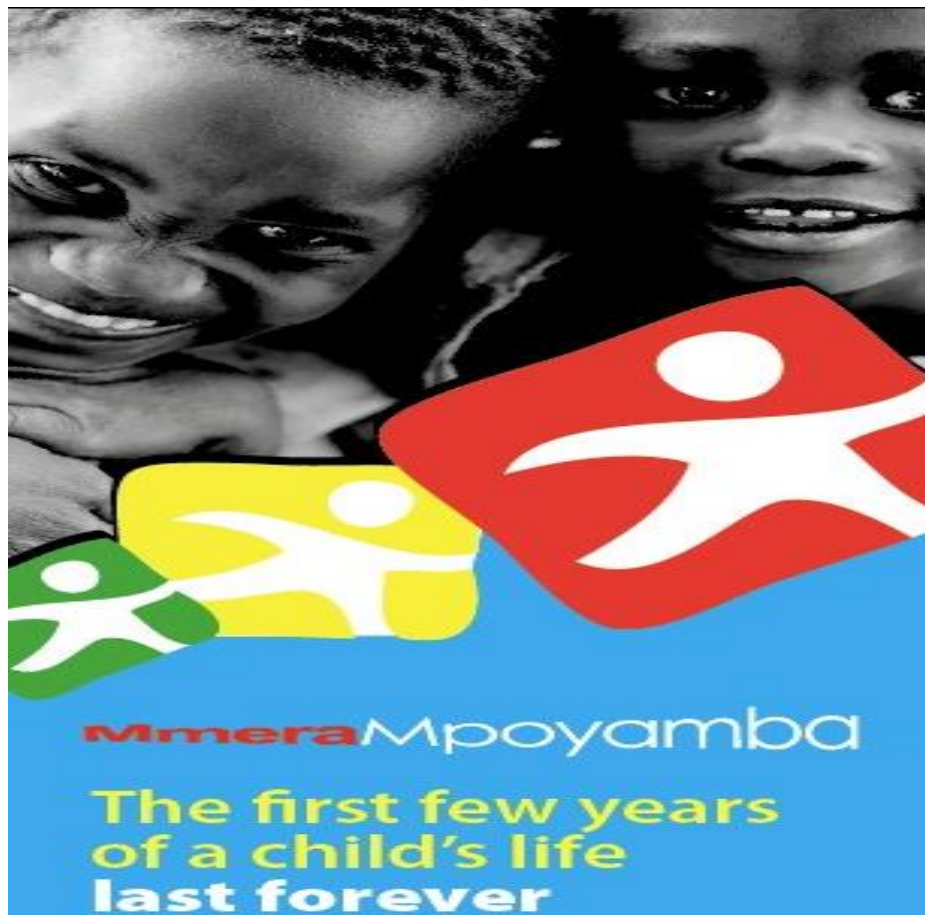




REPUBLIC OF MALAWI

NATIONAL POLICY ON EARLY CHILDHOOD DEVELOPMENT



QUALITY AND EQUITABLE ECD SERVICES FOR ALL CHILDREN GUARANTEE THE BEST START IN LIFE

ECD BREAKING THE INTERGENERATION CYCLE OF POVERTY

MARCH 2017

The Development of the 2017 National Policy of Early Childhood Development

The 2017 National Policy for Early Childhood Development is the second version of Malawi ECD Policy. The first one was developed and approved in 2003, launched in 2004 and mini-reversion was done in 2006 to close gaps and incorporate emerging issues.

FOREWORD

The Government recognizes that investment in Early Childhood Development (ECD) programme is key in stimulating human capital investment and an essential tool for social-economic development. Investment in ECD is a reliable and sound strategy for reducing and eradicating poverty. It lays a strong foundation for optimum development of children, which in turn prepares them to be productive economically and socially. In view of that, Government developed the first ever National ECD Policy in 2003 to provide guidance in the implementation of child care, protection, stimulation and development services. The policy was revised in 2006 to respond to a number of emerging issues affecting the survival, growth, protection, stimulation and development of children in Malawi. Furthermore, Government wanted to highlight its commitment on ECD implementation.

The National ECD Policy is aimed at promoting holistic service delivery to all children, more especially during the first eight years of life, which are critical for human development. The purpose of this policy is to promote a comprehensive, integrated and holistic approach to ECD programs and services for all children from conception to eight years, including caregivers and parents. To ensure adequate provision of high quality ECD services to all children there is need for a comprehensive and integrated approach in ECD services provision.

The ECD policy specifically aims at enhancing the provision of high quality early survival, growth, protection, development, stimulation and learning services. It also aims at strengthening leadership and management of ECD programming. Furthermore, the policy aims at promoting the protection of children against all forms of abuse, exploitation, neglect and discrimination, enhanced provision of parenting education and support; transition services and research, monitoring and evaluation in ECD programming and strengthens resource mobilization for the implementation of ECD services. The policy puts into action the wish of the Government of Malawi, that every child should be accorded the best start in Life.

The Government of Malawi believes that the National ECD Policy will provide broad guidelines from which Integrated ECD programmes and services can be developed to facilitate the survival, growth, protection, stimulation and development of children. I therefore urge government ministries, Community Based Organisations (CBOs), Faith Based Organizations (FBOs), Non-Governmental Organizations (NGOs), the private sector, the development partners and the general public to take the National ECD Policy seriously in the national endeavor to promote holistic stimulation and development of all children.

The National ECD Policy is an expression of commitment by the Malawi Government towards implementation of accessible, equitable and quality ECD services for all children, including children with special needs such as orphans, children from poor families, children with albinism, children in refugee situations and other vulnerable ones. Therefore all families, development structures, district councils, ministries, stakeholders and development partners should give their necessary support for the full and harmonious implementation of the National Policy on ECD.



HON DR. JEAN A. N. KALILANI, M.P.
MINISTER OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

PREFACE

The National Policy on Early Childhood Development (NPECD) in Malawi has been revised to respond to the needs of Malawian children as well as key priority areas of Malawi's overarching strategy. The strategy stipulates that children are the future of Malawi, hence the need for their special care and protection if they are to grow into productive and responsible citizens. The inclusion of Child Development into the government priorities has necessitated the revision of the policy to perfectly respond to the plight of Malawian children who live and grow up in high risk environments, plagued by HIV and AIDS, poverty, ignorance, disability issues, malnutrition and high rates of communicable diseases. The situation renders Malawian children vulnerable to poor health and/or pre-mature death.

The multiple challenges faced by children in Malawi could be attributed to the fact that provision of ECD services in Malawi has often been fragmented and with little impact. Yet it is recognized all over the world that ECD makes big and everlasting impact on social and economic development of the society (Early Childhood Counts, 2008). Therefore, the Government has used the opportunity to repackage its services using the most recent scientific knowledge and conceptual approaches for ECD services delivery. In recognition of the global emerging realities on the lives of children and their families, the Malawi government concludes that solutions could only be generated from a coordinated approach for the enhancement of support and investments to ECD programs in Malawi. Thus, the development of a comprehensive and integrated policy that will provide guidance to all co-operating partners to ensure adequate provision of high quality ECD services to all children.

The ECD policy was developed through a collaborative and multi-sectoral process, thereby, ensuring that service delivery reflects a holistic and rights based approach to ECD services. The National ECD Policy includes the following priority areas: child care, survival, growth and stimulation; parenting education and support; transitional services; ECD center-based services and child rights protection services. The National ECD Policy emphasizes community based management of ECD services and Government shall always provide back up support to the community and take up responsibilities that are relevant to its sectoral mandates. Government shall from time to time review the ECD implementation framework and strategies in order to harmonize service delivery to all children.

Considering government's reforms and restructuring, the policy also provides for the establishment of Child Development posts at national, zonal, district, area and community levels. The policy underscores the importance of investing in children as an investment in human capital, which is necessary for sustainable development. I strongly believe that the policy adequately provides the mechanisms for coordination and collaboration.

The Ministry gives thanks to all officials from Government Institutions, Academia, Researchers, Traditional Authorities and community leaders, parents, children, programme managers, the youth, NGOs, Development partners for providing input in the preparation of the policy.

Special thanks should go to Open Society Initiative for the Southern Africa (OSISA), UNICEF and the Government of Malawi for providing both technical and financial assistance towards the development of the policy.



ESMIE TAMANDA KAINJA PhD
SECRETARY FOR GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

Abbreviations and Acronyms

| | |
|--------------|--|
| AA | : Affiliations Act |
| ACSD | : Accelerated Child Survival and Development |
| AECDM | : Association of Early Childhood Development in Malawi |
| AU | : African Union |
| CBCC | : Community Based Childcare Centre |
| CCD | : Child Care for Development |
| CEDAW | : Convention on the Elimination of all forms of Discrimination against Women |
| COMESA | : Common Market of Eastern and Southern Africa |
| CRC | : Convention on the Rights of the Child |
| CYPA | : Children and Young Persons Act. |
| ECC-SGD | : Early Childhood Care for Survival, Growth and Development |
| ECD | : Early Childhood Development |
| ECOWAS | : Economic Community of West African States |
| FPE | : Free Primary Education |
| GNP | : Gross National Product |
| GOM | : Government of Malawi |
| HIV AND AIDS | : Human Immunodeficiency Virus/Acquired Immuno-Deficiency Syndrome |
| IECD | : Integrated Early Childhood Development |
| IGA | : Income Generating Activities |
| IHS | : Integrated Household Survey |
| IMCI | : Integrated Management of Child Illnesses. |
| JSR | : Joint Sector Review |
| MDHS | : Malawi Demographic and Household Survey |
| MGDS II | : Malawi Growth and Development Strategy II |
| MMWA | : Maintenance of Married Women Act. |
| MOEST | : Ministry of Education, Science and Technology |
| MoGCDSW | : Ministry of Gender, Children, Disability and Social Welfare |
| MOH | : Ministry of Health |
| MOLG | : Ministry of Local Government |
| NAC | : National AIDS Commission |
| NEC | : National Economic Council |
| NESP | : National Education Sector Plan |
| NGO | : Non-Governmental Organization |
| NGOs | : Non-Governmental Organizations |
| NSHP | : National Survey on Health and Population |
| OVC | : Orphans and Vulnerable Children |
| PECD | : Protecting Early Childhood Development project (2011-2015) |
| PES | : Parenting Education and Support |
| PMTCT | : Prevention of Mother to Child Transmission |
| POA | : Probation and Offenders Act. |
| SADC | : Southern African Development Community |
| STIs | : Sexually Transmitted Infections |
| SWG | : Sector Working Group |
| TOR | : Terms of Reference |
| TWG | : Technical or Thematic Working Group |
| UNDP | : United Nations Development Program |
| UNESCO | : United Nations Educational Scientific and Cultural Organization |
| UNICEF | : United Nations Children's Fund |
| VCT | : Voluntary Counseling and Testing |
| WIA | : Wills and Inheritance Act |

Glossary

Communities of ECD Center Service Provision: is the range of population of children; a minimum of 30 and a maximum of 120, living within a radius of 3 kilometers, which demands the establishment of an ECD center.

Community Based Child Care (CBCC) Center: is a preschool model that is predominant in the rural areas; systematically developed to support children in their holistic development.

Comprehensive approach: is the nature of programming for young children, which ensures that both quality and quantity needs and the rights of children are met.

Early Childhood: It is a period marked with rapid growth and development especially in cognitive, physical, social and emotional development and spans from conception to eight years.

ECD Access: is the provision of a wide range of services and environments for all children by removing barriers and offering multiple ways to promote survival, stimulation, learning, development and protection.

ECD Inclusion: is the creation of an enabling environment for all children to access basic and essential ECD services regardless of their gender, social, economic, political, religious, physical and health status.

ECD Participation: are the range of approaches that promote engagement, sense of belonging, participation and engagement of all children through play and learning activities for every child.

ECD practitioners: All people who work with children, such as helpers, caregivers, teachers, mentors, child protection workers, child health worker, planners, managers, etc.

ECD Support: is the broader aspect of the services system that provides professional development, incentives, utilities, basic necessities and opportunities for survival, stimulation, development, communication and collaboration among children, service providers, families and professionals.

Equitable ECD: the manner of service provision in ECD that ensures that all children regardless of their status, location and social economic background are provided with all the services that they require in order for them to survive and thrive. In this policy, the term emphasizes the inclusiveness of children with special needs and the excluded.

Holistic Development: is the nature of development for children which includes all the major dimensions of development, such as physical, social, emotional, moral, spiritual and cognitive dimension.

Integrated Approach: is the way in which ECD services and programmes work synergistically together when providing child care, protection, stimulation and development services.

Integrated Early Childhood Development (IECD): is a comprehensive approach to policies, programmes, strategies and services for children from conception to age eight for their survival, growth, development and participation to ensure thriving in all dimensions.

Psychosocial Development: is the dimension of development consisting of the affinity to relate positively with self and others and the wellness of one's mental state.

Transitional support services: all activities which are rendered to children in order to facilitate a smooth migration from one familiar setting to an unfamiliar one.

Zero to Eight Years: is the period of early childhood from conception to age eight.

Table of Contents

| CONTENT | PAGE |
|---|-------------------------------------|
| FOREWORD | <i>Error! Bookmark not defined.</i> |
| PREFACE | <i>Error! Bookmark not defined.</i> |
| Abbreviations and Acronyms | 5 |
| Glossary | 6 |
| Introduction | 8 |
| 1.1 Background | 8 |
| 1.2 Current Status in ECD | 10 |
| 1.3 Linkages with other relevant policies/legislation..... | 11 |
| 1.4 Linkages with International Commitments..... | 13 |
| 1.5 Problem Statement..... | 15 |
| 1.6 Purpose of the National Policy on ECD | 17 |
| 2.0 BROAD POLICY DIRECTIONS | 17 |
| 2.2 Policy Goal | 17 |
| 2.3 Policy Outcome | 17 |
| 2.4 Policy Objectives | 17 |
| 3.0 PRIORITY AREAS OF THE NATIONAL POLICY ON ECD | 18 |
| 3.1 Priority Area 1: Child Care, Survival, Growth and Stimulation | 18 |
| 3.2 Priority Area 2: Parenting Education and Support..... | 20 |
| 3.3 Priority Area 3: ECD Centre Based Services | 22 |
| 3.4 Priority Area 4: ECD Transition Services | 25 |
| 3.5 Priority Area 5: Child Rights Protection Services | 26 |
| 4.0 ECD POLICY IMPLEMENTATION ARRANGEMENT | 29 |
| 4.1 Institutional Arrangements | 29 |
| 4.2 Implementation Plan | 37 |
| 4.4 Monitoring and Evaluation | 37 |
| Annex 1: ECD POLICY IMPLEMENTATION PLAN | 39 |
| Annex II: MONITORING AND EVALUATION PLAN | 45 |

Introduction

1.1 Background

The National Policy on Early Childhood Development (NPECD) provides Government's intention and direction in Early Childhood Development (ECD) implementation. The Government recognizes that research in child development; child psychology, child sociology, biology, and brain neural science have shown that it is during the early years of life that the development of intelligence, affectivity and social relations occur very rapidly. Therefore, any irregularity in a child's development at this stage substantially reduces future potential of the child (Malawi ECD SABER Country Report, 2014). Thus, proper attention to a child's development in the early years helps to increase the child's survival, optimum growth, stimulation and development which are the foundation for all the developments and capabilities for human development.

