# An Assessment to Identify Entry Points to Strengthen Child Protection within Early Childhood Development in Malawi

Government of the Republic of Malawi

*Assisted by*

UNICEF Malawi
&
Coram Children's Legal Centre

Written by:
Elizabeth Yarrow, Professor Carolyn Hamilton, Jonathan Watkins

Special thanks to Mary Phiri, Khama Chibwana, Miriam Ngwira and Duncan Limula

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## Executive Summary of Report by Objective

***Objective 1: What capacity (financial, human, institutional, technical, policy) does the early childhood development sector have to identify, prevent and respond to violence, abuse, exploitation and neglect of children aged 0 to 8 participating in early childhood development interventions?***

Evidence from the research reveals that the ECD sector's current capacity to identify, prevent and respond to violence, abuse, exploitation and neglect of children aged 0 to 8 in Malawi is limited. Nevertheless, ECD in Malawi provides significant opportunities for improving protection of children ages 0-8 in Malawi, and for strengthening the national child protection system at large.

Given scarce resources, the ECD sector in Malawi has potential to have commendable child protection credentials. The sheer existence of so many child care institutions, such as CBCCs, based in rural areas, free of charge, and run by volunteers, is a remarkable achievement in itself.

Legal and policy

There is a general absence of both primary and subsidiary or secondary legislation which regulates the functioning of ECD programs. Furthermore, aside from the very general provision found in Article 35 of the Child Care Protection and Justice Act (CCPJA), which places a legal duty on "care providers" to report cases of child abuse, there are no regulations that set out the specific duties and responsibilities of ECD professionals in relation to child protection.

The 2003 National Policy_on Early Childhood Development broadly sets out methods of protection children in Malawi in general, but fails to address the key issue of how to establish entry points into the child protection system within early childhood development, to ensure protection of children ages 0-8 years. Furthermore, the 2009-14 to strategic plan, which builds upon the policy, is largely silent on the issue of child protection. In the same way that the links between early childhood development and child protection are absent in ECD strategy, they are also missing from the policy framework that guides the child protection sector. Policies do not contain specific measures from protecting babies and young children, and do not provide for integrated thematic programs to ensure that ECD interventions provide entry points into the child protection system.

Institutional

In general the institutional framework for managing links between ECD and CP services are weak. There is limited coordination at the central level for integrating policy development, planning and programming across the two sectors. At service delivery level, referral

mechanisms for child protection cases are virtually non-existent, and there is very little interagency working. Whilst the District Social Welfare Offices have a supervisory function over CBCCs under the National ECD policy and the CCPJA, in practice their main source of supervision and support is from local CBOs who have tenuous links with child protection services.

Human and technical

The research found that ECD front line workers have insufficient capacity to recognise and respond to child protection issues and concerns. ECD workers have a limited understanding of the sorts of harm that can befall children, and lack basic skills in making initial assessments of needs and risks. Front line workers are not empowered to take action on behalf of children, and connections with police and social welfare agencies are limited. Research revealed no evidence of circumstances where individual plans and case management systems to protect children were in place in ECD care institutions. In general Front line workers were totally unaware of their child protection responsibilities under the 2010 Act.

Local councils at district level are chronically understaffed. Due to large catchment areas per social worker, professionals are seldom able to ntervene in child protection cases at ECDs on an individual casework basis. Casework is essential to the delivery of a working child protection system because it provides the structure to protect children individually.

At the national level, research revealed that child protection is not sufficiently mainstreamed across all other work, and the Ministry of Gender, Children and Social Welfare has not taken a sufficient lead in collaborating with other ministries (such as the Ministry of Health, and the Ministry of Internal Affairs and Public Security) to make sure that child protection is coordinated. An ECD Technical group has been established at the national level, which includes a range of ECD and child protection experts. The establishment of this group has the potential to improve technical capacity across the two sectors at the national level, however, the group is still in its infancy and it’s full potential has not yet been realised.

Financial

Evidence from the research revealed that a general lack of resources across the ECD sector is a major barrier to strengthening child protection within ECD services. Most ECD workers are either unpaid (CBCC cargivers) or poorly paid (primary school teachers). Poor training and financial incentives for ECD professionals can impact negatively on the standard of care and protection provided to children, and may even put them at risk. Furthermore, ECD infrastructure is generally weak and may be insufficient for ensuring a safe environment for young children. Many centres are characterized by poor ventilation, dusty rooms, poor lighting, temporary dilapidated structures and the absence of child-friendly sanitary facilities. There is a general lack of resources, materials and equipment that cater for children with special educational needs.

The remoteness of many village communities and ECD centres, and a lack of resources for transport (vehicles and fuel), makes it difficult for district social welfare officers to access vulnerable children in the communities and monitor child protection within ECD services.

***2. How can children aged 0 to 8 who are not participating in early childhood development interventions be better protected from violence, abuse, exploitation and neglect and how can the early childhood development sector reach out to these children?***

Whilst early childhood development programs in Malawi provide significant opportunities for improving protection of vulnerable children, it is important to recognise that the majority of babies and young children in Malawi are not currently participating in early childhood development interventions.

Children who are not able to access ECD are frequently amongst those who are particularly vulnerable. They may be living in extreme poverty, have physical or learning disabilities, be orphaned and/or be living with HIV. Through not attending an ECD centre, children are further exposed to harm: they may be subject to neglect (e.g. left at home unattended while parents work in the fields), or they may be at heightened risk of being subject to recruitment into exploitative labour. Children who fail to attend an ECD centre are less prepared for primary school, and are likely to drop out a young age. This can be a further driver of negative outcomes for children, exposing them to vagrancy, displacement, trafficking, homelessness and coming into conflict with the law.

Improving access to ECD services, therefore, is a primary and effective means of better protecting vulnerable children from violence, abuse, exploitation and neglect. It is also a essential intervention for promoting **equity** to eliminate the unjust and avoidable circumstances that deprive certain groups of children of their rights.

The research revealed that barriers to access to ECD services are multi-layered and complex. There is no “quick fix” means to addressing them. Food, facilities and other resources and the imposition of official fees and levies, were found to be key barriers to access. Socio-cultural factors (such as constructions of “class”, gender, disability or witchcraft) closely associated with economic realities; and limited human resource capacity (e.g. poor quality teaching and care at ECD services) were also identified as factors that compromise access to ECD services.

Many stakeholders recommended that the government pass new legislation mandating parents to send their children to ECD services. Passing new legislation, however, fails to address the root causes of barriers to access, and may oblige parents to send their children to services that are not necessarily safe, appropriate to children’s needs or beneficial to their development.

Section 5.4 of this report explores measures for tackling root causes of barriers to access. These include: integrating ECD and child protection programming (e.g. training caregivers to plan for and respond to individual child protection cases, as well as training on caring for

children with additional needs; sensitizing the community on rights, equity and diversity etc.); integrating ECD and livelihoods programming (e.g. programs developed to promote economic empowerment at the household level, attached to measures to incentivise parents to send their children to ECD services); and investment into improving the quality of ECD services more generally (e.g. improving structures, facilities, school feeding etc.) and other equity-focused programming that takes an integrated approach to addressing the *multiple and overlapping forms of discrimination and exclusion* that simultaneously work together to disadvantage particular groups of children.

### *3. How can child protection be integrated into early childhood development interventions such as parenting programmes, childcare centres, the first three years of primary school and other key interventions?*

Protecting children is a shared responsibility. A wide range of people contribute to building an effective child protection system; not only qualified and experienced specialists, but also ECD front line workers (PPI trainers, teachers, caregivers, health workers) and other community volunteers.

An effective child protection system incorporates services to children and families on three levels, and ECD interventions can provide services that contribute to the child protection system at all these levels. CBCCs, primary schools and other ECD services (such as primary and preventative healthcare) can strengthen the child protection system at the **primary** level. In order to function in this regard it is essential that policies and plans are in place at every service centre that instruct front line ECD workers on how they should act to protect children. Furthermore, all ECD professionals should receive comprehensive child protection training that extends beyond identifying potential causes of harm to children, and empowers individuals to understand the concept of child protection more broadly.

