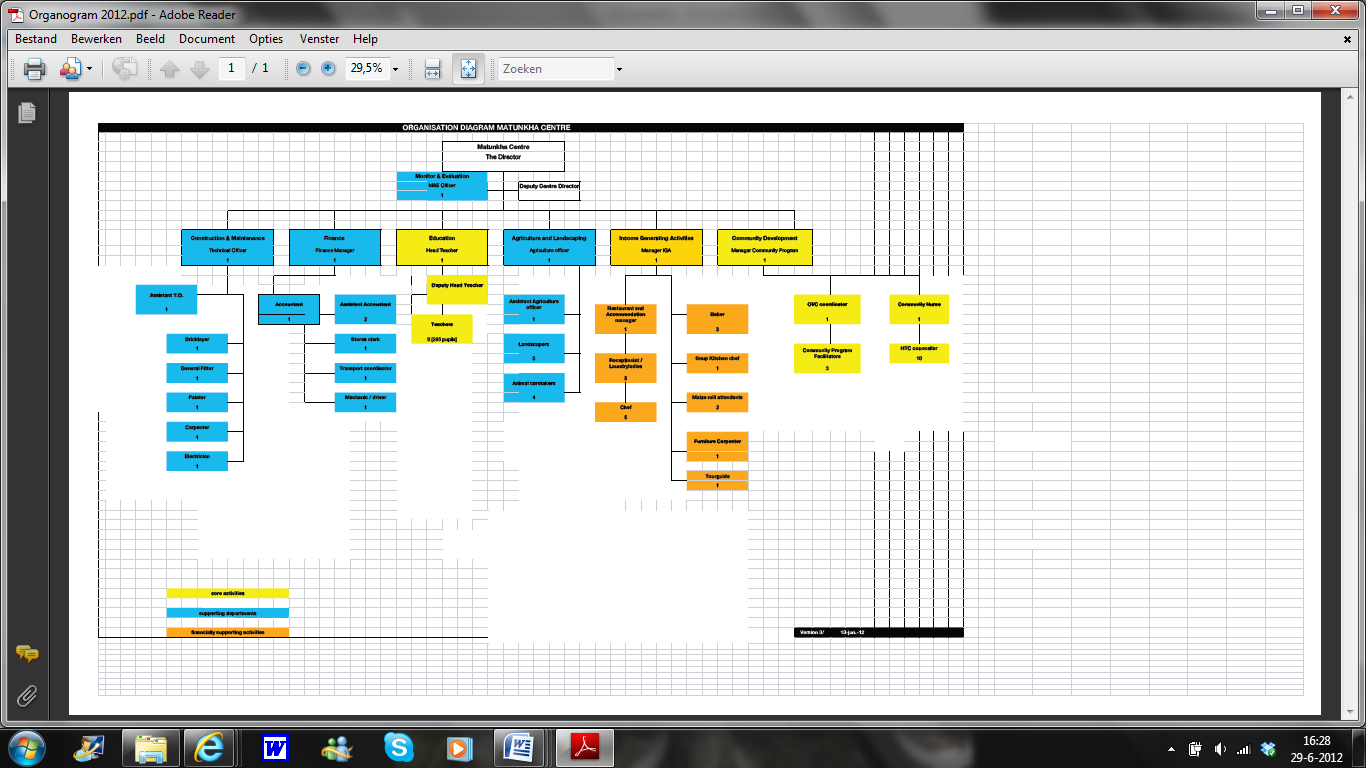
**Appendices**

**Appendix A: Organization chart**



**Appendix B: Observation diagram**

*The physical development of a child is combined with gross motor skills, such as crawling, running and jumping to fine motor skills such as scribbling/drawing and beading. The child is developing coordination of movement.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | none | slightly | average | well | very well |
| **Gross motor skills; the child is able to** |  |  |  |  |  |
| jump (in balance) |  |  |  |  |  |
| move the hips, arms and knees in combination while dancing |  |  |  |  |  |
| stand on the tones |  |  |  |  |  |
| stand on one feet |  |  |  |  |  |
| flip over |  |  |  |  |  |
| jump the rope |  |  |  |  |  |
|  |  |  |  |  |  |
| **Fine motor skills; the child is able to** |  |  |  |  |  |
| hold a pen/pencil/spoon/knife in a right way |  |  |  |  |  |
| use a pen/pencil/spoon/knife in a right way |  |  |  |  |  |
| use hand-eye coordination in a good way(throw/catch a ball, colouring) |  |  |  |  |  |
| fit small piecers together(normal puzzle) |  |  |  |  |  |
|  |  |  |  |  |  |

