children who enroll at Muula Center not only generated appreciation and participation, but also accusations and controversies regarding abuse of food provisions meant for the children. Mrs. Pinto (CL) passionately accused the parents’ committee members as follows:

Regarding the porridge, children are given small portions. Since my husband died, I don’t eat any porridge from the school. The committee members take containers of food to their homes. They share among themselves the sugar meant to be put in the porridge for children. If you are to take care of the children and the entire village, will you manage? You asked us for a garden and said you would assist us with fertilizer to ensure there is porridge for the children all the time. The garden

was given and it was used for two years and then left fallow. I reclaimed my garden before even my husband died.

A follow up to the accusations with the accused produced the following response from Mrs. Beni (CL):

It is not possible, only if Mrs. Pilo comes and she can give some porridge to some of the children that she once found at the Center, but somehow do not come to the Center, either because of sickness or some other reasons. When we get porridge, the children eat until the porridge is finished. The only time they did not eat porridge is when we did not have firewood. We had asked parents to bring firewood, but they did not bring. Now, Chancellor College provides us with firewood, and it is not possible that children can go home without eating porridge. From the flour packets we received lately, we have cooked for 10 days, and we still have enough to cook for the children for the next 10 days.

### **Support for special needs' children**

One of the critical components in early childhood care and education is the provision of appropriate services to children with special needs both in the home and in the school environments. From the narratives gathered, two references were made with regard to services being offered to children with special needs; one with an epileptic condition and another with a speech impairment. Joining our conversation with Mrs. Pensulo (CL), Mrs. Betha (CL) narrated the following concerning her son:

The other child is epileptic; he was enrolled at Matiya Primary School, but he was not getting back home on time. One day I had to follow him up until very late in the evening. From that time, I decided that he should just stay home. He scared us a lot. He used to get lost at school. He was going to the mountain, and that is where we could find him. And that is why I decided that he should not attend school until he is older, and can recognize his friends.

Clearly, the parent expresses her fear of the worst thing that could happen to her son, the apparent lack of alternatives, and the resulting resignation to the unsettling fate of helplessness for now, hoping the passage of time would open access to education for her son later. When I asked her whether she was able to get medical help for her son, she stated, "I was getting him medication from the hospital. They used to give me pills for a month, but I got tired of going to the hospital. He is no longer taking the medication." Not completely satisfied with the response, I probed further, and the following is her elaboration:

I used to collect the medication, but my experience was that whenever he took that medication, he was getting worse. He would start convulsing in the morning and would not stop until the evening. That is why I decided to stop giving him the medication. Then we used traditional medicine and he is much better than before.

In a related narrative, one of the primary school teachers generally praised the Muula Center for the enrolment of a child with speech impairment, which according to her helped him develop a good foundation for his school experience. The following is what she said:

One other specific example is that of Waza (PSC), who is a child with speech impairment, but he is very active. His great advantage has come from the Preschool because he already was familiar with school life. If he had joined the elementary school without attending Muula Center, he was going to have a lot more problems catching-up because of his speech impairment.

### **Children's future dreams**

When I asked Grace (MCC) what she would like to become when she grows up her response was, "I will go to Matiya Primary School." For Grace growing up did not focus on so many years in future but the years immediately following her period in Muula Center. It does appear that the desire and expectation of this child seeing herself enrolling, and perhaps staying, in school after attending Muula Center is strengthened by her attendance of Muula Center, since most children that graduated from Muula enroll in Matiya Primary School.

When I asked the same question to John (MCC), his response was, "I wish to drive a car like yours when I grow up," while another boy, Bruce (PSC) stated, "I want to be a driver. I want to work as a driver." When I asked whether it would be good to drive his own car or work for someone as a driver, his response was "It is better to drive your own car." But he went further and explained his reasoning by stating that, "When I start off as a driver, I will be paid and then I can use the money to buy my own car." He seemed to have figured it all out. I wondered though if there were gender undertones in these perspectives. I, being a male, was the one coming to the center driving a car, while my research assistant, being female was always a passenger in the car. In general, more

men drive cars than women in Malawi, and considering a rural area like Magalasi Village, it would most certainly appear strange to children, if they saw a woman driving a car.

My suspicions came to light especially when the responses of the two boys are juxtaposed against those of the following two girls. Mary stated her future ambition, “I want to be washing plates, cleaning the house, drawing water, making hot water for people to bathe, and cooking.” On the other hand, Grace’s (MCC) response was, “Cleaning the house, drawing water, cooking, and washing plates.” The specific activities mentioned constituted the household chores that most women in this community do on a daily basis. Without access to portrayals of female role models in various careers it would be very understandable how these children come to see themselves in the roles played by women in their community.

When I asked Memory (PSC) what she would like to do when she grows up, she did not respond; even after following up with several probes. Afterwards, Memory’s Father (P) had this to say:

When she is with her friends, and they are talking of things they would like to do when they grow up, she says she would like to be a teacher, she says she would like to teach in secondary school. Those are the things she desires.

While these dreams are bound to change as children grow older, and as their understanding of life and the many careers that life offers increase, these children identified with these future roles. Apparently, these future dreams portray treasured ambitions and desires with reasons that matter to them at the time of the interviews.

### **Children's needs**

The needs of children across the various setting; the Muula Center, St. Paul's Primary School and the home featured highly in the narratives. These needs were presented in form of the inadequacy of the services currently being provided and unavailability of essential services that would enhance the care and education of children significantly. They ranged from nutrition, schooling materials, play equipment, staffing levels, linkages between the Muula Center and surrounding schools, access to medical care, improvement of transportation, to improvement of security at the Muula Center.

#### **Access to medical care**

One of the critical challenges that most children aged five years and below face in this community is access to medical care. Mrs. Mpila (P), when asked what she considered a key challenge facing children, stated, "The only problem is when children get sick." The magnitude of this challenge is made clear in the words of Mrs. Soko (P) as follows:

I wish there was a clinic close to the Center. I am saying this because when a child gets sick at the school, they send the child back home. But regarding our village, public hospitals are located very far away, the nearest public hospital is at Kimu (about 20 kilometers away). Therefore, it becomes a challenge to take a child to the hospital when the school realizes that a child is sick. I think it would have benefitted everybody if children who fall sick at the Center could be given medical treatment before they are sent home. [The hospital] is very far. When walking you can start off at 10 a.m. and you would be reaching the hospital at 4 p.m. The other hospital is at Chitekesa, in Phalombe district; but the distance is

the same (about 20 kilometers away). The nearest hospital is a private hospital at Matiya, but you need to pay in order to be assisted.

Although within this community there is a Private Hospital, medical services from this hospital are inaccessible to the majority of the children because their parents are too poor to afford the cost. Therefore, the only real option for medical services is to travel for six hours to get to the nearest public hospital, which provides services free of charge, but typically runs out of basic essential medication. When asked what was needed in order to enhance the care and education of children, Mrs. Beni (CL) out-rightly stated, “We need a hospital, to take children there when they are sick.” Her response was as if the private hospital in the community did not count as a hospital at all.

### **Play equipment and materials**

Most participants highlighted the need to increase the number of play materials and equipment. To this effect, Mrs. Milomo (P) said, “Children do not have enough playing materials, for example, there are only two slides for a 100 children. Therefore, they push each other in order to get a turn” (Amathunyana thunyana). Another parent, Mrs. Mpila agreed, “Children do not have enough materials to play with, especially outdoor materials and equipment; 100 children play with 2 broken down slides.” Mrs. Soko (P) added the following:

We also come to clear the school grounds and we get a chance to see that the children do not have enough play things like toys, balls, and the slides that are there are broken, and have no edges to protect children from falling. Children fight with each other in order to get a turn with the playing materials. We are

short on the slides and swings. The slides are also in bad shape; they are even a hazard for kids.

Mrs. Beni (CL) commenting on the same said, “Children’s toys are few, and play equipment too; we have two slides and the swings that we had got broken and do not work anymore.” And yet another participant Mrs. Pensulo (CL) pointed out, “We also need swings for children since the ones that were there were stolen.” This also highlights another critical area of need—the need to provide security for the facility, especially for outdoor play equipment for children at the Center. Mrs. Pensulo (CL) bluntly stated, “In addition, we need to have a watchman at the school.”

### **Schooling materials**

Most of the narratives from participants indicated an acute need to have school resources, such as pencils, rubbers, sharpeners, text-books, exercise books, school bags, and school uniform (clothes and shoes) provided to their children as most parents in this community were too poor to meet the cost associated with adequate provision of these resources.

Mr. Dambo (P) pointed out, “Children need books; they need exercise books and pencils to enhance their learning.” One of the children, Grace (MCC) stated, “We need shoes, clothes and uniforms.” Memory’s Father (P) had the following to complain:

Right now she has started Standard 1, but she does not have a uniform. She has been asking for it, saying, we only got her a uniform when she was at Center. She desires to have a school uniform; she doesn’t have one for the Primary School. She does not have books to read, even though she is in Standard 1, she tries to

read. She does not have exercise books; we are actually struggling to buy these necessities for her.

Another parent, Mrs. Mpila put forward her concern as follows:

Anyway, what I think is lacking is one thing, I do not know maybe because these are young children, but still I think children that are five years old lack books on which to practice writing. I think if they had these exercise books, they could scribble on them and practice some form of writing.

One of the children, Memory (PSC) confessed that, “We only have two books and we share.” Mrs. Mpila (P) stated the following on the same need:

I feel what they learn is sufficient, but for the older children, I feel they should be given exercise books to start practicing some writing. In this class, I feel the children are big enough to write, and should be introduced to writing.

Further, Mrs. Milomo (P) pointed the following out:

The only observable gap I have seen is that children are not provided with notebooks and pencils, which would be essential especially those in the 5-year-old class. These children are in the final year of their preschool and they will be starting Primary School the following year. I believe they need to have notebooks and pencils so that they can practice writing before they get into the Primary School.

Having text-books, exercise books, pencils, erasers, and a pencil-sharpener is one thing, to take good care of these resources is another. To drive this point home,

Memory's Father (P) indicated, "I feel like the main problem is the lack of a school bag. If she had a school bag, then she would not be losing her things."

In addition, Mrs. Pensulo (CL) stated the following:

There are small children that I feel sorry for, other children also come from very poor families and they do not even have shoes. When they knock off from school at 12:00 noon; when the sun is high and the ground is hot, they would find it difficult to walk.

Both during the heat of the summer when temperature soar to around 38 or 40°C, and during the rainy season when the rains pours down heavily, the comfort of mobility for young children is one aspect that becomes a challenge to many children.

### **More caregivers to support children**

Reflecting on Muula Center, with five Caregivers supporting over 100 children on average, Mrs. Beni (CL) stated, "I can add by pointing out that the number of caregivers for the Centre is not enough." Another participant, Mrs. Mpila (P) agreed by stating, "I feel there is need to increase number of caregivers at the Center." She further narrated the following:

I feel with the number of children at the Centre, the caregivers are not enough.

This is also because the class that takes younger children needs a lot of attention for the children to be well cared for. Most of the children in this class will have not completed toilet training, and soil their pants often, which require the caregivers to assist in cleaning them and changing their clothes.

While the need for more caregivers was highlighted in general, some of the participants were more specific with their observations. One participant, Mrs. Beni (CL) wondered, “Is it not possible to have another male caregiver to work hand-in-hand with the male caregiver who is there, Mr. Tembo. Sometimes women have a lot more responsibilities at home than men.” The demand for extra male volunteers can be seen in the context that there are four women caregivers and only one male caregiver at the Center. Further, the demand comes against the background that the current male caregiver is seen to be more efficient because he always comes to the Center in time despite coming from the farthest distance, and is more effective as he spends more of his time interacting with children than the female caregivers. Mrs. Pinto (CL) had the following perspective, “The only caregiver who shows up for work without any problems is Mr. Tembo. The other caregivers (female) they come to chat, do each other’s hair, and they also come late.”

### **Progress reports**

One area of need that was highlighted was the need to create children’s profiles and performance reports. As one parent, Mrs. Milomo complained, “I have never received any report of any kind for my children from this school.” And Mrs. Milomo in talking of the desired improvement at Muula Center stated, “I would need books, and a school report to follow the progress of my child.”

There seems though, to have existed before, some kind of a reporting system, which perhaps has fallen aside with time. To her recollection, Mrs. Milomo (P) stated the following:

Previously, they were given position numbers; Malita was given a number but not Raphael. It could be the case because it was a little girl that I sent to follow up on his progress. The child I sent just said he has passed.

### **Transportation of children when they fall sick**

One of the challenges that the Muula Center faces is with regard to transporting children who fall sick back to their parents. One of the parents narrated the following:

I have noted that other children come from far, and when they get sick at school it becomes a challenge to get them back to their homes. We need assistance of bicycles, to make it easy for parents and caregivers to assist children. Right now when a child is sick at school, she is put on the back, and taken to their home on foot. Walking with a child who is sick on the back for a long time is a big challenge. The committee members or parents who carry the sick children on their backs get tired and usually takes a long time to reach to the home of the sick children.

Time spent and physical exhaustion resulting from carrying sick children on the back to their parents could be lessened with bicycle support. This is a legitimate need, but also an example that illustrates 1) the inability of the community to mobilize resources on their own to buy a bicycle or 2) the expectation that financial support to buy a bicycle will be provided by partners. Especially when one considers the fact that the parents' committee was provided with two bicycles, which after having been used for some time, broke down and have not been repaired. When asked about these two bicycles, the Chairperson of the Parent Committee responded, "We want to try to fix them, if we wait

for our friends from Chancellor College, the bikes may take a long time before they are fixed.” However, the bicycles have never been repaired for over two years.

### **Networking with feeder Primary Schools**

Another need identified is the need to establish a functional relationship or networking between Muula Center and the Primary Schools where graduates from the Center enroll. Currently, that kind of a relationship does not exist. Mrs. Mbewe (PST) highlighted the need for this relationship as follows:

I look forward to establishing a good relationship between ourselves as teachers from St. Paul’s Primary School and those from Muula Center. Children from Muula Center and those coming from home are different. With a good relationship, we will be able to ease the transitioning process of children because the caregivers at Muula Centre would be able to know our expectations, as well as the starting point in our curriculum so that in their curriculum they can incorporate some of the things in-line with the Primary School curriculum.

### **Impact on Caregivers**

Over the years, Muula Center has recruited five caregivers; four female and one male that have been providing care and educational services to children. The caregivers have been trained in basic early childhood development (ECD) course that runs for two weeks. The training has been coordinated by Lecturers from the University of Malawi, Chancellor College in Human Ecology Department. Caregivers work as volunteers. They are given an allowance in recognition of their contribution. Several themes in relation to how the intervention has impacted caregivers emerged and include caregiver

competencies, personal development, positive job perceptions, transportation difficulties, tokenistic allowance, lack of incentives, high caregiver to child ratio, and caregiver job resilience.

### **Competencies of caregivers**

Caregivers, with a minimum qualification of a Primary School Education Certificate, offer to volunteer their services at the Center. Some of the volunteers do have junior high school diplomas. Over the years, the volunteer caregivers have been trained in early childhood development (ECD), with emphasis on child care and education. Some caregivers have been trained more than once. Various narratives were obtained with regard to the capacity of the caregivers as witnessed by different participants.

One of the teachers from St. Pauls Primary School, Mrs. Sobo, commended Muula Center for doing a good work in preparing children from elementary education. She stated the following:

From what we witness, I would say Muula is a good Center. The committee that runs the center knows some school values because the children's general behavior and school performance indicate to us that they have a good background of a school environment. Their parents also know how to care for school-going children and they would have learnt this from the center. Parents whose children come from Muula also follow up with their children to see their progress. The children's progress and their dressing indicate that they are aware of the importance of school. When children and caregivers work together in this way, it is a good thing.