ECD also has the potential to strengthen the child protection system at the secondary level: through providing additional, specialised support to “at-risk” groups such as children affected by HIV and AIDS, or children with disabilities. ECD parenting programs should support parents to care for children with additional needs, through, for example, educating participants about different forms and types of disability and how they may affect a child’s experiences and ability to claim his or her rights. This could be extended to all vulnerable groups, creating an environment where such children are less exposed to discrimination, violence and neglect. Furthermore, extensive training should be provided to front line ECD workers on complex issues such as caring for children with additional needs, and specialist resources, equipment and materials that cater for these children should be accessible at facilities. Links should also be established between ECD services, and specialist services providing support to children with additional needs (such as civil society organisations providing support to children with disabilities), for sharing skills and other resources, and referral of individual cases.

Finally, ECD can contribute to the child protection system at the tertiary level. ECD services have a crucial role to play in responding to situations where individual children have suffered, or are at imminent risk of suffering harm. Caregivers in CBCCs, teachers in Primary Schools, health workers and to a lesser degree the workers who deliver the positive parenting programs, see children regularly, and have contact with carers, and are therefore in a prime position to notice individual children who have been subject to violence and abuse. In order to fulfil their function in this regard, it is vital that front line workers are able to recognise and respond to individual children in acute need. It is also vital that case management structures and referral systems are in place so that ECD workers are connected to other agencies, such as social welfare offices and police, who are able to take appropriate action to keep individual children safe from harm.

In general, strengthening ECD entry points for protecting children against violence and sexual abuse should focus on creating stronger and closer links between ECD professionals and those with the authority and duty to take action to protect children. At the village level this means creating a robust, consistent and agreed system for ECD front line workers (caregivers/ primary school teachers/ parenting educators/ health workers etc.) to report concerns immediately to a village chief, a community child protection officer or a member of the village victim support unit. At the district level, this means establishing close links between the district social welfare officer and the police victim support units (PVSU) and primary teachers, CBCC parent committees, CBCC caregivers and caregivers in the private child care centres.

### *4. How do parents and guardians of children aged 0 to 8 understand child protection and what do they see as the main child protection issues? What are the specific child rearing practices that protect children and how can these be strengthened? What are the practices that undermine early childhood development and child protection and how can these be minimised or eliminated?*

Most adults in Malawi, including parents, carers, ECD providers and community leaders consider **neglect** and **abandonment** to be the most significant child protection issues for children ages 0 – 8 years. Community members may perceive a distinction between children whose basic materials needs are not met as a result of poverty, and children who are being purposefully neglected, although the distinction between the two is not always clear. Whilst both are considered to be child protection cases, sometimes only the latter is understood to be child abuse.

Encouragingly, researchers learned that protecting children from this type of harm is perceived as being a communal responsibility, shared by all members of the community. Although there is a sense in which children are perceived to be the "property" of their parents (such that others may be disinclined to intervene in what is perceived to be a family matter) researchers did consistently hear of cases where community members would pull together to hold meetings relating to the care of individual children. These meetings would typically involve gathering family members together with parents and carers, and prominent

members of the community, possibly the Village Head Man or a teacher at the village school. During these meetings the person who was responsible for neglecting the child would be "counselled" on methods for improving the care and treatment of child.

"Domestic violence" is usually conceptualised by parents/carers as an expression of neglect, exploitation or discrimination: such as the act of "denying" a child (often an orphan) food, or of sending them to tend the goats instead of going to school. Physical hitting or beating is usually not perceived as domestic violence, except as part of broader situational factors which again relate to the deliberate neglect of a child: e.g. "beating an orphan when they are supposed to be eating".

Physical punishment of children is considered by parents and carers to be a *protective* measure that supports children's productive and healthy development. It is highly significant, however, that children themselves do not appear to share this view. Children who participated in the research clearly articulated that they find physical punishment to be harmful and abusive; as one young child commented: "beating children is wrong because we can get injured".

Despite the fact that the ECD package in Malawi does not accommodate beating children, children told researchers that they are regularly beaten with sticks on their arms, legs, hands, backs, bottoms and heads. All the children interviewed, both at CBCCs (and other childcare centres) and primary schools, reported being beaten with sticks by their teachers and carers. A significant minority of children involved in focus groups showed researchers marks and scares on their bodies which they claimed to have received from being beaten. A wider number of children reported that they had suffered swelling and bruises from being beaten, which had hurt for several days and had interfered with school and play.

### *5. How do service providers of CBCCs and caregivers currently understand child protection? What are the major child protection issues from their perspective and how do service providers and caregivers currently respond to these issues?*

ECD workers, teachers and caregivers have similar perspectives on child protection as those of parents and guardians. When asked what they understood by different concepts such as "child abuse" and "child protection" ECD service providers spoke about the need to make sure that children were fed, bathed and clothed properly.

If asked directly about physical punishment, in some cases respondents would say that causing physical injuries, particularly causing a child to bleed, through beating was unacceptable. However, they were be more likely to discuss the frequency of the beating, or (as discussed above) the broader context in which the beating was taking place, when considering whether physical punishment of children constituted child abuse. Beating a child "all the time", causing a child to cry "every day", or getting drunk and beating a child for "no reason", were all continuously raised as examples of when hitting a child might be considered abuse, rather than acceptable punishment. When asked how they would

respond to such a situation, participant would report that they would either do nothing, or they would attempt various forms of "counselling" or "mediation".

Perceptions and understandings of what constitutes harm of children shapes the way that ECD workers respond to protection cases, as well as their perceptions of the law. Most child protection cases are likely to go unrecognised by the ECD sector. Those that are identified (usually cases of neglect, particularly of orphans) are likely to be handled in an ad hoc way by ECD workers themselves through mediation and counselling. Others (such as cases concerning witchcraft) might be referred to the Village Head Man. Only extreme cases, such as rape of babies or young children and murder are likely to be referred on to the police.

## *6. What actions are required to strengthen child protection in early childhood development?*

Recommend action

a) **Strengthening the legal, policy and institutional framework**

- Develop legally binding "codes of practice" or "guidelines", to instruct caregivers, teachers, health workers and other ECD workers on the specific scope of their responsibilities in protecting children against violence, abuse, exploitation and neglect. This should include, amongst other issues, how to provide a protective environment for children, a requirement to develop a child protection policy and agreement on what should happen when there is cause for concern about a child.

- Raise awareness amongst ECD providers on their legal responsibilities, particularly under section 35 of the Child Care Protection and Justice Act, and the penalty for failing to comply with these responsibilities, as well as understanding legal definitions of harm

- Incorporate child protection strategies into the national plan for ECD, and ensure that this is mainstreamed and prioritised across all ECD policy development and programming

- Create a coordinating body at the national level for integrating policy development, planning and programming across the two sectors.

- In consultation with communities and traditional authorities, develop an official protocol outlining referral mechanisms for children who are believed to be suffering or at risk of suffering abuse, neglect, exploitation or abuse, and disseminate this through the National ECD Network.

- Improve monitoring and data collection systems to create a standard centralised system of recording incidents of child abuse.

b) **Strengthening systems for preventing, identifying and responding to individual child protection cases within ECD**

- Resource mobilisation by donor partners to promote the effective and sustainable implementation of ECD and CP policies, strategies and plans.

- Develop training programmes for ECD front line workers so that they are informed about the sorts of harm that can befall children, instructed on how to respond and have sufficient skills in making initial assessments of needs and risks. This should include updating ECD training manuals to include modules on risk assessment and management and partnership working to protect children. It should also include developing a Child Protection Training Manual for primary school teachers

- Create a simple "check list" chart for identifying harm. Disseminate this through the national ECD network. This chart could be represented pictorially for people without literacy skills.

- Develop and distribute laminated CP information sheets at every ECD centre with key information concerning reporting or referral. Where possible these information sheets should include telephone contacts for local police, one stop crisis centres, and the District Social Welfare Office (DSWO).

- Establish routine monthly weighing and measuring of children in each CBCC/primary school/other childcare centre.