*The mental-cognitive development of a child is the ability to think, reason and solve problems, which includes mathematical problems. It is their ability to understand relationships between objects, events and people.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | none | slightly | average | well | very well |
| **Knowledge; the child is able to** |  |  |  |  |  |
| use complete sentences |  |  |  |  |  |
| mention letters which are pointed |  |  |  |  |  |
| count from zero up to ten (Tumbuka) |  |  |  |  |  |
| count from zero up to ten (English) |  |  |  |  |  |
| count from ten up to zero (Tumbuka) |  |  |  |  |  |
| count from ten up to zero (English) |  |  |  |  |  |
| count ten objects |  |  |  |  |  |
| play the game memory |  |  |  |  |  |
| sing or tell by head |  |  |  |  |  |
|  |  |  |  |  |  |
| **Insight; the child is able to** |  |  |  |  |  |
| solve a problem |  |  |  |  |  |
| look from different points of view |  |  |  |  |  |
| see the process (use papers, 1 whole + 1 broken which is more?) |  |  |  |  |  |
|  |  |  |  |  |  |
| **Creative expression; is the child able to** |  |  |  |  |  |
| tell a story |  |  |  |  |  |
| draw a fantasia house |  |  |  |  |  |
| use toys for different games (look-a-like-playing) |  |  |  |  |  |
| make things from soil |  |  |  |  |  |
|  |  |  |  |  |  |
| **Social cognition; the child is able to** |  |  |  |  |  |
| mention what the other would feel/think/do (use a story) |  |  |  |  |  |
| understand expressions/gestures (use emotion-papers) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Social-emotional development is the ability of a child to relate to other people and the ability to feel for them self and others. This is a foundation for relationships that give meaning to children’s experiences in the home, school and larger community.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | none | mostly none | sometimes | mostly | often |
| **Emotions; the child is able to** |  |  |  |  |  |
| smile |  |  |  |  |  |
| cry |  |  |  |  |  |
| be angry |  |  |  |  |  |
|  |  |  |  |  |  |
| **Care; the child is able to** |  |  |  |  |  |
| look to the other child while he is crying |  |  |  |  |  |
| talk to the other child while he is crying |  |  |  |  |  |
| walk to and touch the other child while he is crying |  |  |  |  |  |
|  |  |  |  |  |  |
| **Playing; the child is able to** |  |  |  |  |  |
| sit next to the other child while playing |  |  |  |  |  |
| look to the other child while playing |  |  |  |  |  |
| talk with the other child while playing |  |  |  |  |  |
| share a toy while playing |  |  |  |  |  |
| play together with the other child |  |  |  |  |  |
| give away his own toy when the other child wants to play with it |  |  |  |  |  |
| play with several people instead of one/two |  |  |  |  |  |
|  |  |  |  |  |  |
| **Interaction; the child is able to** |  |  |  |  |  |
| start communication with another child |  |  |  |  |  |
| start communication with caregiver/parent |  |  |  |  |  |
| ask help when needed |  |  |  |  |  |
| obeys when parent/teacher says something |  |  |  |  |  |
| wait for his/her turn while getting attention from caregiver/parent |  |  |  |  |  |

*Moral-spiritual; the moral-spiritual development of a child is the foundation for developing the*

*core human values such as respect for the self and others, sharing and caring for others and*

*for the environment. Children also learn to appreciate and value the culture and families*

*spiritual/religious beliefs. Through moral and spiritual development children also learn the*

*importance of rules and limits set by the family and community in which they grow in* (Farber,

2004).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | none | mostly none | sometimes | mostly | often |
| **Manners; the child is** |  |  |  |  |  |
| beating other children |  |  |  |  |  |
| using abusive language |  |  |  |  |  |
| pushing other children |  |  |  |  |  |
| grabbing toys form other children |  |  |  |  |  |
|  |  |  |  |  |  |
| **Respect; the child is able to** |  |  |  |  |  |
| kneel while receiving gift |  |  |  |  |  |
| put two hands forward while receiving gift |  |  |  |  |  |
| say ‘thank you’ while receiving a gift |  |  |  |  |  |
| do what is asked from caregiver/parent without argument |  |  |  |  |  |
| Is asking instead of ordering |  |  |  |  |  |
|  |  |  |  |  |  |
| **Religion; the child is able to** |  |  |  |  |  |
| pray |  |  |  |  |  |
| tell about God |  |  |  |  |  |
| sing a christian song |  |  |  |  |  |

**Appendix C: Interview Caregiver**

In order of Matunkha Centre we are doing a research for CBCC. They want to improve the given care. That’s why we are asked to compare the development of the children who are and are not attending CBCC. In this comparing we look at four domains. The first domain is the physical domain which includes coordination of movement and the child’s health. The second domain is the mental-cognitive domain which includes the child’s ability to think, reason and solve problems; the brain development. The third domain is the social-emotional domain which includes his ability to relate to other people **and feel for themselves or others. The fourth domain is the moral-spiritual domain which is the development of values, respect, sharing and caring for others. Children also learn to appreciate and value the culture and families spiritual/religious beliefs.**

**General information**

1. Did you succeed the caregivers training?

…

1. For how long are you now CBCC caregiver?

…

1. What do you think is important concerning **raising** a child?

…

1. What are the cultural values concerning raising a child?

…

**Children - domains**

1. **In which activities are you stimulating** the children according the physical domain?

…

1. **In which activities are you stimulating** the children according the mental-cognitive domain?

…

1. How do you stimulate the child’s fantasia development?

…

1. Do you stimulate the children in creating their own stories?

…

1. **In which activities are you stimulating** the children according the social-emotional domain?

…

1. Do you see a difference on this area between children who have just joined and children who are attending for a long time already?

…

1. **In which activities are you stimulating** the children according the moral-spiritual domain?

…

1. Do you give the children compliments? how?

…

1. Do you punish the children? How? For which reasons?

…

1. Are there children which are getting special attention, except for health issues, and for what?

…

**Appendix D: Interview guardian**

In order of Matunkha Centre we are doing a research for CBCC. They want to improve the given care. That’s why we are asked to compare the development of the children who are and are not attending CBCC. In this comparing we look at four domains. The first domain is the physical domain which includes coordination of movement and the child’s health. The second domain is the mental-cognitive domain which includes the child’s ability to think, reason and solve problems; the brain development. The third domain is the social-emotional domain which includes his ability to relate to other people and feel for themselves or others. The fourth domain is the moral-spiritual domain which is the development of values, respect, sharing and caring for others. Children also learn to appreciate and value the culture and families spiritual/religious beliefs.

