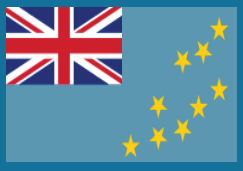
Malawi



EARLY CHILDHOOD DEVELOPMENT

SABER Country Report
2015

Policy Goals	Status
1. Establishing an Enabling Environment The Government of Malawi has developed national policies, laws, strategic plans and operational guidelines to guide service delivery in each of the relevant Early Childhood Development (ECD) sectors. While Parliament has enacted these policies, several laws remain unenforced. The government coordinates ECD policy development and service delivery across sectors under the supervision of the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW). Financing for ECD service delivery is budgeted but expenditures are not tracked.	Emerging
2. Implementing Widely The Government of Malawi has dramatically increased the scope and coverage of essential ECD services in health, nutrition, education, early stimulation child protection and care for special needs children since the 1990s. The number of ECD-aged children provided with services has grown from 1 percent in 1994 to 40 percent in 2015 (2015 Annual ECD Report, MoGCDSW), a commendable increase that has resulted in better education, child care, protection and health outcomes. Some health care interventions, such as child immunizations, have nearly universal coverage. However the number of children reached with services continues to fall far short of goals, particularly in rural areas where most Malawians live, and information is limited on the extent of coverage of many essential ECD interventions.	Emerging
3. Monitoring and Assuring Quality Data are collected for many ECD health and nutrition indicators, but data collection on demographics is lacking and only a few mechanisms are in place to monitor ECD service delivery. Financial data are particularly lacking, and quality assurance is not enforced despite efforts to require inspections of schools or to monitor quality of health care services. Early learning standards are still under development.	Emerging

This report presents an analysis of the Early Childhood Development (ECD) programs and policies that affect young children in Malawi and recommendations to move forward. This report is part of a series of reports prepared by the World Bank using the SABER-ECD framework [1] and includes analysis of early learning, health, nutrition, and social and child protection policies and interventions in Malawi, along with regional and international comparisons.

Malawi and Early Childhood Development

The Republic of Malawi is a democratic country, with a largely rural population of 16.36 million (World Bank, 2013), including 1.4 million ECD-age children.[2] Malawi ranks among the world's least developed countries, with an economy reliant largely on agriculture and international aid; in 2009, annual per capital GDP was $900. As a result, life expectancy is low and infant mortality rates remain high despite huge improvements in reducing child mortality since 1990. The prevalence of HIV and AIDS is one of the highest in the world, at 10.8 percent in 2012. As a result, Malawi has a high number of orphans and vulnerable children; in 2012, 770,000 children had been orphaned by AIDS.

The Government of Malawi (GoM) has made impressive strides in poverty reduction over the last 20 years. The number of people living under the poverty line decreased from 54 percent in 1990 to 40 percent in 2006. Although concurrent improvements in education and health care have positively affected ECD-age children, educational opportunities still remain limited, access to many essential health services remains low, and level of life expectancy at birth is still ranked 194 out of 223 countries.[3]

Malawi's ECD system is guided by the National Policy on Early Childhood Development (2006) and the National Strategic Plan for Early Childhood Development (2009-2014), as well as several other plans and guidelines. The Ministry of Gender, Children, Disability, and Social Welfare (MoGCDSW) implements ECD policies across sectors. Preprimary education for 3- to 5-year-olds is provided free of charge at public childcare centers, as are a range of essential health services available at public hospitals and health facilities. However, despite this well-defined structure, service delivery suffers from poor quality. The absence of an explicit ECD law and corresponding budget is an obstacle to effective implementation of established ECD policies and services.

Table 1 provides a snapshot of ECD indicators in Malawi with regional comparisons.

Table 1: Snapshot of ECD indicators in Malawi with regional comparison

	Malawi	Uganda	Tanzania	Liberia	Nigeria
Infant Mortality (deaths per 1,000 live births, 2010)	46	45	38	56	78
Below 5 Mortality (deaths per 1,000 live births, 2012)	71	69	54	75	124
Moderate & Severe Stunting (Below 5, 2008-2012)	47%	33%	42%	42%	36%
Net Preprimary Enrolment Rate (3-6 years, 2010)	No data	14%	33%	No data	No data
Birth Registration 2000-2010	No data	21%	16%	4%	30%

Source: UNICEF Country Statistics, 2012; UNESCO Institute for Statistics

[1] SABER-ECD is one domain within the World Bank initiative, Systems Approach for Better Education Results (SABER), which is designed to provide comparable and comprehensive assessments of country policies.

[2] Early Childhood Development Strategic Plan (2009)

[3] CIA Factbook, 2014 estimate

Systems Approach for Better Education Results–Early Childhood Development (SABER-ECD)

SABER–ECD collects, analyzes, and disseminates comprehensive information on ECD policies around the world. In each participating country, extensive multisectoral information is collected on ECD policies and programs through a desk review of available government documents, data and literature, and interviews with a range of ECD stakeholders, including government officials, service providers, civil society, development partners, and scholars. The SABER-ECD framework presents a holistic and integrated assessment of how the overall policy environment in a country affects young children's development. This assessment can be used to identify how countries address the same policy challenges related to ECD, with the ultimate goal of designing effective policies for young children and their families.

Box 1 presents an abbreviated list of interventions and policies that the SABER-ECD approach looks for in countries when assessing the level of ECD policy development. This list is not exhaustive, but is meant to provide an initial checklist for countries to consider the key policies and interventions needed across sectors.

Three Key Policy Goals for Early Childhood Development

SABER-ECD identifies three core policy goals that countries should address to ensure optimal ECD outcomes: *Establishing an Enabling Environment, Implementing Widely,* and *Monitoring and Assuring Quality*. Improving ECD requires an integrated approach to address all three goals. As described in Figure 1, a series of policy levers is identified for each policy goal which can help guide decision makers on how to strengthen ECD.

Strengthening ECD policies can be viewed as a continuum; as described in Table 2 on the following page, countries can range from a latent to advanced level of development within the different policy levers and goals.

Box 1: A checklist to consider how well ECD is promoted at the country level

What should be in place at the country level to promote coordinated and integrated ECD interventions for young children and their families?
Health care
• Standard health screenings for pregnant women • Skilled attendants at delivery • Childhood immunizations • Well child visits
Nutrition
• Breastfeeding promotion • Salt iodization • Iron fortification
Early Learning
• Parenting programs (during pregnancy, after delivery, and throughout early childhood) • High quality childcare for working parents • Free preprimary school (preferably at least two years with developmentally appropriate curriculum and classrooms, and quality assurance mechanisms)
Social Protection
• Services for orphans and vulnerable children • Policies to protect rights of children with special needs and promote their participation/ access to ECD services • Financial transfer mechanisms or income supports to reach the most vulnerable families (could include cash transfers, social welfare, etc.)
Child Protection
• Mandated birth registration • Job protection and breastfeeding breaks for new mothers • Specific provisions in judicial system for young children • Guaranteed paid parental leave of least six months • Domestic violence laws and enforcement • Tracking of child abuse (especially for young children) • Training for law enforcement officers in regards to the particular needs of young children

Figure 1: Three core ECD policy goals

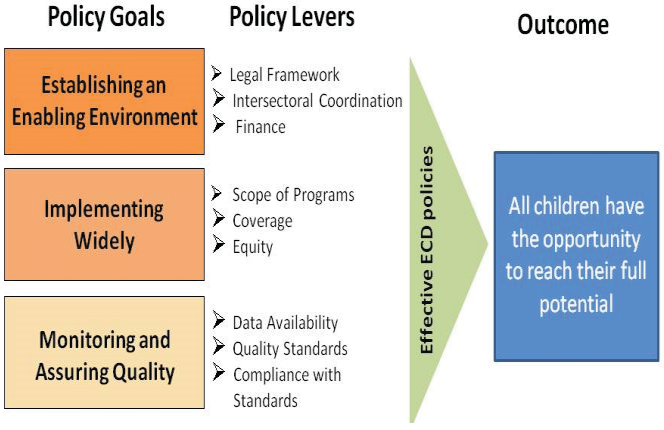


Table 2: ECD policy goals and levels of development

ECD Policy Goal	Level of Development			
	Latent	Emerging	Established	Advanced
Establishing an Enabling Environment	Nonexistent legal framework; ad hoc financing; low inter-sectoral coordination.	Minimal legal framework; some programs with sustained financing; some inter-sectoral coordination.	Regulations in some sectors; functioning inter-sectoral coordination; sustained financing.	Developed legal framework; robust inter-institutional coordination; sustained financing.
Implementing Widely	Low coverage; pilot programs in some sectors; high inequality in access and outcomes.	Coverage expanding but gaps remain; programs established in a few sectors; inequality in access and outcomes.	Near universal coverage in some sectors; established programs in most sectors; low inequality in access.	Universal coverage; comprehensive strategies across sectors; integrated services for all, some tailored and targeted.
Monitoring and Assuring Quality	Minimal survey data available; limited standards for provision of ECD services; no enforcement.	Information on outcomes at national level; standards for services exist in some sectors; no system to monitor compliance.	Information on outcomes at national, regional and local levels; standards for services exist for most sectors; system in place to regularly monitor compliance.	Information on outcomes from national to individual levels; standards exist for all sectors; system in place to regularly monitor and enforce compliance.