Mrs. Soko, one of the parent participants also expressed her satisfaction by stating the following:

When children come to the Center, the caregivers teach them well and that is why they are also doing well when they go into Primary School. The children are well taken care of now. There is nothing to complain regarding the way children are taken care of by their caregivers in this Center. When children come to the Center, caregivers take care of them by making sure they do not fight. If young children soil their pants, caregivers help them by changing their clothes. When a child gets sick while at the Center, a member of the parents' committee picks the child on the back and takes the child home.

#### **Lateness of attendance**

While other participants expressed satisfaction with the work being done by Muula Center, others were somehow critical. Mrs. Beni (CL), one of the members of the parents' committee pointed out, "Yes, there are 3 classes; however, some caregivers are hardworking while others are not. I am sure last time you saw that some came early while others came late." Indeed, on our previous visit, I witnessed that the only male caregiver who comes to the Center from the farthest distance arrived at the Center on time, while the rest of the caregivers were late in arriving. Expounding her observation, Mrs. Beni (CL) further stated the following:

Some are hardworking caregivers, some are not; some come early while others come late, or even at times they do not show up at the Centre. Therefore, the time that children spend doing meaningful play or learning activities is short.

This is a critical observation in the sense that the number of children attending Muula Center is very high so that the late coming of caregivers, or absenteeism, can have serious management challenges. When I asked Mrs. Soko (P) what she thought would be the factors contributing to lateness of the female caregivers at the Center, she responded, “I don’t know, maybe because of the work demands in their homes. But by the end of the day, they don’t keep time to get to school in good time to start teaching the children.”

One of the parents, Mrs. Mpila, also agreed, “The children are learning, but caregivers report for duties late.” Mrs. Mpila expresses her concern over the gender imbalance of the composition of caregivers at the center by stating, “Regarding the caregivers at the Centre, I feel like there are more female caregivers at the Center and only one male caregiver.”

### **Importance of ECD training**

The competencies of the caregivers have had to be developed over time through ECD trainings. Mr. Tembo (CG) appraised the importance and benefits of having attended one of the trainings as follows:

I was trained in 2013 on how to care for children. This workshop really changed my life. It helped me reflect on how I handle my lessons with children. I reviewed my teaching and changed my approach to teaching because during training, I was able to reflect on my own practice, and identify what I was doing right, or wrong. I learned how I should care for children better. In addition, I also learned how to care for expectant mothers. During question session, I was able to answer correctly the hard questions, so much so that some of my peers assumed that I had been trained before. In these trainings we had homework sessions, and it was

more practical. Today, I know how to play with children better as a result of the knowledge and skills that I obtained during the training. When I came back, I started to implement the things that I learned from the training.

Professional trainings in ECD, just as in other care professions are essential from time-to-time in order to orient practitioners to current knowledge and skills. Mr. Tembo (CG) pointed this out as follows:

Such trainings are essential although they do not happen often; they help refresh practitioners, as one is able to identify what he or she is doing well, and what needs to be improved. One is also able to learn new things. That is why I think such trainings are needed at intervals so that practitioners should update their approaches to teaching and interacting with children.

### **Personal development**

The implementation of the child care and education intervention in this community has also resulted in personal development, familial and community benefits, which were not initially envisioned. This applies especially to people that have participated closely in the intervention such as members of the parents' committee and volunteer caregivers.

Mr. Phiri (CL), one of the members of the parents' committee narrated the following to this effect:

I have benefitted a lot. I now know how to associate with people, how to be a leader, and how to deal with challenges. I know that as a Chairperson, one needs

to tolerate different people, and not all people would be happy with you. The most important thing as a leader is to be tolerant, and patient in resolving conflicts.

Apart from the benefits highlighted above, Mr. Phiri (CL) and other members of the parents' committee acquired some other skills that benefit not only them and their families, but rather the entire community. Here is what Mr. Phiri (CL) narrated further:

I have learnt how to manage a borehole; I know all parts of the borehole, and how to fix it. During the borehole maintenance training, we had the opportunity to dismantle the entire borehole, and practically handled all the parts. I got to know and handle the rods, the pin centralizer and all the other parts. So, I have gained new knowledge and skills. I have opened the borehole three times. The most recent time was when the head load was broken. I am proud to say I went to the borehole and opened it up. I took all the pipes out and discovered what the problem was. The problem was fixed and the borehole is now working properly.

Further, Mrs. Ndalama, a caregiver stated the following:

Before I joined the Center, I had a monotonous life routine; getting up, sweeping, fetching water, cooking and eating. After I joined the teaching staff at the Muula Center, my life changed because it was as if I have gone back to school myself. I am able to read and remember how life was like when I was a student myself. I read various books in preparation for my lessons and activities for children. That way, I feel I am reviving my intellect, so much so that, sometimes, I tend to think that if I go back to high school, perhaps I could still advance my education. This

is unlike before I started this job; then a year could pass by without picking up a book to read; no, not even a book in Chichewa (the local language).

Mr. Tembo (CG) was very confident and delighted when he stated the following:

Children in this village associate with me more because I am good with children at the Center, at home and within the community. I know how children differ from adults and how to interact with children positively. Previously, I used to think that children are not significant in their own ways, just as adults are in their own ways. But I was wrong, after I started my job; I discovered that children are very significant in their own ways, even as the Bible states that the kingdom of God is for the little children, because adults think a lot more negative/bad thoughts than children. Children are very intelligent beings, I learn a lot from children when I listen to them and interact with them.

As shown above, some of the knowledge and skills that caregivers and members of the parents' committee gained from performing their respective duties for the Center are transferrable, and participants are able to use these to the benefit of their families and the community at large.

### **Caregiver's positive job perception**

From the narratives of the caregivers, it was clear that their perceptions of the work they do as volunteers are positive. Mr. Tembo (CG) highlighted the following:

I feel my job is very important. For example, people go to church to pray in order to go to heaven. Nobody goes to church to get personal or bodily needs; everyone

is focused on the journey to heaven. I feel that to sit at home with children is a big burden. Children in future will be very important people in different aspects of their lives. I feel it is a good thing to take care of the children while they are still young; to give them a good foundation for Primary School. When they complete Primary School, they would go on. I work to make these children leaders of tomorrow. I take pleasure to see children happy and make progress in their studies. This is like doing God's work and I am very happy with what I do.

Mrs. Ndalama (CG) similarly agrees as follows:

My job is very important because when children get enrolled at Primary School, our work is measured against the achievement rates of our children. For example, when children from Muula Center are doing well, we are the ones who will receive the credit for preparing them well educationally. The children's learning depends on our availability, if we do not show up for teaching, then the children would not be here. Our job is important in giving care to the children.

In addition to the good performance of children from the Muula Center when they join the elementary school, the praise and gratefulness of parents in the community also motivates the caregivers on their job. Mrs. Ndalama (CG) further stated the following:

Where I come from, I get a lot of comments from parents and teachers at Havala Primary School<sup>7</sup>; commending us for the good work we are doing, as evidenced

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<sup>7</sup> Havala Primary School is one of the schools that is located closer to where Mrs. Ndalama resides. A few children that graduates from Muula Center enroll in this school as compared to Matiya Primary School, mainly because it is located farther away from Muula Center.

by the children who have graduated from this Center and have joined Havala Primary School. These children are doing extremely well.

The work that caregivers do has also given them a special identity as role models in the community, which is also a source of motivation. Mrs. Ndalama (CG) stated the following:

I am a role model to the community for someone who is working for the community. I have got a name for myself “aphuzitsi aku mkaka” (Preschool teacher). Most parents admire the work that I do. Children from Muula are doing very well at Primary School compared to other children, even children from other Centres around like Maliko Centre, which is close to where Mr. Tembo (CG) resides. Therefore, I take pride in knowing that as one of the caregivers at Muula Center, my contribution is making positive impact in the lives of children. If parents were to complain that children from Muula Centre are performing badly once they join the Primary School, then I was going to feel bad about my job. But as it is, I feel good about the job I do.

### **Volunteer caregiver on-the-job challenges**

Despite the positive perceptions that caregivers have about their job, caregivers face a number of challenges such as difficulties in transportation, low allowances, delayed allowances, high caregiver-to-children ratio, and lack of incentives on the job.

### **Long distances and seasonal challenges**

All caregivers walk on foot to and from the Center, with most of them (three out of five) covering distances that take over 45 minutes one way. That in itself is a challenge

when one considers that this is an activity that caregivers have to carry out five days in a week, in addition to the actual care and teaching job, and other household economic activities. This degree of this challenge is magnified during the rainy season due to the rivers that becomes impassable. Mrs. Ndalama (CG) highlighted the following:

The other challenge is on transportation from home to the Center. Mr. Tembo (CG) and I come from very far away. We find it hard to travel from home to here. I come from Havala. It takes me 45 minutes, approximately. Mr. Tembo (CG) stays even further away from where I stay.

When I visited Mr. Tembo (CG) at his house, he was very excited. His welcoming speech provides more light to what Mrs. Ndalama (CG) had narrated as follows:

God is good, God is good. I am saying this because you could not believe my word alone. It is said that Thomas, one of the disciples of Jesus, believed that Jesus rose from the grave only upon seeing him face-to-face. I am happy that you have come all the way to see where I come from. I do come from very far. Now you believe that I do come from a long distance. Actually, I am wondering how you have managed to trace your way to my house.

In his remark, he expressed some form of joy and relief in realizing that by reaching his home, I now had an experiential understanding and appreciation of the long distance that he travels to get to the Center. When I asked him what time does he depart for the Center, his response was:

I leave at 6 or around 7 a.m. It takes about an hour to reach the Center. There are short cuts to get to the Center, which we normally use. During rainy season,

because the water in the rivers swells up and become impassable, I use a longer route.

Mrs. Ndalama (CG) further pointed out the gravity of the transportation challenges they face, especially during the rainy season as follows:

My major challenge has been about traveling to and from the Centre, especially during the rainy season. When it rains, usually the routes that cross over rivers become impassable and I tend to have difficulties in traveling to and from the center. As I said before, the only route that we use in such circumstances is the longer route.

Three of the five caregivers travel relatively long distances from their homes to the Center, crossing two or three rivers in the process.

### **Tokenistic allowances**

The allowance that caregivers receive in recognition for their contribution to the care and education of children in this community has remained small (about CAN\$9) for a long time. Inflation has increased over the years (at 22.1 as of March 2016<sup>8</sup>) and the value of the allowance has significantly reduced. Mr. Tembo (CG) pointed out the following regarding the low allowance they get:

While I do this work, from time-to-time I realize I don't have soap. I cannot teach children about hygiene when I cannot practice it myself. On some days, I may not go to the Center in order to look for money to buy soap. If someone is working

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<sup>8</sup> <http://www.rbm.mw/>

and is not able to find an income to buy soap, the interest dies out. One should not lack basic needs like money for soap, food or salt if she or he is working. Even at the church, people give to a pastor to encourage him to come back. As caregivers, we need this support (Ambuye, ntchitotu kuti munthu uyigwire bwino, pamafunika zinthu zambiri. Ndikanapatsidwa jekete, ndikanagwira moposera. Ngakhale ku mpingo, Mmbusa amapatsidwa chopereka kuti akabwerenso. Mudzigitwira dzanja).

Mrs. Ndalama (CG) also complained of the same as follows:

The allowance we get is only enough to buy soap. It is not that much as to support my family and meet our family needs. The major challenge is the issue of allowance. When one is working, there is always need to remunerate him/her with reasonable rewards, which can encourage him/her to work hard on the job. This issue of very low allowances demotivates us a lot, but we do understand that we are just volunteers. We also have the understanding that we are assisting children from our communities. This is out of love and passion for the children.

Later on she stated the following:

People talk about us negatively at times; they say we have nothing to do but take care of other people's children. They imply that we do not really get much for the effort that we are putting into our job.

When asked what would be a reasonable allowance, Mrs. Ndalama (CG) stated, "I wish if the allowance was increased from MK 5000 (CAN \$9) to MK 10000 (CAD \$18) per month."

### **Delayed allowances**

In addition to this challenge, sometimes the allowances for the caregivers are not paid on time, which aggravates the situation. Mr. Bwalo one of the parents observed, “Sometimes caregivers get their allowances late.” Mrs. Ndalama (CG) stated the following:

Our allowances are delayed for 3 or 4 months and this is demotivating. We or our children might have dirty clothes and we know that we cannot go to the Center in dirty clothes. It is discouraging to find yourself in a situation where the children that you are going to teach are dressed in clean clothes, while you, as a caregiver, are dressed in dirty clothes. After sometime, they bring the allowances. However, it is not possible to save some money for future use; therefore, by the time the allowances come, we are usually deep in debt.

Further, the time caregivers spend at the Center, reduces the time they spend cultivating their gardens, resulting in low food productivity, which legitimately should be considered when honoring their contributions. Mrs. Ndalama (CG) highlighted the impact of this as follows:

I would like to mention the issue of food. When I come here to teach, I do not have much time left to work in my garden. As a result, I usually do not have enough food to eat in my household because I had less time in my garden.

I wondered how Mrs. Ndalama (CG) is able to meet all her obligations as the mother of five children, gardening and volunteering as a caregiver. I asked her how she is able to manage, and the following is her response:

I try to manage. I have a day when I cut the firewood, a day when I work in the

garden. I try to manage so that we have food in the family. When I am overwhelmed with work, I tend to leave some of the work undone on that particular day; I defer the work to the following day. Chrissie also helps me with household work and selling firewood. When my child is sick, I make sure that I take the child to the hospital first. You know, I do not commit myself to gardening responsibilities to the extent of failing to take my children to the hospital whenever they fall sick. Gardening activities are continuous and will always be there, therefore, I temporarily relieve myself of gardening activities to take my sick child/children to the hospital. When the child gets well, then I pick up on all the other responsibilities, such as gardening and selling firewood by the roadside. When I have firewood in stock, then children become helpful, because they take the firewood bundles and display them along the road and sell.

The quotation above paints a picture of how stretched caregivers are, in terms of time demands. Their day starts very early and they only return home in the afternoon to catch up on their household chores and economic activities.

### **Non-availability of incentives**

For the caregivers, one of the issues with regard to motivation that was raised was the absence of incentives, or other benefits that can motivate them more. Since their engagement is on volunteer basis, the allowance that caregivers receive is a form of honorarium. Other than the allowance, caregiver's motivation on the job comes from intrinsic sources, such as a sense of positively contributing to the welfare and education of children in the community, and the appreciation that parents of children in the community expresses concerning their efforts. Nevertheless, caregivers expressed the

recognition that they still need extra, perhaps externally generated incentives to boost their motivation for work. Mr. Tembo (CG) expressed his hope as follows, “I wish to conclude that as caregivers we need incentives to work with energy.” Some of the things that can be provided as incentives would require small steps or provision that can be undertaken as gestures of recognition for the enormous amount of work that caregivers do. The following elaboration of the kinds of things caregivers lack by Mr. Tembo (CG) gives insights into some of the options that are available:

My situation at the moment is that my children have blankets, but I do not have one; every time I buy a blanket, my children take it away from me; they say I should buy another one for my own. I desire to have more clothes, blankets and other personal needs. I desire to have a radio; to listen to what is happening, and a watch; to be checking time.

### **Job resilience of caregivers**

Despite, these challenges, the commitment of the caregivers to their work is worth noting. Three of the five caregivers have been volunteering their services to the Center since the early days of the Center; between 2003 and 2006. Mrs. Ndalama (CG) pointed out the following:

I am always committed to go to the Center. Sometimes the rain starts to fall while I am already at the Center. And sometimes the rain may actually not fall in this area, but far in the uplands and the rivers down here fill up, in which case, I still use the long route to and from the Centre.