**General information**

1. What is your relationship to the child?

…

1. How long do you care for the child/for how long **is** this child in CBCC?

…

1. What do you think is important concerning **raising** a child?

…

1. What are the cultural values concerning raising a child?

…

**Physical domain**

1. What is the weight, **arm size** and length of the child? (health passport)

…

1. Tell me about this child’s health?

…

1. How long and how often does the child sleep?

…

1. Does this child appear **to be active**?

…

1. What kind of activities does he/she do during the day?

…

**Cognitive domain**

1. How does this child express for what he/she wants?

…

1. What kind of **stories** does this child **tell**?

…

1. Does the child create his own stories? (example with toy)

…

1. Do you stimulate the child’s **knowledge**, if yes, how do you stimulate? And what do you learn the child?

…

**Social-emotional domain**

1. Does this child play with other children, if yes, how do you see that the child is playing together?

…

1. Does this child have **close friends**? How many?

…

1. How often does this child beat/punch/kick other children? And what are the reasons?

…

1. Do you allow your child to cry? If yes, when is this child allowed to cry? If no, why not?

…

1. How do you act when he/she is crying?

…

**Moral/Spiritual domain**

1. What is his/her behavior towards adults? And what is his/her behavior towards adult visitors?

…

1. How do you express towards your child that he/she is doing something well?

...

1. Do you give your child **compliments**? could you give an example?

…

1. Do you punish your child, if yes, how often do you have to punish this child?

…

1. How do you punish your child?

…

1. For what reasons do you punish him/her?

…

**Appendix E: Interview standard one teacher**

In order of Matunkha Centre we are doing a research for CBCC. They want to improve the given care. That’s why we are asked to compare the development of the children who are and are not attending CBCC. In this comparing we look at four domains. The first domain is the physical domain which includes coordination of movement and the child’s health. The second domain is the mental-cognitive domain which includes the child’s ability to think, reason and solve problems; the brain development. The third domain is the social-emotional domain which includes his ability to relate to other people **and feel for themselves or others. The fourth domain is the moral-spiritual domain which is the development of values, respect, sharing and caring for others. Children also learn to appreciate and value the culture and families spiritual/religious beliefs.**

**General**

1. For how long have you being teaching in standard one?

…

1. What is your PT( Primary Teacher) level?

…

**Children-domains**

1. Is there a big difference on the physical domain between children in standard one in general? why?

…

1. Is there a big difference in on the mental-cognitive domain between children in standard one in general? why?

…

1. Is there a big difference in on the social-emotional domain between children in standard one in general? why?

…

1. Is there a big difference in on the moral-spiritual domain between children in standard one in general? why?

…

1. Do you know which children have been in the CBCC? (get a list from children?)

…

1. (-NO)If you look at the ten best children, how much do you think have been attending the CBCC?

…

1. (-YES)Do you see a difference between those children and children which have not been attending CBCC’s? Could you describe those differences according the four domains physical, mental-cognitive, social-emotional and moral-spiritual?

…

1. (-YES)If there is a difference in the beginning of standard one, what is the value of this difference concerning standard one?

…

1. Could you say which **values/manners** are learned by parents and which ones are learned at school?

…

1. **In which activities are you stimulating** the children according the physical domain?

…

1. **In which activities are you stimulating** the children according the social-emotional domain?

…

1. Are there children which are getting special attention, except for health issues, and for what?

…

1. If a child is more clever than the others, does he do **different** exercises?

**Appendix F: Labeling scheme caregiver**

**Appendix G: Labeling scheme guardian**

**Appendix H: Labeling scheme standard one teacher**

**Appendix I: Interview Director Matunkha D. Tengani**

**General information**

1. Could you tell us about Matunkha? How is it organized? What is the main focus of Matunkha?

Matunkha is a community development. Whereby deal with community healthy, community development, but as well as education. So it’s a local NGO, whereby the purpose of it is it facilitate, it coordinate and support the community in the programs which they do implement. So in short I can say we are not like main implementers but we are like supporting for the many implementers. And de main implementers are Community Based Organisations, of which we are working with. In short that’s what Matunkha Centre is.

Here at Matunkha Centre we have different departments. Different programs that we are facilitating, we are implementing. And our main focus is to reach the community people. And how we are organized unto that is with the different departments. The main department I can call is the community department. Whereby we have the supporting departments, like when we have the income generating activity. It’s a department on its own which is supporting the program on the community. So that the program of the community can be implemented. Whenever we don’t have resources then we can look of the apartment of the AGI. Then again we have education department. And the education department is again to support the community. Because it is looking on the education part. Our target is to say how do we train an orphan. That is when we talk of education, when we talk of community, that is one of our targeted group, that is orphans. And than that education department is looking, to say okay, how can we educate that orphan. But yet be careful to say that we don’t bring that orphan to a status which he can say I’m here because I am an orphan. The target we mix, to say that there can be orphans and there can be non-orphans. That is education department. Then we have agriculture department. Again it is supporting the community department with the community programs. Whereby we have donkeys, whereby we have cows, we have animals. Of which the main support is, to say that, when we go out there we need to teach people to say how best can be generate income on their own. But not only that, but how can they be assisted in co-activities. Say for example they want transportation or so ever. So we look on that area. So we work through departments. These departments are to support each other. Then here yes, as Matunkha Centre can see, you can observe to say that we have more constructions. For the programs to go on very well we really need construction. And then we have the department which wel call building department or maintenance department, which looks on the focus of cause to say how do we maintain on that. And again that maintenance department it does support the community department as well. Because for example when we go to the community and down at the community they have a program of construction. And then they come to Matunkha Centre and then we bring them and we introduce them to that department of the maintenance. So they can guide them they can direct them to say yes the construction the we want to do I thing you can best do in this way. So that’s how organized we are and how we work with organized we are. So from the community department itself then going down to the member hood, now that is in de community. They have to be organized as well. So they have a community based organization and that community based organization they have a board, as we do have at Matunkha centre we have a board of cause of trusties, then at the community they have a board. And from there they have exertive committee for the CBO. And from there they look on the programs, to say, what are the programs we want to be implementing. We have OVC programs, there are palliative care programs looking for chronically ill patients, they have positive live program, they have youth program. They have OVC program. By doing that, now from those programs or ….(05:31)of implementation they come up with a committee …(05:33) So we have OVC committee, then home based committee, youth committee, prevention committee. Things like that. So that’s how organized we are. So it comes from Matunkha Centre, the status, the situation we are at Matunkha centre then we cell that one in the community level.