Policy Goal 1: Establishing an Enabling Environment

➢Policy Levers: Legal Framework • Intersectoral Coordination • Finance

An Enabling Environment is the foundation for the design and implementation of effective ECD policies [4]. An enabling environment consists of the following: the existence of an adequate legal and regulatory framework to support ECD; coordination within sectors and across institutions to deliver services effectively; and, sufficient fiscal resources with transparent and efficient allocation mechanisms.

Policy Lever 1.1: Legal Framework

The legal framework comprises all the laws and regulations that can affect the development of young children in a country. The laws and regulations that impact ECD are diverse due to the array of sectors that influence ECD and because of the different constituencies that ECD policy can and should target, including pregnant women, young children, parents, and caregivers.

National policies and strategic plans are in place to promote ECD in all relevant sectors. While there are no specific laws guiding ECD policy, the GoM launched the National Policy on Early Childhood Development (2003, revised in 2006) and subsequently unveiled a National Strategic Plan for Early Childhood Development (2009-2014) to guide implementation of the national policy. Other official documents, including a Health Sector Strategic Plan (2011-2016) and a National Education Sector Plan (2008-2017), guide ECD policy and implementation in those sectors. A National Nutrition Policy and Strategic Plan (2009) guides government efforts to ensure the provision of adequate nutrition for pregnant women and young children. The Prevention of Domestic Violence Act (2006) as well as the National Registration Act (2010) promote child and social protection. Box 2 provides an overview of key laws, policies, and plans governing ECD in Malawi.

National policies are in place to promote health care for pregnant women and young children. Essential health care services are provided free of charge at public hospitals and health care facilities, including antenatal visits, labor and delivery, an expanded program of childhood immunizations, well child visits every three months, HIV/AIDS related services (including referrals), as well as treatment for malaria, diarrhea, pneumonia, tuberculosis, and malnutrition, among other health services. The Christian Health Association of Malawi (CHAM), a private organization, charges fees, but in some instances has signed an agreement with the Ministry of Health (MoH) to provide ante- and postnatal services to pregnant women and children free of charge, particularly in rural areas that do not have public health facilities in place; private doctors charge fees based on type of services provided.

National policies and guidelines are in place to promote appropriate and nutritious dietary consumption for pregnant women and children. The GoM has established National Breastfeeding Guidelines that encourage mothers to exclusively breastfeed newborns for the first six months of a child's life. The sale of non-iodized salt is banned and the Malawi Bureau of Standards and public health officers enforce the ban. The National Nutrition Policy mandates iron fortified cereals, but the provision is not enforced. The policy also promotes deworming, growth monitoring, and supplemental feeding to prevent chronic and acute malnutrition.

[4] Brinkerhoff, 2009; Britto, Yoshikawa & Boller, 2011; Vargas-Baron, 2005

Box 2: Key Laws, Guidelines, Strategic Plans Governing ECD in Malawi

- National Policy on ECD (2006)
- ECD National Strategic Plan (2009-2014)
- Early Learning and Development Standards (2013)
- National ECD Operational and Accreditation Guidelines (2012)
- National ECD Syllabus (2012)
- ECD Caregivers Guidelines (2012)
- National Parenting Education and Support Manuals (2008) and Handbook (2013)
- Child Care, Protection, and Justice Act No. 22 (2010)
- Health Sector Strategic Plan (2011-2016)
- Roadmap for Accelerating the Reduction of Maternal and Neonatal Morbidity and Mortality (2012)
- Employment Act 47 (2000)
- National Registration Act (2010)
- Prevention of Domestic Violence Act (2006) (not enacted)
- National Policy on Orphans and Vulnerable Children (2003)
- ECD Policy and Parenting Education and Support Manual (2012)
- National Nutrition Policy and Strategic Plan (2009)
- Standard Operating Guidelines for Community Victim Support Units

National policies mandate job protection for pregnant women and new mothers. Pregnant women are guaranteed paid maternity leave for at least eight weeks every three years. Both public and private sector employers pay a woman's salary while she is on leave; there is no paternity leave. However, new mothers are not guaranteed breastfeeding breaks and are not protected by anti-discrimination laws. Table 3 provides a comparison of maternity and paternity leave policies in Malawi and four other African countries.

Table 3: Comparison of maternity and paternity leave policies in select African countries

Malawi	Uganda	Tanzania	Liberia	Nigeria
60 days of maternity leave and job security; no mandated breastfeeding breaks; paternity leave is not mandated.	60 days of maternity leave at 100% of salary; 4 days of paternity leave at 100% of salary.	84 days of paid maternity leave at 100% of salary for women; three days of paternity leave for fathers.	90 days paid maternity leave at 100% salary for women; no leave for fathers.	12 weeks paid maternity leave at 50% salary for women working in the public sector; no leave for fathers.

Source: Malawi Employment Act; ILO, 2012

Preprimary education is provided free of charge by the community or private organizations but is not mandated for 3- to 5-year olds. Preprimary schools are operated by the community or by private organizations. Malawi has opened 11,105 childcare centers that offer early learning opportunities to more than 1 million children aged 3 to 5. The vast majority (8,198) are publicly run community-based childcare centers (CBCCs), while the rest are private preschools (1,598), crèches (943), and daycares (375). Attendance is not mandatory in CBCCs and reach only 38 percent of the total number of ECD-aged children, according to government estimates. Parents contribute to pay for meals. Since 2006, some primary schools have made a spare room available to 5-year-olds who are enrolled in a preparatory class that is geared to have them ready for first grade.

National laws mandate the registration of newborns but compliance with the law is not enforced. Malawi's National Registration Act (2010) mandates the registration of newborns within six weeks of birth and requires the District Registrar to keep a record of all children born within the district. However, in practice, the process of registration is not completely operational and birth certificates are not automatically generated in every case.

Child protection and social protection laws have been developed. The Child Protection and Justice Act (2010) is comprehensive in its coverage of services designed to reduce family violence, including providing training for preprimary school staff and health care workers, offering counseling services to victims of violence, and tracking and reporting abuse. A Victims Support Unit, which operates under the MoGCDSW and in close collaboration with the Ministry of Justice (MoJ), offers counseling, collects evidence, and reports crimes to police, among other services. Only law enforcement officers are trained to offer child protection services. The National Policy on Orphans and Vulnerable Children expired in 2012; an updated version is still being drafted.

National policies are in place to protect the rights of children with disabilities. The Disability Act (2012) has been enacted by Parliament to protect the rights of persons with disabilities. Teachers, including those teaching 3- to 5-year-olds, undergo 13 days of introductory training through the MoGCDSW. The training spans a variety of ECD-related topics, including the development of children with special needs. The Malawi Growth and Development Strategy also addresses education for children with special needs. However, judges, lawyers, and others stakeholders

involved in child and social protection are not trained on the rights of children with special needs.

Policy Lever 1.2: Intersectoral Coordination

Development in early childhood is a multi-dimensional process.[5] In order to meet children's diverse needs during the early years, government coordination is essential, both horizontally across different sectors as well as vertically from the local to national levels. In many countries, non state actors (either domestic or international) participate in ECD service delivery; for this reason, mechanisms to coordinate with non state actors are also essential.

Malawi has developed a multisectoral ECD strategy and designated an institutional anchor to coordinate delivery of services across sectors. The GoM has created an ECD strategy designed to reach young children across all ECD sectors, including education, health, nutrition, and social and child protection, and has designated the MoGCDSW to coordinate delivery of ECD services. Eight ministries are involved in ECD delivery, including Education, Science and Technology, Health and Population, Agriculture and Food Security, Irrigation and Water Development, Local Government, Finance, and Disability and the Elderly; additionally, the Department of Nutrition and HIV/AIDS within the Office of the President and Cabinet (OPC) also contributes to the country's overall ECD policy and its implementation. The MoGCDSW also relies on community- and faith-based organizations, the private sector, and the communities themselves to deliver ECD services. District, city, and town councils implement ECD policy through local District Social Welfare Offices in coordination with the local community. ECD implementation and orientations are coordinated and managed by the IECD Coordinators in the MoGCDSW (*National ECD Center*) and in the 28 District Social Welfare Offices (*District ECD Centers*). According to the annual report for integrated Early Childhood Development (MoGCDSW, 2015), both the National and District ECD Centers are currently operational in Malawi in the designated offices under the directorate of Child Development Affairs. A National ECD Coordinator has been appointed to head the National ECD Center at the MoGCDSW and to work across sectors. A National ECD Network[6], which brings together public and private service providers as well as development agencies, works with the MoGCDSW to provide opportunities for networking and collaboration between ECD service delivery stakeholders. However, the National ECD Network does not have a mandate or its own resources to effectively accomplish its role.

