COMMUNITY-BASED CHILDCARE CENTRES IN MALAWI:

A NATIONAL INVENTORY

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ABBREVIATIONS

APPM	Association of Preschool and Playgroups in Malawi
CBCC	Community-Based Childcare Centre
CBO	Community-Based Organization
CSN	Children with Special Needs
DSWO	District Social Welfare Office(r)
ECD	Early Childhood Development
FBO	Faith-Based Organization
GPS	Geographical Positioning System
HSA	Health Surveillance Assistant
MASAF	Malawi Social Action Fund
MPRSP	Malawi Poverty Reduction Strategy Paper
NGO	Non-Governmental Organization
NOVOC	Network of Organizations working with OVC
OVC	Orphans and Vulnerable Children
SPSS	Statistical Package for Social Scientists
TA	Traditional Authority
UNICEF	United Nations Children's Fund
U5	Children under the age of five years (under-fives)

DISTRICT ABBREVIATIONS

Northern region

CP	Chitipa
KA	Karonga
RU	Rumphi
NB	Nkhata Bay
MZ	Mzimba LKM Likoma

Central region

KU	Kasungu
LL	Lilongwe
NTC	Ntchisi
DO	Dowa
MC	Mchinji
SA	Salima
KK	Nkhotakota
DZ	Dedza
NU	Ntcheu

Southern region

BLK	Balaka
MA	Mangochi
MHG	Machinga
ZA	Zomba
CZ	Chiradzulu
PE	Phalombe
MU	Mulanje
TO	Thyolo
CKW	Chikwawa
NS	Nsanje
BT	Blantyre
MW	Mwanza
NE	Neno

CBCCs IN FIGURES

(Percentages rounded to nearest whole number)

CBCC numbers	
Total number of CBCCs in Malawi:	5,665
Northern region	1,194
Central region	1,623
Southern region	2,848
Registration of CBCCs	
Percentage of CBCCs registered	89%
Percentage registered with DSWO	56%
Numbers of children attending	
Total number of children registered in CBCCs in Malawi:	407,468
boys	183,810
girls	223,658
children aged 3-5 years [1]	258,108
children aged over 5 years	32,103
under-aged[2] children	106,106
Percentage of Malawi's under-fives attending CBCCs	15%
Percentage of children registered in CBCCs who are orphans	22%
Percentage of children registered in CBCCs who have special needs	4%
Percentage of CBCCs which have registers	92%
CBCC infrastructure	
Have own premises:	30%
Northern Region	24%
Central Region	33%
Southern Region	30%
Have kitchens	19%
Of the above, have kitchens which are permanent structures	39%
Caregivers and CBCC committees	
Total number of caregivers who worked in CBCCs in the six months before the survey:	22,822
females	17,580
males	5,242
Average number of caregivers who work each day	12,339
Average caregiver to child ratio per day	1:25
Percentage of trained caregivers	24%
Percentage of caregivers who work voluntarily	90%
Percentage of CBCCs with CBCC committees	95%
Percentage of trained committee members	8%
Nutrition	
Percentage of CBCCs that provide meals	91%
Percentage of CBCCs with community gardens	38%

[1] Some CBCCs do not record the ages of children. Therefore the number in the different age groups are based on ages estimated by caregivers.

[2] In this context, children who have not yet reached their third birthday

EXECUTIVE SUMMARY

1. Introduction

Studies done elsewhere have shown that if children attend pre-primary or nursery school they are better prepared for school itself. Children who have attended pre-school groups are more likely to enrol and stay on in school, and to perform better academically than their peers who have not attended. Early learning also improves children's health and nutritional status. Recognising these clear benefits of early learning, the Government of Malawi (in conjunction with stakeholders) has been promoting the establishment of pre-schools, including Community-Based Childcare Centres (CBCCs), throughout the country.

But until now there has been no systematic attempt to find out how many CBCCs there are, or how many children they serve. So this survey covered all 28 districts and the results have been used to create a database of CBCCs in Malawi. As well as locating and mapping the CBCCs, this study also looked at the quality of the facilities offered and whether they matched the guidelines given in the CBCC Profile[3]. Interviews with selected respondents provided qualitative information to supplement quantitative results.

The survey was conducted between 2006 and 2007 by the Centre for Social Research of the University of Malawi. The methodology used was effective in locating CBCCs and the exercise was completed successfully.

2. Results

2.1 CBCC operations

A total of 5,665 CBCCs were identified, of which half were located in the southern region[4]. In terms of CBCCs per head of under-five (U5) children, the northern region has one CBCC to 225 children, and the ratios in the other regions are 1:733 in central and 1:418 in southern.

Nearly 90% operated five days a week, usually in the mornings only. Most were established during the last seven years and were set up either by communities themselves or by non-governmental, community- or faith-based organizations (NGOs/CBOs/FBOs). Many close down after a short period. Nearly 90% of the CBCCs are registered either with the DSWO or with NGOs/CBOs/FBOs.

Respondents appear to value CBCCs. They are seen as providing valuable pre-school experience for children and also as entry points for development activities that benefit the whole community.

More than 400,000 pre-school children[5] (representing 15% of the under-fives in the country as a whole) attend these CBCCs. A slight majority are girls. The northern region had the highest proportion of children enrolled (23%), followed by the southern (17%) and central regions (12%). But there was wide variation at district level, ranging from almost one-third enrolment in Nkhata Bay to only 5% in Dedza. Average daily attendance was almost 70% overall, ranging from 59% in Kasungu to 78% in Chitipa.

Sixty-five percent of the children registered were aged 3-5 years. Children aged less than three years made up 27% of the total, and 8% of registered children had passed their sixth birthday.

Twenty-two percent of children registered in CBCCs were orphans, while 4% had special needs. Again, there was wide variation between districts, particularly with regard to orphans. Only 13% of children in Chitipa's CBCCs were orphans, but orphans constituted 37% and 42% of the children in CBCCs in Lilongwe and Blantyre, respectively.

[3] *Community-Based Childcare Profile*, UNICEF Malawi, 2007
[4] About 47% of Malawi's population live in the southern region.
[5] CBCCs are intended for children aged up to and including five years of age, but some older children attend too

Over 90% of the CBCCs keep registers. Most of them recorded children's names, sex and whether absent or present: much fewer registered the reason for any absence.

2.2 Infrastructure

Overall, only 30% of the CBCCs have their own buildings. The other 70% operate either in the open air or in buildings lent by institutions or individuals. Forty-four percent of the buildings owned by CBCCs are used for other purposes, mainly for welfare committee meetings and prayers.

Most of the buildings owned by CBCCs are temporary structures with earth floors, mud walls and thatched roofs. Only 19% are more permanent, with burnt brick walls, cement floors and iron sheet roofs.

Less than one-fifth of the CBCCs have kitchens, and most of these are temporary structures. But the kitchens were observed to be mostly clean.

2.3 Caregivers

Overall, nearly 23,000 caregivers had worked in the CBCCs in Malawi during the six months preceding the survey. Most (77%) of them were women. The average daily attendance of caregivers is 54%, although attendance in the northern region was notably higher (73%).

There is a shortage of caregivers. The CBCC Profile recommends that there should be at least one caregiver for every 20 children, but most districts did not achieve this ratio, Mangochi district had the poorest ratio, averaging once caregiver for every 31 children.

Most caregivers either volunteer or are elected by the community. Educational qualifications were important in the selection process, but character and experience with children were also taken into account. Less than one-fifth of them had completed secondary school, but almost 90% have at least completed Standard 5 in primary school. More than two-thirds had been working in a CBCC for more than a year.

Most of the teaching in CBCCs is done by untrained caregivers: only a quarter of the caregivers have been trained for the recommended two weeks. More than half of the trained caregivers said that the training they received covered child development, child protection and water, hygiene and sanitation issues. The training of caregivers was mainly conducted by the DSWO and NGOs/CBOs/FBOs.

Most caregivers work voluntarily, motivated by an interest in children. Very few material incentives are offered, but respondents said that caregivers could be motivated in other ways. Being offered training was one possibility; or the caregiver being helped to cultivate their garden; or simply receiving respect and encouragement from the community at large.

Caregivers leave for various reasons, including the lack of remuneration. Many women stop being caregivers when they marry. Recruiting new caregivers is a constant challenge and it was suggested that offering some sort of salary might be the best way to find and keep suitable staff.

2.4 The role of community members

Overall 95% of the CBCCs had CBCC committees, mainly consisting of about ten members with women predominating. Eighty-six percent of the members were elected by the community. Committee functions suggested by respondents emphasised overseeing the CBCC, mobilizing resources and keeping financial records. Despite these significant responsibilities, less than 10% of the committee members had been trained.

Most of the work at CBCCs was done by parents or guardians of children attending CBCCs. Relatively few men were involved in daily duties, but they did provide periodic support, for instance by building and renovating CBCC buildings, or by making bricks. Village headmen were also important, especially in motivating community members. They also give various permissions, such as making building land available and allowing the cutting of trees where necessary.
Nearly 90% of CBCCs are funded by community contributions, not necessarily in cash. Less than 10% had bank accounts, which were mostly managed by the CBCC committees. Contributions were often made in kind. Fund raising activities were also mentioned, and a few CBCCs also run income- generating activities.

Nationally, 38% of the CBCCs reported having communal gardens, but there were wide variations between districts. Maize was the major crop, accounting for three-quarters of the produce. Parents were the major sources of farm inputs for these communal gardens, followed by FBOs/NGOs/CBOs.

The major problems faced by CBCCs were said to be lack of play materials, lack of food, lack of teaching materials, lack of buildings of their own and lack of training for both caregivers and committee members. Many CBCCs were reported to close

down after a short while, most commonly because of shortages of resources and food. Community involvement in classrooms was not high, at only 43% nationally.

2.5 Water, sanitation and health

Around 80% of the CBCCs take their water from protected sources, but significant numbers in some districts draw water directly from unprotected wells or rivers. Most CBCCs had a water sources closer than 500 metres away but 4% had to travel more than 1km to fetch water.

Nearly 90% of the CBCCs had toilets, most of which were traditional pit latrines. Most latrines were temporary, with earth floors and thatched roofs, and over 70% were cleaned every day. In the absence of toilets, children defecate in various places, with significant numbers defecating in the bush, around the CBCC campus or in a neighbour's toilet. Bathrooms were extremely rare, with only 11 % reporting having them.

Most respondents said that children were taught about hygiene and sanitation, with the main focus being on hand washing (both before eating and after using the toilet) and body care. Rubbish was mainly disposed of by throwing into rubbish pits or by burning. Some respondents also mentioned throwing rubbish into the bush or a nearby river.

When children feel ill, the most common response by caregivers was to take the child to its parent or guardian. Other common suggestions were for the caregiver to look after the sick child, take the child to a health centre or to treat a child with medicine from a shop. Very few mentioned home-based care volunteers, health surveillance assistants or traditional healers. Very few CBCCs have dedicated sick bays, and health-related equipment (first aid kits, growth monitoring scales and height charts) was scarce in all districts.

Less than 40% of the CBCCs reported being visited by health workers, generally once or twice per month. Health workers were said to provide a range of services, the most common of which were hygiene and sanitation support, health talks, vitamin A supplementation, and growth monitoring. Insecticide treated nets, HIV and AIDS awareness campaigns, and first aid were rarely mentioned. There is wide disparity between districts in the level of services offered.

2.S Nutrition

Over 90% of CBCCs said they provide food or drinks to the children. Porridge made using maize flour was the most common food. More nutritious food such as *nsima* with beans and vegetables was rarely offered. Some CBCCs provided tea but mostly without milk. CBCCs that operated all day were more likely to provide meais than those operating for shorter periods. The study reveals that utensils of all kinds are in short supply.

Sixty percent of the CBCCs reported that food was provided by parents; other sources included community members, well wishers and communal gardens. It was rare for CBCCs to purchase food.

2.7 Play and recreation

The most common activities reported were those that require no equipment. Singing was the most popular daily activity, followed by free play, spiritual activities and story-telling. CBCCs in general are poorly equipped with both indoor and outdoor play materials. Very few have designated quiet places where children can rest, but most had mats for children to lie on.

3.0 Categorization of CBCCs

Using criteria derived from the guidelines set out in the CBCC Profile, each CBCC was given a score according to the quality of its facilities. It was found that most of the CBCCs fell far short of the standard required. None was in the highest category, only 40 were in category 2 and 78 in category 3. The vast majority - more than 5,500 - fell into the lowest category.

It is clear from this inventory that although the nu mbers of CBCCs have increased rapidly in recent years, the standards of infrastructure, staffing and facilities do not meet the CBCC Profile guidelines.

1. INTRODUCTION AND METHODOLOGY

1.1 Introduction

Globally, it is estimated that nearly 200 million children fail to reach their potential in cognitive development. There are many reasons for this, including poverty, poor health and nutrition, and inadequate care. While it is generally recognised that poverty and poor nutrition lead to increased mortality and morbidity, there seems to be less recognition that these factors can affect children's cognitive development too. But policy makers and programme implementers are becoming more aware that early interventions, such as establishing CBCCs, can make a real difference to children's life chances.

The first few years of human development are crucial, as this is when somatic changes, including growth and development of the brain, occur. (Even during pregnancy, poor maternal nutrition and infections will restrict foetal growth, resulting in poor cognitive development later in life[6]). Perturbations during this crucial period of brain growth and development have long-lasting cognitive and emotional effects. Childhood malnutrition, micronutrient deficiency, poor stimulation and social interaction, and deficient maternal care are particularly harmful. Studies[7] have shown that early cognitive development is one of the major factors that determine school performance and progress. Pre-primary enrolment has been shown to improve school readiness, increase enrolment and retention (in both primary and secondary schools), reduce class repetition, improve academic performance and increase primary completion rates. Early learning also improves children's health and nutritional status - the proportion of children aged less than five years of age who are underweight declines as the pre-school coverage in a country increases.

McGregor et al[B] have also demonstrated that early child growth retardation and absolute poverty lead to poor cognitive development. Poverty is associated with inadequate food and poor hygiene and sanitation, so poor children are more likely to have stunted growth and be more susceptible to infections. Stunted children are more likely to enrol in school late or not at all, and severe malnutrition also reduces intelligence and school performance. Mothers who live in poverty are likely to have low levels of forma! education; they are also likely to suffer increased stress and depression; they are unlikely to be able to offer adequate stimulation to their children within the home. All of these factors contribute to poor child cognitive development.

McGregor et al further cite studies which have demonstrated that wealth determines the age at which children start schooling, the likelihood of completing school, and the numbers dropping out of school. Poverty is thus an indicator of poor development. It has been estimated that every school year completed increases adult yearly income by 9%, but that stunting decreases adult income by 22%. Poor cognitive development caused by poverty can therefore pass between generations from parent to child. However, Walker et al[6] have reported that providing food supplements to improve children's nutritional status and development leads to improved motor development, mental development and cognitive ability.

Engle et a![7] have reviewed the effectiveness of intervention programmes that promote child development. They provide evidence that food supplementation during the first two to three years of life tends to improve cognition; that conditional cash transfers accompanied by nutritional supplements lead to improved children's growth and development; that consumption of iodised salt improves child
cognitive abilities; and that stimulation combined with nutrition and health programmes leads to improved child development. They also argue that the providing services directly to children (for example through feeding programmes) has proved effective.

Early childhood programmes also contribute towards reduction of fertility rates. For example, Aidoo[8] says that the incidence of motherhood in girls aged 10-18 who had attended pre-schoo! is less than half that for giris of the same age who had not attended pre-school.

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[6] Walker, S.P. et al. (2007) *Child development: risk factors for adverse outcomes in developing countries,* The Lancet 369:145-157

[7] Garcia, M., G. Virata and E, Dunkelberg (2007) *The state of young children in Sub-Saharan Africa,* in: M. Garcia, A. Pence and J.L. Evans (eds) *Africa's future, Africa's challenge: early childhood care and development in Sub-Saharan Africa,* Washington, The World Bank. Also see Aidoo, A.A. (2007) *Positioning ECD nationally: trends in selected African countries* in the same publication

[e] McGregor, S.G. et al. (2007) *Development potential in the first five years for children in developing countries* The Lancet 369: 60-70

[9] Walker, S.P. et al. (2007) Ibid

[7] Engle, P et al. and the International Child Development Steering Group, (2007) *Strategies to avoid the loss of development potential in more than 200 million children in the developing world.* The Lancet 369: 229-242

[8] Aidoo, A.A. (2007). *Positioning ECD nationally: trends in selected African countries* In: M. Garcia, A, Pence and J.L, Evans (eds). *Africa's future, Africa's challenge: early childhood care and development in Sub-Saharan Africa.* Washington: The World Bank

Thus the benefits of pre-school exposure are well understood, but only 12% of children aged between three and six years old in Sub-Saharan Africa are actually enrolled in pre-school - this is only a third of the enrolment rate in South-East Asia[9]. In an attempt to ensure that Malawian children benefit from the early childhood development programmes, a number of CBCCs have been formed to cater for children (including orphans and those with special needs) in their communities.

1.2 Why the national survey of CBCCs?

Pre-school childcare in Malawi dates back to the 1950s, when a few primary schools established by missionaries enrolled younger children for two years before they started Standard 1. In 1966 the first early childhood education centre was set up by the Church of Central African Presbytery in Blantyre, followed by a number of pre-school groups in Blantyre and other towns. The Association of Preschool Playgroups in Blantyre was established in 1970 as a coordinating body but the name was changed to the Association of Pre-school and Playgroups in Malawi (APPM) in 1972.

The Government of Malawi, with assistance from UNICEF and in collaboration with other stakeholders, now supports CBCCs countrywide. While Government and its development partners appreciate the role that CBCCs can play in the development of children (especially orphans and other vulnerable children), the exact number of CBCCs has remained unknown until now. The Ministry of Women and Child Development estimates that there are around 6,000 CBCCs in Malawi offering care to just over 522,000 children, The review of the Malawi Poverty Reduction Strategy Paper (MPRSP) reported that there were almost 4,500 early childhood development (ECD) centres caring for 300,000 children. This inventory set out to record and map all the CBCCs in Malawi today, and to find out how many children they care for.

An ideal CBCC is far more than simply a playgroup, although it does offer a safe and stimulating environment where children can play. It also provides services such as essential health care, community integrated management of childhood illnesses, psychosocial care and support, water and sanitation, and nutrition support. The promotion of holistic childhood development is also done through building the capacity of parents and caregivers, A CBCC is therefore a parent and childcare service owned and run by parents, guardians, caregivers and members of the community. To guide those running a CBCC, the characteristics of an ideal CBCC are spelled out in the CBCC Profile. This document sets standards for all aspects of a CBCC, including infrastructure, staffing levels, feeding regime and play equipment. So as well as recording and mapping CBCCs, this inventory also assesses the type and quality of services offered by CBCCs, as measured against these standards.

1.3 Objectives of the survey

The *major objective* of this study was to create a database containing all CBCCs in Malawi classified according to various standards. The *specific objectives* of the survey were as follows:

- To determine the number and location of all CBCCs which are in Malawi by district and traditional authority. » To determine the number of children cared for and their age groups.
- To determine the number of caregivers and members of CBCC committees, and the proportion of them who have been trained.
  To understand the type of services offered and the problems encountered in providing these services.
- To determine the type of infrastructure and equipment, including playing materials, available.
- To determine the sources of support, financial and otherwise.
- To make recommendations on a number of issues, including classification systems and minimum standards for registration.
- To develop a district central registration system for CBCCs including minimum standards.

1.4 Methodology 1.4.1 Research sites

This survey was done in three phases during 2006 and 2007. In Phase I, data was collected in Blantyre and Mwanza Districts. Phase II covered six districts (Chitipa and Mzimba in the northern region; and Saiima, Lilongwe, Mchinji and Kasunau in the central region). Phase III covered the remaining 20 districts (Karonga, Rumphi, Likoma [3] and Nkhata Bay in the northern region; Nkhotakota, Dowa, Ntchisi, Dedza and Ntcheu in the central region; and Balaka, Mangochi, Machinga, Zomba, Chiradzulu, Phalombe, Mulanje, Thyolo, Chikwawa, Nsanje and Neno in the southern region).

1.4.2. Developing and administering the questionnaires

[9] Garcia, M., G. Virata and E, Dunkelberg. (2007) The state of young children in Sub-Saharan Africa. In: M. Garcia, A Pence and J.L. Evans (eds). *Africa's future, Africa's challenge: early childhood care and development in Sub-Saharan Africa,* Washington: The World Bank

Data on all the CBCCs identified during the study was collected using questionnaires. The study was both quantitative and qualitative.

Two questionnaires were developed: the first covering CBCC services and the second for administering to caregivers (see Appendix 1 and 2), The first questionnaire captured information on when each CBCC was set up; how many children it catered for; and sources of support. It also covered the type and quality of services being provided; the quality of the building being used (if any); and the staff and facilities on offer.

In each CBCC the target respondent for the main questionnaire was either the chairperson or one of the caregivers. A total of 5,665 persons were interviewed using the first questionnaire, of which 70% were caregivers, 28% were chairpersons and 2% were others connected with the CBCC. Although it was the aim of the research team to target chairpersons as well as caregivers, it became clear as work progressed that in many cases the former were not very knowledgeable and found it difficult to answer some of the questions.

The questionnaire for caregivers was shorter and asked a different set of questions, including how long each caregiver had been working in the CBCC; what motivated their work; their highest level of education; and how much training (if any) they had received. This second questionnaire was used to collect information from 13,024 caregivers.

In the third phase of the study (20 districts), 1,000 semi-structured interviews[10] with caregivers were conducted to get a better understanding of some of the issues raised in the questionnaire. This was an opportunity to explore further the issues surrounding CBCCs, including any problems experienced and ideas for improvements.

1.4.3 Identifying CBCCs

Information was sought from the District Social Welfare Officers (DSWOs) or their representatives about the number and location of the CBCCs in their district. As not all CBCCs are run or supported by the DSWO, the DSWO was also asked for a list of development partners involved in operating CBCCs.

A snowball approach was also used to identify other CBCCs in each district. During each CBCC visit, staff and management were asked if they were aware of any other CBCCs in their area that were not on the DSWO/partners list. This was an important step: in Mzimba, for instance, the DSWO and partners list identified 171 CBCCs, but a further 122 were found through snowballing. In addition to this, there were certain cases in which the DSWO and their partners at district level did not provide any information on CBCCs.

In the few cases where the DSWO and their partners did not list the CBCCs in a particular area, the research team used Health Surveillance Assistants (HSAs), community development facilitators, village headmen and community members to identify the CBCCs. Community-based organizations (CBOs) also proved very useful in providing this information, as did caregivers.

Using this information, a list of CBCCs was compiled. Every CBCC was visited and data collected using the two questionnaires described above. The location of each CBCC was identified using a Geographical Positioning System (GPS) and this information was put on a series of maps.

1.4.4 Mapping the CBCCs

A GPS device was used to collect the coordinates for each CBCC identified. These coordinates were recorded manually on a form, together with the name of the CBCC, the village, the traditional authority (TA) and district. The data was then entered into an Excel file which was then converted into a database file (DBF). Using digitized maps from the National Statistical Office, each map of a traditional authority was retrieved and the DBF file for that district was superimposed. Maps showing all the CBCCs in each TA have since been produced for all districts in Malawi. It was not possible to produce a national map or district maps, as these would have been overcrowded.

1.4.5 Data entry and analysis

A data entry template in the statistical package for social scientists (SPSS) was developed at the Centre for Social Research. This was then used to enter all data collected using the two questionnaires. The data was cleaned and analysed using SPSS. Numbers of CBCCs varied between districts, but Likoma had by far the fewest (only 10) so the sample size is small. (The district with the fewest CBCCs after Likoma was Rumphi with 43.)

1.5 Challenges during fieldwork

[10] This covered about one-fifth of the CBCCs mapped in the third phase.