ECD services are important to the individual, family and national development. ECD services empower communities to collectively deal with children's problems and issues, promote community ownership of child development initiatives, are cost effective as communities mobilize resources locally for the child, bring in development opportunities to the community, are converging point for community development initiatives and they contribute to national development through services and goods that are involved in the implementation.

The National Policy on ECD is developed and concretized based on the six principles for investing and implementing ECD that are also core values for the National Policy on ECD. The six principles are: **Human Rights:** ECD helps attainment of human rights as well as children's rights; **Social Equity:** ECD helps to easily reach and target the underprivileged and excluded children; **Social Mobilization:** ECD is the most effective strategy for mobilizing parents and communities for socio-economic development; **International Goals:** ECD is a very effective and efficient strategy for achieving household, community, national, regional and global goals; **Scientific Rationale:** ECD is the core period for human brain development as it is rapid and profound in the first years of life; and **Economic Benefits:** investment in the first eight years last for life and break intergeneration cycle of poverty of a family unit and the whole nation.

The Guiding Principles and Values for ECD in the country are based on the social, cultural, physical and intellectual wellbeing of the citizens. They represent a general value on which the ECD system is built. The provision of a stimulating and safe environment for quality ECD is the prerequisite to achieve further successful survival and development of all children.

The Human Values that ECD seeks to promote in children and all citizens are resilience, assertiveness, discipline, educability, responsibility, development-conscious, patriotism, self-confidence, food consciousness, nutritional wellbeing, respect, god-fearing, environmental conscious, morally upright, creativity, commitment, hardworking, health and safety, honesty, trustworthy, independence, cooperative, resourcefulness, gender sensitivity, tolerance, equity and cultural sensitivity.

The Child Development Guiding principles that the National Policy on ECD is based on are:

- The family is the primary institution for supporting the growth and development of children.
- Children's rights will be respected at all times in order to uphold human dignity, enabling optimal child development and participation.

- No child shall be discriminated against or abused on the basis of age, sex, race, tribe, health status, economic status, religious or political affiliation.
- Every child has the right to develop to his or her full potential.
- Early childhood care, survival, growth and development is the basis for human life.
- Community-based management of ECD services is the most effective approach for sustainable child development and facilitates ownership and accountability.
- The early years of a child's life, 0-3 years, are critical for mental development, which is a basis for further human and social development.
- Investment in children from birth to eight years is the best guarantee of equitable and sustainable development.
- Every child progresses at a unique rate, has an individual learning style and possesses diverse abilities.
- Young children learn through active exploration of their environments where there is a balance between self-discovery and adult initiated/selected activities.
- Children's learning is based on prior knowledge and experiences that are constructed through play, social interactions with other children and consistent experiences guided by nurturing adults.
- Optimal learning occurs in environments where the adult is respectful of the child, the family, the language, the culture, and the community.
- Children's progress is best understood through observable behavioural change using ongoing observation, anecdotal recordkeeping, and collection of children's work.
- Children develop a sense of empowerment by having many opportunities to make choices within their daily routines.
- Children learn best when their health and nutritional needs are met.
- Young children are capable and competent regardless of their backgrounds, their experiences and their varying abilities.
- Child development provides a foundation for teaching that recognizes that learning is sequential, dependent upon experience, and based upon knowledge of the child, including the child's culture and individual differences.

(Early Childhood Counts by Dr. Judith Evans, 2000)

1.2 Current Status in ECD

The Ministry responsible for Gender, Children, Disability & Social Welfare (MoGCDSW) has been coordinating implementation of the ECD policy ever since the programme started being implemented in Malawi in the 1950s. The first National ECD Policy was approved in 2003 and revised in 2006. The major revision was done in 2015 which culminated into the 2017 National ECD Policy. The National ECD Policy provides guidelines and coordination mechanisms of ECD programmes, guidelines, curriculum, instructional materials and activities for the enhancement, support and investment to ECD programming. The 2006 ECD policy objectives were achieved at 78 percent. For example, guidelines and coordination system have been put in place. There has been an increase in the number of children accessing centre based services from 2.63% in 2000 to 45.43% in 2017¹.

A study on Impact Evaluation for Protecting ECD (2011 – 2015) revealed that 39.2% of children aged 36-59 months attended early childhood education nationally in 2014 with the central region registering 33.9% and the northern and southern regions 42.3% and 42.6% respectively. The increase also resulted in better education, improved child care services, child protection and health care outcomes. 89.1% of the children aged two to five years were developmentally on track in physical, 71.4% on social emotional and 79.9% on early learning dimensions. 17.2% did not fare well on literacy and numeracy. Thus, the Early Child Development Index (ECDI) score was at 59.8% in 2014 indicating that 60% of Malawian children are developmentally on track with ECDI for girls higher at 64% than boys at 56%. There is still a need to increase our efforts to make all children developmentally on track. Thus the policy seeks to help all children to be on track developmentally.

There have also been significant achievements in terms of development of advocacy and communication strategies. Quite a number of conferences and lobbying meetings have been carried out with results showing increased number of partners implementing ECD activities country wide. Other notable achievements in leadership, management and coordination of ECD services include the holding of technical working group meetings, ECD network meetings, coordinating capacity building activities, ECD conferences, steering the development of Early Learning Development Standards, ECD curriculum materials and guidelines, coordinating ECD national events, monitoring and assessing progress that has so far been made in ECD programming.

Another progress is in ECD research. There have been a number of researches conducted over the past years, especially commissioned research by implementing partners and tertiary education students. Despite these remarkable achievements, the sub-sector still faces a number of challenges which include unavailability of a research agenda, most research findings are not disseminated and uncoordinated. Inadequate ECD centers, insufficient qualified and motivated care givers, limited play and learning materials, weak organizational structure to enforce the implementation of activities, and insufficient funding are other challenges.

¹ 2017 IECD Annual Work Plan by Ministry of Gender, Children, Disability and Social Welfare

1.3 Linkages with other relevant policies/legislation

The National ECD Policy is anchored on the Constitution of the Republic of Malawi, Chapter 4, sections 23 and 42(2)(g) which stresses on the protection of all children without discrimination.

The policy draws its strength from Malawi's Vision 2020 which recognizes the pivotal role of all children in the "pro-poor category". The National ECD Policy advocates for efficient energy supplies as a key pre-requisite for achieving economic development and middle-income status. The Vision 2020 states, "by the year 2020 Malawi as a God fearing nation, will be secure, democratically mature, environmentally sustainable, self-reliant with equal opportunities for and active participation by all, having social services, vibrant cultural and religious values and a technologically driven middle-income economy". In this perspective, children are seen as not only beneficiaries but the means to national development.

The policy is also aligned to the Malawi Growth and Development Strategy (MGDS) which recognizes child development as one of the key priority areas for the socio-economic growth and development of the country.

The National Policy on ECD draws its strong mandate through the linkages it has with other policies. Some of the key policies that are linked and intertwined with National ECD Policy are:

- a) *National Policy on Gender*: emphasizes the need to bring up children in a gender balanced way and implementation of ECD services need to be gender sensitive. Gender perspectives can best be achieved in early childhood years.
- b) *National Policies on Nutrition and Food Security*: nutritional care and education is one of the major components for ECD for child survival, growth and development. The Nutrition Policy emphasizes nutrition care for all children, pregnant and lactating mothers.
- c) *National Policies on Education, Science and Technology*: the thematic areas of the National Education Policy emphasize on expanding equitable access to education for all children, improving quality and relevance of education, improving governance and management of the education system. The National Education Sector Plan (NESP) presents Basic Education as one of the key education programmes which includes ECD, Out of School Children and Youth, Adult Literacy and Primary Education. Basic Education has a big role in the provision of education services for children aged six to eight who are an ECD age group. Education also augments the development of curriculum and implementation of ECD standards.
- d) *National Policies on Health, Population, HIV and AIDS, Accelerated Child Survival and Development*: Integrated ECD Programme for Malawi emphasizes on the care for survival, growth, development and protection for all children which draws its basis and standards from the National Policies on Health, Population, HIV and AIDS, Accelerated Child Survival and Development.
- e) *National Policies on Agriculture, Water, Sanitation, Irrigation and Food Security*: The goal of the policies facilitate the improvement of food security and balanced nutritional status of all, with emphasis on children, pregnant and lactating women, people living with HIV, people in emergency situations and other vulnerable groups. The attainment of acceptable or adequate levels of nutrition for women and children will improve child survival, growth and development

as well as human capital development, which are fundamental prerequisites for economic growth and national development.

- f) *National Policies on Finance, Economic Planning and International Corporation:* Malawi Economic Growth and Development is one of the key principals for ECD and is the basis for breaking intergeneration cycle of poverty at household, community, institutional and national levels. ECD calls for increased investment to ensure more economic returns to the country.
- g) *National Policies on Youth, Sports, Labour and Culture:* they provide support to ECD through youth participation and empowerment; physical, cultural and moral development of children. They also provide labour guidelines for people involved in the implementation of ECD programme. As children grow and develop, they need to be involved in sporting and cultural activities to achieve holistic development. Children with disabilities are best assisted in their early years of life. This why Olympic activities need to start from early childhood services.
- h) *National Policies on Decentralization, Local Government and District Administration:* they provide an operation platform of ECD services by ensuring that there are clear implementation structures; financial, material and human resources that are adequately leveraged and linked to the development structure and leadership, the local government and district administration. ECD services in the country are community focal points for development initiatives that are started, owned and managed by the community who are strongly linked to the development structures and leadership.
- i) *National Policies on Equalization of Opportunities for Persons with Disabilities, Special Needs Education and Inclusion:* they outline the importance of early care, stimulation, protection and development of children with special needs or disabilities as well as children that are excluded from other ECD programmes at household, community, center, school and institution levels. ECD programme emphasizes on the inclusion of special needs children.
- j) *All Other Existent and Emerging Children's Policies:* all other children related policies are supporting the holistic care and development of children as their needs are multidimensional, multisectoral and diverse. Therefore, all other children's policy are supporting the provision of integrated ECD services.

1.4 Linkages with International Commitments

The United Nations Sustainable Development Goals (SDG) prioritize ECD in the Education Goal 4.2 which states that “by 2030 all boys and girls have access to quality ECD care and preprimary education so that they are ready for primary education” (SDG Universality Report. 2015).

Recognizing that the Government of Malawi is a signatory to many UN conventions that protect the Rights of Children, the ECD Policy puts into perspective and focus the implementation of the United Nations conventions and other international instruments. This is why the ECD policy is aligned to a number of policies and conventions that aim at promoting the Rights of the Child.

The Convention on the Rights of the Child (CRC):

Malawi signed the Convention on the Rights of the Child (CRC). The CRC is the single most important instrument for protecting the rights of children which recognizes a child as an individual with needs for survival, growth, development, protection and participation that evolve with age and maturity. It defines children’s rights to achieve and what the people and governments responsible for them have to do to ensure the rights are attained. Children are not only rights holders but also must participate in ensuring their rights are met through safe play, honesty, tell adults what is important to them and try their best to protect their rights. Although the CRC gives individual rights to children, a child’s wellbeing and enjoyment of rights is dependent upon his or her family and community.

The CRC Guiding Principle is outlined in Article 3 which states “*all actions concerning the child should take into full account of his or her best interests*”.

CRC Article 6: Survival and Development - 1: State parties recognize that every child has the inherent right to life. State parties shall ensure to the maximum extent possible for the survival and development of the child.

CRC Article 19: Protection from Abuse and Neglect: The States obligation to protect all children from all forms of maltreatment perpetrated by parents or others responsible for their care, and to undertake preventative and treatment programmes in this regard.

CRC Article 20: Protection of Children without families: The state’s obligation to provide special protection for children deprived of their family environment and to ensure that the appropriate alternative family care or institutional placement is made available to them, taking into account the child’s cultural background.

CRC Article 27: Standard of living - 1: State Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions necessary for the child’s development...

CRC Article 29: Aims of Education -1: State parties agree that the education of the child shall be directed to: (a) the development of the child’s personality, talents and mental and physical abilities to their fullest potential...

CRC Article 31: Leisure, Recreation and Cultural Activities: States parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

African Charter on the Rights and Welfare of the Child (ACRWC)

Malawi also ratified the ACRWC which was drawn by the African Heads of States, taking into perspective issues of children's wellbeing, rights and responsibilities:

ACRWC Article XII - (1) Leisure, Recreation and cultural activities: The state parties recognize the rights of the child to rest, leisure, engage in play and recreational activities

ACRWC Article XII - (2) Cultural and Artistic Life: the article respects the promotion of the cultural and artistic life of the child.

ACRWC Article 31: The child, subject to his or her age and ability shall have the duty to:

- a) Work for the cohesion of the family, respect parents, supervisors and elders
- b) Serve the national community by utilizing his or her physical and intellectual abilities
- c) Preserve and strengthen social and national solidarity.
- d) Preserve and Strengthen African cultural values and unity, national independence, integrity.