Mr. Tembo (CG) had the following to say regarding his commitment to his job despite the challenges he faces:

Mainly, I should say that I approach my job just like a man of God. You may have your church located far away, may be on the other side of the river, nevertheless, because you are committed to help the people to go to heaven, you commit to serving the people without looking at the benefits that you are going to get from the people. In the same way, my concern for children who were just staying at home motivates me to keep on carrying out my duties as a caregiver.

Of the five caregivers, Mr. Tembo (CG) was exceptionally commended by several participants for his extraordinary commitment to his job. Mr. Phiri's (CL) remark summarizes very well the community's appraisal as follows:

Mr. Tembo (CG) stays very far from here, and he is exceptionally committed to his job; he is always on time and available. To get to his home from here, you need to go back to the main tarmac road, turn to the east, and take the Phalombe direction. Soon after passing the bridge that was washed away by the flooding waters, you turn to the left again. From there you travel for about 500 meters to reach his home (a distance of about 5 kilometers).

It is clear that despite the long distance that Mr. Tembo (CG) travels on foot to and from the Center, just like the other caregivers, he has been exceptionally committed and relentless in providing care and educational services as a volunteer for over ten years.

## **Community Participation**

Community participation is one of the themes that emerged from the participant's narratives. The parents' committee nominated by the community is the most active agent of the community.

### **Satisfaction and dissatisfaction with community involvement**

Some of the participants expressed satisfaction with the various ways in which the Magalasi community is involved in supporting the activities of Muula Center. Mr. Tembo (CG) narrated the following:

There is good coordination between parents and caregivers. Parents show interest in the Center. There are many Centers around this area, but many parents send their children to this Center. When parents are called to come and assist with something at the Center, e.g. clearing the grounds, they do come quickly. On issues of funeral or sickness, parents assist very well. They contribute in terms of money to assist when there is a funeral, or to assist the sick. These contributions are usually about K10 per family (CAD\$.02). When schools are closing, parents come in large numbers to support children's activities.

Apart from the role of monitoring and supervising the activities of the Center, its members go an extra mile in supporting the Center. One area in which the committee has been supportive, is the maintenance of the borehole at the Center. Mr. Phiri (CL) pointed out the following:

When the engineer came the second time, he invited all the committee members, and trained us how to fix the borehole. I appreciated so much the knowledge and

skills that we gained; we were taught about all the parts of a borehole, so that when it gets broken, we can easily fix it ourselves.

Notwithstanding the positive ways in which the community members support the Center, others were critical about the extent of involvement and supportiveness. Mrs. Pinto (CL) pointed out the following:

We had about 3 or 2 bicycles but we cannot maintain them. The swings for children were also stolen at night. We are failing to maintain anything. The committee is faced with a lot of challenges to prove that they are doing well. I wish to ask that you should continue to help us.

Mrs. Pensulo (CL) complained of lack of cooperation of community members and stated, "Since I am a woman and when I tell people to call for a meeting they just say it will be done tomorrow, but come tomorrow, no action is taken." Mrs. Pensulo (CL) also complained regarding community contributions towards the Center, "In this village, it is very difficult for parents to spare K10 (\$CAD0.02) as a contribution for the replacement of the broken window panes."

Mrs. Pinto (CL) also highlighted the following situation regarding communal gardening for the center:

The garden that was dedicated for the center was cultivated once by the members of the community. After harvest the corn was never milled for the children's porridge. It was stolen. As a result, parents were discouraged to continue gardening. Then the garden was left fallow for some time, and that is when we decided to take it back.

Mrs. Mpila (P) also complained of the negative attitude that some community members hold regarding communal gardening to support the center. She stated, “The committee is there, but some parents are difficult, they may think the garden will be there to benefit the committee members only.”

Mrs. Pensulo (CL) further complained about the attitude of community members regarding community participation as follows:

People in the village are jealous, they will not be happy to make monetary contributions to pay a watchman at the Center. They would not feel good that the money they contribute is going to be paid to an individual from the same village. It is our hope that just as you assisted us in building the Center, you will also assist us to employ and pay a watchman for the Center.

Mrs. Pensulo (CL) expressed her reservations regarding the ability of the community to make more monetary contributions to support the Center, “If parents were asked to be making such contributions, most of them would say that children are now paying fees and then a lot of children will drop out of school.”

Mrs. Mpila (P) highlighted some of the frustrations of low community participations by stating the following:

This is so because when the committee calls for a meeting, parents do not turn up. So, if parents do not come to meetings, who will the committee members discuss issues with? This is discouraging, and may lead to a situation where committee members might give up their responsibilities.”

On a different note, Mr. Lumbe (P) pointed out that community members fail to address the weaknesses of the committee or committee members because of the predicament of power relation between themselves and the committee members. He stated the following:

Eh! Nothing has been done. We only see and do not do anything when we see committee members sharing food that is meant for children. Everybody who observes this simply says, eh! But they do not dare to do anything about the problem. Parents are scared to do something, or to say the truth. This is the case because, for most parents, their children are currently attending the center and they do not want their children to be victimized because of poor relationship with committee members.

The involvement of the community, especially that of the parents' committee appears to be enhanced because of the extraordinary commitment of a key personality within this community —Mr. Phiri (CL) who is leading the parents' committee for the second term. In his own confession, he stated the following:

But as for me, I will die doing volunteer work; I know I enjoy doing voluntary work. I started my voluntary work in 2008. I was working as a village health committee member. The hospital staff had faith in my capabilities and I was selected to attend training in family planning methods. The training took place at Thondwe Pastoral Center, for two weeks. After that, I developed a liking of traveling and volunteering. Later, I also joined National Initiative for Civic Education (NICE) to sensitize people on voting procedures. I have also been working with another NGO by the name of Emanuel International as a volunteer.

Currently, I am also working with group village headman Chaweza as Area Development Committee (ADC) Chairperson. But I also volunteer to work with several other small organizations. I am a busy person whom people frequently call upon; rarely a day passes by without being invited to work with an organization as a volunteer. I find happiness in what I do as a volunteer, especially because I do not have anything else to do apart from this voluntary work. I will die doing this work, I know. Voluntary work has become a part of me, and I only pray to God that He should give me strength to serve the people well (Uvolontiya wangondilowa mu mtima).

### **Competencies of the Parents' Committee**

Mr. Phiri (CL), one of the parents' committee members, expressed confidence in the capacity of the committee despite the challenge of other committee members being inactive. He stated the following:

There is good working relationship in the committee. Some five members have been discouraged, therefore, only five members are now active. There was nothing we could do to make the other members active because working in the committee requires personal commitment as a volunteer. We are still trying to find other members to fill the vacant positions. Currently, we can still manage, even though there is a lot of work. Working as a community volunteer is not easy. Most people have problems to start voluntary work from scratch, if they have never done it before.

On the other hand, Mrs. Beni (CL), also a member of the parents' committee did not express similar confidence in the capacity of the parents' committee. She stated, "We

do not know how to work as a committee. We have never been trained to effectively carry out our responsibilities. When Mrs. Pilo comes, she talks to us, but we need a proper training for all committee members.”

The views from the community regarding the capacity of the parents’ committee were similarly divergent. Mrs. Mpila (P) stated, “We are working well with the school committee.” Mrs. Soko (P), in the same vein, said, “The committee members are doing their job well. There is no problem that we see with the committee in as far as managing the center is concerned.” Further Mrs. Milomo (P) appraised the parents’ committee as follows:

Yes, I feel like the parents’ committee is working well. The caregivers are also free to do their work properly. I have never seen a child being abused at the school from the caregivers, or from the committee members; children are learning well, and if they are conflicting among themselves (the children), the caregivers and the committee members look into it, and help the children to settle their disputes peacefully. When a child is sick, a member of the parents’ committee brings the child back home.

On the other hand, Mr. Lumbe, one of the parents, pointed out the following:

I feel it is the committee that is actually doing that (sharing porridge among themselves). It is difficult to do anything else about it because it is the committee that is mandated to enhance the welfare of children at the Center.

### **Literacy differences**

Some parents of children that have attended Muula Center and have proceeded to Primary School indicated that their children are acquiring more knowledge than they

themselves. This scenario leads to a situation in which the parents have difficulties to be involved and support the learning of children. Mr. Lumbe (P) highlighted the following:

I see a big change, because as a parent I was not able to teach my children what they know now. For example, my children talk about school things, which I do not understand. Children are able to talk of things they would normally not know, if they were not attending school.

### **Controversies and conflicts**

Putting resources into a community, which is at the center of this intervention, has created benefits, but not without some controversies. One of the outstanding controversy captured in the participants' narratives involved the community leaders. This is reflected in the following lengthy narration by Mr. Phiri (CL):

There is one bicycle which is in a worse condition than the other. This bicycle was borrowed by the late Chief. The issue brought about fierce controversy between me and the family of our Village Chief. They were insisting on keeping the bicycle after they had used it. The Chief borrowed and utilized the bicycle on all the errands for which he had borrowed it. Unfortunately, death came on the scene. Then, it so happened that before the Chief was buried, I announce to the community leaders and said, 'before the Chief died, he had borrowed the bicycle from the center, therefore we anticipate that at some point the family will return the bicycle to the Center.' This was agreed upon by the members of the late Chief that were available when the Chief was buried. But afterwards, the wife to the late Chief did not release the bicycle to the Center. Faced with this predicament, I called Mrs. Pilo of Chancellor College to seek advice, and her advice was that I

should go and take the bicycle from the Chief's wife back to the Centre. When I went to Mrs. Pinto, we did not understand each other at all. The disagreement and controversy was bad because both of us spoke on top of our voices openly, which was shameful to the public. Nevertheless, I persevered. Later the bicycle was brought to the Centre; however, a lot of the parts on the bicycle had been removed. They only brought the frame of the bicycle; the tires and other parts were stripped from the bicycle. The frame is right there in the storeroom at the Centre.

Mr. Phiri (CL) further elaborates the complexity of this controversy, as well as the availability of resources within the community for resolving the conflict as follows:

Sometimes, I could sit and meditate on resigning. But I met some people that encouraged me. When the Chief died, the leadership authority of the village was in the hands of the Group Village Head Chaweza. I explained all that I was going through to him, which was making me to lose my sleep. The Group Village Head said to me, 'do not worry, you are doing the right thing for the community. Even if you die, but if whatever you were doing was right and good, it is well with you. Therefore, do not worry about the challenges that you are facing, God will protect you.' So, he strengthened me a lot, and told me not to resign. I was scared for my life! I was afraid that, somehow, I could be killed through witchcraft. But Chief Chaweza said to me, 'Be courageous, even if that could happen, no one lives forever, even people that kill other people die also.' To which I responded, 'So, even if I am killed, the one that kills me will get to meet me when they die?' And he said, 'Yes.' From that moment, I did not mind the challenges that I was

facing, I just focused on doing the job that I was elected to do as the Chairperson of the parents' committee for the Center. Mrs. Pinto (CL) was not happy with me because I had taken away from her one of the precious properties that she thought she was going to inherit. But I stood my ground as the Chairperson of the parents' committee; she could not inherit the bicycle, which was the property of the Center, and not of her late husband. That period of time was the most difficult in my life, so much so that, I nearly resigned as the Chairperson of the parents' committee. As time went by, there were other parents who also supported me and told Mrs. Pinto (CL) that there was no point in her blaming me or holding grudges against me because the bicycle that I took from her belonged to the Center, and that I did not take the bicycle to my house. So, when I reflect on that period of time, and the experience that I went through, I tend to wonder that today I can relate with her very well. This is the case because we reached an extent of not speaking with each other at all. Whenever we met, we could just go past each other without talking at all. But now all is well, whenever we meet we greet each other and we are able to communicate nicely.

The advice from and encouragement from the Group Village Headman and other members of the community played an important role for Mr. Phiri (CL) to persevere and have the conflict resolved. However, in addition to these factors, unforeseen dynamics related to opportunities for accessing essential resources, i.e., fertilizer, also played a significant role as pointed out by Mr. Phiri (CL):

I am a member of Area Development Committee (ADC) and Village Development Committee (VDC). In the absence of the Village Chief, I am

responsible for all development activities in Magalasi Village. When I got the coupons for purchasing fertilizer at the subsidized price for members of Magalasi Village, Mrs. Pinto (CL) came to me and negotiated with me so that she should not be left out. That is how she approached me and we started talking again, and eventually our differences were sorted out.

The quote above is revealing of how unplanned events within a community can mitigate and help in resolving tensions that emerge during the process of implementing intervention activities. Paying attention to, and taking advantage of such opportunities can reduce costs associated with formal arrangements for conflict or tension resolution.

Overall, in the foregoing chapter, I have presented seven meta-themes and forty themes. These themes have been anchored by the actual quotations of the intervention participants, which as narrative material, are more revealing about personal and collective experiences of the intervention by the participants. The following chapter discusses the significance of the meanings revealed in these narratives.

## **Chapter Five: Discussion**

This discussion unfolds by depicting each theme as a phenomenon to which participants attached value and meaning. In interpreting the findings, emphasis is placed on how participants thought about the phenomenon, how they felt, and what sense they made of it. Further, the entire project (as a series of interrelated activities) will be considered as a phenomenon with a story structure: the plot, the orientation, the complicating action, the evaluation, the resolution, and the coda. The outline of the discussion follows the same pattern as the findings chapter. Also as pointed in the findings chapter all meta-themes have addressed the first objective of this study and meta-theme two has specifically addressed the second objective.

### **Meta-theme one: Status of childcare before the intervention**

#### **Lack of appropriate developmental services**

The early childhood period from birth to eight years old is naturally a period of intense development. All dimensions of development, the physical, social, emotional, moral, and cognitive, have the potential to grow and develop significantly during this period in comparison to the subsequent periods. However, growth and development do not occur independently of supportive services. In Muula community, it is evident that before this intervention, childhood was marked by a lack of supportive services. While the lack of access to care and educational services for young children in a community can be attributed to various factors, for this community, the services simply did not exist. In reflecting on this, participants considered childhood as a period that was marked by idleness as a result of unavailability of supportive services. Idleness as a phenomenon

shows what parents perceived as a great mismatch between the potential that childhood embodies (their energies, curiosity, and eagerness to explore and learn), and the services available to meaningfully materialize that potential. It also brings to the fore the feeling of discontentment as parents did not appreciate that children spent their early years doing what they should have been doing. In other words, the period of childhood in as far as growth and development are concerned was considered not as a gainful experience for their children, but rather as a wasted opportunity. As the participants described it, before the creation of the Muula Early Childhood Care and Education Center, children experienced neither positive parenting, nor did they produce positive memories for children to reflect on later in life.

Also, before the intervention, childhood was seen as a time when children “were just waiting to reach the age of 6 years old to access primary school education.” Waiting can be a positive experience or a negative one. As expressed in this context, parents did not conceive the experience of children’s waiting as one that they were satisfied with, or one that was welcome, but rather as one that was very unsettling. This was not waiting by choice; it was rather waiting that was imposed by lack— waiting enforced by circumstances.

Further, in this context, it is widely expected that from birth to two years old, children should be in the care of the primary caregiver, usually the mother, supported by the father and the extended family. When children turn three years old, the expectation is that they should be more active and more engaged in activities that are considered developmentally supportive. The experience of waiting depicts a period of three years; from age three to five years. That translates into 60 percent of the period of life of these

children. This means that for more than half of their lifetime at this age, children of Muula community used to spend their time waiting. When children are subjected to this extended period waiting, considering their short attention span, and their acute curiosity to explore and exercise their fast developing abilities, frustration becomes inevitable.