The study team encountered a number of problems during data collection, including the following:

1.5.1 Distances between and accessibility of CBCCs

Some CBCCs were located far away from a main road and travelling to them was neither easy nor quick. There were also times when the whole team had to wait for one person to conduct an interview if the CBCC was located very far from the rest, and this was time consuming too. In places such as Chitipa, some CBCCs were located in hilly areas or where roads were impassable, so the team had to walk long distances, which again delayed the survey.

1.5.2 Availability of caregivers and interviews with chairperson

As many caregivers do not live close to the CBCCs, it was not always easy to find them, especially in the afternoon, when many CBCCs are closed. In some cases appointments were made for the following day. Where caregivers could not be found, chairpersons or other CBCC committee members were interviewed, but these inten/iews were often unsatisfactory. These people were not really involved with the day to day running of CBCCs and they found many questions difficult to answer. The interview teams often had to return later to be given information, and this was also time consuming.

1.5.3 Afternoon interviews

Most CBCCs only operate in the morning, so in the afternoon it was hard to determine whether a CBCC was operational or not. Community members were asked whether the CBCC was actually functioning, but the answers were not necessarily reliable because some respondents believed, incorrectly, that the study team was from Government or an NGO and might be bringing food or other items for the children. They were therefore tempted to say that a CBCC was in operation when in fact it was not. The team attempted to prevent these inaccuracies by explaining the reasons for the survey.

1.5.4 Availability of registers

Some CBCCs did not have an attendance register, which made it difficult to collect some of the information required. Interviews in such cases took longer to conduct, because different questions had to be asked to ensure that all the required data was collected,

1.5.5 CBCCs formed during fieldwork

The data collection process was protracted, and the survey teams spent over a month in each district. Many community members heard that the teams were visiting every CBCC in the district, and some believed that the teams were offering material support. There was therefore a perceived incentive to establish new CBCCs, and in some cases the teams found CBCCs which had only been functional for a day or two. In such cases the CBCCs were recorded and mapped, but the questionnaires were not used.

1.5.6 Language problems

In Chitipa, interviewers had to be hired so that the questionnaires could be administered in a language that the respondents were familiar with. Translators were not required in other districts.

1.5.7 Too few GPS devices

Each survey team had one GPS machine, but the work could have proceeded more quickly if there had been more available. Each research assistant had to wait for a GPS to record the coordinates of the CBCC before moving to the next one.

1.6 Conclusions

The methodology used in this study was effective in locating the CBCCs in each of the districts surveyed. The snowball approach was particularly useful, as it identified CBCCs which were not listed by the DSWO and their development partners. Despite the problems experienced during data collection, the exercise was successfully completed.

2. CBCC OPERATIONS

2.1 Introduction

This chapter looks at basic background information revealed by the survey. This includes the number of CBCCs in each district, when and by whom the CBCCs were established, whether they are registered, the number of children who attend and their ages, and related matters,

2.2 Number of CBCCs in Malawi by district and region

The survey identified a total of 5,665 CBCCs in the country as a whole, About half of them (2,848) were located in the southern region; there were 1,623 (29%) in central region, and 1,1 94 (21 %) in the northern region. Tables 2.1a, b and c below show the numbers of these CBCCs by district in each region of Malawi. It also gives estimated total numbers of under-five children in each district, from which has been calculated a figure showing the average number of children at each CBCC in each district, if every U5 child attended. Of course this does not reflect the actual numbers of children at each CBCC, but it does give some idea of the distribution of CBCCs relative to the numbers of children eligible to attend.

Table 2.1a: Number of CBCCs in northern region

District	No. of CBCCs	No. of U5 children	Ratio of CBCC to U5 children
Chitipa	245	33,130	1:135
Karonga	241	46,668	1:194
Rumphi	43	27,372	1:637
Nkhata Bay	170	31,884	1:188
Mzimba	485	126,446	1:261
Likoma	10	2,638	1:264
Total/Average	**1,194**	**268,138**	**1:225**

Table 2.1b: Number of CBCCs in central region

District	No. of CBCCs	No. of U5 children	Ratio of CBCC to U5 children
Kasungu	226	134,330	1:594
Lilongwe	395	427,612	1:1,083
Ntchisi	123	49,056	1:399
Dowa	145	96,460	1:665
Mchinji	154	95,736	1:622
Salima	129	73,413	1:569
Nkhotakota	177	62,984	1:356
Dedza	99	141,234	1:1,427
Ntcheu	175	109,144	1:624
Total/Average	**1,623**	**1,189,969**	**1:733**

Table 2.1c: Number of CBCCs in southern region

District	No. of CBCCs	No. of U5 children	Ratio of CBCC to U5 children
Balaka	123	67,013	1:545
Mangochi	318	155,273	1:488
Machinga	132	68,615	1:520
Zomba	199	142,258	1:714
Chiradzulu	256	60,820	1:238
Phalombe	288	69,242	1:240
Mulanje	284	116,604	1:411
Thyolo	387	121,350	1:314
Chikwawa	149	90,034	1:604
Nsanje	163	41,983	1:258
Blantyre	346	221,935	1:641
Mwanza	109	36,443	1:334
Neno	94	-	-
Total/Average	**2,848**	**1,191,570**	**1:418**

Mzimba District had the most CBCCs (485) followed by Lilongwe (395) and Thyolo (387). (Non- operational CBCCs were not included.) In terms of CBCCs per head of U5 population, figures range from 1:135 in Chitipa to 1:1,427 in Dedza,

2.3 Days CBCCs operate per week

Most CBCCs (86%) operate five days a week, as Figure 2,1 below shows. The study also found that most are open in the morning only (from around 8,00 am to 12.00 noon): just 2% open all day and 1% open during afternoons only.

Looking at individual districts, there were variations in the percentage of CBCCs that operate throughout the working week, as can be seen from Table 2,2 below:

Table 2.2 Number of Days CBCCs operate in a week by district (%)

District	One	Two	Three	Four	Five	Six	Seven
Chitipa	1	2	18	23	56	0	0
Karonga	0	9	7	8	77	0	0
Rumphi	0	0	0	5	95	0	0
Nkhata Bay	0	1	4	6	90	0	0
Mzimba	1	0	2	2	94	0	0
Likoma	0	0	0	0	100	0	0
Kasungu	0	1	0	3	96	0	0
Lilongwe	1	3	5	3	87	1	0
Ntchisi	0	1	13	2	85	0	0
Dowa	1	5	6	7	82	0	0
Mchinji	3	1	5	8	78	6	0
Salima	3	5	15	4	68	3	2
Nkhotakota	1	0	1	1	97	0	0
Dedza	1	0	7	8	84	0	0
Ntcheu	4	2	2	3	89	0	0
Balaka	1	0	0	15	82	1	1
Mangochi	1	0	1	4	94	0	0
Machinga	1	0	0	14	83	1	1
Zomba	0	1	1	9	90	0	0
Chiradzulu	2	0	13	5	80	0	0
Phalombe	2	0	0	4	94	0	0
Mulanje	1	0	14	5	80	0	0
Thyolo	2	0	0	4	94	0	0
Chikwawa	3	5	10	8	74	0	0
Nsanje	0	0	1	7	92	0	0
Blantyre	1	2	6	6	84	1	0
Mwanza	1	5	2	3	89	1	0
Neno	0	2	1	10	87	0	0

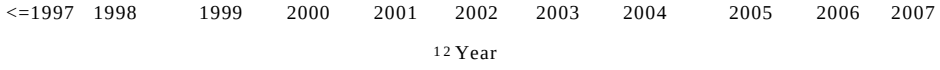
Likoma, Kasungu, Nkhotakota and Rumphi had at least 95% of their CBCCs operating five days a week. On the other hand, in Chitipa district only just over half operated five days a week.

2.4 When were CBCCs established and who set them up?

2.4.1 Year of establishment

The questionnaire asked when each operational CBCC was established. Figure 2.2 below shows the number of CBCCs that were established up to October 2007 when fieldwork was completed.

Figure 2.2: Number of CBCCs established per year before September 2007



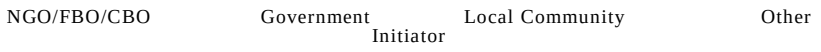
Year

Of all CBCCs that are currently operational, few were established before 1998. Since 1998 there has been a steady increase in the number of CBCCs, with a peak in 2006 when 1,169 CBCCs were established. Nineteen CBCCs date back to before 1 992. The oldest functional CBCC was started in 1981 in Chitipa.

2.4.2 Mobilising the community

Respondents were also asked about who initiated[11] the establishment of their CBCC. Figure 2.3 shows that 45% of the CBCCs were initiated either by non-governmental, faith-based or community- based organizations; another 42% were initiated by local communities themselves. Only 5% of the CBCCs were reported to be initiated by Government[6] (in this context the District Social Welfare Office). However, district variations were large, as can be seen in Table 2.3 below.

Figure 2.3: Initiators of (lie establishment of CBCCs



In this context 'initiated' means actually establishing CBCCs - it does not include pre-establishment mobilization.
[1fi] It should be noted that it is not a government responsibility to initiate CBCCs. However, it can and should be a factor stimulating community mobilization - this may be mistaken by the respondents for initiation itself.

Table 2.3: Initiator of CBCC by district (%)

District	Local community	NGO/FBO/ CBO	Government	Other
Chitipa	47	35	13	5
Karonga	35	63	0	2
Rumphi	54	21	14	12
Nkhata Bay	52	40	2	5
Mzimba	46	35	4	16
Likoma	40	50	0	10
Kasungu	89	8	1	2
Lilongwe	37	45	0	18
Ntchisi	54	41	4	2
Dowa	39	51	8	2
Mchinji	58	13	1	27
Salima	43	49	2	6
Nkhotakota	52	39	8	1
Dedza	22	73	0	5
Ntcheu	29	67	3	1
Balaka	60	29	1	10
Mangochi	36	47	2	15
Machinga	29	70	2	0
Zomba	37	58	2	3
Chiradzulu	37	56	0	8
Phalombe	21	77	2	0
Mulanje	29	62	5	4
Thyolo	38	56	2	4
Chikwawa	48	48	3	1
Nsanje	53	40	6	1
Blantyre	38	11	24	27
Mwanza	35	29	16	20
Neno	54	20	7	18
Average	**42**	**45**	**5**	**9**

While 77% of the CBCCs in Phalombe district were initiated by an NGO, FBO or CBO, only 8% of CBCCs were initiated by such organizations in Kasungu. Instead, almost **90%** of the CBCCs in Kasungu were initiated by the communities themselves. Blantyre, Mwanza and Chitipa were the only districts where more than 10% of CBCCs were initiated by Government[12], About 9% of the respondents mentioned that their CBCCs were established by other agencies; these include the University of Malawi for Zomba, city or town assemblies in other districts, and the Association of Preschool and Playgroups in Malawi (APPM).

2,4.3 Why CBCCs were established

In the in-depth interviews, many reasons were given for the establishment of CBCCs. Most said that CBCCs were set up to provide pre-primary school learning, seen as a strong educational foundation, to children. One caregiver interviewed in TA Chibwana in Nkhata Bay said: *"Kuwongola mtengo m'poyamha".* This is a common saying in Chichewa, translating as the idea that children are easy to teach when they are still very young. According to respondents, pre-school learning is believed to sharpen children; make them intelligent; and equip them with both learning and social skills. In general, pre-school learning is thought to enable children to easily adapt to primary school environment. It was also stressed by respondents that children who have attended pre-school perform better in primary school than those who have not.

[12] See footnote above.

It was also said that some CBCCs were first established as orphan care centres. They provided basic necessities such as food, clothes and blankets, education, medical support and entertainment to orphans and other vulnerable children (OVC), With increasing demand for pre-school places for non- orphans, the need to prevent discrimination against orphans in the community, and complaints from parents wanting their children to be enrolled too, many orphan care centres have been transformed into CBCCs.

Some CBCCs were also reported to be established to prevent young children being idle. Children too young to be enrolled in primary school, or where there is no school within a reasonable walking distance, or where there is no one at home to take care of them, may have nothing else to do. Idle children were said sometimes to disturb people from doing their work, or to become street children or herd boys. Life in streets or the bush was said to expose children to "deviant behaviour", so setting up a CBCC was a means to occupy such children and protect them from possible bad influences. Conversely, some CBCCs were said to be created to protect young children from risks including bullying, physical and sexual abuse, accidents when left alone and child labour. Having a CBCC in a community meant that children were less exposed to such threats.

Some CBCCs were said to be established with the aim of developing the community, because it was hoped that better educated children would bring development In future. Some communities believed that a CBCC would boost literacy levels. Others communities hoped that a CBCC would attract other developments to their locality. Female parents/guardians of children under the age of five spend a lot of time in child care, so easing the workload of parents and guardians (enabling them to do more productive activities) was another reason for establishing CBCCs, And many CBCCs were set up to provide a learning opportunity to children whose parents could not afford private nursery school fees.

2.5 Registration of CBCCs

All CBCCs are supposed to be registered the DSWO. Nationwide, almost 90% of the CBCCs are registered with various bodies, although there were differences between districts, as can be seen from Figure 2.4 below. In every district apart from Blantyre (where only 62% were said to be registered) at least three-quarters of CBCCs were registered.

Figure 2.4: Proportion of CBCCs Registered by District

CP KA RU MZ NG LA KK KU MC MS DA LL SA DZ NU BLK MH MHG ZA CZ BT MN NN TO MJ PE CK NE

The main questionnaire also asked which organization the CBCCs were registered with. More than half (58%) were said to be registered with the District Social Welfare Office (DSWO), and 38% with an FBO, NGO or CBO. District figures are shown in Table 2.4 below.

Table 2.4: Percentages of CBCCs registered with different organizations by district and region

District	DSWO	NGO/CBO/ FBO	City Assembly	NOVOC	Other
Chitipa	84	15	0	1	1
Karonga	21	77	1	0	1
Rumphi	68	26	3	3	0
Nkhata Bay	64	35	0	0	1
Mzimba	54	43	0	0	3
Likoma	89	11	0	0	0
Northern region average	55	43	0	0	2
Kasungu	24	71	0	1	4
Lilongwe	30	61	0	1	8
Ntchisi	75	24	2	0	0
Dowa	43	55	1	0	2
Mchinji	92	5	0	0	2
Salima	75	23	0	0	2
Nkhotakota	52	47	1	0	0
D.edza	33	65	1	0	0
Ntcheu	72	26	1	1	0
Central region average	50	36	1	0	13
Balaka	66	29	4	0	1
Mangochi	74	25	0	0	1
Machinga	65	23	11	0	1
Zomba	37	63	0	0	1
Chiradzulu	80	20	0	0	0
Phalombe	33	67	0	0	0
Mulanje	81	19	0	0	0
Thyolo	37	63	0	0	0
Chikwawa	55	43	0	0	2
Nsanje	52	48	0	0	0
Blantyre	72	5	3	0	21
Mwanza	74	18	0	0	9
Neno	67	26	1	0	6
Southern region average	59	37	1	0	3

Overall, most CBCCs were registered with the District Social Welfare Office, but there were wide variations between districts. In Mchinji, more than 90% were registered with the DSWO, whereas in Karonga only about a fifth were registered with the DSWO, In Karonga, nearly 80% of its CBCCs were registered with NGOs/CBOs/FBOs.

2.6 Children registered and attending CBCCs

A total of 407,468 children were registered in the CBCCs that were enumerated. Of these children, 183,810 (45%) were boys and 223,658 (55%) were girls. Table 2.5 below shows the number of boys and girls registered in each district.

Table 2.5: Number of children registered in CBCCs by district

District	Boys	Girls	Total	Total no. of U5 children in district	Number of CBCCs in district	% of U 5 children registered at CBCCs
Chitipa	4,566	5,164	9,730	33,130	245	34
Karonga	6,523	7,160	13,683	46,668	241	29
Rumphi	1,027	1,202	2,229	27,372	43	8
Nkhata Bay	4,842	5,592	10,434	31,884	170	33
Mzimba	11,532	14,232	25,764	100,387	[illegible]	20
Likoma	322	401	723	2,638	10	24
Kasungu	7,887	11,978	19,865	134,330	226	15
Lilongwe	18,090	21,840	39,930	427,612	395	9
Ntchisi	4,555	5,579	10,134	49,056	123	21
Dowa	5,502	7,007	12,509	96,460	145	13
Mchinji	5,713	6,911	12,624	95,736	154	13
Salima	8,169	9,320	17,489	73,413	129	23
Nkhotakota	5,283	6,021	11,304	62,984	177	18
Dedza	3,442	4,241	7,683	141,234	99	5
Ntcheu	5,565	6,806	12,371	109,144	175	11
Balaka	4,362	5,539	9,901	67,013	123	15
Mangochi	13,460	15,957	29,417	155,273	318	19
Machinga	4,562	5,864	10,426	68,615	132	15
Zomba	7,071	8,189	15,260	94,088	199	11
Chiradzulu	7,689	9,693	17,382	60,820	256	29
Phalombe	7,885	10,133	18,018	69,242	288	26
Mulanje	8,392	10,287	18,679	116,604	284	16
Thyolo	10,273	13,490	23,763	121,350	387	20
Chikwawa	6,671	6,923	13,594	90,034	149	15
Nsanje	5,794	6,844	12,638	41,983	163	30
Blantyre	9,561	11,416	20,977	221,955	346	10
Mwanza	5,122	5,867	10,989	36,443	109?	30
Neno	2,248	2,448	4,696	-	94	-

Lilongwe had the highest number of children registered at CBCCs (almost 40,000). Apart from Likoma (an island and the smallest district), Rumphi had the fewest children registered (just over 2,200). In all districts there were more girls than boys registered.

According to Malawi's National Statistical Office, the 2007 population projection for under-five children in the 27[ia] districts was 2,579,724. Malawi's total population in the same year was projected at 13,187,632, showing that nearly 20% of Malawi's population consists of children under the age of five. Appendix 4 shows the under-five population and the number enrolled in CBCCs per district. This gives the proportion of under-five children attending CBCCs, and it can be seen that more than 400,000 (about 15%) under-five children are being reached by Malawi's CBCCs, The proportion varies by district and region, with almost a quarter of children in the northern region being enrolled. In the southern region 17% were enrolled, and in central region the figure was 12%. One-third of under-five children in Nkhata Bay district were enrolled, compared with only 5% in Dedza.

[1] * Neno is a new district, so there is no data for Neno District in the 1998 census. It is therefore difficult to estimate the population

The survey also looked at the average daily attendance of children, as shown in Table 2.6 below. In the country as a whole, average daily attendance stands at almost 70%. There are variations between districts, but in almost every district, girls had a higher average daily attendance than boys.

Table 2.6: Average daily attendance (%) at CBCCs

District	Boys - total no. enrolled	Boys - average daily attendance (%)	Girls - total no. enrolled	Girls - average dally attendance <%)	Total chlldre n registered	Overall average daily attendance (%)
Chitipa	4,566	74	5,164	82	9,730	78
Karonga	6,523	70	7,160	73	13,683	72
Rumphi	1,027	67	1,202	66	2,229	67
Nkhata Bay	4,842	70	5,592	76	10,434	73
Mzimba	11,532	65	14,232	68	25,764	67
Likoma	322	71	401	74	723	73
Kasungu	7,887	66	11,978	54	19,865	59
Lilongwe	18,090	70	21,840	72	39,930	71
Ntchisi	4,555	64	5,579	70	10,134	67
Dowa	5,502	63	7,007	65	12,509	64
Mchinji	5,713	67	6,911	71	12,624	69
Salima	8,169	62	9,320	64	17,489	63
Nkhotakota	5,283	71	6,021	73	11,304	72
Dedza	3,442	63	4,241	68	7,683	65
Ntcheu	5,565	66	6,806	71	12,371	69
Balaka	4,362	63	5,539	66	9,901	65
Mangochi	13,460	65	15,957	69	29,417	68
Machinga	4,562	63	5,864	66	10,426	65
Zomba	7,071	67	8,189	70	15,210	69
Chiradzulu	7,689	75	9,693	70	17,382	72
Phalombe	7,885	66	10,133	69	18,018	68
Mulanje	8,392	76	10,287	72	18,679	74
Thyolo	10,273	66	13,490	69	23,763	68
Chikwawa	6,671	71	6,923	71	13,596	77
Nsanje	5,794	67	6,844	69	12,638	68
Blantyre	9,561	69	11,416	75	20,977	72
Mwanza	5,122	66	5,867	74	10,989	70
Neno	2,248	74	2,448	80	4,696	77
Total/ average	**183,810**	**68**	**223,658**	**69**	**407,468**	**69**

Lilongwe has the highest total number of children registered, followed by Mangochi, Mzimba, Thyolo and Blantyre. But not all children attend every day, and average daily attendance rates vary between districts. Chitipa district had the highest average daily attendance (78%) followed Chikwawa and Neno (both 77%). Kasungu had the lowest daily attendance rate (59%).

Average daily attendance for girls (69%) was slightly higher than boys (68%). In a few districts - Mulanje, Chiradzulu, Kasungu and Rumphi - average attendance for boys was higher than girls. On average almost 122,000 boys and about 152,000 girls attend Malawi's CBCCs every day.

2.7 Registration of children

The survey collected information on the ages of children registered at CBCCs, the number of orphans and the number of children with special needs. It also asked whether the centres kept registers and the type of information they recorded. The qualitative component of the study also looked at the factors that CBCCs consider when enrolling children, including why certain children may be refused enrolment at the CBCCs,

2,7.1 Age groups of registered children

The CBCC Profile recommends that CBCCs should cater for children aged three to five years old. Two-year-olds may be enrolled if they are orphans or if their parents are too iii to take care of them. Parents of children younger than two are encouraged to keep them at home to breastfeed and enjoy early learning activities. For purposes of the survey, children were grouped into three categories: less than three years; three to five; and six years and above (see table 2.7 below).

Table 2.7: Number and percentages of children registered by age group

District	Under 3 yrs	% U3	3-5 yrs	% 3-5 yrs	6 years and over	% 6+	Total
Chitipa	2,102	22	7,322	75	305	3	9,729
Karonga	3,251	24	9,335	46	1,141	8	13,727
Rumphi	420	20	1,617	76	94	4	2,131
Nkhata Bay	1,954	19	7,845	76	544	5	10,343
Mzimba	7,140	28	16,407	64	2,021	8	25,568
Likoma	251	35	344	47	133	18	728
Nkhotakota	2,093	19	6,471	58	2,646	24	11,210
Kasungu	5,224	31	10,633	64	883	5	16,740
Lilongwe	9,696	27	22,250	63	3,421	10	35,367
Ntchisi	3,269	34	6,039	62	460	5	9,768
Dow **a**	7,256	47	7,484	49	554	4	15,294
Mchinji	4,531	36	6,605	52	1,577	12	12,713
Salima	4,490	26	11,932	69	948	6	17,370
Dedza	1,790	24	5,079	67	720	10	7,589
Ntcheu	3,432	28	7,700	63	1,166	10	12,298
Balaka	2,334	26	6,211	69	417	5	8,962
Mangochi	6,351	22	21,412	74	1,303	5	29,066
Machinga	2,580	27	6,495	68	429	5	9,504
Zomba	2,484	16	10,065	66	2,730	18	15,279
Chiradzulu	4,640	27	11,897	57	794	5	17,331
Phalombe	5,125	29	12,236	69	495	3	17,856
Mulanje	4,768	26	13,011	70	849	5	18,628
Thyolo	6,411	28	16,031	70	806	4	23,248
Chikwawa	2,858	21	6,715	49	4,027	30	13,600
Nsanje	3,138	26	8,523	70	575	5	12,236
Blantyre	5,323	26	12,808	61	2,718	13	20,849
Mwanza	1,715	37	2,649	58	242	5	4,606
Neno	1,480	32	2,992	65	105	2	4,577
Total/ average	**106,106**	**27**	**258,108**	**65**	**32,103**	**8**	**396,317**

Although there are variations between districts, most of the children registered are aged three to five. Countrywide, just over a quarter of the children were younger than three, and less than 10% were six years or more.[13]

2.7.2 Other factors considered when enroll ing children in CBCCs

Some respondents to the in-depth interviews said that age was the most important factor when enrolling children: older children are considered eligible to start primary schools while those that are younger are considered difficult to handle. But most CBCCs will waive the age criteria if, for example, there is no one at home to take care of the child.