1.5 Problem Statement

Much of the foundation for the development and prosperity of the nation is still facing numerous challenges despite a lot of efforts by the Government, development partners, the private sector, communities and individuals. The challenges are inhibiting ECD services that provide the best start in life for every child. Some of the major ECD challenges are:

- 1) *Low Economic Situation:* Malawi has a gross national income per capita of USD290.3. An estimated 85 per cent of the population relies on subsistence farming for their livelihoods, with 39 per cent living on less than one US dollar a day. Approximately 15 per cent of Malawians are extremely poor, living on less than USD0.33 per day. The situation makes it difficult for most of the individuals, families and communities to provide accessible and quality ECD services for all the children.
- 2) *Limited equitable access to ECD services:* The provision of ECD is an important pillar to Education for All. In 2016, there were 11,600 ECD centers known as Community Based Childcare (CBCCs) centers and preschools in Malawi. Only 45.36 percent of targeted ECD children attend ECD centers. This leaves 55.64 percent of the targeted ECD children, mostly in rural and urban areas, with no access to ECD services.
- 3) *Access and equity to ECD services:* they are critical factors in measuring the effectiveness of an ECD programme in Malawi and elsewhere. There is a huge gap in terms of access as 55.64 percent of the eligible children still do not access ECD services. The ECD access situation is worse for children with special needs such as children with albinism, children on the street and other vulnerable children. The issues of HIV and AIDS and orphanhood are also negatively impacting on the issue of equity. Additionally, most ECD centers lack adequate facilities, including children with special needs. ECD infrastructure is generally poor and inappropriate for young and vulnerable children. The limited access to ECD leads into parents sending under aged children into Standard 1 who increase the repetition and dropout rates.
- 4) *Visibility of ECD services:* Visibility of ECD services is very low as few people appreciate the importance of ECD in the country's development, which translates to low levels of support for this important development intervention. Overall, the ECD sector is severely underfunded and needs support from government, stakeholders and development partners.
- 5) *HIV and AIDS prevalence:* among adults aged 15 to 49 is 10.6 per cent. This translates into one in ten people living with HIV, with women aged 15-49 at 13 percent, while among men in the same age band at 8 percent prevalence. One inevitable by-product of deaths from HIV infection in adults is an increased number of vulnerable children. Caregivers and parents have little knowledge on how to handle children affected with HIV and AIDS.
- 6) *Child Rights Protection:* Most children in Malawi live under very difficult circumstances which facilitate the violation of their rights and impede their good start in life. A big number of children are growing up in violent homes, witnessing domestic violence and experiencing its negative effects.

- 7) *Accessibility to Health Facilities and Services:* this is a very big problem for most of the children in Malawi. Children are prevented to live to their highest health standards as mortality and morbidity rates are very high in Sub-Saharan Africa
- 8) *Food Security and Nutrition* is a problem, especially at household level. There is generally low food productivity, low income, low micro-nutrient feeding content and lack of food diversification. Thus, most children are affected by malnutrition due to food insecurity in terms of access, availability and utilization at household level. The causes of child malnutrition include suboptimal child feeding practices, inadequate diet, frequent incidence of disease among young children, the low socioeconomic status and poor nutritional condition of many mothers. The 2010 Country Report on Nutrition reports that droughts, floods, inflation and lack of diversified farming have exposed a large part of the population to food insecurity. Nearly half the children suffer from chronic malnutrition (stunting) and micronutrient deficiencies, including in iron and vitamin A. ECD services are characterized by nutrition insecurity, as 37 percent of children under age 5 are stunted (MDHS 2015-16).
- 9) *Access to Early Stimulation and Learning Opportunities:* Despite having more ECD centers in rural areas, the majority of children in the rural areas do not have access to these facilities. As a result, very few children below the age of 5 have the opportunity to attend formal ECD services before joining formal primary education. There is a big problem of caregiver turnover amidst the trained caregivers and there are more untrained caregivers working in ECD canter with no salary/honoraria by the end of the month.
- 10) *Coordination, Leadership and Governance:* currently the Ministry responsible for Gender, Children, Disability and Social Welfare is coordinating implementation of the ECD Policy. The government officers who are coordinating and leading in ECD services have no established posts on the pay roll. There are no relevant posts for ECD in the Ministry responsible for Child Development at all levels to ease the coordination process.
- 11) *Children in Emergencies and Disaster Situation:* There are many forms of disasters ranging from floods, droughts, scarcity of food, earthquakes to mention a few. Children lack protection and basic needs, as a result they suffer from psychological trauma. This prevents the provision of psychosocial support to children affected by disasters.
- 12) *Limited Access to Parenting Education and Support:* There is very little access to positive parenting services and support services. Most of the parents are adolescents who become parents without prior counseling and training in parenting education. The situation is worsened by the weakening of traditional parenting education systems in rural and urban areas.

1.6 Purpose of the National Policy on ECD

The purpose of the National Policy on ECD is to provide and enhance a coordinated and comprehensive approach in the implementation of accessible, quality and equitable ECD services. The National Policy on ECD facilitates efficient and effective implementation of ECD services. A comprehensive and integrated approach by the line ministries, departments, agencies, and organizations, institutions, communities and households, in collaboration with other stakeholders, will be pursued in order to ensure adequate provision of high quality ECD services to all children from conception to eight years.

The National Policy on ECD provides the basis for harmonized service delivery for all ECD stakeholders from the grassroots to the area, district and national levels. It provides Government's leadership and positioning in the implementation of multi-faceted and multisectoral ECD services. Albeit ECD is mostly community based, Government has a pivotal role to establish a strong and sustainable system and strategies for enhanced quality and comprehensive implementation of ECD services. Ultimately, the National Policy on ECD is an expression of commitment of the Government towards implementation of accessible, equitable and quality ECD services for all children, including children with special needs such as children with albinism, children in refugee situations, children that are traumatized and other vulnerable children.

2.0 BROAD POLICY DIRECTIONS

The National Policy on ECD provides measures to be taken to ensure that all children are provided with accessible, standard, adequate, quality and equitable ECD services from conception to eight years of age.

2.1 Policy Vision

All children developed holistically.

2.2 Policy Goal

To promote a comprehensive approach to programs and services for all children from conception to eight years of age, including the vulnerable children.

2.3 Policy Outcome

Accessible, high quality, equitable, integrated and comprehensive ECD services that guarantee children's rights and optimum development for all children from conception to eight years of age.

2.4 Policy Objectives

The objectives of the National ECD Policy are to:

- a) enhance provision of quality child care, survival, growth, stimulation and early learning services;
- b) strengthen leadership, management, coordination and capacity building for ECD workers;
- c) promote child rights;

- d) provide parenting education and support;
- e) strengthen research, monitoring and evaluation; and
- f) enhance resource mobilization and leveraging.

3.0 PRIORITY AREAS OF THE NATIONAL POLICY ON ECD

The National Policy on ECD focuses on the following priority areas: child care, survival, growth and stimulation; parenting education and support; center based services; transitional services and child rights protection services. The policy priority areas for ECD are outlined as follows:

3.1 Priority Area 1: Child Care, Survival, Growth and Stimulation

Children require special early care, survival, growth and stimulation for them to reach their optimum potential in life. The provision of adequate and constant care and stimulation does not only ensure that children survive, but are also assisted to cope with life and develop optimally at home, in the community, at the ECD centre, school and other settings. Providing children with quality care, stimulation and early learning opportunities has many benefits, including enhancing school readiness and related educational outcomes.

Child survival and stimulation is a very big problem in Malawi. Sixty four (64%) of all children are dying before they reach the age of five (MDHS 2015/16). Accessibility to survival and stimulation facilities and services for most of the children in Malawi is very limited. Most of the child mortality and morbidity is caused by malnutrition and other preventable diseases. Most children are affected by malnutrition due to food insecurity in terms of access, availability and utilization at household level. Protein Energy Malnutrition (PEM) and micronutrient deficiencies of vitamin A, iron and iodine are a major health concern among children. Most of acute malnutrition is associated with HIV. According to the 2010 Malawi Country Nutrition report, droughts, floods, inflation and lack of diversified farming have exposed a large part of the population to food insecurity. Most of the parents are youth who have no idea on how to take care and stimulate their children. Furthermore, the lack of child caring and stimulation knowledge and skills by parents impact badly on child survival, growth and development.

Policy Statements

The policy will ensure that:

- 1) Care for survival, growth and development for all children is provided, including those in difficult situations.***

Strategies

- a) Promote the key child care and stimulation practices for child survival, growth and development.
- b) Build capacity of caregivers, mentors, helpers, parents and teachers in homes, centers, ECD centers, health facilities and early primary schools for child survival, growth and development.

- c) Strengthen coordination between the Ministry responsible for ECD and the Ministries responsible for Health, Nutrition, Food Security, HIV and AIDS.
- 2) ***Children are provided with nutritious food, safe water, sanitation facilities, immunization, growth monitoring services, and adequate play and stimulation materials.***

Strategies

- a) Build capacity of the community, parents and guardians to produce, prepare and preserve nutritious food, safe water, sanitary facilities, care and stimulation materials, and assess and monitor child growth.
 - a) Scale up sanitation activities and the school feeding component in all ECD centers.
 - b) Strengthen the capacity of ECD centers to scale up food production and child feeding activities in all ECD centers.
- 3) ***Children with special needs are identified early, assessed, supported and referred for professional treatment.***

Strategies

- a) Strengthen linkages with referral institutions and ECD services provision for all children, especially children with disabilities, excluded children, disaster and abuse affected children.
 - b) Conduct awareness campaign on child rights protection for all children, especially children with disabilities, excluded children, disaster and abuse affected children.
 - c) Build capacity of the community structures, the CBO, justice structure and law enforcement machinery on child rights of children with special needs, birth registration, probation services, Journey of Life, psychosocial support and children corners.
- 4) ***A functional ECD legal and institutional framework developed for effective and efficient implementation, coordination and monitoring of ECD activities.***

Strategies:

- a) Develop a bill to be enacted into a new ECD legislation.
 - b) Disseminate the new ECD Act using the low literacy materials to ECD stakeholders.
 - c) Implement capacity building strategy for parents, community leaders, ECD workers, institutions, helpers, caregivers, mentors, supervisors, stakeholders, ECD desk officers and managers in ECD and the harmonized ECD monitoring and evaluation system and database.
 - d) Conduct exchange visits to countries with successful ECD programmes.
 - e) Develop national ECD indicators for the national survey, for production of statistical bulletin and inclusion of ECD indicator in the ministry's MIS.
- 5) ***ECD research, monitoring and resource mobilization enhanced for quality and equitable ECD services.***

Strategies:

- a) Develop strategies and research agenda to regulate and coordinate research and resource mobilization activities.
- b) Mobilize adequate resources for ECD implementation, research, monitoring, evaluation and dissemination activities.

- c) Coordinate effectively the leveraging of the available resources for ECD services
- d) Raise profile of ECD services by advocacy and communication.
- e) Develop research agenda for IECD

3.2 Priority Area 2: Parenting Education and Support

Parenting education and support is the provision of parenting and caregiving knowledge, skills, the right motivation and capacity to adequately support the survival, thriving, development and protection of all children. It also promotes the parent-child bonding through increased interaction time and emotional support by giving children praise, empathy, comfort and motivation. Parenting education and support is a targeted programme aimed at strengthening the skills of parents and caregivers in caring for their children. Parenting skills and attitudes foster pro-social behavior and encourages adherence to values and attitudes in disciplining children while eliminating harsh and ineffective discipline-control strategies.

However, there is inadequate parenting education support and unsystematic programming. Less than five percent of parents have access to systematic parenting education and support in Malawi. The low literacy level of most parents has an impact on child upbringing. The positive indigenous child care practices that used to shield children are no more used due to modernization and cross-cultural contexts. The institutions that are supposed to educate parents are not readily available. Therefore, the policy outlines the materials, resources, structures, systems, capacities and processes to unlock the great human potential that comes out of optimum development.

Policy Statements

The policy will ensure that:

- 1) *The family is strengthened to effectively provide holistic growth and development services for survival, growth and development for all children.*

Strategies

- a) Build capacity of the parents, groups, marriage councilors and organizations to support families on matrimonial services.
- b) Scale up the matrimonial groups and services in all the communities and institutions through community awareness meetings.
- c) Develop guidelines, standards, indicators and parenting educators' pack for home visits (picture flip books, Bicycles, branded bags, t-shirts, chitenje, hard cover, pen) for supporting families.

- 2) *Early childhood care and stimulation for learning and development programmes for children from conception to two years are promoted through parenting education and support.*

Strategies:

- a) Develop capacity of parents, caregivers, mentors, helpers, teachers, supervisors, parenting education and Child Care for Development (CCD) groups, parenting educators, researchers, regional trainers and managers to promote care for child development and stimulation.

- b) Set up structures and Parenting Education groups for promoting and strengthening families and matrimonial services.
- c) Conduct joint quarterly monitoring and supervision visits to parenting education groups and sites.
- d) Conduct parenting education and CCD activities at community, ECD center, school, health facilities, and on open days.
- e) Procure and develop parenting educators' pack for conducting home visits (Picture flip books, Bicycles, branded bags/t-shirts/ chitenje, hard cover, pen) and guides.
- f) Remove and resettle children and parents from hazardous environments (bars, bottle-stores, streets, etc.)
- g) Conduct exchange study visits on ECD, parenting education, CCD and Transition services.
- h) Encourage institutions of higher learning to prioritize and develop programmes for child development and stimulation in the different care and development contexts including the homes, hospitals, ECD centers and early primary schools.

3) *Positive cultural practices and indigenous child care practices are identified and promoted.*

Strategies:

- a) Identify positive cultural and indigenous practices that promote lives of children for promotion in all districts.
- b) Develop laws that promote positive cultural and indigenous practices of children.
- c) Promote by laws that discourage cultural practices that endanger lives of children.
- d) Development of memorandum of understanding with organizations that promote cultural practices for ECD.

3.3 Priority Area 3: ECD Centre Based Services

ECD center based services are child development services that are offered in organized settings. The settings are in forms of crèches, playgroups, religious centers, kindergartens, nursery schools, day care centers, community based childcare centers, preschools, nutrition rehabilitation units, children's/pediatric wards; child rehabilitation units, children's corners and primary schools for children aged six to eight. ECD centers are positioned within children's reach at a village, location, market place, estates, offices, hotels, banking halls, shopping malls, military and police communities, refugee camps and many other places where children survive, live and thrive. ECD centers offer opportunities for protection, stimulation, development, participation, socialization and a sense of belonging of all children, including vulnerable ones. Children may be excluded from ECD services due to unfriendly situations and are reached with inclusive ECD services at the household, community, center and institution levels.

The main challenges associated with the ECD center based services include over reliance on volunteer caregivers since most trained caregivers are working as volunteers, low quality development outcomes and inappropriate infrastructure and facilities. Most ECD centers are not child and disability friendly. They do not have adequate material resources, regulated child development practitioners, strong and effective monitoring and supervisory system. Access to ECD services is at 45.36 percent. There is still a huge gap in terms of access as 54.64% of all eligible children still do not access ECD center services. There are inadequate ECD services for children with special needs. Most of the stakeholders pay much attention to older children in terms of special needs. The ECD center low access is worse for children with special needs, children on the street and other vulnerable children. Most ECD infrastructure is generally poor and is inappropriate for young children.

Policy Statements

The policy will ensure that:

- 1) *All children access quality and regulated center-based services with trained, committed, certified, remunerated workers and with ECD professional development system.*

Strategies:

- a) Strengthen the establishment, registration and licensing of ECD centers.
- b) Assess for up grading some of the ECD centers.
- c) Maintain and updating records of ECD centers.
- d) Map all private and public ECD center based services.