- Appoint a child protection person at every ECD childcare centre/primary school, mandated with the task of monitoring child protection issues and reporting to the community based child protection officer under the DSWO.

- Establish regular "family group" conferencing at each CBCC/primary school for children who are identified as having additional needs, or assessed to be "at risk".

- Develop and facilitate interagency child protection training workshops for all community level stakeholders in child protection (caregivers, teachers, child protection committees, Community Victim Support Units (CVSU), Village Heads and CBOs). Include partnership exercises and role plays to reinforce understandings of different roles and responsibilities. Workshops should be delivered by DSWOs in partnership with the police.

C) **Protecting children who are especially vulnerable and improving access to ECD services.**

- Provide specialist training and support to parents, carers and ECD caregivers and teachers, concerning caring for children with complex needs (children living with HIV and children with disabilities).

- Mainstream gender awareness across parenting programs, and ECD service training programs.

- Scale up CBCC and school feeding programs, so that children regularly receive a nutritious meal whilst attending and ECD service.

- Support dialogue between all stakeholders, especially dialogue with young children, to raise awareness about the harmful impact of physical punishment and promote alternative methods of discipline.

- Conduct in-depth research into child protection in the context of witchcraft in Malawi.

- Support dialogue with religious leaders, traditional healers, community chiefs and police to identify common ground to combat the abuse of children in the context of witchcraft.

- Engage Village Heads in supporting the process of birth registration, and promote dialogue between Caregivers and Village Heads to monitor access to CBCCs and provide caregivers with confidence to report cases of child abuse to the Village Chiefs.

- Develop innovative integrated livelihoods and ECD programs to support access for children from especially disadvantaged backgrounds.

- Ensure that all government primary schools have sufficient funding and support so that they do not rely on charging individual families unofficial school development fees in order to carry out activities.

D) **Protecting children in transition from CBCCs to ECDs**

- Establish routine visits by teachers at primary schools to local "feeder" CBCCs. This would mean, amongst other factors, that teachers and children would have an opportunity to meet each other.

- Admit children as a group from the CBCCs to the primary school wherever possible to enhance children's experience of primary school.

- Ensure that individual child protection plans, assessments and reports are shared by workers at CBCCs with the primary school teachers during transition and a specific

individual is identified within the primary school to ensure effective monitoring of the child.

# 1. Introduction

## 1.1 Background to the study

This study, conducted by Coram Children's Legal Centre on behalf of the Ministry of Gender Children and Social Welfare, and supported by UNICEF, aims to identify entry points to strengthen child protection (CP) within early childhood development (ECD) in Malawi.

The assessment analyses child protection interventions and mechanisms within early childhood development, identifies achievements, as well as areas of concern and capacity gaps to be addressed by stakeholders. The primary objective of the assessment is to make clear, evidence-based recommendations to improve the capacity of the sector to prevent and respond to cases of violence, abuse, exploitation and neglect of children, and to strengthen clear linkages with the National Child Protection System, which is currently being established.

Malawi has one of the most extensive Early Childhood Development systems in Africa. ECD programs began in the 1950s, with the first urban pre-schools being established in the 1960s.[1] Today, the most notable ECD services are the 9,300 Community Based Childcare Centres providing services to some 600,000 children aged 3 to 5 years in Malawi, in both rural and urban areas.[2] These centres have existed in Malawi since 1989 to address child mortality caused by growing levels of malnutrition.[3] Such services, together with a number of other ECD interventions, guided by the Government's recently developed multi-sector national early childhood development policy and strategic plan for children aged 0 to 8, provide considerable opportunities for realising children's basic right to protection against harm in Malawi.

Nevertheless, implementation of early childhood development interventions, including services, policies and plans, are generally silent on the issue of child protection.[4] Training programmes only partly reach ECD caregivers and, although they identify potential causes of harm to children, they do not instruct caregivers how they should act to protect children. It is not clear how these approaches and facilities protect children or how the investment they make in parents, guardians and caregivers supports efforts to prevent and respond to cases of violence, abuse, exploitation and neglect.[5]

This study aims to address these issues by providing evidence based information on how child protection can be strengthened within the early childhood development sector and to make recommendations for how child protection interventions can be effectively incorporated into ECD policy, plans and services, to ensure that that the CP system includes targeted and meaningful coverage of babies and young children.

## 1.2. Rationale: *The case for integrating Early Childhood Development and Child Protection*

Early childhood, from age 0 to 8, is the fastest period of development in human life. Over this period in a child's life, an enormous amount of cognitive, emotional and social growth and change takes place. Children are particularly affected by their experiences during these years.[6]

Child protection in the early years is critically important. There are two major, interrelated reasons for this. The first is rights based, and is derived from the simple fact that babies and young children are especially vulnerable to neglect, serious injury and death, especially at home, where abuse can be more easily concealed than in the case of older children. Small children have less capacity to protect and defend themselves against violence and abuse and are likely to suffer severely from its consequences. Abuse of children in these critical years can result in permanently damaged or delayed development. As commented by UN Secretary General Ban Ki-moon in the 2010 report on the Status of the Convention on the Rights of the Child:

> "*Young children are one of the groups most at risk of multiple forms of violence, including non-accidental death, physical violence, abuse, neglect, sexual violence, harmful traditional practices and psychological violence. Young children are least able to comprehend or resist violence and most at risk of being traumatized*. "[7]

The second reason is one of expediency: there is an increasing recognition that **early intervention** and **prevention** in families where children need extra support are the bulwarks of an effective child protection system, and can contribute substantially to a child's healthy and productive later life. Evidence suggests that it is in the early childhood period that children develop their basic skills, attitudes, behaviours and values, which can last their whole lives. Children ages 0 – 2 years have a primary need for attachment to a consistent parenting figure (primary caregiver) for reasons of basic survival.[8] A safe, secure attachment allows infants to cope with new experiences in their environment: psychologically, emotionally and cognitively. From the age of 3 years, children increasingly explore the world beyond their primary caregiver and learn through social interactions with peers. Secure attachments forged in the first two years of life provide the basis for functional relationships and capabilities in later life. The emphasis shifts progressively from the quality of the relationship between the primary caregiver and the child, to the nature of the opportunities for social and physical development with the outside world.[9]

Supporting children's holistic development during these early years can have a positive effect on the whole trajectory of a child's experience throughout school and beyond.[10] On the other hand, a body of evidence shows that poor education and development in the early years is a key driver of negative outcomes for children.[11]

Providing opportunities for children's holistic development necessarily entails ensuring that they are protected from violence, abuse, exploitation and neglect. Protecting children from harm is a prerequisite to safeguarding all aspects of a child's wellbeing. Put another way: child protection rights are fundamental to the realisation of the whole range of child rights,

including their right to survival.  Children subjected to abuse often suffer from poor physical and mental health, have a reduced chance of performing well or finishing education, have difficulties building and maintaining social relationships and are at risk of homelessness, vagrancy, displacement and coming into conflict with the law.  When children are protected against harm, they are likely to grow up physically and mentally healthy, and have a better chance of becoming educated, productive and integrated members of their communities.

It is therefore essential that child protection is embedded within early childhood development and that States establish and implement systems that ensure that risks to children aged 0-8 are identified, assessed, addressed and reviewed.

Conceptually, therefore, it is impossible to understand early childhood development, without considering the need to ensure that children are protected from harm, and vice versa.  Despite this obvious reality, child protection and early childhood development have often been treated as two distinct sectors within policy development and programming. This study seeks to address the gulf that has developed between the way that policy makers and service providers operate, and the realities of children's lives and needs, which cross organisational boundaries.  Children do not see their needs in isolated silos and neither should the professionals working with them.  In many countries around the world, multi-agency working and integrated thematic programming is increasingly being encouraged as the most effective way of improving outcomes for children.