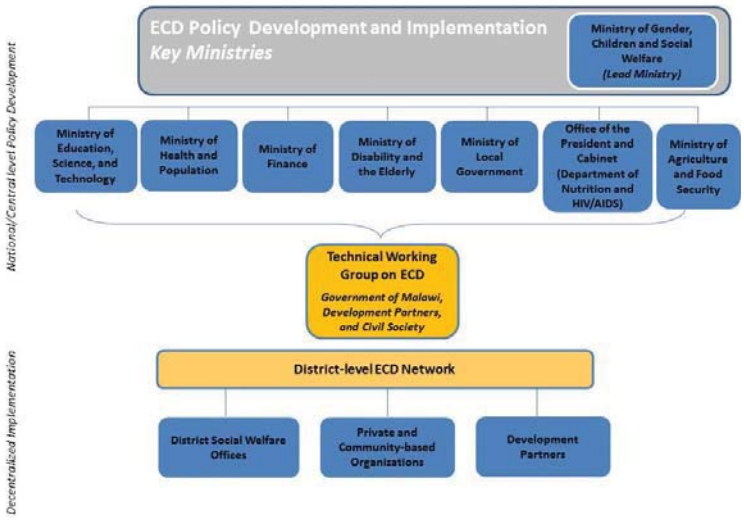
Mechanisms are in place for coordination at the point of ECD service delivery. The ECD coordinator within the MoGCDSW is responsible for working with local ECD service implementers to coordinate services at the point of delivery. Local ECD policy implementers are supposed to meet quarterly, but often the frequency of meetings depends on the level of initiative of each local ECD coordinator. While local government bodies lead the meetings, they are often funded and facilitated by non governmental organizations. Yet, while coordination mechanisms are in place, intersectoral coordination needs to be strengthened for improved and integrated ECD service delivery in Malawi. Box 3 provides some relevant lessons from Jamaica on institutional arrangements for ECD.

The GoM has developed a robust ECD multisectoral plan that includes education, health, nutrition, social and child protection, and set targets to be reached by 2017. These targets include reaching 80 percent of children with early childhood care and education (ECCE) services, expanding the program for immunizations, increasing nutrition, and registering the births of orphans and other vulnerable children. To encourage uniform delivery of ECD services the GoM has also produced several training manuals and guides to, among other things, set early learning standards, guide parents of ECD-age children, and train supervisors. Figure 2 provides an overview of ECD Policy at the national and local levels, including key ministries.

[5] Naudeau et al., 2011; UNESCO-OREALC, 2004; Neuman, 2007

[6] Members of the National ECD Network include: MoGCDSW, MoH, MoEST, UNICEF, World Food Program, Save the Children, AECDM, and Plan Malawi.

Figure 2: Institutional composition for ECD policy development in Malawi



A coordination mechanism exists between state and non state actors. The MoGCDSW works closely with the National ECD Network, and there are seats reserved for non state ECD policy implementers on the national coordinating committee that convenes quarterly. The Association for Early Childhood Development works in coordination with UNICEF to train caregivers at CBCCs in addition to providing other ECD services.

Box 3: Relevant lessons from Jamaica: Multisectoral institutional arrangements for ECD

Summary: In 2003, the Government of Jamaica established the Early Childhood Commission (ECC) as an official agency to govern the administration of ECD in Jamaica (Early Childhood Commission Act). Operating under the Ministry of Education (MoE), the ECC is responsible for advising the MoE on ECD policy matters. It assists in the preparation as well as monitoring and evaluation of ECD plans and programs, acts as a coordinating agency to streamline ECD activities, manages the national ECD budget, and supervises and regulates early childhood institutions (ECIs). The ECC includes a governance arm comprised of the officially appointed Executive Director, a Board of Commissioners, and seven sub-committees representing governmental and non-governmental organizations. It also has an operational arm that provides support to the board and subcommittees. The ECC is designed with representation from all relevant sectors, including education, health, local government and community development, labor, finance, protection, and planning. Each ministry or government agency nominates a representative to serve on the Board of Commissioners. The seven sub-committees which provide technical support to the ECC board are comprised of 50 governmental and non-governmental agencies.

Furthermore, the newly established National Parenting Support Commission creates links between Jamaican parents and the Government of Jamaica. In 2012, the MoE introduced the *National Parenting Support Policy.* The Government recognized that parents should serve an important role to promote and coordinate organizational efforts and resources for positive parenting practices. The National Parenting Support Commission Act further established an official coordinating body to ensure effective streamlining of government activities related to parenting.

Policy Lever 1.3: Finance

Emerging

While legal frameworks and intersectoral coordination are crucial to establishing an enabling environment for ECD, adequate financial investment is key to ensure that resources are available to implement policies and achieve service provision goals. Investments in ECD can yield high public returns, but are often undersupplied without government support. Investments during the early years can yield greater returns than equivalent investments made later in a child's life cycle and can lead to long-

lasting intergenerational benefits [7]. Not only do investments in ECD generate high and persistent returns, they can also enhance the effectiveness of other social investments and help governments address multiple priorities with single investments.

A transparent budget process exists in some ECD sectors, but it is not consistently available. The MoGCDSW earmarks funds for ECD services in its budget, and allocates an additional amount for ECCE activities through the Ministry of Education, Science, and Technology (MoEST). However, the Ministry's budget for ECD services is low, at just .25 percent in 2013.[8] The ECD unit at the MoGCDSW participates in MoEST budget planning sessions when the work program is drafted and costed. Three sectors—education, health, and nutrition—reported budgets specific to ECD services in 2012, but not for 2013. In health, there is no breakdown of services for ECD-aged children or for pregnant women; instead health care is aggregated by services rendered. However, the MoGCDSW could provide only budget allocations for each sector—not expenditures—and no explicit criteria are used to allocate funding to any of the ECD sectors. Additionally, no law stipulates a minimum level of funding for ECD services. Table 4 provides a snapshot of the ECD budget across sectors in Malawi for 2012 and 2013.

Table 4: ECD budget across sectors in Malawi for 2012-2013

	GoM	Development Partners
Education	134,215,915 (US$338,645)	Not available
Health	1,295,564,777 (US$3,270,389.49)	34,986,695,848 (US$88,316,790.07)
Nutrition	94,176,570 (US$237,729.58)	6,631,308,277 (US$16,739,387.55)
Protection	Not available	Not available

Source: Government of Malawi

The level of ECD financing is highest in the health sector, but remains inadequate in health as well as education and nutrition, and is not tracked in child or social protection sectors. The Ministry of Health and Population (MoHP) provides free universal coverage for a package of essential health services, which include childhood vaccines, maternal health, and HIV/AIDS-related services among other health services. As a result, some 96 percent of infants are immunized, and 94.7 percent of pregnant women benefit from antenatal services during their pregnancy; 82 percent of women with HIV receive anti-retroviral medicine to prevent mother-to-child transmission of the virus.[9] However, the budget remains below the amount needed for universal coverage of ECD services in the health sector, and development partners continue to provide financial support of up to 54 percent of Malawi's health care budget.

ECCE services are even less adequate, and reach only an estimated 38 percent of ECD-aged children. Most children are enrolled in public CBCCs that do not receive operational funding from the MoGCDSW. In 2013, only .03 percent of the education budget was allocated to ECCE, up from .02 percent in 2012. Funds earmarked for nutrition are not tracked per capita for nutrition services specifically for ECD-aged children or for pregnant women. Funds for child and social protection are not tracked as a separate budget item.

The burden of finance for ECD services is equitably distributed across society. Health care for essential ECD services, including immunizations, antenatal care and HIV testing, are free at public health facilities. Preprimary school is supposed to be free. However, parents of 3- to 5-year-old children using Early Childhood Education (ECE) services pay for meals and sometimes contribute to teachers' salaries, though no specific fees are charged. Teachers at ECE centers are usually volunteers, with little to no training. It is difficult for community-based preschools to attract and retain trained teachers who often leave for remunerated opportunities. Retention of trained teachers is very low without payment. ECD services in the nutrition sector are provided free of charge by the GoM or by non state actors. Table 5 gives a regional comparison of select health expenditure indicators in Malawi and four other African countries.

Policy Options to Strengthen the Enabling Environment for ECD in Malawi

Legal framework

➢ **The GoM may consider bringing the many ECD policies and strategic plans drafted by various ministries into one comprehensive ECD law.** By passing a law specific to ECD policy and services covering each of the four elements of ECD (health, education, nutrition,

[7] Valerio & Garcia, 2012; WHO, 2005; Hanushek & Kimko, 2000; Hanushek & Luque, 2003

[8] ECD Group Presentation, Ministry of Gender, slide 6.
[9] UNAIDS

and child and social protection), the GoM would be able to formulate a cohesive strategy for ECD service delivery. An overarching law addressing ECD policy and service delivery would also help to raise awareness of the importance of the first 8 years of life in a child's development and guide the GoM in its allocation of funds to various ECD services. Box 4 describes the Chilean experience in multisectoral policy design and implementation.

➢ **The GoM may consider passing draft laws and updating expired policies that address various components of ECD policy and service delivery.** Although the GoM estimates that more than 2 million children in Malawi witness domestic violence each year, the Prevention of Domestic Violence Act has been in draft form since 2006, waiting to be enacted by Parliament. By passing this draft into law, the GoM would raise awareness of the problem of domestic violence and empower local authorities to act to mitigate its negative effects. Similarly, the GoM may consider the completion of the new National Nutrition Policy and Strategic Plan.

