

Community-Based Child Care (CBCC) Resource Assessment: The Case of Zomba
District in Malawi

by

Khama Chibwana
B.ED, University of Malawi, 2000
A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

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University of Victoria

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ABSTRACT

Within this study, the aspirations that communities are striving to realise in bettering the outcomes for their children have been explored. Their achievements are extraordinary and remarkable in the face of serious resource limitations. Nevertheless, some room still exists within the reach of communities themselves to improve the current situation of early childhood services. The roles of other early childhood development stakeholders who partner with communities in supporting the community-based child care centres have also been explored. Their greatest impact in infrastructure, play and learning resources is greatly appreciated. However, an apparent lack of need-based and systemic criterion for allocating resources creates serious disproportionate resource distribution among communities.

While some limitations are obviously within the ability of communities to manage, some are obviously not. Substantial and systematic resource allocation by the Government, cooperating partners and all stakeholders in early childhood development, local and international, if channelled through highly committed members of the communities, has great potential to ensure that children in these communities develop optimally. Greater synergy among all stakeholders that are supporting community-based child care centres in Malawi is therefore an indispensable password to unlocking the many aspirations that communities are striving to achieve through the community-based child care centres.

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DEDICATION

Dedicated to all underprivileged children of Malawi.

CHAPTER 1

Introduction

During the final two years of my undergraduate education, my interest in early childhood development increased tremendously. As a member of the Home Economics Student Society of Chancellor College, I became involved in raising funds to support the underprivileged children in Zomba Malawi. Our fund raising activities involved bake sales and solicitation of corporate institutions like Commercial Bank of Malawi (now Stanbic Bank of Malawi) for financial and materials support towards this end. Most of the children targeted were those attending community-based child care (CBCC) centres as orphans. From time to time, we used the funds we generated to purchase food and material resources, which we distributed to the different centres that were assisting orphans.

One of the centres that we assisted in 1999 was doing more for orphans than one could ever expect to find in this rural impoverished part of Malawi. When we visited this centre, there were five caregivers in attendance. Some of the children were studying, while others were playing. A community maize garden was all green: yields from this garden were being used to support the centre's feeding program. The centre had acquired two dairy cows, which were being fed with some fresh cut pasture growth. I was filled with the impression that this community was very united and exceptionally committed in supporting the centre.

Together with the representatives from Stanbic Bank of Malawi, we presented rice, soy flour, corn flour, cooking oil, powdered milk, sugar, groundnut flour, salt, bathing and washing soap, and skin jelly to the destitute children.

Despite the assistance that we gave and the signs of a community dedicated to helping the children who were attending the centre, it was vividly evident that not all the needs of these children were being met. It appeared to me that despite the fact that commendable efforts were being made, strides were being achieved; notwithstanding this, all the needs of the children who were attending the centre were far from being met. I left the centre with feelings of having done something positive to help those children, but at the same time, I was left with a feeling of helplessness, a feeling of having hardly done anything that would make a significantly positive impact on the lives of those children.

At that time I did not know that this was the beginning of the process of engaging with the communities that would evolve over time. I continued to learn more about the situation of many more children in similar situations when I joined the teaching staff of Home Economics Department, Chancellor College in the year 2001. Although I was born and grew up in Malawi and I had known the effects of the crippling environments of poverty, HIV and AIDS, working in partnership with UNICEF, the Ministry of Gender, Child Welfare and Community Services (MGCWCS), and Communities served as an eye opener to real issues affecting children.

Reading all forms of Government reports concerning the plight of children in Malawi and similar reports by different stakeholders, listening to parents, foster parents and caregivers, even listening to and observing children in different settings from the rural impoverished parts of Malawi, I began to see beneath the surface of the problems; I began to see the broader and more complex picture. These experiences were tools in the

hands of time, shaping questions that eventually became central to carrying out this research.

From the year 2001 to 2004, while teaching child and family studies at the University of Malawi, and working in partnership with all stakeholders in early childhood development in Malawi, certain questions began to emerge in my mind, questions which demanded concrete answers. By the end of 2004, these questions were formulated in what I was then able to write down as my educational purposes or career goals as quoted below:

My interest in Child and Family Studies grew stronger during my college years. The content of these studies included issues that affect human beings throughout their life span, such as how children develop, challenges to early childhood development, challenges families face in today's societies, nutrition, family resource management, etc. I developed a strong desire to grapple with these issues in order to make my contribution to uplifting the quality of life of Malawian children and families. That interest was further strengthened by my deep Christian faith. I gain a lot of satisfaction when I find I can be of help to somebody, and it hurts me a lot to see someone suffering. That has also been a contributing factor to my deep interest in child and family welfare. I intend to pursue a Master's degree and later on a Doctorate of Philosophy degree in Child and Family Studies. By so doing I think I will be able to advance my knowledge and skills in this field

of study which will translate into increased competency in handling issues affecting the children and families of Malawi. (Personal Communication, 1994)¹

I began my studies in Child and Youth Care at the University of Victoria in January 2005. The difference in the resources and services available to children in Canada compared to the resources and services available to children in Malawi is overwhelming. The availability of nutritious foods, access to care and rich educational facilities, access to stimulating and recreational facilities, access to health care and Governmental and Non-governmental institutional support to children in Canada would be to an average Malawian child a dreamland. By this I do not mean that most children in Malawi have nothing at all, no; for most children their environments are rich socially, spiritually and culturally.

My experience in Canada heightened in me the feeling that the situation that most children find themselves in Malawi is unacceptable, that life is not fair to them, that something must have gone terribly wrong, and that something must be done urgently to provide an average Malawian child the basic necessities of life. I went back to Malawi in August 2005 for a 3 week-holiday. At this time it occurred to me that nothing had changed concerning the situation of most children in Malawi; conceivably nothing could have drastically changed over a period of eight months. My thoughts during this time began to focus on what I was going to study for my thesis. The answer was ever closer to me at this time. In my mind, I was more than convinced that I had the responsibility to work towards making a difference in the lives of Malawian children and that every opportunity I was going to find, I needed to make use of as a means to that end. Writing a

¹ This quotation is taken from my educational goals, which I was required to write as part of information needed by the Canadian Commonwealth Scholarship Board by the time I was applying for a scholarship. I was later awarded the scholarship to come to study Child and Youth Care in Canada.

thesis was merely one of such opportunities for me. As I visited some of the community-based child care centres and consulted with different stakeholders in early childhood development, I began to articulate the topic that I felt was presenting itself to me through the experiences of most children in these centres. As I look back, I consider that the articulation of the topic that I was going to study came through a process of carefully listening to the messages that were present in the situations and circumstances of these environments. I would call this process 'attunement' to the social, emotional, economic and physical environment in which children find live.

The formulation of this study draws heavily on the process described above. There are two parts to the study. On the one hand, it involved working to understand exactly what is going on in the lives of these children, what is being done to them, by whom, and how far all these efforts go in addressing the needs of the children, given the current situation of the children in Malawi. On the other hand, the study involved working toward understanding what else can be done to address the needs of the children, by whom, and how. This was based on the exchanges and analysis of the information that was made possible through the interviews and observations made in the course of this study.

As I began to put ideas on paper, I found myself more than energized to begin working on my thesis. Working towards making positive changes to the challenges most children face in Malawi is very meaningful and rewarding to me.

I returned to Victoria in September 2005 to continue with my studies. Among other courses, I took a directed course on thesis proposal writing which helped me a great opportunity to refine my articulation of what I was going to study. My professor

encouraged me to search for studies that were done in Africa that related closely to my interests and I found one that was conducted by Robert G. Myers in 1992 in Kenya.

While here in Canada, I continued my communication with colleagues in early childhood development in Malawi, more especially with UNICEF Malawi. UNICEF Malawi clearly pointed out that there were many community-based child care centres in Malawi, but, as an organization, UNICEF was only able to support a few community based child care centres. The real issue of concern to UNICEF was that although they were supporting a few of these centres, they did not have adequate mapping or monitoring of their contributions, the contributions by other stakeholders, and the contributions of community members towards costs of establishing and running the community-based child care centres. There has not been any comprehensive study assessing contributions being made by various ECD stakeholders to the community-based child care centres in Malawi and their impact. That was confirmed by scarcity of literature on this subject. The lack of solid information presented a dilemma for UNICEF and other stakeholders in planning or evaluating any form of support or intervention to CBCC Centres. The information gap identified by UNICEF representatives and my correspondence with ECD stakeholders resonated with the questions that formed in my mind over time through my experiences in working for children. I saw an opportunity and I began to plan to conduct this research in Malawi.

I left Victoria for Malawi on April 10 2006 to do my fieldwork in Zomba and did not return to Victoria until July 2 2006.

Purpose of the Thesis

“Poor children are vulnerable in every sense; their health, their access to education, their safety in dangerous environments, their exposure to war. In short, their well-being is at stake” (Penn, 2005, p. 1). That quote appears to state a pure and obvious fact: - poor children are vulnerable in every sense; yet the first two words (poor children) is not an accurate designation within the Malawian context. From the Malawian perspective, almost all children are born with rich potential for growth, development and creativity (with the exception of very few abnormal cases, of course). Since children are not expected to provide for themselves the amenities that they need for optimal - development, they are not considered as poor; but they are considered as living in “impoverished environments” (Kulemeka, 2006). In other words, the term “poor children” implies that other children are rich; but the discourse of “rich children” is scarce in the literature of child development. To be contextually accurate, the two words “poor children” must be replaced with the phrase: “children living in impoverished conditions.” That way, it is the environments in which children are living that are emphasized as being problematic not the children themselves.

This thesis focuses on typical examples of such environments. The purpose of this study is to assess the limitations experienced by rural communities in their effort to provide for children who are attending CBCC Centres.

Significance

In conducting this research, I engaged with both the ECD stakeholders at the community level and at the decision-making level. Through such engagements, I have

sought to develop practical knowledge that can affect communities at the grassroots level while influencing policies that regulate or significantly influence those communities.

Research objectives

I conducted this study in Zomba District in Malawi from June 2006 to December 2006. I set out on this study with the following objectives:

1. To ascertain the link between the availability of resources and effectiveness of CBCC Centres.
2. To explore the objectives of CBCC program.
3. To determine whether or to what extent those objectives are being met.
4. To assess the actual costs incurred in establishing and operating the CBCC Centres.

Thesis Outline

In chapter two, I have provided the context in which this study takes place. The chronological account is given first, followed by geographical and then socio-economic context. Understanding the context is important because of the unique circumstances facing the communities included in this study.

I present the literature review next. I have reviewed literature on early childhood development discourses that highlight the importance of gains children make in the early years; literature on the provision of early childhood services in Sub-Saharan Africa; and literature that criticizes both the literature that emphasize the importance of the early years and literature on the provision of early childhood services in Sub-Saharan Africa.

A consideration of the community approaches as a theoretical framework to this study comes next. In this section, I have explained why I found the theoretical framework to be suitable for this kind of study.

In chapter three, I present the methodology and the methods of the study. Under methodology, I have outlined the seminal work done by Robert Myers, which he undertook in Kenya, as a background to this study. The strategies that he used and the purposes of his study are presented in this section. I have also shown in this section how this particular study has been adapted from the work of Myers, giving the rationale for the adaptation at the same time.

In the methods section you will find details on how the selection of participants was executed, a description of the CBCC Centres, the methods and process of data collection, ethics and data analysis. In chapter four, I present my findings and discussion of the findings, while in chapter five I present a summary of my findings, analyses and conclusions.

CHAPTER 2

Context

Child Development in Africa

Africa is a continent comprising 54 countries, with numerous traditional groups, many languages, varied geographical topologies, political and socio-economic conditions. Commenting about Africa's diversity, Olaniyani (2004) states "Africa is a continent of bewildering diversity and extraordinary dynamism" (as cited in Nsamenang, (p. 6). With all these variations, how can one justifiably write about the subject of child care in Africa as a unified experience? The justification of such an attempt cannot be based on the many differences that exist across Africa and her peoples, but the commonalities shared among them.

Mphahlele (1996) argues that "Africans could be called one on the basis of their beliefs in ancestry, existence of a supreme being, and the value they attach to the extended family" (as cited in Mwamwenda, p.421). Many aspects of life and culture are similar among most traditional groups in Africa. As Durojaiye (1996) states "an individual in the traditional African society considers himself fulfilled only if he is in symbiotic relationship with extended family. If he is rich, many of his extended family may be dependent on him for food, shelter, clothing, apprenticeship and formal education" (as cited in Mwamwenda, p.413). That aspect of collectiveness and interdependence is typical of the values with which children are brought up in Africa.

The Impact of Colonialism

Substantial historical, cultural, and socio-economical commonalities characterize most countries in Africa. An understanding of these commonalities is essential and fundamental to any attempt at understanding the way life is shaped, organized and lived

by the peoples of Africa today. Most notable in its magnitude, and its diabolic, dehumanizing, generational effects has been the slave trade and the colonization that marked Africa's partition. The patterns of lives of the African people were disrupted, the free movement of its people stopped or restricted. Many were forced to work as slaves either on their own soils or in European, American and Arabic countries. For about one hundred years, an entire continent was plundered of its material and human resources. It bears mention here that, as a continent Africa has never recovered from this brutality: this is conspicuously evident by the current socio-economic hardships that have its roots in the era of colonialism and slavery (Loomba, 1998; Smith 1999; Nsamenang, 2004 & Lewis, 2005).

Nevertheless, the cultural values and beliefs concerning the purpose and meaning of life, which are reflected in the way children are viewed, provided for and brought up, have survived to this day. The African extended family, as the primary institution responsible for the socialization and education of children, dates back to pre-colonial times.

Early Childhood Development in Africa

Early Childhood Development (ECD) in Africa is a concept that needs some definitive parameters. For instance, ECD in Malawi is said to owe its origins to the churches. (Country Report on The Status of Early Childhood Development in Malawi, 2000). That statement can be misleading because even before the arrival of the European Missionaries, Slave Traders and the Colonial Masters, Africans had always possessed knowledge, practices and values through which they provided for the developmental needs of their children. That reservoir of knowledge, practices and values persisted even

after the people of Africa had been subjected to colonialism as well as westernization, urbanization and formal education. As Mwamwenda (1996) points out:

Africans have not stopped regarding themselves as and being regarded by others as, Africans and in many ways they still behave as Africans. That is nothing to be apologetic about. The majority of Africans have not stopped interacting with their children, parents, relatives and neighbours in African ways. They still require their children to be obedient, conforming and co-operative, they still bury and mourn their dead the way they always have done, they still believe that bride price is a vital aspect of marriage, and many of them still communicate with their ancestors and the dead in different ways. (pp. 374-375)

Therefore, it can only be correct to consider the preparation for formal education, as one element of child care which Africa owes to those that brought with them the formal system of education.

Durojaiye (1996) further states that in an African setting, "A child is born into a warm, affectionate and welcoming culture where he is completely accepted regardless of economic or domestic strains in the family at the time of his arrival. In the early months of life the child receives the constant attention of his mother, grandmother, and other members of the extended family" (as cited in Mwamwenda, p. 412).

Currently, when we talk about the early childhood care and development (ECCD) in Africa that takes place outside of the home, most of the caregivers and providers for children are women, as in most parts of the world. However, the socio-economic condition of most women in Africa is distinct. The women who work in ECCD programmes are members of the family and members of the community without any form

of formal training or accreditation in a professional early childhood development education. Bernard van Leer Foundation (BvLF) (1994) makes a similar observation here:

For the greater part of Africa, the 'typical' ECD worker is almost always a woman. She is a mother or grandmother, a sister or an aunt, a cousin or a neighbour. She has known the child from birth and lives in the same house or very close by. The typical ECD workers are natural caregivers- the woman or girl who has looked after young children since time immemorial. (p. 27)

While historically child care centres have been staffed by women, it is becoming difficult to find women who can take on this role. Due to the prevalence of HIV/AIDS, women are dying; this has left many millions of children on the continent as orphans. The extended-family structure, which has worked as a social system, has been stretched beyond the limit, resulting in an increasing number of child-headed households (UNICEF, 2002), and fewer women available to work in child care centres.

Malawi and the History of CBCC Centres

Malawi is a land locked country located in the south eastern part of Africa. It has a total area of 118,484 square kilometres of which 94,276 square kilometres is land. The rest of the area is made up of Lake Malawi, which stretches 475 kilometres along Malawi's eastern boundary with Mozambique, and two other small lakes: Lake Chirwa and Lake Malombe.

The population of Malawi is estimated at 12 million people. Of that population, 48 percent are children below the age of 14 years old. More than 80 per cent of the

population lives in the rural area and depends on subsistent agriculture for living. That means that more children grow up in rural parts of Malawi than in urban areas. (MDHS, 2005).

About 65 per cent of the Malawian population lives below the poverty line: this can generally be said to be living on less than 50 Canadian cents per day. With the greater portion of the country living below the poverty line, more and more children and women are greatly disadvantaged in many different ways. The statistics presented below illustrate the problem. They are derived from The Malawi Demographic and Health Survey (2005):

- The child mortality rate is 133 per 1000 live births in 2004
- 48 percent of children under five in Malawi are stunted, or too short for their age; 5 percent of children are wasted or too thin; and 22 percent are underweight
- 73 percent of children ages 6-59 months are anaemic; 26 percent have mild anaemia; 42 percent have moderate anaemia; and 5 percent have severe anaemia.
- 12 percent of adults ages 15-49 in Malawi are infected with HIV. The prevalence is higher among women than among men (13 and 10 percent, respectively).

Community-Based Child Care (CBCC) is an organized, centre-based arrangement that aims at providing early childhood care and education to children below the age of six years in a community by that community. The CBCC program is Malawi's own initiative

to improve early childhood services provided to children. The beginnings of this initiative can be traced back to the 1980s.

Between 1980 and 1982, United Nation International Children's Fund (UNICEF) started assisting the government of Malawi in setting up rural preschools in the traditional areas of Thekerani rural development centre (RDC), Ekwendeni (RDC), Chilumba (RDC) and Mponela (RDC). Unfortunately, the RDC nursery schools did not continue because of the fees attached to them and inadequate community sensitization on the importance of preschools.

(http://www.ecdvu.org/ssa/downloads/Malawi_Country_Report.pdf)

When programmes for young children were first created, communities were viewed as deficient; their knowledge and skills were not acknowledged. They were viewed as passive recipients of pre-packaged interventions. The community rural nursery schools were developed in a fashion that imported the fee-based urban model of nursery schools and without much community participation. That model comes close to the early notion of community development in which communities were perceived as lacking in self-sufficiency and in need of entirely foreign assistance for them to be developed. As a result, the program collapsed. Following this failure, another study was conducted, and the findings were even more disconcerting as is stated below:

In 1984 a child study was conducted in selected districts of Champhira in Mzimba, Maganga in Salima, and Chapananga in Chikwawa. It was discovered that the children's welfare was at risk. Infant mortality rate was at 170/1000 while child mortality rate was at 330/1000. These figures were due to poor health, poverty, huge domestic and farm demands, lack of education among parents, and

unfavourable child care practices. That survey was followed by a rural child assessment activity conducted in 1988 where it became evident that there were 1.4 million under five children in the whole country and of these 1.2 million lived in rural areas without preschools. That led to the launch of the CBCC program in 1989 in the three districts.

(http://www.ecdvu.org/ssa/downloads/Malawi_Country_Report.pdf)

In an attempt to rectify the problem that led to failure of the initial program, an approach known as community dialogue (CDA) was developed with the purpose of enhancing community's ownership of the program.

Description of Community Dialogue Approach

The major aspects of the CDA are: (a) community entry process, (b) community mapping, (c) the dialogue process, and (d) the community project. The initial process involves the identification of community gatekeepers who are key figures in the authority structure of the communities. These include District Commissioners, the Traditional Authority Chiefs, Village Headmen and other influential members of the community such as schoolteachers, church leaders and traditional counsellors. Permission to enter and work with communities is sought through the gatekeepers because of the influence that they exert in community programs. Winning their support to the CBCC program is therefore an important step.

After permission is obtained from the gatekeepers, the practitioners walk through the village to map the resources and the facilities that exist in the village. The knowledge obtained in the mapping is used in negotiations during activity planning with members of the community. Then the village headman and leaders in a village and representatives of

the heads of families team up with the practitioners in a dialogue. The dialoguing process begins with an appreciative inquiry approach in which the past and current achievements with regard to ECD services are acknowledged and appreciated. Then an inquiry is made as to whether the current situation of ECD services is perceived as satisfactory. From this point, the vision of what could be done in order to realize satisfactory levels of ECD services is derived. The practitioners emphasize using community resources in order to achieve the vision. Finally specific activities and responsibilities are developed with timelines drawn (Kaseje, 2001).

In the CDA approach, no form of support from outside the community is planned, no fees are charged, and no problems are expected to arise. That approach appears to have swayed completely to the other end of the spectrum; it assumes that communities have the ability and capability to run and sustain the CBCC programs without any form of support. From an initiative that employed similar assumptions to a community program, Simpson, Wood, and Daws (2003) warn that "...each new initiative in a community demands a share of already limited stocks of time and energy..." and that "...that limit exists as to how far communities can be stretched" (p. 281; p. 284). It would be interesting and useful to find out what those limits are, if they exist at all, in as far as the CBCC program goes. Failure to investigate such limitations and their impacts, when in fact they have existed, has led to failures of well meaning initiatives.

Similarities Between Approaches to CBCC Centres and Community

Development

The two approaches to supporting community-based child care in Malawi closely resemble community development approaches as they have evolved over the years

(Chambers, 1999). The beginnings of community development evolved from the period after the Second World War when the emphasis was on “poverty reduction at the community level within the context of social and economic structures” (Blocklesby & Fisher, 2003). Most of the earlier approaches employed a top down approach and failed to have significant results, specifically on the aspect of sustainability of development. Gradually, the approaches have been changing.

Currently, community development approaches encourage members of the community to take a leading role in defining their projects, prioritizing activities, and asserting their values. Some limitations to community development have given rise to another interesting way of thinking about the way to do community development: Sustainable Livelihoods. Sustainable livelihood approach “has evolved from changing perspectives on poverty, participation and sustainable development” (as cited in Blocklesby & Fisher, 2003. p. 185). Sustainable Livelihood approach has a broader perspective on addressing poor conditions by taking into account “the analysis of the socio-economic and political structures responsible for poverty” (Blocklesby & Fisher, 2003. p. 188). While it is good to focus on the broader perspectives, the importance of valuing the knowledge, experiences and participation of members of the community in any activities in their community should never be forgotten.

In investigating the community’s limitations in meeting the cost of providing early childhood development services, I hope to draw from the tenets of both the community development approach (which focuses on community participation), and the sustainable livelihood approach (which focuses on the broader structures in which communities are embedded). By involving major ECD stakeholders at the community

level as well as at the decision making level, I hope to develop practical knowledge that can impact communities at grassroots level while influencing policies that regulate or significantly impact those communities.

For research to translate into change within communities there is need for a mechanism to connect research to action, and by creating a closer link between research and action, research can have a greater impact on local communities (White, 1991). The provision of resources to children who attend community child care centres is the heart of the community-based child care program in Malawi. There is need to understand the different ways in which communities are making these provisions, because the provision of these needs are linked to the welfare of millions of children. This research attempted to explore this.

But how does provision of CBCCs relate to the survival, growth and development of children? To answer this question, I will first of all define the terms ‘survival,’ ‘growth’ and ‘development’ as these three terms distinguish different stages of existence, that are not entirely exclusive of each other.

The term ‘survival’ has been defined in the Penguin English Dictionary as “the act of continuing to exist” (Allen, 2000, p. 1417). Traditionally, the term was used to signify the state of existence in which one barely survives, a state whereby growth and development are almost impossible due to constraining factors, such as hunger, disease, or any other conditions that can severely hamper these processes (Myers, 1993).

A child would needs to be provided the adequate protection, nutrition, stimulation and attachment in order to grow up and to thrive. As Engle, Lhotska and Zeitlin point out, failure to provide these basics from the beginning of a child’s life could easily lead to

death (as cited in Evans, 2000, p. 3). However, the state of existence does not promise anything more than existence itself.

Myers (1993) points out that this understanding of child survival is negative and he proposes that a “positive conceptualization of child survival should focus on examining where children are along a health-growth-development continuum” (p. 16). I would concur with Myers and perhaps assert further that when child survival is conceived as an attainment, we achieve nothing at all, since a child who lives such a life can easily lose his or her life to any form of infection or any amount of deprivation. Thinking of child survival, as an achievement may have been the bedrock of generational disparities between the developed and the underdeveloped, the successful and the unsuccessful, even between the living and the dead.

The concept of a “continuum” is very instrumental in understanding the care that children deserve. It would therefore require an addition of the essentials to life-protection, nutrition, stimulation and attachment for a child’s state of existence to progress to the status where growth is enhanced. The Penguin English Dictionary defines growth as “an increase or expansion” (Allen, 2000, p. 617). In this context growth of children is conceived as the state of existence whereby children are able to physically increase in their stature and weight.

“M’mera Mpoyamba”

Optimally, children need to develop, to experience life in a state that goes beyond, survival and growth, the state where physically, cognitively, socially and emotionally children are able to register optimum development. Evans, Myers and Ilfeld (2000) define

development as “the process of change in which the child comes to master more and more complex levels of moving, thinking, feeling and interacting with people and objects in the environment” (p. 3).

In line with the Malawian context, the importance of child care can best be presented to most Malawians in the form of one of the most common Malawian metaphors: ‘m’mera mpoyamba,’ which speaks of the fundamental realities that characterize the experiences of farming in Malawi. (More than 80 per cent of the population rely on farming as a major source of food and income.) “M’mera mpoyamba” conveys the meaning that when plants are well nourished and well taken care of during their tender and early stages of life they are bound to thrive and yield an abundant harvest. It implies that the most labour-intensive and most meaningfully resource-demanding period of planting is the early period.

Upon hearing such a proverb a wealth of information is communicated, conveying the message that if there is anything a farmer need to pay his or her most close attention to, it is the care given to the plants at a tender age. Conversely, the metaphor implies that failure to provide for the plants at a tender age with the necessary nourishment, care and protection would result in a miserably poor harvest no matter how much care and attention would be given to plants in subsequent stages of growth.