### 1.3. Conceptual framework

The purpose of the study is to identify opportunities for strengthening the early childhood development sector to prevent and respond to violence, abuse, exploitation and neglect of children, in a way that is effective, sustainable and relevant to the realities of children's lives. The analysis is built upon the information, views, opinions and perspectives of all stakeholders within the early childhood development and child protection systems in Malawi, including government, civil society, front line workers, parents and caregivers, and, most importantly, *those of children themselves*.  A key feature of the assessment is to understand better how the concept of "child protection" is understood in the Malawian context, and to identify child protection concerns and issues for children ages 0 to 8 years, from the perspectives of carers and young children, in recognition of the fact, that individuals are best placed to provide information on their own situation.

The study recognises that whilst all children in Malawi have the same legal entitlement to protection, some children are more favourably placed to claim this right than others.  This analysis maps the violations and gaps in the fulfilment of the right to protection from harm for different groups of children.  Whilst early childhood development programs in Malawi provide significant opportunities for improving protection of vulnerable children, it is important to recognise that the majority of babies and young children in Malawi are not currently participating in early childhood development interventions.  In fact, it is estimated that less that one third of eligible children are accessing ECD services, and that only 15% of (eligible) children regularly attend a CBCC, the main form of ECD provided in Malawi.[12]

Children who are not able to access ECD are frequently amongst those who are particularly vulnerable. They may be living in extreme poverty, have physical or learning disabilities, be orphaned and/or be living with HIV. The study, therefore, pays particular attention to understanding how children aged 0 to 8 who are not participating in early childhood development interventions can be better protected from violence, exploitation and neglect and how the early childhood development sector can reach out to these children.

Bearing all of these components in mind, a conceptual framework was developed for this study setting out the scope and objectives of the assessment, highlighted key questions and issues, and identifying the data sources for answering these questions. The framework is annexed below at Appendix 1.

## 1.4. Methodology

The research was carried out through a combination of desk-based and field-based research. The desk based element involved a review and analytical synthesis of existing information and data sources accessed through UNICEF Malawi, including laws, policies, surveys, assessments and studies related to CP and ECD. The methodology for the primary research comprised of a series of semi-standardised key informant interviews and focus group discussions at national, district, local and traditional level.

Field research took place in two stages. An initial data collection and scoping mission was carried out by an international consultant between 20th February and 2nd March 2012. During this trip the research instrument and data collection tools were piloted in selected sites in Lilongwe and Zomba. This mission resulted in preliminary findings, which shed light on key questions for exploration during the data collection stage of the project. On the basis of the outcomes of this mission, CCLC, fine tuned, contextualised and finalised the research tools and methodology in preparation for the data collection stage of the project, which took place over a 2 week period between 28th May to 9th June.

During the main data collection stage of the project, two teams, each comprising an international researcher, a national research consultant and an interpreter, carried out a series of interviews and focus group discussion in seven selected districts: Mzimba, Dowa, Mwanza, Zomba, Liliongwe, Blantyre and Chikwawa. Two sites, one rural, and one urban or peri-urban were selected in each district, generating a total of 14 different research sties. A wide spread of stakeholders within the ECD sector and the CP system in Malawi were access across the 14 locations.

Child friendly participatory methods were used to access the views of young children on their experiences related to child protection. An example of the data collection tools that were used can be found at Annex 2. Researchers facilitated play and drawing activities to access children's views in a fun, safe and relaxing environment. Methods were designed to energise children and develop their confidence.

**Table 1: stakeholders who participated in the research**

| Stakeholders | Number of events | Number of children | Number of adults |
|---|---|---|---|
| Ministry of Gender, Children and Social Welfare - central government | 6 | | 6 |
| UNICEF | 6 | | 14 |
| NGOs supporting CBCCs | 11 | | 18 |
| District Social Welfare | 10 | | 20 |
| group village child protection committee | 2 | | 26 |
| Parents' Committee | 3 | | 41 |
| CBCC care givers | 11 | | 54 |
| CBCC children | 6 | 104 | |
| Positive Parenting Initiative | 1 | | 8 |
| village traditional leaders | 4 | | 18 |
| Parents sending their children to ECD | 1 | | 9 |
| parents not sending their children to ECD | 4 | | 8 |
| children not attending CBCC | 1 | 5 | |
| primary school teachers | 9 | | 28 |
| Children in Private nursery | 1 | 25 | |
| private nursery care givers | 1 | | 1 |
| primary school children | 6 | 49 | |
| orphanage children | 1 | 30 | |
| rehab centre workers | 1 | | 1 |
| children in rehabilitation centre for street children | 1 | 6 | |
| Reformatory school workers | 1 | | 3 |
| Children in reformatory school | 1 | 3 | |
| community child protection officers | 3 | | 4 |
| community VSUs | 3 | | 5 |
| police VSUs | 9 | | 11 |
| local CBOs | 2 | | 8 |
| Child Justice Magistrate | 1 | | 1 |
| NGOs delivering training | 2 | | 3 |
| NGOs supporting ECD coordination | 1 | | 1 |
| One stop Centre | 1 | | 2 |
| Researchers | 3 | | 7 |
| Child labour NGO and government | 1 | | 1 |
| Health Service Assistants | 1 | | 1 |
| District Health Officers | 3 | | 3 |
| **Totals** | **Events=118** | **Children=222** | **Adults=302** |
| **Total number of research participant** | | | **524** |

## 1.5. Ethical Considerations

The research was guided by the UN Convention on the Rights of the Child, in particular Article 3.1 which states: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts or legislative bodies, the best interests of the child shall be a primary consideration."

Due to the sensitivity of the research topic and the young age of child participants, special care was taken to ensure that the research did not cause harm to the participants and that ethical guidelines were set out and strictly followed. Procedures were in place to mitigate risk of harm to all those involved in the research, and to insure that the burden of involvement did not outweigh the benefits of their contribution. Researchers were clear on the purpose of all evidence gathered throughout the research. All researchers involved in the project had extensive expertise in carrying out research with children on issues surrounding violence and abuse, including in the context of marginalised and disadvantaged groups. Ethical guidelines are Annexed at the end of this report.

## 1.6. Limitations

The research was inevitably faced with a number of limitations which are set out here, but these did not prevent researchers for obtaining a great deal of helpful responses from a wide range of participants. Challenges included the following:

- Language differences necessitated the use of translators in most instances which inevitably presented some barriers to accessing thorough, in-depth qualitative information.
- Given the vast number of different actors in Malawi who have a role to play in CP and ECD interventions, there was not sufficient time to meet with all of them.
- There was a lack of available quantitative data on CP cases broken down by age and gender which would have helped the research team to understand how ECD services were interacting with the formal CP system
- The ad hoc nature of some services (e.g. parenting programs) and the lack of coordination between agencies made it difficult to access some of the relevant data
- In some cases the relationship between "donor" and "beneficiary" appeared to have an influence on the direction of interviews and the participants' responses. (Researchers tried to mitigate against this as far as they were able, by explaining the nature of the research in clear language, and explaining that participating in the research, or responses they gave would be anonymous, and would not have any effect on support they are currently receiving, or whether they will, or will not, receive support in the future).
- It was difficult to access parents and children who are not participating in ECD services. In some cases individuals appeared afraid to speak openly to researchers about their situations.

## 2. General measures for fulfilling international obligations to children, and integrating early childhood development and ECD

### 2.2. Legal framework

In recent years a number of new laws have been adopted in Malawi aimed at improving prevention and response of child abuse, exploitation and neglect. These pieces of legislation provide the framework for the formal child protection system, against which the role and interaction of early childhood development interventions should be measures and analysed. The most comprehensive child protection law is The Childcare Protection and Justice Act (2010), which came into effect in October 2011 (CCPJA), replacing the Children and Young Persons Act (1969). The Act sets out the duties and responsibilities of all members of society in the protection of children, and the provision of support and care, and mandates different roles and responsibilities.