- 2) *All center-based services have quality and appropriate, child and disability friendly infrastructure and facilities.*

Strategies:

- a) Mobilize communities for community development activities of ECD infrastructure and facilities.
- b) Mobilize financial and material resources to support ECD infrastructure and facilities.
- c) Establish ECD centre based services in the community, institutions and organizations.

- d) Upgrade ECD centre based structures through construction and renovations.
- e) Undertake design studies for child friendly ECD infrastructure, materials and facilities.

3) *All center-based services have adequate care, play, stimulation and learning materials.*

Strategies:

- a) Procure and distribute standard ECD center kits.
- b) Promote production of care, play and stimulation materials using locally available resources.
- c) Produce ECD standard ECD center guides.
- d) Hold open days to display locally available materials.
- e) Promote the best buy Malawi principle in ECD materials provision.

4) *All ECD centers have safe and portable water and sanitary facilities.*

Strategies:

- a) Provide safe water and sanitary facilities to all ECD center based services.
- b) Encourage water institutions and development partners to provide water and sanitary facilities to ECD centers.
- c) Train ECD center committees and parents on the management of water and sanitary facilities.

5) *All ECD center based services are serviced by trained, licensed and certified ECD practitioners.*

Strategies:

- a) Implement the ECD capacity building strategy.
- b) Train, recruit and deploy caregivers, helpers, mentors, managers, researchers and supervisors on ECD services.
- c) Lobby for increased allocation of financial, human and material resources for ECD services.
- d) Put in place remuneration package for ECD workers to improve their terms and condition of work

6) *ECD centers based services are standardized*

Strategies:

- a) Standardize all ECD center based services using the ECD standard operation and accreditation guidelines.
- b) Disseminate the National ECD Standard operational and accreditation guidelines.
- c) Grade ECD centers to determine their requirements.
- d) Engage the department of Human Resources and Ministry of Finance on remuneration ECD workers and funding of ECD services.

7) *Effective monitoring and supervisory system for all ECD centre services is established.*

Strategies:

- a) Conduct regular ECD monitoring and supervisory visits.
- b) Train officers and stakeholders in the new monitoring & evaluation system.
- c) Disseminate for utilization of ECD monitoring tools.
- d) Develop national ECD database system.
- e) Strengthen district and community networks on ECD.

8) *Leadership role for coordinating ECD policy activities is strengthened*

Strategies:

- a) Strengthen capacity building for ministry staff members, stakeholders and training institutions on ECD, management, research, resourcing and coordination.
- b) Create established posts for ECD in the line Ministries and organizations.
- c) Hold coordination meetings at national, district and community levels.
- d) Strengthen the role of ECD desk officer in the line ministries.
- e) Hold ECD meetings for the ECD steering committee biannually, ECD Network quarterly, ECD committees and joint ECD stakeholders quarterly for review and planning.
- f) Monitoring the implementation of ECD activities by all stakeholders.

9) *Quality improvement and accreditation system for ECD developed, scaled up and strengthened.*

Strategies:

- a) Develop quality improvement and accreditation system for ECD services.
- b) Scale up quality improvement and accreditation system for ECD services.
- c) Support Interactive Radio Instruction (IRI) programme to enhance Quality improvement and accreditation system for ECD services.

3.4 Priority Area 4: ECD Transition Services

The ECD Transition service is a process in which a child moves from home to ECD centre and ECD centre to school. It is a period of change that can be both challenging and exciting. Starting school is a process whereby children and families adjust to new roles, identify expectations, new interactions and relationships. It is not a point-in-time event, but rather an experience that starts well before and extends far beyond in life. The transition from home to ECD centers and from ECD centers to lower primary schools is a challenge for children to adjust to the new environment. Some children start school after attending a form of a pre-school service, while a larger proportion may not have attended any formal prior-to-school service. In order to help bridge some gaps and support children to manage this change very well, both ECD services and primary schools need to offer transition support from ECD centers to primary school programs.

The major challenges in transition are long distances from home to the nearest ECD center and to primary school. The situation is worsened by inadequate services to help children adjust and adapt to the new learning environments, great disparities in infrastructure and facilities, inadequate materials and resources and inappropriate linkage between ECD center and primary school curricula. The challenges result into social adjustment problems, high school dropout and repetitions. When children start primary school, they experience environments that can be quite different from home and community child care centers. Not only can the physical environment be different, but the social nature of primary school, learning and stimulating experiences, and expectations differ enormously. The approach to learning, stimulation and teaching may also be different between ECD services and primary schools. Currently, there is a disconnect between standard one and ECD centers.

Policy Statements

The policy will ensure that:

- 1) ***All ECD centers, infrastructure and facilities are standardized, documented and clustered around primary schools and ECD data system put in place to ease transitioning.***

Strategies:

- a) Establish junior primary school within children's walking distance.
- b) Strengthen capacity development of key transitional facilitators; namely parents, caregivers, helpers, mentors, supervisors and teachers to adequately support transitioning children.
- c) Standardize services to ease the transitioning of children from home to ECD centers and from ECD centers to the primary schools
- d) Reduce disparities on infrastructure, facilities and resources between ECD centers and Primary Schools.
- e) Cluster ECD centers, parenting education and care for child development groups to feeder primary schools, health centers and other service centers.

- 2) ***All eligible children are enrolled in centre-based services and primary schools, and child assessment and tracking system to facilitate transitioning are in place.***

Strategies:

- a) Conduct awareness with communities, parents, caregivers and teachers and implementing partners on ECD transition.
- b) Develop, print and distribute low literacy ECD transition guides for parents, caregivers, mentors, helpers, teachers and communities.
- c) Set up tracking system for all children who have transitioned to primary schools.

3) *The capacity of the transitional facilitators is improved to adequately support transitioning.*

Strategies:

- a) Facilitate the introduction of ECD module in primary TTCs
- b) Develop transitional Guides for parents, caregivers and teachers to adequately support transitioning children.
- c) Support transition facilitators with capacity building, equipment, guides and other support services.

4) *Disparities in form of infrastructure, facilities and resources between ECD centers and Primary Schools are reduced*

Strategies:

- a) Lobby for increased resources for standardized infrastructure.
- b) Develop infrastructure for both ECD centers and Primary Schools.
- c) Print and distribute standard operational and accreditation guidelines for ECD.
- d) Lobby for district and constituency development funds to prioritize ECD centers and primary schools.

5) *Parenting Education, ECD center, Pre-primary and Primary School curricula are harmonized*

Strategies:

- a) Review parenting education, ECD centers and school infant class curricula.
- b) Facilitate periodic review of ECD and school infant classes' curricula to ensure relevance.
- c) Train primary school teachers in ECD pedagogy and approach for systematic transition activities.

3.5 Priority Area 5: Child Rights Protection Services

A Child rights protection service is the creation of an environment conducive for children to enjoy their rights. In addition, Malawi is party to the international and regional instruments for the protection of children such as the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). The Government set up the department for Children Affairs and established the Malawi Human Rights Commission that has a Child Rights Unit to facilitate the implementation of the instruments. The domestication of the CRC and enactment of the Child Care, Protection and Justice Act (CCPJA) of 2010 resulted in raising public awareness on the protection of children's rights and elimination of all forms of abuse.

Despite the existing progressive legal framework there are still challenges of its enforcement, child rights abuse, neglect, exploitation and inadequate strategies for reporting and handling of child abuse cases. The general observation is that many children in Malawi live under very difficult circumstances, which infringe on the enjoyment of their rights. Worse still some children are found in hazardous places including bars, bottle-stores, taverns, rest-houses and streets. There is inadequate data on all children who are in need of care and protection. The major factors that put children in difficult circumstances and subject them to abusive situations are poverty, HIV and AIDS, harmful cultural practices and disasters. These situations increase the vulnerability of children resulting in the violation of their basic human rights. While efforts are being made to the care and protection of children, many children placed within the available care systems rarely get the required attention or are let down by the inadequacy of the programmes offered.

Policy Statements

The policy will ensure that:

1) Children are protected from all forms of abuse, neglect, and exploitation.

Strategies:

- a) Hold sensitization meetings on the Child Care Protection and Justice Act (CCJPA) and other child related laws at community, school and ECD center levels.
- b) Disseminate CCJPA low literacy materials in vernacular languages.
- c) Develop ECD play and stimulation materials on the CCJPA.

2) Parents, caregivers and service providers adhere to the relevant laws that protect children, report and support cases of child abuse.

Strategies:

- a) Establish functional child protection and inclusive system.
- b) Scale up the district child protection model and child wellbeing rehabilitation centers.
- c) Build child protection and inclusive systems.
- d) Create linkages with victim support units.
- e) Create database for child rights protection and rehabilitation.
- f) Mobilize and leverage resources for child protection and rehabilitation.

3) Adequate professional personnel, financial and materials resources are deployed in the field

Strategies:

- a) Recruit and deploy child protection workers at Traditional Authority levels.
- b) Appoint and gazette probation officers for child rights protection.
- c) Build capacity of academic and professional child rights protection officers and probation officers

4) Lobby for more funds allocated for ECD activities in the national budgets, by development partners and the private sector to ensure adequate implementation of children's rights.

Strategies:

- a) Conduct Evidence based advocacy meetings in forms of breakfast/ cocktail/ lunch with donors, private sectors, policy makers.
- b) Popularize ECD M'mera Mpoyamba using the National Advocacy and Communication Strategy.
- c) Develop private partnership system in the implementation of ECD services to benefit the private sector and the vulnerable members of the society especially children.
- d) Hold periodic fact based media advocacy campaigns and orientations for resources on ECD.

4.0 ECD POLICY IMPLEMENTATION ARRANGEMENT

The implementation of the ECD policy will be the responsibility of all stakeholders involved in ECD under the leadership of the ministry responsible for child development affairs. The coordination mechanisms and implementation structures put in place by government will guide its implementation through the Child Development Technical Working Group (CD-TWG) and its subsequent Sector Working Group (SWG). The implementation of the ECD policy will also involve development partners, private sector, NGOs, community and family members.

4.1 Institutional Arrangements

The ministry responsible for child development affairs shall institutionalize the legal framework and an appropriate structure for the implementation of ECD activities. Key ECD stakeholders that shall implement the policy based on the activities provided in this policy document include the following:

4.1.1 Ministry responsible for Child Development Affairs

Shall be responsible for:

- a) regulating, assessing, accrediting and registering all ECD organizations and providers;
- b) providing harmonized policy direction, guidance, oversight and leadership in the implementation and networking with ECD stakeholders and service providers;
- c) developing, reviewing and interpreting ECD Policy, guidelines, curricula, instructional materials, strategies, legislations, policy statements, plans, monitoring and evaluation indicators;
- d) facilitating the implementation and supervision of ECD services;
- e) facilitating and supporting ECD research and its agenda;
- f) lobbying for increased financial resources for ECD programmes;
- g) ensuring prudent utilization of resources by organizations and providers at all levels;
- h) advocating for inclusive ECD for children with disabilities and the excluded children;
- i) mobilizing and leveraging resources for child care, stimulation and protection;
- j) promoting public private partnership in the provision of ECD services for all children;
- k) facilitating implementation of capacity building strategy for all providers and institutions;
- l) providing periodical reports to stakeholders and ECD thematic working group members;
- m) facilitating provision of age specific population, sexuality education, community nutrition, and HIV and AIDS services;
- n) clustering ECD centers and parenting education services around education and health facilities;
- o) encouraging the private sector to provide ECD services to vulnerable children; and
- p) coordinating ECD service provision by community based organizations.

4.1.2 Ministry responsible for Health, Nutrition, HIV and AIDS.

Shall be responsible for:

- a) promoting integrated management of child illness and accelerated child survival development ;
- b) screening and treating minor illnesses for parents, children and caregivers;
- c) monitoring growth trends in children;
- d) integrating community based child health programmes in ECD services;
- e) undertake vigorous child and maternal immunization campaigns;
- f) provision of antenatal care and counseling services for expectant mothers;

- g) promotion of exclusive breast-feeding by lactating mothers;
- h) provision of information on nutrition, PMTCT, VCT, STIs, HIV and AIDS;
- i) provision of deworming and immunization services to children in ECD centers;
- j) positioning ECD focal point officers to manage ECD activities in the ministry; and
- k) planning and budgeting for ECD related activities within the Ministry;

4.1.3 Ministry responsible for Education, Science and Technology

Shall be responsible for:

- a) creating environment conducive for child transiting from ECD centers to school;
- b) developing learning, stimulation and teaching materials for the infant classes;
- c) production of ECD pedagogy and materials for teacher training programmes;
- d) conducting research on innovative ECD practices;
- e) planning, budgeting and allocating resources for ECD programmes;
- f) ensuring inclusion of ECD in district education plans;
- g) collaborating with the ministry responsible for child affairs on transition services; and
- h) positioning ECD focal point officers to manage ECD activities within the ministry; and
- i) clustering ECD centers and parenting education services around primary schools.

4.1.4 Ministry responsible for Local Government, District Administration and Rural Development

Shall be responsible for:

- a) enhancing coordination, supervision and monitoring of ECD activities at national, district, area and village levels;
- b) facilitating the establishment and functioning of technical working groups and sub-committees within the district and town councils;
- c) formulating by-laws to regulate ECD activities as per ECD guidelines provided;
- d) mobilizing, leveraging and channeling resources for ECD services in all the district and town councils;
- e) developing plans, implementing and monitoring activities that promote quality, equitable and accessible ECD programmes;
- f) providing implementation frameworks and district structures for implementing quality and accessible ECD services;
- g) recognizing and supporting ECD personnel at the district and community levels;
- h) raising community awareness on the importance of ECD;
- i) supporting ECD activities with resources that are requested by the community for child responsive projects;
- j) facilitating identification and accreditation of child friendly districts that have demonstrated commitment to provision of accessible and quality child development services;
- k) ensuring that District Councils have ECD plans in the district development plans, health plans, education plans and agriculture plans;
- l) positioning ECD focal point officers to manage ECD activities within the ministry; and
- m) planning and budgeting for ECD related activities within the Ministry.

4.1.5 Ministry responsible for Agriculture, Irrigation and Water Development

Shall be responsible for:

- a) provision of agriculture extension services and training of caregivers, ECD workers and households on food security;
- b) efficient crop production methods at ECD center, primary school and household levels;
- c) promoting animal husbandry at household, ECD center, community and institutional levels.
- d) promotion of food diversification at all levels.
- e) promotion of food conservation methods at all levels.
- f) promotion of food processing at all levels.
- g) Provision of agricultural, irrigation and water services to ECD service centers.
- h) Positioning ECD focal point officers to manage ECD activities within the ministry.
- i) planning and budgeting for ECD related activities within the Ministry.