[13] As noted above in the CBCCs in figures table, the numbers of children by age group are estimates only. If the CBCC's attendance register does not include information on date of birth, caregivers had to guess the age of the children in their care. The figures obtained from this question underestimate the total number of children in CBCCs by about 3%.

Most CBCCs enrol children regardless of social status and religious belief. Priority tends to be given to orphans and other vulnerable children, but non-orphans constitute the largest proportion of children registered in most CBCCs, Children with special needs (visually or hearing impaired, those who have speech impairment, malnourished children, epileptic children and HIV positive children) are usually permitted to register. CBCCs with no special-needs children said that this was because there were no such children in their catchment area. However, a caregiver in Nsanje stated that *"We do not enrol them because they give us tough time to control them..."*[14]

The ability to communicate is another factor. If a child fails to communicate, some CBCCs do not register him/her mainly because the child may not interact well with friends and caregivers, and may find it hard to express its needs. Activeness and cleverness of the child are also considered during the registration process, and a child's general behaviour may determine whether or not he or she is enrolled. Children that disturb fellow children and caregivers are rejected in some CBCCs.

In most CBCCs, only children that live within a walking distance from the centre are enrolled. Finally, the commitment of the parents/guardians towards making contributions to the CBCC determines whether their children should be enrolled or not. There have apparently been cases when children from parents who disrespected the CBCC personnel were refused registration.

2.7.3 Orphans and children with special needs

Table 2.8 below shows the numbers of orphans and those with other special needs (CSN) registered with CBCCs. Overall just over a fifth of the children enrolled in the CBCCs in Malawi are orphans, while a smaller portion (4%) are children with special needs. There were variations across districts - for example Biantyre had the highest proportion of orphans (about 42%) while Chitipa had the lowest proportion (13%). Less than 5% of the children registered in the CBCCs in Malawi were children with special needs, except in Mulanje (11%), Chiradzulu (11%) and Ntcheu (7%).

[14] Anonymous caregiver, Ulemu CBCC, Nsanje.

Table 2.8: Numbers and percentages of orphans and CSN attending CBCCs

District	no. of children enrolled	No. of orphans enrolled	% of enrolled children who are orphans	No. of children with special needs (CSN) enrolled	% of enrolled children who are CSN
Chitipa	9,729	1,305	13	212	2
Karonga	13,727	3,241	24	442	3
Rumphi	2,131	425	20	68	3
Nkhata Bay	10,343	3,029	29	279	3
Mzimba	25,568	4,522	18	622	2
Likoma	723	97	13	12	2
Kasungu	16,740	2,390	14	414	3
Lilongwe	35,367	12,989	37	1,146	3
Ntchisi	9,768	1,902	20	305	3
Dowa	15,294	2,528	17	194	1
Mchinji	12,713	2,910	23	343	3
Salima	17,370	5,563	32	470	3
Nkhotakota	11,210	2,724	24	225	2
Dedza	7,589	1,119	15	182	2
Ntcheu	12,298	2,158	18	895	7
Balaka	8,962	1,861	21	277	3
Mangochi	29,066	4,115	14	482	2
Machinga	9,504	1,972	21	291	3
Zomba	15,279	3,353	22	175	1
Chiradzulu	17,331	3,563	21	1,942	11
Phalombe	17,856	2,673	15	630	4
Mulanje	18,628	3,809	20	2,078	11
Thyolo	23,248	3,506	15	704	3
Chikwawa	13,600	2,432	18	254	2
Nsanje	12,236	2,078	17	303	3
Blantyre	20,849	8,842	42	614	3
Mwanza	4,606	975	21	186	4
Neno	4,696	724	15	123	3

2.7.5 Availability of registers

The CBCC Profile recommends that a CBCC should keep a daily attendance register showing the name of the child, sex, a record of attendance and reasons for absenteeism. Overall 92% of the CBCCs in the country kept some form of register. All centres record the name of the child but only 71% recorded the sex. Most (86%) recorded whether a child was present or absent, but a lower proportion (58%) recorded the year the child was born. Far fewer CBCCs showed the name of the parent or guardian (39%), the village from which the child came from (37%) and whether the child had a problem or not (14%).

Table 2.9 below shows the availability of a register and items shown in the register by district. Only in eight districts was the percentage of CBCCs keeping registers below 90%, Nearly all the CBCCs recorded the name of the child, but the year of birth was only recorded in 58% of CBCCs nationally. Less than half of the CBCCs showed the reasons for absence in their registers.

Table 2.9: Availability of register and items shown on register (%)

District	% of CBCCs with register available	Items shown on register			
		Sex	Yr of birth	Present or absent	Reason for absence
Chitipa	94	68	53	96	52
Karonga	90	76	56	82	13
Rumphi	100	74	44	95	28
Nkhata Bay	92	63	44	94	34
Mzimba	91	61	46	92	53
Likoma	90	100	100	100	89
Kasungu	97	56	33	87	36
Lilongwe	91	79	55	89	55
Ntchisi	79	63	64	81	27
Dowa	77	78	70	97	46
Mchinji	93	78	57	8<r	43
Salima	92	82	63	91	48
Nkhotakota	98	79	79	82	45
Dedza	99	65	32	68	8
Ntcheu	97	69	68	73	35
Balaka	92	74	51	89	55
Mangochi	77	79	28	92	43
Machinga	92	74	50	89	52
Zomba	96	70	83	82	35
Chiradzulu	99	60	63	68	23
Phalombe	88	78	76	92	28
Mulanje	100	60	62	65	23
Thyolo	89	74	75	89	28
Chikwawa	98	86	77	85	48
Nsanje	88	74	33	85	47
Blantyre	93	78	64	88	64
Mwanza	88	70	45	81	47
Neno	89	79	69	93	62
Average	**92**	**71**	**58**	**86**	**41**

2.8 Conclusions

In Malawi as a whole, more than 5,600 CBCCs were identified and located. Most of them operate five mornings a week. Between them they catered for almost 407,500 children, or about 16% of the under- five age group in the country. Although a handful of centres had been running since before 1991, most had been set up much more recently. However, a significant proportion of CBCCs stop functioning a few years after being established. Communities themselves have been responsible for setting up over 40% of CBCCs, with another 45% initiated by NGOs, CBOs or FBOs. In most districts more than 80% are registered with various authorities, but less than half are registered with the DSWO, as recommended in the Profile.

Communities appear to have generally understood why CBCC should be established. It is evident that communities appreciate that CBCCs provide a strong educational background for children - experience has taught them that children who attend CBCCs perform well when they start primary school. CBCCs also act as entry points for development activities, for example the provision of health care (especially preventive health), the drilling of boreholes and the construction of CBCC buildings: communities as a whole benefit from establishment of CBCCs.

Of children enrolled at CBCCs, a slight majority are girls. Lilongwe district has the largest number of children in its CBCCs (almost 40,000), but in terms of each district's under-five population, Chitipa has the highest proportion enrolled (34%) and Dedza has the lowest (5%). Average daily attendance is just under 70%, with girls being slightly more regular attenders.

Most children enrolled fall into the 3-5 age group recommended by the CBCC Profile. A quarter were under three, and less than 10% were six or over. Nearly a fifth of the children attending CBCCs are orphans, and less than 5% are children with special needs.

Almost all CBCCs keep a simple register of names and attendance, but many do not record information such as the year of birth, or reasons for absence when a child does not attend.

3. INFRASTRUCTURE

3.1 Introduction

The CBCC Profile gives guidelines on the type of building and environment in which children can learn and develop safely. It encourages communities to use whatever buildings may be available locally (churches, clinics, old shops, private homes etc.) provided they are safe for children. An ideal CBCC is fully supported by the community. Where CBCCs have their own premises, the Profile states that they should be sound, spacious, well-lit and well-ventilated, and be situated in a safe environment. The Profile also gives guidance on latrines, bathrooms and kitchens. To see how far these guidelines are being followed, this part of the study focused on CBCCs that had their own buildings. Questions were asked about the type of building material used, and this information was corroborated through observation during the interviews,

3.2 Ownership of premises

Respondents to the main CBCC questionnaire were asked if they owned the building. Overall, only 30% of the CBCCs (1,698) reported having their own building[15]. Table 3.1 below shows the proportion of CBCCs which had their own buildings by district and region.

Table 3.1: Proportion of CBCCs that have their own premises

Northern region		Central region		Southern region	
District	%	**District**	%	**District**	%
Chitipa	31	Kasungu	35	Balaka	55
Karonga	22	Lilongwe	31	Mangochi	57
Rumphi	17	Ntchisi	25	Machinga	56
Nkhata Bay	23	Dowa	30	Zomba	33
Mzimba	28	Mchinji	49	Chiradzulu	20
Likoma	60	Salima	41	Phalombe	8
		Nkhotakota	23	Mulanje	18
		Dedza	36	Thyolo	9
		Ntcheu	33	Chikwawa	30
				Nsanje	57
				Blantyre	30
				Mwanza	33
				Neno	20
Regional average	**24**		**33**		**30**

In most districts, less than half of the CBCCs had buildings of their own. But there was wide variation between districts, with less than 10% of the CBCCs in Phalombe and Thyolo having their own buildings, compared with 60% in Likoma and 57% in Nsanje.

Respondents were also asked whether their building was used for other activities outside CBCC operating hours. Forty-four per cent of the respondents said that the building was used for other activities. There were variations at regional and district level as can be seen in Table 3.2 below.

[15] By 'own building' we mean a building constructed specifically for the CBCC, or a building which the CBCC can use without asking permission elsewhere. CBCCs would also be responsible for maintaining their own buildings.

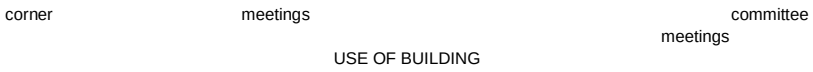
Table 3.2: Proportion of CBCCs own premises in multiple use

Northern region		Central region		Southern region	
District	%	**District**	%	**District**	%
Chitipa	34	Kasungu	15	Balaka	51
Karonga	26	Lilongwe	41	Mangochi	43
Rumphi	40	Ntchisi	48	Machinga	53
Nkhata Bay	57	Dowa	50	Zomba	49
Mzimba	37	Mchinji	41	Chiradzulu	54
Likoma	17	Salima	30	Phalombe	46
		Nkhotakota	37	Mulanje	49
		Dedza	53	Thyolo	33
		Ntcheu	64	Chikwawa	52
				Nsanje	45
				Blantyre	38
				Mwanza	64
				Neno	58
Regional average	**38**		**32**		49

Almost half of the CBCCs in the southern region reported that their premises were also used for other purposes, while in the north and central regions, the figure was closer to one-third. At district level, Ntcheu and Mwanza both at 64% had the highest proportion of CBCCs whose buildings were in multiple use, and Kasungu had the lowest (15%).

Respondents were asked to what other purposes the building was being put, and Figure 3.1 below shows the responses.

Figure 3.1: Other uses of buildings



Welfare committee meetings, prayers and children's corners were quite often mentioned. Other less frequent uses were for seminars, clinics and schools. More than half of the buildings were not being used for any other activities.

3.2.1 Type of floor

It is important that a CBCC should have floors which are permanent and easy to clean (made of either cement or tiles). Table 3.3 below shows flooring materials by district and region of CBCCs that have their own premises.

Table 3.3: Type of flooring m aterial in CBCCs by district (%)

District	Mud/earth	Cement	Tiles	Other
Average Malawi	**62**	**37**	**1**	**1**
Chitipa	97	3	0	0
Karonga	52	48	0	0
Rumphi	30	60	0	10
Nkhata Bay	19	27	2	2
Mzimba	60	40	0	0
Likoma	20	0	80	0
Average northern	**60**	**39**	**0**	**1**
Kasungu	91	9	0	0
Lilongwe	68	31	0	0
Ntchisi	39	58	3	0
Dowa	48	50	2	2
Mchinji	91	9	0	0
Salima	76	25	0	0
Nkhotakota	66	32	0	2
Dedza	78	22	0	0
Ntcheu	75	24	1	0
Average central	**73**	**26**	**1**	**0**
Balaka	57	43	0	0
Mangochi	63	36	6	1
Machinga	57	43	0	0
Zomba	43	55	2	0
Chiradzulu	34	66	0	0
Phalombe	36	59	0	5
Mulanje	35	65	0	0
Thyolo	37	60	0	3
Chikwawa	59	41	0	0
Nsanje	60	37	2	1
Blantyre	49	49	1	2
Mwanza	81	19	0	0
Neno	84	16	0	0
Average southern	**54**	**46**	**1**	**1**

In the country as a whole, less than half of the buildings owned by CBCCs have permanent, easy-to- clean floors. There are wide variations between districts. In Chitipa, for instance, only 3% have cement floors, while in Chiradzulu cement floors are found in two-thirds of the CBCC buildings. Tiled floors are rare, except in Likoma. The southern region had the highest proportion of CBCCs with cement floors, but even here the figure was under 50%.

3.2.2 Types of roofing material

The survey also looked at the type of roof on CBCC-owned premises. Results are presented in Table 3.4 below.

Table 3.4: Types of roofing material

District	Grass thatch	Iron sheets	Other
Average Malawi	**62**	**37**	**1**
Chitipa	96	3	1
Karonga	48	52	0
Rumphi	10	80	10
Nkhata Bay	21	79	0
Mzimba	57	4	2
Likoma	0	100	0
Average northern	**57**	**41**	**1**
Kasungu	89	8	**4**
Lilongwe	51	41	8
Ntchisi	31	69	0
Dow a	39	59	2
Mchinji	87	10	**4**
Salima	60	25	15
Nkhotakota	54	42	5
Dedza	53	25	22
Ntcheu	58	41	1
Average central	**61**	**33**	**6**
Balaka	49	46	5
Mangochi	58	37	6
Machinga	46	49	5
Zomba	37	62	2
Chiradzulu	14	86	0
Blantyre	42	54	**4**
Phalombe	27	64	9
Mulanje	22	78	0
Thyolo	26	63	5
Chikwawa	52	46	2
Nsanje	60	37	1
Mwanza	75	22	3
Neno	84	16	0
Average southern	**53**	**42**	**4**

Grass thatch was the most common roofing material countrywide. Less than 40% of CBCCs have corrugated iron roofs. There were variations between districts, with almost all CBCCs in Chitipa being thatched, and 86% in Chiradzulu having iron roofs. The use of other roofing material, such as tiles and plastic sheets, is rare.

3.2.3 Type of wall

The data on the type of wall material of CBCCs with their own buildings was also disaggregated by district and the results are shown in Table 3.5 below.

Table 3.5: Type of wall

District	Burnt bricks	Grass / reeds	Wattle & daub	Unburnt bricks	*Mdindo"*	Iron sheets	Other
Average Malawi	**49**	**20**	**6**	**8**	**10**	**0**	**8**
Chitipa	22	4	8	0	62	0	4
Karonga	57	0	24	0	19	0	0
Rumphi	60	0	0	10	10	0	20
Nkhata Bay	79	2	0	2	0	2	15
Mzimba	50	5	5	9	24	0	9
Likoma	33	0	0	33	0	0	33
Average northern	**48**	**3**	**7**	**5**	**28**	**0**	**8**
Kasungu	20	18	4	9	31	0	19
Lilongwe	39	38	3	9	2	1	8
Ntchisi	63	17	0	10	7	0	3
Dowa	64	14	2	2	18	0	0
Mchinji	20	16	16	10	28	0	10
Salima	32	28	4	34	0	2	0
Nkhotakota	56	22	2	12	0	2	5
Dedza	28	17	8	0	44	0	3
Ntcheu	46	24	3	23	2	1	1
Average central	**38**	**24**	**5**	**13**	**13**	**1**	**7**
Balaka	61	23	5	11	2	0	0
Mangochi	60	22	4	12	1	0	0
Machinga	60	22	4	12	1	0	0
Zomba	67	17	2	3	2	2	8
Chiradzulu	8	10	0	2	0	0	4
Blantyre	58	17	6	12	0	0	8
Phalombe	82	14	5	0	0	0	0
Mulanje	82	10	0	4	2	0	2
Thyolo	74	17	3	3	0	0	3
Chikwawa	57	0	27	0	2	0	14
Nsanje	43	38	5	4	1	0	9
Mwanza	25	31	17	6	0	0	22
Neno	21	11	37	16	0	5	11
Average southern	**56**	**23**	**6**	**6**	**1**	**0**	**8**

The most common wall materials for CBCCs overall are burnt bricks (49%) and grass/reeds (20%), although there are wide district variations. Wattle and daub, unburnt bricks and *mdindo* are important in some districts. More than half of the CBCCs in the south were constructed using burnt bricks, but fewer were brick-built in the northern and central regions. Mulanje and Phalombe had the highest percentages (82%) of CBCCs made of burnt bricks, whereas in Nsanje and Lilongwe almost 40% were made of grass/reeds.

3.3 Availability of a kitchen

All CBCCs, whether they owned their premises or not, were asked whether they had kitchens. Overall, less than 20% had kitchens. Table 3.6 below shows the percentages of CBCCs with kitchens in each district.

Table 3.6: Percentages of CBCCs with kitchens

Northern region		Central region		Southern region	
District	%	**District**	%	**District**	%
Chitipa	**19**	Kasungu	55	Balaka	24
Karonga	**19**	Lilongwe	11	Mangochi	23
Rumphi	33	Ntchisi	24	Machinga	25
Nkhata Bay	**18**	Dowa	23	Zomba	24
Mzimba	14	Mchinji	7	Chiradzulu	**19**
Likoma	50	Salima	**17**	Phalombe	4
		Nkhotakota	**19**	Mulanje	22
		Dedza	**19**	Thyolo	5
		Ntcheu	30	Chikwawa	20
				Nsanje	22
				Blantyre	15
				Mwanza	21
				Neno	**11**
Average	**17**		**23**		**17**

Looking at individual districts, less than 5% of CBCCs in Thyolo and Phalombe districts had kitchens, whereas over half of those in Kasungu had them.

Table 3.7 below shows the proportion these kitchens that could be described as permanent. At national level, less than 40% of CBCC kitchens were permanent, but there were variations at regional and district level. More than half of the CBCCs in the southern region (55%) had permanent kitchens while in the northern and central regions only about a quarter had permanent kitchens. But these figures hide the fact that in Chitipa, Kasungu and Mwanza less than 5% had permanent kitchens. Machinga (73%) had the highest percentage of permanent kitchens.

Table 3.7: Percentage of CBCC kitchens which have a permanent structure by region and district

Northern region		Central region		Southern region	
District	%	**District**	%	**District**	%
Chitipa	2	Kasungu	3	Baiaka	70
Karonga	40	Lilongwe	27	Mangochi	46
Rumphi	50	Ntchisi	62	Machinga	73
Nkhata Bay	39	Dowa	36	Zomba	60
Mzimba	17	Mchinji	30	Chiradzulu	63
Likoma	80	Salima	17	Phalombe	60
		Nkhotakota	19	Mulanje	70
		Dedza	32	Thyolo	71
		Ntcheu	50	Chikwawa	61
				Nsanje	57
				Blantyre	39
				Mwanza	4
				Neno	21
Average	**26**		**27**		**55**

Overall, 71 % of CBCCs kitchens were clean (according to the observation as done by Research Assistants). Although there was some variation between districts, as shown in Table 3.8 below, at least half the kitchens in every district were judged to be clean.

Table 3.8: Percentages of CBCCs which had clean kitchens

Northern region		Central region		Southern region	
District	%	**District**	%	**District**	%
Chitipa	96	Kasungu	58	Baiaka	73
Karonga	71	Lilongwe	68	Mangochi	62
Rumphi	64	Ntchisi	69	Machinga	72
Nkhata Bay	81	Dowa	61	Zomba	75
Mzimba	61	Mchinji	80	Chiradzulu	71
Likoma	100	Salima	65	Phalombe	80
		Nkhotakota	80	Mulanje	75
		Dedza	79	Thyolo	77
		Ntcheu	83	Chikwawa	81
				Nsanje	57
				Blantyre	75
				Mwanza	74
				Neno	70
Average	**71**		**68**		**71**

3.4 Conclusions

Overall, less than one-third of CBCCs have their own premises, with the rest using borrowed buildings or operating in the open air. Less than half of CBCCs own premises are used for other purposes when not being used for childcare. The conclusions presented below refer only to CBCCs with their own **buildings.**

Quality of building was looked at in terms of permanence of building materials, specifically floors, walls and roofs. Permanent structures were less common than temporary buildings, although there were regional variations in specific building materials. Most CBCC structures surveyed are not ideal for learning: a significant proportion had mud floors, grass thatched roofs thatched and walls made of grass and reeds or other temporary materials.

Most CBCCs do not have kitchens. Of the roughly 20% that do have kitchens, only between a quarter and a half have kitchens built of permanent materials. However, most of the kitchens were found to be clean.

4. THE ROLE OF CAREGIVERS

4.1 Introduction

Caregivers are the people who have responsibility for the children attending a CBCC. Their remit is wide - they run the children's learning programme (stimulating children to promote their physical, cognitive, social, emotional and spiritual development); encourage community members to become involved; prepare and serve nutritious foods to the children; practise and teach positive hygiene and sanitation behaviour; make play materials; and work with extension workers (such as Health Surveillance Assistants (HSAs)) to provide services within the CBCCs. One of the major criteria for choosing caregivers is that they should be interested in promoting the survival, growth, development and protection of young children in their communities.

As stated in the CBCC Profile, the minimum qualification for a caregiver is a Primary School Leaving Certificate, although other individuals who enjoy working with children may also be suitable for such a position. All caregivers should attend a two-week basic course in Early Childhood Development (following the ECD manual). To ensure quality care, the Profile recommends that a CBCC should not enrol more than 100 children, and that the caregiver to child ratio should be between 1:15 and 1:20, depending on the ages of the children.

This survey aimed to find out how many CBCC caregivers there are, how they are recruited, their educational qualifications, whether they have received any training, and what motivates them in their work. Information was gathered using the main questionnaire and a second, simpler questionnaire administered to 13,024 caregivers. (This represented about 57% of the caregivers who had worked in CBCCs over the past six months.)

4.2 Number of caregivers

In the six-month period preceding the survey, a total of 22,822 caregivers had been working in Malawi's CBCCs. Seventy-seven per cent (17,580) of them were women. Figure 4.1a below shows the numbers by region and gender. In all regions there were more female than male caregivers.

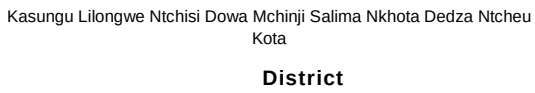
Figure 4.1a: Number of caregivers at national level by region and gender

Figures 4.1 b, c and d below show the number of male and female caregivers who had worked in the CBCCs in the six months before the survey in the northern, central and southern regions.

It can be seen from Figure 4.1b above that in the northern region Mzimba had the most caregivers (1,229), followed by Karonga (822) and Nkhata Bay (599). Likoma and Rumphi had the fewest, but these figures should be looked at in the light of the numbers of CBCCs in the respective districts: Mzimba has 485 CBCCs, Karonga has 241, Nkhata Bay has 170, Rumphi has 43 and Likoma only 10.

While in all districts there are fewer male than female caregivers, this was particularly the case in Rumphi where only 3% of the caregivers were males,

Figure 4.1c: Number of caregivers In the central region by gender



In the central region Lilongwe had the most caregivers (2,221 in 395 CBCCs) and Dedza the fewest (465 in 99 CBCCs). As in the northern region, there were more female than male caregivers (77% were women).

Figure 4.1d: Number of caregivers In the southern region by gender

BLK MH MHG ZA CZ PE MJ TO CK NE BT MN NN

District

In the southern region Blantyre had the most caregivers (1,756 in 346 CBCCs) and Baiaka had the fewest (441 in 123).