*Do you have a special task as director?*

Yes as director. Let me tell you that I am a director for one month or in that direction. Of cause I’m the director of the community programs and my main task on that one has been OVC programs are well implemented and that the needs of the community down there are reached. And how can they be reached. Yes by seeing the resources that need to be brought unto that. And again by seeing what capacity do the people have down there? Again looking at the palliative care as well. So I have to see that of cause on the palliative care, how many clients do we have what are the needs. What are the trainings that they needed. What are the committee visits here. Issues needed to be done unto that. So my overall responsibility has been to say that of cause the implementation plan made by the community are being implemented and that here at Matunkha centre the technical support which is needed to be … to those CBO’s are being given awkwardly. So that has been my responsibility. But of cause besides that I am an HTC-counselor. So I directly implement that. That means to say we have the mobile HIV/AIDS testing and counseling whereby we go down in the community and we test people to know about their status on HIV/AIDS. So I am a directly implementer because I’m a counselor. So I do it, sometimes I go down to the community, but most of the time I do it here whereby we open …(7:43) work.

*How do you organize the different departments? They interact with each other?*

With those different program , what we do is like for each and every program we are signing an officer. We should directly look unto that. For example for the OVC we have the OVC coordinator, who is Mr. Chavula. And he has to be looking on the OVC activities. When we talk of OVC activities that means that we a CBCC activity, then we have children’s corner activity, then we have back to school activity, that we call secondary school fund SSF, then we have journey of life programs. That kind of thing has to be coordinated by the OVC person. So that that focused person only focuses on OVC issues activities. Then we go for homebased care and palliative care that we have the community nurse, this time we have mss Hilde van Kooij, who is the community nurse. She has to look on to say, with the volunteers who are doing home based care, how do I coordinate them and how do I support even the clients down there who need my direct service. But not only in the community but here even at Matunkha center. Like here each and every Monday the community nurse opens her office, open for the staff here and the families. So they have to be attended too. So what we do is each and every program we have an officer, who has to be there. But beside me as being there as director, but again we have the monitoring and evaluation officer who has to be to directly to say of cause how many people have we reached and how many people are doing into reaches, what are the challenges, what are the successes and how do we improve from where improvement needs? So by working like that, It’s like a net, which is one net and then we catch different fish into that. We see to say that everybody at Matunkha centre target is been approached.

And those officers are in the management team?

No the management team. What I was talking there was of the department of community, but when we talk of management is composed of managers. Now the managers are coming of the heads of departments. Because we have on each and every department there are sections. So the heads of departments are management members, not the heads of sections. Say for example what I was talking about section, say for example community department. It is a department but it has a section of home based care whereby the community nurse is either unto that. Then we have a section of OVC whereby the OVC coordinated the … (10:58). But by now when we talk of management it’s the heads of department. So here at Matunkha centre we have community department, we have finance as department, we have education as a department, we have maintenance as a department, we have agriculture as a department, and we have IGA as a department. So we have six departments with six management members.

1. How does Matunkha cope with ownership?

Matunkha does cope with ownership. First of all when we talk of ownership ourself as I said earlier on that Matunkha Centre’s responsibility is to facilitate and to coordinate the programs in the community. Now ownership, when our mainly focus is to see the programs implementated at community level should be owned by the community. That means that there should not be to say that well this CBCC is of Matunkha centre. Cause it is support by Matunkha centre, no. The sentence should be, this CBCC is ours. Cause we are owning it. And that Matunkha Centre is just supporting us. So that’s one thing that ofcause one thing different from other organizations. Bacause most of the organizations, when they go to implement activities and they support something, they take that thing as if it is theirs. Whereby for us we are saying, no no no no no, Matunkha Centre is there to support. And how do we go for that one. We have a program whereby we look on the CBO’s, because this time we are having 18 CBO’s, because we are working in two districts. That is in Rumphi and in Mzimba-North. Now we have a target, to say, reaching by maybe after six years, five years, we should see that one CBO has graduated. That means is now on its own. Can do things on its own. Can write proposals on its own, can do management things on its own. In so doing, when people can look I can see unto that, I think we can make it and we can be just like that one. So that one comes with a thing an understanding to say how can the community people take this program to be theirs. And again an addition to that one. It’s like development of the plan. What we do is we tell the community this is you CBCC this a children’s program, this is a home base care program. What do you want to do? And how are you going to do that? So doing that it comes to development of the implementation plan. Now we most of the time facilitate to say the implementation is designed by them. So when they develop that plan, cause they have done it on their own they noticed that they are going to do it. Then for us to tell them, this month what we want you to do is.. what you should do.. have bricks so that in four months time you should construct a CBCC centre. Then there will be no input from the community. Because it will be like Matunkha centre is saying we should do this. But now we are saying they should develop the plan for themselves, they should come up with issues what do they want to do. When it will come from them they will know how to do it. Okay this is what we want to do, but we cannot manage to come up to this area. Then I thing we need a mother organization and a supporting organization like Matunkha centre to assist on that. On that one we make sure that, even if a chief comes to our offices to say in our area we would like to have a school. Now we want you to assist us to construct a school. Then we ask them, what have you done? ‘ah, we have done nothing.’ Then we say no you are not prepared. If you have this plan, you want to do this, first of all come up with what you have done. First start it and then from there you see what support you need. Instead doing then they will feel to say this is ours. So ownership, we look unto that angle to say the programs should be owned by the community that we are serving.