Significantly, the CCPJA places a **specific legal duty on "care providers"** (which would include **front line ECD workers**, such as caregivers in CBCCs) to inform a social welfare officer or police officer if they believe on reasonable grounds that a child is being physically, psychologically or emotionally injured as a result of being "ill-treated, neglected, abandoned or exposed, or is sexually abused".[13] It also places a duty upon **members of the general public** to notify a chief, police officer or social welfare officer, if they have reasonable grounds to believe that the child "is physically, psychologically or emotionally injured, abandoned, or exposed, or is sexually abused". The penalty for failing to comply with these provisions is liability to a fine of KW 10,000.[14]

There is no comprehensive law covering ECD in Malawi, however, the CCPJA does have some relevant provisions, such as Article 70(1), which places a legal duty on local authorities to inspect childcare facilities. Furthermore the Education Act, the Health Act and the Water and Sanitation Act contain relevant provisions related to ECD. The absence of specific legislation to guide and regulate the provision of ECD in Malawi, has been noted as a major gap, impeding implementation.[15]

There is a general absence of both primary and subsidiary or secondary legislation which regulates the functioning of ECD programs. Section 35 of the CCPJA provides the general legal basis for ECD professionals role in child protection but there is a need to develop detailed regulations or "codes of practice" to guide ECD workers such as caregivers, teachers and health workers on the specific scope of their responsibilities. There are no regulations that set out the specific duties and responsibilities in relation to child protection owed by ECD professionals to children who attend their programmes.

### 2.2. Policy framework

In 2003 the Government of Malawi launched a National Policy on Early Childhood Development, which included orphans and vulnerable children. The guiding principles and

policy objectives contained within the policy, clearly set out child protection rights as a priority, including measures "to protect children against any forms of abuse and discrimination", and "to protect and safeguard children who are in difficult circumstances, i.e. orphans, street children, children with disabilities, abused and exploited children, children in conflict with the law, neglected and abandoned children and refugee children".[16] Section 4.2.9 sets out strategies for achieving this including raising awareness, strengthening community based protection mechanisms, conducting research and monitoring, and building capacity amongst stakeholders.

These broad measures set out methods of protecting children in general, but fail to address the key issue of how to establish entry points into the child protection system within early childhood development, to ensure protection of children ages 0-8 in Malawi. ECD is now high on the government agenda, as evidenced by its inclusion in the Malawi Growth and Development Strategy II. Despite this progress, however, there is a low government budget allocation to implement ECD.[17] Understanding that early childhood development interventions are critical in building an effective and robust child protection system highlights the fundamental importance of the ECD sector for the whole trajectory of national development.

The Government expanded upon the National ECD policy in its 2009-14 Strategic Plan for Early Childhood Development. Notably, whilst (as mentioned) the need to incorporate measures to protect children within ECD services is acknowledged in the policy, the strategy is largely silent on this issue. The foreword notes:

> "*Children aged 8 and below in Malawi are confronted by many challenges in ECD services. These include inadequate early learning and stimulation during the first few years of life at home, poor health and nutrition services, dilapidated infrastructures, inadequate water, hygiene and sanitation service, inadequate preparation for primary school, inadequate play materials and space*".[18]

Critically there is no mention of the vast child protection problems that confront a majority of Malawi's children.

The "problem statement" does briefly cite "high levels of child abuse", as a concern, but child protection is not mentioned in the "definition and rationale" section despite the fact that health, education, nutrition, hygiene and sanitation are all explicitly referenced as thematic issues that are incorporated within the concept of ECD. Problems of access to ECD services for vulnerable or children subject to discrimination (e.g. orphans, children living on the streets, children with disabilities) are brought out in the strategy, but otherwise there is a general lack of discussion and planning for ensuring that ECD provides for the protection of children at risk of harm, both within ECD services, and in their broader communities.[19] There is a need to review ECD policy, including the Strategic Plan on ECD to incorporate more concrete and focused measures for ensuring that early childhood development in Malawi plays a key role in the protection of children from all forms of harm, and the key prioritise and strategies for achieving this.

In the same way that the links between early childhood development and child protection are absent in ECD strategy, they are also missing from the policy framework that guides the child protection sector. Policies do not contain specific measures for protecting babies and young children, and do not provide for integrated thematic programs to ensure that ECD interventions provide entry points into the child protection system.

## 2.3. Institutional framework

<u>Early Childhood development</u>

Malawi has an infrastructure of ECD services primarily comprising 6,000 Community Based Child Care Centres for children aged 3-5, 2,500 Children's Corners, around 5,400 Primary Schools[20], including children ages 6 to 8 years, and the beginning of a Positive Parenting Initiative that targets infants aged 0-2[21] and their parents or guardians.

Other ECD Delivery Models in Malawi include[22]:

1) **Preschools:** Nursery Schools/ Day Care Centres/ playgrounds especially in the urban areas.
2) **Household and Community Child Care**: Community Integrated Management of Childhood Illnesses (outreach immunisation and nutrition programs), Integrated Early Childhood Development services such as the ECD centres run by Civil Society Organisations in Malawi.
3) **Under five Services:** Prenatal and Antenatal services, under 5 clinics at hospitals
4) **Parents Education and Support:** Positive Parenting Initiative, parental education programs, family planning services

<u>Child Protection</u>

The infrastructure of child protection services has expanded considerably in recent years with the establishment of:[23]

- **101 Police Victim Support Units** each containing a Child Protection Officer
- **Four hospital-based One Stop Centres** in Blantyre, Zomba, Lilongwe and Mzuzu for women and children subject to domestic violence, sexual violence and other forms of maltreatment and abuse
- **250 Community Victim Support Units** based at the traditional authority level.
- **800 Community Child Protection Workers** at village level employed by the Ministry of Gender, Children and Social Welfare
- **Division of Child Protection** created within Social Welfare Departments

<u>Linking Child Protection and Early Childhood Development Services</u>

In general the institutional framework for managing links between ECD and CP services are weak. There is limited coordination at the central level for integrating policy development, planning and programming across the two sectors. At service delivery level, referral

mechanisms for child protection cases are virtually non-existent, and there is very little interagency working. The main point of connection between the two sectors is through the District Social Welfare Offices, who have a supervisory function over CBCCs under the National ECD policy and the CCPJA.[24]

In practice, this link manifests itself in two ways

- CBCCs produce general monthly narrative reports to the DSWO through their respective umbrella Community Based Organisations.
- DSWO and Civil Society Organisations staff make occasional visits to CBCCs to inspect facilities

CBCC Management Committees and caregivers interviewed during the research reported that they rarely receive visits from district social welfare officers (DSWOs). In practice their main source of supervision and support is from local CBOs who have tenuous links with child protection services.

"*I have worked at the CBCC for two years. We have never had a visit from them*" – CBCC caregiver

Furthermore, researchers repeatedly heard from DSWOs that they were unable to carry out outreach work because they lacked resources for travel.

Researchers asked caregivers to describe the material that they would include in their monthly reports to the DSWO. These include: a summary of activities carried out during the reporting period, and a "challenges" section focused on relaying constraints related to a lack of resources and facilities. Caregivers did not appear to include any information concerning child protection within their monthly reports, nor did they seem aware of this emission, or what including such information would entail. In general, cargivers appeared to have very limited knowledge about what child protection involves.

Such activities are markedly insufficient for ensuring that ECD services serve as effective havens for child protection in Malawi, and provide entry points into the national child protection system. The implications of this are discussed below.