The study also looked at the average daily attendance rate. Figures 4.2a, b and c below show the average number of caregivers working in CBCCs per day against the total number of caregivers who have worked in the CBCCs in the six months prior to the survey in the northern, central and southern regions.

Figure 4.2a: Number of caregivers who work in CBCCs per clay in the northern region

In the northern region, the average daily attendance rate is 73%, but there is considerable variation between districts, from Rumphi at 89% to Karonga at 55%,

In the central region average daily attendance rate was 48%, but Kasungu and Ntcheu were notably better than average, at 76% and 65%, respectively.

Figure 4.2b: Average number of caregivers who work per day in the central region

Figure 4.2c: Number of caregivers in the southern region

In the southern region, average daily attendance rate is above half (54%), but there are several districts where the rate is less than half (Machinga, Nsanje, Mwanza and Neno). The situation is critical in Mwanza and Neno where the attendance rate was under one-third.

The national daily attendance rate of caregivers was 54%, While some of the caregivers may simply be absent, it is likely that some of them dropped out of their work. In the in-depth interviews, it was reported that CBCCs usually start with several caregivers but that the number decreases over time.

Table 4.1: Average number of caregivers and children per CBCC by district

District	Number of CBCCs in the district	Average no. of caregivers per day	Average no. of caregivers per CBCC per day	Total average daily attendance of children	Average no. of children per CBCC per day	Average caregiver to child ratio per day	
Chitipa	245	456	2	7,579	31	1	15
Karonga	241	456	2	9,783	41	1	21
Rumphi	43	79	2	1,486	35	1	18
Nkhata Bay	170	370	2	7,630	45	1	23
Mzimba	485	1,015	2	17,246	36	1	18
Likoma	10	24	2	528	53	1	27
Kasungu	226	381	2	11,657	52	1	26
Lilongwe	395	1,110	3	28,415	72	1	24
Ntchisi	123	275	2	6,795	55	1	23
Dowa	145	331	2	8,030	55	1	23
Mchinji	154	313	2	8,740	57	1	29
Salima	129	569	4	11,010	85	1	21
Nkhotakota	177	381	2	8,177	46	1	23
Dedza	99	217	2	5,028	51	1	26
Ntcheu	175	384	2	8,542	49	1	25
Baiaka	123	226	2	6,397	52	1	26
Mangochi	318	607	2	19,860	62	1	31
Machinga	132	233	2	6,770	51	1	26
Zomba	199	425	2	10,455	53	1	27
Chiradzulu	256	494	2	12,554	49	1	25
Phalombe	288	499	2	12,204	42	1	21
Mulanje	284	549	2	13,752	48	1	24
Thyolo	387	677	2	16,067	42	1	21
Chikwawa	149	282	2	9,668	65	1	33
Nsanje	163	297	2	8,592	53	1	27
Blantyre	346	1,006	3	15,150	44	1	22
Mwanza	109	259	3	4,084	38	1	13
Neno	94	274	3	3,631	39	1	13
Total/average	**5,665**	**12,339**	**2**	**279,830**	**49**	**1**	**25**

Table 4.1 above shows that, on average, none of the districts has more than 72 children per CBCC - indeed, the countrywide average is less than 50 - and that there are two caregivers per CBCC. This gives an overall caregiver to child ratio of 1.25, which does not meet the recommendation given in the CBCC Profile (1:20 or less). There are also wide variations between districts (between 1:15 in Chitipa and 1:33 in Chikwawa). Only five districts (Chitipa, Mzimba and Rumphi in the northern region and Mwanza and Neno in the southern region) meet the Profile recommendation.

4.3 Selecting caregivers

Respondents to the main CBCC questionnaire were asked how caregivers are chosen and Table 4.2 below shows the different responses.

Table 4.2: How caregivers are chosen by district (percentages)

District	Volunteer	CBCC committee	Village head	Other
Chitipa	18	8	28	68
Karonga	49	16	21	31
Rumphi	49	44	7	21
Nkhata Bay	45	38	7	22
Mzimba	36	18	17	36
Likoma	90	20	6	5
Nkhotakota	53	25	24	8
Kasungu	14	28	22	51
Lilongwe	51	21	18	28
Ntchisi	35	15	32	38
Dowa	51	29	27	18
Mchinji	36	40	13	12
Salima	36	38	16	41
Dedza	38	14	28	40
Ntcheu	81	11	32	11
Baiaka	38	14	11	49
Mangochi	36	11	5	51
Machinga	39	14	11	48
Zomba	56	25	10	27
Chiradzulu	63	10	40	31
Phalombe	55	18	4	42
Mulanje	64	11	41	31
Thyolo	57	16	**4**	39
Chikwawa	19	36	24	31
Nsanje	33	16	9	0
Blantyre	56	33	6	**5**
Mwanza	25	54	12	9
Neno	46	46	6	2
Average	**45**	**21**	**17**	**31**

Almost half of the caregivers volunteer, while others are chosen by the CBCC committee or village head. Other methods of selecting caregivers mentioned by respondents included FBOs, NGOs and CBOs although, as a CBCC is a community initiative, these bodies are not supposed to select caregivers. There are very few cases when caregivers are simply appointed to their positions: even where aspiring caregivers nominate themselves, the community has to elect them to the position. The village headman is then required to approve the elected caregivers. The elections usually occur at a community meeting.

It was reported that the educational qualifications of an aspiring candidate are considered first when selecting caregivers. Most CBCC caregivers have a Primary School Leaving Certificate[23] or Junior Certificate[16] (Form 2). It is generally believed that people without such qualifications are incapable of teaching children.

The character of the candidate is also important in the selection process. Many community members vote for a person who has sober habits, is humble and caring, does not have a bad temper and is of good character. It was also mentioned that

[16] Certificate given upon completion of secondary school Form 2. Upon completion of Form 4 a pupil receives the Malawi School Certificate of Education (MSCE).

community members and village headmen select caregivers based on commitment. Persons that are hard workers, dedicated, resourceful, trustworthy and active in developmental activities are usually elected and approved.

Aspiring caregivers should also have some experience in handling or working with children. Those who have parented their own children are usually considered for the position of a caregiver. As a final point, people who are willing to work without pay are mostly elected and approved as caregivers. One caregiver in Dowa made an excellent summary of the criteria used in selecting caregivers. She said that *"Aphunzitsi azikhala a chikondi ndi ana osati a nkhanza, komanso anzeru zoti angaphunzitse ndi kukhala ndi ana".* This means that caregivers should be kind and intelligent in order to teach children,

4,4 Educational qualifications of caregivers

A simple questionnaire was administered to 1 3,024 caregivers, of whom 79% were females, (This more or less reflects the gender balance of caregivers as a whole: 77% are female.) Figure 4.3 below shows the highest qualifications of the caregivers interviewed.

Almost half (46%) of the caregivers have reached senior primary school (Standard 5-8), and just under a quarter have reached lower senior school. Almost one-fifth have completed secondary education. Taken together, 88% of caregivers have at least completed Standard 5 in primary school. Very few caregivers have no education at all.

Table 4.3 below shows the educational qualifications of caregivers by district.

Table 4.3: Educational qualifications of caregivers by district (%)

District	No education	Std 1-4	Std 5-8	Forms 1-2	Forms 3-4	Adult literacy
Chitipa	0	0	35	37	28	0
Karonga	1	2	27	37	33	0
Rumphi	0	0	21	33	46	0
Nkhata Bay	0	2	47	27	24	0
Mzimba	1	3	51	27	18	0
Likoma	0	0	5	50	46	0
Kasungu	1	3	57	25	14	0
Lilongwe	9	15	37	19	18	2
Ntchisi	1	7	56	19	18	1
Dowa	1	8	50	21	18	2
Mchinji	2	6	52	24	14	2
Salima	14	18	46	13	9	2
Nkhotakota	1	3	41	34	22	0
Dedza	5	8	57	17	13	0
Ntcheu	1	5	45	27	21	0
Baiaka	1	3	44	28	22	2
Mangochi	0	2	48	26	24	0
Machinga	0	4	56	23	17	0
Zomba	0	2	31	31	35	0
Chiradzulu	0	1	30	33	35	0
Phalombe	0	4	50	29	16	0
Mulanje	0	5	49	24	22	0
Thyolo	1	4	51	24	18	3
Chikwawa	**1**	5	46	29	19	**1**
Nsanje	7	14	48	15	14	**1**
Blantyre	6	12	45	20	15	3
Mwanza	5	17	57	11	8	2
Neno	5	18	52	9	12	4
Average	**3**	**8**	**46**	**23**	**19**	**1**

There are differences in educational qualifications at district level. In Mzimba, Kasungu, Mchinji, Ntchisi, Dowa, Dedza, Machinga, Mwanza, Neno, Phalombe and Thyolo, at least half of the caregivers had completed senior primary school (Standard 5-8), Rumphi at 46% had the highest proportion of caregivers who had reached Forms 3-4. The small district of Likoma had a very high proportion of caregivers educated to secondary level. Salima had a relatively high proportion of caregivers (14%) who had no education at all.

4.5 Period caregivers worked in the CBCCs

Caregivers were also asked how long they had been doing this work. Figure 4.6 below shows the results at national level. More than two-thirds of the respondents to the caregiver questionnaire had been working as caregivers for longer than a year.

Figure 4.4: Period caregivers had been working in CBCC

Table **4.4** below shows the variations in the period caregivers had worked for the CBCCs by district: **Table 4.4: Period caregivers have been working (%)**

District	< 1 month	1-6 months	7-12 months	> 12 months
Chitipa	8	8	8	77
Karonga	7	10	14	70
Rumphi	33	6	3	58
Nkhata Bay	11	20	14	56
Mzimba	8	11	11	71
Likoma	9	9	9	73
Kasungu	21	8	14	58
Lilongwe	13	7	15	65
Ntchisi	11	4	10	76
Dowa	8	8	9	75
Mchinji	11	4	19	67
Salima	4	3	14	79
Nkhotakota	7	6	4	83
Dedza	7	16	17	64
Ntcheu	10	6	12	72
Baiaka	12	9	11	68
Mangochi	16	8	11	66
Machinga	9	11	8	73
Zomba	11	10	10	69
Chiradzulu	11	12	21	56
Phalombe	11	18	10	60
Mulanje	5	2	6	87
Thyolo	11	18	10	60
Chikwawa	4	6	7	84
Nsanje	5	2	3	90
Blantyre	23	10	7	60
Mwanza	18	12	8	62
Neno	3	39	5	53
Average	**11**	**10**	**11**	**68**

Nsanje had the highest proportion of caregivers (90%) who worked for CBCCs for more than a year, followed by Mulanje (87%), Chikwawa (84%) and Nkhotakota (83%). Neno had the lowest at 53%. A third of the caregivers in Rumphi had been working for less than a month

4.S Availability of trained caregivers

According to the CBCC Profile and the ECD policy, a caregiver is supposed to be trained for two weeks (or more), so this report only counts caregivers as trained if they have received this length of training. Only 3,144 of the 13,024 caregivers questioned had received training, leaving more than three-quarters untrained.

Rumphi had the highest proportion of trained caregivers (70%), followed by Likoma (59%). In all other districts less than half of the caregivers were trained. Salima and Phalombe had the lowest proportion of trained caregivers (7%), followed by Machinga and Nsanje (both 10%).

A wide range of issues are covered during the training, as can be seen in Table 4.5 below.

Table 4.5: Issues covered during caregiver training

Topic	% of caregivers mentioning topic
Child development	78
Child protection	64
Water, sanitation and hygiene	54
Feeding young children	45
Role of caregiver	40
Creating learning and teaching aids	36
Health	34
Nutrition	33
Developing lesson plans	22
Management of ECD/CBCC	20
Child abuse	17
HIV and AIDS	13
Prevention of injuries/accidents	12

The most frequently mentioned topics were child development, child protection, and water, sanitation and hygiene. Other topics mentioned by at least 40% of the caregivers were the roles of caregivers and feeding young children. HIV and AIDS, and preventing injuries and accidents were mentioned least often.

Those who had been trained were asked who provided the training. Figure 4.6 below shows the different agencies involved in training caregivers,

Figure 4.6: Agencies which conducted the training

Almost half the caregivers were trained by NGOs/FBOs/CBOs, and 45% were trained by the DSWO. Small numbers of caregivers have been trained by APPM. Others mentioned included the Malawi Social Action Fund (MASAF), UNICEF and the European Union, even though the last two do not conduct training. Respondents may have confused 'conducted' and 'funded'.

The data was further analysed to find if there were any variations across the 28 districts. Table 4.6 below shows the results of this analysis.

Table 4.S: Percentage of CBCCs that mentioned specific agencies that conducted caregiver training

District	NGO/FBO/ CBO	DSWO	APPM	Other
Chitipa	16	80	2	2
Karonga	60	39	2	0
Rumphi	29	46	17	8
Nkhata Bay	68	26	2	4
Mzimba	33	57	8	2
Likoma	20	80	0	0
Kasungu	20	43	0	38
Lilongwe	29	47	23	1
Ntchisi	44	56	0	0
Dowa	78	20	0	2
Mchinji	17	74	9	0
Salima	50	47	3	0
Nkhotakota	49	51	0	0
Dedza	71	28	0	2
Ntcheu	76	23	0	1
Baiaka	42	42	4	11
Mangochi	36	58	5	2
Machinga	40	43	4	13
Zomba	46	51	3	0
Chiradzulu	65	23	0	12
Phalombe	33	63	4	0
Mulanje	64	23	0	13
Thyolo	36	60	4	0
Chikwawa	26	70	4	0
Nsanje	41	53	**1**	4
Blantyre	39	27	18	16
Mwanza	14	65	20	1
Neno	17	81	1	1
Average	**49**	**45**	**3**	**3**

There were wide variations in the relative prominence of training agencies at district level. The DSWO takes a larger training role in some districts than in others. In Chitipa, for instance, 80% of the caregivers had been trained by the DSWO whereas in Blantyre, Mulanje and Dowa the figures were much lower.

Figure 4.7 below shows differences in terms of provider of training at regional level.

Figure 4.7: Provision of CBCC training by region

It is apparent that NGOs/CBOs/FBOs provide more training in the central and northern regions, while the' DSWO is more prominent in the south.

4.7 Motivating caregivers

The study also asked the type of incentives (if any) that caregivers are offered in their CBCCs. Figure 4.8 beiow shows the responses.

Figure 4.8: Incentives given to caregivers

The great majority of the caregivers work on a purely voluntary basis. Very few receive any incentive or reward. When questioned further, respondents said that they wanted to help children, especially orphans, and bring development to the community. Others mentioned that they simply liked children.

Table 4.7 below shows the incentives that caregivers receive by district.

Table 4.7: Specific incentives given to caregivers by district (%)

District	None	Money	mmunity works in garden	Food	Other
Chitipa	99	1	0	0	0
Karonga	91	2	7	0	0
Rumphi	91	0	0	0	9
Nkhata Bay	76	4	1	0	19
Mzimba	94	3	3	0	0
Likoma	73	27	0	0	0
Kasungu	95	2	1	2	1
Lilongwe	93	4	0	1	2
Ntchisi	99	1	0	0	0
Dowa	97	2	0	0	2
Mchinji	94	4	0	0	2
Salima	95	1	0	1	4
Nkhotakota	93	3	0	0	4
Dedza	99	1	0	0	0
Ntcheu	93	1	0	2	5
Balaka	61	7	0	1	32
Mangochi	82	18	0	0	0
Machinga	99	0	0	0	0
Zomba	88	11	1	0	0
Chiradzulu	89	7	0	2	4
Phalombe	65	3	0	0	32
Mulanje	98	2	0	0	0
Thyolo	93	5	1	0	1
Chikwawa	97	3	1	0	0
Nsanje	100	0	0	0	0
Blantyre	86	4	6	0	4
Mwanza	82	0	0	0	17
Neno	91	0	0	0	9
Average	90	4	1	0	5

There were no major differences at district level, with between 73% and 100% saying they worked entirely voluntarily. In Mangochi 18% said they were given money, but overall only 4% were given financial reward. The questionnaire did not ask the source of the money.

During the in-depth interviews, it was mentioned that despite the absence of material incentives, caregivers can be motivated in various other ways. These include receiving training (which is attractive because of the allowances received during the course as well as for its intrinsic worth) and having other community members helping to cultivate the caregiver's garden. Some caregivers **are motivated by verba!**

encouragement from people such as village headmen, school teachers and other community members, and by the respect they earn from such people.

Caregivers' personal interest in children and in developing their community is a major motivating factor. Many caregivers develop a close interest and special relationships with children. Some are motivated because their own children attend the CBCC, while others are just interested in working as volunteers. Other caregivers consider working at CBCC advantageous because they gain valuable teaching skills and experience. Where there are several caregivers at the CBCC, they inspire each other and can share roles and responsibilities - they may also be able to work at the CBCC part-time.

4.8 Why caregivers leave

Most CBCCs have seen caregivers leave during the year prior to the day of interview. Caregivers were reported to have left for various reasons. Many leave because of the lack of remuneration or other reward. Some female caregivers leave to get married or because their spouses disapprove of this work. Some caregivers left CBCCs because they said they were ridiculed by other community members, who either do not value voluntary work or see volunteers hoping to enrich themselves from the CBCC in some way. Some simply moved to another area, either to find another job, following a spouse, or going to study. Other reasons include overwork at the CBCC; a caregiver or one of their family members getting sick; misunderstandings among caregivers, or the death of a caregiver.

4.10 Recruitment challenges

From the in-depth interviews, it is clear that the most CBCCs face serious problems in recruiting caregivers. The reasons why people are reluctant to volunteer for this work are the same as the reasons, given above for caregivers leaving CBCCs. Some people simply believe that children are difficult to care for, and others fear (often rightly) that the CBCC lacks resources. Most people are unwilling to get involved without prior training. Some communities have very few educated members, and those who would be suitable are otherwise occupied with productive activities. Lastly, many women who would be willing to volunteer are influenced by their spouses, who do not want them to work without pay.

4.10 Suggested solutions to recruitment and retention of caregivers

A number of solutions were suggested, including the idea of paying caregivers. It was suggested that this would have the dual effect of encouraging people to become caregivers and of reducing the mockery sometimes meted out to them.

To promote the spirit of volunteering, it was suggested that community members should be sensitized to the importance of CBCCs, so that they would understand their value and the fact that the community as a whole is supposed to be involved in their running. Training CBCC personnel would improve their skills and also increase their motivation, it was suggested. And training and adult literacy classes could increase the numbers of people capable of becoming caregivers.

It was suggested that if village headmen simply appointed caregivers (instead of requiring them to be elected), this would solve some recruitment problems, as would making sure that prospective caregivers properly understood the terms and conditions before asking them to volunteer. Another idea was to give caregivers a fixed term of office, after which they could volunteer again or step down. Having enough resources at a CBCC was also seen as important in recruiting staff.

A recent study[17] has shown that where CBCCs have been set up by external agencies, the culture of dependency is quite evident. For example pilot projects initiated by the Ministry of Gender all failed after the government subsidy (which supplied food, kitchen utensils and learning materials) was stopped. The same applied to CBCCs where the caregivers received a monetary incentive. It worked well as long as the money

[17] *Community-Based Childcare Centres in Malawi: Past, Present and Future,* UNICEF Malawi, 2007

was given, but the caregivers and community members could not be motivated to provide support to the CBCC once the NGO that was supporting it withdrew and stopped the cash-flow.

4.11 Conclusions

Nearly 23,000 caregivers worked in the CBCCs during the six-months before the survey. Just over three-quarters of them were women. The daily attendance rates were fairly low, especially in the central region where less than half the caregivers attended daily.

The CBCC profile recommends a caregiver to child ratio of between 1:15 to 1:20. The national average caregiver to child ratio exceeds this, being 1:25. Only Chitipa, Mzimba and Rumphi in the northern region and Mwanza and Neno in the southern region had ratios of 1:20 or below.

Caregivers are chosen from within communities: outsiders are not involved. About half of them volunteer for the position, although there are wide variations between districts. Others are nominated. Various qualities were sought in a caregiver, including at least some formal education and an interest in children. Approval is also required from the village headman.

Nearly 90% of caregivers have at least completed Standard 5 in primary school. Very few caregivers have no education at all. More than two-thirds of caregivers have been working in a CBCC for longer than a year.

Only a quarter of caregivers have been trained so far. Most of those who had been trained were aware of the topics of child development, child protection and water, sanitation and hygiene. However, only small numbers of trained caregivers mentioned the many other topics covered by the training course. The two main providers of training courses to caregivers are NGOs/CBOs/FBOs and the District Social Welfare Office, but the relative importance of these entities varied between districts.

There were almost no material incentives on offer to caregivers - throughout the country, most work entirely voluntarily. It appears that caregivers are motivated simply by an interest in children.

5. COMMUNITY AND CBCC COMMITTEE ROLES

5.1 Introduction

While caregivers run day-to-day activities, the CBCC committee is responsible for wider affairs. The CBCC Profile suggests that the committee should consist of 10 members, most of whom should be parents, and that its main role should be to ensure the smooth running of the centre. This involves keeping various records and carrying out several organizational roles. In this section, we set out our findings on these committees.

5.2 Existence of CBCC committees

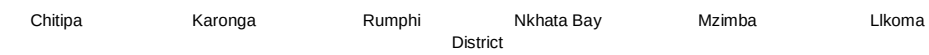
Overall, 95% of the CBCCs reported having a committee, with very little difference between districts, as can be seen in Table 5.1 below.

Table 5.1: Percentage of CBCCs with CBCC committees

Northern region %		**Central region %**		**Southern region %**	
Chitipa	98	Kasungu	99	Balaka	98
Karonga	97	Lilongwe	92	Mangochi	96
Rumphi	98	Ntchisi	98	Machinga	97
Nkhata Bay	91	Dowa	95	Zomba	91
Mzimba	96	Mchinji	87	Chiradzulu	97
Likoma	100	Salima	94	Phalombe	96
		Nkhotakota	95	Mulanje	97
		Dedza	91	Thyolo	97
		Ntcheu	89	Chikwawa	98
				Nsanje	100
				Blantyre	94
				Mwanza	95
				Neno	94
Average					**95**

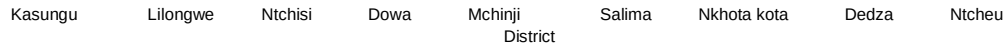
Only in Mchinji and Ntcheu was the percentage of CBCCs with committees below 90%. Figures 5.1a, b and c below show the average number of men and women in the CBCC committees by district in the northern, central and southern regions, respectively.

Figure 5.1a: Average number of men and women In CBCC committees by district In the northern region



In the northern region, it was only Karonga and Chitipa districts where the numbers of men and women were equal. In all other districts, women outnumbered men. All committees had between eight and ten members.

Figure 5.1b: Average number of men and women In CBCC committees by district In the central region



In the central region, there were on average more women than men on CBCC committees in all districts. Average

Figure 5.1c: Average number of men and women in CBCC committees by district in the southern region

committee size varied between nine and eleven.

In the southern region, committees had nine or ten members on average, and again women outnumbered men.

5.3 Choosing CBCC committee members

Table 5.2 below shows how committee members are chosen.

Table 5.2: Different methods used to choose committee members by district (%)

District	Elected by community	Volunteer	Elected by Village Head	Other
Average Malawi	**82**	**10**	**17**	**7**
Chitipa	93	5	11	5
Karonga	55	6	46	34
Rumphi	79	5	17	2
Nkhata Bay	85	7	10	5
Mzimba	80	5	15	4
Likoma	90	20	0	0
Av. northern region	**78**	**5**	**20**	**10**
Kasungu	89	3	18	1
Lilongwe	80	9	18	6
Ntchisi	48	18	39	21
Dowa	57	25	25	3
Mchinji	81	11	7	2
Salima	79	16	17	9
Nkhotakota	68	14	19	9
Dedza	81	9	26	6
Ntcheu	87	15	17	2
Av. central region	**76**	**12**	**20**	**6**
Balaka	81	12	5	9
Mangochi	78	6	8	10
Machinga	81	6	8	10
Zomba	85	19	18	8
Chiradzulu	94	14	39	4
Phalombe	94	9	2	3
Mulanje	95	14	41	2
Thyolo	92	8	2	4
Chikwawa	92	4	15	4
Nsanje	76	10	9	12
Blantyre	79	16	8	8
Mwanza	76	21	13	3
Neno	83	8	9	2
Av. southern region	**86**	**11**	**14**	**6**

Most committee members are chosen by the community, although in Karonga and Ntchisi the figures were much lower (55% and 48%, respectively). Village heads were mentioned more frequently as choosing committee members in these two districts. Between a fifth and a quarter of the respondents in Likoma, Dowa and Mwanza reported that people volunteered to be committee members.