1. What is the task of Khumbo?

Khumbo is the monitoring devolution officer. The task of Khumbo is to monitor how best are we implementing activities and if there are challenges how best can we deal with that. Now how he does that as an …(16:42). Each and every month he has to make a report. And from that report it will give you a gap to say oh what am I going to write, what am I going to report. And then that brings him… A call comes not to him, to say, No I have to go out and see what is happening. How best is it happening, what are the challenges? So I can say he’s like an advisor. Who can be advising both the implementer and the technical officer. So he’s a person to advise, to show direction. Where can we go. But again when we are implementing activities, we normally go with the numbers, with the data. We have to see that ofcause, what was our target. When we want to support this activity, to do this activity, what do we want to achieve? With numbers, with activities or so ever, the purpose or the responsibility of the monitoring officer is to see to say are we reaching that target. If we are not what are the problems. So that’s the task of the officer. So he has to go in the field, visit in all different areas and see what is happening and how best can that be advised. (18:50-20:14 skipped, history) So Chavula is there to supervise? Yes, to supervise the ovc-activities, which is there. So the main task is this time is to supervise. While supervising, because then you supervise somebody who has been trained. But again when you talk of training, we are working with a volunteer. we have to recall that. We are working with a volunteer who at times drop. So when the number of volunteers is dropping, it’s either because of movement, it’s either of education. Then when the number drops we need again another training for other volunteers. But then that trail we are still resourcing funds. But we know that of cause such situation who come, so so-doing supervision will be a challenge, cause then you are supervising somebody who is not trained.

1. What is the influence of the government on Matunkha and especially on the OVC-office and the CBCC’s?

We are the local NGO, our main task is to support the planned activities of the government. Whatever we are doing, it is something that is the responsibility of the government needs to do. But because of capacity and financial, capacity we are talking of the skilled people to things, that’s why the NGO’s are coming in. And of cause we are walking hand in hand with the government. And most of the things of cause we do get the support from the government. Talk of the CBCC’s sometimes we like materials for the CBCC centre’s. Sometimes when the government have through social welfare office, they support. And they do appreciate, even the activities that of cause we are doing. Because we work hand in hand with the …(22:21), that is district hospital in the areas of health, palliative care, home based care the HTC, like HTC equipment, testing kids. We get them from the hospital. We cannot buy them. So government do support us. whereby we do support them again. Because it is normally the government which looks at us to say that yes Matunkha is supporting us. But even for the data the report whatsoever we share with them. to say this is what we have done. Then we compile the add-on on what they are doing. And then they make it a district report. So it’s just a matter of understanding each other, and so doing I thing we are a great support for the government. *You report to social welfare and social welfare to government?* What happens is, let’s talk of OVC activities like the CBCC, children’s corner or so ever, we make reports, monthly reports. And when we make those monthly reports, we share it to the district counsel. At the district counsel they have a database, then that means the social welfare can get that report of the district counsel. Of cause when I talk of the social welfare that is a companion of the district counsel. So they get that report and it assists in compiling the district. So like Matunkha Centre is not like in the whole district. It is working in parts of the district. So that means they have to gather information who is doing what, how much is that one doing. So they gather that one. So that mean that when we talk of district report it has to be produced at district assemble level, but again the same reports we keep our, the same reports, so if it a funded program, if it is a funded activity, then we send it again that report to the donor who has funded that program. So I can say that a report is something that is shared for different stakeholders on it to have information about what is happening. So government is part of it, who need information about what is happening and what we are doing.

*Do they also have influence on the programs that you are running?*

Yes they do have influence, like I said that sometimes maybe they come and they join us. So showing influence to say yes I thing we can do and support which they can give. Not only the support which they can give, but even they can attach as to some possible supporters on support for the program. So the influence is there.

**CBCC**

1. How is CBCC organized?

When we are talking of CBCC we are talking of a program which targets children of the age of two years up to the age of somewhere five or five and a half. So that is the first program or the first activity that is reaching the children. That is the CBCC. Why am I saying the first, because we have ladders. First being in the CBCC targeting children in the age of two to five, five and a half or six. Then second is how we call children’s corner, which targets children from six or seven to someone …(26:25). From there we have parliament, children’s parliament(??!!). Which targets the children from the age of twelve up to the age of eighteen. Cause in Malawi when we talk of a child it’s up to age of eighteen. So when we talk of how the CBCC’s are organized. First of all for the CBCC to be implemented we need to have a trained personnel. Because at the CBCC, the purpose of the CBCC, of cause with Matunkha Centre’s line is to ease the work of the guardian. While we came to establish at Matunkha Centre, we have seen to say that because there are more children who have been taking care by sometimes grandparents at the age of three, at the age of four. Because of the mother has died or the father has died. Some were taken care by a single parent. Because of the father has died or the mother has died. And then we had to ease the work of that guardian. To say, instead of having full time work with the child, at least he can be doing some things, which he will even support that child. There came the CBCC. And yes for this CBCC to work it needs somebody who can have a passion of care. Cause there is somebody when they are doing their own children they come and being following them, like what are you doing then, come on, \*wheep\*. That means that person has no passion of care to children. So you have to look again to say what are the characteristics of this person is having. So maybe he can maybe with the children. So we really need to train how best to stay with the children. How to understand the children. You know, children are like computers, the keep things very easily in their minds. If you should at a child today tomorrow he will see you he will run away. He has kept memory unto that. So it has to do with people who are trained. Who can understand the feelings, the means of children. So yes training is there, but again we need to have people who can give their time voluntary, because as Matunkha centre we cannot manage, cause of cause we have more CBCC’s and we cannot manage to employ and pay each and every CBCC. So we need to have of cause people who give their time unto that. But again a community area, we can have a heart of assisting and supporting that CBCC leader who is there. By understanding to say this is a CBCC leader who is from morning up to twelve o´clock, who is with the children and she or he is not going for his work in the field or so ever. They need support. And again of cause when we have such like volunteers how work again, we need to motivate them. Look on the areas how do we want to motivate these volunteers. So we have to come up with the motivation measures. So that they don´t feel like isolated or so ever. So yes that´s how CBCC´s work, but again by doing that then we have to facilitate to the community that of cause there are more needs at the CBCC centre. Playing materials, food or what so ever. Children need to eat at least. So come and again. So feed need to be prepared and who can prepare that food. We have to mobilize the community to say there should me maize so that of cause the centre is been supported. Either by having community guardian or by having a contribution that community level. Then from there we as Matunkha Centre we come again to say okay how best can we support, how encourage that and support them.