Intersectoral Coordination

➢ **The GoM may consider ways to empower the MoGCDSW to create a more robust ECD department.** The MoGCDSW is charged with coordinating ECD policy and service delivery across sectors, but does not have a robust and visible ECD department.[10] The Ministry suffers from a shortage of staff and resources. In the absence of the ability to allocate greater funds to the Ministry's efforts, the GoM may consider working with development agencies to scale up staff and provide additional resources.

➢ **Similarly, the GoM may explore potential ways to empower the National ECD Network/Technical Working Group.** The National ECD Network is charged with providing opportunities for networking and collaboration between ECD implementers. However, the body lacks both the authority and the resources to implement effective cross-sectoral ECD service delivery. The GoM may wish to make the network's mandate explicit in law and to consider working with development agencies to ensure that the network is fully strengthened to influence the district networks and has the staff, training, and other resources necessary to carry out its mission.

Finance

➢ **The GoM may consider setting up mechanisms to better track budget allocations and expenditures for ECD services.** ECD services in Malawi could benefit from a more comprehensive picture of how budgets are allocated for ECD services and how the centrally allocated budgets reach the districts. To that end, the MoGCDSW may incentivize MoH and the Ministry of Finance (MoF) to introduce coherent budget coding for ECD services in order to enable consistent tracking of ECD services across sectors and through the decentralized system. In particular, the MoGCDSW may consider working with the relevant departments to identify the budget for child and social protection services for ECD-aged children, as this budget is currently not disaggregated to determine funds earmarked specifically for child and social protection services.

➢ **The MoGCDSW may consider working with development agencies to increase resources allocated to CBCCs and other ECD sectors.** The MoGCDSW currently does not allocate any portion of the ECD budget to operating costs for the country's more than 11,000 CBCCs. By working with development partners, the Ministry may be able to increase funding allocated to CBCCs for expenditures such as preprimary school teachers' salaries. The government may further consider registering CBCC teachers through MoEST and paying them a stipend for improved teaching at CBCCs. The government could also work to create grants to CBCCs or to provide conditional cash transfers or vouchers to parents who enroll their children in CBCCs or who access other essential ECD services.

[10] ECD Strategic Plan (2009)

Box 4: The Chilean Experience: Benefits of Multisectoral Policy Design and Implementation

Summary: A multisectoral ECD policy is a comprehensive document that articulates the services provided to children and key stakeholders involved, including responsibilities of service providers and policy makers. The policy should also present the legal and regulatory framework in a country and address any possible gaps. Typically, a policy can include a set of goals or objectives and an implementation plan that outlines how they will be achieved. The benefits of doing so are manifold. The preparation process requires all stakeholders to contribute, which in turn promotes a more holistic, synergetic approach to ECD and identifies possible duplication of objectives by individual stakeholders. Another benefit is that the policy framework clarifies the boundaries within which all stakeholders are to operate and can create accountability mechanisms.

One such example is *Chile Crece Contigo* ("Chile Grows with You", CCC), an intersectoral policy introduced in 2005. The multi-disciplinary approach is designed to achieve high quality ECD by protecting children from conception with relevant and timely services that provide opportunities for early stimulation and development. A core element of the system is that it provides differentiated support and guarantees children from the poorest 40 percent of households' key services including free access to preprimary school. Furthermore, the CCC mandates provision of services for orphans and vulnerable children and children with special needs. The creation and implementation of the CCC has been accomplished through a multisectoral, highly synergistic approach at all levels of government. At the central level, the Presidential Council is responsible for the development, planning, and budgeting of the program. At each of the national, regional, provincial, and local levels there are institutional bodies tasked with supervision and support, operative action, as well as development, planning and budgeting for each respective level. The *Chile Crece Contigo* Law (No. 20.379) was created in 2009.

Key considerations for Malawi*:*

- ✓ Multisectoral policy that articulates responsibilities for each government entity
- ✓ Highly synergetic approach to service delivery
- ✓ Guaranteed support for poorest households

Policy Goal 2: Implementing Widely

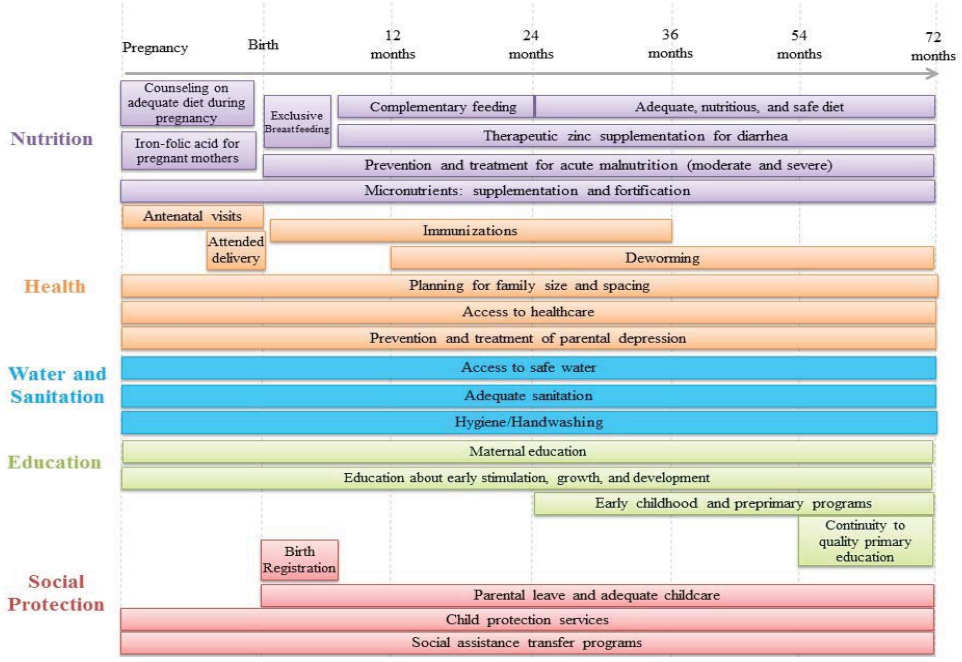
➢ Policy Levers: Scope of Programs • Coverage •Equity

Implementing Widely refers to the scope of ECD programs available, the extent of coverage (as a share of the eligible population) and the degree of equity within ECD service provision. By definition, a focus on ECD involves (at a minimum) interventions in health, nutrition, education, and social and child protection, and should target pregnant women, young children and their parents and caregivers. A robust ECD policy should include programs in all essential sectors; provide comparable coverage and equitable access across regions and socioeconomic status, especially reaching the most disadvantaged young children and their families.

Policy Lever 2.1: Scope of Programs

Effective ECD systems have programs established in all essential sectors and ensure that all children and expectant mothers have guaranteed access to the essential services and interventions they need to live healthfully. The scope of programs assesses the extent to which ECD programs across key sectors reach all beneficiaries. Figure 3 presents a summary of the key interventions needed to support young children and their families via different sectors at different stages in a child's life.

Figure 3: Essential interventions during different periods of young children's development



The scope of essential ECD services in Malawi has increased dramatically since the 1990s. In the last two decades, Malawi has made huge strides in the delivery of ECD services, particularly in health, nutrition, and education sectors. ECD services now reach more than one-third of ECD-aged children—a commendable increase from roughly 1 percent in 1994. The improvements are reflected in a corresponding decrease in under-5 child mortality rates, which have plummeted from 244 per 1,000 in 1990 to 71 per 1,000 in 2012, an increase in child immunization rates to more than 90 percent, and an increase in enrolment in preprimary school for both boys and girls to as high as 38 percent. Figure 4 provides a snapshot of the scope of ECD programs and coverage by target population and sector in Malawi.

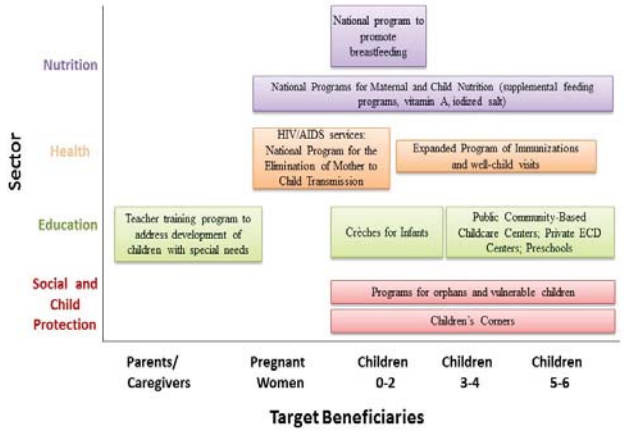
A wide scope of essential health services are provided, yet services do not reach all beneficiaries. The MoHP

has drawn up a comprehensive package of essential health services, including well child visits, immunizations, prenatal visits, treatment for diseases such as pneumonia, tuberculosis and diarrhea, and HIV and AIDS testing and services, that are provided free of charge in public health care facilities and in rural health posts run by the Christian Health Association, in areas located far from public coverage. The list of services includes most essential health care interventions.