### **Child neglect and poor personal hygiene**

Reflecting on the care that parents were providing to their children before the intervention, participants characterized children as being neglected. By pointing out that parents “did not care for the children that much,” participants highlighted that while parents were providing some care to their children, qualitatively and quantitatively, the care that they were providing was less than the ideal. Stating that “parents would just mind their own business,” conveys the notion that parents were less mindful of the care that children needed, while being more mindful of adult engagements. Cast in this light, the amount of time parents spent thinking about the care of their children, the content of their thoughts concerning their children, and the subsequent actions of care, did not meet the demands of care that childhood required. It is not surprising then that the overall outlook of the care would be summed up as: “children would be left alone to take care of themselves.”

There is a sense of putting adult responsibilities in the hands of children. It should be appreciated that children can be involved in the care of siblings and other children. However, their involvement can only be meaningful under the guidance and supervision of a capable and responsible adult. Physically, mentally, socially, emotionally, and experientially, young children are too limited to be handed the whole responsibility of providing to other children the care that adults are obligated to provide. Further, there is a

sense of physical and social detachment between the children who were “left alone” in their own grouping, and the parents who went about “minding their own business” elsewhere. When children are left in such settings, the likelihood becomes very high of all kinds of negative things that can happen to them just as when children are left without any care at all.

It is not surprising to note the kinds of situations to which children from Muula were subjected to as a result of this neglect. The following extracts explain it all: “children stayed the whole day without a bath”; “children spent their day playing with worn-out rims of bicycles”; “children were not bathing, and they wore dirty clothes all the time, were looking dirty”; “most children had only one set of clothes to wear every day”; “children used to walk aimlessly all day long.” The connection between child neglect and poor personal hygiene for most children in Muula community before the intervention is clear. This brings us to the next theme.

### **Negative child upbringing**

#### *Lack of resources for children’s play*

The following references: “Children could just be playing any games available,” and “Children spent the day playing with worn-out bicycle rims,” as childhood discrete activities may appear as normal and good. However, in this context the associated meanings are negative. “Children playing any games available” conveys the notion that children were left alone to pick up and be engaged in a game or games without the support of adults. Often, there were not many choices available to children. Hence, “children spent the day playing with worn-out bicycle rims.” It should be understood that the worn-out bicycle rims are not typical play materials given to these children with some

thoughtfulness and support from their parents. No, these are materials that are discarded by parents because they can no longer use them. The children pick them up and use them as play materials; placing a stick inside the groove and pushing the rim forward, they roll the rims while controlling the speed, the direction and keeping them up and balanced. It should be appreciated that these children are being resourceful and creative by using materials that are at their disposal. However, the reference here conveys the notion that these children spent their entire day playing one game, and repeating the same game day after day, which was rather a very restrictive experience developmentally.

*Children's exposure to danger*

Further, as it is reported, "children ... were playing with fire, and there were many accidents; houses burning down." The experiences of the children described here make much sense when one considers that children's play activities did not receive sufficient support and monitoring from the adult members of the community. It is highly unlikely for children to use fire for their play activities with the support and monitoring of responsible adults. In few cases, like when playing house, where responsible adults allow children to use fire to practice cooking, precautions are usually taken to prevent accidents. In the context highlighted, "there were many accidents" in the community; the degree of which could be as severe as having houses burning down. Children's play activities are portrayed here as unsupported and unmonitored by adult members of the community; without precautions or measures instituted to prevent accidents, therefore, prone to causing harm to the children, and destruction of property.

*Negative children's behaviors*

The lack of parental support and monitoring of young children in this community was very pervasive, and so were the negative children's behaviors. As pointed out, "many children were doing unpleasant things like stealing." In relation to the total number of children in this community at that particular time, the perception and experience was that most of the children were doing many "unpleasant things, like stealing." Obviously, many parents ended up reacting and responding to the unpleasant things that many children were doing angrily or with disapproval. However, the critical question is, who in that setting was more responsible for the unpleasant things that many children were doing? The answer is not far-fetched, "there was no close monitoring of whatever they were doing.... As a result, most children were turning out to be disobedient to their parents." The disobedience exhibited by most children is directly attributed to the "lack of close monitoring of whatever children were doing" by their parents. It follows, therefore, that most children were not being provided with sufficient information, in the form of instructions regarding the right things to do, neither were they shown examples of how to do good things, because most parents were simply not available to provide these supports. This brings to the fore the perception that most children in this community, operating without much guidance and support, were doing whatever children would do, and for the most part, ended up doing things adults found to be unpleasant.

*Age-inappropriate activities*

Children who needed to be taken care of were not only left alone to take care of each other but were tasked with taking care of animals; another responsibility for adults. As pointed out, in addition to the reported unpleasant things (stealing and disobedience), "some children spent their time taking care of animals such as goats." However, from the

perspective of children who had no provision for meaningful, explorative activities at hand, this activity may have been a worthwhile and enjoyable adventure in tandem with their explorative and growing curiosity. Again, from the perspective of the adult members of the community in which children had nothing much to do until they turned 6 years old, tending animals may have been perceived as a reasonable way to keep children occupied, and a benefit to the family from the available idle hands. Whichever way this may be conceived; it is clear that young children tending animals such as goats constituted subjection to age-inappropriate activity as tending goats is an activity that demands attention, energy, and decision-making ability of adults, not young children. Traditionally, such tasks would be assigned to children that are past the puberty age. Before this age, children between ages six and twelve would normally be allowed to participate in similar activities under the supervision of older children or adults.

The portrayal of the above themes indicates a picture of a lack of appropriate developmental services to children in this community. Nevertheless, it is unimaginable that any human community can exist without an iota of care available to bestow upon its youngest and weakest members. The acknowledgment that even before the intervention started, "there was some care," puts the situation of care in a better perspective. One could certainly come to see that while there was a lot that was lacking regarding the provision of developmental services to the majority of children in this community, certainly, parents and guardians of young children were offering young children some care, only that the care that was being provided fell way below what children would require for a healthy and positive upbringing.

### **School apathy**

In this community, the environment of detachment, separation, and non-involvement of parents and adults in the lives of young children, created an occupational vacuum for young children. Children organized themselves into little 'gangs' and created or discovered some routine activities such as video watching. Continued indulgence in such activities for three years (from the age of three to five years) created in the children an unyielding attachment to their peers and persistent devotion to those activities.

The nature of the activities to which children devoted their time and energy, such as video watching, is of particular concern. In this case, the place, the times, and the contents of the videos are unregulated. The videos are shown in tiny rooms with poor lighting and ventilation. The rooms are often congested; without proper seating arrangements. It is common to have people seating on dusty floors, as well as, others standing shoulder to shoulder. Times for showing begin as early as 7:00 a.m. or whenever people starts transacting businesses at the marketplace, and closes whenever people finish transacting the business of the day, which is usually 8:00 p.m. To attract people to come and watch the videos, the accompanying volume on the loudspeakers is often set too high for the watchers. Usually, there is no censorship of the content, and no regulation regarding the age limits for the showing content.

This activity is so free of any imaginable regulation. In these video showrooms, there are no tasks assigned, no marks accorded, and likely no behavior restrained. Three years of orienting children to this way of spending their days created a disposition in children to dislike school, where children are expected to sit orderly in a classroom, adhere to class regulations, and be assigned some tasks that are demanding intellectually

and socially. It is out of this context that one parent complained concerning her son, “I used to encourage him to go to school, but he could not listen at all.” This was not an exceptional experience of a single parent, as pointed out by Waza (PSC), one of the children, “I used to hang out with my friends at Mohiwa Trading Centre at the video showing place, near the maize mills. You will find all children from Mwapatsa Village at that Trading Centre.”

Fortunately for Waza (PSC), later he was able to break away from the rest of the video-watching-gang and started liking school. However, such breakaway cases are not common. It was not possible to pinpoint what contributed to his breakaway. What was clear, though, was that Waza (PSC) lost some school years hanging out with the video-watching-gang because, by the time he was narrating his story, Waza (PSC) was 9 years old, but he was only in Standard 2. If Waza (PSC) had started attending school at the age of six years, by that time he was going to be in Standard 4. Waza (PSC) lost two years of Primary schooling. However most members of his gang would end up losing even more.

### **Poor school readiness and school performance**

For most children of Magalasi and the surrounding villages, the first six years of life did not prepare them for school cognitively or socially. As it was pointed out, “When they started Primary School, cognitively they were not ready for school,” and “Standard 1 was a challenge to most children, possibly due to lack of interactional skills among the children.” That begs the question as to whether for 6 years these children were not acquiring any skills that would be helpful in school. In the absence of organized early childhood care and education, one would have hoped that the African traditional

education would be on-going for these children for six years; with most of them acquiring transferable skills that would be helpful once they enrolled in school.

As previously pointed out, African traditional education has for a long time been an endangered species but is not entirely eradicated. Traditional African education, among other values, advances the centrality of the extended family as the major institution responsible for the socialization and education of children, places greater importance on attributes such as obedience, respect of others and others' property, collectiveness, dignity of hard-working, responsibility, rites of passage and maintenance of social order (Ejuu, 2012., Kingsley, 2010). However, for this community, there were no accounts that indicated that an effective form of African traditional education was taking place. This leads to a conclusion that for this community, with the exception of training young children in their mother tongue, the African traditional education had become nearly extinct, and no substitute form of education was put in place; certainly not for the first formative six years of life as depicted by the theme of child neglect and poor personal hygiene above.

As a result of this lack of preparedness, most children enrolled in school without the attitudinal, mental, and social-emotional attunement necessary for school to be meaningful to them. The following list of descriptive phrases depicts the experience of enrolling in school for most children at that time: "Transitioning to Primary School was a big challenge", "children ... had a lot of problems to adapt and get used to school life", "Standard 1 was a challenge to most children", "School was frightening", "the meaning of school was not understood", "Standard 1 was a strange place to most children", and "School life was very difficult". As further pointed out, the consequences of such a lack

of preparedness were as anyone could have guessed—a lot of “failures,” “class repetitions”, and “school dropouts.”

Clearly, the experience of the majority of children in this community was far from what school was designed to be and to do for these children. In Malawi, class repetitions and school dropouts in Primary School have generally been attributed to factors integral to the delivery of primary school education such as poor infrastructure, lack of qualified teachers, lack of teaching and learning materials, and high teacher to student ratio of one teacher to over sixty children (Ministry of Education, Science and Technology, 2008). While those factors might have been playing a role, the community attributed these negative outcomes mainly to the lack of any preparation for school at that time.

The Primary School education system in Malawi is still patterned after the colonial model of education. The colonial legacy is strikingly alive and functional. Teaching is oriented towards mastery of subject content (usually numeracy and literacy in English, and literacy in Chichewa for classes one and two), methods of teaching are adult-centered (usually rote in nature) with a single teacher assigned to over sixty children (Ministry of Education, Science and Technology, 2008). In addition, the curriculum is standardized, and at the end of the school year, all children are subjected to formal tests or examinations and children whose average score is less than 50% are considered to have failed. Therefore, they are required to repeat; studying the same content during the following year. It is not uncommon for children to repeat the same class for several years. The teachers, the teaching processes, the teaching environments, and the teaching system never fail, only the learners fail. This applies to Secondary and

Tertiary education as well, but in this case, our focus is on early childhood education, which includes Standards 1 and 2 of the Primary School.

There could be several reasons for the continued existence of the colonial model of education. However, I contend that those charged with the responsibility of creating and delivering this very important human right simply adopted the structures and systems of education created by the colonial system. There has not been any in-depth, deliberate, and critical review of the model of education offering to evaluate its usefulness and relevancy in the context of other models of education. Over the years, the efforts of educational planners in Malawi have been focused on improving the delivery of education with the same structures and system (model).

Notwithstanding, the teachers at Matiya Primary School, where most of the children from Muula enroll, pointed out the far-reaching effects of lack of preparation for school faced by most children. These included difficulties to teach literacy and numeracy to children, lack of consistency in attending school, class repetition, and school drop-out. Their comments conveyed the understanding that in the past, teachers had experiences of children that got frustrated with the experiences of failing and repeating classes and eventually dropped out and got married early. Most likely, children that are said to be in Standard 5 or 6 may have been in school for more than eight to ten years or even more because of failing and repeating classes.

Because of lack of school readiness or preparedness, the school experiences for most children were mostly negative; with high rates of “repetition” and “dropout.” From all the narratives presented, none of them mentioned witnessing positive encounters that

children experienced with schooling before this intervention was introduced to this community. It is a hard reality to imagine that schooling did not bring about positive encounters and outcomes for this community as it is usually expected. The general lack of support for schooling both in the homes and outside the homes before this intervention created this kind of a world for children. If left without any care and educational intervention, it would be certain that the experience of school to the majority of these children would have continued to be that of endless frustration and disappointment.

### **Meta-theme two: Impacts on children**

#### **Improved children's hygiene**

Among other positive impacts attributed to the establishment of the Center is the improvement in the personal hygiene of young children. The improved personal hygiene of children is presented as a product of two fundamental changes in the community; change of attitude toward children, which led to a change in commitment towards meeting children's needs. As pointed by one of the parents, "after a while parents started being conscious or mindful of what their children were wearing." Not only did parents in this community increase the time they spent thinking about their children, but they also developed new and positive thoughts regarding what their children needed, such as new clothes.

The change of attitude toward children was followed through by a matching change in actions. As further pointed out, "parents could do casual works to buy extra clothes for their children. They would bathe their kids and buy them new clothes. Children looked well-dressed." These changes also imply that there was increased

interaction between the parents and their children and a reversal of the experiences of neglect that were previously being experienced by most children.

Further, the positive changes in the personal hygiene of children were also a result of increased knowledge of the kind of care necessary for the proper upbringing of children. As one parent commented, “the introduction of the school enlightened us on the appropriate care of children.” Repeatedly, the respondents highlighted bathing, clothing, nutrition, toilet care and training as specific activities that contributed to the increase in the care and hygiene of young children.

The effect of these changes on the development of positive self-image in children; avoidance of common childhood illness associated with unhygienic conditions, such as colds, scabies, and diarrhea; improved interactions between children and their parents, and avoidance of accidents resulting from unsupervised children’s activities, cannot be underestimated.

### **School preparedness/ readiness**

Members of this community highlighted the significant changes they witnessed about school preparedness that came about with the establishment of the Center. After the Center was established, transitioning into schooling eased as children started adjusting and fitting into the routines of schooling more easily as pointed out, “when they go to Primary School they do not have problems to adjust and fit into the learning program.” This is made possible because the skills and positive disposition towards learning with which children from the Center come into the school, gives them advantages over children who come into school straight from their homes.

Further, another teacher pointed out, “children from Muula Center have good interaction skills with their friends, are familiar with a school environment, those from home, they just sit down.” Good interaction skills and familiarity with the environment are here presented as some of the important skills that help to make transitioning into schooling much smoother. It can be inferred from this premise that increased number of children in school, and the school environment, offer opportunities for children to acquire and develop further their ability to interact with each other and the environment.

However, children need to come to the school environment with some basic skills in order to take advantage of what schools offer. In cases where children come to the school environment without these basic skills, they may find the school environment intimidating and overwhelming, which in turn hinders their learning. Consequently, acquisition of social skills and knowledge of the environment can lead children to be actively engaged in the learning processes, while lack of these can lead children to be dormant and withdrawn.

Active learning disposition combined with the ability to communicate clearly and effectively helps a lot with the learning processes in school. Children who enroll in school from Muula Center were found to be more assertive than children who enroll in school straight from home. Here, assertiveness is seen to be a key attribute that helps children communicate effectively by asking questions and responding to questions, which is a key interactional activity in school. Children who are able to ask questions regarding what they want to know will tend to get more information and therefore become more knowledgeable. In addition, children who are responsive to the questions that teachers ask them, provide teachers with feedback that they can use to assess children’s

comprehension. Based on that feedback, teachers can provide those children with more support for their learning. Therefore, children who are less assertive tend not to benefit from the educational interactions in the school in the same as children who are more assertive.