*Those volunteers are they coming to Matunkha to say I want to be a volunteer or you go in the communities and select the people?* Because we don’t want the volunteers to feel that they are maybe working for us. What we do is we tell them to say they should not come to us. They should go to their exertive down there in the CBO. They should show their interest in the CBO. But sometimes it is not like a self selection. Sometimes the community members their self they sit down at the village meeting level Whereby they discuss, we want to have this program. We want to have this CBCC. Whom do we thing can volunteer himself. Sometimes it’s a person, sometimes no not that one, but I think this one can assist. Oh people are voting for you say you can assist, do you accept that? Yes I can take is. So it comes on that. So for us just receive reports. In our area we have this one. How they selected, they just tell us. For us we don’t go there to say oh this one should be, because then they will say, oh they pay me, because you told me that I should go there. So we are mindful unto that.

*And those volunteers are only in contact with the CBO or also with the Chavula or the OVC-office?* Yes they are in contact with the CBO but again with Chavula, because Chavula has to facilitate that person. Has to mentor that person. So that means the relationship is important both areas. And again that volunteer has to give reports to us, as he is giving the reports to the CBO’s.

*Who is training those volunteers?*

The training comes when they needs there, then here at Matunkha Centre we are lucky that most of us, like myself and Chavula we were trained as district trainers in OVC programs. So of cause when you have a training it has recommendation to say how many trainers should there be, how many facilitators. So most of the time again, even if we are with enough at Matunkha Centre, but again engage somebody from the government. That is from social welfare. So each and every training, if it is OVC program, we engage someone from the social welfare office. And it is a training for home based care then we engage someone from the hospital.

*And the training is once?*

When we conduct a training like on the CBCC, we have different trainings in the CBCC. In the CBCC we have a training in Journey of Life, then we have a training in Psycho-social Journey of Life, then we have in CBCC management and then we have Parenting. Those are three training which are targeted for the CBCC’s. Now it has targeted people. Like on Parenting we target those who are teaching at the CBCC and again the parents, the guardians. Cause when we have a CBCC we have to curriculums of teachers. Some are teachers, some can be supporters, like cooks, people that can be playing with the children. So we can conduct a training to maybe this here, after maybe one and a half year we have to recall for a refresh. A refresh means to say that maybe they were trained but they need to be reminded, they need to be refreshed to say maybe it cannot be reminded but maybe there can be new development that are coming. So we need to add unto them to say ey. But now we have this technology, I think we can best do this again unto that. So it’s normally after one and a half year.

*And all the volunteers are getting a refresh training or only the ones who want?*

Normally of cause like when we train people and we want to go for refresh training, we look on those volunteers who are active. Because it happens to say that we train like maybe hundred fifty volunteers, we go for implementation, after two three four months you find others they are not continuing. So those who are active, we refresh. Because we would not like to refresh someone just because we trained him. He will just not use that. So we normally, when we talk of refresh we talk of those who are trained and they are still active. Then later on when we see more people, because it happens to say because as I talk of movement or what so ever, I mean number of volunteers is now becoming less then we can organize a training, not a refresh, but a training for those who were not trained, so that to feed up the team which is already existed.

1. What are the mean stumbling blocks of CBCC’s?

Stumbling blocks are there. Say for example like I told you of motivation. These are volunteers who are working without getting anything. Yet they have thing which they need to do. And most of the time when we talk of the CBCC’s, our experience has given us to say that more of the leaders who are in the CBCC’s are women who are not married. Later on they get married, the responsibility is now like being controlled by the husband. Sometimes maybe if the husband is not happy that he want te be seeing that the wife going in the CBCC instead of being in the field. They say what is it, you are not getting anything, so what are you talking about. No you stop it. So those are the challenges because of lack of motivation.

We have been of cause to discuss with the government to say that maybe there should be a certain maybe means that maybe they can be supported by having some allowances or what so ever. Just to support their activities done at home. So that’s one of the stumbling blocks.

But another thing is the CBCC’s , when we talk of children, development of children, when we go somewhere where there is a CBCC they have a good construction a good building, there is a good attendance, than somewhere where they are meeting in a church. So why is it, most of these days it is difficult like here in Malawi to find donors to construction, it is very difficult. So most of the people they just want to support the implementation like feeding what so ever but not construction. So whereby you can have more food or so ever but the place where children are learning is not combustive then they lose appetite of the place. So that’s one of the challenges. And again even for us here at Matunkha Centre for supervision program, because we need to encourage them. When we visit them it is an encouragement, but again because of the fuel crisis that we have been experiencing I think we could stay even for two or three months without visiting the CBCC. So they feel like aaaah, there is no appreciation for what we are doing. So that came again to be a stumbling block as well. And again when we talk of feeding in the CBCC for children to be coming. When there is food they are encourage to came because when we are at the CBCC one of the areas that we are working on is health of the children, nutritious. The nutrition food that we are giving. Now if they go at the CBCC, like this time the hardest time, the community they contribute, they can contribute in the community. To say No let us contribute maize or what so ever so that we keep our centre running. But later on after four months that now maybe everybody has nothing, everybody has only limited food at home, it’s difficult to contribute. Now if you don’t have funding, if you don’t have financial support on that one, then the centers sometimes they operate only for four months. Later on they decease. So those are the stumbling blocks of cause that we most of the time meet.