However, accessibility of these services is less than optimal, and access to health facilities remains a problem for many children in Malawi.[11] While an estimated 84 percent of the total population receives health care services, that number is lower in rural areas, where most Malawians, including children, live. There is only one doctor for every 50,000 people, and most health care professionals are concentrated in urban areas.

Essential nutrition programs seek to target all beneficiaries. The National Nutrition Policy and Strategy guides the GoM's efforts to ensure that all pregnant women and young children have an adequate diet. The GoM relies on outside aid to implement many supplemental feeding programs which provide micronutrients support and food supplements to pregnant women and ECD-aged children in all 29 districts. However, several programs do not operate in all of Malawi's 29 districts. For instance, a project called Enhancing Nutrition in ECD operated by Save the Children targets 3- to 5-year-olds, but operates in only 4 districts, targeting just over 13,000 children. The World Food Program operates a feeding program that operates in two districts targeting 21,000 ECD-aged children.

Figure 4: Scope of ECD interventions in Malawi by sector and target population



Essential education programs seek to target all beneficiaries, but fall short of reaching all ECD-aged children. The government has opened more than 9,800 CBCCs that cater mainly to 3- to 5-year-olds. There are parenting education and support programs, school committees, and a 13-day training for preprimary school teachers. Nevertheless so far only 45 percent of ECD caregivers have been trained. The CBCCs operate in all 29 districts. However, attendance is not mandatory; GoM authorities estimated that only 38 percent of ECD-aged children were enrolled in CBCCs by 2012.[12] While this percentage is far greater than the estimated 2.63 percent reached with early learning services in 2000, it is still far below an optimal level. Box 5 below presents some of the key challenges encountered by CBCCs, further demonstrating the need for improved efforts and increased support to allow existing CBCCs to be fully operational.

[11] Malawi Early Learning and Development Standards (2013)

[12] Ministry of Gender, Children, Disability, and Social Welfare, Malawi Early Learning and Development Standards (2013)

Box 5: Findings from an ongoing impact evaluation: Key operational and sustainability challenges encountered by CBCCs

Initial findings from the ongoing ECD impact evaluation study in Malawi suggest that:

CBCCs are quite fragile and struggle to operate regularly. Overall only 53 percent of CBCCs were found to be operational during verification visits, with some districts struggling more than others. For example, only 19 of Dedza's 206 CBCCs were operating in September 2011. Of the non operating centers in all four study districts, 53 percent reported closing in the previous 1-3 months and 13 percent indicated closing in the past month, suggesting a significant challenge of CBCC sustainability in Malawi. CBCCs close, either temporarily or permanently, for a myriad of reasons including availability of food, adequate shelter, and availability of caregivers.

CBCCs face many challenges related to food, materials, and supplies. The top five reported problems faced by CBCCs were all related to lack of materials and supplies: lack of food (82 percent), play materials (59 percent), teaching materials (56 percent), building (48 percent), and dishes/utensils (46 percent). These challenges were confirmed by the trained observers who found that most CBCCs consist of one room, and lack chairs or mats for children (66 percent) as well as child-related displays (72 percent) or labeling of items with words (79 percent) to aid in language development. Balls were owned by nearly half of all CBCCs, but the proportion of CBCCs possessing all other types of outdoor play materials was substantially less. Soft dolls, available in half of CBCCs, and books, available in one-third of CBCCs, were the most commonly available indoor play and learning materials.

As community-based ECD centers become the preferred model in Malawi and across much of the continent for scaling up services, policy makers and program planners need to be aware of the challenges of maintaining this approach such that it truly benefits young children and families in rural communities. This requires increasing attention to the fragility of CBCCs, and the factors that influence whether these services can operate on a regular and long-term basis.

Source: World Bank (2015). *Protecting Early Childhood Development in Malawi: Baseline Report.* 41. P.4.

Essential child and social protection programs exist targeting key beneficiaries. Malawi has some child protection programs in place. For instance, a national law requires registration of newborns within the first six weeks of life, and a pilot project under way in hospitals in three districts (Lilongwe, Zomba, and Mulanje) provides birth registrations at the hospital. Elsewhere at the community level, registrations are done at the village registrar's office. Victims Support Units have been established and One Stop Centers, aimed at serving women and children survivors of rape and family violence, and Children's Corners have also been set up sporadically. CBCC teachers receive training to identify child abuse and neglect.

However, the GoM does not track how many ECD-aged children are in the child protection system, even though in 2010, the government estimated that 2.4 million children were growing up in violent homes or witnessing domestic violence.[13] While there are programs in place to address the needs of orphans and vulnerable children, no programs are in place for children with special needs and no anti-poverty programs focus on ECD-aged children or cash transfer programs for ECD services. Table 6 provides a snapshot of ECD programs and coverage in Malawi.

[13] Ministry of Child and Social Welfare, Malawi Early Learning and Development Standards (2013)

Table 6: ECD programs and coverage in Malawi		
ECD Intervention	Scale	
	Number of Districts Covered (out of 29 districts)	Coverage (number of beneficiaries reached)
Education		
Early childhood care and education services (in total)	29	1,400,965 (40%)
Privately provided early childhood education *Private ECD Centers*	29	255,680
Community-based early childhood education *Community-Based Childcare Centers (CBCCs)*	29	1,039,706
Parenting Education and Support Activities *Children reached with parenting education and support*	29	105,579
ECD Transition Services *Children traced entering standard one from ECD centers*	29	28% of the standard 1 pupils
Health		
Antenatal health care for expecting mothers *Essential Health Package, MoH*	29	Not available
Childhood wellness and growth monitoring *Essential Health Package, MoH*	29	Not available
Immunizations *Essential Health Package, MoH*	29	Not available
Maternal Depression screening program	Not available	Not available
Nutrition		
Micronutrient support for pregnant women	29	Not available
Food supplements for pregnant women	29	Not available
Micronutrient support for young children	29	Not available
Food supplements for young children	29	Not available
Breastfeeding promotion programs	29	Not available
Feeding programs in preprimary schools	Not available	Not available
Child Protection		
Parenting integrated into health and community programs	29	Not available
Home visiting programs to provide parenting and health messages	29	Not available
Social Protection		
Programs for OVCs	29	Not available
Interventions for children with special needs	Not available	Not available
Programs for HIV/AIDS Prevention *Prevention of Mother to Child Transmission*	29	
Anti-poverty/Integrated Programs		
Social Inclusion Project to reduce child poverty through ECD Interventions	Not available	Not available
Source: SABER-ECD Program and Policy Instruments		

Policy Lever 2.2: Coverage

A robust ECD policy should establish programs in all essential sectors, ensure high degrees of coverage and reach the entire population equitably—especially the most disadvantaged young children—so that every child and expectant mother have guaranteed access to essential ECD services.

Levels of access to essential ECD health and nutrition interventions for pregnant women vary. The GoM estimates that 84 percent of Malawi's population has access to essential health services; the number is likely to be lower in rural areas, where the vast majority of

Malawians live.[14] Not all targeted beneficiaries appear to receive all services offered in areas where there is access to essential health services. Health indicators show that only 71.4 percent of women in Malawi give birth in the presence of a skilled attendant. That number is higher than other neighboring African countries and suggests a lack of universal coverage of the GoM's essential health services package. While the number of pregnant women receiving at least one antenatal visit is higher than in neighboring countries, the number receiving four visits is comparable to Uganda and Tanzania and well below Liberia and Nigeria, suggesting efforts to reach women with essential health information is falling short of targets. Table 7 provides a snapshot of essential health and nutrition interventions for pregnant women in Malawi and compares levels of coverage in Malawi with select African countries.

Table 7: Regional comparison of level of access to essential health and nutrition interventions for pregnant women

	Malawi	Uganda	Tanzania	Liberia	Nigeria
Skilled attendant at birth	71.4%	57.4%	48.9%	46.3%	48.7 %
Pregnant women receiving antenatal care (at least four visits)	45.5%	47.6%	42.8%	66%	56.6%
Pregnant women receiving antenatal care (at least one visit)	94.7%	93.3%	87.8%	79.3%	66.2%
Prevalence of anemia in pregnant women (2005)	47.3%	41.2%*	58.2%	62.1%**	No data

*Source: UNICEF Country Statistics, 2007- 2012; UNAIDS, 2012; WHO Global Database on Anemia, 2006; *statistic is from 2000-2001; **statistic is from 1999*

Levels of access to essential health and nutrition interventions for ECD-aged children also vary. Malawi's essential health package includes child immunizations, and coverage of this intervention appears to be nearly universal, with 96 percent of one-year-old children immunized against DPT. However, other essential health and nutrition interventions are not reaching all eligible young children. As evidenced by statistics, nearly half of all children below the age of 5 are moderately or severely stunted and under-5 mortality rate was listed at 83 per 1,000 live births in 2011—ranking Malawi 31st for this indicator among all countries.[15] Table 8 provides a regional comparison of levels of access to essential health and nutrition interventions for ECD-aged children in Malawi and four other African countries.