One would therefore arrive at the understanding that the necessity of providing proper and adequate care to plants at a tender age is unmatched by any kind and amount of care provided at any other stage of its development. Research about early childhood development points out similar discoveries regarding the importance of care during the

early stages of human development and the difference such care makes to the rest of the subsequent stages of human development.

Having been born and raised in Malawi, I vividly remember how familiar the above metaphor is to both children and adults. The first Head of state Dr. Hastings Kamuzu Banda, almost always preached its message. "Malawi is a land-locked country," he often stated in his public addresses, which always drew the attention of the nation. "And our wealth is in the soil," he would continue, meaning that the economy of the country was agrarian. "Therefore, Mama and I would like to urge you all to prepare your gardens early and to plant with the first rains as the saying goes *m'mera mpoyamba*." Thus he concluded most of his public speeches.

Until 1994, there was only one state radio in Malawi: The Malawi Broadcasting Corporation, which was the major source of information to the nation. We had no television. State-controlled newspapers circulated only in the major cities, which served less than twenty percent of the population. Therefore, any form of public speech by the head of state constituted a special occasion and would make the headlines on the airwaves for days, saturating the listeners to the extent that all people in the public square would be very well acquainted with the details of the speech made by the Head of State.

The message of preparing the gardens early and planting with the first rains began to make more sense to me when my father lost his lucrative job as a General Manager of Press Produce Company Ltd, a company that belonged to the Head of State at that time. Our family relocated from the most developed city in the country, at that time Blantyre, to one of the most poor and most rural parts of the country, Mvera in Dowa district. My father opened a farm on a 29-hectare piece of land in this part of Malawi. It took about

two years of hard work to cut down the thick natural forest and open up the land for cultivation. While the bigger part of the farm was ready for cultivation after the first two years, the rest of the farm would take another two years to be made cultivatable.

I was doing grade 4 when we moved to the farm and although I had to go to school with my siblings, walking a round distance of 10 kilometres each school-day, I still had to do farming once I was back from school. We used hand-hoes to plough the soil and make ridges against the slope of the terrain. My father insisted that the ridges should be at least 30cm high to provide the crops with enough soil for proper root formation and to stand the gradient of convectional torrential downpours that reached between 80 to 220 mm at a go. That may sound like a fairly small amount of rainfall. However, given that such rain usually falls within an hour or two, small ridges would easily be washed away by run off, especially in places with steeper gradients. That was typical of our farm, which undulated between five hills and was crisscrossed by three seasonal rivers.

Why “m’mera mpoyamba?” Why did the Head of State reiterate again and again this particular message? As I proceeded to the senior levels of my primary education, studying Agriculture and continuing to work on the farm further deepened my comprehension of the invaluable message embodied in this metaphor. Early preparation of the gardens was essential in the sense that once the first rain fell, weeds began to grow rapidly and practically it becomes too demanding, almost impossible to start preparing the gardens for planting at this time. In addition, planting with the first rains meant that the seeds would be exposed to the most favourable conditions for germination: moisture and warmth. Generally, temperatures in Malawi soar to an average of 38 to 40 degrees

centigrade just prior to the onset of the rainy season. The first rainfall would provide the moisture and the heat in the soil would provide the warmth. By the time the second rain fell, the temperature of the soil would have dropped considerably, with the effect being that germination would be significantly slowed down, creating a situation whereby the crops would have to compete with the weeds for sunshine and nutrition.

Removal of the weeds from the gardens and application of fertilizer followed soon after the seedlings had germinated. When the seeds are planted with the first rain, the process of removing the weeds, which was done by a hand-hoe, was easier. That was the case because by then the seedlings will have deepened their roots considerably, making it easy to scrape the weeds on the sides of the ridges without dislodging the seedlings. It was only after the fields were weeded that the application of fertilizer would contribute toward maximum yield. These two processes would leave the crops with maximum access to sunshine and nourishment, without having to compete with the weeds for these critical resources. Therefore “m’mera mpoyamba” constituted an indispensable wealth of knowledge that would result in practical differences on the ground.

Similarly, most of the challenges that rural communities face in their uttermost attempts to provide adequate care for their children to thrive are as practical as the issues faced by most Malawian farmers, and calls for concrete practical steps for such challenges to be addressed.

Literature Review

Early Childhood and Child Care Discourses

The Importance of Early Childhood Development

Early childhood as a period of development is crucial because of the vulnerability of children and rapidity of their growth and development. Children are vulnerable because they lack knowledge and ability to provide and care for themselves the way adults generally do. From conception to the age of 8 years, children depend almost entirely on care from those that are knowledgeable concerning their survival, growth and developmental needs and are able to provide these needs. As Evans, Myers and Ilfeld (2000) point out, from birth throughout the early years of development, the survival, growth and development of children is made possible only through the provision by others to meet the different needs of children, such as: protection from all forms of danger, adequate nutrition, stimulating human and physical environments, secure emotional attachment with loving caregivers, and opportunities to exercise the developing linguistic and motor abilities. These provisions altogether, just as Engle and Lhotska (2000) point out, constitute “care” (as cited in Evans et al, p.3).

Physically children grow and develop at a rate unequalled by any other stage of development. From conception to birth, children grow from microscopic size to weighing between 2.6 and 4.5 kilograms, and by the time they reach four months, they will have “doubled their birth weight and nearly tripled it by their first birthday” (Mackenzie-Rivers, Leung & Malcomson, 2005, p. 124). In almost all aspects of development, children register huge gains by the time they reach the age of 6 years.

For such developmental gains to be possible, children must be adequately provided for in terms of protection, nutrition, stimulation and secure attachment to a caring care provider (Arnold, Barlett, Hill, Khatiwada & Saplotra 2000; Evans et al., 2000). Since these developmental gains happen so quickly within the few years of life, it is also important to make sure that the provision necessary to make such gains possible is made available in time. Just like M'mera mpoyamba, research shows that missed early developmental opportunities mean that some development is harder to achieve by later provisions (Evans et al., 2000; Santrock, 2005).

It is essential to pay close attention to exactly what is going on in the communities in terms of what is provided to children, since this has a bearing on the entire spectrum of life for a whole generation. No achievement should therefore be celebrated if children are falling anywhere other than at the high end of the development continuum, which signifies the embodiment of survival, growth and development, the state that ensures that children "thrive" (Myers, 1993; Evans, et al., 2000, p. 1).

Holistic Development

Although the development of children has been categorized in child development literature into physical, mental, social, emotional and spiritual development, these aspects of development are not exclusive of one another. It is an academic strategy to compartmentalize these interrelated and interconnected processes, as this aids conceptualisation. However, it is very important to comprehend that in reality one area of development is inextricable from the rest (Woodhead, 1996; Evans et al., 2000; Santrock et al., 2005). This holistic view of child development has a bearing on the care that children are provided with and how such care is organized.

The discourse of child care has a long history. Many questions have been asked about what kind of care should be given to children? What constitutes appropriate, adequate or quality care? How does such care look in different contexts and in different cultures? Who should determine the criteria for differentiating poor, mediocre and quality child care and what should those criteria take into account? What are the effects of different forms of care on children's development?

There is apparently not much debate about the core principles regarding what children need in order for them to develop: protection, nutrition, stimulation and secure attachment to a significant other. That consensus is evidenced by the agreement and support to the Convention on the Rights of Children to which many United Nation countries are signatories (Evans et al., 2000). It is rather the social-cultural aspects attached to the animation of these principles that have raised much debate (Rosenthal, 1999; Rogoff, 2003).

Two distinct perspectives about what constitutes quality child care, what that care looks like, and how it should be measured emerge: first, the western developmental psychology approach and second, the social-cultural developmental approach. Most of the research from the west concerning how children develop and how best to facilitate that development has been universalistic and prescriptive; attaching to its publicized findings and recommendations almost no contexts at all (Dahlberg, Moss & Pence, 1999). Within developmental psychology, different criteria have been defined that indicate what children should be expected to do at a particular age, what risks children run if they do not achieve the set standards, and what should be done to remedy the situation.

Alongside the preceding has been the development of the criteria concerning what should be considered a quality environment and quality child-to-child or child-to-caregiver interaction (Anderson, 1989; Whitebook, Howes & Phillips 1989; Dunn, 1993; Howes, Smith, & Galinsky, 1995; Burchinal, Roberts, Nabros, & Bryant, 1996; Peisner-Feinberg, Clifford, Culkin, Howes, & Kagan 1999). While such standards and criteria may have been useful in the western societies where they were developed, their application to other societies such as those found in Africa have been problematic (Rosenthal, 1999; Rogoff, 2003; Nsamenang, 2004).

The arguments for supporting early childhood care and education are numerous as Bernard van Leer (1994) states:

- **Human Rights:** Children have a right to live and to develop to their full potential. If development is arrested and nothing is done to prevent it, a basic human right has been violated.
- **Science:** Scientific research demonstrates repeatedly that the early years are critical in the development of intelligence, personality and social behaviour.
- **Social Values:** Humanity transmits values through its children. That transmission begins with infants. Values such as living together harmoniously or appreciating the environment begin to take hold in the earliest years and can be promoted through child care and development programs.
- **Economics:** Society benefits economically from investing in young children's development; women may also benefit by being able to increase their productivity by actively participating in economic activities when their

children are cared for in quality programmes. In addition, social costs are saved in areas such as school repetition and school drop out.

- **Social Equity:** By providing a 'fair start', it is possible to modify certain socio-economic and gender-related inequalities. Gender-linked disparities in childrearing practices in the early years work against girls' development and educational opportunities. Early childhood programs have the potential to correct such discrepancies.
- **Social Mobilization:** Children provide a rallying point for social and political actions that can help to build consensus and organization for the common good.
- **Program Efficacy:** The effectiveness of other programs can be improved by incorporating an element of early childhood care and development, focusing on healthy mental and social growth.
- **Changing social and demographic circumstances:** The increasing survival of vulnerable children changing family structures and childrearing practices, rural-urban migration, and growing participation by women in the paid labour force all increase the need and demand for new and better ways to care for and ensure the well-being of young children.
- **Birth spacing and population:** The link between fertility rates and education levels suggests that efforts to improve the education levels of girls and women will help cut birth rates and improve birth spacing.

- Educational Achievement: Success at school depends to a large extent upon the foundations laid in the early years²

The arguments stated above call strongly for the provision of supportive environments upon which successful development of children in all dimensions is anchored. What these arguments spell out, are the benefits that follow society's investment in the care and development of children, which is depicted by the wisdom of "m'mera mpoyamba."

Critiques of Early Childhood Development

Rogoff (2003) and Nsamenang (2004), along many other critics of developmental psychology strongly propose that context-relevant understandings of child development and what best facilitates such development contextually should under-gird the development of criteria for quality child care. Consequently, the best-fit approach to child care in a setting such as Africa and certainly in Malawi is not set in stone.

Evans (1996) has put this succinctly:

Quality is based on values and beliefs, and it involves a variety of stakeholders. It is not something fixed in time; it is a function of the history of Early Childhood Care and Development (ECCD) provision as well as local experience; it is influenced by current developments and an anticipation of the future. Thus defining quality is necessarily a continuous process, which takes into account new ideas and changing circumstances. A definition of a quality ... developed twenty years ago would not suffice today. We know more about how children develop.

² Source: adapted from The Consultative Group on Early Childhood Care and Development (1993) Meeting basic learning needs through programs of Early Childhood Care and Development prepared for The Education for all Forum: The Second Meeting, Quality Education for All. Held in New Delhi, India, September 1993; Landers, C. (1989) Early Childhood Development Florence, Italy: UNICEF International Child Development Centre, p. 4.

We have had a considerable amount of experience working with young children and their families. And we have had enough time to see the long-term impact of our actions. That has changed our definition of quality. And since research and programming experience continue, the process of defining quality will continue.
(P.27)

By getting close to the communities themselves and emphasizing the views of the community members, this research hopes to elicit communities' values and beliefs regarding their children. Further, the research seeks to explore the different ways in which such values and beliefs play out in the way communities provide for children.

Theoretical Foundations

Community Based Approaches

Sclove, Scammell, & Holland (1998) state that "community-based research is research that is conducted by, with, or for communities"(p. ii). The goal of community-based research is to engage members of the community in developing knowledge that can bring about positive change. Knowledge seeking and development are not pursued for the sake of entertaining the intellectual faculties; rather these pursuits are done to help solve practical problems in a real world. According to Sclove (1997), community-based research aims at building knowledge that "contributes to making a concrete and constructive difference in the world" (p. 542). In order to effectively accomplish this, community-based research embraces three principles: 1) collaboration, 2) validation of the knowledge of community members and the multiple ways of collecting and

distributing information, and 3) "social action and social change for the purpose of achieving social justice" (Strand, Marullo, Cutforth, Stoecker, & Donohue, 2003. p. 8).

Barr (2005) considers a number of principles that are important in conducting research that aim to enhance the welfare of communities: 1) Research should be "grounded in and value community experience," 2) Research should be designed to enhance "the capacity and ability of communities and those who work with them," 3) Research should "challenge the assumptions about the objectivity of external research," 4) Research should be demystifying, 5) Research should "promote equalities and inclusion" (pp. 457-458).

CHAPTER 3

Methodology

Community-Based Child Care Program Evaluation

Robert Myers Research in Kenya

My approach to undertaking this research is in part an adaptation from a program evaluation study done by Robert Myers in Kenya (Myers, 1992). Myers study was entitled "Towards Cost Effective Analysis of Community-Based Child Care in Kenya." In this study Myers undertook to estimate the overall cost of the early childhood education program, the cost of particular activities, and the cost to different groups providing resources.

A major purpose of Myers' study was to provide a methodology for the evaluation of program costs and effects for all the stakeholders involved in the programme, at international, national and district levels. Specifically, the evaluation aimed at the following:

1. To provide information about costs and effects in the Kilifi district of Kenya, with suggested implications for planning that could help to improve the program and/or overcome constraints to improvement.
2. To develop and try out a method for estimating costs of early childhood education at the district level, with some attention also to national costs and community level costs.

3. To analyze patterns of financing: Who bears the costs? What are the implications of different financing arrangements for program operations and outcomes? (Myers, 1992, p. 5)

The study undertook to find out the costs that were involved in mounting and operating a system of early childhood education for children ages 3 to 5 that takes as its goals the physical, socio-emotional, mental, moral and spiritual development of young children, the building of good habits for effective living, the appreciation of their cultural heritage, and the ability to cope with demands upon entering primary school.

To arrive at the actual program costs, Myers began by identifying the various activities at national, district and community levels that form part of the early childhood education process, including start-up and development activities as well as daily operations in running the program. Myers then re-examined that list in order to describe the resource inputs involved in each activity and the source of these inputs (parents and community members, town, municipal or county governments, the national government, international assistance, or private sources such as church groups or companies). That exercise provided a basis for identifying the sources of information that would provide a reasonably complete picture of program costs.

However, Myers acknowledged that some program costs are hidden, particularly contributions of time and efforts made by educational supervisors as well as health workers' involvement. If contributions of that nature were factored into the total costs of the program, the figures would truly reflect what the program would cost in order to be implemented in the identical way.

At least three sources of information were used in estimating costs: actual budget expenditures; time apportioned to the program by relevant individuals; and visitations to the schools and communities where, through questions and observations, it was possible to determine the costs of particular resource inputs, either in terms of time or in terms of the value of particular buildings, educational materials, food, etc., used in the schools (Myers, 1992, pp.4, 5, 20, 22). Myers also gave attention to the expected effects of the program on children, families and communities by soliciting the views and experiences of teachers, caregivers and parents.

Although Myers conducted his research more than a decade ago, its adaptation and development is very significant in the sense that its approach to understanding the ways in which communities undertake to provide for their children and the cost of doing so are essentially timeless. In addition, Myers's research was conducted in Kenya, a country whose resource base, demographics, and early childhood development programming to community-based child care are in some ways similar, and yet in other ways different from those of Malawi; hence the need for adaptation.

Adaptation from Myers Study

Unlike Myers' study, which leans more towards program evaluation by analyzing the cost of the entire early childhood program from the national level to the district level down to the community level; my study leans more toward community based research with its focus on understanding the costs incurred by rural communities in providing resources and services to children attending community based child care centres. That shift is necessitated by the nature of the community based child care system in Malawi where the cost of providing resources and services to children attending community

based child care centres is in most of the cases entirely left to the communities themselves.

The attempt to estimate costs for early childhood care provided by local communities can pose a number of challenges, such as non-availability of concrete data covering such things as children's attendance, amount and frequency of contributions of the community in the form of volunteered time, money, food, construction and maintenance of infrastructure.

According to Young (1997) the omission of important community contributions that make the program function often leads to the underestimation of costs which has serious consequences. While admitting the challenges in estimating the costs, Young (1997) emphasized the importance of research to undertake this task; noting that both governments and supporting organizations need such data to effectively plan and support the existing child care centres as well as to effectively plan and implement the scaling up of organized care for children, without compromising the quality of care provided to them.

Many of the studies in support of the cost-effectiveness of investing in early childhood care and education are done in developed countries. Nevertheless, evidence suggests that even in poor communities, centre-based care for children contributes to significant developmental advancement in cognitive and psychosocial development of children (Loeb, Fuller, Kagan & Carrol, 2004; Myers, 2004).

Methods

Selection Process

Key informants

Three key informants were selected one from each of the following institutions: United Nations Children's Fund (UNICEF) Malawi Office, Ministry of Gender, Child Welfare and Community Services (MGCWCS), and Association of Preschools and Playgroups in Malawi (APPM). From my knowledge as well as my six years of experience of working in the field of ECD in Malawi, these organizations are the most prominent in the provision of early childhood development services in Malawi, hence my decision to have key informants drawn from them. One informant was selected from each of the above-mentioned organizations.

Supervisory committee members, caregivers and parents' representatives

I purposefully selected three CBCC Centres from Zomba district were because of ease of communication; it was less time consuming (in terms of time and cost of travel) to get to each of the centres in Zomba District because I was mainly resident in the same district at the time of my study. Selection of the CBCC Centres was partly semi-stratified and partly semi-random. I decided that I was going to select two CBCC Centres that are self-reliant, with no input of financial or material support from external sources per se, and one CBCC that was drawing its support from both the community and from institutions outside the community. This proportional selection was based on the fact that there are many more CBCC Centres that do not draw any support from outside their communities as compared to those that draw their support from both their communities and outside their communities.

The Zomba district social welfare officer listed separately CBCC Centres that were being supported by both their communities and organizations from outside their communities and the CBCC Centres that were relying on the support from their communities. The name of each CBCC was written on a piece of paper and a random selection was made. We did that to give each of the listed CBCC Centres an equal chance to be selected.

From the above-described process, Namikango and Lomoni CBCC Centres were the two centres that got selected as CBCC Centres that relied on community support alone. Namikango CBCC Centre had two caregivers, 43 regularly children and ten members of the supervisory committee.³ The main structure of the Namikango CBCC Centre is dilapidated and the centre has very few play and learning materials. In addition the centre is located very close to a busy road.

On the other hand, Lomoni CBCC Centre had two caregivers, 130 regularly attending children and ten supervisory committee members.⁴ The main infrastructure of this CBCC Centre is an enclosure made of grass and pole. Similar to Namikango CBCC Centre, this CBCC Centre had very little play and learning resources.

Village-to-Village was selected as a centre that was being supported by both the community and institutions situated outside its community. This CBCC Centre has two caregivers, 35 regularly attending children and eight members of the supervisory committee.⁵ The main infrastructure for this CBCC Centre was made of burnt bricks,

³ Of the ten supervisory committee members, six members were available for participation in this study.

⁴ Similarly, of the ten supervisory committee members, six members were available for participation in this study.

⁵ Of the eight supervisory committee members, seven were available for participation in this study.

cement and proper iron sheeting. The structure is spacious. In addition, the centre has a lot of learning and play materials.

Data Collection

Key informant interviews

I used three strategies to collect data. First, I conducted three key informant interviews. Key informant interviews (KII) were conducted first because I anticipated that key informants, who are very familiar with broad issues concerning CBCC Centres, might bring up some issues, which may need to be considered during the community interviews.

Focus group discussions

I conducted three focus group discussions in each of the three CBCC Centres, namely Namikango, Lomoni and Village-to-Village. A total of nine focus group discussions were conducted in this study. Three groups comprising of community members were particularly identified as being very close to the day-to-day running of CBCC Centres: the supervisory committee, caregivers, and representatives of parents. I considered the knowledge and experiences of these three groups to be valuable in conducting this research. I used semi-structured questions for both key informant interviews and focus group discussions.

CBCC Centre observations

I conducted centre observations in the three CBCC Centres. I conducted these observations with the intention of verifying and objectifying the findings of this research. I took numerous still pictures. My observations focused on the infrastructure and material

resources available in the three CBCC Centres under investigation. The approach of using these three strategies was taken to ensure triangulation.

Table 1 presents a summary of the total sample, by the techniques used within each centre.

Table 1. Summary of total sample and techniques used

Institution or CBCC Centre	Key Informant Interviews	Focus Group Discussions	Observations
	Number of people	Number of FG and composition of groups	Number of times, amount of time
MGCWCD	1	0	0
UNICEF	1	0	0
APPM	1	0	0
Namikango CBCC Centre	0	Supervisors = 6 Parents = 7 Caregivers = 2	1
Lomoni CBCC Centre	0	Supervisors = 6 Parents = 5 Caregivers=2	1
Village-to-Village CBCC Centre	0	Supervisors = 7 Parents = 7 Caregivers=2	1
Totals	3	44	3

Process of Collecting Data

After selecting the CBCC Centres, I turned to the training of 2 research assistants.

The training focussed on community research methods, sensitivity to early childhood

issues, and modalities of working with communities. Approaches to the training were adapted from the Participatory Research Handbook developed by Sheridan Barlett, Caroline Arnold and Joanna Hill (2001) entitled “Conversations with Families: Preparing for Early Childhood Programming.”

A pilot study followed, in which data were collected from the supervisory members, caregivers, and parents’ representatives and from observing a particular CBCC Centre, in that order. From this pilot study we refined and reaffirmed the research instruments to enable us to obtain extensive and intensive data. I should mention here that as the focus of this study was the determination of the extent to which communities are able to adequately provide resources and services to children attending CBCC Centres, the observation of the centres was restricted to the resources, facilities, material and the infrastructure of the participating centres; in other words, there was no observation of children.

The key informant interviews were formulated with the intention of soliciting relevant information to the research questions from institutions that have played a key-decision-making role in the provision of early childhood services in Malawi. We identified and selected participants for these interviews on the basis of their vast knowledge and experience in ECD programs in Malawi. We conducted the key informant interviews within the working environments of the interviewees in an effort to reduce any risks that the informants may be uncomfortable or feel intimidated if taken out of their usual environments.

In each of the selected CBCC Centres, we held focus group discussions with three categories of participants. These included members of the supervisory committee of each

Centre, members who represented the parents of children attending the CBCC Centres and caregivers. The supervisory committee is constituted by bona fide members of the community who are elected by the community every year and are charged with the responsibility of addressing the issues that caregivers or members of the community raise concerning the CBCC Centres. Participant's knowledge and experience in facilitating the implementation of the CBCC program was the basis of their involvement in this research. Any possibility of risk of participation was very minimal because the issues covered by the interview questions were very familiar to the members of this group; besides, the interviews were conducted within the community (see Appendix A for semi-structured interview questions for supervisory committee).

Parents' representatives were recruited with the help of the caregivers on the basis of either having a child attending the centre at the time this research was being conducted or their involvement in supporting the centre or both. The caregivers were asked to simply approach the would-be parents' representatives and request their participation in the study.

The experience of the parents in supporting the centre and their knowledge regarding benefits that children and the community accrue from the CBCC Centre was of considerable value to this study. Just like with the previous group, the amount of risk for this group was minimized by ensuring that the issues addressed by the research questions were familiar to the participants as well as by conducting the research within the participant's community setting (see Appendix B for semi-structured interview questions for parents' representatives).

All the caregivers at the identified CBCC Centres were requested to participate in the study. Their daily involvement in providing care and education to the children attending these centres was considered to have given them a lot of knowledge and experience, which I considered indispensable in conducting this research (see Appendix C for semi-structured interview questions for caregivers).

In addition to the above-listed focus group interviews, systematic observations of the centres, the centre's facilities, resources and the surrounding were made. That information was sought to provide a comparative framework with which to compare what would be gathered through the interviews. I took still pictures as part of this exercise and notes were recorded following an observational protocol (see Appendix D for observational protocol).

Ethical Considerations

Three levels of approval were obtained before accessing communities for data collection. The first level was an approval from the University of Victoria's Human Research Ethics Board. This is mandatory for all graduate research students at the University of Victoria who intend to work with people in their graduate research. Since I am affiliated to the University of Malawi, the second level of approval was obtained from the University of Malawi's Research and Publications Committee, which oversees research conducted by the faculty of the University. The final approval was obtained from the Chief Executive of the Municipality of Zomba in compliance with the local government requirement that the nature and the purpose of working with communities must be explained before one gets to work with any community. It was through working

with these approval teams that the issues of consent, minimal risks to the participants, confidentiality and anonymity were especially highlighted.

Participants' Recruitment and Consent

Informed consent was obtained from all the participants through the signing of the consent forms. The key informants were sent written letters, which introduced the purpose of the research and the role that they were expected to play. Participants were informed that they were expected to spend two to three hours responding to semi-structured questions regarding the running of CBCC Centres in Malawi. The letter also informed them that there were no anticipated risks attached to participating in this research other, since the interviews were going to be conducted within the participants' working environment and the subject matter was a familiar issue to them (see Appendix E for introductory letter to key informants).

That letter was followed by a phone call to ensure that the addressee received the letter and to find out the possibility of their participation in the study (see Appendix F for telephone script for key informants).

Then prior to the actual interviews I personally met with key informants for a short meeting during which we confirmed the venue and the time of the interviews. At this time, I also provided the key informants with the interview questions and copies of the consent form for their review. Then on the day of the interview I read the consent form and requested the informant to wilfully sign the consent form as an indication of informed and wilful consent (see Appendix G for semi structured interview questions for the key informants and Appendix H for key informant consent form).