5.4 **Perceived** CBCC **committee roles**

Respondents were asked to suggest roles that the committee plays in the CBCCs, and results are shown in Table 5.3 below.

Table 5.3: Perceived roles of CBCC committees {%)

District	Mobilise resources	Monitor and supervise	Manage CBCC	Monitor attendance	Cook, clean and collect firewood	Hold planning and review meetings	Maintain financial records	Cultivate garden	Helping needy children	Nothing	Other
Malawi	81	73	72	64	54	42	36	25	13	0	5
Northern region											
Chitipa	90	78	78	69	59	44	42	30	13	0	5
Karonga	86	72	85	78	61	30	48	36	8	0	1
Rumphi	83	36	79	50	41	17	31	24	12	2	14
Nkhata Bay	88	65	68	55	47	28	16	26	5	1	8
Mzimba	88	77	64	68	53	36	22	36	9	0	3
Likoma	100	100	100	90	80	80	10	10	0	0	0
Average	88	73	73	68	55	35	31	32	9	0	4
Central region											
Kasungu	88	86	85	86	40	64	58	18	4	0	2 j
Lilongwe	78	76	76	60	31	49	33	24	14	1	1
Ntchisi	79	84	78	85	81	70	56	38	26	2	3
Dowa	91	80	83	77	65	33	44	37	44	1	5
Mchinji	86	73	75	69	70	51	46	43	40	1	0
Salima	90	90	98	72	65	64	62	37	44	1	5
Nkhotakota	67	63	67	76	79	45	50	33	28	1	5
Dedza	77	7S	79	66	54	39	20	40	16	3	1
Ntcheu	87	72	78	44	50	35	29	26	12	6	1
Average	82	78	79	70	54	50	34^	30	20	2	2
Southern region											
Balaka	65	69	48	61	66	42	34	28	17	1	12
Manqochi	52	56	30	46	56	21	10	26	7	0	22
Machinga	65	69	4S	60	66	41	34	27	16	1	13
Zomba	83	80	72	80	70	53	62	33	7	3	2
Chiradzulu	86	65	64	48	71	29	30	12	19	0	1
Phaiombe	90	77	85	73	68	54	40	25	9	2	3
Mulanje	84	63	65	50	71	31	28	14	20	1	1
Thyolo	87	76	82	68	67	55	39	23	8	2	4
Chikwawa	87	85	83	88	92	55	89	40	27	1	1
Nsanje	66	64	43	61	51	20	15	18	16	0	18
Blantyre	80	68	80	43	0	38	20	0	0	0	4
Mwanza	89	87	91	71	0	48	41	0	0	0	5
Neno	74	52	83	56	0	27	33	0	0	0	3
Average	78	70	67	60 j 55		40	34	19	11	1	7

The major committee roles mentioned by respondents were mobilizing resources (81%), monitoring and supervising CBCC activities (73%), managing CBCCs (72%) and monitoring attendance of children and caregivers (64%). Cooking, cleaning and collecting firewood was mentioned by more than half of the respondents (54%). Other roles, such as keeping financial records, conducting planning and review meetings, cultivating in the communal garden and helping needy children, were mentioned less frequently.

5.5 Community participation

According to the CBCC Profile, members of the community surrounding a CBCC have a number of responsibilities, regardless of whether their children attend the CBCC or not. They are supposed to contribute food, play materials, money and other resources, and help caregivers prepare food for the children. They are also supposed to help fetch firewood and water, and to work in the communal garden. Other responsibilities include monitoring CBCC activities, and helping with construction work and income-generating activities. There are also a wide range of activities concerned with the health and wellbeing of children, for example ensuring the availability of insecticide-treated nets and taking children for immunization.

5.5.1 Perceptions of the role of community members

During the in-depth interviews, informants were asked about the roles of the community. Most said that community members take part in CBCC activities but that participation is restricted to a few individuals, mainly parents and guardians. Most other community members do not help with daily activities, nor do they join in more sporadic activities of the CBCC. On the other hand, it was also said that in CBCCs where there are few caregivers, community members are usually called upon to help. They help caregivers to prepare meals, feed children, fetch water, wash dishes, play with children and organize classrooms. When a child becomes sick, they also help attend to such children. Grandparents are sometimes invited to tell children folk tales (*Nthario).*

Parents and guardians are responsible for sending their eligible children to the CBCCs. They should make sure that their children are clean and wearing clean clothes. Their duty is to also ensure that the child travels safely to and from the CBCC.

There are other, infrequent, roles for local people, such as attending periodic CBCC community meetings. CBCC personnel are elected at such meetings, and the community is informed of any new developments. Such meetings also act as a forum where the CBCC asks for community assistance when necessary.

Given that most CBCCs depend on contributions to keep them running, community members have an obligation to make both material and financial contributions. Local people are also expected to provide labour to the CBCC when required, for instance when buildings are being constructed (toilets, classrooms, temporary sheds). They may be needed to mould bricks, do plastering or thatching, or to help in renovation work. Other useful activities may be digging rubbish pits/toilets, fetching water and firewood, and clearing the CBCC surroundings and footpaths. Finally, it is the role of community members to support the CBCC by making play materials from locally available resources.

5.5.2 The role of men

During in-depth interviews, respondents were asked whether men play any major roles. It was said that most men do not participate in CBCC activities, but that the few who do have a number of roles, usually intermittent in nature. Men are usually deployed to do construction or maintenance work on CBCC buildings. They mould and burn bricks, build toilet/kitchen/classrooms, build temporary shade and erect fencing around the CBCC. They also dig rubbish pits and cut down trees for construction work.

5.5.3 Roles of village headmen

The in-depth interviews revealed that village headmen play crucial roles in most CBCCs - it appeared that without their support, most could not survive. First, village headmen were said to be instrumental in initiating and approving the establishment of most CBCCs. They then play a leading role in identifying, selecting and approving CBCC committee members and caregivers. They are responsible for calling and presiding over community meetings where caregivers and committee members are elected, although in a few cases the headmen simply appoint CBCC workers.

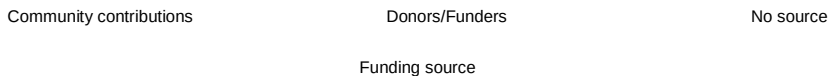
The power to mobilise community members in support of the CBCC is always with the village headman. They motivate CBCC committee members and caregivers, often simply by talking to them. One village headman was said to motivate caregivers by saying: "It takes a great deal of patience and perseverance to get to the road of success". It is also the duty of village headmen in most communities to ensure that CBCCs activities are progressing well, by

supervising development work and monitoring daily activities. Related to this, village headmen help arbitrate any disputes about the CBCC. Lastly, some village headmen make financial and material contributions. They also provide land for the buildings and a communal garden. In some communities, they authorize the cutting down of community trees to be used for construction work at the CBCC.

5.6 Sources of funds and banking

Respondents to the main CBCC questionnaire were asked where they obtain their funding, and Figure 5.2 below shows the responses.

Figure 5.2 : Sources of funding for running CBCCs



Almost 90% of the CBCCs reported that they are funded by community contributions. Money is donated by individual community members or CBCC committee members. It was also reported that some members of the community will do *gariyu* (piece work) in order to raise funds. Donors provide only 5% of funding for CBCCs. A significant minority of CBCCs were said to have no funding at all. In these cases, communities contribute in kind rather than in the form of cash.

Table 5.4 below shows the sources of funding for CBCC operations by district.

Table 5.4: Sources of funding by district

District	Sources of funding		
	Community contributions	Donors	No source
Chitipa	97	3	1
Karonga	92	3	5
Rumphi	95	5	0
Nkhata Bay	94	4	3
Mzimba	82	15	3
Likoma	100	0	0
Average northern	**89**	**8**	3
Kasungu	85	1	14
Lilongwe	75	15	10
Ntchisi	80	6	14
Dowa	87	6	7
Mchinji	93	6	1
Salima	91	9	1
Nkhotakota	94	5	1
Dedza	29	4	67
Ntcheu	91	1	7
Average central	**82**	7	**11**
Balaka	96	1	3
Mangochi	94	0	5
Machinga	95	2	3
Zomba	97	0	3
Chiradzulu	84	0	16
Phalombe	93	0	7
Mulanje	81	4	15
Thyolo	94	0	6
Chikwawa	99	0	1
Nsanje	91	0	9
Blantyre	80	16	3
Mwanza	61	9	30
Neno	86	5	9
Average southern	**89**	**3**	**8**
Average Malawi	**87**	**5**	**8**

Only in Mzimba, Lilongwe and Blantyre districts was funding from donors above 10%. (Lilongwe and Blantyre are the two major urban centres in Malawi.) There were some variations at district level - for instance, in Dedza district less than 30% of the CBCCs reported being funded by the community - but generally the national picture of most CBCCs funding themselves is found in most districts.

The issue of funding was also raised during the in-depth interviews conducted with CBCC personnel. Various different approaches were mentioned, but there appear to be three main sources of funding, The first source is contributions. Almost all CBCCs depend on contributions from community members, especially parents and guardians of the children attending the CBCC. Parental contributions range from K5 to K300 each month, and contributions in kind (such as food) are also made. Sometimes committee members, caregivers and village headmen also contribute to the CBCC. But in most cases community contributions are inadequate, mainly because most CBCCs serve poor communities who are incapable of contributing more,

The second source is through fundraising activities, where caregivers and CBCC committee members make personal efforts to find money through casual labour (*ganyu*), or selling bricks and firewood. They sometimes work in other people's gardens *(kalimalima).* Fundraising activities are usually done in order to supplement the contributed money.

Finally, a few CBCCs run income-generating activities such as dairy cows, commercial bee keeping, running a tailoring shop, offering video shows, and pig-rearing.

It is very rare for other organizations to provide direct financial support, but they may provide support in kind instead. They usually donate items such as teaching materials, food, farm inputs, infrastructure, medical resources (mosquito nets and drugs), or they may support income-generating activities. In a few cases, funding institutions provide money for a specified project, in which case the CBO (or other organization) in partnership with CBCC would usually write a proposal to donors on behalf of the CBCC. If the request is granted, the CBO would also be responsible for distributing the money to CBCCs within their jurisdiction.

Most training of CBCC personnel is sponsored by other organizations. Some organizations help the CBCC to establish income-generating activities or set up a communal garden. Others advise how to improve and manage fundraising activities.

Respondents were also asked if they had bank accounts. Figures 5.3a, b and c below show the proportion of CBCCs which had bank accounts by district in the northern, central and southern regions, respectively.

Rumphi had the highest proportion of CBCCs which reported that they had bank accounts, but even this figure is below 20%. In the other districts in the northern region (apart from Likoma, where the sample size is only 10) less than 5% of the CBCCs had bank accounts.

Figure 5.3b: Proportion of CBCCs with bank accounts

In the central region, more than one-third of the CBCCs in Mchinji district had bank accounts, and in all districts apart from Dedza and Ntcheu the figure was more than 10%.

Figure 5.3c: Proportion of CBCCs wltli bank accounts In southern region

In the southern region, Machinga had the highest proportion of CBCCs which had bank accounts, but this is still less than 20%.

Overall, just under 10% of the CBCCs in Malawi had bank accounts. In most cases these accounts owned by CBCCs are managed by CBCC committees as can be seen from Figure 5.4 below.

Just over three-quarters of the CBCCs reported that the bank accounts are managed by the CBCC committees. About 5-7% of the CBCCs reported that the bank accounts are managed by the village head, facilitator of CBCC and founder/project manager.

There were variations at district and regional level in terms of management of bank accounts as can be seen from Table 5.5 below.

Table 5.5: Person responsible for managing bank accounts

District	Person responsible for bank account				
	Village head	CBCC committee	Facilitator of CBCC	Founder/project manager	Other
Chitipa	10	70	10	0	10
Karonga	0	100	0	0	0
Rumphi	0	100	0	0	0
Nkhata Bay	0	82	0	0	18
Mzimba	19	50	13	13	6
Likoma	0	0	0	100	0
Average northern	**8**	**72**	**6**	**6**	**8**
Kasungu	0	100	0	0	0
Lilongwe	13	71	2	9	4
Ntchisi	5	85	0	5	5
Dowa	0	96	0	0	4
Mchinji	7	85	6	2	0
Salima	9	67	3	3	18
Nkhotakota	10	74	0	10	7
Dedza	50	50	0	0	0
Ntcheu	0	60	20	20	0
Average central	**7**	**82**	**2**	**4**	**5**
Balaka	11	79	0	0	11
Mangochi	7	80	0	7	7
Machinga	9	77	0	0	14
Zomba	0	54	12	27	8
Chiradzulu	17	33	0	0	17
Phalombe[0]	-	-	-	-	-
Mulanje	5	57	0	24	14
Thyolo	50	50	0	0	0
Chikwawa	0	79	5	16	0
Nsanje	33	68	0	0	0
Blantyre	2	70	28	0	0
Mwanza	0	75	25	0	0
Neno	0	91	9	0	6
Average southern	**6**	**69**	**10**	**9**	**6**

Percentages of CBCC committees responsible for bank accounts ranged from 33% to 1 00%. In Thyolo and Dedza half of the CBCCs reported that their bank accounts were being managed by village headmen. In some districts a considerable proportion of the CBCC bank accounts were being managed by founders or project managers for example in Mulanje (33%) and Zomba (27%).

5.7 Communal gardens

Thirty-eight per cent of the CBCCs reported having a communal garden where they produce food for the children. The proportion by district varied considerably, though, as shown in Table 5.5 below.

Figure 5.5: Proportion of CBCCs with communal gardens by district

It can be seen that in Mchinji more than two-thirds of the CBCCs reported having a communal garden, and in Karonga and Dedza at least half have gardens. In all other districts, fewer than half reported having gardens.

Figure 5.6 below shows the types of crops grown.

Figure 5.6: Types of crops grown in communal gardens

Maize **Vegetables** **Groundnuts** **Soya**

Crop

Maize is the major crop grown by CBCCs with communal gardens. Only a quarter grew soya and less than a fifth grew vegetables and groundnuts. Respondents to the main CBCC questionnaire and those who reported having a communal garden were further asked where they obtain their farm input and the results are shown in Figure 5,7 below.

Figure 5,7: Sources of inputs for communal gardens

The major source of farm inputs is contributions from parents, followed by contributions from FBOs and NGOs. The DSWO contributes very little.

5.8 Problems faced by CBCCs

5.8.1 Problems experienced by CBCCs

In order to improve the way CBCCs are run and ultimately ensure that these centres benefit the children and their communities, it is important to examine the problems they face. Table 5.6 below shows the different problems mentioned by respondents by region.

Table 5.6: Problems faced by CBCCs (%)

Nature of problem	Problems faced by CBCCs (%)			
Lack of:	Northern region	Central region	Southern region	Average
Play materials	83	84	83	83
Food	86	82	83	83
Teaching materials	84	80	79	80
Buildings	77	73	74	74
Utensils	79	72	73	74
Training	69	72	73	72
Funds	72	71	61	68
Medicines	65	63	54	59
Motivation	49	47	47	48
Toilets	46	50	47	43
Water	48	46	38	42
Blankets	33	42	33	36
Washing materials	32	45	31	36
Community involvement	22	30	25	26
Bathrooms	35	41	33	25
Caregivers	21	28	17	21
Firewood	8	24	35	14
Other problem	24	25	20	23

There three most-often mentioned problems overall (highlighted by more than 80% of the respondents) were shortages of play materials, food and teaching materials. Other frequently mentioned problems concerned buildings, utensils, training and funds.

During the in-depth interviews, informants were also asked what problems they faced. Results show that all CBCCs experience problems simply trying to ensure that the institution operates. In most CBCCs, neither the committee nor the caregivers have sufficient capacity to manage the institution because they have not been trained. One caregiver lamented that *"Timasowa chowaphunzitsa ana"* which means "We lack teaching materials".

As will be seen later, most CBCCs do not have teaching or play equipment. Neither do they have a proper permanent building having kitchen, toilets, bathroom or a sickbay. They conduct their classes under a tree, in a temporary shelter or in borrowed premises such as churches. Lack of food is usually most serious during the rainy season. At this time, most people do not have adequate food reserves to contribute to the CBCC. Utensils are also a major challenge to most CBCCs.

Attracting and retaining caregivers was reported to be a problem by on average one in five CBCCs. The in-depth interviews revealed that caregivers may be discouraged because community members mock them, accusing them of becoming fat on the children's porridge (*"mukongonenepa ndiphala la ana").* The fact that the work is mostly voluntary is another deterrent for some. Female caregivers often give up work when they get married.

There are some problems which are not common but are experienced in a number of CBCCs. These include lack of the following: water; medicine; communal garden (including farm inputs); community participation; means of transport (e.g. a bicycle); clothes for needy children and blankets for when a child is ill. Finally, misunderstandings between CBCC workers and community are also a problem in some CBCCs.

There have been deliberate efforts by most CBCCs themselves to address these problems, although in a few CBCCs it was acknowledged that no effort has been made. For training, most CBCCs have made requests to various developmental institutions and the government to build capacity their personnel. In a few cases CBCC committee members and caregivers have funded their own training. Where caregivers have been trained, they make teaching and play materials from local resources. They make soft toys, balls (*mpira wa chikulunga),* musical instruments from used tins; they also save bicycle rims (z/nge/enge/e). Some CBCCs form partnerships with a nearby primary school to use items such as chalk and blackboards.

CBCCs without buildings sometimes mould bricks for the centre, but they find it hard to afford items such cement and corrugated iron sheets. In some CBCCs, community members have helped build a temporary structure. In others, they use rented or borrowed premises. In order to deal with food shortages, most CBCCs survive on food contributions from community members and CBCC personnel. In some CBCCs communal gardens have been established in order to cultivate food crops required at the centre. Caregivers and committee members usually bring their own utensils to be used at the CBCC. They also ask children to bring their own plate, spoon or a cup from home. A small number of CBCCs use rented cooking utensils.

5.8.2 Solutions to CBCC problems suggested by respondents

Respondents suggested that, to build the capacity of CBCC personnel, other institutions should train CBCC committee members and caregivers. This would solve the problem of lack of knowledge and skills among CBCC workers. For play materials, most respondents suggested that donors should either give adequate play materials or provide finding to buy play materials. In other CBCCs, it was suggested that the community itself should make play materials from local resources. It was suggested that the government and NGOs should work with community members to build permanent infrastructure. Where CBCCs have already moulded bricks, it was suggested other organizations should provide iron sheets, cement and labour.

To combat food shortages, most respondents recommended that CBCCs should have their own communal gardens. The role of other institutions should be to support the CBCCs with farm inputs. Other respondents also suggested that community members should make adequate food contributions to the CBCCs.
It was suggested that CBCC workers, especially caregivers, should be salaried. This would rekindle their commitment and be an attraction to many community members to work as caregivers. The community itself should be made aware of the importance of involvement in CBCC activities. Village headmen and other organizations were mentioned as being able to improve community awareness. Related to the above, some respondents proposed that there is need for cooperation among key stakeholders, who should put aside their differences and work towards a common goal of improving CBCCs.

The respondents also suggested that income-generating activities should be set up. A number of activities were suggested, including having a maize mill or paraffin pump; producing commercial livestock; bee keeping, and making cooking oil. The government and organizations could then help finance setting these up. Some respondents recommended that donor organizations should fund CBCCs directly, and the CBCCs should help by opening a bank account where the money could be channelled.

Where water is a key challenge, respondents recommend that a borehole should be drilled closer to the CBCC.

5.8.3 CBCCs that close down

While mapping the CBCCs, many were found to be non-functional. In in-depth interviews, a host of reasons have been given for these closures, the most common being a lack of resources and food.

Many CBCCs close down because of lack proper infrastructure. This problem is more serious during the rainy season, when many CBCCs that operate under a tree cannot function unless they have an alternative shelter. During the rains, most temporary structures either leak or are demolished by heavy rain. Some CBCCs using borrowed premises are sometimes evicted due to non-payment of rent.

Shortage of caregivers has also caused some CBCCs to close down. Some CBCCs have collapsed because there were too many children wanting to attend, so caregivers were unable to deal with them all. Too many children exhaust CBCC resources, especially food, quickly. Insufficient food and other resources lead to a high dropout rate of children. Some CBCCs stopped operating when partner institutions ceased funding or when contributions from the community dried up. Some donors stopped supporting a CBCC after their donations were mismanaged by CBCC personnel - for example funds were withdrawn from Njolomole CBCC in Ntcheu because CBCC management mismanaged K2 million meant for a CBCC building project.

Most CBCC that ceased to operate lacked experienced personnel who could handle its problems. Absence of community support led to the collapse of some CBCCs. Finally, misunderstanding and a lack cooperation between personnel led to the fall of some CBCCs.

5.9 Community involvement in classrooms

While CBCCs are supposed to be community-managed, 43% of the CBCCs nationally said that community members do nothing in the classrooms. However, small proportions (less than 20%) of CBCCs said that community members did help, for instance making toys, feeding children and organising classrooms

Figure 5.8 below shows how the community is involved in the classrooms.

There were wide district variations, as can be seen in Table 5.7 below.

Table **5.7: Community involvement (% of CBCCs reporting help with various activities)**

District	Community involvement					
	Telling stories	Organising classrooms	Making toys	Feeding children	Other activities	None
Chitipa	4	27	3	41	9	50
Karonga	14	12	13	55	5	31
Rumphi	5	19	12	40	7	37
Nkhata Bay	16	14	5	23	14	46
Mzimba	14	8	1	46	2	44
Likoma	40	10	10	10	0	50
Kasungu	5	31	3	41	8	39
Lilongwe	8	18	2	27	9	57
Ntchisi	10	24	31	42	20	24
Dowa	5	13	47"	43	13	36
Mchinji	11	24	13	55	14	22
Salima	19	5	3	25	10	54
Nkhotakota	31	29	83	79	9	4
Dedza	10	19	10	19	25	49
Ntcheu	7	11	10	32	13	49
Balaka	8	19	6	35	23	48
Mangochi	5	18	13	23	11	63
Machinga	8	17	6	0	23	48
Zomba	23	15	38	51	2	37
Chiradzulu	3	12	3	34	16	51
Phalombe	4	18	31	47	6	38
Mulanje	3	13	2	37	17	51
Thyolo	5	15	26	45	5	42
Chikwawa	60	22	93	96	1	0
Nsanje	4	-	-	23	16	64
Blantyre	-	-	-	-	-	-
Mwanza	-	-	-	-	-	-
Neno		-	-	-	-	-

There are certain activities in some districts where community members play important roles in the classroom. For example in Chikwawa 60% of the respondents said that community members are

involved in telling stories. Also in Chikwawa, over 90% of respondents said that local people make toys and help feed the children. On the other hand, Nsanje had the highest proportion of respondents (almost two-thirds) who reported that other community members had no involvement in the classroom.

5.10 Training committee members

The training in this section refers to individual members and not the committee as a whole. In total there were nearly 31,300 committee members, of whom two-thirds were parents or guardians of children attending CBCCs. Most (63%) were women. Only 8% of the CBCC committee members were reported to be trained in CBCC operations. For those who attended training, Figure 5.9 below shows the period over which the training was conducted.

Figure 5.9: Period for which CBCC committee

Training for committee members is supposed to be for at least five days. It can be seen that for those who were trained, more than half (nearly 60%) had been trained for more than five days. The training was mostly done by CBOs/NGOs/FBOs (58%) and this was followed by DSWO (37%) and then 'other' (5%).