## 3. Protecting children through ECD in Malawi

It is estimated that 2.4 million children in Malawi are growing up in households where they are exposed to domestic violence.[25] 65% of girls and 35% of boys are subject to a type of abuse at some point during their childhood, (rape being one of the most prevalent forms[26]), and 25% of children are engaged in child labour.[27] 20% (1.2 million) of children are growing up with reduced parental care[28], and almost 1 million children in Malawi are orphans.[29] Of these 12,000 are living in child-headed households and a further 6,000 are living in care institutions such as orphanages.[30] Malawi has one of the highest HIV prevalence rates

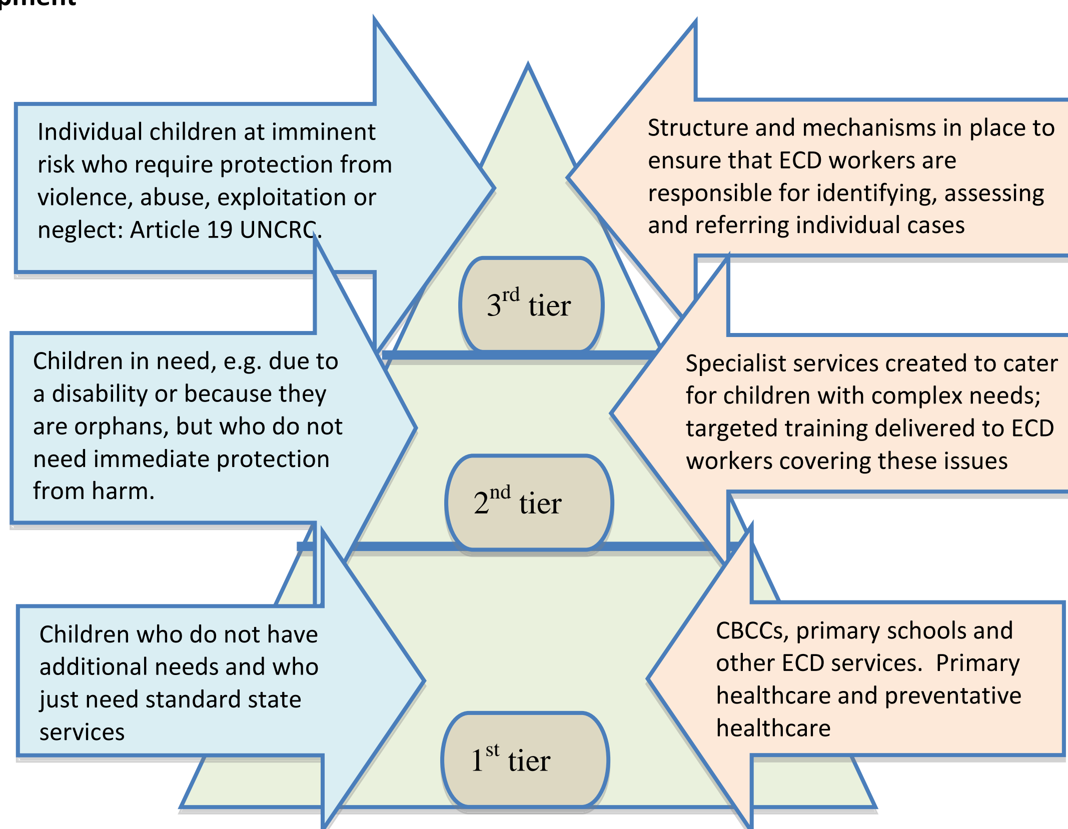
estimated at 10.6% in the world with around 920,000 people in Malawi living with HIV[31], including an estimated 120,000 children.[32]

ECD services in Malawi were developed partly in response to some of these issues. For example, CBCC centres proliferated in the 1990s to support growing numbers of children left orphaned, largely as a result of the HIV epidemic.[33] Such services, and other ECD modalities, provide considerable opportunities for protecting children from violence, abuse, exploitation and neglect.

### 3.1. Strengthening the national child protection system through ECD: General Principles

An effective child protection system incorporates services to children and families on three levels: Primary (directed at the general population), Secondary (targeted at identified at-risk groups) and Tertiary (intensive, acute interventions). ECD can provide services that contribute to the child protection system at all three levels.

**Diagram 1: Strengthening the National child protection system through Early Childhood Development**




ECD has a fundamental role to play in **primary prevention**. The causes of child protection failures in Malawi are deep, pervasive and complex. High rates of HIV infection leading to loss of life of caregivers; growing numbers of orphans straining capacities of relatives; poverty, lack of development and poor basic service provision; social disintegration caused by urbanisation, consumerism, and an emerging individualism; family breakdown and high

fertility rates, are just some of the key challenges facing Malawi's communities, which place children at high risk of violence, abuse, exploitation and neglect. ECD has the potential to address these issues through a number of interventions, which together create conditions where all children have access to services so that they are better cared for, less exposed to harmful influences, and have improved opportunities for development.

Secondly, ECD can provide a second tier protective function by providing specialist support to children in difficult situations, or children with additional needs. For example, ECD parenting programs can support parents to care for children with disabilities, and educate communities about different forms and types of disability. This has the potential to help challenge cultural stigma attached to certain forms of disability, such as learning difficulties and mental impairments, creating an environment where such groups of children are less exposed to discrimination, violence and neglect.

Finally, and importantly, ECD services, have a crucial role to play in responding to situations where individual children have suffered, or are at imminent risk of suffering, harm (3rd tier interventions). Caregivers in CBCCs, teachers in Primary Schools, health workers and to a lesser degree the workers who deliver the positive parenting programs see children regularly, and have contact with carers, and are therefore in a prime position to notice individual children who have been subject to violence and abuse.

In order to fulfil their function in this regard, it is vital that front line workers are able to recognise and respond to individual children in acute need. It is also vital that case management structures and referral systems are in place so that ECD workers are connected to other agencies, such as social welfare offices and police, who are able to take appropriate action to keep individual children safe from harm.

<table>
<tr><td colspan="2">Entry points the strengthen child protection within early childhood development: principles into practice: protecting the needs of individual children</td></tr>
<tr><td>Recognising children at risk of harm.</td><td>Responding to children in need of protection.</td></tr>
<tr><td>• ECD workers are informed about the sorts of harm that can befall children;<br>• ECD workers develop attitudes that prioritise the rights of children not to be harmed;<br>• ECD workers have skills in making initial assessments of needs and risks.</td><td>• ECD workers empowered by community leaders and officials to take action to protect children;<br>• ECD workers are well connected with police and social welfare agencies who can act systematically and with authority to protect children;<br>• ECD workers can take part in individual plans to protect children, such as, case management;<br>• ECD workers are aware of their responsibilities under the 2010 Act.</td></tr>
</table>

## 3.2. Strengthening the national child protection system through ECD: Research Findings

Given scarce resources, the ECD sector in Malawi has potential to have commendable child protection credentials. The sheer existence of so many child care institutions, such as CBCCs, based in rural areas, free of charge, and run by volunteers, is a remarkable achievement in the context of a low-income country, providing an impressive "good practice" example for countries across the region, and Africa at large.

### 3.2.1. ECD services as primary child protection interventions

Evidence from the research is consistent with the idea that in many cases ECD services are functioning well as "primary" child protection interventions. For example CBCCs (and other childcare centres such as children's corners) provide a space where children can play and learn whilst their parents or guardians are engaged in livelihoods activities.

> "*One of the big problems in Malawi is that parents leave their small children at home whilst they go work in the maize fields. We encourage them to bring the child to the CBCC instead*" – CBCC caregiver

> *"When children are in school they are not subjected to labour in the field or in the homes and are unlikely to be abused sexually or verbally"* – Primary school teacher.

CBCCs

Researchers observed caregivers at CBCC centres playing games with children and teaching them the alphabet. Some of the centres have swings, and other recreational facilities, where children play well into the afternoon. Children are often fed porridge at CBCC centres and are taught how to use latrines and wash their hands. Researchers noticed that in many cases, caregivers were responsive to children when they cried, and would promptly pick them up and comfort them, usually causing the child to instantly stop crying. In other cases, researchers did hear reports of CBCCs that are not providing a safe environment for children: this is discussed in more detail in section 6.

Childcare institutions such as these help promote the psychosocial wellbeing of children, simply through providing them with basic services and opportunities to play. In every instance children spoke enthusiastically and positively about their experiences at CBCC centres.

**Focus Group with children attending a CBCC:**

Researcher: Hands up who likes coming to the CBCC.
*All children enthusiastically raise their hands*.
Researcher: What do you like about the CBCC?
Children shout: “playing”, “learning”, “playing”, “playing on the swings”, “playing with friends”, “learning the alphabet”.

In addition, researchers heard from participants how parenting initiatives instil parents with the knowledge and skills they need to properly care for their children and help address issues of neglect.