The recruitment of the rest of the participants followed the selection of the participating centres. I wrote the district social welfare officer of Zomba describing the research and requesting her assistance in providing the list the CBCC Centres in Zomba (see Appendix I for introductory letter to the district social welfare officer). The list was to be broken into two groups; those that were receiving support from both the communities and organizations outside those communities on one list, and those that were entirely dependent on the community alone on the other list. That letter was followed by a telephone call to find out if the social welfare officer was able to honour my request (see Appendix J for introductory letter to the district social welfare officer). Fortunately, she did. One centre from the former list and two centres from the later, were randomly selected to participate in the study.

It was from this point that in person I contacted members of the supervisory teams for the CBCC Centres and the caregivers. At these meetings, I introduced the nature and the purpose of the study as well as the role that each one of them was being requested to play (see Appendix K for introductory letter for the supervisory committee and caregivers). In addition, before starting the interview sessions, I read and explained the consent form to them and requested them to voluntarily sign the consent form as an indication of informed and wilful consent to participate in the study (see Appendix L for consent form for supervisory committee members and Appendix M for consent form for caregivers).

The caregivers in turn were asked to explain to the selected parents the nature and purpose of the study and the role that they were being requested to perform. Consent forms were read to those that were willing to participate and we asked them to sign those

forms as an indication of being informed adequately and wilful consent to participate. Those that were unable to sign were asked to fingerprint on the consent forms instead (see Appendix N for consent form for parents' representatives).

Informed consent for the observation of the centres was also obtained from the caregivers through signatures on the consent forms (see Appendix O consent form for observation of CBCC Centres). The caregivers were given an explanation regarding what was going to be observed and why. The consent form was read to them before they were asked to indicate by signing that they had fully understood the reasons for the observation and were granting us the permission to make the observations.

Power over the participants

I, as the principal investigator, and my two fellow research assistants (who helped with note taking during the interviews), were not in any position of power over the participants. However, as being in a position of power over participants may also include the ability to control and exercise any manner of control over participants, we gave considerable thought given to this possibility.

We recognized that control over the participants could come from the differences in academic training, occupation and experience in conducting community research. As my colleagues and I are all graduates of the University of Malawi and by occupation are affiliated with the same University, and have had considerable experience in doing research with communities, we were able to make deliberate efforts to minimize the possibility of unduly exercising power over the participants.

To reduce the possibility of inducement, coercion, or persuasion, my co-researchers and I adopted a human rights sensitive approach in conducting this research.

Specifically, each and every participant was fully informed about the nature of the research and what their participation would involve. We emphasized that participation was absolutely voluntary and they could withdraw at any point in time. In addition, participants in this study were neither considered as subjects or mere respondents, No! As this is community-based research, participants were dealt with as fellow researchers and their knowledge, experience and contributions were highly esteemed. In our preparatory session, my colleagues and I determined that we were going to acknowledge and respect each and every contribution from each and every participant. In addition, we also made it clear that the language and the manner of speech to be employed at all times was going to be respectful and would not pressure the participants in any way. Further to this, participants were encouraged to ask any question or provide any information that they considered essential to this study.

Compensation

Compensation in the form of nutritious foods, cooking utensils, teaching and learning material, and play materials was made to the participating centres. That was planned and made clear to all participants that compensation was going to be in this form with the intention to increase the benefits to the children.

The needs of each CBCC Centre were somewhat different from each other and we did not identify some of those needs until we got to the communities. That changed the original intention of procuring identical resources for all the participating centres. With this realization, different items were procured and delivered to the centres at the very end of fieldwork.

Furthermore, this research was developed with the expectation of numerous benefits not only to all the participants, but other communities both in and outside Malawi whose situations are identical to those of the communities under investigation. Through their participation in this study, key informants were accorded the opportunity of reflecting on the current issues affecting community based child care centres in Malawi. It was from these reflections that deeper insights and considerations, regarding the different ways in which the CBCC program can be monitored and supported, were made.

Members of the supervisory committee, caregivers and parents' representatives benefited by developing a depth of knowledge regarding the strengths of their communities as well as their limitations. That knowledge afforded them an opportunity to consciously continue to build up their strength while collaboratively working to address their limitations. All the participants in this study also benefited by developing in themselves the feelings of achievement and significance in the sense that their contributions were highly acknowledged by the researchers. Besides that this research hopes to contribute to positive changes in the running of CBCC Centres in Malawi.

Through working with the communities in a non-threatening manner, the sense of unity and cooperation at the community level was also enhanced. The sense of a people working together with unquestionable commitment increased with the progression of every focus group discussion.

Anonymity and Confidentiality

The participants in this research were not anonymous. I have known the three people that I interviewed as key informants from going to a number of ECD conferences

and workshops together. I have also known the two people that helped me with note taking from the time that I was doing my undergraduate studies at the University of Malawi. The nature of the research demanded that I should employ methods of data collection involving face-to-face interaction of people that somehow knew each other. It is almost impossible to carry out this form of research without employing key informant interviews and community focus group discussions. Therefore each of the members of the communities that participated in the focus group discussions knew most of the people that participated in this study.

Despite the participants being known to us and to other participants, we tried to protect the confidentiality of the participating members. None of the names of the participants will be used in any of the documents appended to this research paper. All the participants were encouraged not to associate the outcomes of this research to any of the participants. That was more emphasised during the focus group discussion, since what comes out of the focus group discussion is always a product of group information processing. What we could do to assure confidentiality was limited in the sense that all the interviews were conducted within the working or living environments of the participants, and it was impossible to prevent anybody from knowing the people that participated in this study. Because of that, there is still a possibility that the outcomes of this research may be associated with people that participated in this study. While this may be the case, there is no foreseeable inconvenience that is likely to be associated with this limitation to confidentiality, on the basis that the research process and its outcomes are risk free.

Analysis

Analysis of Data from Key Informant Interviews

Analysis of the data was procedural, beginning with reflecting on the data soon after data collection. After each key informant interview (KII), I listened to the recorded tapes and wrote down my first impressions. The following day, I presented my first impressions about the data to the key informant for verification. I employed a similar approach with the focus group discussions.

The rest of the KII analysis consisted of transcribing the interviews, unitizing the transcripts, creating themes, regrouping the themes to identify the metathemes, and creating the relationships among the metathemes and the rest of the themes. Finally each metatheme with its cluster of themes were fitted under the objectives of this study.

Transcription of the audio taped interviews with the key informants was verbatim. In converting the audio taped data into a written format, I did not strictly adhere to the rules of Conversational Analysis (CA) as the aim of my transcription was to capture the views of the key informants and compare them with the views of the members of communities as suggested by Silverman (2005), Denzin & Lincoln (2000). Therefore, in as much as how and why the interviewees communicated in the manner that they did is important, it is what they actually said that was given prominence, hence the verbatim transcription. The transcription process was time consuming and intellectually demanding, as Silverman (2005) notes, "the preparation of a transcript from an audio- or videotape is a theoretically saturated activity" (p. 169).

Once the transcription was completed, I separated each section of the data that expressed a complete thought into units, which I numbered consecutively (unitizing).

That process produced a total of 556 units from all the transcripts. From each of the transcripts, units that were similar were grouped together. Using these groups of units, research questions and the objectives of the research as a framework, I created themes by deriving meanings out of these sets of data.

Thereafter, themes that were found to be common (identified from all the three transcripts) were set aside as metathemes. The rest of the themes were regrouped under the metathemes, which they supported. Finally, further regrouping the metathemes and the supporting themes under the research objectives, which they support, created a bigger picture.

Analysis of Data Focus Group Discussions

After each focus group discussion, we re-read, compared and discussed our notes item by item. Careful consideration went into writing down the contributions made by the participants in the way that truly represented what the participants said. That was very important in the data collection process because the questions were asked in vernacular language (Chichewa) and the responses were also in vernacular; however the notes were written in English. By engaging in this process we made sure that our notes reflected a precise translation of the participant's input.

Note that this process neither summarised the responses of the participants nor interpreted them, but rather ensured that precise translation of the participant's responses was accomplished.

Further, on each item, the agreed responses of each focus group discussion from a particular community were transposed against each other in a table. I drew meanings from the data by considering the responses all participants across the groups.

Analysis of the Pictures

A total of 156 pictures were taken from all the three CBCC Centres. Pictures that clearly illustrate the infrastructure and material resources available in the centres were selected. Comparing the notes to the pictures to identify which pictures seem to tell the story, helped to develop further meanings.

Validity and Reliability

A number of measures were taken to ensure validity and reliability of the research findings. Silverman (2005) defines validity as “truth” (p. 210). He further considers that one’s presentation of the research findings can only be judged as valid if the presentation depicts the social phenomenon in the way it really is (Silverman, 2005). In order to achieve this quality in the development, process and presentation of this research, I have reduced the probability of misrepresentation of reality by employing the following strategies:

1. Community and stakeholder consultation. Apart from the fact that I have done the framing and writing down of all the research documents, I have involved the participation of the major stakeholders for the bigger part of the research, especially during question development. That I did with the intention that the questions included in this research should truly depict the issues surrounding provision of resources to CBCC Centres and their impact. The process of

consultation was built into the data gathering process in the sense that participants were encouraged both to ask questions and to provide information which they considered to be valuable on this topic.

2. Multi-method research format. The format of this research was deliberately designed to employ multiple methods of data gathering namely key informant interviews, focus group discussions and observations to achieve triangulation. It was envisioned that this approach would provide sets of data that will help to complement each other and whose analysis would yield a truer and more complete picture of the phenomenon under study. In addition to this kind of planning, I deliberately put more emphasis on the focus group discussions by having a large number of sessions (nine) that could be compared to three key informant interviews and three sessions of centre observations. By doing this I attempted to get as close as possible to the phenomenon in order to understand and depict more clearly the reality and the essence of this research.
3. Multiple perspectives. I also deliberately brought in two research assistants to form a team of three; one with specialization in geography, one in sociology and myself being a specialist in early childhood development. That was done with the intention of benefiting from multiple perspectives on the phenomenon at hand. While the two assistants were very helpful in taking down notes during focus group discussions and observations of the CBCC Centres, they were even more helpful in analyzing the initial impressions about the data. From our discussions over the notes, we were able to check with each other and to synthesise the most accurate understanding of the

contributions of participants in the focus group discussion. Much about this process has been discussed in the sections ahead. Suffice to say now that during data collection we worked together as a team of three researchers, each with a different background, which ensured that there were different orientations with which the data was perceived.

CHAPTER 4

Findings

Findings from Key Informant Interviews

First impressions

After each key informant interview, I listened to the recordings repeatedly and jotted down my first impressions. I presented my impressions to the informants on the following day for verification.

First Key Informant: M GCWCS Representative

I obtained a lot of information from the first interview that I had with the key informant from the Ministry of Gender, Child Welfare and Community Services. The amount of information was so much, so that I felt, I might have to set aside some of the information and use only the information that would be sufficient for the thesis.⁶

Throughout most of the interview, the key informant was very enthusiastic, speaking with a lot of interest and of hope over a topic that appeared more or less hopeless. At times though, he sounded desperate, as when narrating the current situation of most surviving CBCC Centres.

Not long into the interview, I quickly recognized that there was so much that communities were doing by themselves. Although I had anticipated discovering that communities were committed in supporting the CBCC Centres (after all the activities are for the benefit their own children); however, it occurred to me that what the communities were doing surpassed my expectation.

⁶ In hindsight though, I ended up analysing and presenting all the findings in this study.

Attached to the recognition of the communities' commitment to supporting the CBCC Centres, was a paradox concerning the meaning that key informant made out of it. While acknowledging that caregivers were not getting the support that they needed, the key informant had a surprising view; he considered the commitment of caregivers to their duties as evidence that they were adequately motivated, and therefore, needed very little or no more support for them to carry on with their work effectively. That was not seen in the same light by the other two key informants, or by each of the focus group discussions, as it will be shown later.

One of the difficulties I experienced from this interview was in collecting information regarding the estimated costs and actual costs of establishing and running a CBCC centre. I spent more time probing for more information on this item; yet, I did not obtain very concrete information. Although that confirmed that the CBCC program is based in the communities, it also indicated the apparent disconnect between what was going on in the CBCC Centres and what some stakeholders who lived outside the communities knew.

Second Key Informant: UNICEF Representative

My second key informant interview was with a UNICEF representative. Soon after beginning the interview, I started to notice the difference between the views of the first key informant and the second interviewee. The amount of data from the second interview was not only more than the data from the previous interview, it was also more detailed. Some of the content was different and even contradictory. For example, contrary to the view of the first key informant, the second key informant saw the commitment of

caregivers with little support as a sacrifice that caregivers are willing to make for a period of time.

It also appeared to me that there was a knowledge mismatch between the two key institutions from which participants were drawn. At this juncture, I held my first impressions in check until I completed the final key informant interview.

Third Key Informant: APPM Representative

My impressions of the third key informant interview from APPM were very similar to my second interview. The amount of information and detail was astounding. The views of the interviewee were also very similar to the views of the second key informant. Using the example given above, the third key informant shared similar views with the second key informant concerning the commitment of caregivers despite the odds of getting very little support.

Upon completing the third interview, my first impressions were that the second and the third interviews (interviews with UNICEF and APPM respectively) provided more detailed information than the first interview. Most views of the second and the third interviewees were similar, while being different from some views of the MGCWCS representative. For instance, they both expressed a concern over lack of support for the caregivers and did not view the caregiver's commitment as an indication of adequate motivation. Caregivers' commitment in a situation that provided very little or no incentives was viewed as a sacrifice which caregivers can afford to do for short but not long periods of time.

Detailed Findings from Key Informant Interviews

Findings from key informants are presented here under headings relating to the objectives of this study. KII have been referenced in the order in which I conducted them: KII with MGCWCS is referred as Interview one, KII with UNICEF and APPM are referred as interviews two and three respectively.

Further, specific ideas will be referred to by use of the unit numbers assigned to them during the process of transcription and analysis. So that a quotation from an interview with the key informant from UNICEF containing a unit numbered 33 will be referenced as (2:33), while a quotation from KII with MGCWCS containing units numbered 3 to 9 will be referenced as (1:3-9).

I identified a total of 17 themes after analysing all the three transcripts (see Table 2). The themes have been grouped under headings supporting the objectives of this study.

Particular contributions from the key informants that bring out significant meanings in substantiating these themes have been quoted to portray the big picture.

Table 2. Themes from KII and their distribution

Theme	KII 1	KII 2	KII 3
Objectives of CBCC Centres are broad and evolving	✓	✓	✓
CBCC program is distinctively structured	✓	✓	✓
Resource limitation is pervasive	✓	✓	✓
Majority of CBCC Centre have inappropriate infrastructure	✓	✓	✓
It is difficult to estimate the true costs involved in mounting and running CBCC Centres	✓	✓	✓
Effective child care requires appropriate infrastructure and adequate nutritional, study and play materials	✓	✓	✓

Stakeholders perceive or register different levels of achievements for CBCC Centres	✓		✓
An integrated approach is key to improving service delivery of CBCC Centres	✓	✓	
Stakeholders face various challenges in supporting CBCC Centres	✓	✓	
Training of caregivers is poorly done	✓	✓	
Child care needs increased attention	✓		✓
Caregivers are not well supported		✓	✓
Monitoring of CBCC Centres is ad hoc			✓
Community initiative is a prerequisite to NGO's support of CBCC Centres	✓		
Few children (compared to the population of children in Malawi) are being served through CBCC Centres		✓	
Current resource utilisation can be improved		✓	

Objectives of CBCC Centres

The objectives of CBCC Centres reflect the aspirations and values of the communities in which they are located, as well as a collective undertaking to tackle the problems besetting young children, goals that those communities set to achieve. This study reveals that these aspirations are broad and evolving. To that effect, the key informant from APPM said:

What I understand is that the community based child care centres would provide a stimulating environment to promote the physical, social, emotional, cognitive, spiritual and moral development as well as promoting child health and nutrition, plus initiating early learning, providing protection and also providing psychosocial support. (3:2-6)

The key informant from UNICEF also stated:

The [...] objectives for community based child care centres [...] include equipping parents and caregivers with appropriate knowledge and skills to provide quality care, improving child health and nutrition, by creating stimulating environments for the children to promote their holistic development. And to provide psychosocial support and protection to the children in difficult circumstances like orphans and other vulnerable children; and also creating linkages as well as asking for collaboration between communities, government departments and donor partners and also promoting the inculcation of acceptable cultural values at an early age, as well as strengthening the capacity of the communities to manage and sustain the community based child care centres.

These are the major objectives. (2:2-9)

The inclusion of the current issues that increasing numbers of children in these communities are grappling with such as an increase in the number of orphans and extreme vulnerability, indicates the evolving nature of the aspirations of the CBCC Centres.

How the Objectives are Being Met

Undertaking to facilitate holistic development (as expressed through all of the above-mentioned aspirations) for such a large population of children is a huge task requiring contributions of various players. As a result of various stakeholders' involvement in promoting the aspirations of CBCC Centres, the CBCC program has acquired a distinctive structure, with the roles of each stakeholder clearly identified.

Attesting to that, the key informant from APPM said the following:

In actual fact children are at the centre of attraction, but then the parents should also be in the forefront of wanting to have CBCC Centres, and then the caregivers, the parents committees⁷ and the community as a whole, because as community-based child care it should be the community providing this facility.
(3:14-15)

Further, the same key informant stated:

And then the parents have a role [...] to send the children to the preschool and also to provide food supplies to their children and in some areas the parents take the initiative to work with the parents' committee to have a communal garden. The caregivers have the responsibility of taking care of the children, protecting them and also providing early learning experiences, and if they are trained then they also make play materials for the children. The supervisory committee sees to it that the children from that community are actually attending the CBCC Centre. And also they look in their village if some children are ill so that they can refer them to appropriate service providers where they can get assistance and [...] together with the parents they take an initiative to ask the village heads for a space for the children to play or to have a communal garden and also to seek services from other government ministries or other non-governmental organizations.
(3:23-31)

The key informant highlighted the role that the Village head or Chief plays in supporting the aspirations of CBCC Centres. The informant said, "The village head also takes a role in this because [...] the village head has a responsibility of providing space in

⁷ The parents committees that are being referred here are otherwise known as supervisory committees. The later name depicts the role that members of this committee play in supporting the functions of CBCC Centres, hence my preference to use the later name whenever I have referred to this committee.

the village where the community can construct a shelter for the children (3:22). The key informant added:

The government supports the CBCC program through the district social welfare office. In most districts [...] the district social welfare officer would play a supervisory role. But there are also non-governmental organizations and in some areas there are [...] community-based organizations that might support or may not support the community-based child care. The district social welfare office registers all CBCC Centres in a district and also the same district social welfare officer registers community-based organizations. So I would say the district officer [...] plays a supervisory role [...] to see how well the CBCC is functioning. And also sometimes the district social welfare officer has to liaise with non-governmental organizations for the training of the caregivers. On the issue of Non-governmental organizations I would be in a position to mention what the APPM does. APPM usually provides the training and support in terms of advising the communities as to how to make materials for their children or to make play equipment with the materials that are available in their own area, locally available resources and in some communities you would have several NGOs working in the same community and different NGOs have different mandates so you would find in a community that there is a certain NGO that is working in HIV/AIDS and there is another NGO which is just working on agriculture or something. (3:16-18; 32-40)

Responding to the same question (identifying the objectives of CBCC Centres), the key informant from UNICEF said:

There are a number of objectives for CBCC Centres, which include equipping parents and caregivers with appropriate knowledge and skills to provide quality care, improving child health and nutrition by creating a stimulation environment for the children to promote the holistic development and to provide psychosocial support and protection to the children in difficult circumstances like orphans and other vulnerable children; and also creating linkages and also asking collaborations between communities, government departments and donor partners and also promoting the inculcation of acceptable cultural values at an early age as well as strengthening the capacity of the communities to manage and sustain the community based child care centres. Those are the major objectives. (2: 2-9)

Stakeholders Perceptions of CBCC Achievements

My inquiries further revealed that regarding the support provided to the CBCC Centres, stakeholders recognize or register different levels of achievement.

To this effect, key informant from MGCWCS said the following:

The communities are doing their part [...] to their maximum. Because in the first place they have that drive for care and every body else in the community could want to do something better for their children, for their survival growth and everything. And they organize materials; they contribute something towards the centre. (1:25-31)

Of all the stakeholders, only the communities were highly commended for their contributions to the CBCC Centres, particularly the devotion, zeal and commitment with which members of the community support the CBCC Centres. That is reflected in the way community members organize themselves to mobilize material and human resources

for the running of the CBCC Centres. It is not surprising that members of the communities constitute key stakeholders in the CBCC program. As the key informant from UNICEF said:

I think it is the community members themselves [that are key stakeholders] including their chiefs because without the chiefs nothing can move. Chiefs are there to facilitate and the community members are there to implement. The community members are there to provide caregivers to work in the child care centres, to provide food for the children, to make sure [children] have play materials and also to construct the CBCC Centres using local resources. (2: 22-25; 28-30)

The involvement of the chiefs in facilitating the implementation of the CBCC program represents the support and contribution of the local authority. In the rural communities land allocation falls under the jurisdiction of the chiefs. The allocation of land by the chiefs for CBCC Centre activities is a significant indication of the level of support that children are given within local communities. The allocation of land includes an open space where the CBCC Centre is constructed. In some communities, it also includes space for a garden, which is worked on by the community members to support the CBCC Centre's feeding program.

In addition to the chief, the supervisory committee has an important role to play. The Key informant from MGCWCS appraises the role of the supervisory committee as follows:

And at community level we have the CBCC committees. These [...] run the daily affairs at the CBCC Centre and, of course, these are the ones which I can say I

commend because you can have a district social welfare officer who is sleeping but you wouldn't find them sleeping; they are daily on the [job] regardless of whether they have skills or not, just because they have that drive to serve. (1:191-194)

Community involvement in setting up and running of CBCC Centres is a daily activity; every day that children attend at the centre, the communities are making their contribution. The close involvement of communities is also a function of the CBCC Centres being situated right within a community. It is also a show of true solidarity and commitment to provide the best the communities can for their children, which can be seen as a resource that can be better harnessed through the creation of an enabling environment. Notable in the efforts of creating enabling environments for the communities is the work of NGOs. Key informant from MGCWCS pointed out the following:

I think the NGOs [...] have been on the forefront but you know the NGOs are limited in the way that they work within a given area, for example they can work in the district but not the whole of that district. Ah, they maximize their impact in such a way that they concentrate on a corner of the district and do a good job there. But [...] much as we know that [it] is good to have quality, but we need to scale up [quantitatively]. (1:198-200)

Resources Limitation and the Effectiveness of CBCC Centres

The need to have several players make their contribution to the CBCC program is also necessitated by resource limitations, which are pervasive in Malawian rural communities and which negatively affect service delivery. Different stakeholders

contribute to the CBCC program aspects that are part of their individual or organizational interests, which correspond to needs identified in CBCC Centres.

Play areas and materials are an indispensable part of creating a stimulating environment for children. As such, lack of these assets constitutes a great hindrance to achieving the objectives of the CBCC program. The key informant from MGCWCS remarked, "You know, most of the centres do not have adequate resources, for example, play materials" (1:164). Adding to this, the key informant from APPM said, "In most cases the children have no playing materials, and even outdoor-play space, there isn't any structured play equipment. I think [the scarcity is] to a greater extent; it's more than 70 percent." (3:8-9)

The lack of adequate play materials is partly a result of the lack of knowledge and resources with which parents in the community can work to produce them. Key informant from APPM stated the following:

Although we say the parents can make play materials for the children, sometimes the parents themselves don't know what to make for the children, and then they need some resources so that they produce the play materials the children would need. (3:100-102)

Key informant from UNICEF also noted that, "the rest of the CBCC Centres [that are not being supported by institutions from outside their communities], I don't think they have adequate resources in terms of play materials, cooking and eating utensils." (2:111)

There are notable differences between the centres that rely solely on their communities for support and the centres that rely both on their communities and other institutions outside the communities regarding the scarcity of play materials. From that

point, it follows that the children from the former miss out on the benefits of having adequate materials to play with, while the latter centres are well supported in this area. Considering the importance of play to the development of children, this aspect of need requires special attention to be given as to how all types of centres can have adequate play space and materials.

The material support available to centres, which have access to external sources of support, extends beyond play materials. Cooking and eating utensils are the other materials with which institutions can support CBCC Centres.

Most of the materials that are scarce to centres that rely on communities alone for their support are materials that require cash to obtain. Therefore the scarcity of these materials is also a function of lack of money in the rural communities preventing them from making any sufficient contributions in this area. Highlighting this point, key informant from UNICEF said:

According to the situation of Malawi most of our communities are living under the poverty line: 65 percent of Malawians live under poverty line and most of them are in the rural communities. So I don't think the communities would be able to [...] contribute in terms of money. (2:96-98)

The existence of that gap needs to be seriously looked into by all stakeholders in ECD. That gap clearly points out that there are other aspects of the CBCC program that will definitely need money rather than contributions in kind. Failure to acknowledge and plan on how such needs of the CBCC program will be met leads to failure to adequately provide for needs of the many children. At this juncture, I point to the insufficiency of the ECD policy in Malawi.

While there is a policy, the government has a document that is idle. No allocations of monetary resources that are needed to animate the policy have been made to date.

Attesting to this need, key informant from APPM stated the following:

And in terms of learning materials, some of them have to be purchased, so the community would need [...] money so that they can buy some of the learning materials. Although they can have some learning materials made locally but it's not all the time that the children would be attracted by play items made from with the local materials. Children would want a variety of materials that in many cases (papers for instance) are not that easy to get. I said earlier that they have inadequate materials because in most cases where the children use plates sometimes they have to bring the plate from their home. And where the CBCC Centre has plates, it is [because] the committee has requested from and received help from an NGO to purchase some plates for them, and usually it's plastic and these plastic plates do not last very long and it's not even easy to keep them. In place of cooking materials, sometimes they use pots borrowed from the community or sometimes they just buy a pot made from a galvanized tin and then they use it for the centre. (3: 103-106)

Having discussed the need for resources that will take money to buy, it is very important to note that the availability of equipment that can be made from local materials in the centres that rely on the communities alone still leaves a lot room for improvement. Not all materials that are missing in these centres are the kinds of materials that will need money to access.