4.1.6 Ministry responsible for Finance, Economic Planning and Development

Shall be responsible for:

- a) mobilizing resources for implementing ECD policy and implementation strategy;
- b) allocation of adequate funding resources for ECD program and related services;
- c) lobbying development partners for funding ECD programs;
- d) supporting the ministry in tracking overall annual investments into the ECD sector;
- e) developing proposals and budget requirement for integrated ECD services for funding support from Government and Development partners;
- f) setting ECD as a the key priority area in national development in donor funding requests.
- g) facilitating active and full participation in ECD networking and working groups; and
- h) positioning ECD focal point officers to manage ECD activities within the ministry.

4.1.7 Ministry responsible for Justice; Human Rights Institutions; Law Commission and Legal Service Providers

Shall be responsible for:

- a) promoting children's rights in line with the United Nations, African Union and Regional Socio-Economic Development Groupings conventions and principles;
- b) protection of child rights.
- c) advising and interpretation of the laws, by-laws and conventions in relation to ECD.
- d) educating ECD workers and stakeholders on child and human rights.
- e) represent children and ECD workers in litigation.
- f) drafting ECD legislations and by-laws.
- g) positioning ECD focal point officers to manage ECD activities within the ministry.
- h) planning and budgeting for ECD related activities within the Ministry.

4.1.8 Ministry responsible for Labour, Youth, Sports and Manpower Development

Shall be responsible for:

- a) Promotion of ECD services in the work place;

- b) encouraging youth groups to open and manage quality and accessible ECD services;
- c) developing innovative ideas and crafts for standard ECD materials;
- d) promoting and protecting the labour rights for ECD workers;
- e) bargaining for the right remuneration packages for ECD workers and caregivers;
- f) advising and interpreting labour laws and by-laws for ECD workers;
- g) encouraging and promoting ECD workers, youth and stakeholders to include ECD activities in their plans; and
- h) representing ECD workers in labour disputes and litigation.

4.1.9 The National Assembly

Shall be responsible for:

- a) advocating for implementation of accessible, equitable and quality ECD services for all children, caregivers and parents in their constituencies;
- b) passing legislations that promote accessible, equitable and quality ECD services;
- c) advocating for increased resources allocation for ECD services at national assembly and district council levels;
- d) initiating and setting up ECD service centers at constituency level;
- e) monitoring and supervision of ECD projects at national, district, constituency and ward levels;
- f) mobilizing and leveraging resources for implementing accessible, equitable and quality ECD services at constituency and ward levels;
- g) promoting comprehensive ECD implementation at other legislative bodies and groups at national, regional and global fora.

4.1.10 The Ward Councilor

Shall be responsible for:

- h) advocating for implementation of accessible, equitable and quality ECD services for all children, caregiver and parents in their wards;
- i) passing by-laws that promote accessible, equitable and quality ECD services;
- j) advocating for increased resources allocation for ECD services at district council and wards;
- k) initiating and setting up ECD service projects at ward level;
- l) monitoring and supervision of ECD projects at district, constituency, ward levels, village and family levels;
- m) mobilizing and leveraging resources for implementing accessible, equitable and quality ECD services at district and ward levels;
- n) promoting comprehensive ECD implementation at other legislative bodies and groups at national, regional and global fora.

4.1.11 Religious Institutions and Faith Based Organizations (FBOs)

Shall be responsible for:

- a) championing ECD activities in their catchment areas in harmony with communities and other organizations;
- b) promotion of spiritual and moral development of all children without discrimination;
- c) setting up programmes that promote quality and accessible ECD services;
- d) development of related curriculum at service point levels in liaison with the ministry;
- e) promotion of family unity and stability by settling matrimonial issues, developing and implementing matrimonial friendly programmes;
- f) establishing ECD programmes at household, community, center and institutional levels;
- g) raising awareness on the appropriate childcare, protection, stimulation and development programmes.
- h) mobilizing resources for childcare, protection, stimulation and development programmes.
- i) providing ECD services especially for vulnerable children in the communities.

4.1.12 Association of ECD in Malawi (AECDM) and all ECD Coalitions/ Groups

In close liaison with the Ministry responsible for Child Development Affairs, ECD groups will be responsible for:

- a) registering and certifying ECD providers as its members in forms of organizations, individuals, communities, families and centers;
- b) supporting professional capacity development and training for ECD providers such as ECD caregivers, mentors, helpers, parenting educators and facilitators, supervisors and managers;
- c) monitoring and supervision of ECD services at household, center, community and institutional levels;
- d) producing and providing standard play, care, stimulation and learning materials;
- e) providing ECD resource centers at national and regional levels to promote quality, equitable and accessible ECD services;
- f) providing ECD model service centers for compliance by all ECD providers;
- g) lobbying for increased ECD resource allocation by Government, Development partners, District Councils, NGOs and the private sector;
- h) construction and resourcing of standard ECD service centers; and
- i) networking and coordinating with line ministries, organizations and sectors in the provision of integrated ECD services at all levels.

4.1.13 Organizations promoting and working with Children with Special Needs/ Disabilities

- a) setting up and strengthen district structures for disability forums which plans and promote child rights through ECD activities;
- b) developing advocacy strategy on inclusion of children with disabilities in ECD services.
- c) supporting policy statements, information, education and communication materials and key messages on inclusion of children with disabilities in ECD services;
- d) conducting awareness raising meetings using CRC and Convention on the Rights People with Disabilities (CRPD) on the rights of children with disabilities in liaison with implementing partners;
- e) developing standards and programmes for children with disabilities in ECD services in collaboration with the line ministries and INGOs;

- f) building partnerships with the line ministries, ECD Networks at national and district levels, local NGOs, Associations, INGOs, Civil Society Organisations and private sector on support for ECD for Children with disabilities;
- g) sharing information and learning generated by research on children with disabilities; and
- h) monitoring progress of implementation of ECD activities in relation to children with disabilities.

4.1.13 Cooperating and Development Partners

Shall be responsible for:

- a) allocating adequate resources and providing technical support for implementing quality and accessible ECD services;
- b) supporting the efforts of the government sectors in implementing ECD programs and activities;
- c) championing advocacy and implementation of rights of the children and human rights in line with Convention on the Rights of the Child and United Nations Articles;
- d) developing and strengthening the capacity of the government sectors to efficiently and effectively coordinate implementation of ECD policy and strategy;
- e) supporting child friendly innovations and research in the implementation of ECD programme at all levels of the society;
- f) collaborating with the responsible ministry for ECD and other sectors to avoid duplication overlap and wastage of efforts;
- g) augmenting the efforts of both national and international partners implementing ECD activities;
- h) developing capacity of ECD providers for implementing quality, equitable and accessible ECD services, more especially vulnerable children and communities.

4.1.14 Training Institutions and Colleges

Shall be responsible for:

- a) ensuring comprehensive and multi-sectoral provision of ECD services at all levels for vulnerable children and communities;
- b) developing and supporting child responsive ECD tertiary programmes;
- c) developing and offering courses and programs in ECD to meet the human capacity demands for all the levels of ECD practitioners;
- d) training ECD workers at graduate and post graduate levels;
- e) developing and implementing the National ECD Research Agenda, in collaboration with the ministry responsible for child development affairs, National Council for Higher Education and other stakeholders;
- f) developing and sharing with ministry responsible for child development affairs and stakeholders academic research findings for ECD research documentation;
- g) modeling ECD service centers for child development academic excellence and quality services;
- h) mobilizing and leveraging resources for ECD implementation;
- i) assisting and recommending students for internship at ECD service centers, community and institutional levels; and
- j) undertaking efficient and effective consultancies for ECD programmes.

4.1.15 The Private Sector

The Private Sector shall be responsible for:

- a) promoting and strengthening privatization of ECD services at household, community, center and institutional levels;
- b) providing quality, equitable and accessible ECD services to all children, with special focus on vulnerable children;
- c) producing quality, equitable and accessible standard ECD care, stimulation, development and protection materials;
- d) making ECD services available to working parents in public and private institutions;
- e) developing and providing quality child responsive programmes for economic benefits, as well as benefitting the vulnerable children in society;
- f) developing capacity of the private sector to provide quality and accessible ECD services;
- g) supporting economic contribution and growth of ECD services to the national socio-economic development agenda;
- h) adopting ECD centers to promote equitable access to ECD services; and
- i) promoting the thriving of the private sector in ECD services in the country.
- j) initiating business ventures that are ECD related and ensure needy but assistance deserving children are supported to benefit from such initiatives.
- k) designing products, materials and services that are ECD related using locally available resources.
- a) developing business policies that promote early childhood care for survival, growth, development and protection for children of employees, customers and the needy children.

4.1.16 Communities, families, parents and guardians

Shall be responsible for:

- a) provision of basic child care services and general management of ECD services,
- b) mobilizing resources and providing children with all their immediate needs and wants;
- c) providing adequate care for pregnant and lactating women;
- d) providing adequate breastfeeding and complementary feeding;
- e) preparing and storing food for active feeding;
- f) ensuring hygienic and sanitary environment conducive for child survival, growth, stimulation and development;
- g) recognizing and undertaking the required home health practices to managed child illnesses and utilizing health facilities and advices;
- h) providing psychosocial care to promote physical and health, cognitive and mental, emotional and social development;
- i) providing affection to children, to encourage autonomy and stimulate exploration in the child and to protect children against any forms of abuse, neglect and exploitation;
- j) mobilizing resources at all levels for childcare, protection and development;
- k) supporting the establishment and management of ECD centers;
- l) developing and providing quality care, stimulation, learning and teaching materials using locally available resources;

- m) initiating and supporting early child development curriculum and pedagogy development at household, center and community levels; and
- n) seeking and receiving parenting education and support initiatives and services at household, community and organizational levels.

4.2 Implementation Plan

The National Policy on ECD will be implemented according to the implementation plan as presented in annex 1. The ministry responsible for child development affairs will lead and coordinate the implementation of the policy and development of the strategic plan. The National Steering Committee of Principal Secretaries (PS) from key ministries and donor partners shall oversee and give policy guidance to the implementation of the policy in line with the Gender, Children, Youth and Sports Joint Sector Strategic Plan (JSSP) for a coherent, systematic and integrated approach. The ECD joint annual implementation work plan will be developed by the Child Development Technical Working Group through Joint Annual Review meetings.

The ministry shall coordinate the development of a five year ECD implementation strategic plan and annual joint plans with stakeholders based on the strategies of the National ECD Policy. The implementation plan shall also take into consideration prevailing indicators and plans of children in Malawi. Researches and periodic reports shall also inform the annual, quarterly, monthly and weekly ECD implementation plans.

Implementation of any policy largely depends on the availability of resources. Over the past years resources allocated to ECD services have not been satisfactory. This greatly affected the implementation of ECD policy activities. Most of the activities stipulated in the previous policy like construction and rehabilitation of ECD centers, establishment of resource centers, training of caregivers, were not fully carried out as expected due to insufficient financial resources. There is need to ensure that there is proper coordination, leveraging and alignment of implementation of ECD activities by all key ministries and the stakeholders.

4.4 Monitoring and Evaluation

The policy will be monitored and evaluated as presented in annex 2. The responsible ministry will take a key leading role in monitoring and evaluation of the implementation of the policy. The key stakeholders will be responsible for monitoring their own ECD activities whilst the ministry will coordinate the overall monitoring and evaluation of all the activities. The Monitoring and Evaluation Framework in the Joint Sector Strategic Plan and ECD Strategic Plan will guide the monitoring process. The ministry responsible for child development affairs shall receive monitoring and evaluation reports through the Child development Technical Working Group that will be reporting to the Sector Working Group.

Issues around ECD have evolved and need further understanding through research. In spite of a number of commissioned research studies being carried out by higher education institutions, NGO and Donor partners, basic research has been lacking to specifically deal with issues of concern. Besides, dissemination of results for research studies has been limited to inform policy and practice in the field. For example, violence against children has been a critical issue over the years, yet very few studies have been conducted to examine deep rooted systemic causes and develop effective strategies for addressing them. It is against this background that the policy intends to enhance research activities in the next years.

Furthermore, systems for monitoring and evaluating the implementation of ECD activities, especially at the national level have been generally weak, it is critical that a viable functional, up-to-date,

informative, interactive database and website specifically for the ECD sector should be established in order to strengthen and consolidate the national monitoring and evaluation system and processes.

The National ECD Policy shall ensure that a national research agenda is established; comprehensive studies are carried out to address critical areas in ECD; a national ECD research database is created; a viable national ECD website is created and updated; all ECD research done in the country are effectively documented and disseminated; ECD monitoring and evaluation system is strengthened and adequate funds are allocated for research monitoring and evaluation activities.

The Monitoring and Evaluation Section of the Planning Directorate in the ministry responsible for child development affairs shall take the full responsibility of leading the monitoring and evaluation of the policy in collaboration with relevant stakeholders at all levels. Joint Sector Reviews (JSR) will be conducted to evaluate annual performance and results will be made public. After 5 years of implementing the policy, an evaluation will be carried out to assess its impact.