Furthermore, being more assertive helps children to forge better and have stronger relationships with their friends and their teachers. A big part of school life is about interaction with peers and with teachers. While children from Muula Center come to school with skills, disposition, and knowledge that helps them to “interact positively with peers and teachers”, other children come to school without these attributes and consequently face challenges to interact positively with peers and teachers. Therefore, children who enroll in school from Muula Center are more likely to enjoy school than children who enroll in school straight from home.

Children’s participation in Muula Center has an effect on the experience of teaching in the Primary School as teachers were able to distinguish their experiences between teaching these children and those that enroll in school from home. The feeling of ease in teaching children that come to school from Muula Center is a positive one. Teachers feel that they are successful on their job when children can grasp what they teach and demonstrate comprehension, creativity, and increased abilities within a short or reasonable period. On the contrary, as pointed out, when children “take a long time for them to learn,” teachers may feel unsuccessful on their job, which is a negative feeling. Teachers who feel positively about their jobs may tend to do more on their job than teachers who feel negatively about their jobs. Therefore, Muula Center, while supporting

the children who attend the center, also contributes to a positive teaching experience for teachers at Matiya Primary School.

In addition, teachers at Matiya Primary School also pointed out the benefit of peer learning that comes with children from Muula Center as follows, “Children from Muula Center tend to orient their counterparts regarding the basics of school life, and that in a way, helps the other children learn from their peers as well.” Before the Center was established, all children came to school without school related knowledge and experience. As a result, only the teachers carried the duty of teaching and educating all the children. However, since the introduction of Muula Center, children who come to school from the center become an additional resource for teaching and educating other children. Learning from peers can be seen as being friendlier, as children can identify more with their peers in terms of age, playfulness, and the like. Further, being in a position to teach and educate others has the potential to foster a positive sense of self-importance and ability to contribute positively to others.

Another change identified in the children that enroll in school from Muula Center is the change in attitude toward schooling. Interest in schooling and the understanding of the importance of school are here depicted as new attributes with which children from Muula Center come to school. These attributes are essential for a child to like school and stay in school. Naturally, children will easily abandon activities which do not interest them, or which do not appeal to their senses. It follows that the increased interest in schooling was linked to the reduction in the repetition rates, as well as dropout rates in the school. Undergirding this phenomenon is the ability of the children to ask persistently

for help from their teachers whenever they needed it. This ability had not been observed in children in the school before the establishment of the Center.

The establishment of Muula Center had also contributed to the high attendance rates at Matiya Primary School as pointed out by one of the teachers, “Before Muula Center was established, most children were not attending school.” Non-attendance of school by the majority of children in the area was clearly linked to lack of preparation as children enrolled in school without the prerequisite attitude, knowledge, and skills necessary for them have a positive experience in school. Therefore, school encounters were largely negative and the motivation in most children to regularly attend school was either very low or non-existent.

The double bind of blessing and curse of Muula Center is depicted by the tendency of refusing to enroll children that did not attend Muula Center at Matiya primary school. The preparation that children undergo at Muula Center has clearly resulted in children performing very well in school. However, this realization has also contributed to a development of a local policy that can be seen to be negative. Sending children that do come to enroll in school back to enroll at Muula Center leads to a situation where six-year-old children will have to be enrolled at Muula Center, which is designed to enroll children who are three to five years old. In Malawi, all children aged six years and more are eligible to enroll in Primary school regardless of having or not having attended a preschool prior to this. Children who are sent back from school to enroll at Muula Center are thus forced to enroll in school when they turn seven, or eight, or nine years old. Starting school late (older than six years), is usually associated with more negative school experiences such as being ridiculed for being too old to be in a

particular class, or later on being castigated for being too old to be in Primary school by one's own classmates or schoolmates respectively.

The factors discussed above concerning the preparations for school that children gain from attending Muula Center contributes differently to the transition process of children from the center to the school, and to the subsequent impressive performance in school. This study did not attempt to rank these factors in any order. Therefore, the significance of each factor should be considered to be critical in its own way.

### **Impressive School Performance**

Parents, teachers, caregivers, community leaders and the children also shared their narratives linking the good preparation for school and the good performance of children when they graduate from the Muula Center and enroll in Primary School. Specific factors to which good school performance was attributed to include the following: early exposure to learning environment, early cognitive stimulation, curiosity, active participation, task-persistence and increased interest to learn new things. Children who enrolled at Matiya Primary school from Muula Center contrasted sharply in these attributes to other children, and their performance differed accordingly.

### **Home educational support**

Muula Center singularly plays a very significant role in improving the school performances of children since the home environment in this community does not provide direct educational support to these children. None of the parents highlighted direct school-supporting-activities that are provided to children in their homes. This could

be attributed to the fact that most of the parents in the community did not attend school at all or had a very brief encounter with school. However, considering the importance of having direct educational support from home, this is an area of need that if improved, can augment the positive gains that children are making in school. Engaging parents in a discussion regarding the different ways in which home environments can be made more supportive educationally has the potential to yield viable options.

### **Meta-theme three: Nutrition provisioning**

One of the set objectives of the intervention was to provide children that will be attending the Center with one nutritious meal in a day as a way of supporting the care of children in the community. From the participant's narratives, this is one of the activities to which they attached much importance.

#### **Endemic household poverty**

Providing one nutritious meal to the children while they attend the Center has revealed the pervasiveness of endemic household poverty that exists in this community as most participants indicated the inability to feed children three times a day. One of the parents recollected what used to happen before the Center was established: "It was difficult to cook food for children in the morning, especially due to poor harvest. Yes, children were eating like grown-ups; they could eat lunch at 12:00 and then the next meal would be late in the evening."

When I asked another parent regarding the current condition on provision of breakfast to children in the community, she simply responded, "No, they do not eat.

There is nothing to eat in most households.” The situation of endemic household poverty that existed at the time the Center was being established still exists to this day. As pointed out, most of the households depend on subsistence farming both for their household food security and income. Therefore, it appears that while the intervention has been making a provision of food to children in the Center, the underlying problem for inability to provide sufficient nutrition to children, which is inadequate or poor harvests of crops at the household level, has never been investigated, nor has it been addressed.

### **Meal provision is seen as a remedy**

In the present scenario, provision of nutrition to children in the morning at Muula Center has become a remedy to a situation where children are not provided with food in the morning in this community. As one of the parents pointed out,

If there is something to eat at home, they eat and come to the Center. If there is nothing to eat, I do not get worried because they eat porridge at the Center.

Afterward, they come home to eat lunch.

The situation that prevails in most households in this community is that of lack of enough food to be able to provide breakfast to children before they come to the Center. That being the case, for the majority of the children in this community, their only morning meal is the one that they eat while attending the Center. It is against this background that all interviewed children were quick to highlight the food they eat at the Center as one of the significant benefits.

### **Dynamics around nutrition provisioning at the Center**

The provision of food to children at Muula Center has not been a smooth process without some challenges as some children pointed out some of the nuances and dynamics related to nutrition provision at the Center. One of the children that had attended the Center stated, “The food was not enough; we shared one plate between two people; children were just arguing, fighting for porridge, eating from the plate of others. I did not like that.” This particular comment is very informative of the experiences that children disliked in the process of receiving and eating the food at the Center. With the numbers of children attending Muula Center averaging 100 children, the complaint raised indicates that the amount of food being provided was not enough for each and every child, and the manner in which food was being provided allowed other children (likely older and stronger) to take advantage over others (likely younger and less energetic). Eating time for some children was a time of anxiety and distress as they worried about not receiving enough food, and about the likelihood that the small portions that they will be given will be forcefully taken from them by other children. More attention needs to be put into these two aspects of the nutrition provision: the portion that each child is given and the peaceful environment that ensures that every child enjoys the food they receive without worrying of being defrauded by others.

Another nuance about the feeding program at the Center has to do with the improvement of both the nutritive value and palatability of the porridge. One of the children stated, “We need peanut butter to add to the porridge.” The porridge that is served to children is nutritionally enriched. It is called ‘Likuni Phala,’ and is specially formulated to provide essential nutrients to young children. Likuni Phala is made from

flour with 8 parts of corn, 1 part of groundnuts, and 1 part of pulses (cowpeas or pigeon peas or beans or ground beans). At the Center, the only other additives to the porridge are salt and sugar. In Malawi, this porridge is recommended to children that are malnourished as a remedy to the lack of nutrition in particular, and for young children aged between six months and twenty-four months in general (United States Agency for International Development, 2011).

Therefore, by providing this porridge to children of this community, one would see it as the right solution able to meet the nutritional needs of the children. However, as the comment above points, there is a need to improve further both that nutritional value and the palatability of the food. In a community that fails to provide three meals of food to young children, it is very likely that the two meals that are given to children are not nutritionally balanced to meet the needs of these young children. Therefore, while the nutritional condition for young children is made better through the feeding program at the Center, there is a need to assess systematically the gaps that still exists both at the Center and in the households in order to have all children nourished optimally.

Another challenge faced in the process of providing nutrition to children while attending the Center is an intermittent supply of food. Periodically, food runs out at the Center. One of the children recollected, “It was available, but not at all times.” In the same vein, one of the parents highlighted, “I have seen that the porridge that the Center receives sometimes runs out, and with poverty in our households, children may stay hungry the whole morning, which is very worrisome” (Chakudya chikamakhala chopewera zimakhala zodandaulitsa).

When food for children runs out at the Center, the whole community becomes negatively affected. First, children go hungry, and as a result, they become weak, inactive and unhappy. Of immediate outcomes, this state of being worries the parents and makes teaching and caregiving experience of caregivers unpleasant. Children's inactivity in the Center implies that the objectives of play, learning, and care of the day are not fully achieved. When children go without food for some days, the negative effects become cumulative. Because of the situation of inadequate nutrition in this community, every meal counts. Missing out on breakfast does not improve the situation of nutrition deficit that most children already face in this community. The long-term effects of such inadequate nutrition on the care and education of children are well documented (Black, Allen, Bhutta, Caulfield, De Onis, Ezzati, and Maternal and Child Undernutrition Study Group, 2008; Brown and Pollitt, 1996).

### **Relationship between availability of food and Center attendance**

The relationship between the availability of food at Muula Center and the number of children in attendance is very one-directional; once there is food at the Center, more children attend, and when food runs out, fewer children attend. As one of the caregivers highlighted, "some children stop attending the Center when there is no food." This is very understandable, especially for children that walk long distances to attend the Center. The food that they get at the Center does not only support their energy needs for the activities in the Center, but for half of their day, which includes walking to and from the Center. By the time they get to the Center, children who walk long distances will have less energy, and by the time they are released to go home at noon, their energy levels are nearly depleted, if they do not eat while at the Center. Therefore, for these children, their journey

home on an empty stomach becomes a slow, long, and painful experience. It is very logical that most children under these circumstances will eventually stop coming to the Center, as long as there is no food for them.

It is important, therefore, to appreciate the seriousness and effects of intermittent supply of food to children at the Center. A greater appreciation by all partners in this intervention is essential in addressing the factors behind this implementation gap. A continuous supply of food to children at the Center has the potential to support active participation of children in the play and learning activities in the Center, ensure high attendance rates, promote thorough school readiness of all children, brighten the teaching experiences of caregivers, and lighten the burden of parents worrying over their children going hungry.

### **Community's initiative to support Center feeding**

The community around Muula Center has been involved in supporting the feeding initiative at the Center in various ways. As pointed out, at the initial stage of the intervention, late Chief Magalasi offered a piece of land near the Center for the community to cultivate in support of the feeding program for the Center. The community rallied behind this initiative as parents and guardians availed themselves to cultivate, harvest and store the corn at the Center. However, discouragement and disappointment quickly followed when the harvested corn was stolen from the Center.

Getting the community involved in pitching in their efforts to support the feeding of children in the Center was a good initiative that could have helped the community to feel part and parcel of those that are directly supporting children nutritionally. In the

absence of this initiative, the community would simply be on the receiving end, which over time, can lead to the feeling of powerlessness and overly dependent on the support that children receive from outside the community.

Further, failure for the community to positively respond to a single setback reveal collective weakness in response to challenges facing this community. Abandoning gardening to support the feeding of the children in the community immediately after the incident in which the corn that was stored at the Center was stolen, puts the community in a position where it is simply a recipient of nutritional support for the children and not a direct partner in that particular intervention. For a community that is determined to be a direct partner in supporting feeding its children, one would have expected that community resources would be mobilized to identify factors behind the setback and effectively address them.

Another weakness revealed in the way the community responded to the setback faced, is the lack of proactivity by the three partners in identifying and responding to challenges encountered in this intervention. The fact that the garden that was dedicated to communal gardening in support of the feeding program at the Center went fallow for several years indicate that no concrete steps were taken and followed up by any of the three partners in this partnership to reverse the situation. In an intervention with many components, it is important to pay close attention to each of the components, as there is always the possibility of overlooking or ignoring the distress or challenges that some of the components may be facing.

When I asked a community member regarding options that could have been pursued to address the challenge at the community level, she stated,

I wish there was a system that someone or some members of the community could keep the maize in their houses and there could be records of how many bags have been kept and how many have been taken out. But the maize was kept at the Center where there was no watchman. That was not a good idea.

Her response indicates the potential within this community to identify what went wrong and put forward options that could help solve the identified problem. She identified the ‘blind-spot’ in the planning and implementation of this particular activity—the idea of storing the corn at the Center without a watchman or guard. ‘Blind-spots’ in intervention planning, are aspects that are assumed to be okay or covered during planning, but after a period of implementation, partners are able to see clearly that those aspects were not thought through or planned properly. While ‘blind-spots,’ can be integral in any social intervention program, expecting them and responding to them in a timely and effective way, bears the potential to strengthen program delivery.

Other than cultivating in the communal garden for the Center, parents also support the feeding initiative by assisting with cooking and serving the porridge to children at the Center. This is done on a rotational basis in teams of four or five ladies taking turns on a weekly basis. These contributions are very significant as the feeding program cannot be effective without them.

### **Controversies around nutrition provisioning**

The initiative to provide nutrition to children who enroll at Muula Center generated accusations and controversies regarding abuse of food provisions meant for the children. One of the members of the community pointed out,

Regarding the porridge, children are given small portions. Since my husband died, I don't eat any porridge from the school. The committee members take containers of food to their homes. They share among themselves the sugar meant to be put in the porridge for children.

The accusation against the members of the parents' committee reveals the tensions that exist and the perception of abuse of resources meant for children. In the process of accusing members of the parents' committee of abusing the food resources meant for children in the Center, the participant confesses to "eating porridge from the Center" in the past; a practice which she does not resent or regret, but instead, complains that it no longer happens. She attributed the lack of continuity of this practice to the death of her husband, who occupied a position of power and privilege like the parents' committee members. Therefore, changes in power relations and privileges due to positions community members hold in the implementation of the intervention has the potential of affecting the delivery of services.

It is given that the intervention has brought various resources into this community; resources that were otherwise beyond the ability of the community to possess. The injection of resources into this poor community has had an effect on the power relations among those members of the community involved with implementation.

Members of the community who are selected into the committee of parents responsible for overseeing the implementation of the intervention assumes a position of power and privilege greater than those that are not on this committee. While power and privilege can be utilized positively, they can as well be abused as alleged here. Further, those people that are closely involved in the implementation of the intervention may, over time, develop a sense of entitlement to benefiting from the resources for the Center. Therefore, it is important to keep in check the power, privilege, and a sense of entitlement by responsibility bearers, in order to guard against the possibility of abuse of responsibility.