That suggests the need for all stakeholders in ECD to investigate ways in which items that can be made from the locally available materials are made and supplied to the centres in sufficient quantities.

In addition to scarcity of resources, the majority of CBCC Centre do not have appropriate infrastructure for child care purposes. Key informant from MGCWCS commenting on the conditions of some CBCC Centres said, “some conditions of the infrastructure can scare away children” (1:121). Key informant from UNICEF comments further:

I would say currently we don't have adequate infrastructure to facilitate these CBCC Centres. [...] What I can say is [that] most of them are operating in very low quality structures and even some are operating under trees, in churches, in private homes; very few are using permanent structures constructed either by Malawi Social Action Fund (MASAF) or by communities themselves or provided by church-based organizations. (2:65-67)

Inadequate Caregiver Training

Lack of specialized training for the majority of caregivers was also pointed out as a significant obstacle to delivery of appropriate child care services in the CBCC Centres. Very few resources are devoted towards training of caregivers and where caregivers are trained, they are not sufficiently trained. Key informant from UNICEF further noted:

The training is for two weeks using the new ECD manual but as an early childhood person I feel this is not adequate. [...] We are doing this because there is high demand due to the increasing numbers of CBCC Centres. [...] We can give them the basics during the two weeks. (2:148-151)

Key informant from APPM concurs, “Two weeks of training is not adequate to fully equip the caregivers with the knowledge needed for their work” (3:133) The key informant further pointed out, “we also have this training manual [which] would need at least the eight weeks [to be covered]. Although [...] eight weeks [is] shorter for the kind of work we expect the caregivers to do (3: 136-137).

Apart from the training, the research reveals that caregivers are not well supported. Key informant from UNICEF highlighted, “Most of our caregivers, I can say 100 percent, they are volunteers because the government has not budgeted for the salaries of the caregivers” (2:119-120). However, the key informant noted that exceptional cases exist by testifying:

Only the communities [...] are supporting the caregivers. [For instance] they [...] give honoraria just for soap or some communities would work in their gardens when it is harvesting time or they would be exempted from doing some communal work [such as when] people are clearing a road, these caregivers are exempted. (2:121-123)

Nevertheless, communities are adequately supporting “less than ten percent” of caregivers, reported the informant (2: 125).

While acknowledging the lack of support that caregivers receive, the key informant from APPM also pointed out problems arising from the current situation. She regretted:

Caregivers work on a voluntary basis. [...] Volunteerism [...] has got its own drawbacks because if the caregiver needs finances they would be tempted to go

and do piecework elsewhere. [Therefore] to keep them at the centre is not easy because there is no specific incentive that would hold them to stay on. (3:33-35)

Inadequate Monitoring of CBCC Centres

Another aspect of concern to the running of CBCC Centre is the way monitoring of the CBCC Centres is done. Suffice to say the monitoring of CBCC Centres is done on an ad hoc basis as key informant from APPM noted that “there are no set standards” for monitoring CBCC Centres (3: 145).

Contributions from the key informants suggest some of the remedies to the current conditions facing most CBCC Centres. One such remedy is greater synergy among ECD stakeholders. The key informant from UNICEF pointed out:

What I can say as a final word is that the people who are really working in this field should work as a team. They should not work as competitors. [For instance] the government and the NGOs should understand the roles that each one is playing in order for the children to benefit to the maximum from the program. And I would also say that the donors should also team up in order to make sure that the resources are being used properly to meet the needs of children. (2:172-175)

The same informant further pointed out that current resource utilization in Malawi is not yet exhaustive, stating:

You know Malawi has a lot of resources, I wouldn't say we have no resources because we have organizations that are willing to support these initiatives such as UNICEF, we have funds in MASAF, we have the National Aids Commission, we have this global fund and even the Government. (2: 58-59)

By stating the above, the key informant pointed out the various institutions in existence with underutilized linkages, resources, and technical abilities. That is precisely the reason greater synergy among various stakeholders is suggested as a key to improving service delivery in CBCC Centres.

Costs of Establishing and Operating CBCC Centres

It was not easy to derive the monetary costs of the achievements of CBCC Centres from the KII interviews. That reveals a characteristic of the communal nature of the CBCC program on one hand, and on the other hand it speaks of a gap between what goes on in the communities and what stakeholders situated outside the communities know. Attesting to this, key informant from APPM stated:

It is very difficult [to estimate the cost] because I haven't seen a single CBCC, which has been constructed, and how much money it cost. In most cases people would mould bricks, bake their bricks and build their own infrastructure and sometimes they use an NGO or MASAF would offer to build for them but in terms of how much it would cost, I am not quite [sure] because it would depend on the infrastructure. (3: 89-92)

Findings and Observations from Community Focus Group Discussions

Analysis of the focus group discussions yielded several findings. Initially, I planned to analyse data from each of the focus groups separately. However, during the process of analysis I found that most of the data collected from focus groups in any one community was largely identical. This reflects the free flow of information, the shared

views and the involvement of the various groups within each community in the running of the CBCC Centre.

Significant differences are reflected in comparing information from one community to another rather than from one group against another within the same community. Because of this, data from all group discussions within a particular community have been treated as complementary. Findings are presented in two sections: first, findings are grouped under each of the objectives of the study; secondly, findings are grouped according to commonality of occurrence i.e., findings that are common to all the three CBCC Centres, findings that are common to two of the three CBCC Centres, and findings that are unique to one CBCC Centre only.

Aspirations of CBCC Centres

Analysis of the discussions from the communities concerning the objectives of CBCC program yielded findings similar to the ones from the KII and others that are different (see Table 3). Among the findings similar to the ones raised by the key informants, all the three communities conveyed that they aspire to provide early education and prepare children for primary school education as well as encourage socialization of children in general and socialization between orphans and non-orphans. This is done to help orphans develop a positive self-concept instead of a negative one.

Table 3. Summary of CBCC Centre objectives and their distribution

Objective	Namikango CBCC	Lomoni CBCC	Village-to- Village CBCC
1. To provide guidance in character building to orphaned children, vulnerable children and those with both parents	✓	✓	✓

2. To provide early education and prepare children for primary school education	✓	✓	✓
3. To give room to parents or guardians to concentrate on other household chores when children are at the centre	✓	✓	✓
4. To encourage socialization of children in general and socialization between orphans and non-orphans (to help orphans develop a positive self concept).	✓	✓	✓
5. To provide care and support to orphaned children, vulnerable children and those with both parents	✓		✓
6. To train children on personal hygiene		✓	✓
7. To sensitize parents that proper education should start with nursery education		✓	✓
8. To provide nutritious food to children for healthy body development		✓	✓-
9. To monitor children's growth (the centre has a weighing scale and a height measuring board); whenever growth problems are identified, parents are advised to seek medical attention			✓
10. To provide enough playing materials to children e.g. toys.			✓

In addition, Lomoni CBCC Centre and Village-to-Village CBCC Centres stated that their communities aspire to train children on personal hygiene, sensitize parents that proper education should start with nursery education, and to provide nutritious food to children for healthy body development.

Further, Village-to-Village CBCC Centre pointed out that in addition to the above-stated themes, they also aspire to monitor children's physical development; advising parents to seek medical attention whenever growth problems are identified. The centre also aspires to provide enough playing materials to children.

Notable from the contributions solicited from all the three communities were themes dissimilar to the ones from the key informants. The centres highlighted that, apart

from the themes already covered, they also aspire to provide guidance in character building to all children and give parents and guardians opportunity to concentrate on other household chores when children are at the CBCC Centre.

How Communities are Meeting their Aspirations

The above-mentioned objectives require the participation of several stakeholders to be fulfilled. Analysis of the activities that members of the communities do to support the CBCC Centres yielded several themes. Three significant things that all the three communities are doing in supporting the CBCC Centres are the contribution of food, firewood and money.

One of the women from the focus group discussion held with the supervisory committee at the Namikango CBCC Centre stated that “once, at the beginning of each term, parents or guardians of each child contribute 3 Kilograms of maize, and K15⁸ worth of firewood. A few contribute K20s for milling the maize.” Again from the same community, one of the caregivers pointed out that “the supervisory committee makes huge contributions; for example, this year the committee members contributed 25 Kilograms of maize each, while the secretary and the director contributed 50 Kilograms of maize each.”

From the focus group discussion with supervisory committee at Lomoni CBCC Centre one of the members said “parents of the children attending the centre contribute approximately 4 Kilograms of either maize or rice, 1 Kg of groundnuts, 500 g of sugar and 100 g of salt. The parents also contribute firewood for cooking and K30, which is

⁸ K15 is equivalent to CAD \$.13 using the conversion rate of New Building Society of Malawi of 13 March 2007. The conversion was quoted from Dairy Times of March 13 2007. This is one of Malawi’s national newspapers.

given to the caregivers as a soap allowance. However, only 10 out of 43 households have managed to make the monetary contribution this term.”

Unlike the situation at Lomoni CBCC Centre where only households that have children attending the CBCC Centre make these contributions, all community households surrounding Village-to-Village CBCC Centre make the contributions. One of the caregivers from the Village-to-Village CBCC Centre pointed out that “all households in the community make food and firewood contributions whether or not they have a child attending the centre. Parents contribute freely whatever food in whatever amount that they are able to contribute. The centre does not make specific demands and the food contributions range from maize, banana, sorghum, groundnuts, to cassava.”

Community members also help with the construction and maintenance of the CBCC infrastructure. This was typical of Lomoni CBCC Centre. Members of the community provided the materials for the construction of the infrastructure as well as labour. “Members of the community constructed the CBCC Centre; they brought the raw materials- poles, bamboo, grass, sand, stones, ropes and volunteered to do the actual construction,” said a member of the supervisory committee for the centre. In addition, from time to time members of the community perform maintenance work on the infrastructure.

Further, community members assist the CBCC Centres by cultivating the communal garden in support of the centre’s feeding program. Such is the case at both Namikango and Village-to-Village CBCC Centres. Apart from working at the communal garden, community members from the later CBCC Centre also assist the caregivers with the cultivation of their gardens. While acknowledging that form of support from the

community, one caregiver noted that, “often times weeding is done late and improperly.” This means that caregivers have to devote time to rework their gardens, defeating the very purpose of alleviating them from such tasks.

In addition to such support, Lomoni CBCC Centre reported that most community members attend the CBCC Centre meetings whenever such meetings are held. During these meetings members discuss issues like the support and management of the centre. One of the parents’ representatives from this community pointed out that “approximately 75 percent to 90 percent of community members do attend the centre’s meetings.”

Another notable support from the Lomoni community is the number of women volunteering to cook for the children at the centre. “Two women from each of the surrounding villages volunteer to cook for the children for a week. They follow a duty roster. And the women bring their own cooking pots because the centre does not have any cooking pots,” said one of the caregivers.

Finally, one of the members of the supervisory committee from Village-to-Village CBCC Centre pointed out that individuals from their community and organizations from outside their community assist the centre with various materials, saying:

“Individuals from the community contribute some basic needs such as soap, sugar, clothes and blankets, etc: Such help also proceeds from Chancellor College students, Canada Fund, Action Aid and Malawi Social Action Fund. On the other hand, UNICEF supports the centre with contributions such as mats, blankets, basins, pots, toys, and money for the training of guardians, caregivers and committee members.”

Community Achievements

The support given to the CBCC Centres makes it possible for the CBCC Centres to keep running and achieve the aspirations of the communities to varying degrees. First among the many achievements is that children attending the CBCC Centres are provided with food to meet their nutritional needs. One caregiver from Namikango CBCC Centre said, “Children eat before returning home. Children eat nsima⁹ once in a week and for the rest of the days they eat porridge made from corn flour or likuni flour.” Another caregiver from Lomoni CBCC Centre said, “Children eat corn flour porridge or rice porridge once at 10:00 am from Monday to Friday. Sometimes the porridge is fortified with groundnut flour.” Similarly, Village-to-Village CBCC Centre reported that they provide children with porridge, made from corn flour or likuni flour, during their recess time.

Secondly, children attending the CBCC Centres benefit from early childhood education activities. “Everyday children explain to their parents or guardians what they have learnt at the centre. They are also able to read letters of the alphabet as well as numerals before they start primary school,” said a member of the supervisory committee from Namikango CBCC Centre.

A caregiver from Lomoni CBCC Centre said, “primary school teachers praise the good performance of children who enter primary school from this centre. Our children grasp concepts faster and easier than their counterparts [who did not have the benefit of attending the CBCC Centre].” Another caregiver from Village-to-Village stated,

⁹ Nsima is a traditional Malawian meal, which is made by adding corn flour to boiling water, stirring continuously until the texture is like dough and the mixture is cooked. Usually it is served with relish, which commonly is boiled beans and cooked vegetables. Nsima is also commonly known as Ugali in East Africa.

“children from our centre perform better in their schoolwork when they enter into primary school. Primary school teachers provide us these reports.”

Thirdly, all the three centres pointed out that parents have adequate time to concentrate on other chores. One of the representatives of parents from Namikango community reported, “children are never sent back before knock off time, and hence we as parents and guardians have sufficient time to do household chores.” Another representative for the parents at Village-to-Village CBCC Centre pointed out, “parents have time to concentrate on other chores when kids are at school. Children are rarely sent back e.g., when a teacher has fallen sick.”

Fourthly, caregivers treat Children attending the CBCC Centre warmly and caringly. From Lomoni CBCC Centre, one woman representing the parents stated, “all children are treated appropriately and equally; caregivers do not discriminate against any child in centre’s activities.” Further, one representative of parents from Village-to-Village CBCC Centre remarked that “no child has complained of being ill treated by the caregivers. This shows that caregivers provide appropriate care to all children attending the centre.”

Fifthly, Lomoni and Village-to-Village CBCC Centres cited increased interaction of orphans and non-orphans as one of their achievements. The caregivers for the two centres reported that they make special efforts to encourage the intermingling and interacting of these two groups of children. They said so far their efforts are bearing fruits as both orphans and non-orphans play and interact constantly.

Sixth, children attending the CBCC Centres are reported to have developed more positive social behaviours. From Lomoni CBCC Centre, one caregiver stated “there is a

considerable reduction in children's use of abusive language against each other and fighting. In addition, most children have become less selfish e.g. children are able to share food or playing materials such as balls with friends." Participants from Village-to-Village CBCC Centre also expressed similar sentiments.

Lomoni and Village-to-Village CBCC Centres further testified that their communities assist children who come from very poor families with personal materials. One caregiver from Lomoni CBCC Centre stated, "the centre provides basic needs, such as soaps and clothes to needy children," and a member of the supervisory committee at Village-to-Village CBCC Centre said, "when contributions come such as clothes or blankets, they are distributed equally among children."

Members of the two communities also pointed out that children in their centres learn to use the toilet properly, One caregiver from Village-to-Village CBCC Centre stated, "children learn how to use the toilet properly before going to primary school."

The rest of the achievements were reported singularly by each of the participating CBCC Centres. Lomoni CBCC Centre highlighted that children attending the centre develop lasting peer relationships; children develop hygienic habits; children develop spiritually; and caregivers network with other caregivers from other communities. One man representing parents said, "Children's relationship with one another continues even after they graduate from the centre." Further, one of the caregivers stated:

"Children have learnt the importance of hygiene; they refuse to come to school without bathing and with dirty clothes, they also wash their hands after visiting the toilet with the help of the caregivers, they know when and where to play for

body cleanliness, they wash hands before and after eating porridge and sit at a proper or clean place when eating.”

Another caregiver said, “Children have learnt to pray and to sing spiritual songs,” and another caregiver reported, “Caregivers visit and emulate good practices from fellow caregivers in other CBCC Centres.”

The exceptional commitment of caregivers to their job was heralded as another success of Namikango CBCC Centre. One of the members of the supervisory committee stated, “Caregivers are always present; there is no single time when children were sent back due to their teachers’ absence.”

Uniquely, Village-to-Village CBCC Centre pointed out the children in their centre are provided with adequate play and learning materials. One of the caregivers said the following:

“We have sufficient and better playing and learning materials than those found in other centres. Children play with anything that they want, e.g., balls, toys, swings, seesaw, building blocks, dolls and mortars. We also have enough books (over 50), markers, crayons, chalk; we make paint from local materials such as charcoal, leaves, ashes, and burnt bricks.”

Finally, Village-to-Village CBCC Centre reported of their success with their growth and monitoring exercise. “We monitor the growth of children every month and whenever a child is found to be stunted or undernourished, we advise parents to take the child to the hospital for medical attention,” said one of the caregivers.

Resource Limitations and Effectiveness of CBCC Centres

The achievements that CBCC Centres are able to attain are very significant. However, these achievements are done under very difficult conditions of resource limitations. The following themes accompanied by pictures illustrate the point.

Endemic Household Poverty

Firstly, household poverty hinders provision to be able to meet critical personal needs of children attending all the three centres. A caregiver from Namikango CBCC Centre remarked, "Most children come from poor families, which cannot provide them with enough necessities such as clothes, food and blankets. The centre can only manage to provide food, which needs to be supplemented by meals from home." Another caregiver from Lomoni CBCC Centre stated that, "Poor guardians fail to provide basic needs and support to children e.g. soap, clothes and food." From the same community, the parents' representative stated, "Poor grandparents who are supporting orphans cannot afford to buy them uniforms, hence that negatively affects the children as they admire their friends with uniforms. Therefore, the lack of uniform discourages children from attending the centre." A member of the supervisory committee of Village-to-Village CBCC Centre concurred, saying, "Poor grandparents or very poor guardians or *poor children*¹⁰ looking after younger siblings are not able to provide basics necessities e.g. clothes, uniform, blankets, soap for daily bathing and washing or proper guidance and support."

¹⁰ Notice here that the term '*poor children*' is used because the children are in the position of heading the household. In this position, the children are regarded as poor because they are expected to be providing resources to their younger siblings.

Inadequate Food Supplies

Secondly, all CBCC Centres are struggling to provide children with appropriate nutrition. One member of the supervisory committee from Namikango CBCC Centre said:

“The centre provides inadequate nutrition to children. For instance, three times in a week the centre provides black tea with white bread. Once in a week children eat porridge made either from corm flour or Likuni Phala, and once in a week children eat nsima with Soya meat. The contributions made by community members are not sufficient. While a term lasts 12 weeks, food contributions from the community last for three weeks only. When food resources from the community are depleted, committee members provide the rest of the needed food resources to keep the centre running.”

Another member of the supervisory committee from Lomoni CBCC Centre said the following:

“The centre does not receive sufficient food contributions such as rice and maize flour hence the porridge provided to children is not adequate. Food contributions from the community are sufficient for one month only. Most parents contribute less than the recommended quantities of foodstuffs due to inadequate supplies at home; a problem attributed to lack of fertilizer and inadequate rains at times.”

Yet, another representative of parents from Village-to-Village highlighted, “Most households have inadequate food supplies; therefore they find it difficult to contribute some to the centre. As a result, some days the centre provides inadequate food (porridge) to children. This discourages children from attending the centre regularly.”

All three CBCC Centres studied also pointed out that cooking and eating utensils are inadequate. The situation of Lomoni CBCC Centre generated special attention as one of the representatives of the parents noted: “Parents who volunteer to cook for children for a particular week use personal pots for cooking. And usually these pots are small and require the women long hours to cook for all the children.” Refer to Figure 1, noting also that there are 150 registered children for this centre and on average 130 children are in attendance every day that the centre is open.



Figure 1. Showing the two small-sized pots that were used to cook for the 135 children that attended Lomoni CBCC Centre that particular morning.

The CBCC Centres communicated that because of insufficient plates, cups and spoons, some children bring their own utensils from home. No mention is made of households who fail to provide eating utensils to children. It can only be speculated that not all households are able to meet this provision. Considering the levels of poverty associated with some households one could expect that some are unable to meet this provision. What one is able to tell from the CBCC Centres is that it works well for the

centres to have sufficient number of serving plates, cups and spoons. That need has yet to be met.

Yet another challenge faced by all three CBCC Centres is the lack of incentives for caregivers to work. This is noted as a hindrance to the effectiveness of service delivery because it lessens the commitment and the enrolment of caregivers that would have been there if there were reasonable remuneration attached to the job. One caregiver from Namikango CBCC Centre remarked, “We do not get any incentives for the work that we do. We work voluntarily to contribute to our community’s development. We do not expect anything from guardians or parents who, in most cases, are poor.”

The amount of work that caregivers do is very demanding considering high ratio of children to caregivers. It is not unreasonable to conclude that caregivers have too much on their plate. Imagine the extent of exhaustion experienced by these caregivers at the end of each day.

Two other challenges common to Lomoni and Village-to-Village CBCC Centres are (1) segregation of or discrimination against orphans within household, and (2) lack of sufficient support to the gardening projects, which are cultivated annually to supplement the centre’s feeding programs. In terms of discrimination against orphans within households, a member of the supervisory committee from Lomoni CBCC Centre said, “Some orphans report that in their homes they are verbally or physically ill-treated and sometimes they go without food. Such treatments physically, psychologically and emotionally put these children at a disadvantage.” And another member of the supervisory committee from Village-to-Village CBCC Centre stated, “Some guardians prioritize helping their own children and neglect orphans.”

In terms of insufficient support in tending gardens, the involvement of community members in supporting the feeding programs of their centres by annually cultivating the centre's gardens is highly commendable. However, both centres indicated that their efforts do not yield the expected results because of lack of adequate support with the purchasing of fertilizers. One of the representatives of parents from Lomoni CBCC Centre commented, "The centre needs support with purchasing of fertilizer for the centre's garden. The previous harvest was poor due lack of fertilizer," and a counterpart from Village-to-Village said, "The centre lack sufficient fertilizers for the centre's garden."

Infrastructure

Another significant challenge facing Namikango CBCC Centre and Lomoni CBCC Centre is the lack of suitable infrastructure for child care. Notice that these are two communities that rely on community support only. The challenge is therefore very significant because it underlines the major difference that support from institutions outside the community makes to the CBCC Centres. At the same time, the challenge also indicates an area of resource limitation that exceeds the abilities of the two communities to resolve. Figures 2 to 15 strongly illustrate this point.

Lomoni CBCC Main Structure



Figure 2. Distant view of the main structure of Lomoni CBCC Centre depicting the construction materials and the size.

The shelter in Figure 2 is constructed of grass, wood and bamboo. There are two entry points into the enclosure without doors. The grass walls are about a metre and half high, barely enough to keep the attention of the children from what is going on outside the enclosure, but not enough to shield the children from weather elements such as wind, cold, or rain. There are more grass stalks on the roof compared to the walls; that amount of grass can only provide the children with a shade from the sun but not enough cover from rainfall.

The size of the enclosure is notably too small for the 130 children who attend the centre. It measures approximately 10 by 8 metres. Children do not have enough space to sit and interact comfortably. As the enclosure is made of locally available materials and is constructed by the community, this is an area where the community can extend their efforts to achieve meaningful improvements. Not only can the size of the enclosure be increased, but also the amount of grass with which the shelter is constructed can be reinforced for improved shelter conditions. The current status of the structure leaves so much to be desired as shown in Figure 3.



Figure 3. Close up and internal view of Lomoni CBCC Centre's main structure showing the mats on which children sit as well as the extent of shelter provided by the structure.

As shown in Figure 3, children sit on mats made from reeds sown together with sisal threads. The mats are water washable and are easily rolled up and stored away at the end of each day. The mats prevent the children from sitting right on the floor. Namikango CBCC offers a different type of shelter to children than the Lomoni CBCC Centre as shown in figure 4.

The main structure of Namikango CBCC Centre



Figure 4. The rear view of the main structure of Namikango CBCC Centre showing the dilapidation as well as the high positioning of the windows

Namikango CBCC Centre has better infrastructure compared to that of Lomoni; nevertheless the infrastructure is less that appropriate for child care. (See also Figure 4.) The structure, which was once used for commercial purposes is made of burnt bricks, partly cemented, and partly roofed with galvanized iron sheeting. The building is old and dilapidated. The windowpanes are long broken with just some anti-burglar bars remaining (see Figure 5 below). Two of these windows are located about 4 to 5 metres above the floor. One window in the front is section of the room, which houses the

children, is partly covered with a black plastic paper. Part of the roofing for the building is torn away (see Figures 5 and 6 below).



Figure 5. Part of the roof and window section of the room, which houses the children at Namikango CBCC Centre: Note the high, narrow windows and the large hole in the roof.



Figure 6. This figure shows part of the falling roof over a room adjacent to the room in which children gather for their activities at Namikango CBCC Centre.

The structure has all the signs of a building that is falling apart. It is particularly disturbing to note that in constructing the building, sticky mud made by mixing clay soil and water, and not concrete mortar was used to attach the layers of brick together. The actual cement material was used to plaster the walls. Muddy stains, apparently from rainwater washing down the mud in between the bricks can be seen on the tattered plaster of the walls. (See Figure 7.) The structure is on the verge of falling down. Any strong winds can easily bring the structure down. This building is obviously unsafe, yet this is the environment in which children and their caregivers meet five days a week



Figure 7. Front window of the room at Namikango CBCC Centre where children sit and interact.

The window in Figure 7 is partly covered with black plastic sheeting. The sheet is loose apparently because we visited the centre on a summer, sunny and hot day. Although the sheeting over the windows did not have to be black, the centre is apparently making do with whatever resources they can obtain. Usually such sheets are laid in between the two layers of grass for houses or huts that are thatched. The anti-burglary bars testify to

the commercial purposes for which the structure was first built, but now the structure hardly contains anything of commercial value and is certainly unfit for child care purposes.

The modification of a section of a wall into an instructional board is yet another indication of the resourcefulness of the centre. (See Figure 8.) In a way this also highlights the educational aspect of the CBCC Centre. The utility of this modification is greatly limited because of the coarseness of the wall. There was no attempt made to smoothen and strengthen the blackened section. Using chalk to write on a rough surface is not economical; one tends to use too much chalk to write. On the other hand, rubbing off chalk dust from a rough surface is not easy. For a wall that was originally painted with white lime, the caregivers are forced to use a wet cloth to clean the section, which leads to another problem - peeling off of the black surface.