5.11 Conclusions

Most CBCCs have committees of about 10 members, most of them women. Most committee members are also parents. There is very little variation between districts. Committee members are chosen by the community or the village head, or they volunteer to serve: there is little or no outside influence.

More than 70% of respondents were aware of three major committee roles (mobilizing resources, managing the CBCC and supervising operations). However, fewer respondents were aware of other important roles such as keeping financial records and planning.

Communities varied in their degree of Involvement with their local CBCC. The majority of both caregivers and committee members are women. However, men play an important role in periodic construction or maintenance tasks. Village headmen were said to be very important in supporting CBCCs and motivating community members to become involved.

The resources needed to run CBCCs come almost entirely from community contributions. Donors provide only 5% of funding overall, and a significant minority of CBCCs were said not to be funded with cash at all. Donors do, however, pay for a certain amount of training, of both caregivers and committee members. Resources come from direct parental contributions (often in kind), fundraising activities such as casual labour, or through income-generating activities at the CBCC.

Relatively few CBCCs have bank accounts (less than 10% overall), although figures vary between districts. Most of the accounts were managed by CBCC committees.

Communal gardens were found in 38% of CBCCs, with wide variation between districts (from 10% to 69%). Maize was the most often mentioned crop grown in these gardens. Soya beans, groundnuts and vegetables were mentioned less frequently. Parental contributions accounted for more than half the inputs for the gardens, with NGOs/C BOs/FBOs providing just under a third.

Respondents highlighted a number of problems in running CBCCs, almost all related to a lack of resources of all kinds. Most-often reported shortages were of play materials, food and teaching materials. Communities were said to make efforts to overcome these problems themselves.

A significant number of CBCCs close down after a period of time, mostly because of a lack of resources and food. Shortage of caregivers is said to be another contributory factor. Community involvement was reported to vary from minor to significant. Overall, over 40% of respondents said that their community made no contribution, but there were big differences between districts - some were said to be very involved in certain activities such as feeding children and telling stories.

Only 8% of committee members have been trained, most of them for more than five days.

6, WATER, SANITATION AND HEALTH

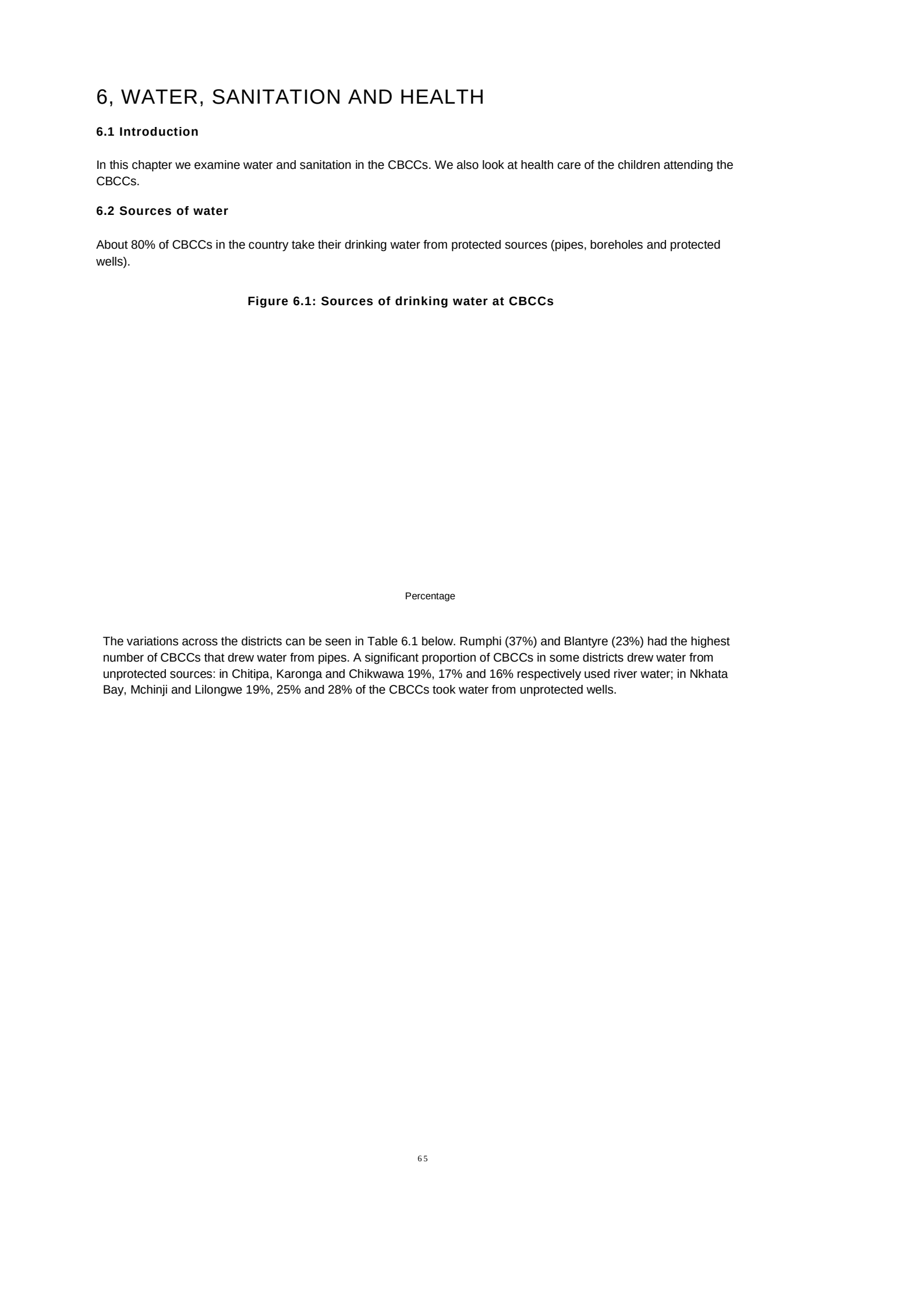
6.1 Introduction

In this chapter we examine water and sanitation in the CBCCs. We also look at health care of the children attending the CBCCs.

6.2 Sources of water

About 80% of CBCCs in the country take their drinking water from protected sources (pipes, boreholes and protected wells).

Figure 6.1: Sources of drinking water at CBCCs



The variations across the districts can be seen in Table 6.1 below. Rumphi (37%) and Blantyre (23%) had the highest number of CBCCs that drew water from pipes. A significant proportion of CBCCs in some districts drew water from unprotected sources: in Chitipa, Karonga and Chikwawa 19%, 17% and 16% respectively used river water; in Nkhata Bay, Mchinji and Lilongwe 19%, 25% and 28% of the CBCCs took water from unprotected wells.

Table 6.1: Sources of drinking water by district (%)

District	Borehole	Pipe	Protected well	River/ stream	Unprotected well	Caregiver's house	Buy from office	Sprin
Chitipa	41	20	4	19	14	2	0	
Karonga	69	2	5	17	8	0	0	
Rumphi	51	37 15	0	7	2	0	0	
Nkhata Bay	52		4	9	19	1	0	
Mzimba	59	13	3	9	15	1	0	
Likoma	60	30	0	10	0	0	0	
Kasungu	81	1	3	5	10	0	0	
Lilongwe	53	8	7	3	28	0	1	
Ntchisi	68	2	4	15	11	0	0	
Dowa	66	1	5	12	17	0	0	
Mchinji	53	14	7	1	25	0	0	
Salima	77	5	6	3	8	0	1	
Nkhotakota	59	11	8	6	15	0	0	
Dedza	70	3	12	1	13	1	0	
Ntcheu	71	10	7	5	5	1	0	
Baiaka	68	20	1	10	1	0	0	
Mangochi	75	11	1	6	6	0	0	
Machinga	68	21	1	9	1	0	0	
Zomba	73	14	4	3	6	1	0	
Chiradzulu	71	11	3	9	4	2	0	
Phalombe	66	6	6	6	17	0	0	
Mulanje	68	18	3	7	3	2	0	
Thyolo	67	5	7	5	16	0	0	
Chikwawa	57	9	1	16	17	0	0	
Nsanje	66	16	3	8	7	0	0	
Blantyre	64	23	3	3	6	1	0	
Mwanza	71	4	6	8	10	1	0	
Neno	85	0	1	9	5	0	0	
Average Malawi	**65**	11	**4**	8	12	1	**0**	

As Table 6.2 below shows, few of the water sources (15%) were within the CBCC, and less than one- third of CBCCs (30%) had water less than 100 metres away. Just over one-third fetched water from between 100m and 500m away. Another third had to fetch water from more than 500m away. There were even some CBCCs (4%) that had no water closer than 1km away. There are wide variations between districts.

Table 6.2: Distances to safe water source (%)

District	Within CBCC premises	< 10 0 m	100m - 500m	500m - 1 km	>1 km
Chitipa	8	33	26	21	11
Karonga	8	51	30	9	2
Rumphi	18	45	29	5	3
Nkhata Bay	10	26	56	4	4
Mzimba	13	28	42	12	6
Likoma	89	11	0	0	0
Kasungu	9	24	38	19	9
Lilongwe	19	37	34	8	3
Ntchisi	10	40	40	3	7
Dowa	25	27	37	9	3
Mchinji	40	27	27	4	3
Salima	7	44	40	8	2
Nkhotakota	11	23	39	19	9
Dedza	21	35	41	4	0
Ntcheu	17	37	35	7	5
Balaka	29	28	35	5	4
Mangochi	24	39	30	6	2
Machinga	29	28	34	5	4
Zomba	21	38	27	12	2
Chiradzulu	18	46	26	9	2
Phalombe	17	26	41	13	4
Mulanje	18	45	26	9	2
Thyolo	16	26	42	13	3
Chikwawa	18	27	35	13	8
Nsanje	27	37	30	4	3
Blantyre	21	35	30	9	6
Mwanza	8	14	47	21	11
Neno	7	19	47	17	10
Average Malawi	18	33	35	10	4

Figure 6.2 shows that for other domestic use, 62% of the CBCCs drew their water from boreholes 12% from unprotected wells, 11% from rivers, 10% from pipes and 5% from protected wells.

Figure 6.2: Sources of water for other domestic uses at CBCC (%)

6.3 Sanitation

Appendix 5 shows the availability of toilets in the CBCCs. There is wide variation between districts, but most districts reported toilets in 42% to 62% of their CBCCs. Five districts reported lower figures (between 20% and 27%).

In terms of usage overall (see Appendix 6), 87% of the CBCCs with toilets said that they were being used. Neno and Likoma reported 100% use whilst Mchinji (57%), Lilongwe (67%) and Salima (69%) reported notably lower usage. For those CBCCs that reported having toilets but not using them, the major reason given was that children were too young to use the facilities.

Most toilets (90%) were the traditional pit latrine type (Figure 6,3 below). Only 8% were of the ventilated improved pit latrine type and only 2% were flush toilets. As Table 6.3 below shows, there was very little variation between districts.

Figure 6.3: Types of Toilets

Table 6.3: Types of toilet facilities by district (%)

District	Traditional pit latrine	Flush toilet	Ventilated improved pit latrine
Chitipa	99	0	1
Karonga	97	2	3
Rumphi	81	0	19
Nkhata Bay	87	2	11
Mzimba	91	1	7
Likoma	100	0	0
Kasungu	98	0	2
Lilongwe	94	2	1
Ntchisi	82	8	11
Dowa	92	2	5
Mchinji	90	3	7
Salima	80	11	9
Nkhotakota	92	0	8
Dedza	92	0	8
Ntcheu	86	2	11
Balaka	80	3	16
Mangochi	86	4	10
Machinga	80	3	16
Zomba	92	1	7
Chiradzulu	88	1	12
Phalombe	91	0	6
Mulanje	88	1	12
Thyolo	92	1	5
Chikwawa	92	2	6
Nsanje	89	1	10
Blantyre	86	6	8
Mwanza	100	0	0
Neno	95	0	5
Average Malawi	**90**	**2**	**8**

Most toilet structures were made of temporary building materials. They had a grass-thatched roof, mud or earth floor and walls made of unburnt bricks or wattle and daub. Only 40% could be considered permanent structures with iron sheeted or tiled roofs, burnt brick walls and **a** cement floor. However, this varies somewhat at district level (see Appendix 7). Rumphi, Likoma, Ntcheu, Balaka, Mangochi, Chiradzulu and Mulanje all had more than twice as many permanent than temporary toilets.

Most toilets (73%) were cleaned at least once a day. A very small number (6%) were reported not be cleaned at all, whilst 14% reported cleaning toilets once a week (Table 6.4 below).

Table 6.4: Frequency of cleaning toilets by district

District	At least once/day	At least once/week	Never	Other
Chitipa	77	11	6	6
Karonga	81	7	7	4
Rumphi	69	6	13	13
Nkhata Bay	74	10	9	7
Mzimba	69	22	1	8
Likoma	78	11	11	0
Kasungu	85	11	4	0
Lilongwe	67	23	7	3
Ntchisi	48	23	22	8
Dowa	52	27	11	10
Mchinji	69	14	13	4
Salima	71	20	2	7
Nkhotakota	60	27	4	8
Dedza	52	33	9	7
Ntcheu	72	20	2	6
Balaka	67	9	8	17
Mangochi	66	9	6	19
Machinga	67	8	9	16
Zomba	75	5	7	13
Chiradzulu	84	12	3	1
Phalombe	86	8	2	48
Mulanje	81	13	4	2
Thyolo	80	8	4	8
Chikwawa	67	17	17	0
Nsanje	80	5	8	8
Blantyre	71	10	3	16
Mwanza	84	13	0	2
Neno	81	10	5	5
Average Malawi	**73**	**14**	**6**	**8**

The research team physically checked the toilets to determine their cleanliness. Overall, 67% were clean. There are district variations though. Ntcheu (84%), Mulanje (83%) and Chitipa (83%) had the highest proportion of toilets deemed clean; Karonga (61%) and Nsanje (48%) had the highest proportion of toilets that were dirty.

CBCCs that did not have toilets mentioned several ways in which their children helped themselves and Figure 6.8 below shows the o ptions mentioned. Most of them (44%) used neighbours' toilets. Some (13%) used the grounds around the CBCC and 12% used the nearby bush. There are district variations as seen in Table 6.5 below.

Figure 6.4: Where children help themselves in absence of toilet

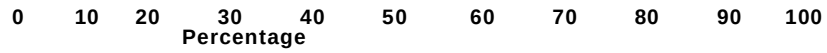


Table 6.5: Where children help themselves in the absence of a toilet by district (%)

District	Bush	Campus	Anywhere	Unfinished toilet	Neighbour
Chitipa	4	26	70	0	0
Karonga	22	2	2	0	73
Rumphi	0	63	0	0	41
Nkhata Bay	10	15	6	7	64
Mzimba	12	4	82	0	1
Likoma	0	0	0	0	100
Kasungu	26	2	69	0	3
Lilongwe	11	11	76	0	1
Ntchisi	25	7	14	0	63
Dowa	20	4	8	0	65
Mchinji	16	49	32	0	4
Salima	26	7	62		2
Nkhotakota	17	4	5	3	68
Dedza	4	16	6	2	73
Ntcheu	3	6	4	6	80
Baiaka	7	15	9	15	54
Mangochi	6	2	14	6	73
Machinga	7	14	12	15	51
Zomba	16	6	2	6	73
Chiradzulu	15	2	3	4	72
Phalombe	5	18	3	1	72
Mulanje	14	2	2	4	76
Thyolo	4	14	3	1	77
Chikwawa	28	8	2	2	58
Nsanje	8	0	17	11	65
Blantyre	15	35	5	0	44
Mwanza	16	49	5	0	29
Neno	33	7	4	0	56
Average	**12**	**13**	**28**	**2**	**44**

Significant numbers of CBCCs in Neno (33%), Chikwawa (28%), Salima (26%), Kasungu (26%) and Ntchisi (25%) reported children using the bush. In Mchinji and Mwanza nearly half of the CBCCs reported children using the campus, while a quarter in Chitipa reported this. Neighbours' toilets are clearly an important resource, except in Chitipa, Mzimba, Kasungu, Mchinji, Salima and Lilongwe.

The last issue to be investigated under sanitation was the availability of bathrooms. Only 11 % of the CBCCs in the country had bathrooms, and there were wide district variations, as can be seen in Figure 6.5 below. The highest percentages of CBCCs with bathrooms were in Ntcheu (31 %) and Chikwawa (28%).

Figure 6.5: Availability of bathrooms at CBCCs by district (%)

The study also asked whether CBCCs teach about sanitation. Overall, 97% of the CBCCs indicated that they do teach their children about hygiene and sanitation, and there was very little variation between districts (see Figure 6.6 below).

Figure 8.6: Incidence of teaching about hygiene and sanitation by district (%)

In response to questions about the topics taught during the hygiene and sanitation sessions, several items were mentioned, as shown in Figure 6.7 below. Hand washing before eating (89%) hand washing after using the toilet (83%) and how children ought to take care of their bodies (83%) were the most frequently mentioned subjects. District

6.7: Subjects taught on hygiene and sanitation (%)

variations are shown in Table 6.6 below

Protection from disease Care of food and foodstuffs Body care Hand washing after toilet Hand washing before eating Use of toilet Garbage disposal

Table 6.6: Issues covered on hygiene and sanitation

District	Hand washing before meals	Hand washing after toilet	Care of bodies	Care of food and foodstuffs	Disposal of faeces/Use of toilet	Garbage disposal	Protection from disease
Chitipa	91	82	92	54	49	23	32
Karonga	99	87	88	49	48	39	27
Rumphi	95	98	84	44	33	40	9
Nkhata Bay	91	92	84	48	39	19	9
Mzimba	82	79	83	40	47	47	22
Likoma	100	100	100	100	90	0	50
Kasungu	91	88	84	46	46	34	13
Lilongwe	89	80	861	49	43	34	28
Ntchisi	99	92	95	65	61	42	36
Dowa	91	84	94	64	53	32	39
Mchinji	87	80	84	44	48	55	31
Salima	91	82	921	74	61	54	40
Nkhotakota	91	78	92	53	23	33	23
Dedza	92	88	85	64	71	36	24
Ntcheu	95	92	75	45	37	36	22
Baiaka	77	80	79	55	48	46	28
Mangochi	82	62	70	30	23	16	6
Machinga	78	79	80	54	49	46	28
Zomba	94	88	83	52	52	44	28
Chiradzulu	89	84	75	45	49	36	22
Phalombe	93	89	90	69	46	22	33
Mulanje	90	87	74	48	48	34	21
Thyolo	93	89	85	65	42	20	29
Chikwawa	92	80	97	52	39	47	32
Nsanje	87	73	76	31	29	20	9
Blantyre	84	80	79	7	27	33	0
Mwanza	96	89	89	3	30	46	0
Neno	90	78	81	0	60	39	0
Average	**89**	**83**	**83**	**46**	**44**	**34**	**22**

The most frequently mentioned topics (hand washing before eating, hand washing after using the toilet and how children ought to take care of their bodies) were mentioned consistently across all districts (all above 70%). Disposal of faeces/use of toilet is a subject mentioned far less often (except in Likoma), The other topics are mentioned at widely varying rates (from 0% to 75%) across the districts.

Rubbish generated at the CBCCs was disposed of in a number of ways. Figure 6.8 shows that nationally more than half of CBCCs disposed of their rubbish by throwing in a rubbish pit or dustbin. Another 28% threw it in the garden or bush, 14% percent burnt it and 9% had no particular system.

Figure 6.8: Disposal of rubbish

Table 6.7: Rubbish disposal by district

District	Rubbish pit/dustbin	Thrown in a garden/bush	Burnt	Thrown anywhere	Thrown in a river
Chitipa	62	34	1	2	0
Karonga	38	45	7	10	0
Rumphi	72	23	7	5	2
Nkhata Bay	51	29	9	18	0
Mzimba	63	28	5	6	0
Likoma	60	10	10	30	0
Kasungu	68	20	6	6	0
Lilongwe	53	27	15	12	1
Ntchisi	58	24	8	11	0
Dowa	66	23	10	4	1
Mchinji	71	17	9	5	0
Salima	62	21	25	5	2
Nkhotakota	46	28	21	8	2
Dedza	59	24	20	2	0
Ntcheu	46	39	14	5	0
Balaka	49	30	24	7	0
Mangochi	42	30	24	6	1
Machinga	48	30	25	7	0
Zomba	35	37	26	5	0
Chiradzulu	54	32	13	3	0
Phalombe	52	38	8	4	0
Mulanje	55	33	12	2	0
Thyolo	50	38	9	4	0
Chikwawa	45	28	22	5	0
Nsanje	39	31	29	4	1
Blantyre	49	1	18	31	0
Mwanza	28	2	31	38	0
Neno	46	1	16	35	0
Average	**52**	**28**	**14**	**9**	**0**

There was wide variation between districts. District use of rubbish pits varied between 28% and 68% of CBCCs. Burning was mentioned by between 1 % and 31 % of CBCCs. Between 30% and 40% of the

CBCCs in Blantyre, Mwanza and Neno disposed of rubbish indiscriminately. Throwing rubbish in the river was not a major method of rubbish disposal.

6.4 Health care

Caregivers were asked what action they take when a child falls ill whilst at the centre. Figure 6.9 below gives the results. Most caregivers (88%) said that they take the child to the parent or guardian. Another 20% said that they themselves take care of the child and 17% they take the child to the nearest health centre. Thirteen per cent indicated that they buy medicine to treat the child.

Figure 6.9: Action taken when child falls ill (%)

District differences are shown in Table 6.8 below.

Table 6.8: Actions taken when child falls ill

District	Take child to parent/ guardian	Caregiver takes care	Take child to health centre	Give child medicine from shop	HBC volunteer treats child	HSA treats child	Take child to traditional healer	Never had ill child
Chitipa	80	28	32	2	2	7	1	2
Karonga	94	10	33	21	3	7	0	3
Rumphi	77	56	21	12	2	5	0	0
Nkhata Bay	88	15	17	17	4	2	2	2
Mzimba	93	23	17	12	5	2	1	1
Likoma	100	20	10	0	0	0	10	0
Kasungu	89	28	6	8	0	0	0	3
Lilongwe	91	28	13	16	4	1	1	5
Ntchisi	94	43	34	28	11	11	2	4
Dowa	88	21	30	16	3	1	0	5
Mchinj[	83	31	21	23	7	2	1	3
Salima	69	48	61	38	4	0	1	2
Nkhotakota	92	24~ 1	27	18	7	2	1	0
Dedza	86	10	7	12	8~l	0	0	9
Ntcheu	81	11	15	5	6	3	0	2
Baiaka	89	19	15	16	2	2	2	1
Mangochi	85	14	11	10	1	0	1	2
Machinga	88	18	16	17	2	2	2	1

Zomba	96	22	12	14	6	2	1	2
Chiradzulu	81	14	12	7	7	0	2	1
Phalombe	98	19	11	8	4	1	0	1
Mulanje	81	13	12	7	8	1	1	1
Thyolo	98	18	9	8	4	1	0	1
Chikwawa	91	20	28	15	3	7	1	3
Nsanje	88	8	12	15	1	0	2	0
Blantyre	75	8	11	16	4	1	0	0
Mwanza	88	19	8	12	2	8	0	0
Neno	84	17	4	6	4	4	0	0
Average	88	20	17	13	4	2	1	2

In all districts, more than two-thirds of caregivers take sick children to their parents or guardians. There was more variation (from 8% to 56%) across districts in the numbers of caregivers who would themselves take care of the sick child. And percentages of caregivers who would take a child to a health centre varied even more -from 4% to 61%. Other actions were less often mentioned, but more than a third of the CBCCs in Salima reported giving the child medicine bought from a shop.

Respondents were also asked if their CBCC had a sick bay where children that are not feeling well could rest. Only 8% of CBCCs in the whole country had such a facility. Rumphi with 28% had the highest proportion of CBCCs with a sick bay (Figure 6.10 below). The lowest was Mzimba with only 2%.