Table 8: Regional comparison of level of access to essential health and nutrition interventions for ECD-aged children

	Malawi	Uganda	Tanzania	Liberia	Nigeria
1-year-old children immunized against DPT 3	96%	78%	92%	77%	41%
Children below 5 with moderate/severe stunting	47.1%	33.4%	42%	41.8%	35.8%
Infants exclusively breastfed until 6 months	71.4%	63.2%	49.8	29%	15.1%
Infants with low birth weight	13.5%	11.8%	8.4%	14%	15.2%
Prevalence of anemia in children below 5 (2005)	73.2%	65.2%*	71.8%	86.7%*	75.6%*

Source: UNICEF Country Statistics, 2008- 2012; WHO Global Database on Anemia, 2005.
*Uganda, 2000-2001; Liberia, children 6 months to 3 years, 1999; Nigeria, children 6 months to 6 years, 1995 to 1997

Levels of access to essential health and nutrition interventions for ECD-aged children also vary. Malawi's essential health package includes child immunizations, and coverage of this intervention appears to be nearly universal, with 96 percent of one-year-old children immunized against DPT. However, other essential health and nutrition interventions are not reaching all eligible young children. As evidenced by statistics, nearly half of all children below the age of 5 are moderately or severely stunted and under-5 mortality rate was listed at 83 per 1,000 live births in 2011—ranking Malawi 31st for this indicator among all countries.[16] Table 8 provides a regional comparison of levels of access to essential health and nutrition interventions for ECD-aged children in Malawi and four other African countries.

National law requires the birth registration of newborns, but the law is not enforced. The National Registration Act (2010) requires that parents register their newborn child with district authorities within six weeks of birth. However, no mechanism has been put in place to enforce this law and no data is collected to determine how many Malawian children are in fact registered. A pilot project in three districts seeks to

[14] National Policy on ECD (2003)
[15] UNICEF, Committing to Child Survival, A Promise Renewed, Progress Report, 2012, p. 12.
[16] UNICEF, Committing to Child Survival, A Promise Renewed, Progress Report, 2012, p. 12.

register children at hospitals instead of village registrar offices to determine whether this might increase registration. Table 9 provides a regional comparison of birth registration rates for four African countries; Malawi, however, has no data available.

Table 9: Regional comparison of birth registration rate

	Malawi	Uganda	Tanzania	Liberia	Nigeria
Birth registration 2000-2010	No data	29.9%	16.3%	3.6%	41.5%

Source: UNICEF MICS4, 2011; UNICEF Country Statistics, 2007- 2011

Policy Lever 2.3: Equity

Based on the robust evidence of the positive effects ECD interventions can have for children from disadvantaged backgrounds, every government should pay special attention to equitable provision of ECD services[17]. One of the fundamental goals of any ECD policy should be to provide equitable opportunities to all young children and their families.

Access to some essential education interventions is equitable. Malawi has established 11,150 public ECD centers (both public CBCCs and private centers) that operate across all 29 districts in the country. However, enrolment is not universal and Government authorities estimate only 40 percent of ECD-aged children attend a CBCC or private ECD center. Enrolment in rural areas is lower than in urban areas, but the exact figure is not specifically tracked. More boys attend preprimary school than girls, though the ratio is almost 1:1.

It is difficult to assess whether many essential ECD services are provided equitably. The GoM does not track statistics such as the levels of access to ECD education services based on location or socioeconomic status. Several other indicators, such as birth registration and improved access to sanitation based on location and income (rural or urban, rich or poor) are also not tracked. The GoM has an existing policy to provide access to ECD services for children with special needs, the National Education Sector Plan (2009-2017) sets a goal of reaching 80 percent of special needs children by 2017, and CBCC caregivers are trained to address the developmental needs of special needs children; however, they are often not reached with services and related data are not collected.

Policy Options to Implement ECD Widely in Malawi

Scope of Programs

➢ **The GoM could consider reinforcing the child protection law to increase the scope of its child and social protection services.** Malawi has established a child protection bill that would increase the scope of services offered by tracking and reporting child abuse and creating a task force for domestic violence prevention. The GoM could also increase the child protection services offered by training judges and lawyers on ways to offer child and social protection services, and by developing a program to address the specific needs of children with special needs.

➢ **The GoM could consider increasing home visits to provide parenting messages focusing on early stimulation and care of children younger than 3.** While the scope of coverage of early childhood education interventions has increased dramatically in the last two decades, the GoM could benefit from working with communities and development partners to establish in-home parenting programs as well as care for children aged 0-2 who are not yet enrolled in CBCCs or private ECD centers.

Coverage

➢ **The GoM could to consider low-cost options for outreach to pregnant women.** While essential health services in Malawi are free, not all pregnant women are receiving an optimal level of prenatal care and delivery. More than a quarter of women do not give birth in the presence of a skilled attendant, and less than half see a doctor four times during their pregnancy; more than 40 percent are anemic. An information outreach campaign could help to boost usage of free essential health services.

➢ **The GoM may consider partnering with development partners to increase the number of children enrolled in CBCCs by publicizing the benefits of quality early childhood education.** Malawi has greatly increased the number of children enrolled in CBCCs or private ECD centers in the last two decades. However, the rate of enrolment, at about 40 percent, is still lower than optimal. A community-based information campaign could help increase awareness among parents of the importance of enrolling children in school at a young age.

[17] Engle et al, 2011; Naudeau et al., 2011

Such a campaign could have multiple benefits in order to: (i) get parents who have access to ECD services to enroll their children; (ii) get communities who don't have a CBCC to start one; and (iii) get communities who have a fragile CBCC to find solutions to have the CBCC operate more regularly and more effectively. Yet, first addressing the quality of services provided is critical, through, for example, training teachers and retaining them in the centers. Communities would then view the centers as being of high quality and enrolment would subsequently increase.

Equity

➢ **The GoM could consider increasing its data collection on key indicators to determine whether ECD services are reaching intended beneficiaries equitably.** Several key indicators designed to track ECD services provided to urban, rural, rich, and poor service recipients remain unavailable. By tracking these indicators, the GoM would be able to target service delivery to any underserved groups.

Policy Goal 3: Monitoring and Assuring Quality

➢ Policy Levers: Data Availability • Quality Standards • Compliance with Standards

Monitoring and Assuring Quality refers to the existence of information systems to monitor access to ECD services and outcomes across children, standards for ECD services and systems to monitor and enforce compliance with those standards. Ensuring the quality of ECD interventions is vital because evidence has shown that unless programs are of high quality, the impact on children can be negligible, or even detrimental.

Policy Lever 3.1: Data Availability

Accurate, comprehensive and timely data collection can promote more effective policy making. Well-developed information systems can improve decision making. In particular, data can inform policy choices regarding the volume and allocation of public financing, staff recruitment and training, program quality, adherence to standards and efforts to target children most in need.

Data have been collected to provide an accurate picture of levels of ECD access and services, mainly in the health and nutrition sectors. Data have been collected on essential health and nutrition indicators, such as the rate of vitamin A supplementation for children aged 6 months to 59 months, the percentage of 1-year-olds who have been immunized against DPT, and the number of women receiving antenatal visits during pregnancy. Some data have been collected for essential education indicators, such as the average student to teacher ratio in public CBCCs and private ECD Centers. The GoM is currently undertaking a mapping exercise to determine the coverage of CBCCs in all 29 districts across the country.

However, data collection is lacking on many sub-indicators that could help inform ECD policy and budget allocation. The GoM collects data on the enrolment of children in primary schools by gender and district and tracks the teacher to student ratio. The MoGCDSW tracks levels of funding for ECD services in education and the MoHP tracks levels of funding for ECD-aged children in health. Information is not available on birth registrations, the number of children with special needs, or individual children's development outcomes. Data are not collected on enrolment of ECD-aged children by ethnic background, mother tongue, or socioeconomic status. Data is sporadically collected at the local level for individual children's physical, cognitive, language, and socioemotional development, but the information is not passed on to the district or national level, and so remains unknown. Table 10 provides a snapshot of the availability of data to monitor ECD in several sectors in Malawi.

Table 10: Availability of data to monitor ECD in Malawi

Administrative Data:	
Indicator	**Tracke**
ECCE enrolment rates by region	✓
Special needs children enrolled in ECCE (number of)	X
Children attending well child visits (number of)	✓
Children benefitting from public nutrition interventions (number of)	X
Women receiving prenatal nutrition interventions (number of)	✓
Children enrolled in ECCE by sub-national region (number of)	✓
Average per student-to-teacher ratio in public ECCE	✓
Is ECCE spending in education sector differentiated within education budget?	✓
Is ECD spending in health sector differentiated within health budget?	✓
Survey Data	
Indicator	**Tracke**
Households consuming iodized salt (%)	✓
Vitamin A supplementation rate for children 6 -59 months (%)	✓
Anemia prevalence amongst pregnant women (%)	✓
Children below the age of 5 registered at birth (%)	X
Children immunized against DPT3 at age 12 months (%)	✓
Pregnant women who attend four antenatal visits (%)	✓
Children enrolled in ECCE by socioeconomic status (%)	X

Furthermore, to inform policy decisions on how to improve the quality of CBCCs to better support young children and families in rural Malawi, the MOGCDSW launched the Protecting Early Childhood Development Project (PECD) from 2010-2012, with support from the World Bank and Rapid Social Response Fund. Box 6 presents a summary of the project activities and some short-term impacts observed.