Further, unplanned and natural occurrences such as the death of a person that played a key role in the planning and implementation of a community intervention program can cause a sudden shift in power relations with unpredictable consequences. In this case, the death of the husband led to the exclusion of the wife [and perhaps the children too] from the 'privilege' of "eating porridge from the Center." In a community that is chronically food and nutrition insecure, this loss is very significant. At the same time, it was going to be nearly impossible to obtain such a revealing narration, had the complainant not lost her privileged position. Therefore, it is important to pay attention to events or occurrences within the community that can shift power relationships with the potential of affecting the implementation of the intervention.

A follow-up to the accusation with one of the members of the parents' committee produced the following refutation,

It is not possible, only if Mrs. Pilo comes and she can give some porridge to some of the children that she once found at the Center, but somehow do not come to the

Center, either because of sickness or some other reasons. When we get porridge, the children eat until the porridge is finished.

This response to the accusation brings to the fore the existence of contention or controversy which came about because of the intervention. The fact that the respondent did not agree with the accusation is evidence that members of the community took two opposing positions, which has the potential to create divisions and negatively affect the implementation of the intervention.

There were no settings, forums, or mechanisms that were put in place to uncover the existence of such tensions and address them. Tensions among community members involved in implementing a community intervention program can be subtle to detect, but have the potential to hinder the progress of implementation. Therefore, the creation of avenues where community participants can freely share their experiences, and express their concerns, are important for the discovery and addressing of interpersonal tensions or conflicts.

### **Parental appreciation of the nutritional services**

Despite the concerns over running out of food supplies, accusation and refutation of parents' committee members taking some food to their homes, and inadequacy of food given to children, provisioning of food to children that attend Muula Center generated praise and appreciation from the community members. Feelings of appreciation and satisfaction among community participants regarding the outcomes of this intervention are an important evaluative indicator. Support from the community members and community ownership of the intervention are greatly dependent on such feelings.

## **Support for children with special needs**

Like in any other community, Muula community has children with special needs, but without specialized care both in the homes and in the educational settings. Nevertheless, not only children without special needs, but also with special needs benefit from attending Muula Center. The inclusion of children with special needs in the Center is a commendable attribute of this intervention. However, no specific special needs support was provided, only familiarity with schooling, which is attributable to a general attendance of the Center before enrolling in school. It is worth noting that even just a general attendance of the Muula Center by a child with special needs, was able to register significant educational advantages when the child enrolled in school. Nevertheless, there is need to identify the specialized needs of children such as Waza (PSC) and provide them with sufficient and appropriate support matching with their special needs.

In a related conversation, another parent highlighted the following concerning her child,

The other child is epileptic; he was enrolled at Matiya Primary School, but he was not getting back home on time. One day I had to follow him up until very late in the evening. From that time, I decided that he should just stay home. He scared us a lot. He used to get lost at school. He was going to the mountain, and that is where we could find him. And that is why I decided that he should not attend school until he is older, and can recognize his friends.

The story of this mother reveals the predicament she was facing regarding the lack of support for her school-aged child with special needs. The options available to her

with her predicament seemed very limited. Putting her child in school proved to be risky for the life of her child as the child would go missing for long hours. Putting her child on conventional medication, according to her experience, did not help, but rather made the situation worse. Further, according to her experience, the use of traditional medicine, is helping to make her epileptic son better. Despite this, the lady decided to withdraw her child from school for the present time, hoping that as her child grows older, he will also increase his ability to identify and to relate with his friends in ways that would help him to attend school successfully.

In her story, no mention is made of extra help available to her family and her child in her community. The burden of supporting a child with special needs rests squarely on her family. However, each child with special needs brings to the family and community extra demands for special care and special education that are usually beyond the capacity of the biological parents. The absence of support structures and services for children with special needs in the home and the school in this community created a situation of stress, uncertainty, fear, and powerlessness as parents become challenged in their effort to parent and educate these children. While Muula Center is a positive intervention for the care and education of young children in this community, it is important for the community and the intervention partners to make provisions appropriate for supporting children with special needs. Early identification and appropriate support for children with special needs have provided evidence of mitigating adverse impacts of some forms of disabilities or impairments.

### **Children's future dreams**

Responses concerning children career roles or dreams presented a clear engendered dichotomy with boys citing 'driving a car' as their future ambition, while girls mentioned 'washing plates, cleaning the house, drawing water, making hot water for people to bath, and cooking.' There are more men driving cars than females in Malawi, in general. Most certainly, children in this community have seen most of the cars that come to their community driven by men. However, most men in this community do not drive cars. In this community, households that are economically better off, at least own a bicycle, which is usually used by both the father and the mother in the home. The common occupations of most adult males in the community are subsistence farming and fishing. Farming is usually a joint activity by couples in the community, while fishing is exclusively a man's occupation. Farming is typically carried out in the field surrounding the households within the villages, while men that go fishing travel about 20 kilometers to Lake Chirwa, where they spend several days fishing before they return to their homes.

The engendered responses did not reflect the main occupations of the adults in the community. The girls' responses reflected the household chores that mothers do in the community. Interestingly, the boys' responses reflected an occupation that most men do outside this community. Nonetheless, the engendered responses reflect the dichotomous pattern of African traditional education that encourages young children to behave in ways that are deemed acceptable for either males or females.

**Meta-theme four: Children's needs**

As pointed out already, the needs of children across the various setting; the Muula Center, Matiya Primary School and the home featured highly in the narratives, and ranged from nutrition, schooling materials, play equipment, staffing levels, linkages between the Muula Center and surrounding schools, access to medical care, improvement of transportation, to improvement of security at the Muula Center. Each of these needs are discussed.

**Access to medical care**

Medical care, especially for children under the age of five years old, is a service that is regularly sought because of the fragile immunity of children, which subject children to frequent illnesses. It is usually mothers that provide the primary care for children in this community. Therefore, mothers of young children in this community travel long distances (about 40 kilometers) for a round trip to access medical care for their children. Moreover, for those with children under the age of two, they walk that distance with their children on their backs. These journeys take the whole day and are very exhausting.

Notwithstanding, when children fall sick, most mothers have no options, other than to travel the long journeys, despite the presence of a private hospital near this community (about 4 kilometers away). Most households in this community are too poor to afford the cost of medication that is available at the private hospital. It is worth noting that in Malawi, private hospitals are well supplied with essential medication, while the supply of essential medication in a public hospital is usually very unreliable. Stories of unavailability of essential medication in Malawian public hospitals are common. It is

against this background that access to medical care was presented as one of the essential needs of young children in this community.

### **Play equipment and materials**

Adequate and appropriate play materials and equipment have a significant role to enhance children's development through exploration, manipulation and interactive processes they make possible. From the gathered narratives, it was clear that children who attend Muula Center benefit from having play materials and equipment. One of the parents pointed out,

We also come to clear the school grounds and we get a chance to see that the children do not have enough play things like toys, balls, and the slides that are there are broken, and have no edges to protect children from falling. Children fight with each other in order to get a turn with the playing materials. We are short on the slides and swings. The slides are also in bad shape; they are even a hazard for kids.

The views highlighted here bring to light the fact that when a large number of children are provided with few play materials, there is a tendency to lose the very essence of play, which play materials ought to enhance. Play materials when provided in sufficient amounts facilitate healthy cooperative play and interactions among children. However, when play materials are insufficient, like in the case observed by Mrs. Soko (P), children end up fighting over a turn to play, which becomes retrogressive. Further, she posits the fact that some play equipment for children have worn out, and some of the protective parts are no longer present, a situation which has created a hazard for children. Therefore, while the initial steps have been taken to provide play materials and

equipment for children attending Muula Center, attention needs to be paid to two areas: the quantity of the materials and equipment optimal to support effective play for the numbers of children attending the center, and the quality of the play materials and equipment to ensure that the safety of children is not compromised as they play. About the latter, persistent and regular maintenance and safety assessments on the materials and equipment that children use in the Center, which tends to wear out from time-to-time, has the potential of preventing injuries that occur from the usage of these materials and equipment.

### **Schooling materials**

School resources, such as pencils, erasers, sharpeners, textbooks, exercise books, school bags, and school uniform (clothes and shoes) are resources that present hidden costs of education. The role that these resources play in education is very significant. Learners who have limited, or no access to these resources, cannot effectively participate in the learning processes, as these resources are fundamentally instrumental in the teaching and learning enterprise. As pointed out by both children and parents, these resources are in acute short supply, especially for children that attend the final year of the Center and those that join the Primary School, mainly because most parents find these materials too pricey. Also, the stocks in the Center and the Primary School are not sufficient for the numbers of children in attendance.

This situation puts children in poor communities at a significant disadvantage in comparison to children in educational settings that provide these resources in sufficient quantities, such as in some urban schools. Therefore, whereas children in resource-deprived schools may be spending the same amount of time in school like their

counterparts in well-resourced schools, they are likely to benefit less educationally because of lack of these resources. Accordingly, ways of improving the availability of the day-to-day concrete educational materials and school related resources for children in this community, need to be explored.

### **More caregivers to support children**

The ratio of caregivers to children in a care and educational setting has always been a critical factor affecting the quality of delivery of services to children. The higher the ratio, the lower the quality of service provision, and vice-versa. In Muula Center, with the enrolment between 80-100 on average, but sometimes swelling up to 180 children. There are five caregivers, four female and one male. While that is the case, respondents observed that practically not all caregivers come to the Center every day and in a timely way. Also, the male caregiver is singled out as the only one that is consistent in coming to the Center every day and in a timely manner. He is also praised as the only one who is dedicated in supporting the care and education of the children when he comes to the Center. This is the case despite the fact that all caregivers receive the same amount of about CAD\$ 9 per month in duty allowance.

Several implications are attached to these observations. Firstly, there are times in the Center when there are too many children that are being supported by one or two caregivers; resulting in less time and attention given to each child. Normally, children are grouped according to their ages; three, four and five-year-olds. When only one or two caregivers show up on time, this categorization, which helps to have age-related-activities for each group, is abandoned, and children of different ages are grouped together. Secondly, children in the Center require a lot of individual attention and support with

their play and learning activities, which is not possible to provide when the ratio of caregiver to children is very high. Thirdly, in a situation where the caregiver who travels the longest distance from his home to the Center is the only one that is consistent in coming on time and doing more activities with the children than caregivers that live closer to the Center, feelings of being disproportionately overburdened with work develop with time, and may affect levels of commitment in due course.

Furthermore, based on their observations, participants associated high commitment, in terms of timely attendance and dedication to care and education duties in the center, to the male gender. Hence, they wondered if the number of male caregivers can be increased. Participants highlighted childcare and a series of household chores that women are responsible for every morning, as a factor that hinders female caregivers from coming to the Center consistently on time. Lack of dedication to the care and education responsibilities among the female caregivers was attributed to attendance to feminine beautifying needs, such as doing each other's hair, and prolonged chatting, probably resulting from unbalanced numbers of males and females in the Center. A deeper understanding and analysis of the gender roles, responsibilities, and interactions in this rural and impoverished community will aid in establishing how these affect the current workforce set-up and the ways in which positive changes can be introduced to improve both time management and devotion to carrying out assigned care and educational duties professionally.

In addition, the actual number of five caregivers who are charged with the responsibility to support both the care and education of the children attending the Center is seen to be small. Usually, caregivers who undergo specialized child care and

educational training are supported by helpers who are trained in basic child care and education. Helpers provide critical supportive services such as setting up and maintaining play and learning areas, cleaning, toilet training and toilet care for the children, and the like. In the case of Muula Center, the five caregivers are responsible for all the care and educational services without the assistance of helpers. These dynamics regarding day-to-day practicalities of caring and supporting the education of the children that attends Muula Center by the five caregivers reveal implementation gaps that need to be attended to strengthen and advance service delivery.

### **Progress reports**

Progress reports in the form of children's portfolios and performance reports play a very important role in early childhood care and education settings. First, Children's portfolios help the children to treasure and possess products of their efforts and energies. What children make and do out of play and learning activities are real objects that display individual abilities and traits. Children feel good when they see that their works are being treasured and carefully preserved. Also, children also feel good when they can show to their friends and parents tangible artifacts of what they do.

Further, when carefully documented over time, these records provide the evidence of the progress children make. This evidence serves to inform caregivers of areas in which individuals are making good progress and areas in which they need more support to make progress. In the same vein, parents can appreciate the accomplishments of their children and support them more appropriately when they physically see what their children are able or not able to do.

As observed by one of the parents, children at Muula Center do not have these

individual portfolios or progress reports. Reasons for the existence of this gap need to be investigated, and once identified; appropriate remedies should be put in place. Doing so will help the children to treasure and feel good about what they do. It will also help caregivers with assessing the progress children make and plan for more effective ways of supporting children according to their different needs. Also, it will help parents and guardians to appreciate the progress that their children register over the period they spend in the Center, and render them praise and support accordingly.

### **Transportation of children when they fall sick**

As pointed out, one of the challenges that Muula Center faces is transporting children who fall sick back to their parents. Currently, children who fall sick while attending the Center are carried home by parents' committee members on their backs. An attempt to alleviate this problem was made when two bicycles were provided. However, once parts of the bicycles wore out due to wear and tear, the bicycles have never been maintained and remain nonfunctional. Also, the provision of the two bicycles has contributed to an eruption of controversies regarding usage and ownership, which will be discussed in detail later.

It is clear that provision of bicycles as a means of alleviating the challenges of transporting children who fall sick back to their home has not been successful. In this community, the bicycles that were intended to support the above-stated function, ended up being used for several other activities, which in one way or the other, were related to supporting the care and education of children in the Center. From this kind of usage, the wear and tear on the bicycles came quick and strong, which in turn called for regular and costly maintenance or repairs.

With this background, other ways of supporting children that fall sick while attending the Center need to be explored. It would be a more effective setup if children who fall sick were picked up from the Center by their parents rather than the current arrangement. More deliberations involving the parents, the caregivers and the parents' committee members would be required to find a workable strategy for managing this need.

### **Networking with feeder Primary Schools**

Currently, there is no formal and functional networking between Muula Center and the Primary School where graduates from the Center enroll—Matiya Primary School. The two institutions fall under two different governing ministries; all primary schools are under Ministry of Education, Science and Technology (MoEST), while all early childhood development centers are under Ministry of Gender, Children, Disability and Social Welfare (MGCDSW). There is an overlap regarding the targeted population of children. MGCDSW through early childhood development (ECD) program targets children from conception to eight years, while primary education targets children from six years old upwards. While this overlap is acknowledged in the policy documents of the two ministries (Ministry of Education, Science, and Technology, 2008; Ministry of Women and Child Development, 2006), on the ground, there is not much happening in terms of having a formal and functional linkage between ECD centers and their feeder primary schools as reflected in this case.

Having a formal and functional relationship between Muula Center and Matiya Primary School was viewed as a positive development that could help with the transitioning process of children. Shared knowledge about the curricula of the two

institutions and expectations of caregivers and teachers were viewed as critical processes that can help the two institutions to create activities for children's play and learning that would be related, and logically progressive. In the absence of this exchange, the probability of repetition of activities in the primary school that were already done in the Center, which would be deemed redundant, is high. Also, the probability is also high of providing play and learning experiences that are neither related to previous experiences nor subsequent experiences of children in the two institutions. Consequently, children lose out on the benefits that would come their way had the case of a smooth transitioning existed as a product of a formal and functional linkage between the two institutions.

### **Meta-theme five: Impact on Caregivers**

#### **Competencies of caregivers**

Two accounts, one from the teacher and another from a parent provided a balanced account of the competencies of the caregivers based on the outcomes they observe regarding the general hygiene, behavior, and school progress of children, as well as the interest that their parents show in their education. In their narratives, both aspects of care and education are highlighted as areas which are well supported by the caregivers.