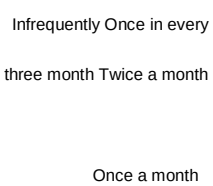
Figure: 6.10: Availability of a sick bay at CBCCs by district (%)

Respondents were also asked if they are visited by health personnel. In total, 37% reported having such visits. Variations between districts are displayed in figure 6.11 below, which shows that Chikwawa (54%) had the highest proportion of CBCCs that were visited by health workers followed by Mwanza (53%), Machinga (51%) and then Ntchisi and Balaka at 50%.

Figure 6.11: Proportion of CBCCs which reported that their CBCCs were being visited by health workers (%)

For those CBCCs that were visited, the frequency of the visits varied. Figure 6.12 below shows that about a quarter were visited twice a month, half of the CBCCs were visited once a month, 6% were visited once in every three months and 20% were visited infrequently.

Figure 6.12 Freguency of visits by health workers



District variations are shown in Table 6.9 below.

Table 6,9: Frequency of visits by health workers by district (%)

District	Twice a month	Once a month	Once in every three months	Infrequent
Chitipa	13	59	6	25
Karonga	22	72	4	2
Rumphi	29	65	6	0
Nkhata Bay	29	39	5	27
Mzimba	27	45	9	20
Likoma	*Never visited*			
Kasungu	13	58	3	26
Lilongwe	30	44	2	24
Ntchisi	39	40	2	19
Dowa	48	41	2	9
Mchinji	39	43	0	19
Salima	41	35	5	19
Nkhotakota	24	37	7	32
Dedza	11	70	0	19
Ntcheu	39	42	0	20
Baiaka	15	53	7	26
Mangochi	25	50	4	20
Machinga	15	51	6	28
Zomba	23	43	12	23
Chiradzulu	21	53	2	24
Phalombe	15	50	16	19
Mulanje	18	60	4	19
Thyolo	17	48	14	21
Chikwawa	44	31	11	14
Nsanje	18	56	6	20
Blantyre	21	45	10	25
Mwanza	31	57	3	9
Neno	46	43	9	3
Average	**26**	**49**	**6**	**20**

The most-often visited CBCCs were in Dowa, Neno and Chikwawa districts, where between 40% and 50% of CBCCs reported fortnightly visits from health workers. Karonga had the highest proportion (72%) of CBCCs that reported being visited once a month.

The health workers were said to provide a number of services. Figure 6.17 below shows that the most common services were giving health talks (61%) and providing hygiene and sanitation demonstrations

(65%). These were followed by offering vitamin A supplements (50%), monitoring growth (47%), immunization (40%), de-worming (34%) and HIV and Aids awareness campaigns (15%).

Figure 6.13: Services provided by health workers (%)

There are district variations which can be seen in Table 6.10 below.

Table 6.10: Services provided by health workers

District	Hygiene and sanitation	Health talk	Vit. A supplement	Growth monitoring and promotion	Immunization	De-worming	HIV and AIDS awareness campaigns		First Aid
Chitipa	74	57	35	59	28	35	13	10	16
Karonga	79	74	51	63	66	38	19	20	32
Rumphi	67	61	56	44	44	28	22	6	22.
Nkhata Bay	58	72	44	44	42	5	23	9	16
Mzimba	78	62	29	43	23	15	7	3	7
Likoma	*Never visited*								
Kasungu	87	78	36	70	30	34	13	18	17
Lilongwe	64	70	47	44	36	24	16	8	10
Ntchisi	73	61	60	39	39	49	26	24	21
Dowa	77	68	54	32	52	41	29	25	23
Mchinji	79	71	37	40	41	24	7	4	25
Salima	81	91	40	50	29	14	31	7	22
Nkhotakota	76	85	35	8	20	13	9	16	17
Dedza	54	51	76	43	65	35	8	3	16
Ntcheu	83	72	40	51	37	29	25	11	26
Balaka	82	65	55	50	52	45	27	2.9	10
Mangochi	55	46	56	52	37	41	9	7	4
Machinga	82	66	54	49	52	46	27	28	9
Zomba	67	74	56	43	43	41	3	7	12
Chiradzulu	78	82	52	38	33	41	5	22	17
Phalombe	48	57	58	57	24	40	15	3	7
Mulanje	81	85	50	41	31	43	5	24	20
Thyolo	49	57	55	54	27	40	11	2	6
Chikwawa	89	88	60	33	21	29	18	15	21
Nsanje	61	36	53	50	59	41	17	12	3
Blanjyre	7	5	70	52	61	44	15	3	0
Mwanza	21	2	64	71	60	48	16	16	0
Neno	29	11	40	29	43	37	23	29	0
Average	**65**	**61**	**50**	**47**	**40**	**34**	**15**	**13**	**13**

It can be seen that the overall average figures hide extreme variations between districts. For instance, hygiene and sanitation figures range between 7% and 87% between districts, health talks between 2% and 91%, vitamin A supplementation between 29% and 76%. So in this case the average figures do not give a good guide to the situation in any particular district.

Very few CBCCS have a first aid kit, weighing scale or a height chart. Nationally, only 7% of CBCCs had a first aid kit, 3% had weighing scales and only 1 % had a height chart, despite the fact that the last two items are crucial for growth monitoring. There are few differences between the districts, except Rumphi and Blantyre which have more first aid kits than other districts. Details can be seen in Appendix 8

6.5 Conclusions

More than three-quarters of CBCCs take their water for drinking and other domestic uses from protected sources, and 86% had a water source less than half a kilometre away.

Less than half of the CBCCs in the country had toilets, most of which were traditional pit latrines. About 40% overall were permanent structures, but there were wide variations between districts, some of which had far more permanent than temporary structures. Not all of the toilets are said to be in use, sometimes because children are too small to use them safely. Most of the toilets are cleaned once a day and a physical check of these toilets revealed that almost 70% of the toilets were clean. In the absence of toilets, many children use a toilet belonging to a neighbour, but significant numbers defecate in the bush around the campus. Only a handful (11 %) of CBCCs had bathrooms.

Almost all CBCCs were said to teach about hygiene and sanitation. The most commonly mentioned topics said to be covered were hand washing before meals, hand washing after toilet and care of bodies. Disposal of faeces and toilet use was mentioned less often.

Most CBCCs disposed of rubbish in pits, dustbins, the surrounding bush or garden. Burning was also mentioned by a significant minority of CBCCs.

The most commonly reported action when a child falls sick was for a caregiver to take them to their parents or guardians. Other courses of action included for the caregiver to take care of the child (although very few CBCCs had a sick bay), or to take the child to a health centre.

Just over a third of CBCCs reported being visited by a health worker and more than half of these were visited at least once a month. Some of the services health workers offer include: immunization, vitamin A supplementation, growth monitoring and promotion, health talks, health and hygiene maintenance. However, average figures hide extreme variations between districts of the type of support offered by health workers.

Less than 10% of CBCCs possessed a first aid kit, weighing scale or height chart.

7. NUTRITION

7.1 Introduction

Providing nutritious food for the children in its care is an important part of a well run CBCC, and the Profile suggests that meals or snacks should be served to children at least once a day, depending on the availability of food. This section of the study looked at a number of issues, including whether a CBCC provided food, the type of food it served, the availability of eating utensils, the sources of food and whether CBCCs had communal gardens.

7.2 Providing meals in CBCCs

The study asked CBCCs if they provided food to children. Overall, 91% of CBCCs reported providing meals for children. Appendix 9 shows the percentage of CBCCs that provided meals by district, and it can be seen that in all districts at least 80% of CBCCs provide meals.

Respondents were also asked the type of meals that they provided and the results are shown in Figure 7.1 below:

Figure 7.1: Percentage of CBCCs that mentioned providing specific types

Porridge prepared using maize flour is the most common food, provided by 77% of the CBCCs. Soy porridge is provided in one-third of CBCCs. More nutritious foods such as *nsima* with beans and vegetables, and rice with meat/beans are rarely provided. A small proportion of CBCCs provide tea, but usually without milk. Table 7.1 below shows the type of food that is provided to children in CBCCs by district.

Table 7.1: Type of meals provided

District	Type of meals provided								
	Maize porridge	**Soya porridge**	Tea **without milk**	***Likuni phala***	***Nsima* with beans or veg**	**Porridge with g/nut and margarine**	**Tea with milk**	**Rice with beans or veg**	**Other meals**
Chitipa	90	38	50	1	3	8	24	2	56
Karonga	84	34	31	14	15	13	10	1	20
Rumphi	58	58	54	9	9	14	37	7	23
Nkhata Bay	74	36	31	6	3	5	16	2	28
Mzimba	79	68	22	3	13	9	8	0	12
Likoma	75	50	0	0	0	25	0	13	25
Kasungu	43	80	11	38	4	6	5	0	4
Lilongwe	68	52	3	10	8	4	3	2	8
Ntchisi	72	54	6	11	5	14	4	33	
Dowa	62	47	12	21	7	8	4	0	4
Mchinji	78	37	17	3	8	3	11	1	28
Salima	89	28	22	6	6	18	7	1	38
Nkhotakota	94	17	14	15	3	13	10	1	25
Dedza	76	81	11	31	5	21	4	1	18
Ntcheu	76	39	16	15	12	9	11	3	4
Baiaka	80	24	16	5	20	11	9	10	8
Mangochi	68	10	7	18	8	13	6	15	35
Machinga	81	25	17	5	18	11	8	10	7
Zomba	69	15	23	23	10	21	4	4	30
Chiradzulu	88	16	15	3	4	0	7	3	8
Phalombe	81	5	17	5	13	3	1	1	49
Mulanje	90	15	15	4	8	2	5	3	9
Thyolo	81	6	17	6	12	4	3	1	55
Chikwawa	95	12	6	17	2	6	1	0	12
Nsanje	78	5	3	10	3	10	7	20	24
Blantyre	66	23	15	22	25	14	7	8	18
Mwanza	15	43	1	18	5	18	3	0	6
Neno	83	9	4	11	0	3	1	0	4
[Average	**77**	**32**	**17**	**12**	**10**	**9**	**7**	**4**	**22**

Porridge prepared using maize flour is a very common food, but the overall average obscures large variations between districts, from only 15% in Mwanza, for instance to 96% in Chikwawa. On the other hand, Mwanza district had more CBCCs than average providing soy porridge. In most districts the numbers of CBCCs offering balanced meals were very low: only a quarter of the CBCCs in Blantyre and less than a fifth on Machinga and Baiaka were offering *nsima* with beans and vegetables.

Respondents to the main questionnaire were also asked the type of eating utensils that CBCCs possessed (Figure 7.2 below).

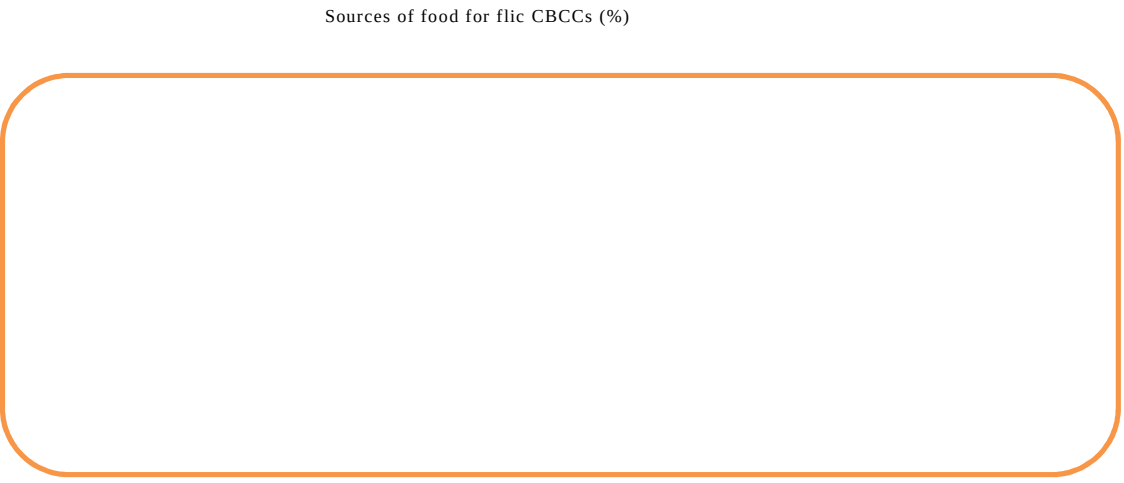
Figure 7.2: Utensils owned by CBCCs

The most commonly reported utensils were cooking pots at 41%, followed by plates at 39%. Cups and spoons were reported in about one-third of CBCCs. Less than 1 0% of the CBCCs owned knives, drums for keeping water, pails with tap or measuring cups.

7.3 Sources of food for C BCCs

The study also asked where the food for the children came from, and Figure 7.3 below shows the responses.

Figure 7.3: Food sources



Donations from parents accounted for 60% of the food and this was followed by contributions from committee members at 38%. A third of the CBCCs grew their own food while just more than a quarter obtained food from well wishers. When looked at by district, differences in the relative importance of the various food sources can be seen in Table 7,2 below.

Table 7.2 Sources of food for CBCCs by district (%)

District	Source of food					
	Donations from parents	Given by committee members	Grow own food	Donations from well-wishers	Bought from market	Others
Chitipa	60	43	37	5	49	14
Karonga	56	43	41	23	13	16
Rumphi	42	58	26	30	23	12
Nkhata bay	48	45	22	25	11	17
Mzimba	70	25	41	32	16	18
Likoma	50	40	0	30	0	20
Kasungu	58	39	29	9	1	62
Lilongwe	34	31	28	11	10	37
Ntchisi	34	47	37	28	21	23
Dowa	30	33	37	23	12	15
Mchinji	38	41	43	10	27	10
Salima	36	74	36	16	43	28
Nkhotakota	70	32	35	28	12	3
Dedza	42	22	35	42	1	11
Ntcheu	49	21	17	33	2	3
Balaka	48	38	37	24	4	26
Mangochi	35	24	26	19	3	41
Machinga	46	39	36	25	4	27
Zomba	53	19	28	49	19	4
Chiradzulu	66	50	10	24	2	11
Phalombe	68	31	15	30	4	17
Mulanje	68	52	11	22	1	13
Thyolo	30	31	15	28	4	28
Chikwawa	91	20	30	33	17	0
Nsanje	34	36	22	14	3	33
Blantyre	49	30	23	27	20	22
Mwanza	60	36	22	27	35	36
Neno	60	27	11	17	14	19
Average	**54**	**35**	**27**	**24**	**12**	**22**

Parents are the major donors of food to the CBCCs but the proportion varied from 30% in Dowa to 91% in Chikwawa. The amount contributed by committee members also varied widely from less than 20% in Zomba to 74% in Salima. Just over a quarter of the CBCCs reported growing their own food: the highest proportion was Mchinji at 46%, but in Chiradzulu only 10% grew their own.

7.5 Conclusions

Almost all CBCCs - at least 80% in all districts - reported that they provided food or drinks for the children attending their CBCCs. By far the most common food provided was porridge made with maize meal; more nutritious foods such as *nsima* with vegetables and beans were provided less often. There were wide variations between districts in the type of food offered.

Most CBCCs do not have adequate utensils: less than half reported having cooking pots, and even fewer had plates, cups and spoons. Food came from various sources, the most important being parental contributions. Committee members also donated food, and on average a quarter of CBCCs grew at least some of their food in communal gardens.

8, PLAY AND RECREATION

8.1 Introduction

As play and social interaction are important in early childhood development, the CBCC Profile states that a CBCC should have enough play materials (for both indoor and outdoor use) to allow children a choice of activities. It also provides a list of recommended items. The survey therefore asked questions about the type of play and recreation materials available.

8.2 Common daily activities

CBCCs reported a variety of activities that children did every day, as shown in Figure 8,1 below:

Figure 8.1: Common dnily activities done by children by district (%)

Singing was the most popular daily activity, reported by 98% of respondents, followed by free play at 94%, and spiritual activities and story telling both at 90%. Just more than half of the CBCCs did painting or drawing. The four most popular activities do not require play materials or equipment, so can be done even in the least well resourced CBCC.

8.3 Availability and sources of indoor and outdoor play materials

Figure 8.2 below shows the different types of indoor play materials available. It is clear that CBCCs are poorly equipped. The most commonly reported items were soft balls, but only 40% of CBCCs had them. Roughly a fifth of the CBCCs reported having art materials, picture and story books, and assorted toys.

Figure 8.2: Proportion of CBCCs with indoor play materials

Proportion of CBCCs with In-door Play Materials

Table 8.1 below shows the indoor play materials available by district. Forty per cent of CBCCs had soft balls, but districts vary widely, with 58% in Kasungu and Rumphi reporting them, compared to only 18% in Neno district. There were variations between districts, but the overall picture is of a lack of indoor toys.

Table 8.1: Indoor play materials by district (%)

District	Soft balls	Picture and story books	Puzzles	Paper off-cuts	Art materials	Blocks of different shapes	Stacking wooden/plastic tinas	Matching cards	Wooden/plasti c beads	Mystery bags	Wood/plastic toys	Puppets/assort ed toys	Assorted toys	Musical instruments	Other in-door materials
Chitipa	22	9	9	6	20	18	14	5	16	5	9	6	17	2	1
Karonga	26	14	14	7	11	11	3	1	3	3	17	3	21	7	3
Rumphi	58	28	21	16	37	30	12	12	12	0	26	7	33	2	2
Nkhata bay	48	19	11	16	37	18	4	9	2	7	25	6	14	14	3
Mzimba	53	20	17	14	41	22	12	10	13	5	17	8	24	7	3
Likoma	100	40	10	20	80	40	40	30	20	10	30	20	60	80	0
Kasungu	58	10	6	19	14	11	5	2	2	1	5	3	31	9	3
Lilongwe	42	18	6	18	30	10	5	7	4	4	14	7	21	9	4
Ntchisi	48	19	7	9	18	17	4	4	4	3	15	2	18	5	3
Dowa	50	12	4	8	12	9	3	3	1	1	12	1	19	7	3
Mchinji	49	21	6	10	23	13	9	5	7	5	13	6	36	8	1
Salima	41	18	12	12	13	9	10	2	9	6	11	2	19	6	2
Nkhotakota	32	20	22	25	25	14	8	11	6	2	25	3	16	5	3
Dedza	40	14	6	14	20	12	8	6	5	3	9	3	14	3	1
Ntcheu	52	18	6	11	18	18	4	5	4	2	12	7	20	4	1
Balaka	32	20	14	15	40	14	6	5	6	5	15	2	14	7	2
Mangochi	48	23	9	9	29	14	4	5	6	3	14	3	21	11	3
Machinga	33	20	14	14	40	14	6	5	7	5	15	2	14	6	2
Zomba	47	30	10	14	26	20	7	9	9	4	20	4	20	8	0
Chiradzulu	38	14	4	10	11	10	3	3	5	1	6	6	13	4	1
Phalombe	38	6	1	4	8	9	1	1	2	0	4	1	5	1	2
Mulanje	41	16	4	12	14	14	4	3	7	3	10	6	17	5	1
Thyolo	40	6	1	3	8	10	2	2	3	1	6	1	8	2	2
Chikwawa	33	24	5	5	5	11	4	3	5	1	12	1	18	2	0
Nsanje	47	22	9	8	36	13	3	3	5	2	11	2	23	7	6
Blantyre	38	27	17	21	31	13	9	13	8	4	12	6	16	13	3
Mwanza	43	20	6	7	16	14	3	8	10	3	12	6	17	20	12
Neno	18	7	2	7	7	1	2	4	0	0	2	1	4	5	1
Average	**40**	**17**	**9**	**12**	**22**	**14**	**9**	**6**	**6**	3	**12**	**4**	**18**	**7**	3

Table 8.2 below shows the outdoor play materials that CBCCs possessed. Outdoor toys were dominated by soft balls (71 % overall), followed by clay at 69% and then ropes at 63%. There were however variations across districts. While sand and water play areas are reported by none of the CBCCs in Likoma, and by only 2% in Chiradzulu and 4% in Mzimba, higher percentages were reported in Lilongwe (53%) and Mchinji (59%).

Table 8.2: Outdoor play materials by district (%)

District	Soft balls	Swings	Climbers	Slides	See-saws	Old tyres	Clay	Sand and water	Plastic containers and bottles	Large basins	Ropes	Mortars and pestles	Tunnels	Other
Chitipa	60	8	0	0	13	3	64	25	11	1	62	2	0	5
Karonga	78	11	0	0	14	16	63	6	16	1	72	3	1	0
Rumphi	67	16	5	0	30	2	74	51	33	5	58	7	0	5
Nkhata bay	71	5	2	1	5	6	72	14	11	4	64	5	1	4
Mzimba	78	12	1	1	11	11	75	4	20	4	69	5	0	3
Likoma	100	0	0	0	30	0	0	0	0	0	70	20	0	10
Kasungu	68	6	1	1	4	12	63	45	34	2	55	9	1	1
Lilongwe	69	16	8	3	16	18	79	53	24	8	60	7	2	3
Ntchisi	59	13	0	2	8	2	50	15	11	1	36	7	0	3
Dowa	62	10	1	1	5	8	72	13	6	1	52	5	0	1
Mchinji	71	32	7	3	29	21	83	59	16	8	70	7	4	5
Salima	87	37	2	2	23	13	88	18	33	2	77	5	1	0
Nkhotakota	75	31	5	4	10	11	76	8	15	7	50	5	3	9
Dedza	79	31	1	9	26	12	83	27	16	0	64	2	0	1
Ntcheu	70	6	2	2	8	6	60	9	24	2	68	4	0	1
Baiaka	55	9	2	1	5	10	67	40	20	6	76	4	1	2.
Mangochi	69	19	4	4	13	10	73	18	25	8	82	5	1	8
Machinga	55	9	2	1	5	9	65	42	19	6	76	5	1	2
Zomba	79	20	3	2	13	9	70	3	16	2	63	2	1	2
Chiradzulu	63	12	3	0	14	3	51	2	20	5	67	2	0	0
Phalombe	73	1	0	0	4	1	72	6	9	0	52	1	0	0
Mulanje	66	13	3	0	15	3	54	3	22	4	69	6	0	1
Thyolo	71	3	0	1	4	4	72	6	8	1	52	1	0	1
Chikwawa	89	9	1	0	9	7	81	3	19	1	81	1	1	.3
Nsanje	68	20	6	4	15	12	77	32	22	7	88	4	1	10
Blantyre	65	9	5	4	5	18	70	39	20	9	52	17	2	1
Mwanza	73	37	6	5	23	5	64	28	34	7	54	6	2	5
Neno	71	16	3	2	9	5	37	23	10	2	35	6	0	0
Average	**71**	**13**	**2**	**2**	**11**	**9**	**69**	**20**	**19**	**4**	**63**	**5**	**1**	**3**

8.4 Children's resting place and facilities

Figure 8.3 below shows the percentages of CBCCs which had resting places for children. Most CBCCs did not have **a** resting place. Apart from Likoma, Rumphi had the highest proportion (35%) followed by Nsanje at 23% and Blantyre at 20%.

Although resting places were rare, most CBCCs (97%) had mats. Just over a quarter of the CBCCs had blankets or other bedding but only 7% had mattresses.

Figure 8.3: Proportion of CBCCs that have places where children can rest by district (%)

Figure 8.4: Percentage of CBBCs with basic materials in places where children rest

8.5 Conclusions

Children in CBCCs take part in a range of activities every day, but the study has shown that the most common activities (singing and free play)are those that require no equipment. Most CBCCs were poorly equipped with both indoor and outdoor play equipment, and there were wide variations between districts. More than four-fifths of CBCCs had no story books. Outdoor materials were dominated by things that can easily be gathered locally (clay and sand for instance). The most significant source of all play materials is the communities themselves, who contribute more than 80% of all equipment.

Very few CBCCs have designated places for tired or sick children, but most had mats to rest on: blankets and mattresses were much scarcer.