Box 6: Protecting Early Childhood Development Project: Summary of ongoing impact evaluation for improved policy decisions in Malawi

Summary:

In 2010, the Ministry of Gender, Children, and Social Welfare in Malawi launched the Protecting Early Childhood Development in Malawi Project, with support from the World Bank and the Rapid Social Response Multi-Donor Trust Fund. The project aimed to mitigate some of the negative impacts of the global economic crisis by testing strategies to improve the early development and learning of Malawi's most vulnerable children attending CBCCs in rural or peri-urban areas. From the outset, the project included a prospective cluster randomized controlled trial of 199 CBCCs in four study districts (Balaka, Thyolo, Dedza, Nkhatabay) with one control arm and three treatment arms. All centers, including the control group, received play and learning materials. Treatment centers received an intensive 5-week training and mentoring of caregivers along with either cash incentives for caregivers or parenting education sessions. The objectives of the overall impact evaluation are:

1. To evaluate the effect of intensive training and mentoring of caregivers who work at CBCCs on young children's physical, socioemotional, and cognitive development;

2. To determine whether cash incentives can be used to retain caregivers and make them more effective;

3. To assess whether parenting education can be an effective substitute or complement to the efforts to improve preschool quality with respect to child development outcomes.

The evaluation consists of three rounds of data collection including a baseline prior to the project intervention (2011-2012), a midline one year after the project (2013), and an endline to capture longer-term impacts (2014-2015). Impact results will be available later in 2015. It is expected that the study will add to the currently limited body of knowledge on the effectiveness of different types of center-based quality improvement interventions and will inform policy decisions about which ECD activities to scale up in Malawi and Sub-Saharan Africa more generally.

Policy Lever 3.2: Quality Standards

Ensuring quality ECD service provision is essential. A focus on access without a commensurate focus on ensuring quality jeopardizes the very benefits that policy makers hope children will gain through ECD interventions. The

quality of ECD programs is directly related to better cognitive and social development in children[18].

The ECE curriculum and teacher training are not fully developed. The MoGCDSW is in the process of developing a standardized curriculum for ECD-aged children and some copies of the National Child Development Curriculum Framework have been disseminated to CBCC caregivers and are being used to develop the Early Learning Development Standards (ELDS), syllabus, plans, policies, manuals and guides. Standards for CBCC caregivers are low—they need an 8th grade education to work as a preprimary school teacher. Baseline findings from the ongoing impact evaluation[19] show that a third of the caregivers have no educational certificate and that the percentage of caregivers with at least a primary school leaving certificate (PSLC) varies substantially by district with 50 percent in Balaka compared with 86 percent in Nkhatabay. Furthermore, less than 40 percent of these caregivers received the 13-day training. The GoM has created standards for student to teacher ratios of 20:1, which is far above the internationally recommended ratio of 15:1.

Construction standards for health and education facilities are in place, but compliance is low. The GoM has developed standards for construction of preprimary schools and public health facilities. However, many facilities are inadequate and suffer from drug shortages and poor sanitation.[20] Only 8.7 percent of CBCCs meet construction standards.

Policy Lever 3.3: Compliance with Standards

Establishing standards is essential to providing quality ECD services and to promoting the healthy development of children. Once standards have been established, it is critical that mechanisms are put in place to ensure compliance with standards.

Policy enforcement mechanisms are not in place to ensure that CBCCs have access to sanitation facilities and potable water. Policies created in 2013 require preprimary settings to maintain standards with regard to water, sanitation and basic building codes, such as having a roof and floor. However, while the district social welfare officer is meant to inspect these preprimary settings every quarter, as yet there is no enforcement of these requirements. No mechanism has also been put in place to encourage quality improvement of CBCCs that fail to meet construction standards. A mapping exercise of CBCCs found that only 20 percent of them contained infrastructure that was intended for use as a preprimary school.[21] CBCCs lack an information management system and a mechanism to monitor and evaluate services.

Slightly less than half of preprimary schoolteachers have received 13 days of training. Of the 26,888 preprimary school teachers employed, only 14,223 (56 percent) had received training by 2011.[22] Child-to-teacher ratios are not enforced, and currently stand at an average of 28:1 for 3- to 5-year olds. However, CBCCs do operate a minimum of 15 hours per week.

Policy Options to Monitor and Assure ECD Quality in Malawi

Data Availability

➢ **The GoM could consider working with international agencies to undertake a mapping exercise of existing ECD services.** The GoM has worked with UNICEF to map CBCC services in all 29 districts to provide data collection that can help inform the distribution of funds and services. While this mapping exercise has been helpful in identifying which communities have CBCCs, it may be insufficient to fully understand who, within the community, is sending their child to CBCCs and who is not. The government could work with development partners to undertake a household survey to fill in this gap. The government could also consider undertaking a similar mapping exercise to determine essential health, nutrition, and child and social protection indicators that could be used to ensure that services are implemented equitably by gender, location, and socioeconomic status and in an integrated manner. In addition to mapping, the government should consider undertaking unannounced and well-recorded monitoring visits to get a sense of which centers are operating, which ones have closed and

[18] Taylor & Bennett, 2008; Bryce et al, 2003; Naudeau et al, 2011V; Victoria et al, 2003
[19] World Bank (2015). *Protecting Early Childhood Development in Malawi: Baseline Report.* 41.
[20] National Policy on ECD (2003)
[21] GoM, Education Sector Implementation Plan
[22] Early Learning Development Standards (ELDS)

why, what is attendance that day etc., to be able to take appropriate actions accordingly.

➢ **The GoM should work with hospitals and health care professionals to more effectively register newborns.** By working with local hospitals and public health care clinics, the GoM may be able to increase data collection of this key child and social protection indicator and ensure that all children born in Malawi are properly registered. This would help the GoM better determine ECD services and budgets.

➢ **The GoM could create mechanisms for the transfer of data collected at the district level to the national level.** Currently there is no central database for gathering even the limited data collected at the district level with respect to individual children's cognitive and social development. It is worth noting that it is critical to establish a more structured monitoring mechanism and increased support for greater supervision of ECD service provision. Also, by creating a mechanism to ensure that data is reported at the central level, the GoM can better allocate ECD services and funnel the ECD budget to areas most in need of support. In addition, this exercise could be merged with the mapping exercise mentioned above and possibly with the information from the Victims Support Unit.

Quality Standards

➢ **Improve quality standards for ECD service delivery.** Poor quality of ECD services due to, for example, untrained caregivers, unpaid caregivers, poor structures, lack of materials, irregular operation etc. diminishes demand. The government should consider ways to improve quality of service delivery in ECD. In the immediate term, the current requirement of 13 days of training for CBCC caregivers should be increased to ensure that caregivers are better prepared to provide quality early learning to ECD-aged children. The government should aim to systematize CBCCs with proper caregiver training, stipends for caregivers, regular monitoring by district officers to ensure better quality of ECD services within CBCCs; this will encourage greater demand for CBCCs among parents and communities.

➢ **The GoM could consider working at the community level to reinforce the importance of quality ECD services.** Without community-wide awareness of the importance of ECD services, many parents may choose not to enroll their children in CBCCs, particularly due to the poor quality of ECD services provided. This leads to lower demand for services and in turn impedes quality improvements. By working at the community level to create awareness of the importance of early learning and health to child development, the GoM could spur demand among parents that could lead to higher quality ECD services.

Compliance with Standards

➢ **The GoM could consider working with non state actors and communities to ensure that teaching and construction requirements are enforced.** Policies are in place to provide quality preprimary school education and to ensure proper building codes for ECD facilities. The GoM could increase compliance with these standards by working with district level Ministry of Social Work and MoGCDSW employees as well as communities, including parents, to make sure that student-to-teacher ratios are enforced and that buildings are inspected. This effort should be paired with financial support in order to incentivize communities to build adequate structures. By continuing to work with non state actors as well as ministries, the GoM could ensure that an increasing number of teachers are properly trained. Box 5 describes some relevant lessons from Jamaica in monitoring and assuring quality.

Comparing Official Policies with Outcomes

The existence of laws and policies alone do not always guarantee a correlation with desired ECD outcomes. In many countries, policies on paper and the reality of access and service delivery on the ground are not aligned. Malawi, for instance, has a well-defined ECD policy and mechanisms for implementation of ECD policy and service delivery on paper that do not bear out in reality on the ground in many parts of the country. However, some laws are leading to positive outcomes: Malawi has a national policy on the iodization of salt that is enforced and household iodization of salt consumption is estimated to be quite high, at 97.2 percent. The country also put in place a package of essential health services that are provided free of charge at public health care facilities, and the percentage of 1-year-olds who have been immunized against DPT now stands at 96 percent. Preprimary school is free but not compulsory and only an estimated 40 percent of ECD-aged children are enrolled in school. However, the number of children in school is far greater today than in 2000, when less than 3 percent of 3- to 5-year-olds attended preprimary school. Figure 5 compares ECD policies with ECD outcomes in Malawi.