Annex 1: ECD POLICY IMPLEMENTATION PLAN

| POLICY PRIORITY AREA 1: CHILD CARE, SURVIVAL AND STIMULATION | | | | | | | |
|---|--|--|-------------------------|-----|-----|-----|-----|
| Policy Statement 1.1: Care for survival, growth and development for all children is carried out at all times. | | | | | | | |
| Objectives outcome | Strategies | Responsibility | Time Frame in Years (Y) | | | | |
| | | | Y 1 | Y 2 | Y 3 | Y 4 | Y 5 |
| 1) All children, more especially those in difficult situations receiving care for survival, growth and development. | a) Promote the 17 key child care and stimulation practices for child survival, growth and development. | MoGCDSW, MoH, MoAIWD, MoEST | X | X | X | X | X |
| | b) Build capacity of caregivers, mentors, helpers, parents and teachers in homes, centers, ECD centers, health facilities and early primary schools for child survival, growth and development. | | X | X | X | X | X |
| | c) Strengthen coordination between the Ministry responsible for ECD and the Ministry responsible for Health, Nutrition, Food Security, HIV and AIDS. | | X | X | X | X | X |
| 2) children receiving nutritious food, safe water, sanitation services, immunization, growth monitoring, play & stimulation materials | b) Build capacity of the community, parents and guardians to produce, prepare and preserve nutritious food, safe water, sanitation facilities, care and stimulation materials, assess and monitor child growth. | MoGCDSW, MoH, MoEST, MoAIWD, LOCAL COUNCILS | X | X | X | X | X |
| | c) Scale up the sanitation activities and the school feeding component to ECD centers in all districts. | | X | X | X | X | X |
| | d) Strengthen the capacity of ECD centers to scale up food production and child feeding activities in all ECD centers. | | X | X | X | X | X |
| 3) Children with special needs are identified early, assessed, supported and referred for professional treatment. | d) Conduct awareness campaign on child rights protection for all children and ECD centers especially children with disabilities, excluded children, disaster and abuse affected children | MoGCDSW, MoH, Police, MoAIWD, MoJCA, NGOS, FBOs, MoEST, Victim Support Units | X | X | X | X | X |
| | e) Build capacity of the community structures, the CBO, justice structure and law enforcement machinery on child rights for children with special needs, birth registration, probation services, Journey of Life, psychosocial support and children corners facilitators | | X | X | X | X | X |
| | a) Strengthen linkages with referral institutions and ECD services provision for all children, especially children with disabilities, the excluded, disaster affected and the traumatized children. | | X | X | X | X | X |
| 4) A functional, ECD legal and institutional framework developed for effective and efficient implementation, coordination and monitoring of ECD activities | f) Implement capacity building strategy for parents, community leaders, ECD workers and institutions: helpers, caregivers, mentors, supervisors, managers, stakeholders, ECD desk officers and managers. | MoGCDSW, MoH, MoEST, MoAIWD, Law Commission MoGCDSW, MoJCA, , LOCAL COUNCILS, MoFEPD, Colleges | X | X | X | X | X |
| | g) Strengthen the role of ECD desk officers in the line ministries and organizations. | | X | X | X | X | X |
| | h) Conduct exchange visits to countries with successful ECD programme. | | X | X | X | X | X |
| | i) Develop a bill to be enacted into a new ECD legislation. | | X | X | X | X | X |
| | j) Disseminate the new ECD Act to ECD stakeholders using low literacy copy. | | X | X | X | X | X |
| | k) Capacity building on the installed and harmonized ECD M and E system and database. | | X | X | X | X | X |
| | l) Develop national ECD indicators for use in the national survey, for production of statistical bulletin and inclusion of ECD indicator in Child Protection MIS. | | X | X | X | X | X |
| m) Encourage institutions of higher learning to prioritize and develop programmes for ECD, care for child development. | X | X | X | X | X | | |

| | | | | | | | |
|---|---|--|---|---|---|---|---|
| 5) ECD research, monitoring, resource mobilization and leveraging enhanced for quality and equitable ECD services. | a) Develop strategies and research agenda to regulate and coordinate research and resource mobilization activities. | MoGCDSW, MoEST, MoH, MoFEPD, LOCAL COUNCILS Students, UNIVERSITIES | X | X | X | X | X |
| | b) Mobilize adequate resources for ECD implementation, research, monitoring, evaluation and dissemination activities, | | X | X | X | X | X |
| | c) Leverage the available resources for ECD services. | | X | X | X | X | X |
| | d) Raise ECD profile for the visibility by advocacy, communication and assess activities. | | X | X | X | X | X |
| | e) Developing research agenda for Integrated ECD. | | | | | | |

PRIORITY AREA 2: PARENTING EDUCATION SUPPORT AND CHILD CARE FOR DEVELOPMENT

Policy Statement 2.1: The family remains the primary institution for supporting holistic survival, growth, stimulation, development and protection of children.

| Objective outcome | Strategies | Responsibility | Time Frame in Years (Y) | | | | |
|---|---|---|-------------------------|-----|-----|-----|-----|
| | | | Y 1 | Y 2 | Y 3 | Y 4 | Y 5 |
| The family is strengthened to effectively provide holistic survival, growth and development services for children. | a) Build capacity of the parents, groups, marriage counsellors and organizations to support families on matrimonial services. | MoGCDSW, MoJCA, MoH, Police, NGOS, FBOs, MoEST Family Council of Malawi, WVI, Religious Organisations, LOCAL COUNCILS | X | X | X | X | X |
| | a) Scale up Parenting Education and Care for Child Development in all the communities and institutions through community awareness meetings and Interactive Radio Instruction (IRI). | | X | X | X | X | X |
| | b) Develop guidelines, standards, indicators and parenting educators' pack for home visits (picture flip books, Bicycles, branded bags, t-shirts, chitenje, hard cover, pen) for supporting families. | | X | X | | | |

Policy Statement 2.2: Child Care for Development (CCD) promoted for early learning and stimulation programmes for young children from birth to two years are promoted through parenting education

| | | | | | | | |
|--|--|---|---|---|---|---|---|
| Early learning and stimulation programmes of children from conception to two years promoted through parenting education and child care for development. | i) Development capacity of parents, parenting education groups, parenting educators, caregivers, mentors, helpers, teachers, supervisors, researchers, regional trainers and managers to promote care for child development and stimulation. | MoGCDSW, MoH, LOCAL COUNCILS and targeted NGOs. | X | X | X | X | X |
| | j) Conduct joint quarterly monitoring and supervision visits to parenting education groups and sites. | | X | X | X | X | X |
| | k) Set up structures and Parenting Education and CCD groups for promoting and strengthening families and matrimonial services. | | X | X | X | X | X |
| | l) Conduct CCD and parenting education activities at community, ECD center, school and health facilities, etc. | | X | X | X | X | X |
| | m) Procure parenting educators' pack for conducting home visits (Picture flip books, Bicycles, branded bags/t-shirts/chitenje, hard cover, pen) and guides. | | X | X | X | X | X |
| | n) Remove for resettlement of children and parents from hazardous environments (bars, bottle-stores, streets, etc.) | | X | X | X | X | X |
| | o) Conduct exchange study visits on parenting education and CCD. | | X | X | X | X | X |
| | p) Hold open days for best practices on parenting education and care for child development. | | X | X | X | X | X |

Policy Statement 2.3 Positive cultural practices and indigenous child care practices are promoted.

| | | | | | | | |
|---|--|----------------------------|---|---|---|---|---|
| Positive cultural practices and indigenous child care practices are identified and promoted. | e) Identify of positive cultural and indigenous practices that promote lives of children for promotion in all districts. | MoGCDSW and LOCAL COUNCILS | X | X | X | X | X |
| | f) Develop laws that promote positive cultural and indigenous practices of children. | | X | X | X | X | X |
| | g) Promote by laws that discourage cultural practices that endanger lives of children developed. | | X | X | X | X | X |

| | | | | | | | |
|---|--|--|--------------------------------|------------|------------|------------|------------|
| | h) Develop of memorandum of understanding with organisations that promote cultural practices for ECD. | | X | X | X | X | X |
| Policy Statement 2.4 Quality improvement and accreditation system for ECD developed, scaled up and strengthened. | | | | | | | |
| Quality improvement and accreditation system for all ECD services fully developed and scaled up | d) Develop quality improvement and accreditation system for ECD services. | MoGCDSW, MoH, MoAIWD, MoEST and Stakeholders. | X | X | X | X | X |
| | e) Scale up of quality improvement and accreditation system for ECD services. | | X | X | X | X | X |
| | f) Support Interactive Radio Instruction (IRI) programme to enhance Quality improvement and accreditation system for ECD services. | | X | X | X | X | X |
| POLICY PRIORITY AREA 3: ECD CENTRE BASED SERVICES | | | | | | | |
| Policy Statement 3.1: All children access quality and regulated center based services with trained, committed, certified, remunerated workers and ECD professional development system. | | | | | | | |
| Objective outcome | Strategies | Responsibility | Time Frame in Years (Y) | | | | |
| | | | Y 1 | Y 2 | Y 3 | Y 4 | Y 5 |
| Regulated ECD centers based services established | a) Strengthen establishment, registration and licensing ECD centers | MoGCDSW, LOCAL COUNCILS | X | X | X | X | X |
| | b) Assess for up grading of the ECD centers | | X | X | X | X | X |
| | c) Maintain and updating records of ECD centers | | X | X | X | X | X |
| | d) Map all ECD center based services, private and public. | | X | X | X | X | X |
| Policy Statement 3.2: All ECD centers have appropriate, quality and child- friendly buildings and facilities | | | | | | | |
| Children are provided with quality, adequate and appropriate ECD centre infrastructure and facilities. | a) Mobilize people for community development activities of ECD infrastructure and facilities. | MoGCDSW, AECDM, Training Institutions, Regional ECD Trainers | X | X | X | X | X |
| | b) Mobilize financial and material resources to support ECD infrastructure and facilities. | | X | X | X | X | X |
| | c) Establish ECD centre based services at community, institutional and organizational levels. | | X | X | X | X | X |
| | d) Upgrade ECD centre based structures through construction and renovation. | | X | X | X | X | X |
| | e) Undertake design studies for child friendly ECD infrastructure, materials and facilities. | | X | X | X | X | X |
| Policy Statement 3.3: All ECD center based services have adequate care, play, stimulation and learning material | | | | | | | |
| All ECD center based services are provided with adequate resources. | a) Procure for distribution of standard ECD center kits. | MoGCDSW, MoLYSMD, AECDM, Chancellor College, other Colleges, | X | X | X | X | |
| | b) Promote local materials production using locally available resources. | | X | X | X | X | |
| | c) Produce ECD standard ECD center guides. | | X | X | X | X | |
| | d) Hold open days to display locally available materials. | | X | X | X | X | |
| | e) Promote the best buy Malawi principle in ECD materials provision. | | X | X | X | X | |
| Policy Statement 3.4: All ECD centers have safe and portable water and sanitary facilities | | | | | | | |
| All ECD centers are provided with safe water and sanitary facilities | a) Provide safe water and sanitary facilities to all ECD center based services. | MoGCDSW, MoAIWD, MoH, Development Partners, OPC and MoEST. | X | X | X | X | X |
| | b) Encourage water institutions and development partners to provide water and sanitary facilities to ECD centers | | X | X | X | X | X |
| | c) Train center committees and parents on the management of water and sanitary facilities | | X | X | X | X | X |
| Policy Statement 3.5: All ECD center based services are serviced by trained, licensed and certified ECD practitioners | | | | | | | |
| Professionally trained, licensed and ECD certified practitioners are deployed to all | e) Implement the ECD capacity building strategy. | MoGCDSW, DHMRD, AECDM, Colleges, LOCAL COUNCILS and | X | X | X | X | X |
| | f) Training for recruitment and deployment of caregivers, helpers, mentors, managers, researchers and supervisors on ECD services. | | X | X | X | X | X |
| | g) Lobbying for increased allocation of financial, human recruitment and material recourses for ECD services. | | X | X | X | X | X |

| | | | | | | | | |
|--|---|--|--------------------------------|------------|------------|------------|------------|--|
| ECD centers. | h) Lobbying for recruitment of caregivers. | MoFEPD | | | | | | |
| | i) Putting in place remuneration package for ECD workers to improve their terms and condition of work. | | X | X | X | X | X | |
| Policy Statement 3.6: ECD centers based services are standardized | | | | | | | | |
| Formalization, regulation and improvement for all ECD center based services standardized. | a) Standardize all ECD center based services using the ECD standard operation and accreditation guidelines. | MoGCDSW, LOCAL COUNCILS, AECDM | X | X | X | X | X | |
| | b) Disseminate the National ECD Standard operational and accreditation guidelines. | | X | X | X | X | X | |
| | c) Grade ECD centers to determine the requirements. | | X | X | X | X | X | |
| | d) Engage the department of Human Resource and Ministry of Finance on the ECD and roles of ECD workers. | | X | X | X | X | X | |
| Policy Statement 3.7 Effective monitoring and supervisory system for all ECD centre services is established. | | | | | | | | |
| Monitored and supervised efficiently and effectively all ECD centers. | a) Conduct regular ECD monitoring and supervisory visits. | MoGCDSW, MoFEPD, MoEST, LOCAL COUNCILS | X | X | X | X | X | |
| | b) Train officers and stakeholders in the new M&E system. | | X | X | X | X | X | |
| | c) Disseminate utilization of ECD monitoring tools. | | X | X | X | X | X | |
| | d) Develop national ECD database system. | | X | X | | | | |
| | e) Strengthen district and community networks on ECD. | | X | X | X | X | X | |
| Policy Statement 3.8 Leadership role of ECD responsible Ministry in coordinating ECD policy activities is strengthened | | | | | | | | |
| Coordination, leadership and management of ECD programming developed and strengthened. | a) Strengthen capacity building for ministry staff members, stakeholders and training institutions on ECD, management, research, resourcing and coordination. | MoGCDSW, MoEST, Training institution | X | X | X | X | X | |
| | b) Create established posts for ECD in the line Ministries and organizations. | | X | X | X | X | X | |
| | c) Hold coordination meetings at national, district and community levels. | | X | X | X | X | X | |
| | d) Develop the capacity of ECD coordinators and desk officers in the ministries and districts. | | X | X | X | X | X | |
| Policy Statement 3.9 The ECD implementation and coordination structures reinforced | | | | | | | | |
| ECD implementation and coordination structures reinforced. | a) Hold ECD meetings of the ECD steering committee biannually, ECD Network quarterly, ECD committees and joint ECD stakeholders quarterly for review and planning | MoGCDSW and ECD Stakeholders | X | X | X | X | X | |
| | b) Monitor the implementation of ECD activities by all stakeholders. | | X | X | X | X | X | |
| Policy Statement 3.10 Quality improvement and accreditation system for ECD developed, scaled up and strengthened. | | | | | | | | |
| Quality improvement and accreditation system for ECD developed, scaled up and strengthened | a) Develop quality improvement and accreditation system for ECD services. | MoGCDSW, NGOs, MIE, Stakeholders, Malawi Bureau of Standards | X | X | | | | |
| | b) Scale up of quality improvement and accreditation system for ECD services. | | | X | X | X | X | |
| | c) Support Interactive Radio Instruction (IRI) programme to enhance Quality improvement and accreditation system for ECD services. | | X | X | X | X | X | |
| POLICY PRIORITY AREA 4: ECD TRANSITIONAL SERVICES | | | | | | | | |
| Policy Statement 4.1: Promote smooth transition of all eligible children to attend ECD center based services and to primary schools, health center and other community child care service points. | | | | | | | | |
| Objective outcome | | | Time Frame in Years (Y) | | | | | |
| | Strategies | Responsibility | Y 1 | Y 2 | Y 3 | Y 4 | Y 5 | |
| All eligible children attend ECD center based services and transition smoothly to primary schools, health center and other community | a) Establishment of junior primary schools within children's walking distance. | MoGCDSW, MoEST, MIE, AECDM, Stakeholders | X | X | X | X | X | |
| | b) Strengthen capacity development of key transitional facilitators (parents, caregivers, helpers, mentors, supervisors and teachers) to adequately support transitioning children. | | X | X | X | X | X | |
| | c) Standardization of services to ease the transitioning of children from home to ECD centers and from ECD centers to the primary schools. | | X | X | X | X | X | |