9. CBCC CATEGORISATION

Following discussions with stakeholders, a consensus was reached that the CBCCs should be graded into four categories. Appendix 3 shows the criteria used, which include quality of the CBCC building, sanitation facilities, access to clean water and staffing levels. Community involvement and the amount of play materials available were also taken into account.

Table 9.1 below shows the proportion of CBCCs in categories 2, 3 and 4. None reached the standard required to be in category 1.

Table 9.1: CBCC categorisation

District	Categories		
	Category 2 (26-35 points)	**Category 3 (23-26 points)**	**Category 4 (less than 23 points)**
Chitipa	0.0	0.4	99,6
Karonga	1.2	0.0	98.9
Rumphi	0.0	4.7	94.2
Nkhata bay	0.0	2,4	97.6
Mzimba	0.2	1.4	98.4
Likoma	0.0	0.0	100,0
Kasungu	0.9	0.9	98.2
Lilongwe	1.0	1.0	98.0
Ntchisi	1.6	0.8	97.6
Dowa	0.7	1.4	97.9
Mchinji	1.3	0,0	98.7
Salima	0,0	0,8	99.0
Nkhotakota	0.0	1.7	98.3
Dedza	0,0	2,0	98.0
Ntcheu	0.0	0.6	97.4
Baiaka	0.8	3.3	95.9
Mangochi	2.8	3.8	93.4
Machinga	0.8	3.0	94.0
Zomba	3.0	3.0	94.0
Chiradzulu	0.4	1.2	98.4
Phalombe	0.0	0,3	99.7
Mulanje	0,4	1.8	97.9
Thyolo	0.0	0.8	99.2
Chikwawa	0,0	0.0	100,0
Nsanje	2.5	3,1	94.5
Blantyre	0.6	0.9	98.6
Mwanza	0.0	1.8	98,2
Neno	0,0	0.0	100,0
Average	**0.7% (40)**	**1.4% (78)**	**97.9% (5,547)**

Most CBCCs belong to the lowest category, with very little difference across the country: in all districts, at least 94% of CBCCs were category 4. There were 78 CBCCs in category 3 and 40 in category 2.

10. CONCLUSIONS

This study has shown that CBCCs have been established and are being managed by local communities throughout Malawi. They provide a pre-school learning environment that is available to children living nearby, including orphans and other vulnerable children.

However, the quality of most of the CBCCs - measured in terms of buildings, sanitation facilities, staff numbers and capacity, equipment etc. - falls far short of the guidelines set out in the CBCC Profile. There are, therefore, serious issues that need to be addressed in order to bring CBCCs up to the required standard.

Part of the solution may lie in providing training and better incentives to caregivers. These vital staff members, without whom a CBCC cannot function, are almost all volunteers. Currently less than a quarter of them have been trained, CBCC committee members also need to be trained: less than 10% have been trained so far.

The lack of eating utensils, and play and recreation materials in most CBCCs also needs to be urgently addressed. Even the buildings where children learn may be a hazard. All of these issues need to be addressed if CBCCs are to fulfill their aim of providing holistic pre-school care and education to Malawi's children.

Maps of TAs showing the location of different CBCCs were drawn and were submitted to UNICEF separately.

APPENDIX 1: MAIN QUESTIONNAIRE

UNIVERSITY OF MALAWI

Centre for Social

CBCC INVENTORY QUESTIONNAIRE - v5

A IDENTIFICATION								
A1. RESEARCH ASSISTANT IDENTIFICATION								
Name of Interviewer								
Date of Interview								
Time Interview Started								
Time Interview Ended								
Checked by (Supervisor)								
Date Checked								
GPS CLUSTER POSITION CHECKLIST **1. Waited for 5 Minutes while averaging** **2. Displayed Waypoint** **3. Marked Waypoint** **4. Saved Waypoint** **5. Copied Waypoint's Position from the Waypoint Page to Questionnaire**								
POSITION								
WAYPOINT NUMBER								
Eastings								
Northings								
A2: CBCC IDENTIFICATION								
1. Name of CBCC:								
2. Name of CBO/NGO/FBO/C ommunity in charge:								
3. Name of Interviewee								
4. Position of Interviewee in CBCC 1 = Chair 2 = Caregiver								
5. *Location of CBCC-.*								
(a) Name of Village:								
(b) Name of Traditional Authority:								
(c) District: District Code:								
(d) Nearest major trading centres; Distance in KM:								
(e) Nearest primary school: Distance in KM:								

Research

6. When was this CBCC established? Year:	
7. Who initiated the establishment of this CBCC? 1. CBO 5. MASAF 9. FBO 2. Ministry of Gender 6. University 10. Local Community 3. Plan 7. KASO 11. Other NGO 4. Red Cross 8. APPM 12. Other (specify)	
8. Has this CBCC been registered? I.Yes 2. No ***{Go to Q10)***	
9. If Yes, with whom? 1. District Social Welfare Office 5. City Assembly 2. APPM 6. An NGO 3. NOVOC 7. CBO 4. FBO 8. Registrar General 9. Other (specify)	
10 How many days per week does the CBCC operate? 1. One day 4. Four days 7. Seven days 2. Two days 5. Five days 3. Three days 6. Six days	
11. How long does the CBCC operate? 1. 7.30 - 11.10 3. 08.00 - 16.00 2.8.00 - 12.00 4. Other (specify)	
B CAREGIVERS	
12. How many caregivers have worked in the CBCC in the last 6 months?	
No. of female care givers No. of male care givers	
1 3. How many of the caregivers are trained? ***(Supervisor, RAs should only fill this after doing all the caregiver questionnaires)***	
a. Number trained for 2 weeks or more b. Number trained less than 2 weeks c. Number not trained at all	
14. On average, how many care givers work in this CBCC per day	
No. of female care givers No. of male care givers	
15. On average, what is the caregiver/child ratio per day? (Enumerator please calculate based on ***Q14 and* Q27)**	
16. How are caregivers chosen? 1 = Yes 2 = No	
1. Voluntary 2. District Social Welfare Office 3. Chosen by CBCC committee 4. Appointed by Village Head 5. Other specify.....	
17. Do you have a CBCC committee? = Yes 2 = No ***(Go to Q26)***	
18. How many members are in the CBCC committee? (Total)	
No. of men = No. of women =	
19. How are members of the committee chosen? 1 = Yes 2 = No	
1, Elected by community 2. Volunteer 3. Appointed by VH 4. Other Specify.....	
20. What role does the committee play in the CBCC? 1 = Yes 2 = No	
1. Management of CBCC 2. Mobilise resources for CBCC 3. Monitor and supervise activities of CBCC	

4. Monitor attendance of children and caregivers	
5. Keep financial records	
6. Conduct planning and review meetings with community	
7. Cooking, cleaning and collecting firewood	
8. Cultivating in the communal garden	
9. Helping needy children	
10. Nothing	
11. Other (specify)	

TRAINING 21. Who are members of the CBCC Committee? ***(Look out for involvement of parents) Each name should either have P or NP***		22.Sex of Member 1 = Male 2 = Female	23. Trained in CBCC? 1 = Yes 2 = No (Goto Q26)	24. How long was training? 1 = 1 Wk 2 = < 1 Wk 3 = 2 weeks 4 = More than 2 wks 5 = Don't know 6 = Other specify	25. Who provided this training? 1. NGO 2. DSWO 3. FBO 4. APPM 5. Other (Specify)

C. CHILD INFORMARION

26. How many children are registered in this CBCC? No. of Boys No. of Girls	
27. On average how many children attend daily? No. of Boys	
No. of Girls	
28. What is the age of the youngest child attending the CBCC?	
29. What is the age of the oldest child attending the CBCC? State age	
30. How many of these children are in the following age groups? Age category **No. of children**	
< 3 Years: 3- 5 Years: > 5 Years	
31. How many of these children are orphans? State Number:	
32. How many of these children are with special needs?	
33. Do you keep a daily attendance register? 1=Yes 2=No **(Go** *to Q35)*	
34. Does your register show:	1-Yes 2=No
1 = Name of child	
2 = Sex	
3 = Year of birth	
4 = Present or absent	
5 = Reasons for absenteeism	
6 = Village where child comes from	
7 = Religion/denomination	
8 = Parent/guardian	
9 = Problems on the child	
10 = Other (Specify)	

35. What is the major source of water for drinking in this CBCC?	
1 = Borehole 2 = Piped water 3 = River/stream 4 = Protected well 5 = Unprotected well 6 = From caregivers' houses 7 = Buy from offices in the vicinity 8 = Springs 9 = Other (Specify)	
36. What is the distance to the water source?	
1 = Within premises of the CBCC 2 = < 1 00 metres 3 = Between 100 and < 500 metres 4 = Between 500 and 1000 metres 5 = More than 1000 metres	
37. What is the main source of water for other domestic uses such as washing in this CBCC?	
1 = Borehole 2 = Piped water 3 = River/stream 4 = Protected well 5 = Unprotected well 6 = From caregivers' houses 7 = Buy from offices in the vicinity 8 = Springs 9 = Other specify.....	
38. Do you have toilets in this CBCC? 1 =Yes 2=No **(Go *to Q 49)***	
39. How many toilets do you have?	
40. What type of toilet facilities do you have? 1=Yes 2=No	
1 = Traditional pit latrine 2 = Flash toilet 3 = Ventilated Improved Pit latrines 4 = Other specify.....	
41. Do children use these toilet facilities? 1=Yes **(Go *to Q 44)*** 2=No	
42. If no, why? 1 = Children too young 2 = Latrine collapsed 3 = Other specify	
43. How is their waste disposed of? 1. Dumped 3. thrown into the toilet 2.Washed 4. Other (specify)	
44. How often are the toilets cleaned per week? 1. Never 4. Three times a week 2. Once a day 5. Once a week 3. Twice a day 6. Other (specify)	
VISIT THE TOILET AND OBSERVE THE FOLLOWING:	
45, Cleanliness of toilet	
1= Clean (2) Dirty	
46. Type of roof over toilet 1 = Grass thatch 2 = Plastic sheets 3 = Iron sheets 4 = Tiles 5 = Other specify	
47. Type floor of toilet 1 = Mud/earth 2 = Cement 3 = Wooden tiles 4 = Other specify	
48. Type of wall of toilet 1 = Burnt bricks 4 = Wattle and daub 2 = Unburnt bricks 5 = Other specify	

3 = Iron sheets	
49. If no, where do the children defecate? 1=Yes 2=No	
1 = Bush 2 = Around the campus 3 = Buried anywhere 4 = Thrown into an unfinished toilet 5 = Neighbour's 6 = Other specify	
50. Do you have bathrooms? 1=Yes 2=No **(Go fo Q 52)**	
51. How many bathrooms do you have? State No:	
52. Do you teach children about hygiene and sanitation issues? 1 =Yes 2=No **(Go *to Q 54)***	
53. What do you teach children about hygiene and sanitation?	1 = Yes 2 = No
1 = Proper disposal of garbage 2 = Proper disposal of faeces/use of toilet 3 = Washing of hands before eating 4 = Washing of hands after visiting the toilet 5 = Taking care of their bodies 6 = Taking care of food and foodstuffs 7 = Protection from disease 8 = Other (specify):.....	
54. How do you dispose of rubbish in this CBCC? 1=Yes 2 = No	
1 = Rubbish pit/dustbin 2 = Thrown in river 3= Burn 4 = Thrown anywhere 5 = Throw in garden/bush	
E. HEALTH	
55. What do you do when a child falls ill? 1=yes2=no	
1. Take child to parent/guardian 2. Caregiver takes care of the child 3. Home-based care volunteer treats child 4. Health Surveillance Assistant treats child 5. Buy medicine from shop and treat child 6. Go with child to traditional healer 7. Take child to the health centre 8. Never had a child fall ill 9. Nothing 10 Other (Specify)	
56. Do you have a sick bay? 1 = Yes 2 = No	
57. Do health workers visit this CBCC? 1 = Yes 2 = No **(Go *to Q 61)***	

3=Paraffin 4=Gas 5=Charcoal 6=Other (Specify)	
67. Do you have a storeroom? 1=Yes 2=No	
68. Do you have a communal garden? 1 =Yes, 2=No **(Go to Q72)**	
69. What crops do you grow in this communal garden? 1=Yes 2=No	
1 = Maize	
2 = Vegetables	
3 = Groundnuts	
4 = Soya	
5 = Other (specify)	
70 How big is your communal garden? State hectares/acres:	

71. Where do you get your farm inputs?	
1 = Contribution from parents 1 = Yes 2 = No 2 - DSWO 1 = Yes 2 = No 3 = NGOs/FBOs 1 = Yes 2 = No 4 = Other (specify) 1 = Yes 2 = No	

72. Do you have the following eating and cooking utensils? ***(Please read through the list)***

Item	Yes=1 No=2	Number
1. Pots		
2. Plates		
3. Cups		
4. Spoons		
5. Measuring cups		
6. Pails with tap		
7. Pails without tap		
8. Basins for hand washing		
9. Basins for dish washing		
10. Drums for keeping water		
11. Knives		

73. How did you acquire these utensils? 1 = Yes 2 = No	
1. Bought by committee 2 Donated by funder 3. Contributed by parents 4. Contributed by committee 5. Other (Specify).....	
74. Which activities do you do with children on a daily basis? ***(Please read through the list)***	
Painting/drawing 1 = Yes 2 = No	
Pasting 1 = Yes 2 = No	
Clay modelling 1 = Yes 2 = No	
Singing 1 = Yes 2 = No	
Storytelling 1= Yes 2 = No	
Puzzling 1 = Yes 2 = No	
Rope skipping 1 = Yes 2 = No	
Sand and water play 1 = Yes 2 = No	
Free play 1 = Yes 2 = No	
Spiritual activities 1= Yes 2 = No	
Other (Specify 1) 1 = Yes 2 = No	

81. Main material of the floor 1 = Mud/earth 2 = Tiles 3 = Cement 4 = Other specify		
82 Main material of the roof 1 = Grass thatch 2 = Plastic sheets 3 = Iron sheets 4 = Tiles 5 = Other specify		
83. Main material of the wall 1 = Wattle and daub 2 = Burnt bricks 3 = Unburnt bricks 4 = Mdindo/compressed earth 5 = Iron sheets 6 = Reed/grass 7 = Other specify		
84. How many Rooms are in the building	Large	
	Medium Small	
85. How many children per room can you fit?	Large	
	Medium	
	Small	
86. Furniture in the classroom	Chairs	
	Tables	
	Shelves	
87. Is the building used for any other activities when not in use by the CBCC 1 = Yes 2 = No **(Go *to Q89)***		
88. If yes, what is it used for? 1 = Yes 2 = No		
1. Children corner/kids club activities 2. Prayers 3. Party meetings 4 School 5. Clinic 6. Seminars 7. Welfare committee meetings and other communal activities 8. Other (specify)		
89. Do you have a kitchen where you prepare food for the children? 1 = Yes 2=No **(Go *to Q 94)***		
90. Main material of wall of the kitchen 1 = Burnt bricks 4 = Wattle and daub 2 = Unburnt bricks 5 = Other specify ..... 3 = Iron sheets		
91. Main material of the floor of kitchen 1 = Mud/earth 2 = Cement 3 = Wooden tiles 4 = Other specify.....		

APPENDIX 2: CAREGIVER QUESTIONNAIRE

Centre for Social Research

CBSS INVENTORY CAREGIVER QUESTIONNAIRE

Name of Interviewer	
Date of Interview	
Time Interview Started	
Time Interview Ended	
Checked by (Supervisor)	
Date Checked	

1. Name of caregiver
2. Age of caregiver
3. Sex of caregiver 1 = Male 2 = Female
4. Name of CBCC: .....
5. Location of CBCC:

(a) Name of Village: .....

(b) Name of Traditional Authority: .....

(c) District.....

(d) Nearest major trading centre :..... .....Distance.....

6. For how long have you been working for the CBCC?
   1 . < 6 months 2. 1 - 6 months 3. 7 - 1 2 months 4 . > 1 2 months
7. How are you kept motivated in the work that you do?
   1. Given Money 3. Given foodstuffs
   2. Community works in her garden 4. Voluntary 5. Other (Specify)
8. What is your highest level of education?
   1. No Education
   2. Std 1 - 4
   3. Std 5 - 8
   4. Form 1 - 2
   5. Form 3 - 4
   6. Adult Literacy
9. Have you received any training? 1. Y e s 2. No
10. When were you trained?
11. Who conducted this training?
    1. NGO
    2. FBO
    2. DSWO
    4. Other specify
    5. APPA
12. What issues did this training cover? **Circle all that is mentioned**
    1 = Child development
    2 = Child Protection
    3 = Water and Environmental Sanitation
    4 = Water, Hygiene and Sanitation
    5 = Nutrition
    6 = Health
    7 = Feeding young children
    8 = HIV and AIDS
    9 = Creating learning/teaching aids 10 = Prevention of injuries/accidents

92.

APPENDIX 3: CRITERIA FOR CATEGORISING CBCCs

Building

5 = Own permanent building, permanent fixed roof, cemented floor, walls built of burnt bricks, large size rooms (relative to number of children), store room, separate kitchen with energy-saving stove and food storeroom, roofed outdoor play area, open ground play area

4 = Own permanent building, permanent fixed roof, cemented floor, walls built of burnt bricks, large size rooms, separate kitchen with food store room, open ground play area

3 = Own building, mud floor, thatched roof, reed/ grass/ mdindo walls, separate kitchen, open ground play area

2 = Rented/borrowed building (e.g. church, shop, community hall), permanent fixed roof, cemented floor, walls built of burnt bricks, open ground play area

1 = No building available, CBCC open air 'under a tree', no facilities **Sanitation**

= Child-friendly latrines, bathroom, rubbish pit, child-friendly hand-washing facilities, rainwater harvesting area

4 = Child-friendly latrines, rubbish pit, child-friendly hand-washing facilities

3 = Pit latrines, rubbish pit, child-friendly hand-washing facilities 2= Pit latrines, no other facilities

1 = No sanitation facilities Water

5 = Safe and clean water source within 500 metres

3 = Safe and clean water source within 1,000 metres

1 = No safe and clean water source within 1,000 metres

Trained caregivers/ child ratio (training meaning 2 weeks or more)

5 = 1/15 trained
4 = 1/30 trained and 1/20 untrained
3 = 1/40 trained and 1/20 untrained 2= 1/50 trained and 1/50 untrained 1 = no trained caregivers

Community involvement and linkages

5 = CBCC initiated by CBO/FBO/NGO, Committee established, members elected by community or volunteers, Committee mobilising resources, communal garden available/ feeding twice a day, health extension worker visiting once a month

4 = CBCC initiated by CBO/FBO/NGO, Committee established, members elected by community or volunteers, Committee mobilising resources, communal garden/ feeding once a day, health extension worker visiting once a month

3 = Committee established, feeding once a day, health extension worker visiting less than once a month

2 = No committee, health extension worker visiting less than once a month

1 = No committee, no linkages with other services

Indoor play materials

5 = some of all 4= $^{3}/_{<}$ 3= $^{1}/_{2}$

2 = 1/4

1 = LESS THAN 1/4 **OUTDOOR PLAY MATERIALS**

5= SOME OF ALL
4 = 'A
3 = %
2 = 1/4
1= less than 1/4

Categories

Category 1 = 35 points Category 2 = 26-35 points Category 3 = 23-26 points Category 4 = less than 23 points

Appendix 4: Number of CBCCs in Malawi

(N = 5,665)

NORTHERN REGION				CENTRAL REGION				SOUTHERN REGION			
District	**U5 population**	**Children in CBCCs**	%	**District**	**U5 population**	**Children in CBCCs**	%	**District**	**U5 population**	**Children in CBCCs**	%
Chitipa	33,130	9,730	29.4	Kasungu	134,330	19,865	14.8	Balaka	67,013	9,901	14.8
Karonga	46,668	13,683	29.3	Lilongwe	427,612	39,930	9.3	Mangochi	155,273	29,417	18.9
Rumphi	27,372	2,229	8.1	Ntchisi	49,056	10,134	20.7	Machinga	68,615	10,426	15.2
Nkhata Bay	31,884	10,434	32.7	Dowa	96,460	12,509	13.0	Zomba	142,258	15,210	10.7
Mzimba	126,446	25,764	20.4	Mchinji	95,736	12,624	13.2	Chiradzulu	60,820	17,382	28.6
Likoma	2,638	723	27.4	Salima	73,413	17,489	23.8	Phalombe	69,242	18,018	26.0
				Nkhotakota	62,984	11,304	17.9	Mulanje	116,604	18,679	16.0
				Dedza	141,234	7,683	5.4	Thyolo	121,350	23,763	19.6
				Ntcheu	109,144	12,371	11.3	Chikwawa	90,034	13,596	15.1
								Nsanje	41,983	12,638	30.1
								Blantyre	221,935	20,977	9.5
								Mwanza	36,443	10,989	30.2
TOTAL	**268,138**	**62,563**	**23.3**	**TOTAL**	**1,189,969**	**143,909**	**12.1**	**TOTAL**	**1,191,570**	**200,996**	**16.9**

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Appendix 8: Availability of First Aid kits, scales and height charts by district (%)

Appendix 10: Summary of results from Likoma District

Likoma is the smallest district in Malawi. It comprises two islands, Likoma and Chizumulu, which were formerly part of Nkhata Bay district. Its population in 2007 was 11,094 spread over a land area of 1 8 km^2. This study found that Likoma was performing better than other districts, but it is important to note that this conclusion is based on the small sample of only 10 CBCCs on the islands.

The 10 CBCCs in Likoma all operated five days a week, mostly mornings only. There are a total of 2,638 under five children on Likoma Island: if all these children were attending CBCCs, each would cater for 264 children. In fact, just over a quarter (27%) of the children attend, A total of 723 children were registered and of these 322 were boys and 401 were girls (64% girls). The daily average attendance for children was 73%. While the tnajority of the children registered were aged 3-5 (as recommended by the CBCC profile), Likoma was one of the few districts which registered a relatively high proportion of children aged 6 and above (18%).

Five CBCCs were initiated by NGOs/CBOs/FBOs while five were initiated by local community. Ownership of buildings in the other districts was quite low: in Likoma District six out of 1 0 CBCCs had their own buildings and most of these had permanent structures: tiled floors, roofs with iron sheets and walls made of unburnt/burnt bricks. Half of the CBCCs had kitchens and four of these (80%) were permanent structures. All of them were clean.

A total of 31 caregivers had worked in the 10 CBCCs in Likoma over the six-month period preceding the survey and average caregiver attendance was 80%, which was quite high compared to other districts. All the caregivers were female except one. On average, two caregivers were working in each CBCC per day giving a caregiver-child ratio of 1:27.

Nine out of 10 CBCCs reported that caregivers were volunteers and almost all of them had attended secondary school. Most had also worked for more than 12 months. Eighteen of the 31 caregivers (59%) had been trained, in the main by the DSWO. In 27% of the CBCCs in Likoma, caregivers receive some sort of incentive.

All CBCCs in Likoma had committees, composed on average of seven women and two men. Committee members were chosen by the community or they volunteered for the position. Community contributions constitute their only source of funding and only one had a bank account, which was managed by founder/project manager.

Only one CBCC has a community garden. Five CBCCs reported that community members were not involved in their operations. Nine have access to safe water (borehole and piped water) and they all had traditional pit latrine which were cleaned at least once a day. None of the CBCCs had bathrooms. All CBCCs taught about hygiene and sanitation.

Eight CBCCs provide food, mainly porridge with maize flour, obtained from well wishers, parents and committee members. All CBCCs in Likoma had soft balls for the children to play with, and a quite a good proportion of these CBCCs also had other indoor play materials such as art materials and musical instruments (80% each). Overall possession of outdoor play materials was poor: all had soft balls and 70% had ropes but there was very little else.

Only half of the CBCCs had a resting place for children.

It is possible that one reason for Likoma's somewhat better standards is the fact that most of the caregivers have been to secondary school (almost half of them have completed Forms 3-4). Complementing this higher level of school education, almost 60% of the caregivers had also been trained.