**Focus Group with parents participating in the Positive Parenting Initiative:**

“We were taught how to look after our children: that we should go to the hospital when anything is wrong; that we shouldn’t smoke, drink or fight; that we should send our children to a nursery school; that we shouldn’t neglect our children. After that people’s attitudes to caring for their children changed”.

Parental Education Programs

A key theme, discussed at length amongst parents who had participated in the parenting program, was the education they had received on the roles and responsibilities of fathers in the upbringing of children.

*“In Malawi fathers are distant from their children. They are there to discipline. We learned at the program that fathers should also help take care of children, that they should accompany the woman to hospital, and when she is giving birth.” – parent, PPI Program*

Participants were able to articulate how involving fathers in childcare could contribute to strengthening the protective environment for children in a Malawian context:

*“We were told that we should be close to our children. This means that children can report things to us. They can tell us if they have a problem, like if they are being initiated into witchcraft. Normally in Malawi, children can’t tell their father these things.”* – father, Blantyre.

Primary Schools

*"As a school, we focus on enrolled children who become absent frequently. I have seen children sent to the fields instead of to school. I would gather the parents and talk to them"* – teacher, primary school

Researchers were repeatedly told by teachers, and Parent Teacher Associations (PTAs), that staff in primary schools, parents associations and management committees take an active role in spreading awareness about the importance of ensuring that children attend school instead of working in the fields or tending livestock. Stakeholders also reported that teachers would gather parents together to talk about feeding, bathing and providing clean clothes for children, and occasionally would make visits to households where they felt there was a particular problem (although this was never reported to have triggered a formal child protection response).

**3.2.2. ECD services as secondary and tertiary child protection interventions**

Evidence suggests that the ECD sector in Malawi is much less successful at addressing child protection issues at the secondary and tertiary levels.

In a minority of instances researchers did find evidence of ECD institutions functioning to support children with additional needs. For example, in some CBCCs caregivers reported to be providing specialist support for children with additional needs:

"*There are 3 children who we know are HIV positive. We make sure they are taking their medicines. We visit the parents at home and sensitise them about caring for the children, like feeding them properly*"- CBCC caregiver

"*We have a child in the CBCC who has difficulties speaking. We are teaching him to speak, we practice all the time. The parents are really happy about it because he is improving*" – CBCC caregiver

Lack of specialised professional training, however, means that caregiver's skills in this regard are very limited. It is significant that researchers observed no cases where children with substantial physical or learning disabilities were attending a CBCC or primary school. Furthermore, caregivers themselves reported leaving children with additional needs out of CBCC activities as they did not know how to include them. Evidence suggests that children growing up with reduced parental care, children with disabilities or complex needs, children living with HIV, children living in poverty and other vulnerable groups of children, are less likely to be attending an ECD service than children from less deprived backgrounds, and there are few specialist services targeting these groups. This issue is explored in more detail in Section 5.

Research revealed that the ECD sector in Malawi is weakest at providing entry points into the child protection at tertiary level. Referral structures and mechanisms that provide links between ECD and CP services, for responding to individual cases of child abuse, are limited. These systems tend to operate on an informal and ad hoc basis, and links between CBCCs,

primary schools, police, District Social Welfare Offices, and other service providers are tenuous. It is highly significant that field research found no reports of any child protection cases (major or minor), that were referred by ECD service providers into the formal child protection system.

Recognising and Reporting abuse

Ratios of 1 adult to 50 children in CBCCs in primary schools mean that caregivers and teachers are overwhelmed with the competing demands of high numbers of children, and understandably find it difficult to observe individuals. Furthermore, caregivers in CBCCs and primary school teachers do not receive training to help them recognise when a child has been subject to, or is likely to be subject to, harm. Some signs of harm are subtle, such as a child becoming withdrawn. Other sign of abuse will be hidden, as is often the case with sexual abuse. Caregivers need to be empowered with knowledge and skills in order to be able to recognise these types of abuse.

*"We know that there is abuse happening, but we have not seen it. The children have never reported any such thing".* – CBCC caregiver

"*We have never experienced child abuse. We can't observe it here. But if we were to visit children's homes we would pick it up*" – CBCC Caregiver

Cultural perceptions and attitudes concerning what constitutes "violence", "exploitation" and "abuse", linked to social and household dynamics involving children, can make it hard for ECD workers to highlight violence and abuse perpetrated against children, particularly in the context of "discipline" (this highly significant issue is explored in more detail in section 4). Related to this, caregivers in CBCCs and primary school teachers do not feel empowered to take responsibility for handling child protection cases. These positions are unpaid, or poorly paid, overwhelmingly occupied by women, and have low social status.

*"We know of some orphans in our CBCC who are being abused by a man in the village, but we are afraid to intervene."* – CBCC caregiver

**Parents who had participated in the Positive Parenting Initiative piloted in 3 districts in 2010, reported that the training they had received helped them develop new skills and confidence to identify and report cases of child abuse.**

**Parent 1:** *We were taught that the whole community has responsibility for caring for children. Before, in cases of abuse, no person was interfering. We were told it's every persons responsibility to report these things to the CBO. After the program people started coming forward.*

**Researcher:** Do you have any examples of cases where people "started coming forward"?

**Parent 2:** *For example, when a child is dismissed from school. Or when a child is being denied food by their stepmother and locked in the house. We will report it to the Village Head Man.*

**Parent 3:** *There was a girl in the village who was being sexually abused by a man. Her mother was helping him to abuse her. This had been going on for a while. After the training about child abuse, one of the parents reported it to the police.*

**Researcher:** *Why do you think that the parent reported this after the training?*

**Parent 3:** *Because in the training we were taught about child sexual abuse, and that we should report it. We were told how to notice these things: the signs that a child is being abused. The man owned a cake shop. We noticed that the mother always had cakes, even though she was very poor. We didn't know how she could afford these things.*

*The child was never in school, and was often seen around the man's cake shop. After the training we became suspicious. Someone asked the child about it. She said that her mother was making her have sex with the man so that he would give them cakes.*

Coordination and referral systems

Eighty per cent of the population live in rural areas and most child protection matters, where they are addressed at all, are dealt with at a local community level. ECD services supporting children are remote from formal child protection agencies, which tend to be located in the main towns. Community base Child Protection Workers cover large areas, and are generally not linked to ECD centres and services. Researchers were repeatedly told by victim support units that child protection committees exist at the village level, however, we were unable to find any evidence of this in practice, despite repeated attempts to access these groups. At one village in Chikwawa, a focus group was conducted with 5 men who were introduced to researchers as a child protection committee. During the course of the

discussion, however, it became evident to researchers, that the participants had limited understanding of the concept of child protection and had no links with other child protection services or agencies. This group appeared to be fulfilling the function of a supervisory group for the CBCC, looking into issues of facilities, resources and funding, and were not directly involved in any child protection activities.

There appears to be no single referral system for protecting children who have suffered harm or who are at risk of suffering harm. A multitude of agencies with overlapping mandates and responsibilities within the child protection and early childhood development sectors have created complex referral structures, resulting in considerable confusion amongst stakeholders. Paths for referral vary according to location and the availability of resources: mothers groups, parents committees, management committees at CBCCs and primary schools, local CBOs, Village Heads, village development committees, village child protection committees, group village child protection committees, child protection committees at the traditional authority level, community victim support units, health service assistance, hospitals, social welfare officers, NGOs and “prominent” individuals in the community were all named by stakeholders as bodies to which they would refer child protection cases. In consultation with stakeholders at different levels, researchers attempted to draw a map of the links/”pathways” that coordinate activities between different stakeholders in the child protection and ECD sectors at the grassroots level. The exercise was abandoned due to the inconsistency of information that researchers received from every location.

Protecting children is a shared responsibility. A wide range of people contribute to building an effective child protection system; not only qualified and experienced specialists, but also caregivers and other community volunteers who make up the several committees at the community level. Problems arise, however, when there is a lack of coordination, collaboration and integration amongst different service. All stakeholders are better able to protect children if they act in partnership and collaboration with others. Without partnership, individual professionals are less powerful in their intervention, less accountable to children, and are vulnerable themselves to retaliation from abusers.