Figure 8. Part of the wall at Namikango CBCC Centre painted black for use as an instructional board.

The physical structures of Lomoni CBCC Centre and of Namikango CBCC centre are strikingly different, but are both unsuitable as premises used for child care.

Lomoni CBCC Centre has a small enclosure for the 150 registered children made of grass, bamboo and grass, while Namikango CBCC Centre has a dilapidated building made of burnt bricks, mud, cement and roofed with iron sheets. For Lomoni CBCC Centre the children do not get suitable shelter because the enclosure cannot effectively shield the children from the weather changes especially from cold and rain.

On the other hand Namikango CBCC Centre offers children a shelter that is marginally better than that of Lomoni CBCC Centre. Children in this centre are protected from rains, but not nearly so from cold. In addition, Children from Namikango, unlike their counter parts face the risk of a building on the verge of collapse.

Cooking Areas

Lomoni CBCC Centre has an enclosure made of grass, bamboo and other wooden poles for a kitchen, while Namikango CBCC Centre prepares the children's meals under a tree. (See Figures 9, 10 and 11.) By constructing the kitchen using the locally available material, Lomoni CBCC Centre has taken measures that significantly contribute to a) the safety of the food, b) the safety of the children, and c) the reduction in the amount of firewood needed to cook the meals.



Figure 9. Enclosure used as a kitchen for Lomoni CBCC Centre showing the two fireplaces for cooking and some of the cooking and eating utensils

The kitchen at Lomoni CBCC, although not entirely enclosed, reduces the extent of food contamination with dust blown over by wind. By having this kitchen, notwithstanding the lack of a door, the CBCC Centre has taken measures to keep the children away from the fireplace, thereby providing them with reasonable safety. Also, by cooking in an enclosure the CBCC Centre uses less firewood, as the fire is neither over-blown nor blown away by the wind, as it would have been in an open space. That conserves scarce resources. This is in sharp contrast to the cooking space at the Namikango CBCC. (See Figures 10 & 11.)



Figure 10. An open space, under a tree, used for cooking at Namikango CBCC Centre.



Figure 11. Showing the only swing available to all the children of Namikango CBCC Centre. Note that the fireplace and the children's swing are under the same tree.

The minimal safety measures found at the Lomoni centre are entirely missing from Namikango CBCC Centre and with that the safety benefits too. Of particular concern for the Namikango centre is the closeness of the fireplace to the only swing

available to children, as seen in Figure 11. The risk of having a child fall or run into the fireplace is even greater because of that proximity.

Sanitation

The only pit latrine for Lomoni CBCC Centre is constructed of grass, bamboo and wooden poles and lacks a roof (see Figure 12). The obvious problem with this set up is sanitation due to congestion, which leads into misuse or abuse of the facility.



Figure 12. From a distance, an enclosed pit latrine used by both the caregivers and the 150 registered children of the Lomoni CBCC Centre.

Apart from concerns expressed over the main enclosure for this centre, the pit latrine offers adequate light by doing without a roof, but by the same means fails to offer protection to children from the rains. More children share this one facility than the number of children sharing the one pit latrine at Namikango CBCC Centre (see Figure 13).



Figure 13. Pit latrine at Namikango CBCC Centre, which is used by both the children and the caregivers. The grass-thatched fence is used as a cover in place of a door.

The only pit latrine for the Namikango CBCC Centre is constructed with burnt bricks, mud, and roofed with grass, pole and bamboo. The number of children using this facility is less than the number using the latrine of the Lomoni CBCC Centre but still too large for the appropriate sanitation of the children.

The pit latrine has no windows, therefore does not provide enough light inside. Lack of light for a pit latrine that is serving a large population of children, compounds the problem of using the pit latrine appropriately as many children hurrying and with limited visibility are likely to use the pit latrine improperly.

Both the pit latrines for the two centres are made from locally found materials (grass, stalks, bamboo and sticks). What is clear about this situation is that an increase in the number of similar pit latrines can reduce the number of children sharing a single pit latrine, which in turn can significantly reduce the level of risks. This is an option that should be seriously considered.

Water Sources

Namikango CBCC Centre has its own well, which is protected. The well is located just a few yards from the main building, (see Figure 14). The well is so deep that even on a very bright and sunny day in the tropics we were unable to see the bottom of the well. The rope tied to a pail and used to draw water from the well measured about 15 meters.



Figure 14. The deep well at Namikango CBCC Centre, the proximity of the well to the main building and the tattered iron sheet used to cover the mouth of the well.

The well provides the CBCC Centre with safe water for domestic purposes in sufficient quantities throughout the year. The well is a valuable resource to this CBCC Centre as it provides water for all domestic purposes, which include, cooking and cleaning of cooking and eating utensils, washing of hands before and after cooking and eating, as well as after using the toilet without inordinate difficulty.

The concern noted with this well is safety. The well was covered with a piece of iron sheeting with ragged edges, presumably one that came off the falling roof of the main structure. Any child running into this piece of iron sheeting will probably be injured. In addition, the piece of iron sheet does not provide sufficient safeguard against the possibility of a child falling into the well. Deliberate efforts are therefore needed to safeguard the well.

Lomoni CBCC Centre does not have a well nearby. Volunteers draw water from unprotected wells located a kilometre or more away from the centre. It takes much of their time to fetch the water required to meet the minimal needs of the children at the centre for a particular day. The health of the children is therefore put at risk as a result of inadequate water.

Play Areas

Namikango CBCC Centre's playing area, while enclosed in a fence, has no gate and is located about eight metres from a busy road. As such, the risk of children being accidentally run into by passing vehicles is high. The play area is also small for the number of children who attend the centre. Only two items were identified as play materials available for children at this centre - a swing tied under a tree (see Figure 11) and an adult-size soccer ball (see Figure 15). The bouncy character of the manufactured ball is a factor that tends to increase the interest of children in playing with an inflated ball, despite the relatively large size of the ball like the one shown in Figure 15.

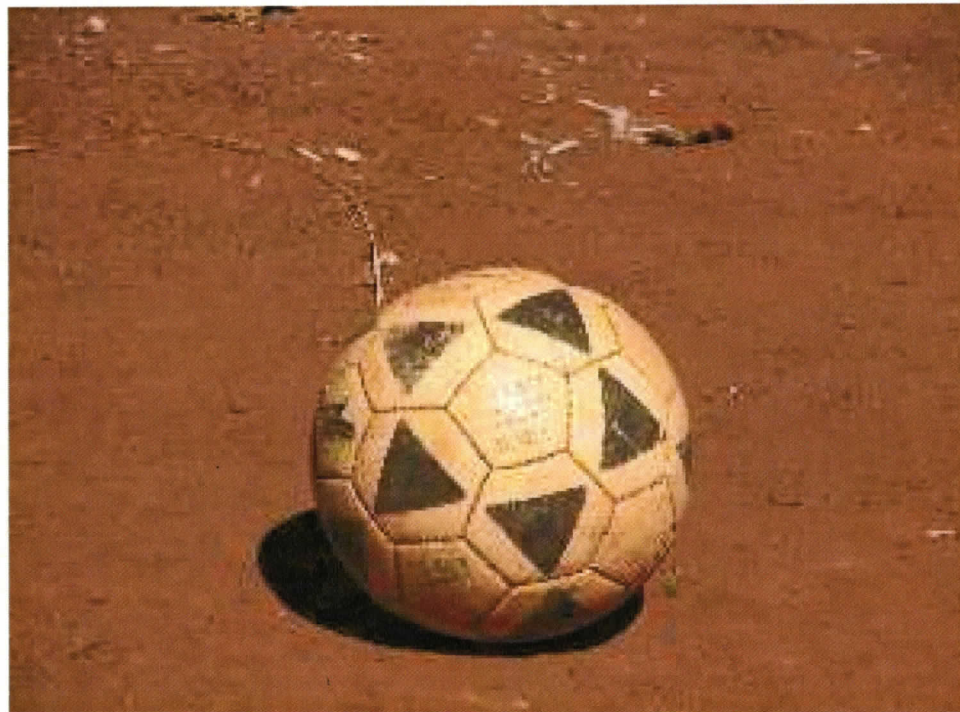


Figure 15. The only soccer ball (full sized) available for children's play at Namikango CBCC Centre

On the other hand, Lomoni CBCC Centre has a wide-open space for a playground. The playground was very dry and dusty at the same time. Located on this open area are two sets of poles on which they hang swings (see Figure 16). The swings are taken down at the end of each day for safekeeping. In addition to the swings, the centre has four hand-made balls (see Figure 17). Discarded plastic sheets bundled together and wrapped in by sisal strands to make the balls. Those are the only the play materials that were available at this centre.



Figure 16. Poles for hanging swings



Figure 17. One of the four hand-made balls that was available for play at Lomoni CBCC Centre.

The limitations that most CBCC Centres face because of severe scarcity of resources are therefore compounded by the equally serious lack of suitable infrastructure for child care.

Village-to-Village CBCC Centre, unlike the other two centres, provide children with material and infrastructure resources that are more stimulating, safe and comparatively more appropriate for child care. Figures 18-27 strongly illustrate this point.

Village-to-Village CBCC Centre: an example of an externally supported centre



Figure 18. Front view of the main structure for children at the Village-to-Village CBCC Centre showing the size and type of construction materials used.

As shown in Figure 18, the main structure of the Village-to-Village CBCC Centre is constructed with burnt bricks, cement, timber and galvanized metal sheets. The structure is very spacious and has a large number of windows to allow adequate light

inside the building. The windows have anti-burglary bars but lack windowpanes. This means that when children are inside the building they are not entirely free from the extreme elements of the weather such as cold and wind.

Inside the building different sections are allotted for specific learning areas. Each area has play and learning materials, such as charts, pictures, plastic containers, and wooded blocks. (See Figure 19) The children sit on plastic mats that are laid on the concrete floor, which helps to keep the children's garments clean.

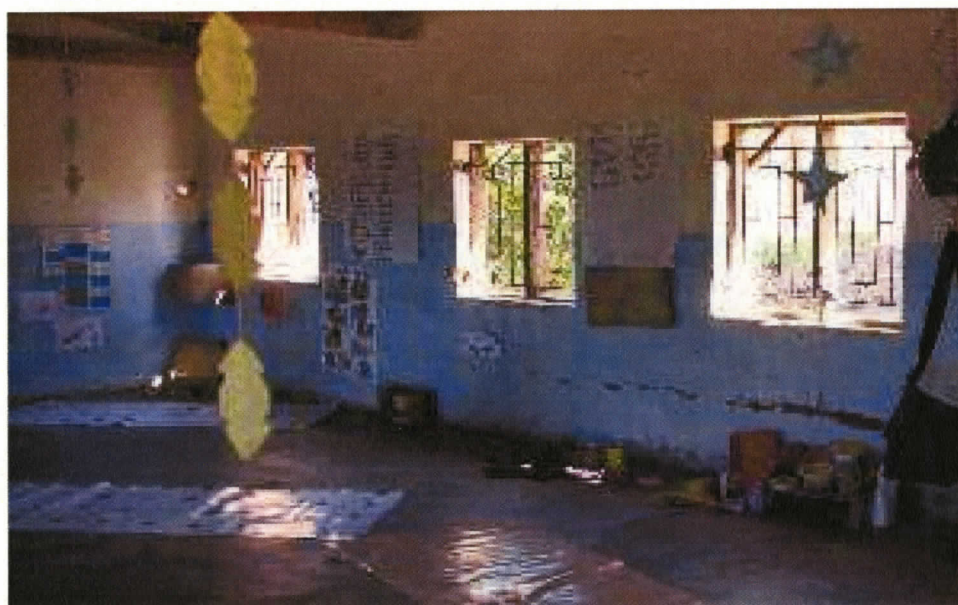


Figure 19. Inside the Village-to-village CBCC Centre, showing the spaciousness and the availability of play and learning materials.

In front of the room there is a section used for taking height and weight measurements as a way of monitoring the growth of the children (see Figure 20). There is a height measuring board and a weight measuring scale. Height and weight readings are taken every month and recorded on charts hung on the wall. Children whose growth rates are found to be lower than expected are referred to the nearest clinic for attention.



Figure 20. Inside the Village-to-Village CBCC Centre showing equipment used to measure the weight and height of attending children, as well as the wall-charts on which measurements are recorded monthly.

The centre uses one of the rooms within the main structure as a kitchen with one cooking spot (see Figure 21). Cooking is done in a safe and protected environment: free from the rains and relatively free from the wind. The firewood usage is more economical in an enclosed place than in the open area because during cooking the fire is not exposed to the blowing wind.



Figure 21. The fireplace in the kitchen at the Village-to-Village CBCC Centre.

One of the rooms within the building is set apart as a sick bay (see Figure 22) where a child that has fallen sick is temporarily given rest. Usually sick children are taken to their parents but on some days, the caregivers are not able to take the sick child straight to their home, for instance when it is raining. So the child stays in the sick bay.

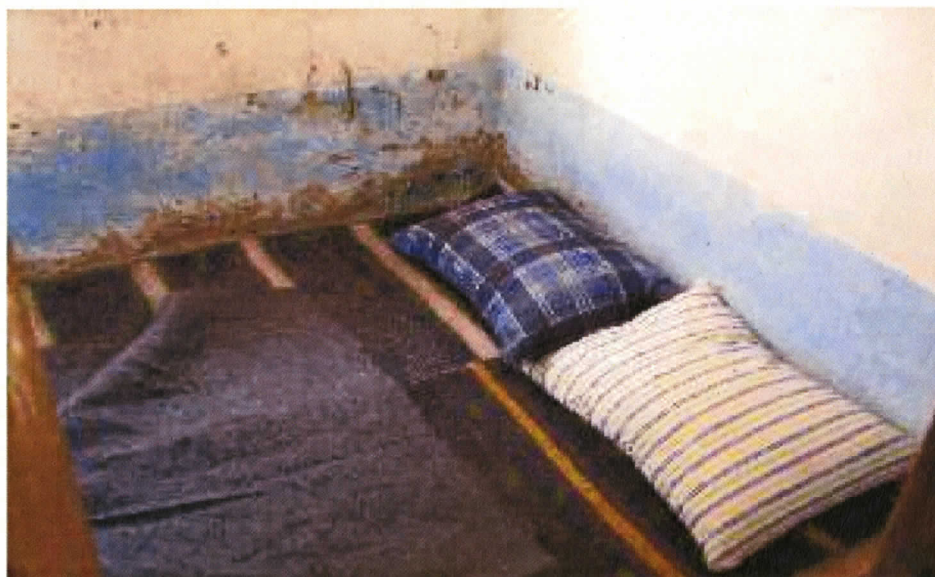


Figure 22. One of the rooms inside the main building at the Village-to-Village set aside as a sick bay.

In Figure 23, a few of the many playing materials available at the centre are shown. The centre has 10 small-sized inflated soccer balls, several jumping ropes, four sew-saws, four swings, and other playing materials such as dolls and toys. See Figures 23-25.



Figure 23. Some of the play materials for children at the Village-to-Village CBCC Centre



Figure 24. A set of swings at the Village-to-Village CBCC Centre



Figure 25. Some of the seesaws constructed on the playground of Village-to-Village CBCC Centre.

The Village-to-Village CBCC Centre has a very good source of safe water – a borehole. The borehole is located about 15 metres from the main building and does not pose a threat to the physical safety of children (See Figure 26). While caregivers can assist children with pumping water at the borehole, older children can safely pump water by themselves. Caregivers and volunteers who help with cooking for the children save a considerable amount of time and energy by having water available within the vicinity of the centre. Children are not exposed to water-borne diseases at the centre because the water is safe for domestic purposes.



Figure 26. A borehole constructed within the vicinity of Village-to-Village CBCC Centre.

Other health-related facilities available to children at the CBCC Centre are the two pit latrines constructed about 30 metres from the main building (see Figure 27). The pit latrines are constructed with burnt bricks, cement and iron sheets. Each of the pit latrines has two separate entries.



Figure 27. Two pit latrines each with two separate entries constructed about 30 metres away from the mains building at the Village-to-Village CBCC Centre.

Cost of establishing and running CBCC Centres

To crown it all, information in Tables 1 and 2 from the focus group discussions in the three centres, as well as Figures 29 to 30, summarizes and illustrates the costs associated with the construction and running of the three CBCC Centres under study. Primary information from the community members and prevailing market values were taken into consideration in coming up with the figures, which should be considered the closest estimates of setting up similar infrastructures at the current time. Since all communities are located in Zomba, the variations in the prices of commodities from one community to another are most likely insignificant.

A background to understanding the cost of setting up and running the three CBCC Centres that I studied is set by highlighting the distribution of children attending the

centres on a regular basis. On average 43 children attend Namikango CBCC Centre, 130 attend Lomoni CBCC Centre and 35 attend the Village-to-Village CBCC Centre (see Figure 28).

Figure 28. Average Number of Children Regularly Attending the Three CBCC Centres

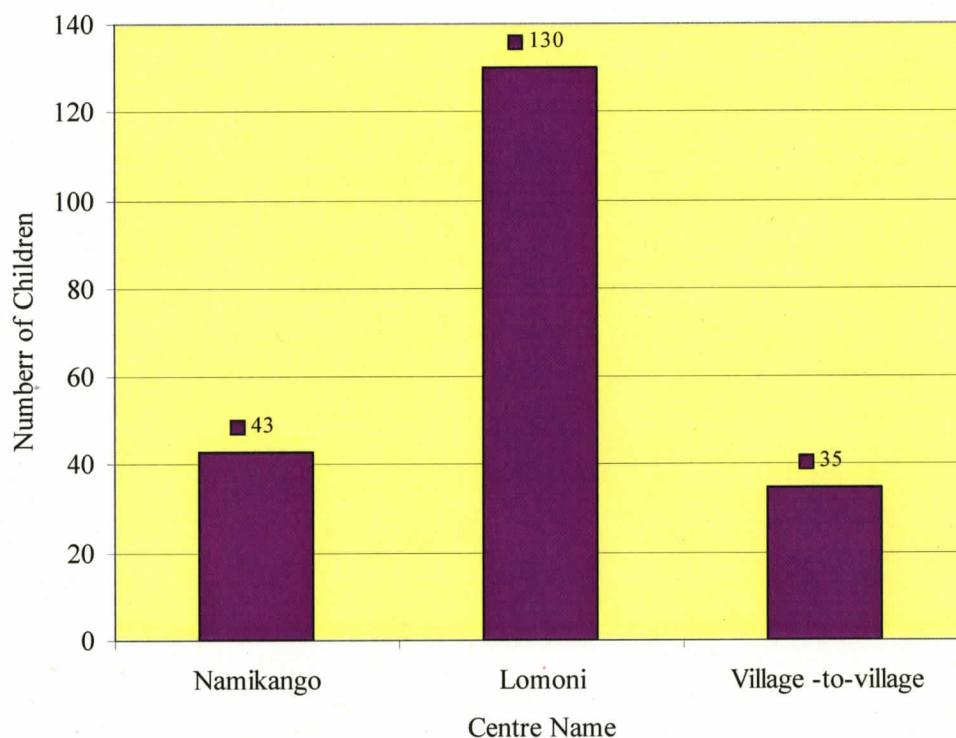
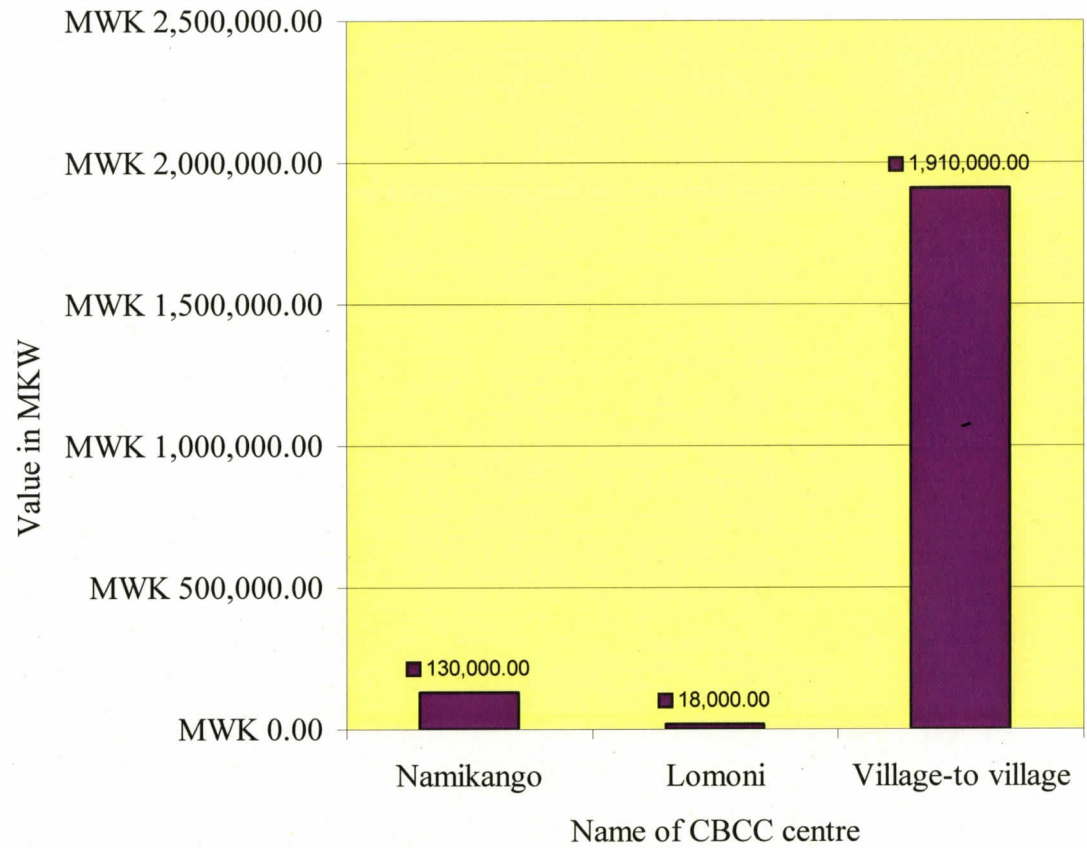


Table 4 below provides a summary of the estimated costs of setting up the infrastructure for the three centres. These are close estimates derived from the community focus group discussions. The total values for each CBCC Centre are plotted in Figure 29, also shown below. Notice the great disparity of resource distribution between the centres that relies on communities alone for their support and a centre that is supported by both the community and institutions located outside the community. What makes this disparity

even more dramatic is that the centre that caters for the most children (Lomoni CBCC Centre) has the least infrastructure resources.

Table 4. Summarizing the type and cost of infrastructure of the CBCC Centres

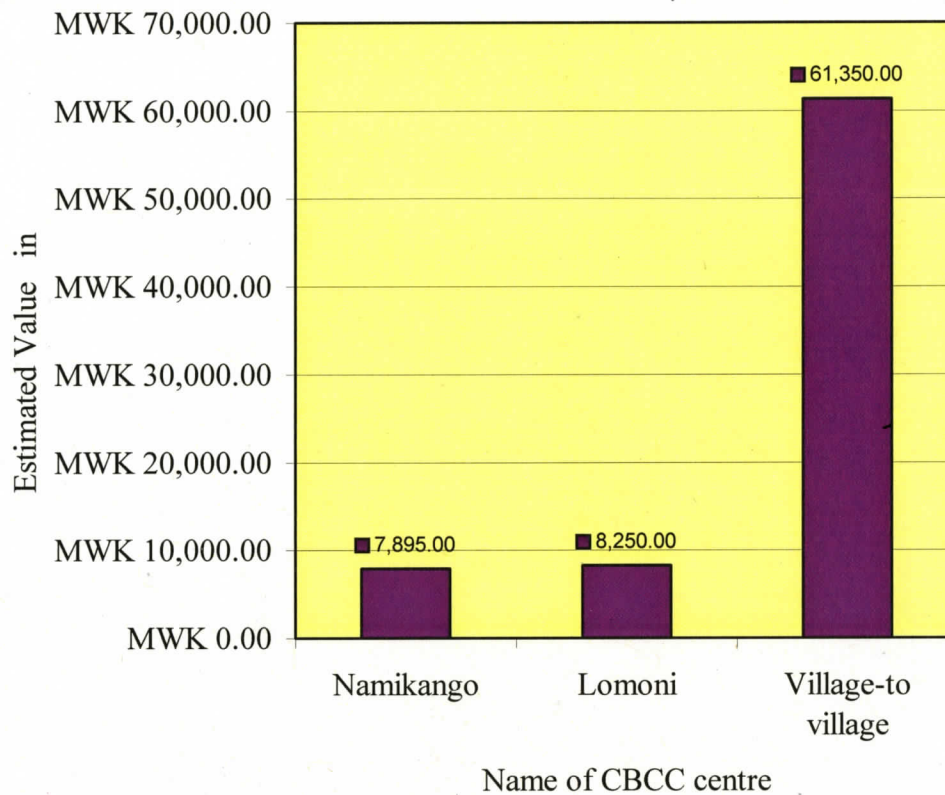
Namikango CBCC Centre		Lomoni CBCC Centre		Village-to-Village CBCC Centre	
Type of infrastructure	Estimated cost in MK	Type of infrastructure	Estimated cost in MK	Type of infrastructure	Estimated cost in MK
Old and dilapidating building, which was used as a grocery. The building is made of burnt bricks, cement, mud, timber and iron sheets	100,000.00	Pole and grass thatched enclosure used as the classroom.	10,000.00	Spacious class room made of burnt bricks, cement, and iron sheets	1,500,000.00
Pit latrine made of burnt bricks, mud, poles and grass.	4,000.00	Pole and grass thatched pit latrine.	6,000.00	Four pit latrines made of burnt bricks, cement and iron sheets	60,000.00
Protected well. Burnt brick walled and covered by tattered iron sheet.	26,000.00	Pole and grass thatched kitchen	2,000.00	Borehole	400,000.00
Total	130,000.00	Total	18,000.00	Total	1,960,000.00

Figure 29. Estimated cost on infrastructure for the three CBCC Centres

In Table 5 a summary of other resources available in the centres and their estimated costs are provided. As illustrated in Figure 30 below, the trend is very similar to the cost of infrastructure shown in Figure 29 above.