#### **Importance of ECD training**

ECD training offered to the caregivers over a period have contributed to the development of the competencies of the caregivers. Caregivers appreciated the role that ECD training played in the acquisition of professional knowledge and skills that have made them effective in discharging their duties. However, caregivers expressed the need to have such training often to keep them informed of emerging professional knowledge

and skills. In light of these comments, it is imperative that a schedule of training be worked out for either annual or biannual ECD training for the caregivers. Such training would be more relevant if they can be designed based on topics identified by caregivers according to their professional needs.

### **Personal development**

The training of caregivers and the work that caregivers do have contributed to the personal development of the lives of the caregivers. For one caregiver, her monotonous life routine of “getting up, sweeping, fetching water, cooking and eating,” changed when she became a caregiver at the Center. She is happy to be able to read various books in preparation for her duties, which is intellectually stimulating. Also, another caregiver highlighted that his understanding of how children develop and the role of adults in supporting them had improved. Consequently, he interacts positively with children not only in the Center but also at home and in the community in general. As such the skills and knowledge that caregivers acquire during training and on the job, become a resource that benefits the entire community in various ways.

### **Caregiver’s positive job perception**

One’s feelings toward one’s job are very significant as good feelings are usually associated with positive on-the-job contributions and vice-versa. Caregivers’ narratives concerning their jobs largely displayed positive feelings. As one of the caregivers stated, “I work to make these children leaders of tomorrow. I take pleasure to see children happy and make progress in their studies. This is like doing God’s work, and I am very happy with what I do.”

Another caregiver concurred,

I take pride in knowing that as one of the caregivers at Muula Center, my contribution is making positive impact in the lives of children. If parents were to complain that children from Muula Centre are performing badly once they join the Primary School, then I was going to feel bad about my job. But as it is, I feel good about the job I do.

The good feelings concerning the job that caregivers do springs from the positive outcomes following their labor—the happiness of children and the progress that children who graduate from Muula Center register once they enroll in primary school. The establishment of the intervention in this community has created multiple ways in which adult members of the community are contributing to the care and education of children, which previously were not there. Certainly, caregivers, and also other members of the community who serve children in some more direct ways at the Center develop stronger and more positive sense of contributing to advance the care and education of the children of this community. These feelings are essential to keep caregivers going forward, especially with this setup, because the caregivers are working as community volunteers.

### **Meta-theme six: Volunteer caregiver on-the-job challenges**

#### **Long distances and seasonal challenges**

As pointed out, all caregivers walk on foot to and from the Center, with most of them (three out of five) covering distances that take over 45 minutes one way. In addition, caregivers carry out the actual care and teaching job with children in the Center, and also household chores and economic activities at home. During the rainy season

commuting to and from the Center becomes even a bigger challenge due to the rivers that fill up and become impassable. As a result, caregivers take longer routes to get to and from the Center. During the dry season, temperature also rises to about 38<sup>0</sup>C to 40<sup>0</sup>C, which becomes very uncomfortable for long distance travel.

Considering the contribution that caregivers are making over the years, their time constraints, and the difficulties in commuting to and from the Center each of the working days, it is imperative to consider ways in which the transportation challenges of caregivers can be alleviated. One suggestion made by one of the caregivers is to make a provision of a bicycle to each of the serving caregivers, which should be utilized and maintained as personal bicycles. It was indicated that this arrangement would not only help in alleviating the transportation challenges, but would also motivate the caregivers to be more dedicated to their work, keep time when coming to the Center, and take good care of bicycles by making sure that they are well maintained as personal property.

### **Tokenistic allowances**

The allowance that caregivers receive in recognition for their contribution to the care and education of children in this community has remained small (about CAN\$10) for a long time. Inflation has increased over the years (at 22.1% as of March 2016<sup>9</sup>), and the value of the allowance has significantly reduced. As commented by one of the Caregivers:

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<sup>9</sup> <http://www.rbm.mw/>

This issue of very low allowances demotivates us a lot, but we do understand that we are just volunteers. We also have the understanding that we are assisting children from our communities. This is out of love and passion for the children.

The allowance that caregivers receive were not meant to be salaries, but allowances that can support caregivers in meeting some of their needs in recognition of their time and energy, which they devote to community service. The intervention is a partnership with community members as owners and other partners as supporters. Therefore, all partners need to review carefully the concerns raised by the caregivers to make changes that would make the allowance meaningful. There is a need to come up with a good balance in this review so that the amount caregivers are given as allowance is not too small to be considered as insignificant in its contributions, or be at the scale that would be considered as a salary. Insignificant allowances are not a necessary condition to maintain the understanding that the work caregivers do is on a voluntary basis and that the love for children is an important intrinsic motivator. In reviewing the allowance that caregivers receive, the following desire expressed by one of the caregivers during interviews should be considered: "I wish if the allowance was increased from MK 5000 (CAN \$9) to MK 10000 (CAD \$18) per month." As a point of reference, one of the teachers from Matiya Primary School indicated that the lowest monthly salary for a teacher in their school was MK64,000 (about CAD \$121).

### **Delayed allowances**

The impact of delayed payment of the allowances to the caregivers was succinctly conveyed by one of the caregivers as follows:

Our allowances are delayed for 3 or 4 months, and this is demotivating. We or our

children might have dirty clothes and we know that we cannot go to the Center in dirty clothes. It is discouraging to find yourself in a situation where the children that you are going to teach are dressed in clean clothes, while you, as a caregiver, is dressed in dirty clothes. After some time, they bring the allowances. However, it is not possible to save some money for future use; therefore, by the time the allowances come, we are usually deep in debt.

Although the allowance is small, the comment above shows that caregivers are always looking forward to receiving and utilizing their allowance to meet very basic needs, such as buying washing soap, which they can use in order to come to the Center in clean clothes. The additional challenge, as pointed out, is that the allowances are at times delayed for extended periods of time—3 or 4 months. This translates into a period covering an entire term, which is usually three months.

There must be reasons for the delay of the payment of allowances. Whatever the reasons may be, it is important for all partners to take note that caregivers are demotivated and discouraged whenever the allowances are delayed. High levels of poverty in this community mean that every penny counts. For the most part, community members live their lives with more needs that go unmet because their financial resources are always insufficient to meet their daily needs. In anticipation that delayed allowances will be paid sooner than later, caregivers find themselves in situations where they borrow money from other community members from time to time. Attached to these debts are payment due dates, which are not kept, as the allowances delay further. This scenario impacts negatively on caregiver's welfare as they are seen to be less credible in keeping promises and also unprofessional as they keep borrowing from time to time. Therefore, it

becomes imperative that in addition to reviewing the amount that caregivers are paid as an allowance, obstacles that prevent caregivers from receiving their payments on time should be identified and addressed to avoid the frustration and discouragement that are brought about because of allowance delays.

### **Non-availability of incentives**

Caregiver's motivation on the job comes from intrinsic sources, such as a sense of positively contributing to the welfare and education of children in the community, and the appreciation that parents of children in the community expresses concerning their efforts. However, caregivers expressed the desire to have other incentives to boost their motivation for work. One of the caregivers highlighted some of the things that can be provided as incentives as follows, "I desire to have more clothes, blankets and other personal needs. I desire to have a radio; to listen to what is happening, and a watch; to be checking time." This comment reveals the personal needs of the caregivers and the possibility of incentivizing them by providing support for caregivers to acquire some of their needs, especially personal needs that can be related to the execution of their duties as caregivers.

Therefore, it is important that all partners discuss and develop an itinerary of the items, their quantities and the period in which these can be provided to the caregivers. Deliberations should take into account that the allowances that caregivers currently receive are quite tokenistic. One suggestion to be considered during deliberations is the provision of incentives to caregivers at the closing ceremony of each term. Another suggestion is to have a caregivers' appreciation day at the community level, to be held once in a term, where members of the community can express their appreciation of the

work that caregivers do by bringing to the Center a gift of any kind. At the end of the day, the gifts would be divided equally among the caregivers. Certainly, other suggestions will come from the deliberations. Suggestions that will be agreed upon will have to be put into action, monitored, and evaluated over time. Relevant ways and modes of incentivizing the caregivers will eventually emerge and become part of supporting this intervention.

### **Job resilience of caregivers**

Over the years, caregivers have continued to provide the care and educational services to children that attend Muula Center despite the existence of the challenges that they face on the job as already discussed. It is easier to volunteer one's time and energy for a short period, but for these caregivers, they have been volunteering for many years. It is also easier to volunteer one's time and energy when one's basic needs and responsibilities have been met, but in the case of the caregivers, they keep on volunteering when their basic needs and responsibilities have not been met.

Considering these factors, caregivers have taken upon themselves to support their community through the care and educational services that they provide. Their sacrificial dedication is personal and intrinsic. They are the anchors of this intervention. Therefore, on-the-job resilience displayed by the caregivers has been a significant element in keeping the intervention going for all these years. Recognition, acknowledgment and honoring of the caregivers' outstanding contributions to the community has potential to strengthen their resilience, and motivate would-be volunteers to follow through.

## **Meta-theme seven: Community Participation**

### **Satisfaction and dissatisfaction with community involvement**

Some of the participants expressed satisfaction with the various ways in which the Magalasi community is involved in supporting the activities of Muula Center, while others expressed dissatisfaction. On one hand, satisfaction was expressed over good coordination between parents and caregivers; time, labor, and monetary contributions from parents and guardians; and effective monitoring and supervising of Center by the parents' committee. On the other, dissatisfaction was expressed over failure of the Center's parents' committee to manage and protect resources for the Center; failure of community members to patronize sanctioned meetings by the Chief in support of the Center; failure to make monetary contributions towards maintenance of the Center; failure of the community members to hold parents' committee members accountable over abuse of food resources meant for children at the Center; and negative attitudes towards community participation by some members of the community.

In light of the above, this intervention has prompted the agency of members of the community to make their contributions towards the goal and objectives of the intervention as individuals or groups of designated bearers of defined responsibilities. Variations in the degree of commitment and levels of effectiveness in carrying out designated responsibilities among individuals and groups are integral to the intervention implementation. Both accounts are educative as they reveal areas that the agents and the community are doing well; therefore, need to be upheld. They also reveal areas that the agents and the community are not doing well; and therefore, need to be redressed. Both

appreciation and criticism are to be considered as useful feedback for the advancement of service delivery. Due consideration to each of the areas raised, is highly recommended.

### **Competencies of the Parents' Committee**

Mostly, participants expressed appreciation for the work that is being carried out by the parents' committee, as well as confidence in the committee's capacity to carry out its duties and responsibilities. The following extracts highlight the positive light in which the work and capacity of the committee are perceived: "There is a good working relationship in the committee;" "We are working well with the school committee;" "The committee members are doing their job well. There is no problem that we see with the committee in as far as managing the Center is concerned;" and "Yes, I feel like the parents' committee is working well."

On the contrary, one member of the committee stated, "We do not know how to work as a committee. We have never been trained to carry out our responsibilities effectively. When Mrs. Pilo comes, she talks to us, but we need a proper training for all committee members." It is possible that members of the parents' committee are not on the same page regarding their skills and knowledge for monitoring and supervising of the Center's activities. While it is acknowledged that orientation and briefings have taken place, the respondent above expressed the desire for a comprehensive formal training. It should be noted that unlike parents' committee members, caregivers do a more technical job and therefore undergo a more specialized and comprehensive training. Comparatively, the content regarding the skills and knowledge required for committee members to carry out their duties and responsibilities effectively is less technical and

much less in quantity. Nonetheless, the concern raised needs to be considered accordingly.

### **Literacy differences**

As more and more children in this community enroll and stay in school, their literary and numeracy knowledge, as well as knowledge concerning school related content will eventually develop significantly above that of their parents. As pointed out by one of the parents,

I see a big change, because as a parent I was not able to teach my children what they know now. For example, my children talk about school things, which I do not understand. Children are able to talk of things they would normally not know, if they were not attending school.

While that may be good, it may come with its own challenges. A population of children that did not drop out of school, that have progressed much further with their education will be more knowledgeable regarding ways of living than that of their parents. It is expected that knowledge gained will translate into livelihoods that are more productive and progressive. However, knowledge differences between children and their parents can lead to difficulties in interactions resulting from the gap in knowledge and the gap in values stemming from the knowledge gap.

When children engage in communication about concepts and issues that parents are ignorant of, it may contribute to the development of detachment between parents and their children. In African traditional education, the knowledge and skills are accumulated over time. Therefore, it follows that the older are more knowledgeable than the younger, and therefore, more respected. Children tend to look up to their parents as more

knowledgeable than them. In this case, that order is reversed, which may as well lead to some children giving less respect to their parents on the basis that they are more knowledgeable or more educated than them. Such occurrences are not uncommon in Malawi.

Further, the educational content that children acquire from advanced schooling may challenge some of the beliefs and values that parent in this community may have held, based on their limited knowledge. Children may question or even challenges certain beliefs and traditional practices. It is on the basis of this possibility that formal education has been accused as eroding the culture that has been passed down by ancestors for decades.

It is, therefore, imperative that the gap in knowledge between parents and their children in this community should be planned for, and managed in ways that will not be detrimental. Ways of increasing knowledge level, as well as, literacy and numeracy levels of the adult members of this community, through adult literacy intervention, should be explored. This has the potential to bridge the knowledge gap between parents and their children and foster more positive communication and interactions.

### **Controversies and conflicts**

Bringing resources into an impoverished rural community to improve the care and education of young children created benefits, as well as conflicts and controversies.

Conflicts and controversies were not part of the plan. They were not expected to accompany the implementation process as such, and no resources and strategies were put in place to manage them. As is the case with most social intervention projects, once implementation started, conflict and controversies emerged.

Some of the controversies and conflicts highlighted in this intervention were so severe; with the potential to significantly undermine the implementation of the intervention. Community members involved in these controversies and conflicts experienced loss of respect, loss of peace, discouragement to carry out their responsibilities, severed relationships, and even fear of death. Instead of focusing their energies and time on serving the needs of young children in the Center, it is implicit that members involved in the controversies and conflicts spent a considerable amount of these resources in trying to resolve their differences, with varying degrees of success.

It was not prudent to assume that controversies and conflicts will not emerge during the intervention. What is more disconcerting, is that deliberate resources and strategies were not put forward to facilitate open and sincere conversations between parties involved in controversies and conflicts to resolve their differences. Such a setting could be facilitative to prolonged controversies and conflicts between differing parties. Therefore, resources and strategies for identifying and resolving controversies and conflicts should be put in place to reduce loss of time, energy, peace and relationships essential for implementing the intervention. In pursuing this objective, resources that are already within the community, such as consultation with local leaders, should be given priority as the intervention is community-based.

### **The Entire Intervention**

The intervention in its entirety is a phenomenon that has been experienced by the community. When conceived in this way, the intervention presents a story of children of Muula community with the following story structures: the abstract, orientation,

complicating action, evaluation, results and coda. Each of these structures of this story are presented hereafter:

1. Abstract - an optional précis of the plot: Thirteen years ago children of Muula community spent their childhood without much care and support for positive development and their education. Since 2003, that changed. A center has been established where children go to and access care and educational services. The community is actively involved. Unlike in the past, children bathe in the morning, have more clothes to wear, have breakfast, and spend their childhood years between three to five years actively involved in supervised and supported play and learning activities. Consequently, they are well prepared for school. Once they join the school, they are performing greatly and are staying in school, contrary to what used to happen before the intervention.
2. Orientation - the time, the place, the players: Time—the story shows the experiences of children of Muula community before 2003, and from 2003 to 2015; the place— Muula community, the players—community members of Muula (children, parents, teachers, caregivers, and community leaders), staff of University of Malawi, and employees of the municipality Saanich.
3. Complicating action - what happened: The establishment of the intervention which introduced into the community care and educational services that were previously unavailable. Many actions undertaken by various members of the community on a continuous basis have created new experiences for children and the entire community.