*The CBCC itself it has a specific goal or pupose, or is there only a main goal for the ovc office?*

I think it’s just a main goal, we have only main goal which of main of the government is to reach. Yes sometimes of cause even the CBCC itself can have a specific objective to say why do you want to have this. Then it goes with a place why we want to have this CBCC here, not there. So it can have different goals so I think want to do it here, maybe because children from here they are near to school. While they are growing they can have to feeling, no I need to go to school. Cause again, by going to the CBCC it encourages. There is a believe to say when a child started going to CBCC it is easy for that child to go to primary school. And somebody who hasn’t been going to CBCC when he grows up like seven years tell him to say you go to school. He’ll go as if he is going to school and stay somewhere, till he sees his fellow children are coming back from school then go home as if he went to school. Not liking the school. So we feel to say that of cause when they are nearby a school and that reaches the goal to say yes I think main goal on that one is we can have an appetite of going to school. But again of cause the main goal when we are talking of nutrition, when children are just at home, here in Malawi most of the times, children don’t eat in the morning. If they are not on journey. Most of the time when you not go down in the community the time of eating is lunch and supper. No breakfast, no tea break or so ever. So so-doing you find to say that maybe children somebody who is maybe twelve years seem if he is eighteen years. Working hard but not having enough in the body, like food. So such like issues have been the goal to reach. So we see how is the health of the person, intelligence of the person. But again when you are at the CBCC because they interact as children, they play together, they can eat as a group then I think the interaction of their mind becomes.

*(Does the OVC office, as the community department do you have a strategic plan for each department or only for whole care?*

When we talk of strategic plan, that means a plan deals with different activities and different goals to reach for that.)

**Appendix J: Interview Social Welfare officer**

**General information**

*What is your work field?*

My work field is child development and social welfare.

*And what does it include?*

It has a number of area’s in focus. Child development, we have the programs. One is the family and child development. And we have family welfare. And we have foster care and adoption. Orphan care. Then we also have the program of child … (01:56) and the children services. That area is child development and child protection. Under child protection we have a couple of activities. We focus on the child rights, child abuse. We have also ECD programs where we also focus on different areas. We have the CBCC’s, the Childrens Corner.

*With which organizations are you cooperating in Northern Malawi?*

We have a number of organizations which are active involved in child development. We have Unicef, which is the major partner. Plain Malawi International. Serve the children. EveryChild. We have some local NGO’s, such as World Vision International, Future Vision (Matunkha), Eva Demaya, Action Aid. Some of these organizations are district based. The organization you find in Nzimba you maybe not find in Rumphi. In Rumphi we have Future Vision, Action Aid, Eva Demaya.

*So each organization has their own part of Rumphi?*

Yes, every organization has a particular working area.

*And do they have different focusses?*

Uh…they are focusing on the same area of child development. Action Aid is doing infrastructural development, building shelters and buildings. Constructing the buildings where the children can sit and interact with the caregivers.

*I guess the organizations will also help each other, because if they all have their own area, the other area will miss something?*

No. Let’s say Future Vision. It has their own area it is offering services for child development. When Future Vision is missing something in the area, they come in to do something to support it.

*Could you explain us more about ECD?*

Basically when we say ECD we talk about a range of services that are there to promote the condition of care on children. That is zero to eight years. In the home or in the community. With the aim to encourage total development of the child. This ECD services are provided in a number of hours during daytime. Ya, it depends on the kind of the service. We have different services. For example we have the CBCC’s. It start around eight o’clock up to ten o ‘clock or half past ten. But when we go to daycare center it takes a whole day. Then we have nursery school. That is for children of two to five years. We also have the under-five clinic. Where we take for monitoring and humanization. We also have the under natal clinic, this is for the expecting mothers. Going for check-ups. And we have the Sunday schools for the spiritual development. Children go there to learn more about God. Then we have pre-school groups. This is to prepare children to go to standard one.

*All those services got money from the government?*

Yes, they are connected to the government and to the policy and guidelines. This ECD programs are … (14:27) and established, focusing on child development.

*What is the main focus of the government concerning children’s care?*

This time the government has a focus on the early years of a child. That’s why you found everyone talking about ECD. This focus is because when you look at the growth of a person and the health. We start at the beginning. When you have missed the early years of a child, you have missed the whole total person. So maybe in the future there will not be a proper development of the child. Maybe the child will miss the direction, have nothing to do, maybe to the society. But when we prepare the child in the early years in education, in nutrition, we are sure that this child is going to be someone in the future. So this time the government of Malawi has focused on the early years of a child. Next to the infrastructural development we also provide good water supplies and good nutrition. The government is also focusing on the capacity building. Capacity building for the caregivers, those child mentors. But also capacity building to parent committee. These CBCC, for proper and smooth running they need to have a structure. Which we call a parent commit. That parent committee is searching each and every day the welfare of the children in the CBCC. The government is also focused to build the capacity of those people, so that they are able to support.

*Since when is the government focusing on the early years?*

I don’t know the year exactly, but it is already a long time.

*In which areas is the government going to improve concerning children’s care?*

The government want to improve the infrastructural development. We say that the child have to be in a safe environment. The child have to learn in a structure well protected from maybe bad weather. That’s why they are now building shelters and good water supplies. Water is life! They also want to improve in nutrition, in food security. Because without food, the child will starve. And the government will also improve the capacity building. We know for sure that we now live in a world of crisis, economic crisis, which affects a number of programs. Maybe if the government can find more donors to support, so that the government will be able to build the capacity of those volunteers working with children. When we talk about capacity building we talk about volunteers at community level and those volunteers at district level. Working there without enough knowledge of the development of a child.

The training for the caregivers is very expensive. Unicef is supporting those trainings. With this support we are very able, but alone we cannot effort to train the caregivers. 10 days, that is two weeks and teaching materials that is very expensive.