Table 5. Summarizing the type, quantity and cost of resources available in each centre

Namikango CBCC Centre		Lomoni CBCC Centre		Village-to-Village CBCC Centre	
Type of resource	Estimated cost in MK	Type of resource	Estimated cost in MK	Type of resource	Estimated cost in MK
Manufactured standard soccer ball (1)	4,000.00	Soccer balls made from plastic papers (3)	150	Manufactured small soccer balls (10)	6,500.00
Swing (1)	1,000.00	Swings (2)	600	Swing (4)	1,200.00
Cooking pots (2)	1,000.00	Flip chart (1)	1,000.00	Seesaws (3)	1,500.00
Plastic pails (2)	700	Plastic pails (2)	700	Flip charts (3)	1,000.00
Standard plastic plates (25)	500	Standard plastic plates (120)	2,400.00	Children's books (55)	27,500.00
Small plastic plates (20)	300	Plastic cups (10)	150	Plastic mats (12)	3,600.00
Plastic cups (18)	270	Plastic spoons (120)	1,200.00	Blankets (4)	3,200.00
Plastic spoons (25)	125	Mats made from reeds (3)	1,050.00	Height measuring board (1)	850
		Cooking pots (2)	1,000.00	Weight measuring scale (1)	5,500.00
				Wooden blocks	1,000.00
				Sets of mortar and pestle (4)	6,000.00
				Dolls (10)	3,500.00
Totals	7,895.00	Totals	8250	Totals	61,350.00

Figure 30. Cost of available resource in the three CBCC Centres

CHAPTER 5

Discussion

Aspirations of CBCC Centres

Breadth of Coverage

As described by the KII, the scope of coverage being attempted by CBCC Centres is broad in every sense. It is hard to imagine what, if anything, has been left out in as far as issues of child development are concerned. They set out to realise all these aspirations in a holistic manner, taking into account all the issues that are necessary to provide appropriate care and support optimal development of all children - nutrition, health, physical development, social development, moral development, cognitive development, protection, and early education.

Most of the aspirations stated by the KII were similar to those proved by the communities.

Community Informants Perspectives

The communities generally shared the same broad aspirations the KII presented, with the exception of two aspirations identified below. The primary difference in KII perceptions and communities' perceptions is in their assessments of how far the objectives have been achieved. The communities tended to feel they were farther ahead than the external observers did, as is evident from the findings.

However, two aspirations that were raised by all the three communities, which are totally missing from the KII statements, are character building for the children and ample time for parents to engage in other activities.

Character Development

First, the communities pointed out that one of the aspirations of the CBCC Centre is to provide guidance in character building. That aspiration refers to the inculcation of cultural values and development of behaviour that is consistent with the norms and the expectations of the community. Thus it is more than just moral development, where one is expected to develop the ability to distinguish between right and wrong.

The training for character development starts at a very tender age. That resonates with the metaphor - "Mmera mpoyamba." Inherent to this is a recognition that a frame of reference regarding good and bad character must be provided early enough so that children should never be at a loss as to what is expected of them and what they should expect from others. Failure to provide this early frame of reference is associated (in Malawi) with children who grow up with inadequate social skills to function effectively both in their communities and outside their communities.

That aspect of the communal early childhood curriculum needs to be recognized and upheld by ECD stakeholders at the decision-making level. That includes stakeholders represented by the key informants, who in most cases take up the role of developing training manuals for caregivers and formulating early childhood curricula. It would be contravening the aspirations of the communities to set out training of caregivers and early childhood education curriculum that ignores this valuable and central aspiration of communities.

Parental Time for Other Activities

The second aspiration uniquely derived from the community focus group discussion is the expectation that parents are given the opportunity to concentrate on

other tasks while children are at the CBCC Centres. This objective indicates that child care is as much a service to parents in rural communities as it is to those in urban settings. Parents and guardians in rural communities also need time to be able to concentrate on economic activities, and the CBCC arrangement makes this possible. All stakeholders should recognize this as a legitimate objective of CBCC Centres. Parents are better able to support the centres when they are able to generate income or resources from other activities. Therefore, when considering the running of CBCC Centres located in the rural areas, the needs of parents and guardians in the rural communities to have time to pursue activities not linked to child care should not be regarded as any less than those of their counterparts in the urban settings.

Involvement of Various Stakeholders

To adequately realize each of the aspirations of the CBCC Centres requires the input of all the stakeholders interested in supporting the CBCC Centres. As noted from the KII, there are several stakeholders at the community level, such as parents and caregivers, and others at the decision making level such as UNICEF and MGCWCS.

These stakeholders have been presented as being involved in supporting the CBCC Centres in various capacities. More effort should be put into ensuring that the various stakeholders work synergistically. That way, another stakeholder will provide what one stakeholder cannot provide to a centre. As the key informant from UNICEF pointed out:

What I can say as a final word is that the people who are really working in this field should work as a team. They should not work as competitors. For instance, the government and the NGOs should understand the roles that each one is

playing in order for the children to benefit to the maximum from the program.

And I would also say that the donors should also team up in order to make sure that the resources are being used properly to meet the needs of children. (2:172-175)

The interplay of the ECD stakeholders supporting the CBCC Centres that are situated outside the communities and those situated in the communities comes alive and into play in the study of Village-to-Village CBCC Centre.

Stakeholders Situated Outside the Communities

The difference that support from outside the community is making in the running of the Village-to-Village CBCC Centre is very significant. Specifically, Village-to-Village CBCC Centre offers the following benefits to children, which the other two centres do not offer: a) safe and stimulating learning environment, b) safe playing grounds, c) adequate and safe pit latrines, d) adequate safe water, e) adequate play materials, and f) adequate learning materials.

Each one of the above provisions will be discussed further in comparison to the two other centres that depend on their communities alone for their support.

Safe and Stimulating Learning Environment

First and foremost, any premises designed for the purposes of care for children needs to ensure that adequate safety measures have been taken. In many respects, the main structure for the Village-to-Village CBCC Centre meets this requirement. The building is strong and spacious enough for the 35 children. The building has a sufficient number of windows for adequate lighting as well. The only notable problem with the

building is the lack of windowpanes. Although that allows for aeration, it exposes the children to cold.

Comparatively, Namikango CBCC Centre does not provide the same kind of safety. The main structure is actually a safety hazard. Despite the fact that the children meet in a four-walled structure with iron sheets above their heads the structure itself is practically falling apart. A collapse of the building could be fatal to children. In as far as protection from adverse effects of weather, the structure offers a bit of protection from cold, wind, and the heat from the sun, but at a great risk!

On the other hand, Lomoni CBCC Centre provides an enclosure that can only provide the children with shade from the sun. Children in this enclosure are at the mercy of the rest of the elements of weather all the time. It should, however be noted that the structure does not pose the same kind of risk that the structure at Namikango CBCC Centre poses.

Of the three CBCC Centres, it should be noted also that Lomoni CBCC Centre illustrates what community members were able to construct for the children by themselves using locally available materials. Concrete for walls, metal sheeting for roofs and other such resources cannot be obtained by rural communities unless they have access to cash from external sources. Thus the provision of adequate infrastructure is one area where external contributions will be most helpful.

Study and Play Environments

Another important consideration that appropriate child care requires is the provision of a stimulating environment. Again, Village-to-Village CBCC Centre meets this requirement. Inside the main structure, learning areas for different aspects such as music,

art, play, are provided with many learning materials. Children at Village-to-Village CBCC Centre have an opportunity to get their hands on many and different materials that allows for imagination and stimulation. These are conducive to the development of fine and gross motor skills, as well as cognitive and social development.

In contrast, Namikango CBCC Centre lacks those resources. The environment in which children play has nothing externally that can be thought of as stimulating. The only imaginable stimulation that children have around them is fellow children. While children can play with each other, the amount of interaction that is possible among them without play materials that are stimulating is limited. Therefore, developmentally, children from Namikango CBCC Centre are deprived compared to the children at Village-to-Village CBCC Centre. The situation of Lomoni regarding provision of stimulating environment is very similar to that of Namikango CBCC Centre.

Safe playing grounds

It is almost unimaginable to think of providing child care services without thinking of children's play. Playgrounds for children need to be both spacious and safe. Village-to-Village CBCC Centre meets both of these requirements. The playground is very spacious, covered with short grass and demarcated with poles. There is nothing in sight near the playground that is potentially harmful to children.

In addition, the playground has three seesaws and four swings largely made from locally available materials (poles). Considering that the centre also has ten medium-sized soccer balls, four sets of mortar and pestle, several dolls and jumping ropes, the provision for play is adequate.

In contrast, the playground for Namikango CBCC Centre is not only small but it is also a safety hazard. The enclosed playground is too small for 43 children. The commercial compound turned CBCC Centre has not been modified to accommodate the needs of all the children. The situation is aggravated by the presence of a deep well, which is also covered by a piece of tattered iron sheeting. In addition, the CBCC Centre's cooking happens in an open space, very close to the only swing available at the centre. That exposes children using the swing to the hazard of the cooking fire. Further, the centre itself is situated very close to a busy road as the premises were originally constructed for commercial purposes. The CBCC Centre appears to have an entire recipe for a disaster!

Further, the Namikango CBCC Centre has only one swing and a full-sized soccer ball for play materials. Children have no adequate time to play with these materials; they always scramble for an opportunity to play with these limited materials. Eventually, there is more of a struggle for access to play materials than actual playing.

Namikango CBCC Centre therefore is in great need of taking measures to ensure both safety and meaningful play for the children. Some of these measures can easily be taken using locally available materials. For example, using poles that can be nailed or tied together attached to a mat, and constructing a safe cover for the well can easily be undertaken. Again, using local materials, an enclosed structure like the one at Lomoni can easily be constructed for the fireplace. The centre must also restrict access to the nearby road, perhaps by constructing a bamboo and wood fence.

The playground for Lomoni CBCC Centre is spacious and relatively safe. The only notable thing about the playground is that it is extremely dusty. The centre provided

children with four locally made balls and a pair of swings. Taking into account that on average 130 children attend this centre, the play materials are very inadequate. That is the greatest need for this centre. However, just like Namikango CBCC Centre, it should be possible to increase the number of play materials made from locally available materials. For example, instead of just four balls, several balls could readily be made and jump ropes provided to the children.

Overall, more thought should go into choosing locations for CBCC Centres. Perhaps this is a situation in which M'mera Mpoyamba applies: choosing a good location at the inception of the centre will go a long way toward minimizing the number of corrective measures that will need to be taken in future.

Adequate and Safe Pit Latrines

Village-to-Village CBCC Centre has a pair of two-door pit latrines for its children. The pit latrines are made of brick, cement and iron sheeting. For 35 children the pit latrines are adequate and safe.

Namikango CBCC Centre has only one pit latrine made of bricks, mud and thatched with grass. Having a single pit latrine for 43 children compromises the sanitation needs of the children. Here again, the pit latrine is made from locally available materials and labour and the community could easily increase the number of pit latrines.

Lomoni CBCC Centre has a pit latrine that is merely made of poles and grass. It is not thatched. The sanitation for the 130 children sharing a single pit latrine is therefore greatly compromised. Again, having constructed that one facility using local materials, the community could as well improve the situation by providing several pit latrines. Notice also that the enclosure does not provide any cover from rainfall. The inside of the

pit latrine therefore turns messy during rainy season, further compromising the sanitation situation for the 130 children at the centre.

Adequate Safe Water

Availability of safe water for domestic use is critical for the delivery of appropriate child care services. Village-to-Village CBCC Centre has a borehole nearby which provides the centre with adequate and safe water throughout the year. Caregivers are saved the time that would otherwise have been needed to fetch water for use at the centre. Also, sanitation practices such washing of hands after visiting the toilet are enhanced. Likewise, Namikango has a steady supply of water within the compound.

It is the situation of Lomoni CBCC Centre that is of concern here. Water for the CBCC Centre is drawn from open wells that are located at least a kilometre away from the CBCC Centre. A limited amount of water is therefore made available at any time, limiting its usage as well. Again, considering the number of children attending this centre, unavailability of water is a serious concern. This is an area where an external agency such as the government or an NGO could finance the digging of a borehole or well for the dedicated use of the centre.

Adequate Play and Learning Materials

Children who attend Village-to-Village CBCC Centre have all the benefits that come with having adequate play and learning materials - stimulation and enhancement of physical, mental and emotional development through manipulation of play and learning materials as well as increased interaction among the children. Children of Namikango and Lomoni CBCC Centre are denied such benefits due to the lack of play materials.

Importance of External Support

The forgoing discussion points out the great impact of having a CBCC Centre supported by institutions outside the community. My impression about the setting of Village-to-Village playground and the provision of play resources from locally available resources out weighs similar kinds of provisions in the other two CBCC Centres. This could be indicative that the support received from institutions based outside the communities is not only limited to materials, but extends to knowledge and skills regarding provision of play and learning materials made from locally available materials well.

The differences between the two communities that are reliant on community support alone (Lomoni and Namikango) and the one that has both community support and support from institutions based outside the community (Village-to-Village) brings to light the disproportionate distribution of resources among the CBCC Centres.

As I illustrate in Tables 2 and 3, and in the corresponding Figures 28 and 29 respectively, the disproportionate allocation of resources among the three CBCC Centres is overwhelming. The CBCC Centre that has the highest number of children (Lomoni) has the least resources invested in it, while the CBCC Centre that has the least number of children (Village-to-Village) has the most resources invested in it!

In a way, the phenomenon highlights a characteristic of NGOs that was pointed out by the key informant from MGCWCS who stated:

I think the NGOs [...] have been on the forefront but you know the NGOs are limited in the way that they work, for example they can work in the district but not the whole of that district. Ah, they maximize on impact in such a way that

they concentrate on a corner of the district and do a good job there. But [...] much as we know that [it] is good to have quality, but we need to scale up [quantitatively]. (1:198-200)

Notice that the key informant was quick in pointing the direction in which NGOs supporting CBCC Centres should be taking; they could facilitate scaling up.

Allocation of Available Resources

Not only is it important to have external sources of support for all CBCC Centres, it is also important that the resources already available in the district should be allocated among the centres in the district in a more even-handed manner. The disproportionate allocation of resources points out the lack of extensive need assessment-based interventions. No agency currently has oversight of how resources are allocated among centres, so some centres have more than they need of some resources, while others do not have even the minimum of those same resources. Compare, for example, the absence of play material at the Lomoni CBCC Centre with the relative abundance at the Village-to-Village centre.

While I acknowledge the good work that ECD partners are doing in supporting Village-to-Village CBCC Centre and at the same time appreciating that not all the needs of children attending this centre are being met, I think the existence of another CBCC Centre such as Lomoni CBCC Centre with extreme resource limitations within the same District constitutes a disparity that cannot be justified.

As stated in the findings, communities have similar aspirations for their children and for CBCC Centres. There is therefore a need not to turn a blind eye to the critical needs of one CBCC Centre while paying attention to the needs of another. That might

ensure that extreme disparities are not created in the efforts to assist communities in realizing their aspirations for CBCC Centres.

Moving forward from the disparities that exists between the two CBCC Centres that rely solely on the support from their communities and the CBCC Centre that relies on support from both the community and the institutions situated outside the community, I will now discuss what the findings revealed about the various ways that communities are supporting the CBCC Centres.

Community Contributions

First, all the three communities contribute foodstuffs and firewood to the CBCC Centres. The modes of these contributions are different from one CBCC Centre to another. Namikango and Lomoni CBCC Centres specify the type and quantities of foods and firewood that parents or guardians with a child or children attending the CBCC Centre are expected to contribute. In additions, the two CBCC Centres also expect the parents and the guardians to make small monetary contributions.

Specifying the types of foodstuffs and the quantities expected from parents and guardians allows for equal participations for those that have a child attending the centre. That also allows for the CBCC Centres to plan their feeding programs more realistically as the centres know how much food they can expect to be available at a particular time by obliging households that have children attending the centre to make the contributions.

However, making the provision of food the sole responsibility of the parents and guardians whose children attend the CBCC Centre has the potential to discourage households who have no children in the CBCC from making similar contributions because they will not see it as their responsibility to do so. That defeats the community-

based premise of the CBCC Centres. The entire community should be the providers of resources, not just parents and guardians.

In contrast, Village-to-Village CBCC Centre expects contributions from all the households in the community regardless of whether the parents or guardians have a child or children attending the CBCC Centre. In addition, the centre does not expect specified monetary contributions from the members of the community.

The mode of sourcing contributions by Village-to-Village CBCC Centre can largely be attributed to the fact that that CBCC Centre receives assistance from organizations situated outside the community from time to time. That mode of sourcing resources from the community, while it opens the opportunity for all households in the community to make the kinds of contributions that each household can afford, at the same time it has the potential to encourage members of the community to make minimal or no contributions as no one feels obligated to contribute.

Despite the mode of sourcing contributions of foodstuffs, all three CBCC Centres are not able to fully realize the aspiration of their communities, which is to provide adequate and nutritious food to all children attending the centres.

It is very easy to quickly condemn the communities for failing to make enough contributions to adequately support the CBCC Centres. However, the findings show that communities are doing everything they can to support the feeding program of the CBCC Centres. Nevertheless, they can only contribute a portion of what they have harvested, as they must feed themselves and others apart from the child attending the centre. Poor harvests have been highlighted as being responsible for the failure of most members of

the community to contribute adequately. The KII comments also suggest that the existing poverty of some of the communities is also a factor in this regard.

Nutritional Challenges

I anticipated that the two CBCC Centres that depend solely on their communities for support would be the ones struggling to provide adequate nutrition, but that was not the case; all three CBCC Centres are struggling. This calls for special consideration.

The fact that the CBCC Centre that is supported by both the community and organizations outside the community (Village-to-Village) also struggles to provide adequate nutrition suggests a number of issues that needs to be addressed: a) what is the nature of the support relationship that exists between the CBCC Centre and the supporting organizations, and b) how is the support to communities decided in terms of type of resources, quantity of resources and delivery periods for those resources?

These issues need to be explored, negotiated and developed, because currently, the situation can lead one to speculate that whatever help the CBCC Centre is getting from external sources, a) the CBCC Centre does not have a lot of input in specifying what they need, they just receive whatever help they are offered; b) the centre does not have a lot of input regarding the quantities of specific resources needed; c) and the centre does not have a lot of input regarding the time when assistance or resources are needed. One can therefore conclude that the support Village-to-Village centre receives from the organizations outside the community is episodic, unpredictable, and less than dependable.

Since most households do not have enough food supplies to contribute significantly to the centres, the initiative to have communal gardens to support the feeding program needs to be developed further as this has the potential to greatly reduce

the food shortages that the CBCC Centres experience. There has not been a lot of focus on this potential solution.

Namikango and Village-to-Village communities go to the extent of cultivating gardens to support the feeding programs in their CBCC Centres. However, lack of artificial fertilizers makes the efforts of these communities of very little value and effect. Support to the creation and maintenance of gardens need to be fully supported by agencies and institutions that are in a position to do so.

The dedication of the communities in support of the feeding program for the centres by cultivating a garden to complement the food contributions is very commendable. For this to happen, it means the communities have allocated land, provided seeds, labour and materials with which to work the garden. The time, energy and resources invested in the cultivating the field become less productive because the communities cannot afford to purchase fertilizer for the crops.

If well supported, the returns in terms of yields are worth more than the investments. It is somewhat understandable that a CBCC Centre that is dependent on the community can fail to meet the need of fertilizer; however, it is difficult to account for why a CBCC Centre that is supported by both the community and external institutions suffers the same limitation.

Whenever, the three centres run out of food resources, the CBCC Centres turn to the members of the supervisory committee for assistance. To keep the centre running members of the supervisory committee make huge food contributions, which constitute a sacrifice considering that they are also charged with the management of the CBCC Centres. When food shortages at the CBCC Centre reach critical levels, huge amounts of

water are added to the meals during preparations so that every child should be given a portion and the remaining resources should not be depleted. That, of course, diminishes the nutritional content of the food being provided. In the worst cases, the centres operate without the feeding program. At such times, the attendance of children at the centres falls to the lowest levels.

It should be noted here that provision of adequate nutrition is fundamental to all the different dimensions of human development. Physical, cognitive, social and even moral development are all contingent on provision of adequate nutrition. Since, all the three CBCC Centres testified to failing to provide adequate nutrition to all children attending the centres at all times, communities stand the risk of failing to fully realize their aspirations for CBCC Centres both in the short and in the long term.

Investment in the gardening projects that support the feeding programs in the CBCC Centres in the least expensive form of intervention in comparison to undertakings to provide any of the infrastructure such as that available at the Village-to-Village CBCC Centre. Therefore, while stakeholders are able to support a CBCC like Village-to-Village with adequate play and learning materials and later on the entire needed infrastructure, it is absurd that the CBCC Centre is not fully supported in the gardening project.

Cooking Utensils

Apart from making the food and firewood contributions and working out gardens in support of the CBCC Centre, women either from the supervisory committee (in the case of Namikango CBCC Centre) or from the community (in the case of Lomoni CBCC Centre), or caregivers (in the manner of Village-to-Village CBCC Centre) volunteer to cook for the children. Using firewood to cook for 35, 43, or 130 children is a tedious

activity. The tediousness of the activity is aggravated by lack of appropriate cooking utensils, as is the case at Lomoni CBCC Centre.

Further, the lack of cooking utensils results in longer cooking hours for the women who volunteer to use their household pots as well as their time and energy to cook for the children. Their sacrifice is commendable, however, there is a downside to this. Using small pots required more cooking time, which means more firewood is used to cook enough food for all the children. This is resource expensive and degrades the environment that is robbed to provide the firewood. The time spent cooking also means the women spend more time away from their household activities than they could if they were using bigger pots. Finally, longer cooking times also means that the households from which these women come are left with fewer cooking utensils to do their household cooking whenever the cooking utensils are taken out for the centre's cooking. It is important to note that even though extended cooking periods was mentioned by only one centre as being a problem; it is a significant issue regarding the effectiveness of service delivery. Provision of appropriate cooking utensils to Lomoni CBCC Centre for example, can save the CBCC Centre excessive usage of firewood and time and energy for preparing the meals.

Infrastructure

The community members also constructed the CBCC Centre at Lomoni and they perform maintenance work on the CBCC Centre from time to time. The efforts of the community in setting up and supporting these infrastructures indicate the level of support the community is providing. Nevertheless, the main structure is too small for the 130 children and the centre has only one toilet.

The issue of performance or needs monitoring is critical here. Apparently, Lomoni CBCC Centre appears to have erected these structures using what they had ready to hand. Otherwise, it makes no sense at all to have such a small enclosure and one pit latrine for 130 children. The nature of the structures at Lomoni CBCC Centre could have easily been made appropriate for child care since the structures are made from locally available resources.

Other Contributions

Other contributions that communities are making in supporting the CBCC Centre include: attending meetings called in support of the CBCC Centres; providing assistance in purchasing or making of play materials; and preparing the children for attending the CBCC Centre every morning.

Through the support given to CBCC Centres by the communities as well as institutions situated outside the communities, several aspirations of the community are being achieved to varying degrees, but not without difficulty.

First, all three CBCC Centres reported that children who attend their centres are benefiting from the early education services rendered to them in the centres as evidenced by improved linguistic and mathematical skills in addition to better academic progress when the children enter Primary School. However, only Village-to-Village CBCC Centre has adequate play and learning materials. The other two CBCC Centres operate in environments that are conspicuously deficient of teaching and learning materials. I can therefore expect that although all the three centres reported that children attending their centres do better in primary school, the degree to which children are able to benefit from attending the CBCC Centres could be relative to the degree of learning and stimulation

provided by their centres. Those children that did not have adequate stimulation are likely to have benefited minimally from the experience of attending the CBCC Centres.

Secondly, all the three CBCC Centres indicated that parents and guardians are having sufficient time to concentrate on other (usually economic) activities while children are attending the CBCC Centres. The realization of this aspiration is tied to the exceptional commitment of caregivers to their duties. However, caregivers are not well supported in most CBCC Centres. All the CBCC Centres considered the support given to caregivers as inadequate and generally all caregivers are working as volunteers, without any financial incentives.

Compensation for Caregivers

The lack of remuneration and other support to caregivers is a hindrance to the effectiveness of service delivery because it lessens the commitment and the potential to attract caregivers that may have been present if there were reasonable remuneration attached to the job. The amount of work that caregivers do is very demanding considering that the ratio of caregivers to children is disproportionately large. It is not unreasonable to conclude that caregivers have too much on their plate and are exhausted at the end of each day.

Caregivers in most cases are parents, mothers or fathers, or adults with parenting or household responsibilities typical of all adults in the rural areas. After committing their time and energy to providing care to the children at the CBCC Centres, the caregivers still have to fulfil their own household responsibilities like all the other members of the society. By devoting six to seven hours, five days of a week and nine months in a year, they make a huge sacrifice in terms of other tasks that are equally important in their lives.

Without any reasonable compensation, the zeal and the commitment with which caregivers embark on their work diminishes with time.

Diminished zeal and commitment of Caregivers results in absenteeism, poor service delivery and eventually, abandonment of duty. Caregivers who do not expect to get any compensation for their time and energy at the CBCC Centre may find doing what will earn them a livelihood more attractive and more reasonable. That may lead to periodical absenteeism. In some cases caregivers may simply attempt to do the bare minimum that is expected of them, knowing that even if they provided the best of services, they would not be remunerated in any meaningful way.

The cost of caregivers' abandonment of their duties is three-fold. First there is an immediate vacancy to be filled, which places a greater burden on the remaining caregiver(s) to care for the children in the meantime. At the same time the amount of time and care to be provided to each child attending the centre is compromised. For example, only two caregivers out of the initial four caregivers continue to attend to an average of 130 children at Lomoni CBCC Centre.

