The goal of this case study was to determine what are the advantages and challenges of the community-based organizations system created by Malawi for the care of orphans and other vulnerable children (OVCs).
MALAWI - DEMOGRAPHICS

- 13M people, 7M children,
- 1M orphans, 1M “vulnerable”.
- “Poorest country not in conflict on the globe”
- 85% pop live of subsistence farming
- HIV prevalence in adult: 14% (1 person out of 7)
Free primary education since 1994

Despite very high enrollment rate (>90%) for every group (boys, girls, OVCs, etc.), inequalities persist:
- Drop-out rate
- Attendance rate
- Repetition rate

Average time required to complete 8 grades of primary school: 14 years

Enrollment rate in grade 1: 92% Enrollment in Sec 1: 23%

Completion rate of primary school: 56%

Number of children repeating grade 1 each year: >100 000

Ratio pupil:teacher in primary school classes: 60-200:1. Average: 105:1

Average repetition rate (grades 1-8): 26-29%
METHODS

Approx 50 semi-structured interviews with representatives from all levels including:

- UNICEF
- Donor agencies (CIDA)
- Child protection workers
- Caregivers
- National Government
- Regional authorities
- CBOs representatives
- NGOs officials
Approx 15 sites visits (CBCCs and CCs):

- Consol Homes Orphan Care
- Malawi Children Village
- Chisomo Children Centre – Lilongwe and Blantyre
- Disi Lundu Village CBCC (part of Chiyani CBO)
- Kalitsiro village
- Chinasungwi CBO
- Comforts Arms CBO
- Champhawa CBO
- Girl Guides of Malawi in Lilongwe
- Ndaula orphan care CBO
- Mlinde CBO

- Attendance to one of the « Orphans and other Vulnerable Children (OVC) technical working group » meeting (govt, NGOs)
- Attendance to the 2008 National OVC Stakeholders Meeting (approx 200 participants)
Community-Based Childcare Centres

- Target children aged 0-5 years old
- Welcome all children (OVCs or not)
- Morning activities (word games, songs, arts and crafts, toys)
- Caregivers to children ratio of 1:20 – 1:30
- Food, play, health monitoring and promotion, cognitive stimulation (ECD)

5655 CBCCs
>582 000 children
22% coverage
40% children are orphans
Provision of services highly variable

“the goal of a CBCC is to have a place in the community where caregivers can effectively provide community based childcare services to young children, especially orphans and other vulnerable children, as a way to fulfilling their rights”
CBCC: MISSION

- Create a stimulating environment to promote the physical, cognitive, social, emotional, spiritual and moral development of young children;
- Improve child health and nutrition;
- Equip parents, caregivers and guardians with appropriate knowledge and skills to provide quality child care;
- Provide psychosocial support and protection to children in difficult circumstances;
- Protect children’s rights.
<table>
<thead>
<tr>
<th>CBCC – POSITIVE ASPECTS</th>
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<tbody>
<tr>
<td>• Child in his/her environment</td>
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<tr>
<td>• Some cognitive development</td>
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<tr>
<td>• Holistic package of care</td>
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<tr>
<td>• Children not left alone</td>
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<td>• Work is shared</td>
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<tr>
<td>• One meal/day</td>
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<tr>
<td>• Good follow-up</td>
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<tr>
<td>• Low operation costs</td>
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<tr>
<td>• Volunteer caregivers</td>
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<tr>
<td>• Limited need for outside intervention</td>
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<td>• Reach out to many children</td>
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</tbody>
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CBCC - CHALLENGES

• Number and turnover of caregivers
• Caregivers are volunteers – (accountability, quality, reliability)
• Low level of resources
• Training (content and coverage)

• Incomprehension of the concept
• Limited coverage
• Lack of continuity with primary school
• Benefit on health/education?
CHILDREN’S CORNERS

- Target children aged 6-18 years old
- Welcome all children (OVCs or not)
- Activities after school (PM) (Sports, advocacy, outreach organization, psychosocial support, help with homework, vocational training, etc.)
- Caregivers to children ratio variable
- Peer-to-peer learning and support
- Right-based approach
- Number (approx 1000), coverage, number of children data unavailable
Children’s Corners: Mission

- **Psychosocial support** for orphans;
- **Support for school**
- Give a voice to children about issues that concern them *(child participation)*
- Give them **life skills** on how to deal with life awaiting them
- Network of **friends**
- Presence of adults after school to look over **basic care needs**.
CHILDREN’S CORNERS – POSITIVE ASPECTS

- Child participation in issues concerning them (empowerment)
- Youth helping youth
- Child in his/her environment
- Children not left alone
- Work is shared

- One meal/day
- Low operation cost
- Volunteer caregivers
- Little need for outside intervention
### CHILDREN’S CORNERS – CHALLENGES

- Great incomprehension of the concept
- Very limited coverage
- Very few communities have the resources to run a CC (requires more resources than a CBCC)
- Very very limited level of training
- Real impact still not clear
- Caregivers are volunteers – (accountability, quality, reliability)
Interesting wide scale, financially feasible, great potential programs

Potential to improve underlying causes of educational inequalities, but no direct, short-term effects

Implementation: ok, scaling up: progressing, quality: work to be done

Issues of volunteers, resources, community ownership and effectiveness to be looked at.
Thank you for the following people/organizations for their important contribution to this project:

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