*And who is giving the training?*

We have trainers from trainnet and experts who are trained to give this training. And the social welfare staff have already expertise and knowledge to train others. At least every social welfare officer is trained in this field. And also some other partners are trained that assist us in giving the training in this district.

**Opinion**

*Do you think something is going to change now there is a new president?*

As the government we say we can improve, because the plans are already there. But this one is taking over, so the plans are already there. Only maybe to add something.

*Do you think that CBCC’s make a difference to the development of the children? If yes, what kind of difference?*

Yes, sure. CBCC make a difference in child development. If we try to compare a child who is grown up through CBCC care and the one who has never gone to CBCC, they are different. One, if you put them in academic school, in standard one, you found difference. The one who never attend CBCC will start in fearing. He will be very poor in terms of socialization with others as well as with the teacher. But the one who has been to CBCC has a very good socialization. We also see that the child who maybe is an orphan is maybe support by a foster parent or well-wisher. You found that orphan child starving. Then he is undergoing the process of CBCC, at least it is an advantage of good nutrition. Putting the child in a CBCC is improving the child. Because porridge is very important we try to encourage the community to provide food for the children. That’s why we have that committee, they are responsible to come up with the communal guardians for the CBCC’s.

*So at the bottom is the CBCC and then there is a parent committee?*

Yes. Within the CBCC there are caregivers, that are volunteers, for socializing with the children. Then there is a committee which is running the CBCC. That’s a commit of ten members, who are able to manage the CBCC. And each CBCC has his own parent commit. Though the CBCC services are under a CBO (Community Based Organization). And that commit can have a number of CBCC’s. Within the CBCC there is a parent commit, managing the specific CBCC.

*And the CBO?*

The CBO is a bigger committee where a CBCC is attach to. A CBO can have a number of CBCC’s.

*And the CBO is in contact with the social welfare?*

Yes.

*So this is the order? CBCC > parent committee > CBO > Social Welfare Office.*

Yes. And that one (SWO) is the District Council. And within the CBCC we have the parent committee. So it will be. DC > CBO > CBCC/parent committee. And under CBO there are a number of services. So the CBO is like an umbrella for all those services.

*And those services, they meet once a month or once a year?*

No, not really. The CBCC/parent committee report to the CBO. And the CBO reports to the DC (district council)/Social Welfare office. Monthly.

*All those services do they cooperate?*

Let me write it down. We have the CBO (executive). And under this one we have different groups. We have the orphan care, home based care, youth and people living with aids. Under orphan care is where we have CBCC’s and CC’s (children corners). Within the CC’s is a committee running that one. And in the CBCC is also a parent committee. And the end of the month they are going to report their services to the orphan care committee. Then this one will consolidate and summarize the reports and give it to the CBO. And they also try to come up with one theme to the DC. So when they want some support it comes through the CBO and Orphan Care to the CBCC’s. The CBO is like a bridge to the organizations or to the government.

*So the CBO is the coordinator?*

Yes, they can coordinate the different projects.

*And the CBO is one man?*

No, there are ten to fifteen people in the CBO. This people are coming from here (different departments: orphan care, HBC (home based care), Youth and PLWH(people living with HIV)) They are representing their groups to the CBO. If they want to discuss, they just meet, the CBO committee. So what they discuss there, they go to the specific groups and tell want is going to happen.

(drawing)

DC (Social Welfare)

|

CBO (executive) – 10-15 members

| | | |

Orphan care HBC Youth PLWH

| |

CBCC’s CC’s

(0-6yr) (6-18yr)

*And the different CBO’s in Northern Malawi, they also meet? Or they only report to the DC?*

Sometimes we have a forum, maybe at the end of the year. Sometimes they invite some members of this CBO committee. So that they evaluate the services and plans.

*In which area do you think that the given care could be improved at CBCC’s? And how could they improve that?*

We can really improve the CBCC if we have enough support in terms of financial sources.

*But what part can we improve?*

We can improve the infrastructural development, like I’ve already said. Nutrition. We can also improve CBCC if we can supply with good water. We can also improve the sustainability of the CBCC. If you go to CBCC you will found that there was one, but it wasn’t sustainable. People maybe can’t come up with a CBCC, they have limited knowledge. They don’t know about the CBCC, how to sustain a CBCC. They don’t know about the child. If we build the capacity of this people, it will be able to sustain. And also the communities should be aware of this services. Some people they don’t know about CBCC, they don’t know about ECD. When they know, I’m sure it will improve. If we have the resources for capacity building, if we can train them, if we have resources to go around in the communities to make them aware of child development, it will really improve.

*The training for caregivers is made in 2003 or 2004, right? Is it still the same or is it refreshed?*

That manual is revised last year. There is a new manual, they just add some information which was really missing in the first one. They just improved some areas. We need to come up with some trainers. Because the caregivers, the volunteers, they work at a CBCC and maybe after three or four year they are going. Then we need to have committee trainings for the caregivers. If we have resources.

*Is the training revised every year?*

Yes, the government trains people every year when resources are there. Once they are trained they are put on inventory. So when they contact they can see: ow the training is done by mister…

*And what can be improved in the care itself they give to the children?*

We can improve to the caregivers in the area of capacity building. They should have enough knowledge about the children. We can also assist them with the play materials. That area also should be improved. It can be difficult to manage the child if it can’t play. A child should be playing. When the child comes near to play materials he will be stimulated to start playing. For early development of the child we need a lot of play materials. The child learns a lot when he is playing with those materials. But for that we also need money.

*Who came up with the four domains?*

From the policy guidelines of ECD. So from the government. So the government made a research that everyone working with children should focus on this four domains. Then it is a holistic, total development.

*Do you know who is the source of the guidelines?*

The minister of Gender and Child development.

*But I guess he is not the one who developed the whole theory?*

No, together with partners who are interested in child development. For example Unicef. I think the government and Unicef they came up with this kind of policy.

**Appendix K: Strategic Plan**