4. Evaluation - so what: Various effects of the intervention on the community that have come to surface through this study.
5. Result or resolution- what happened in the end: The intervention is still going on. However, with this evaluation, changes can be made on several aspects of the intervention, which in turn, will have an effect on the future outcomes or impacts on the community as a whole.
6. Coda - 'bringing back' to the present: Currently, the intervention is on-going and continues to create experiences for young children and the entire community. Overall, the experiences are positive in contrast to the previous scenario. The study also reveals the tensions among members of the community and other implementation gaps, which offers opportunities for strengthening the intervention further.

### **Comparison with Plan Malawi Project**

Compared to the Plan Malawi project, Muula Center has impacted the Magalasi village in similar and dissimilar ways. Similarities include the following:

1. Nutritional support through provisioning of enriched corn porridge
2. Involvement of the community in supporting the activities of the Center
3. High level of knowledge of the importance of early childhood care and education by parents, caregivers, teachers and the children.
4. More children enrolling and regularly attending the Muula Center and Matiya Primary School.
5. More children having better performance in the Primary School.
6. More children are staying in and completing Primary School.

However, Muula Center differed from Plan Malawi Project in the following aspects:

1. Although caregivers of Muula Center are committed to their duties, they are less motivated, especially with regards to the small allowance that they get.
2. While the care and hygiene of children improved, parents did not specify the reduction of occurrence of intestinal worms, diarrhea, and water-borne illnesses among young children. Further, parents did not specify any increase in the number of children who completed the immunization schedule by their first birthday. This can be attributed to the lack of partnership with the health sector within the community.
3. Finally, other participants expressed satisfaction while others expressed dissatisfaction with the level of commitment and participation of community members in supporting the Muula Center. Therefore, the narratives provide a sense of moderate degree of ownership of the Center by the community.

Respective recommendations regarding each of these three aspects have been made.

## Chapter 6: Implications and Recommendations

Several implications and recommendations have been drawn out of this study. Firstly, the study has generated a total of forty themes; revealing aspects of the intervention that participants valued. Each of the themes sheds light on what has been going on in this intervention and how participants have been affected. Further, each theme presents an informative platform for assessing activities that are working well and those that are not working well. Therefore, the activities that are working well requires that their underlying processes be sustained. Also, activities that are not working well offer opportunities for positive changes that can lead to positive outcomes.

Although the study was laborious and time-consuming, I am persuaded that the amount of data it has generated and the usefulness to which that data can be put, justifies the associated costs. All partners in this intervention have very rich information that they can use for upholding what is working well and for addressing what is not functioning well.

Secondly, the study has revealed several positive changes that have happened to the community of Muula through the intervention. These changes have resulted in positive experiences of care and schooling for the children. Positive changes have also resulted in positive experiences of caregivers, teachers, parents and community leaders as well. These positive changes reflect the contributions that all partners have been making over the years. Therefore, these efforts should be maintained to sustain the positive changes.

Thirdly, the study has revealed the tensions that exist among the members of the community, over implementation processes. These tensions are inevitable. They reveal

how different views, perceptions, attitudes, knowledge, dispositions and skills embodied in different personalities interact and play out in real settings. While some of the tensions can be classified as mild, others were intense, but all of them are highly informative. It is, therefore, important to provide a forum in which views and concerns of those involved in the intervention can be aired from time to time either through quarterly or biannual review meetings. There should also be a commitment within that forum to address those views and concerns amicably so that tensions should not escalate to the point where delivery of services to children can be affected negatively.

Fourthly, the study has also revealed implementation gaps on several aspects. These shortcomings call for appropriate and timely attention and actions. Delayed attention and subsequent actions will mean the delivery of care and educational services to children are done at intermediary capacity. Whereas the current outcomes of the intervention are seen as largely positive, there are still less than what would be the case, when the gaps are addressed.

Further, the study has demonstrated how narratives from participants can be used to evaluate the impact of an intervention. Therefore, while quantitative evaluations will be essential to complement such evaluations, it is highly recommended that in future, narratives from the participants should continue to be used as an evaluation methodology, especially for any communities like the Muula community that remain an oral-based culture.

Furthermore, the findings of this study bear significant lessons not only to the participants that are involved in the Muula intervention but to all partners that are concerned with improving care and education for millions of children living in under-

resourced communities like the Magalasi village. The story of Muula Center is a product of a partnership between three key parties. It all started with a keen observation, followed by a series of information sharing sessions and then the forging of a partnership that channels energy, skills, and resources to improve the care and education of hundreds of children. As exemplified in this partnership model, University departments can be seen as repositories of technical knowledge and skills, and therefore a resource whose impact can reach directly and in practical ways to settings beyond the classroom like in the Muula intervention. Also, individuals in the private and public sector can be seen as entities with organizational capacity that can mobilize resources and effectively advance a specified cause beyond their institutional objectives and obligations. Having presented the general implications and broad recommendations of this study, following are itemized recommendations:

1. Home educational support: Engage parents in a discussion regarding the different ways in which home environments can be made more supportive educationally.
2. Household food insecurity: Collaborate with agricultural partners in the area to investigate and address the underlying problem for inability to provide sufficient nutrition to children, that is, inadequate or poor harvests of crops at the household level.
3. Anxiety and distress during eating time at the Center: Implement changes that will ensure that each child is given an adequate portion and eats from their own plate peacefully.

4. Adequacy of nutrition: Nutritional assessment covering the food provision in the households and the center should be carried out to identify existing deficiencies and possible remedies.
5. Intermittent supply of food at the Center: Take measures to ensure continuous supply of food to children at the Center in order to support active participation of children in the play and learning activities in the Center, ensure high attendance rates, promote thorough school readiness of all children, brighten the teaching experiences of caregivers, and lighten the burden of parents worrying over their children going hungry.
6. Community's initiative to support Center feeding: Through further discussion at the community level, members should draw out solutions and workable options that will ensure that community members resume communal gardening and that the harvested crops are safely kept and processed for the benefit of children that attend the Center.
7. Possible abuse of nutritional resources: Explore measures that can help to keep in check the power, privilege, and a sense of entitlement by responsibility bearers, to guard against the possibility of abuse of responsibility.
8. Support for children with special needs: Identify the specialized needs of children and provide them with sufficient and appropriate support matching with their special needs.
9. Access to medical care: Identify medical partners in this area and discuss ways in which access to medical care for the majority of children can be improved. In the short term, explore the modalities of tracking basic health indicators such as completion of immunizations and growth monitoring.

10. Play materials and equipment: Provide adequate supplies of play materials. Restock these materials periodically. Carry out regular maintenance and safety assessments on the equipment that children use in the Center.
11. Schooling materials: Explore ways of improving access to day-to-day concrete educational materials and school-related resources.
12. More caregivers to support children: Recruit at least five helpers to provide essential supportive services such as setting up and maintaining play and learning areas, cleaning, toilet training and toilet care for the children, and the like. This will allow caregivers to concentrate on providing more professional care and educational activities to the children.
13. Balance up the gender differences among the caregivers: Explore how gender roles, responsibilities, and interactions are organized in this community and determine how these affect the delivery of services with the current workforce set-up in the Center. Based on the findings, introduce changes to the current workforce arrangement that will lead to improved time management and dedication to professional service delivery.
14. Progress reports: Investigated the reasons behind the lack of progress reports and performance portfolios for children at the Center and take appropriate remedies.
15. Transportation of children when they fall sick: Conduct community meetings involving the parents, the caregivers and the parents' committee members to find a different and more effective strategy for transporting or managing children that fall sick in the Center.

16. Networking with feeder Primary Schools: Formalize the relationship between Muula Center and Matiya Primary School and institute activities that will be supportive to the transitioning process of children such as joint curricula workshops, where caregivers and teachers can share and discuss contents of their curricula, and school tours.
17. The importance of ECD training: Develop a schedule of training for caregivers and their helpers on an annual basis. Training should be designed based on topics identified by caregivers and helpers according to their professional needs.
18. Long distances and seasonal challenges: Intervention partners should consider and develop ways in which the transportation challenges of caregivers can be alleviated. Participants should strongly consider the provision of a bicycle to each of the serving caregivers, which should be utilized and maintained as personal bicycles.
19. Tokenistic allowances: Partners should carefully review the concerns raised by the caregivers over their allowance being too small, make changes that would make the allowance balanced and meaningful.
20. Delayed allowances: Identify obstacles that prevent caregivers from receiving their payments on time and address them to avoid frustration and discouragement brought about because of allowance delays.
21. Non-availability of incentives: All partners should discuss and develop an itinerary of the items, their quantities and the period in which these can be provided to the caregivers. Incentives to caregivers and helpers can be made at the closing ceremony of each term. Another suggestion is to have a caregivers' appreciation day at the community level, to be held once in a term, where members of the community can

- express their appreciation of the work that caregivers do by bringing a gift of any kind to the Center. At the end of the day, the gifts would be divided equally among the caregivers and helpers.
22. Job resilience of caregivers: Partners should explore ways of recognizing, acknowledging and honoring caregivers for their outstanding contributions to the community.
  23. Competencies of the Parents' Committee: Identify and address competency challenges that exist among parents' committee members.
  24. Literacy differences: Explore ways of increasing knowledge level, as well as, literacy and numeracy levels of the adult members of this community, such as through adult literacy interventions.
  25. Controversies and conflicts: Create safe and open forums where members of the community can freely express their concerns and experiences to uncover existing interpersonal tensions or conflicts and address them. This will help to reduce the loss of time, energy, peace and relationships essential for implementing the intervention. In pursuing this objective, resources that are already within the community, such as consultation with local leaders, should be given priority as the intervention is community-based.

## Chapter 7: Conclusion

This study has evaluated the impact of the tri-partied partnership supporting the child care and education intervention for Muula community through narratives from the participants at the community level. Key effects at the household level include the improvements made to the general care and hygiene of children in the community. The intervention has brought about positive changes in the attitude, knowledge and commitment of parents towards the provision of care services to their children. Unlike in the past, before the intervention was established, children are bathed and are properly clothed every morning.

Most of the children aged three to five years from Magalasi and the surrounding seven villages attend Muula Center regularly, where they are provided with breakfast in the form of nutritionally enriched porridge. While at the center, children access even more care and educational services from the trained caregivers. Children are actively involved in the play and learning activities that are organized and supervised by the caregivers. As a result of the services that they receive, children develop social skills and acquire basic school knowledge and familiarity, which gives them a significant advantage when they join the primary school.

Children that enroll at Matiya primary school from Muula have positive school experiences unlike in the past. They like school, do not miss classes, persist at tasks, learn faster, interact well with peers and teachers, are more assertive, and overall, they perform very well. Consequently, they do not repeat classes and do not drop out of school.

Further, the study has brought forward forty themes that have shown areas of implementation that are functioning well and those that need attention. Specific

recommendations regarding actionable points for the improvement of service delivery and strengthening the efficacy of the intervention have been drawn. Some of the actions required can be carried out immediately, while others will need more time. Nevertheless, all recommendations have potential to contribute to the improvement of the intervention.

Finally, some of the recommendations present areas in need of further study. All recommendations that suggest further investigations, assessments or exploration, indicate the need to capture more information necessary for making informed decisions to improve the specific activity concerned. The major limitation of this study is the qualitative nature of data. Findings of this study have presented rich, in-depth descriptions of aspects of the intervention which participants value. While that is of value in its particular way, specific measurement of variables of interest has the potential of complementing these findings.

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## Appendix A

### Preliminary questions to targeted groups

<b>Target Population</b>	<b>Key Questions</b>
<b>Children (5 years old)</b>	What do you like about your school?
<b>Children (6-8 years old)</b>	What did you like about your preschool?
<b>Caregivers</b>	Can you tell me any interesting thing about the care and education that you provide to children in your center?
<b>Junior Primary School Teachers</b>	Can you tell me anything about children that come to this school from Muula CBCC?
<b>Parents and Guardians</b>	Can you tell me anything about Muula CBCC?
<b>Community Leaders</b>	What can you tell me about the services that Muula CBCC provides to children?

## Appendix B

### List of Participants

No.	Real Name	Pseudonym	Gender
<b>Muula Center Children</b>			
1	Boy 1	John	M
2	Boy 2	Alex	M
3	Girl 1	Mary	F
4	Girl 2	Grace	F
<b>(Matiya) St. Paul's Primary School Children</b>			
1	Boy 3 (Std.2)	Waza	M
2	Boy 4 (Std.2)	Bruce	M
3	Boy 5 (Std.1)	Mtendere	M
4	Boy 6 (Std.1)	Mwai	M
5	Girl 3 (Std.2)	Mable	F
6	Girl 4 (Std.2)	Linda	F
7	Girl 5 (Std.1)	Memory	F
8	Girl 6 (Std.1)	Clara	F
<b>Muula Caregivers</b>			
1	Caregiver 1	Mr. Tembo	M
2	Caregiver 2	Mrs. Ndalama	F
<b>(Matiya) St. Paul's Primary School Teachers</b>			
1	Teacher 1 (Std. 1)	Mrs. Mbewe	F
2	Teacher 2 (Std. 1)	Mrs. Sobo	F
3	Teacher 3 (Std. 2)	Mrs. Mame	F
4	Teacher 4 (Std. 2)	Mrs. Lezala	F
5	Teacher 5 (Std. 2)	Mrs. Uta	F
<b>Parents</b>			
1	Parent 1	Mr. Dambo	M
2	Parent 2	Mr. Bwalo	M
3	Parent 3	Mrs. Mpila	F
4	Parent 4	Mrs. Milomo	F
5	Parent 5	Mrs. Soko	F
6	Parent 6	Mr. Lumbe	M
7	Parent 7	Memory's Father	M
8	Parent 8	Waza's Mother	F
<b>Community Leaders</b>			
1	Community Leader 1	Mr. Phiri	M
2	Community Leader 2	Mrs. Beni	F
3	Community Leader 3	Mrs. Pinto	F
4	Community Leader 4	Mrs. Pensulo	F
5	Community Leader 5	Mr. Kamuna	M
6	Community Leader 6	Mr. Panja	M
7	Community Leader 7	Mr. Zonse	M

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<b>8</b>	Community Leader 8	Mrs. Betha	F
<b>Total of 35 participants</b>			

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## Appendix C

### Target population and corresponding guiding questions

<b>Target Population</b>	<b>Key Questions</b>
<b>Children (5 years old)</b>	What can you tell me about your life in this preschool? What do you like about your school? What do you dislike about your school? Tell me more?
<b>Children (6-8 years old)</b>	What can you tell me about your preschool life? What did you like about your preschool? What do you dislike about your preschool? Tell me more? Do you think your preschool helped you in coming to your new school? What can you tell me about your school life now? What do you like about your school? What do you dislike about your school? Tell me more?
<b>Caregivers</b>	Can you tell me what your experience has been like caring and teaching children in this center from the beginning until now?  How does the care and educational experiences that you provide to children matter?
<b>Junior Primary School Teachers</b>	What can you tell me about your experience of teaching and interacting with children that come to this school from Muula CBCC compared to children who come to this school straight from their homes?
<b>Parents and Guardians</b>	What can you tell me about the care and education of (your) children as you have witnessed it since the beginning of Muula Community-based Childcare and Education intervention?
<b>Community Leaders</b>	What can you tell me about the care and education of (your) children as you have witnessed since the beginning of Muula Community-based Childcare and Education intervention?