Secondly, when a caregiver leaves the program, there is loss of time and resources devoted to the training of that caregiver. Training of caregivers is an expensive undertaking. Currently, the majority of the caregivers are not receiving specialized training, partly because of lack of sufficient resources to train all caregivers. Prudence suggests that it is absolutely essential to retain the few trained caregivers on staff. Until that is done, resources devoted to training caregivers are being lost through high turnover rate.

Losing trained caregivers leads us to the third effect: increasing the number of untrained caregivers relative to those who have received training. Untrained members of the community usually fill the vacancies created by absentee caregivers. Those replacements may have to wait for a year or two, or more before they receive training. Children attending CBCC Centres with untrained caregivers are deprived of the benefits of skilled and trained care-giving practices.

Hygiene and Sanitation

Two other related aspirations that are being realised through the CBCC Centres are children's development of hygienic practices and success at toilet usage or training. These two aspects cannot be understood without considering the infrastructure that facilitates these attainments.

First, only Village-to-Village CBCC Centre has sufficient pit latrines. Again, the sanitation and reported success of children at proper usage of the pit latrine is compromised by high congestion at those facilities at the 2 other CBCC Centres. Construction of additional pit latrines from locally available material like the ones used in constructing the pit latrines of Lomoni and Namikango CBCC Centres is a typical example of improvements that communities can contribute to their CBCC Centres without support from outside their communities.

Second, Lomoni CBCC Centre has no dependable source of water nearby as compared to the two CBCC Centres. This also limits the attainment of hygienic practices, as water is a central medium that makes most hygienic practices possible, such as the washing of hands.

Treatment of Orphans

Household poverty aggravates the living conditions of most orphans in their homes. Children, especially orphans living with very old and poor parents or guardians and those being cared for by their siblings, are greatly disadvantaged by this phenomenon as their most basic needs - clothing, shelter, nutrition - are not met. Every aspect of their development, - physical, psychological, social - is impacted adversely.

For instance, the introduction of school uniforms, which was an attempt to eliminate visible differences between orphans and non-orphans based on what the children wear, was a sound idea founded on good intentions. However, it did not work out as intended. Poor households were unable to purchase uniforms for their children. Considering that many children who come from very poor families are also orphans, the effect of introducing uniforms had the opposite effect, as many more orphans became identifiable with the lack of the prescribed uniform and were discouraged from and unwilling to attend the CBCC Centres without uniforms.

Further, almost all the orphans in the communities under study reside with members of their extended family. Taking into account that most households are very poor, many orphans may be subjected to discriminatory treatment. As noted, such discriminatory treatment may be in the form of discrimination in resource allocation including food and clothing, or abusive psychosocial treatment, ranging from withdrawal of affection, verbal abuse, to unfairly loading household chores onto the orphan(s) in the home.

While that phenomenon can be attributed to the personalities of those in positions of foster parenthood at home, the struggle to make do with a few household resource

compounds the situation. As such many children who attend the CBCC Centres bring the psychological scars of such abuse with them to the centres.

The effort by the CBCC Centres to reduce or eliminate discrimination against orphans needs to be replicated in all the environments in which orphans grow up, including their foster homes. A home is a place where a child expects to find his or her identity, unconditional love, nurture, support and protection more than any other environment. It is very difficult to expect or even to imagine, that the lack of the above-mentioned provisions in the home could be sufficiently replaced by the provisions found at the centre.

Everyday, at the end of attending the centre, every child returns home, except the orphan who is segregated; he or she returns to segregation, abuse, or torture. Services targeting orphans need to seriously consider how orphans are treated in their foster homes, as negative treatment at foster homes has the potential to undermine the intent of such services.

CHAPTER 6

Conclusion

This study has revealed valuable findings regarding the objectives of CBCC Centres, the link between the availability of current resources and the effectiveness of CBCC Centres as well as costs for establishing and operating CBCC Centres.

From both key informant interviews and focus group discussions, the study has revealed that CBCC Centres aim at providing children with appropriate care, support and protection for their optimum development, early education in preparation for primary school education, adequate play materials, guidance for character building, nutrition for healthy development; monitor children's growth, sensitize parents on the importance of early childhood education, encourage socialization of children; train children on personal hygiene and accord parents and guardians ample time to concentrate on other activities while the children are at the centre.

The study has further revealed that among the many stakeholders involved in supporting CBCC Centres, communities are exceptionally committed. In supporting CBCC Centres, members of the community source locally available materials and provide labour for the construction and maintenance of the CBCC infrastructures; contribute food stuffs and firewood as well as labour for food preparation; care for the children on voluntary basis; organize a supervisory committee to oversee the operations of the CBCC Centres, call for parents and guardians meetings when necessary and liaise with other institutions outside the community for needed support or interventions; and members of the community go to the extent of volunteering to cultivate in the CBCC Centre's garden in supporting the centre's feeding program. The outstanding support that

communities lend to the CBCC Centres is very commendable. Nevertheless, all the three CBCC Centres experience some common challenges which include lack of monetary incentives for caregivers, lack of support in sourcing fertilizers for CBCC Centre gardening and lack of adequate food stuffs to meet the nutritional needs of the children. This kind of resource limitation is seriously hindering the realization of CBCC Centres' objectives.

This resource limitation is a huge challenge especially to CBCC Centres that rely only on community support. The greatest limitation for these communities is inappropriate infrastructures for the CBCC Centre, followed by the limitation in producing and supplying sufficient food, play and learning resources. The resource limitations that they face simply result in less service offered to their children. As noted, in the case of food, they end up adding more water to food in order to make the food last longer. The involvement of the Government and other ECD institutions in these centres is almost entirely absent. They seem to be abandoned to their own fate.

This study highlights also the resource disparity in terms of costs between CBCC Centres that rely only on community for their support and the CBCC Centre that rely on both the community and institutions situated outside the community. Suffice to say that the difference is huge. The centre that serves the highest numbers of children is least equipped in terms infrastructures, play and learning materials.

On the other hand, the study has also revealed the significance of support to CBCC Centres by NGOs and institutions situated outside the communities. The greatest impact registered with such support include provision of safe and adequate water, which enhances sanitation and hygiene as well as reducing amount of energy and time spent to

fetch water; provision of safe and adequate infrastructure, which include learning area, kitchen and pit latrines; provision of adequate play materials; provision of adequate learning materials and provision of some food stuffs.

Recommendations

There are a number of actions that are missing in the sphere of CBCC Centres that I have studied. A key missing action is a concerted effort by all stakeholders of early childhood development (ECD) to collaboratively identify, create and provide the needed resources beyond what communities are currently providing.

Collaboration of all ECD stakeholders is urgently called for. Each of the ECD stakeholders has knowledge and skills that are useful and valuable, which can be maximized in addressing the resource limitation that CBCC Centres are experiencing. For this to happen, first, each and all stakeholders should acknowledge and appreciate the knowledge and skills that each stakeholder has and the contributions that such knowledge and skills can make in addressing the resource limitations of CBCC Centres.

Secondly, deliberate efforts by these stakeholders should be made to assess current forms of collaboration. Based on the identified strengths of forms of collaborations that have been forged over the years, ECD stakeholders need to chart ways in which collaboration can be extended to addressing the resource limitations that CBCC Centres are facing. Specifically, stakeholders should direct their collaboration efforts to identify the resource limitations that CBCC Centres are facing.

The revelation of the grim resource limitations through this study calls for an extensive effort to assess the current resource situation of all CBCC Centres in Malawi.

This is crucial because resources are vehicles through which care and education of children are conveyed. Without adequate play materials, learning materials, and appropriate infrastructures, children attending the CBCC Centre are likely to miss out a lot. This will help to clearly establish the type and magnitude of resource limitations that CBCC Centres are experiencing.

After identifying resource limitations of CBCC Centres, the Malawi Government and ECD stakeholders need to seriously look into ways of effectively addressing resource limitations of CBCC Centres. Specifically, Malawi Government should allocate sufficient resources in order to translate the current ECD Policy into programs and activities, including compensation of caregivers.

Even when the Malawi Government is faced with the problem of few resources to allocate to competing social programs, it is important for the Government to stipulate the required financial and human resources needed to effectively deliver early childhood care and development programs in the CBCC Centres. Thereafter, the Government should dispose the available resources and continue to engage in the task of seeking or developing the rest of the resources that are needed to fill the gap.

The summary of costs for infrastructure and resources in the three CBCC Centres gives a picture that CBCC Centres have very limited financial resources. As such, the call for the Government and other supporting partners to close up the gap of resource limitation is very urgent.

Further, identified factors that have been a hindrance to collaboration of ECD stakeholders should be seriously addressed. Such factors contribute to resource and time wastage since the good that could be realized out of collaboration is prevented thereby.

Notably, the Ministry of Gender Child Welfare and Community Development, UNICEF, and APPM (as leading ECD institutions) should iron-out institutional power struggles. The insidious desire to prove one's institutional superiority over another only brings about strained relationships and pulls apart partners that could have otherwise forged a strong front. A series of meetings involving the Government, all ECD stakeholders and interested groups should be arranged with the aim of achieving these objectives.

Particular attention should also be given to closing any existing information gaps among ECD stakeholders. The disconnect regarding the way commitment of caregivers is perceived by Government on one hand, APPM and UNICEF on the other hand could be an example of information gaps that exists among ECD stakeholders. Synergy among ECD stakeholders in addressing the challenges that CBCC Centres are facing can only be achieved when there is common understanding regarding what these challenges are.

Not all the solutions to the problem of resource limitations that CBCC Centres are facing lie outside their communities. Some of the existing conditions at the community level can still be improved by extending the use of the resources that are found locally within the communities. The addition of pit latrines serves as an example.

In addition, alternatives to using artificial fertilizers should be sought. Involvement of the Ministry of Agriculture in providing guidance regarding how communities can develop manure from the resources that can be found locally is therefore strongly called for. All other institutions that have expertise in this regard such as World Vision International should also be consulted.

Therefore, there is need to closely monitor the operation of CBCC Centres for the safety, hygiene, care and education of the children attending the CBCC Centres. A

number of actions should be taken to effectively carry out monitoring of the CBCC Centres. The standards for safety, hygiene, care and education of children for all the CBCC Centres need to be developed. The process of developing such standards should among other things involve extensive consultations with communities and all ECD stakeholders in Malawi.

Once such standards have been developed, a mechanism of translating these into tangible services should be developed. The current mechanism for monitoring of CBCC Centre, which involves the district social welfare officers, has over the years failed to deliver. Three reasons are given for this namely, lack of resources, lack of adequate training and overload of responsibilities. In developing an effective mechanism for monitoring, all the three concerns should be seriously considered and provided for. The creation of a Government position of an officer solely responsible for monitoring the operations of CBCC Centres at the district level is strongly recommended in light of the amount of work needed to effectively monitor all the CBCC Centres in a district. On a broader context, efforts to address the resource limitations of CBCC Centres should be seen as part of the bigger agenda of improving the social-economic standards of communities. Endemic household poverty needs to be addressed through improved livelihoods. This will in turn increase household's ability to provide children attending CBCC Centres with adequate personal needs such as clothes and food. Households will also be better able to support CBCC Centres with more foodstuffs and other contributions.

The greatest resource that is available in the communities is the enormous zeal and commitment to support the CBCC Centres and if this can be linked with the

provision of the needed resources, communities will be able to offer adequate and appropriate services for children. This resource is greatly underutilized by the absence of relatively few resources, which, if available would translate into a lot more ECD services offered to children attending the CBCC Centres. This will in turn ensure that all children attending CBCC Centres have been provided the basis for optimum holistic development.

Next Steps

The major limitation of the study is the scale of the study. This study was conducted in three CBCC Centres in Zomba District out of several thousand such CBCC Centres in Malawi. The dynamics that are revealed in this study are typical of the communities studied. While other communities might identify with the findings of this study, the results of this study cannot be generalized to a larger population.

It will be beneficial to both the Malawi Government and all other ECD stakeholders to carry out a similar study on a large scale enough to reveal national trends in as far as resource limitation of CBCC Centres is concerned. National interventions can only be based on findings that can make clear what the national trends are. Therefore, the current findings can be seen as shedding light concerning resource limitation of CBCC Centres on a small scale but pointing out issues that need to be identified and addressed on a broader scale for national interventions.

Further, more studies are needed to create ways of overcoming the limitations this thesis identified. Studies that would lead to improve other areas of need such as support, training, and remuneration of caregivers are also needed.

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APPENDIX A**Semi-structured Interview Questions for Supervisory Committee**

1. How long has the CBCC Centre been in operation?
2. What do you understand to be the objectives of this centre?
3. For each of the stated objectives, what have been the achievements and challenges?
4. What do you consider the role of this community is, in supporting the CBCC Centre to achieving these objectives?
5. Over the past 3 months how many caregivers have been working in the centre on average per day?
6. Are the caregivers paid any salary from any organization including the government, if so, how much are they paid?
7. How are the community, the government or other organizations supporting the caregivers?
8. Do you think the caregivers are adequately supported? Explain.
9. What kind of support do you think caregivers need in order to be able to carry out their tasks effectively and why?
10. The caregivers describe your centre in terms of the following:
 - The nature of the current infrastructure and its estimated cost
 - The nature of the current facilities and the estimated cost
 - The kinds of services given to the children attending the centre and the estimated cost

- Nature and availability of care and educational materials/resources and the estimated cost
- Number of caregivers attending to children per day
- Community support

11. What are your challenges that you would like the community as well as or the government or other organizations interested in the care of children, to know?

12. In general what would you say is the major limitation of this community in their efforts to providing support to this centre in meeting its objectives?

APPENDIX B

Semi-structured Interview Questions for Parents' Representatives

1. What do you understand to be the objectives of this centre?
2. For each of the stated objectives, what have been the achievements and challenges?
3. From your experience, describe other benefits of having the CBCC Centre in your community?
4. Based on the kinds of community support the caregivers mentioned and the estimated value (appendix 1, question 5),
5. Verify the information
6. Suggest any additional support and its relative value
7. How sufficient is the community support in meeting the CBCC Centre's objectives?
8. In as far as the support to the CBCC Centre is concerned, what more can the communities do to support the centre?
9. What other support do you think is needed for the centre, which is beyond the reach of the community? Give rationale?
10. Share any experiences, concerns or information, which you think to be necessary in as far as the purpose of this research is concerned, apart from information already captured?

APPENDIX C

Semi-structured Interview Questions for Caregivers

1. What do you understand to be the objectives of this centre?
2. For each of the stated objectives, what have been the achievements and challenges?
3. Describe your centre in terms of the following:
 - The nature of the current infrastructure and its estimated cost
 - Space
 - Building material
 - Durability
 - Safety
 - The nature of the current facilities and the estimated cost
 - Availability of safe water/distance from the centre/usage
 - Toilets
 - Play equipment, i.e. swing, slides etc.
 - Your daily activities in the centre
 - Singing
 - Playing
 - Rest
 - Speech
 - Feeding
 - Story telling

- Other, e.g. gardening.
- The kinds of services given to the children attending the centre and the estimated cost
 - Nutrition
 - Care
 - Education
 - Health
 - Other
- Nature and availability of care and educational materials/resources and the estimated cost
 - Books
 - Writing materials
 - Painting material
 - Play material
 - Feeding materials
 - Other
- Number of children attending the centre regularly
 - Age of children
 - Proportion girls to boys
- Number of caregivers attending to children per day
 - Including those that have been assisting with activities such as cooking.

4. Describe the support that the community has been giving to the centre for the past 3 months and its relative monetary value?
 - Foods (types, quantity, preparation, and distribution)
 - Volunteer time
 - Educational and play materials
 - Money
 - Construction and maintenance of infrastructure
 - Other resources
5. Describe any other support given to the centre from outside the community for the past 3 months, and its relative monetary value? Foods/ food preparation and distribution
 - Volunteer time
 - Educational and play materials
 - Money
 - Construction and maintenance of infrastructure
 - Other resources
6. In what ways do you think the effectiveness of the CBCC Centre can be improved?
7. Share any experiences, concerns or information, which you think to be necessary in as far as the purpose of this research is concerned, apart from information already captured.

APPENDIX D

Observational Protocol

1. Location of the CBCC i.e., Central Region/ Rural
2. Name of the CBCC
3. Description of the following:
 - Facilities and resources available and their quality
 - Quality of available infrastructure
 - Availability of latrines and their safety
 - General safety of the environment
 - Availability of play materials, equipment
 - Availability of food, serving utensils, preparation, etc.
 - Access to safe water/ usage of water
 - Additional space
 - Any other observations

APPENDIX E
Introductory letter to key informants

INTRODUCTORY LETTER FOR KEY INFORMANTS

University of Victoria
School of Child and Youth Care
P. O. Box 1700 STN CSC
Victoria BC V8W 2Y2
Canada
May 4, 2006
Tel: 250 686 7525
Email: chibwana@uvic.ca

The Head of Section OVC/PC
UNICEF Malawi
P.O. Box 30375
Lilongwe 3
Malawi

Dear Sir/Madam,

PARTICIPATION IN A RESEARCH ENTITLED "COST AND EFFECTIVENESS OF COMMUNITY-BASED CHILD CARE PROGRAM IN MALAWI"¹¹

My name is Khama Chibwana and I would like to ask the participation of your organization in my research which is referred to above. I am conducting this research as part of fulfilling the Thesis requirements for a Master of Arts Degree in Child and Youth Care with the University of Victoria. In addition to being a graduate student of the University of Victoria, I am affiliated to the University of Malawi.

The purpose of my research is to a) investigate the extent to which communities are able to meet the needs of all children attending community-based child care centres without any form of support from outside their community and b) the cost associated with the provision of these needs, and, c) where communities may be found to have some limitations in providing all the needs of children attending the CBCC Centres adequately, investigate what the impact is and ways in which such limitations can best be overcome to ensure that all children attending CBCC Centres have their health, nutrition, learning and stimulation needs met adequately.

You or your appointee, who is knowledgeable in early childhood development from your organization, is being requested to participate in the key informant interviews, which will

¹¹ Notice here that the tentative title for the research was "Cost and Effectiveness of Community-based Child care Program in Malawi." The title was later changed to "Community-based Child care Resource Assessment: The Case of Zomba District in Malawi" to better reflect what this research has achieved. The change in the title has not affected the processes of conducting this research in anyway.

take place between May 8 and May 15 2006. You or your appointee is especially notified that you are absolutely free to choose to either participate in the study or not.

Details of the research and your participation have been outlined in the consent form attached.

I will be following up this letter with a telephone inquiry to find out about your willingness to participate in the study and to decide for a specific date and time that will be suitable for the interview. I would prefer to have this interview within your working environment. Following my telephone inquiry, I will come to you in person, prior to having the interviews, to finalize any logistical issues that may need to be considered before the actual interviews.

Your participation in this research will be highly appreciated.

I look forward to your most favourable consideration.

Yours sincerely,

Khama Chibwana.

APPENDIX F
Telephone script for Key Informants

TELEPHONE SCRIPT FOR KEY INFORMANTS

Researcher: Good morning. My name is Khama Chibwana a graduate student of the University of Victoria, School of Child and Youth Care and an affiliate of the University of Malawi. I am calling to follow up on the letter that I sent a few days ago in which I was asking the participation of your organization in my research entitled “Cost and Effectiveness of Community-base child care in Malawi.”

Participant...

Researcher: Would you like to confirm the participation of your organization by letting me know about your availability or that of your appointee, please?

Participant...

Researcher: I would like to meet with you or your appointee in person preferably a day before the interviews to finalize any logistical issues that may need to be considered prior to the interviews, would you also confirm the availability of the participant please?

Participant...

Researcher: I would like to give you this opportunity to ask any question that you may currently have regarding your participation in this study?

Participant...

Researcher: Thank you very much for your willingness to participate in this study and I look forward to meeting with you on April 19, 2006.

APPENDIX G
Semi Structured Interview Questions for the Key Informants

1. What do you understand to be the objectives of CBCC Centre?
2. For each of the objectives you have mentioned, how well are the CBCC Centres meeting these objectives?
3. Who are the key stakeholders in the running the CBCC Centres?
4. What are the responsibilities of each of the listed stakeholder in the running the CBCC Centres?
5. How well does each of the stakeholders fulfill these roles?
6. Are there limitations facing each of the stakeholders in fulfilling their functions? If so, what are the limitations and how can these be resolved?
7. Regarding the infrastructure of most CBCC Centres, how would you describe their conditions and adequacy in supporting the numbers of children attending these centres?
8. Do you consider most centres to have appropriate infrastructure required for the provision of adequate care and education for the children attending those centres? Explain.
9. In what ways do you think the current state of most CBCC Centres infrastructure hinder or enhance the development of children attending these centres?
10. How would you describe an appropriate infrastructure for a CBCC Centres serving 100 children? Be as detailed as possible.

11. What is your estimation of the minimum cost as well as the maximum cost of providing such an infrastructure? Account for the variation.
12. On the basis of the estimated minimum cost for the provision of essential infrastructure, how much of this cost do you think most communities can afford? Explain.
13. What strategies do you think can be employed to meeting the limitation of the communities in an effort to providing the infrastructure?
14. How would you describe the kinds of facilities available in most CBCC Centres? i.e., water, learning material, plates, etc.
15. Are these materials adequate in most centres?
16. What is your high and low estimated cost of providing these materials to 100 children? Account for the difference.
17. How would you suggest going about meeting the suggested low cost? What fraction of the suggested cost can be borne by most communities? Explain.
18. How would you assess the contributions of the various ECD stakeholders in the running of CBCC Centres?
19. What kinds of support do caregivers receive from different stakeholders? i.e., salaries.
20. What is the effect of the kinds of support available for caregivers on the running of CBCC Centres?
21. Who is responsible for the training of the caregivers?
22. What is the cost of training caregivers and who is responsible for this?

23. For the knowledge and skills required in order to effectively run a CBCC Centre, is the period of the training adequate?
24. What Institutions are responsible for training, and what forms of certification are there?
25. Are there any standards of competence set and monitored?

APPENDIX H
Key Informant Consent Form



**University
of Victoria | School of Child
and Youth Care**

Key Informant Consent Form

Cost and Effectiveness of Community-based Child care Centres in Malawi

You are being invited to participate in a study entitled Cost and Effectiveness of Community-based Child care Centres (CBCC Centres) that is being conducted by Khama Chibwana.

Khama Chibwana is a graduate student in the School of Child and Youth Care at the University of Victoria in British Columbia, Canada and you may contact him, if you have further questions, by telephone at the following numbers; +011 250 686 7525 or +011 250 472 5494, or by E-mail at: chibwana@uvic.ca

As a graduate student, I am required to conduct this research as a requirement for completing a degree in Child and Youth Care. It is being conducted under the supervision of Veronica Pacini-Ketchabaw. You may contact my supervisor at 250 721 6478.

Purpose and Objectives

The purpose of this research project is three-fold:

1. To explicate the factors associated with investment in community based care settings, i.e. what are the actual cost incurred in operating the CBCC Centres, how are these cost met and who meets them

2. To explore the key stakeholders' perspectives of CBCC objectives, and how these are being met or not
3. Finally, this project will seek to understand the link between the costs and effectiveness of CBCC Centres.

Importance of this Research

Research of this type is important because key stakeholders in early Childhood Development (ECD), i.e. governmental and non-governmental organizations will be able to use the knowledge derived in this research in improving the status of the current CBCC Centres by supporting communities where communities are not able to support themselves. The data will also be useful in expanding the CBCC Centres program in a manner that all children attending the CBCC Centres will still have access to adequate care and education. Further more, the information will be useful in lobbying the government and would-be funders for the needed support to ensure that all children in Malawi have access to adequate care and education. The research will also contribute to the body of knowledge regarding costs and effectiveness of CBCC Centres in Malawi.

Participants Selection

You are being asked to participate in this study because the principal investigator has identified you as director of the department of early childhood development in your organization. Your knowledge and experience regarding early childhood development in Malawi is deemed essential to the success of this research project.

What is involved?

If you agree to voluntarily participate in this research, your participation will include responding to interview questions pertaining to community-based child care in Malawi. The research questions are general in nature and you will be provided with a copy of the questions prior to our interviews. The initial interview is expected to be 2 hours long at most. The subsequent meeting, which will take less than an hour, will focus on any issues arising from the first interview as well

as your reflections on the initial analysis of the first interview. All the interviews are expected to take place within your working environment for convenience sake.

Inconvenience

Participation in this study may cause some inconvenience to you in form of the time that you will have to spend responding to the interview questions. You are expected to spend 2 hours at most in the initial interview. The subsequent meeting, which will take less than an hour, will focus on the issues arising from the first interview and your reflections on the initial analysis of the first interview. This is the only conceivable inconvenience associated with this research.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include broadening of your critical analysis of the CBCC Centres program as the research questions will prompt you to reflect on implementation issues confronting the CBCC Centres program. Since the research focuses on the ways in which provision of early childhood services can be improved, you are going to benefit by developing the sense of satisfaction derived from your contribution to the improvements likely to follow this research. The society will also benefit by having more children whose developmental and educational needs are adequately met. Specifically, there would be more children who will be thriving in their development thereby reducing the huge cost of ill or impaired development ranging from physical illnesses to increasing repetition and failure rates in school. In addition, governmental and non-governmental organizations which are partners in the provision of early childhood development services from within and outside Malawi, may find the information and knowledge generated from this research very instrumental in designing ways in which they can effectively engage with communities to improve delivery of CBCC Centres program. While the research is focusing on the situations which are currently existing in the communities, there has not been a systematic process of engaging key stakeholders in CBCC program to critically reflect

on the challenges facing the program and attempt to find the different ways in which such challenges may be overcome. This research will fill out this gap there by contributing to the state of knowledge regarding early childhood development services in Malawi.

Compensation

In lieu of compensating you for any inconvenience related to your participation, the principal investigator will contribute learning materials and food materials to children in the participating CBCC Centres. This compensation has been designed this way to correspond to the ultimate goal of this research, which is improving the delivery of early childhood services in poor communities of Malawi. The compensation is by default; notwithstanding participation of individuals in the research.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used in the data analysis.

On-going Consent

To make sure that you continue to consent to participate in this research, I will verbally read your initial consent to participate and will document your subsequent agreement to participate.