| | | | | | | | |
|--|---|---|--------------------------------|------------|------------|------------|------------|
| child care service points. | d) Reduction of disparities on infrastructure, facilities, and resources between ECD centers and Primary Schools. | | X | X | X | X | X |
| Policy statement 4.2: All ECD center based services are linked to primary schools, health center and other community child care service points. | | | | | | | |
| Junior primary schools within children's walking distance established | a) Lobby MoEST and MoF to establish junior primary schools within children's walking distance. | MoGCDSW, MoEST, MIE, AECDM, Stakeholders | X | X | X | X | X |
| | b) Lobby for the inclusion of ECD activities in the District Development Plan (DDP), District Education Plan (DEPs) and District Health Plans (DHPs). | | X | X | X | X | X |
| | c) Cluster ECD centers, parenting education and care for child development groups to feeder primary schools and health centers. | | X | X | X | X | X |
| Policy Statement 4.3: All legible children are enrolled in centers-based services and primary schools, and child assessment and tracking System to facilitate transitioning. | | | | | | | |
| Services to ease transitioning of children from home to ECD centers and from centers to the primary schools standardized. | a) Develop ECD transition guide | MoGCDSW, MoEST, MIE, AECDM, Stakeholders | X | X | X | | |
| | b) Conduct 3 orientation sessions with implementing partners of the developed guide | | X | X | X | | |
| | c) Printing and distributing low literacy ECD transition guide | | X | X | X | | |
| | d) Disseminate the ECD transition using low literacy guides for parents, caregivers, mentors, helpers, teachers and communities. | | X | X | X | | |
| Policy Statement 4.4: The capacity of key transitional facilitators (parents, caregivers, teacher trainers and teachers) is improved to adequately support transitioning children | | | | | | | |
| Capacity of key transitional facilitators improved | a) Facilitate the introduction of ECD module in TTCs | MoGCDSW, MoEST, MIE, AECDM, Stakeholders | X | X | X | X | X |
| | b) Conduct transition training with parents, caregivers and teachers | | X | X | X | X | X |
| | c) Develop transitional Guides for parents, caregivers and teachers to adequately support transitioning children improved. | | X | X | X | X | X |
| | d) Monitor children who have transitioned to public and private primary schools. | | X | X | X | X | X |
| Policy Statement 4.5: Disparities in infrastructure, facilities and resources between ECD centers and Primary Schools are reduced | | | | | | | |
| Disparities on infrastructure, facilities, and resources between ECD centers and Primary Schools reduced | a) Lobby MoEST, MoF, District Councils, NGOs and MoLG for increased resources for standardized infrastructure | MoGCDSW, MoEST, MoLGRD, AECDM, Stakeholders, LOCAL COUNCILS | X | X | | | |
| | b) Develop infrastructure for both ECD centers and Primary Schools. | | X | X | | | |
| | c) Print and distribute standard operational and accreditation guidelines for ECD. | | X | X | | | |
| | d) Lobby for district and constituency development funds to prioritize ECD centers and primary schools. | | X | X | | | |
| Policy Statement 4.6: Parenting Education, ECD center, Pre-primary and Primary School curricula are harmonized | | | | | | | |
| Parenting education, ECD centers and primary school curricula harmonized | a) Review ECD and school infant class curriculum. | MoGCDSW, MoEST, MIE, AECDM, and Stakeholders | | X | | | X |
| | b) Facilitate periodic review of ECD and school infant classes curriculum to ensure relevance. | | | X | | | X |
| | c) Train primary school teachers in ECD pedagogy and approach for systematic transition activities. | | X | X | X | X | X |
| POLICY PRIORITY AREA 5: CHILD RIGHTS PROTECTION SERVICES | | | | | | | |
| Policy Statement 5.1: All parents and caregivers at the grassroots level are made aware of the key provisions of the Child Care, Protection and Justice Act | | | | | | | |
| Objective outcome | Strategies | Responsibility | Time Frame in Years (Y) | | | | |
| | | | Y 1 | Y 2 | Y 3 | Y 4 | Y 5 |
| Awareness raised with all parents, caregivers, | a) Conduct sensitization meetings on the CCJPA at community, school and ECD center levels. | MoGCDSW, MoJCA, OPC, MoEST, | X | X | X | X | X |
| | b) Conduct awareness campaigns on CCJPA and other child related laws. | | X | X | X | X | X |

| | | | | | | | |
|--|--|--|---|---|---|---|---|
| committees and teachers on the Child Care, Protection and Justice Act (CCJPA) | c) Orientate caregivers, teachers, committees, and parents on the CCJPA | Stakeholders , LOCAL COUNCILS | X | X | X | X | X |
| | d) Disseminate CCJPA low literacy materials in vernacular language | | X | X | X | X | X |
| | e) Develop ECD play and stimulation materials with the CCJPA information. | | X | X | X | X | X |
| Policy Statement 5.2: All parents and caregivers at the grassroots level know the strategies for reporting and supporting cases of child abuse, neglect and exploitation | | | | | | | |
| Promoted the utilization of strategies for reporting and supporting cases of child abuse, neglect and exploitation at grass root levels. | a) Establish functional child protection system. | MoGCDSW, MoJCA, Police, LOCAL COUNCILS | X | X | X | X | X |
| | b) Scale up the district child protection model and inclusionary systems | | X | X | X | | |
| | c) Create linkages with victim support units. | | X | X | X | X | X |
| | d) Identify and create database for child rights protection and rehabilitation. | | X | X | X | X | X |
| | e) Set up and supporting child wellbeing rehabilitation centers. | | X | X | X | X | X |
| | f) Mobilize and leverage resources for child rehabilitation. | | X | X | X | X | X |
| Policy Statement 5.3: Adequate professional personnel, financial and materials resources are deployed in this field | | | | | | | |
| Adequate professional personnel, financial and materials provided for child rights protection. | a) Recruit and deploy child protection workers at Traditional Authority levels | MoGCDSW, OPC, MoFEPD, DHMRD, Development partners | X | X | X | | |
| | b) Facilitate the appointment and gazetting of probation officers for child rights protection. | | X | X | X | | |
| | c) Lobby for increases allocation of financial and material recourses for child rights protection. | | X | X | X | X | X |
| | d) Support both academic and professional training for child rights protection officers and probation officers. | | X | X | X | X | X |
| Policy Statement 5.4: Ministry and partners lobby for more funds allocated for ECD activities in the national budgets, by development partners and the private sector to ensure adequate implementation of children's rights. | | | | | | | |
| Profile, visibility and relevance on ECD raised for adequate implementation of rights of the children | a) Lobby for more funds allocation for ECD activities from government, development partners, private sectors, district councils and families. | MoGCDSW, MoEST, MoH, MoLGRD, MoLYSMD, LOCAL COUNCILS, NGOS, FBOs, Stakeholders | X | X | X | X | X |
| | b) Advocate for ECD budget lines in the national assembly for the national budget, as well as the development partners and the private sectors. | | X | X | X | X | X |
| | c) Conduct evidence based advocacy meetings (in forms of breakfast/ cocktail/ lunch) with donors, private sectors, policy makers | | X | X | X | X | X |
| | d) Popularize ECD M'mera Mpoyamba using the National Advocacy and Communication Strategy | | X | X | X | X | X |
| | e) Develop private partnership system in the implementation of ECD services to benefit the private sector and the vulnerable children in society. | | X | X | X | X | X |
| | f) Hold periodic fact based media advocacy campaigns and orientations for resources on ECD. | | X | X | X | X | X |
| | g) Develop attractive and need-based ECD presentations to be presented in wrappers, bags, papers, brochures, leaflets, and power-point presentations. | | X | X | X | X | X |
| | h) Engage proactively the private sector to support ECD e.g. companies that run businesses in villages such as estates should be obliged to construct ECD centers. | | X | X | X | X | X |

Annex II: MONITORING AND EVALUATION PLAN

| POLICY PRIORITY AREA 1: CHILD CARE, SURVIVAL, GROWTH AND STIMULATION | | | | | | |
|---|--|--|---------|-----------|-------------------------|--|
| Strategic Objective 1.1: <i>Promoted at all times care for survival, growth and development for all children.</i> | | | | | | |
| Strategic Outcome | Strategic Output | Performance indicators | Targets | Baseline | Sources of verification | Assumptions or Risk |
| 1) Provision of child Care for survival, growth and development for all children, including children in difficult situations. | a) 17 key child care and stimulation practices for child survival, growth and development promoted | Percentage of service providers sensitized | 80% | 20% | Reports | Service providers willing to participate in the advocacy activities. |
| | b) Capacity of caregivers, mentors, helpers, parents and teachers in homes, centers, ECD centers, health facilities and early primary schools for child survival, growth and development built. | Capacity of 20, 000 ECD workers built | 15,000 | 25% | Reports | |
| | c) Coordination between the Ministry responsible for ECD and the Ministry responsible for Health, HIV and AIDS, Nutrition and Food Security strengthened. | Number of meetings held | 12 | Quarterly | Reports | |
| 2) Providing children nutritious food, safe water, sanitation facilities, immunization, growth monitoring, adequate play and stimulation materials. | a) Capacity of the community, parents and guardians to produce, prepare and preserve nutritious food, provide safe water, sanitation facilities, care and stimulation materials, assess and monitor child growth built. | Capacity of ECD workers built | 15,000 | 25% | Reports | Availability of skilled staff |
| | b) Sanitation activities and the school feeding component in ECD centers in all districts scaled up. | ECD centers with sanitary facilities | 10,000 | 2500 | Reports | Availability of funding |
| | c) Capacity of ECD centers to scale up food production and child feeding activities in all ECD centers strengthened. | Number of ECD centers | 10,000 | 2500 | Reports | Availability of skilled staff |
| 3) Children with special needs are early identified, assessed, supported and referred for professional treatment. | a) Awareness campaign on child rights protection for all children and ECD centers especially children with disabilities, excluded children, disaster and abuse affected children conducted. | Awareness campaign | 20 | 4 | Awareness reports | Stakeholders commitment |
| | b) Capacity of the community structures, CBOs, justice structure and law enforcement machinery on child rights for children with special needs, birth registration, probation services, Journey of Life, psychosocial support and children corners facilitators built. | capacity of community justice structures and CBO | 500 | 150 | Training reports | Technical assistance |
| | c) Strengthened linkages with referral institutions and ECD services provision for all children, especially children with disabilities, excluded children, disaster and abuse affected children | referral institutions and services providers | 150 | 55 | | Readiness of referral institutions |
| 4) Developed a functional, | a) Capacity building strategy for parents, community leaders, ECD workers and institutions implemented. | capacity building | 15,000 | 650 | Reports | Availability of skilled staff |

| | | | | | | |
|---|---|--|----------------|-----------------|--------------------------------|--|
| ECD legal and institutional framework for effective and efficient implementation, coordination and monitoring of ECD activities | | strategy. | | | | |
| | b) The role of ECD desk officers in line ministries and organizations strengthened. | ECD officers in ministries and NGOs. | 150 | 56 | Reports | Support from organizations |
| | c) Exchange visits to countries with successful ECD programme conducted. | exchange visits | 10 | 0 | Tour reports | Availability of funding |
| | d) A new ECD legislation developed. | ECD legislation | 1 | 0 | ECD Act | Funding |
| | e) New ECD legislation disseminated. | Number of copies printed and distributed | 30,000 | 0 | Reports | Passing of new legislation |
| | f) Capacity building on the installed and harmonized ECD M and E system and database. | ECD M & E system and database | 2 | drafts | ECD M&E System and database | Availability Technical Assistance |
| | g) National ECD indicators to be included in the national survey, for production of statistical bulletin and inclusion of ECD indicator in Child Protection MIS developed. | national ECD indicators | 30 | 6 | national ECD indicators | Availability Technical Assistance |
| | h) Encouraged institutions of higher learning prioritize and develop programmes for child development and stimulation in the different care and development contexts including the homes, hospitals, ECD centers and early primary schools. | Universities developed ECD programmes | 15 | 1 | ECD programmes in colleges | Acceptance by higher learning institutions |
| 5) Enhanced ECD research, monitoring and resource mobilization and leveraging for quality and equitable ECD services implementation. | a) Strategies and research agenda to regulate and coordinate research and resource mobilization activities developed. | Number of strategies. | 1 | 0 | Research reports. | Availability of funds |
| | b) Adequate resources for ECD implementation, research, monitoring, evaluation and dissemination activities mobilised, | Number of ECD studies. | 5 | 1 per year | Database study reports | Cooperation of stakeholders. |
| | c) The available resources for ECD services coordinated effectively. | Amount of finances. | K52.5 billion | K10 Million | Funding report | Prioritization of ECD |
| | d) Profile for the visibility of ECD through advocacy, communication and assess activities raised. | Number of dissemination meetings. | 48 | 12 | Reports | Funding |
| | e) Research agenda for IECD developed. | ECD Research agenda. | 1 | 0 | Research agenda | Technical Support |
| PRIORITY AREA 2: PARENTING EDUCATION SUPPORT AND CHILD CARE FOR DEVELOPMENT | | | | | | |
| Objective outcome: Strengthen the family as the primary institution to support holistic survival, growth, stimulation, development and protection of all children. | | | | | | |
| Strategic Outcome | Strategic Output | Performance indicators | Targets | Baseline | Sources of verification | Assumptions or Risk |
| 1) Strengthened the | a) Capacity of parents, groups, marriage councilors and organizations to support families on matrimonial services built. | beneficiaries of capacity building | 30,000 | 5,000 | Reports | Technical Support |

| | | | | | | |
|---|--|--|--------|--------|--|--|
| family to effectively provide holistic growth and development services for survival, growth and development for children. | b) The Parenting Education and Care for Child Development scaled up in all the communities and institutions through community awareness meetings and Interactive Radio Instruction (IRI). | Number of parenting education and CCD groups | 300 | 20 | Functional groups | Stakeholders adopting the programme |
| | c) Guidelines, standards, indicators and matrimonial resource pack for home visits for supporting marriages developed. | standards, indicators and matrimonial guides | 40,000 | 500 | standards, indicators & matrimonial guides | Cooperation of religious institutions |
| 2) promoted early learning and stimulation programmes of children from conception to two years through parenting education and child care for development. | a) Capacity development of parents, parenting education groups, parenting educators, caregivers, mentors, helpers, teachers, supervisors, researchers, regional trainers and managers to promote care for child development and stimulation conducted. | Number of parenting educators trained | 1000 | 360 | Training report | Availability of funding |
| | b) Joint quarterly monitoring and supervision visits to parenting education groups and sites conducted. | 70% home visits conducted | 50,000 | 28,000 | Quarterly Report | Training for parenting educators |
| | c) Structures and Parenting Education and CCD groups for promoting and strengthening families and matrimonial services set up. | Parenting Education groups formed | 350 | 20 | Quarterly Report | District report submission to the ministry |
| | d) CCD and parenting education activities at community, ECD center, school and health facilities, etc conducted. | KAP improved | 70% | 30% | Report | Availability of funding |
| | e) Parenting educators' pack for conducting home visits and guides developed. | Number of resource packs distributed | 7 | 2 | Reports | Availability of funding |
| | f) Children and parents from hazardous environments (bars, bottle-stores, streets, etc.)resettled. | resettled children and parents | 5000 | 500 | Reports | Cooperation from families |
| | g) Exchange study visits on parenting education and CCD conducted. | exchange study visits | 5 | 1 | Visiting report | Availability funding |
| | h) Open days for best practices on parenting education and care for child development held. | Quarterly open days | 20 | 4 | Report | Stakeholders turn up |
| 3) Families and parents using positive cultural practices and indigenous child care practices are. | a) Positive cultural and indigenous practices that promote lives of children for promotion in all districts identified. | Positive cultural practices | 8 | 5 | Meeting minutes | Officers commitment |
| | b) By-laws that promote positive cultural and indigenous practices of children developed. | Number of districts with by-laws | 28 | 5 | By laws developed | Technical support |
| | c) By laws that discourage cultural practices that endanger lives of children promoted. | By laws. | 1 | 0 | By laws | Stakeholders cooperation |
| | d) Memorandum of understanding with organisations that promote cultural practices for ECD signed. | MOUs signed | 28 | 0 | Reports | Stakeholders cooperation |

| | | | | | | |
|--|--|------------------------------------|--------------|-------------|-----------------|---------------------------|
| 4) Scale d up and strengthen Quality improvement and accreditation system for all ECD services. | a) Quality improvement and accreditation system for ECD services developed. | ECD quality & accreditation system | 2 | 0 | System in place | Adherence to the system |
| | b) Quality improvement and accreditation system for ECD services scaled up . | Number of districts covered | 28 | 12 | reports | Compliance |
| | c) Interactive Radio Instruction (IRI) programme to enhance Quality improvement and accreditation system for ECD services supported. | IRI programme coverage | 28 districts | 3 districts | Coverage | Radio stations commitment |