Box 5: Relevant Lessons from Jamaica in Monitoring and Assuring Quality

Example from Jamaica: Ensuring Quality in ECCE provision

The **Early Childhood Commission** (ECC) was established by an Act of Parliament, the Early Childhood Commission Act, in 2003. The Commission has the responsibility to ensure the integrated and coordinated delivery of early childhood programs and services. Through its varying activities, the ECC will guide the holistic development of children, including physical, cognitive, social and emotional development. The Commission has a range of legislated functions, one of which indicates direct responsibility to supervise and regulate early childhood institutions (ECI).

Standards for the operation, management and administration of ECIs: In Jamaican law, there are two types of standards; those transmitted by an Act or Regulations and which therefore carry legal consequences, and those that serve to improve practice voluntarily and are not legally binding. For practical purposes, quality standards for ECIs include both sets of standards, with clear indications of those standards that are legally binding.

Standard statements for ECI: to improve the quality of services provided by ECIs, the ECC has developed a range of robust operational quality standards for ECIs. The Act and Regulations, which together comprise the legal requirements, specify the minimum levels of practice below which institutions will not be registered or allowed to operate. The standards that are not legally binding define best practices for early childhood institutions and serve to encourage institutions to raise their level of practice above minimum requirements. While ECIs are encouraged to achieve the highest possible standards to ensure the best outcomes for children, the legally binding standards guarantee that minimum standards are met.

Inspection and registration: Inspection of ECIs is the procedure designated under the Early Childhood Act for ensuring that operators comply with the minimum acceptable standards of practice. The ECC is required to inspect each ECI twice annually. It is a requirement of registration that the registered operator cooperates with the ECC's inspection process. The "registered operator" is defined as the person required to apply for registration of an ECI and may be an individual or a group.

In deciding on the suitability of an ECI for registration under the Early Childhood Act, the ECC will, based on information obtained at inspection visits, determine whether or not an ECI meets and complies with the Act and Regulations. Where existing provision falls short of the legal requirements, and the shortfall does not present a real and present danger to children, a permit to operate until full requirements are met will be granted, with time scales for institutions to meet requirements. The ECC encourages the promotion of the highest standards of practice by monitoring not only the minimum requirements at inspection visits, but also by monitoring those standards that are not legally binding.

Figure 5: Comparing ECD policies with outcomes in Malawi

ECD Policies	Outcomes
Law complies with the International Code of Marketing of Breast Milk Substitutes	Exclusive breastfeeding rate (> 6 mo): **71.4%**
Malawi has national policy to encourage the iodization of salt	Household iodized salt consumption **97.2 %**
Preprimary school is free but not compulsory in Malawi	Preprimary school enrollment: **40 %**
Young children are required to receive a complete course of childhood immunizations	Children with DPT (12-23 months): **96 %**
Policy mandates the registration of children at birth in Malawi but the law is not enforced	Completeness of birth registration: **Data unavailable**

Preliminary Benchmarking and International Comparison of ECD in Malawi

Table 11 presents the classification of ECD policy in Malawi within each of the nine policy levers and three policy goals. The SABER-ECD classification system does not rank countries according to any overall scoring; rather, it is intended to share information on how different ECD systems address the same policy challenges.

Malawi is classified as Emerging in many of the policy levers, particularly those that have to do with implementing policy and assuring quality of services. While Malawi has developed a comprehensive set of policies, laws, and strategic plans at the national level to guide ECD services, implementation on the ground is often lacking and there are few mechanisms to gather data for quality assurance and evaluation of services. Similarly, there is little disaggregation of ECD services in the budgets of the various ministries involved in ECD policy and implementation.

Table 12 presents the status of ECD policy development in Malawi alongside a selection of countries. Malawi shows a comparatively strong position regarding its intersectoral coordination of ECD services, as well as the scope of services in health, education and nutrition interventions. However, significant improvement is needed in data gathering to ensure that services cover all beneficiaries and are distributed equitably. Similarly, while quality standards have been developed, these are relatively recent, and compliance is still lacking.

Table 11: Benchmarking Early Childhood Development Policy in Malawi

ECD Policy Goal	Level of Development	Policy Lever	Level of Development
Establishing an Enabling Environment	●●○○	Legal Framework	●●○○
		Inter-sectoral Coordination	●●●○
		Finance	●●○○
Implementing Widely	●●○○	Scope of Programs	●●○○
		Coverage	●●○○
		Equity	●●○○
Monitoring and Assuring Quality	●●○○	Data Availability	●○○○
		Quality Standards	●●○○
		Compliance with Standards	●●○○
Legend:	Latent ●○○○	Emerging ●●○○	Established ●●●○	Advanced ●●●●

Table 12: International Classification and Comparison of ECD Systems

ECD Policy Goal	Policy Lever	Level of Development				
		Malawi	Liberia	Nigeria	Sweden	Turkey
Establishing an Enabling Environment	Legal Framework	●●○○	●○○○	●●●○	●●●●	●●●○
	Coordination	●●●○	●●●○	●●○○	●●●●	●●○○
	Finance	●●○○	●○○○	●○○○	●●●●	●●○○
Implementing Widely	Scope of Programs	●●○○	●●●○	●●○○	●●●●	●●●○
	Coverage	●●○○	●●○○	●○○○	●●●●	●●○○
	Equity	●●○○	●○○○	●●○○	●●●●	●●○○
Monitoring and Assuring Quality	Data Availability	●○○○	●●○○	●○○○	●●●●	●●○○
	Quality Standards	●●○○	●●○○	●●○○	●●●●	●●●○
	Compliance with Standards	●●○○	●●○○	●○○○	●●●●	●●○○
Legend:	**Latent** ●○○○	**Emerging** ●●○○		**Established** ●●●○		**Advanced** ●●●●

Conclusion

The SABER-ECD initiative is designed to enable ECD policy makers and development partners to identify opportunities for further development of effective ECD systems. This Country Report presents a framework to compare Malawi's ECD system with other countries in the region and internationally. Each of the nine policy levers are examined in detail and some policy options are identified to strengthen ECD.

Malawi's established policies and strategic plans lay a solid groundwork for comprehensive ECD implementation, though these could be strengthened by the passage of an overarching law specifically aimed at ECD policy and delivery. Malawi's many ECD interventions provide a wide range of services, but little data is collected on several key indicators that, when properly tracked, could provide valuable information on the outcomes of the various interventions and help the government implement wiser policy and direct scarce resources more efficiently. Table 13 summarizes the key short-term and medium-term policy options identified to inform policy dialogue and improve the provision of essential ECD services in Malawi.

Table 13: Summary of policy options to improve ECD in Malawi

Short Term	Medium Term
1. Establishing an enabling environment	
Carry out a midterm review of the existing National ECD Policy	Pass an overarching law specifically aimed at ECD policies and services
Pass the draft Prevention of Domestic Violence Act	Set up mechanisms to track budgets and expenditures for ECD services in each of the four ECD sectors
Update the National Nutrition Policy and Strategic Plan (2009)	Work with development partners to increase the budget allocated to operating costs of the country's more than 9,800 public CBCCs and private ECD centers
Strengthen the ECD Department within the Ministry of Gender, Children, and Social Welfare	Empower the National ECD Network/Technical Working Group by providing additional resources and a clearly defined and specific mandate
2. Implementing widely	
Increase community outreach to pregnant women to ensure they comply with breastfeeding and nutrition guidelines and attend four antenatal visits during each pregnancy	Work with non state actors to provide in-home parenting training for parents of 0-2 year-olds
Increase community outreach to parents of ECD-aged children to ensure that they understand the importance and benefits of enrolling their children in quality CBCCs or private ECD centers	Train judges and lawyers to provide services to ECD-aged children and their families
Establish mechanisms to increase data collection to determine the level of equity in ECD service delivery and adjust services and budgets accordingly	
3. Monitoring and assuring quality	
Conduct mapping exercises to determine the scope, coverage and financing of ECD services in health, nutrition and child and social protection similar to the mapping exercise currently under way to determine the level of coverage of CBCCs	Improve quality of existing ECD services Work with the community to increase awareness of the benefits of quality ECD services to help generate demand for quality services
Work with district level government employees to ensure that data collected on individual children's ECD outcomes are reported to government entities at the national level	Work with district level government employees to ensure that buildings are properly inspected
Work with hospitals and health care workers to ensure that newborns are registered	Work with non state actors and parents to ensure that teacher-to-student ratios are upheld and that an increasing number of teachers are properly trained

Source: Compiled by authors.

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Acronyms

CBCC	Community-based Childcare Centers
CHAM	Christian Health Association of Malawi
ECD	Early Childhood Development
ECE	Early Childhood Education (used interchangeably with *preprimary* or *preschool*)
GoM	Government of Malawi
IECD	Integrated Early Childhood Development
MoF	Ministry of Finance
MoGCSDW	Ministry of Gender, Children, Disability, and Social Welfare
MoHP	Ministry of Health and Population
MoJ	Ministry of Justice
MoSW	Ministry of Social Welfare
OPC	Office of the President and Cabinet
PSLC	Primary School Leaving Certificate
UNICEF	United Nations Children's Fund

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This report focuses specifically on policies in the area of **Early Childhood Development.**

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