Anonymity

In terms of protecting your anonymity, I will not disclose your names in any form of documentation. However, due to nature of the interviews, fellow participants or ECD partners may associate you with this research by their knowledge of your participation. With your permission, the interview will be audio-taped.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by keeping your hard data in a locked cabinet and your electronic data will be stored into password protected files.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: directly to participants; published article; thesis/dissertation/class presentation; presentations at scholarly meetings.

Disposal of Data

Data from this study will be disposed off by way of erasing electronic files and burning of hard copies at the end of a 5-year period.

Contacts

Individuals that may be contacted regarding this study include my supervisor Veronica Pacini-Ketchabaw, myself as a principal Investigator and my co-investigators Alinafe Chibwana and Lois Silo.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (+011 250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX I**Introductory Letter to the District Social Welfare Officer****THE DISTRICT SOCIAL WELFARE OFFICER**

University of Victoria
School of Child and Youth Care
P. O. Box 1700 STN CSC
Victoria BC V8W 2Y2
Canada
May 6, 2006
Tel: 250 686 7525
Email: chibwana@uvic.ca

District Social Welfare Officer

Dear Sir/Madam,

**SELECTION OF COMMUNITY-BASED CHLDCARE CENTRES TO
PARTICIPATE IN A RESEARCH ENTITLED “COST AND EFFECTIVENESS
OF COMMUNITY-BASED CHILD CARE PROGRAM IN MALAWI”**

My name is Khama Chibwana and I will be conducting the above-mentioned research as part of my Thesis requirements for a Master of Arts Degree in Child and Youth Care with

the University of Victoria. In addition to being a graduate student of the University of Victoria, I am affiliated to the University of Malawi.

I write to request your assistance in identifying CBCC Centres that would be eligible for participating in this study. Three centres will be needed to participate in this study, one centre that is being optimally supported by an organization(s) from outside the community at least for the past twelve months and two centres that are not being supported by any organization from outside their communities for at least the past six months. My specific request is that you provide me with a list of CBCC Centres which to your knowledge fits into the two categories described above. From this list, I will purposefully select the CBCC Centres that would be requested to participate in the study. I expect to begin interviewing members of the CBCC Centres from week beginning May 15 2006. I will therefore make contacts with you before this date.

The purpose of my research is to a) investigate the extent to which communities are able to meet the needs of all children attending community-based child care centres without any form of support from outside their community and b) the cost associated with the provision of these needs, and, c) where communities may be found to have some limitations in providing all the needs of children attending the CBCC Centres adequately, investigate what the impact is and ways in which such limitations can best be overcome to ensure that all children attending CBCC Centres have their health, nutrition, learning and stimulation needs met adequately.

I will be following up this letter with a telephone inquiry to find out about the centres that you will have identified. Following my telephone inquiry, I will come to you in person, prior to meeting with the communities to learn of any information about the selected centres that you may consider important for the researchers to know regarding the identified centres.

Your assistance in identification of the would-be participating CBCC Centres is highly appreciated.

I look forward to your most favourable consideration.

Yours sincerely,

Khama Chibwana.

APPENDIX J**Telephone Script for District Social Welfare Officer****TELEPHONE SCRIPT FOR DISTRICT SOCIAL WELFARE OFFICER**

Researcher: Good morning. My name is Khama Chibwana a graduate student of the University of Victoria, School of Child and Youth Care and an affiliate of the University of Malawi. I am calling to follow up on the letter that I sent a few days ago in which I was asking your assistance in selecting CBCC Centres to participate in my research entitled "Cost and Effectiveness of Community-base child care in Malawi."

Participant...

Researcher: Would you please let me know the names of the centres that you have selected following the criteria that I explained in my letter?

Participant...

Researcher: I would like to meet with you in person preferably a day before meeting the communities to learn of any information concerning the selected centres that you may consider important for me to know.

Participant...

Researcher: I would like to give you this opportunity to ask any question that you may currently have regarding this study?

Participant...

Researcher: Thank you very much for your assistance in this study and I look forward to meeting with you on April 14, 2006.

APPENDIX K**Introductory Letter for the Supervisory Committee and Caregivers****Introductory Script for the Supervisory Committee, Caregivers and Parents
Representatives**

How is everybody? Thank you for welcoming us. First of all, I would like to thank you all for your time. I would like also to commend you for your commitment to helping the children of this community grow well and strive through the services that they access in the centre.

My name is Khama Chibwana and I work for children. I am a teacher in child and family studies at the University of Malawi, Chancellor College. Currently I am advancing my education at the University of Victoria in the School of Child and Youth Care in Canada. As part of completing my Master of Arts in Child and Youth Care, I have come to research issues concerning services that children are provided with in rural communities, especially children that are attending community-based child care centres.

Your centre was selected with the help of the district social welfare officer for this district as one of the centres that have been receiving optimal support from outside the community for the past 12 months. Participating in this study will be two other centres that have not been receiving any support from outside their community for the past 12 months.

The objectives of this research are a) to investigate the extent to which communities are able to provide the resources and the services needed for all children attending the CBCC Centres, b) to estimate the cost of the resources and services being provided to the children attending the centres, c) to investigate any gaps that exists in terms of resources and services that are currently being provided to children attending the centres and the resources and services that would be needed to in order to ensure that all children attending the CBCC Centres are adequately provided for in terms of health, nutrition, learning and stimulation, and d) investigate the best ways to close up those gaps to ensure that all children attending CBCC Centres are adequately provided with resources and services that with ensure optimal growth and development.

Your knowledge and experience in supporting the activities of the centre will be of great value in this study. You are therefore being requested to voluntarily participate in this study. You are especially notified that you are free to choose to either participate in the study or not.

Your participation in this study will involve an initial two-hour discussion on issues of resources and services that are provided to children in the centre and how the community has been supporting the centre. This will be followed by another one-hour discussion session, which will seek to verify our understanding and interpretation of issues raised in the previous discussion.

Details regarding your participation and the benefits of this study are spelt out in the consent form, which I will read to you in a short while.

I greatly appreciate your participation in this study.

Thank you.

APPENDIX L

Consent Form for Supervisory Committee Members



University of Victoria | School of Child and Youth Care

*Supervisory committee Consent Form***Cost and Effectiveness of Community-based Child care Centres in Malawi**

You are invited to participate in a study entitled Cost and Effectiveness of Community-based Child care Centres (CBCC Centres) that is being conducted by Khama Chibwana.

Khama Chibwana is a graduate student in the School of Child and Youth Care at the University of Victoria in British Columbia, Canada and you may contact him, if you have further questions, by telephone at the following numbers; +11 250 686 7525 or +011 250 472 5494, or by E-mail at: chibwana@uvic.ca

As a graduate student, I am required to conduct this research as a requirement for completing a degree in Child and Youth Care. It is being conducted under the supervision of Veronica Pacini-Ketchabaw. You may contact my supervisor at +011 250 721 6478.

Purpose and Objectives

The purpose of this research project is three-fold:

1. To explicate the factors associated with investment in community based care settings, i.e. what are the actual cost incurred in operating the CBCC Centres, how are these cost met and who meets them

2. To explore the key stakeholders' perspectives of CBCC objectives, and how these are being met or not
3. Finally, this project will seek to understand the link between the costs and effectiveness of CBCC Centres.

Importance of this Research

Research of this type is important because key stakeholders in early Childhood Development (ECD), i.e. governmental and non-governmental organizations will be able to use this information in improving the status of the current CBCC Centres by supporting communities where communities are not able to support themselves. The data will also be useful in expanding the CBCC program in a manner that all children attending the CBCC Centres will still have access to adequate care and education. Further more, the information will be useful in lobbying the government and would-be funders for the needed support to ensure that all children in Malawi have access to adequate care and education. The research will also contribute to the body of knowledge regarding costs and effectiveness of CBCC Centres in Malawi.

Participants Selection

You are being asked to participate in this study because the principal investigator has identified you as a member of the supervisory committee for the community-based child care centre in your community. Your knowledge and experience regarding early childhood development in your community has been deemed essential to the success of this research project.

What is involved?

If you agree to voluntarily participate in this research, your participation will include responding to interview questions pertaining to community-based child care in your community. The interviews will take the form of focus group discussion. It is expected that you will be familiar

with most of the issues covered by the interview questions. The initial interview is expected to be 2 hours long at most. The subsequent meeting, which will take less than an hour, will focus on any issues arising from the first interview as well as your reflections on the initial analysis of the first interview. All the interviews are expected to take place within your community for convenience sake.

Inconvenience

Participation in this study may cause some inconvenience to you in form of the time that you will have to spend responding to the interview questions. You are expected to spend 2 hours at most in the initial interview. The subsequent meeting, which will take less than an hour, will focus on the issues arising from the first interview and your reflections on the initial analysis of the first interview. This is the only conceivable inconvenience associated with this research.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include broadening of your critical analysis of the CBCC program as the research questions will prompt you to reflect on implementation issues confronting the CBCC program. Since the research focuses on the ways in which provision of early childhood services can be improved, you are going to benefit by developing the sense of satisfaction derived from your contribution to the improvements likely to follow this research. The society will also benefit by having more children whose developmental and educational needs are adequately met. Specifically, there would be more children who will be thriving in their development thereby reducing the huge cost of ill or impaired development ranging from physical illnesses to increasing repetition and failure rates in school. In addition, governmental and non-governmental organizations which are partners in the provision of early childhood development services from within and outside Malawi, may find the information and knowledge generated from this research very instrumental in designing ways in which they can

effectively engage with communities to improve delivery of CBCC program. While the research is focusing on the situations which are currently existing in the communities, there has not been a systematic process of engaging key stakeholders in CBCC program to critically reflect on the challenges facing the program and attempt to find the different ways in which such challenges may be overcome. This research will fill out this gap there by contributing to the state of knowledge regarding early childhood development services in Malawi.

Compensation

In lieu of compensating you for any inconvenience related to your participation, the principal investigator will contribute learning materials and food materials to children in the participating CBCC Centres. This compensation has been designed this way to correspond to the ultimate goal of this research, which is improving the delivery of early childhood services in poor communities of Malawi. The compensation is by default; notwithstanding participation of individuals in the research.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be impossible to remove from database.

On-going Consent

To make sure that you continue to consent to participate in this research, I will verbally read your initial consent to participate and will document your subsequent agreement to participate.

Anonymity

In terms of protecting your anonymity, I will not disclose your names in any form of documentation. However, due to nature of the interviews, fellow participants or ECD partners

may associate you with this research by their knowledge of your participation. Such situations may involve one's participation in focus group discussions, or being delegated to participate in interviews.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by keeping your hard data in a locked cabinet and your electronic data will be stored into password protected files.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: directly to participants; published article; thesis/dissertation/class presentation; presentations at scholarly meetings

Disposal of Data

Data from this study will be disposed off by way of erasing electronic files and burning of hard copies at the end of a 5-year period.

Contacts

Individuals that may be contacted regarding this study include my supervisor Veronica Pacini-Ketchabaw, myself as a principal Investigator and my co-investigators Alinafe Chibwana and Lois Silo.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (+011 250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX M

Consent Form for Caregivers



University
of Victoria | School of Child
and Youth Care

*Caregiver Consent Form***Cost and Effectiveness of Community-based Child care Centres in Malawi**

You are invited to participate in a study entitled Cost and Effectiveness of Community-based Child care Centres (CBCC Centres) that is being conducted by Khama Chibwana.

Khama Chibwana is a graduate student in the School of Child and Youth Care at the University of Victoria in British Columbia, Canada and you may contact him, if you have further questions, by telephone at the following numbers; +011 250 686 7525 or +011 250 472 5494, or by E-mail at: chibwana@uvic.ca

As a graduate student, I am required to conduct this research as a requirement for completing a degree in Child and Youth Care. It is being conducted under the supervision of Veronica Pacini-Ketchabaw. You may contact my supervisor at +011 250 721 6478.

Purpose and Objectives

The purpose of this research project is three-fold:

1. To explicate the factors associated with investment in community based care settings, i.e. what are the actual cost incurred in operating the CBCC Centres, how are these cost met and who meets them
2. To explore the key stakeholders' perspectives of CBCC objectives, and how these are being met or not

3. Finally, this project will seek to understand the link between the costs and effectiveness of CBCC Centres.

Importance of this Research

Research of this type is important because key stakeholders in early Childhood Development (ECD), i.e. governmental and non-governmental organizations will be able to use this information in improving the status of the current CBCC Centres by supporting communities where communities are not able to support themselves. The data will also be useful in expanding the CBCC program in a manner that all children attending the CBCC Centres will still have access to adequate care and education. Further more, the information will be useful in lobbying the government and would-be funders for the needed support to ensure that all children in Malawi have access to adequate care and education. The research will also contribute to the body of knowledge regarding costs and effectiveness of CBCC Centres in Malawi.

Participants Selection

You are being asked to participate in this study because the principal investigator has identified you as one of the caregivers at the community-based child care centre in your community. Your knowledge and experience regarding early childhood development in your community has been deemed essential to the success of this research project.

What is involved?

If you agree to voluntarily participate in this research, your participation will include responding to interview questions pertaining to community-based child care in your community. The interviews will take the form of focus group discussion. It is expected that you will be familiar with most of the issues covered by the interview questions. The initial interview is expected to be 2 hours long at most. The subsequent meeting, which will take less than an hour, will focus on any issues arising from the first interview as well as your reflections on the initial analysis of the

first interview. All the interviews are expected to take place within your community for convenience sake.

Inconvenience

Participation in this study may cause some inconvenience to you in form of the time that you will have to spend responding to the interview questions. You are expected to spend 2 hours at most in the initial interview. The subsequent meeting, which will take less than an hour, will focus on the issues arising from the first interview and your reflections on the initial analysis of the first interview. This is the only conceivable inconvenience associated with this research.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include broadening of your critical analysis of the CBCC program as the research questions will prompt you to reflect on implementation issues confronting the CBCC program. Since the research focuses on the ways in which provision of early childhood services can be improved, you are going to benefit by developing the sense of satisfaction derived from your contribution to the improvements likely to follow this research. The society will also benefit by having more children whose developmental and educational needs are adequately met. Specifically, there would be more children who will be thriving in their development thereby reducing the huge cost of ill or impaired development ranging from physical illnesses to increasing repetition and failure rates in school. In addition, governmental and non-governmental organizations which are partners in the provision of early childhood development services from within and outside Malawi, may find the information and knowledge generated from this research very instrumental in designing ways in which they can effectively engage with communities to improve delivery of CBCC program. While the research is focusing on the situations which are currently existing in the communities, there has not been a systematic process of engaging key stakeholders in CBCC program to critically reflect on the

challenges facing the program and attempt to find the different ways in which such challenges may be overcome. This research will fill out this gap there by contributing to the state of knowledge regarding early childhood development services in Malawi.

Compensation

In lieu of compensating you for any inconvenience related to your participation, the principal investigator will contribute learning materials and food materials to children in the participating CBCC Centres. This compensation has been designed this way to correspond to the ultimate goal of this research, which is improving the delivery of early childhood services in poor communities of Malawi. The compensation is by default; notwithstanding participation of individuals in the research.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be impossible to remove from database.

On-going Consent

To make sure that you continue to consent to participate in this research, I will verbally read your initial consent to participate and will document your subsequent agreement to participate.

Anonymity

In terms of protecting your anonymity, I will not disclose your names in any form of documentation. However, due to nature of the interviews, fellow participants or ECD partners may associate you with this research by their knowledge of your participation. Such situations may involve one's participation in focus group discussions, or being delegated to participate in interviews.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by keeping your hard data in a locked cabinet and your electronic data will be stored into password protected files.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: directly to participants; published article; thesis/dissertation/class presentation; presentations at scholarly meetings.

Disposal of Data

Data from this study will be disposed off by way of erasing electronic files and burning of hard copies at the end of a 5-year period.

Contacts

Individuals that may be contacted regarding this study include my supervisor Veronica Pacini-Ketchabaw, myself as a principal Investigator and my co-investigators Alinafe Chibwana and Lois Silo.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (+011 250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX N

Consent Form for Parents' Representatives



University of Victoria | School of Child and Youth Care

Parent Representatives Consent Form

Cost and Effectiveness of Community-based Child care Centres in Malawi

You are invited to participate in a study entitled Cost and Effectiveness of Community-based Child care Centres (CBCC Centres) that is being conducted by Khama Chibwana.

Khama Chibwana is a graduate student in the School of Child and Youth Care at the University of Victoria in

British Columbia, Canada and you may contact him, if you have further questions, by telephone at the following numbers; +011 250 686 7525 or +011 250 472 5494, or by E-mail at:

chibwana@uvic.ca

As a graduate student, I am required to conduct this research as a requirement for completing a degree in Child and Youth Care. It is being conducted under the supervision of Veronica Pacini-Ketchabaw. You may contact my supervisor at +011 250 721 6478.

Purpose and Objectives

The purpose of this research project is three-fold:

1. To explicate the factors associated with investment in community based care settings, i.e. what are the actual cost incurred in operating the CBCC Centres, how are these cost met and who meets them
2. To explore the key stakeholders' perspectives of CBCC objectives, and how these are being met or not

3. Finally, this project will seek to understand the link between the costs and effectiveness of CBCC Centres.

Importance of this Research

Research of this type is important because key stakeholders in early Childhood Development (ECD), i.e. governmental and non-governmental departments will be able to use this information in improving the status of the current CBCC Centres by supporting communities where communities are not able to support themselves. The data will also be useful in expanding the CBCC program in a manner that all children attending the CBCC Centres will have access to adequate care and education. Further more, the information will be useful in lobbying the government and would-be funders for the needed support to ensure that all children in Malawi have access to adequate care and education. The research will also contribute to the body of knowledge regarding costs and effectiveness of CBCC Centres in Malawi.

Participants Selection

You are being asked to participate in this study because the principal investigator, through the help of the caregivers, has identified you as a representative of parents who is involved with the activities of this centre either by having your child or children attending this centre or by supporting this centre in various ways. Your participation in this research is deemed to be very essential because of your knowledge and experiences through either being involved in supporting the centre in one way or another, or through your assessment of the impact that the CBCC Centres has had on your child or children or your community.

What is involved?

If you agree to voluntarily participate in this research, your participation will include responding to interview questions pertaining to community-based child care in this centre. The research questions are general in nature and you will be provided with a copy of the questions prior to our interviews. The initial interview is expected to be 2 hours long at most. The subsequent meeting, which will take less than an hour, will focus on any issues arising from the first interview as well

as your reflections on the initial analysis of the first interview. All the interviews are expected to take place within your community for convenience sake.

Inconvenience

Participation in this study may cause some inconvenience to you in the form of the time that you will have to spend responding to the interview questions. You are expected to spend 2 hours at most in the initial interview. The subsequent meeting, which will take less than an hour, will focus on the issues arising from the first interview and your reflections on the initial analysis of the first interview. This is the only conceivable inconvenience associated with this research.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include broadening of your critical analysis of the CBCC program as the research questions will prompt you to reflect on implementation issues confronting the CBCC Centres program. Since the research focuses on the ways in which provision of early childhood services can be improved, you are going to benefit by developing the sense of satisfaction derived from your contribution to the improvements likely to follow this research. The society will also benefit by having more children whose developmental and educational needs are adequately met. Specifically, there would be more children who will be thriving in their development thereby reducing the huge cost of ill or impaired development ranging from physical illnesses to increasing repetition and failure rates in school. In addition, governmental and non-governmental organizations which are partners in the provision of early childhood development services from within and outside Malawi, may find the information and knowledge generated from this research very instrumental in designing ways in which they can effectively engage with communities to improve delivery of CBCC program. While the research is focusing on the situations which are currently existing in the communities, there has not been a systematic process of engaging key stakeholders in CBCC program to critically reflect on the

challenges facing the program and attempt to find the different ways in which such challenges may be overcome. This research will fill out this gap there by contributing to the state of knowledge regarding early childhood development services in Malawi.

Compensation

In lieu of compensating you for any inconvenience related to your participation, the principal investigator will contribute learning materials and food materials to children in the participating CBCC Centres. This compensation has been designed this way to correspond to the ultimate goal of this research, which is improving the delivery of early childhood services in poor communities of Malawi. The compensation is by default; notwithstanding participation of individuals in the research.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will impossible to remove from database.

On-going Consent

To make sure that you continue to consent to participate in this research, I will verbally read your initial consent to participate and will document your subsequent agreement to participate.

Anonymity

In terms of protecting your anonymity, I will not disclose your names in any form of documentation. However, due to nature of the interviews, fellow participants or ECD partners may associate you with this research by their knowledge of your participation. Such situations may involve one's participation in focus group discussions, or being delegated to participate in interviews.

Confidentiality

Your confidentiality will be protected through keeping your hard data in a locked cabinet and your electronic data will be stored into password-protected files.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: directly to participants; published article; thesis/dissertation/class presentation; presentations at scholarly meetings.

Disposal of Data

Data from this study will be disposed off by way of erasing electronic files and burning-of hard copies at the end of a 5-year period.

Contacts

Individuals that may be contacted regarding this study include my supervisor Veronica Pacini-Ketchabaw, I as a principal Investigator and my co-investigators Alinafe Chibwana and Lois Silo. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (+011 250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX O

Consent Form for Observation of CBCC Centres



University
of Victoria

School of Child
and Youth Care

*Consent Form for Observation of the
CBCC Centre Addressed to the
Caregivers*

Cost and Effectiveness of Community-based Child care Centres in Malawi

Your CBCC Centre is being requested to participate in a study entitled Cost and Effectiveness of Community-based Child care Centres (CBCC Centres) that is being conducted by Khama Chibwana.

Khama Chibwana is a graduate student in the School of Child and Youth Care at the University of Victoria in British Columbia, Canada and you may contact him, if you have further questions, by telephone at the following numbers; +011 250 686 7525 or +011 250 472 5494, or by E-mail at: chibwana@uvic.ca

As a graduate student, I am required to conduct this research as a requirement for completing a degree in Child and Youth Care. It is being conducted under the supervision of Veronica Pacini-Ketchabaw. You may contact my supervisor at +011 250 721 6478.

Purpose and Objectives

The purpose of this research project is three-fold:

1. To explicate the factors associated with investment in community based care settings, i.e. what are the actual cost incurred in operating the CBCC Centres, how are these cost met and who meets them
2. To explore the key stakeholders' perspectives of CBCC objectives, and how these are being met or not

3. Finally, this project will seek to understand the link between the costs and effectiveness of CBCC Centres.

Importance of this Research

Research of this type is important because key stakeholders in early Childhood Development (ECD), i.e. governmental and non-governmental organizations will be able to use this information in improving the status of the current CBCC Centres by supporting communities where communities are not able to support themselves. The data will also be useful in expanding the CBCC program in a manner that all children attending the CBCC Centres will still have access to adequate care and education. Further more, the information will be useful in lobbying the government and would-be funders for the needed support to ensure that all children in Malawi have access to adequate care and education. The research will also contribute to the body of knowledge regarding costs and effectiveness of CBCC Centres in Malawi.

Participants Selection

Your centre is being requested to participate in this study because the principal investigator has identified it as a suitable community-based child care centre for the purposes of this study.

What is involved?

The researchers would like to seek your permission to make observations of your centre. The observations of your centre will be limited to the material resources, facilities and infrastructure. Observations will neither focus on Caregivers nor will it focus on the children. It is expected that observation will take less than two hours. Still pictures will be taken as part of this activity.

Inconvenience

Participation in this study may cause some inconvenience to you in form of the time that you will have to spend time responding to some questions arising from the observations. You are expected to spend less than 2 hours at most on this activity.

Risks

There are no known or anticipated risks to your centre by participating in this research.

Benefits

The potential benefits of your centre's participation in this research will be supplemental to the overall anticipated benefits which include the broadening of your critical analysis of the CBCC program as the research questions will prompt you to reflect on implementation issues confronting the CBCC program. Since the research focuses on the ways in which provision of early childhood services can be improved, you are going to benefit by developing the sense of satisfaction derived from your contribution to the improvements likely to follow this research. The society will also benefit by having more children whose developmental and educational needs are adequately met. Specifically, there would be more children who will be thriving in their development thereby reducing the huge cost of ill or impaired development ranging from physical illnesses to increasing repetition and failure rates in school. In addition, governmental and non-governmental organizations which are partners in the provision of early childhood development services from within and outside Malawi, may find the information and knowledge generated from this research very instrumental in designing ways in which they can effectively engage with communities to improve delivery of CBCC program. While the research is focusing on the situations which are currently existing in the communities, there has not been a systematic process of engaging key stakeholders in CBCC program to critically reflect on the challenges facing the program and attempt to find the different ways in which such challenges may be overcome. This research will fill out this gap there by contributing to the state of knowledge regarding early childhood development services in Malawi.

Compensation

In lieu of compensating you for any inconvenience related to your centre's participation, the principal investigator will contribute learning materials and food materials to children in the participating CBCC Centres. This compensation has been designed this way to correspond to the ultimate goal of this research, which is improving the delivery of early childhood services in poor

communities of Malawi. The compensation is by default; notwithstanding participation of individuals in the research.

Voluntary Participation

Your centre's participation in this research must be completely voluntary. If you consent that your centre participates in this study, you are advised that your centre may withdraw at any time without any consequences or any explanation. If your centre withdraws from the study its data will not be used in the study.

On-going Consent

To make sure that your centre continues to consent to participate in this research, I will verbally read your initial consent to participate and will document your subsequent agreement to participate.

Anonymity

The participation of your centre will not be anonymous for the sake of providing room for the continuation of further research in the future as well as verification of the findings if need arises.

Confidentiality

Confidentiality of the data will be protected by keeping your hard data in a locked cabinet and your electronic data will be stored into password protected files.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: directly to participants; published article; thesis/dissertation/class presentation; presentations at scholarly meetings.

Disposal of Data

Data from this study will be disposed off by way of erasing electronic files and burning of hard copies at the end of a 5-year period.

Contacts

Individuals that may be contacted regarding this study include my supervisor Veronica Pacini-Ketchabaw, myself as a principal Investigator and my co-investigators Alinafe Chibwana and Lois Silo.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (+011 250-472-4545).

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.