POLICY PRIORITY AREA 3: ECD CENTRE BASED SERVICES

Objective outcome: *All children access quality and regulated center based services with trained, committed, certified, remunerated workers and ECD professional development system.*

| Strategic Outcome | Strategic Output | Performance indicators | Targets | Baseline | Sources of verification | Assumptions or Risk |
|---|---|------------------------------------|----------------|-------------------|--------------------------------|----------------------------|
| 1) Established well regulated ECD centers based services | a) Establishment, registration and licensing of ECD centers strengthened. | 15,000 centers registered | 15,000 | 11,105 | Registration database | Availability of database |
| | b) ECD centers assessed for up grading. | 15,000 centers graded and assessed | 15,000 | 11,105 | ECD centers grading profile | |
| | c) Records of ECD centers maintained and updated | Quarterly records | 4 | 1 | Current Records | Availability of Data. |
| | d) All ECD center based services mapped | Mapped ECD centers | 15,000 | 11,105 | mapping report | Technical support |
| 2) Provided children quality, adequate and appropriate ECD centre infrastructure and facilities. | a) Communities mobilised for community development activities of ECD infrastructure and facilities. | ECD infrastructure and facilities. | 590 | 105 | Annual data reports | |
| | b) Financial and material resources to support ECD infrastructure and facilities mobilised. | Amount of resources mobilized. | K17 billion | K519 Million | Annual reports | Prioritization of ECD |
| | c) Established ECD centre services at community, institutional and organizational levels. | Model ECD centers established | 600 | 200 | Training reports | Availability of funding |
| | d) Upgraded ECD centre based structures through construction and renovation. | ECD centers upgraded | 2500 | 1500 | Reports | Funds may availability |
| | e) Design studies for child friendly ECD infrastructure, materials and facilities undertaken. | ECD centers structures studies. | 3 | 0 | Reports | Prioritization of ECD |
| 3) Provided all ECD center based services with adequate material resources. | a) Standard ECD center kits procured. | Number of ECD centre kits | 6 | 0 | standard center kits | Availability of resources |
| | b) Materials production using locally available resources promoted. | Advocacy meetings. | 48 | 12 | Reports | Funding |
| | c) ECD standard ECD center guides produced. | ECD centre guides. | 12 | 1 per year | ECD Database | stakeholders cooperation |
| | d) Open days to display locally available materials held. | open days | 1 | Advocacy strategy | Reports | Community commitment |
| | e) The best buy Malawi principle in ECD materials provision promoted. | Proposals. | 3 | 0 | New proposals | Community commitment |

| | | | | | | |
|--|---|---|-------|--------------------------|------------------------|---------------------------------|
| 4) Provided all ECD centers with safe water and sanitary facilities | a) Safe water and sanitary facilities provided to all ECD center based services. | ECD centers with safe water | 15000 | 4000 | Reports | Financial support |
| | b) Water institutions and development partners encouraged to provide water and sanitary facilities to ECD centers | Meetings | 30 | 5 | Report | Willingness of partners |
| | c) Center committees and parents trained on the management of water and sanitary facilities | Trainings | 300 | 0 | Reports | Availability of partners |
| 5) deployed professionally trained, licensed and certified ECD practitioners to all ECD centers | a) The Integrated ECD capacity building strategy implemented. | professionally trained ECD caregivers | 15000 | 16,000 | Training report | Willingness of partners |
| | b) Caregivers, helpers, mentors, managers, researchers and supervisors on ECD services deployed. | Deployed caregivers in ECD centre. | 17000 | 16,000 | Employment records | Availability of funds |
| | c) Increased allocation of financial, caregivers and human recruitment and material recourses for ECD services lobby. | Percentage of national budget | 2% | 0.2% | Budget analysis report | Prioritize ECD programme |
| | d) Remuneration package for ECD workers to improve their terms and condition of work in place. | remunerated caregivers recruited | 15000 | 1500 by police & NGOs | Remuneration records | Availability of funding |
| 6) Standardized for formalization, regulation and improvement of all ECD center based services | a) Standardized ECD center based services using the ECD standard operation and accreditation guidelines. | Number of standardized ECD centers | 6,000 | 3,000 | Reports | Community initiatives |
| | b) National ECD Standard operational and accreditation guidelines disseminated. | 800 meetings | 800 | 10 | Reports | Supportive partners |
| | c) ECD centers graded to determine the requirements. | ECD centers accredited. | 12000 | 500 | Report | Availability of funds |
| | d) The department of Human Resource and Ministry of Finance engaged on the ECD and roles of ECD workers. | Number of meetings | 10 | 1 | Report | Prioritization of ECD |
| 7) Monitoring effectively all ECD services at household, center, community and institution levels | a) Regular ECD monitoring and supervisory visits conducted. | Quarterly visits. | 60 | 8 | Report | Availability of tools |
| | b) Officers and stakeholders trained in the new M&E system. | Number of officers trained | 250 | 98 | Training report | Availability of funds |
| | c) Utilization of ECD monitoring tools dissemination. | Dissemination meetings | 40 | 28 | Dissemination report | Availability of M&E tools |
| | d) National ECD database system developed. | Database Established | 1 | Mapping database | Developed database | Technical assistance |
| | e) District and community networks on ECD strengthened. | Functional networks at all levels. | 40 | National Network working | reports | Commitment of district officers |
| 8) Strengthen coordination, leadership & management of ECD programming | a) Strengthened capacity building for ministry staff members, stakeholders and training institutions on ECD, management, research, resourcing and coordination. | Staff trained professionally on ECD and coordination. | 500 | 200 | Report | Funding support. |
| | b) Established posts for ECD created in the line Ministries and organizations. | Number of ECD posts | 500 | 1 | Staff return | Funding support. |
| | c) Coordination meetings at national, district | Number of | 60 | 5 | Report | Funding |

| | | | | | | |
|--|---|--|-----------|--------------|----------------------------------|-----------------------------|
| | and community levels held. | meetings. | | | | support. |
| | d) Strengthened role of ECD desk officer in the line ministry through leadership trainings. | ECD desk officer in the line ministries | 15 | 7 | Report | Funding support. |
| 9) Reinforced ECD implementation and coordination structures. | a) ECD meetings of the steering committee , Network, ECD committees and joint ECD stakeholders held quarterly for review and planning | meetings | 60 | 4 | Meeting Report | Stakeholders , commitment . |
| | b) Implementation of ECD activities by all stakeholders monitored. | Visits | quarterly | periodically | Report | Stakeholders , commitment . |
| Developed for scaling up quality improvement and accreditation system for ECD | a) Quality improvement and accreditation system for ECD services developed. | quality improvement & accreditation system | 1 | 0 | quality and accreditation system | Technical assistance |
| | b) Quality improvement and accreditation system for ECD services scaled up. | Districts | 28 | 0 | reports | Capacity at the district |
| | c) Interactive Radio Instruction (IRI) programme to enhance Quality improvement and accreditation system for ECD services supported. | IRI programme | 28 | 3 | reports | Capacity at the district |

POLICY PRIORITY AREA 4: ECD TRANSITIONAL SERVICES

Strategic Objective 4: To promote ECD transition services

| Strategic Outcome | Strategic Output | Performance indicators | Targets | Baseline | Sources of verification | Assumptions or Risk |
|---|--|--|----------------|-----------------|--------------------------------|-----------------------------------|
| 1) Establish ECD centers in every community, churches, prisons, hospitals, banks, hotels, markets, etc | a) ECD centers established in every village and location. | Awareness meetings conducted. | 400 | 80 | Meeting minutes | Funding availability |
| | b) Junior primary schools established within children's walking distance. | number of sessions conducted | 300 | 50 | Reports | Funding availability |
| | c) Capacity development of key transitional facilitators to support transitioning children. | Percentage of ECD centers registered | 100% | 45% | Registration list | Availability of registers |
| | d) Services standardized to ease the transitioning of children from home to ECD centers and from ECD centers to the schools. | standardized services to ease children Transitioning. | 75% | 45% | Reports | Community commitment |
| | e) Disparities on infrastructure, facilities, and resources between ECD centers and Primary Schools reduced. | disparities on infrastructure, facilities and resources reduced. | 55% | 75% | Reports | Community commitment |
| | f) ECD and Primary School curricula harmonized. | Percentage of curricula harmonized. | 80% | 30% | Reports | Ministries commitment |
| 2) Establish Primary Schools and link all ECD centers to primary schools, health center and other | a) Lobbied MoEST and MoF to establish junior primary schools within children's reach | 10 lobby meetings conducted | 10 | 3 | Meeting minutes | Supportive environment |
| | b) Lobby for the inclusion of ECD activities in the District Development plans. | Number of DDPs and Town Council Plans with ECD | 28 | 5 | District profiles | Availability of technical support |

| | | | | | | |
|--|--|--|---------|--------|--------------------|---------------------------|
| community child care service points. | c) ECD centers clustered to feeder primary schools, health centers and public service facilities. | Number of clusters formed | 4000 | 34 | Reports | |
| 3) Improve the capacity of key transitional facilitators to adequately support transitioning children | a) ECD module in TTCs introduced | Number of ECD modules introduced | 12 | 0 | Report | Funding availability |
| | b) Transition training for parents, caregivers and teachers conducted. | Number of parents, caregivers and teachers trained | 30,000 | 28,000 | Training report | Availability of guides |
| | | Number of trainings conducted | 300 | 20 | Training report | Technical support |
| | c) Transitional guide for parents, caregivers and teachers to adequately support transitioning children developed. | ECD transitional guides developed. | 1 | 0 | Report | Availability of funding |
| | d) Meetings with training colleges and universities on introducing ECD courses held. | meetings with training colleges and universities. | 15 | 3 | Report | Ministry commitment |
| | e) Children who have transitioned to public and private primary schools monitored. | Percentage of children transitioned to public and private primary schools. | 65% | 28% | Report | Ministries commitment |
| 4) Standardized ECD services to ease the transitioning of children from home to ECD centers and from ECD centers to the primary schools | a) Development of transition guide | transitional guide | 1 | 0 | Report | Partners commitment |
| | b) Orientated sessions with implementing partners oriented on transitional issues. | 3 orientation sessions conducted | 3 | 0 | Orientation Report | Funding availability |
| | c) Transition guide printed | copies printed | 560,000 | 200 | Printed copies | Funding availability |
| | d) Transition guide disseminated | 3 dissemination meetings | 3 | 1 | Meeting minutes | Funding availability |
| | e) ECD transition sessions in communities conducted. | Number of sessions | 50 | 12 | Reports | Availability of resources |

POLICY PRIORITY AREA 5: CHILD RIGHTS PROTECTION SERVICES

Strategic Objective 5: To promote child rights protection services

| Strategic Outcome | Strategic Output | Performance indicators | Targets | Baseline | Sources of verification | Assumptions or Risk |
|---|---|--|---------|----------------|-------------------------|-------------------------|
| 1) Raised awareness among all parents and caregivers at the grassroots level on the key provisions of the Child Care, Protection and Justice Act | a) Sensitisation meetings on the, CCJPA conducted. | sensitization meetings | 800 | 400 | Awareness reports | Availability of funding |
| | b) Awareness campaigns on other child related laws conducted. | Awareness campaigns | 5 | 0 | meeting reports | |
| | c) Caregivers oriented on CCJPA | Number of caregivers oriented in CCJPA | 15000 | 500 | Orientation reports | |
| | d) CCJPA Leaflets in vernacular language disseminated. | Advocacy meetings. | 800 | 300 in English | Orientation reports | Availability of funding |
| 2) Promoted utilization of strategies for reporting and | a) Functional child protection system established. | CPU established or strengthened | 60% | 38% | Quarterly reports | Proactive districts |
| | b) District child protection model scaled up | Number of districts | 28 | 6 | Reports | Proactive districts |

| | | | | | | |
|--|---|--|----------------------------------|------|------------------------|--------------------------------|
| supporting cases of child abuse, neglect and exploitation at grass root level | c) Supervisory visits to bars, bottle-stores, restaurants and other hazardous places for child abuse cases conducted. | child hazardous places visited and actions taken to safeguard children | 500 | 120 | Quarterly reports | Business owners being friendly |
| | d) Child protection referral structures mapped. | Mapping data | 1 | 0 | Reports | Technical Assistance |
| 3) Deployed adequate professional personnel, financial and materials resources for child rights protection. | a) Professional child protection workers recruited. | professional child protection workers recruited | 1500 | 300 | Staff return report | DHRMD support |
| | b) Lobby for increased allocation of financial and material resources | Increased allocation of financial and material resources. | 1% of National Budget allocation | 0.2% | Budget analysis report | Availability of funding |