Coordination between agencies can help build an effective child protection “case management system” and mechanisms for assessing and managing risk. This was identified as a major gap in the system for protecting young children in Malawi. Keeping children safe from harm necessarily involves understanding and evaluating the hazards that could befall a child, and planning for protection. The following case study told by a Community Based Child Protection Officer, Mwanza, illustrates the urgent need for strengthening such systems:

A two month old baby was found abandoned in the village. The baby was taken to the police station by a community member.

Police managed to trace the mother within hours. She had attempted to run away to a nearby village.

The police gave the baby back to her mother, and no further action was taken.

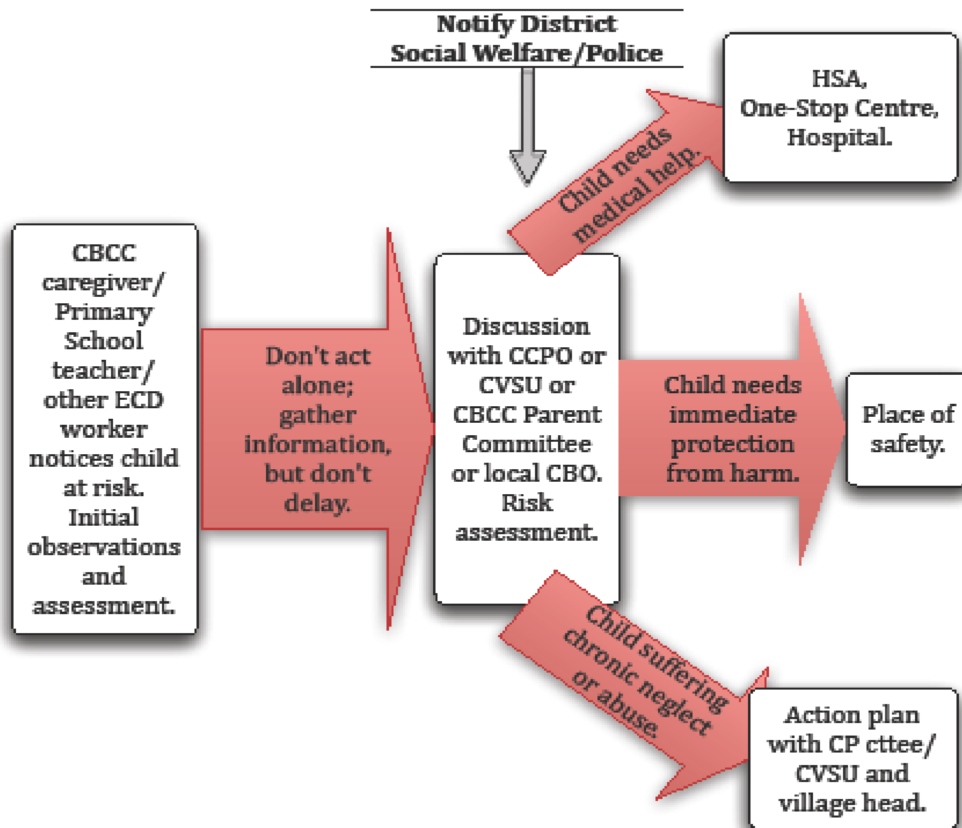
There was no follow up by the police, district social welfare officers, community based child protection workers, or any other person.

A few months later the community based child protection officer heard through hearsay that the baby was dead.

Strengthening ECD entry points for protecting children against violence and sexual abuse should focus on creating stronger and closer links between caregivers/primary school teachers and those with the authority and duty to take action to protect children. At the village level this means creating a robust, consistent and agreed system for caregivers to report concerns immediately to a village chief, a community child protection officer or a member of the village victim support unit. At the district level, this means establishing close links between the district social welfare office and the police victim support units and primary teachers, CBCC parent committees, CBCC caregivers and caregivers in the private child care centres.

A practical guide to building an effective inter-agency case management system, and the roles and functions of ECD workers within this system is annexed at Appendix 3.

**Diagram 3: Pathways for protecting children within ECD services**




## Childcare Protection and Justice Act 2010

35) If a child care provider believes on reasonable grounds care provider that a child is physically, psychologically or emotionally injured as a result of being ill-treated, neglected, abandoned or exposed, or is sexually abused, he/she shall inform a social welfare officer or a police officer.

24) A police officer, social welfare officer, a chief or any member of the community, if satisfied on reasonable grounds that a child is in need of care and protection, may take the child and place him/her into his/her temporary custody or a place of safety.

## 4. Protecting children within ECD in Malawi: cultural context

*"Malawians do not consider that violence against children is acceptable. The question is: what is violence? Beating a child is not violence."*
*– ECD Trainer, Blantyre*

Definitions of child abuse, exploitation and neglect vary cross-culturally. Most early childhood development services in Malawi are implemented at the community level. In order to determine how such services can better be used as havens for protecting children, it is critical to understand cultural perceptions linked to "violence", "abuse", "exploitation", "neglect", "protection" at the community level in Malawi. This involves understanding variations in the different ways that parents, carers, organisations and service providers, and children understand what constitutes harm of children, and how these understandings shape their expectations, choices, and experiences related to child abuse and protection.

The research aimed to access views on three key interrelated themes:

1) How do organisations, parents, carers, community leaders and children define harm towards children ages 0-8 years. What constitutes serious harm, moderate harm, minor harm etc.?
2) What do parents, carers, community leaders and children see as the most significant child protection concerns within their communities: i.e. what types of child abuse are most prevalent.
3) How are perceptions related to harm linked to individuals' experiences and choices concerning protective action, as well as perceptions of the law related to child protection. I.e.: what kind of harmful action would trigger a "protection" response? What types of protective action would be taken under what circumstances and why?

## 4.1: Defining harm: adult's perspectives

### 4.1.1. General views

Evidence from the research suggests that most adults, including parents, carers, ECD providers and community leaders, consider **neglect** and **abandonment** to be the most significant child protection issues for children ages 0 – 8 years in Malawi. When asked what they understood by different concepts such as "child abuse", and "child protection", ECD service providers spoke about the need to make sure that children were fed, bathed and clothed properly. Furthermore, when researchers asked ECD service providers if they had dealt with any child protection cases in their professional capacity, they would always discuss cases related to these sorts of issues.

In some instances respondents would draw a distinction between children whose basic material needs are not being met as a result of poverty in the family, and those children who were being purposefully neglected by their parents or carers (although this distinction was not always clear). Whilst both situations were almost universally perceived to be child protection cases, in most instances, only the latter was seen as **child abuse**.

"Domestic violence" was often also raised by adult respondents as a major child protection issue, particularly by participants working within the ECD and CP sector, and TA authorities. Interestingly, when respondents were asked to describe what they meant by "domestic violence", or to give examples of real life cases, in almost every circumstance they would respond by relaying a case of a child who was being deliberately "denied food" by their parents/carers. Furthermore, in almost every case it was explained that the child in question was an orphan living in a household with a man who was not their biological father.

**Interview with a CBCC Caregiver, Chikwawa**:

*"No child at our CBCC has ever reported domestic violence. But we [the caregivers] do see it. We see it taking place in children's homes. There is a father in our village keeping orphans. He doesn't treat them well: he doesn't give them food, he makes them wake up at 11pm and cook for him. They live in a different house by themselves. We thought about telling the chief, but people are afraid to intervene, because the children are his*."

The act of "denying" a child the opportunity to attend school, such as: "sending a child on an errand when it is time to go to school", was also consistently raised by participants as an example of domestic violence.

In a minority of instances hitting, beating, or other forms of physical punishment were brought up during discussions about domestic violence, however, interestingly these issues were usually only raised as relevant issues in the context of situations where children were being deliberately refused food and/or suffering discrimination because they were orphaned.

> *"Domestic violence is when an adult beats a child during the time they are supposed to be eating, in order to deny them food"* – CBCC carer, Chikwawa
>
> "*Domestic violence is when an adult is living in a house with their own children and an orphan. When the parents are feeding their own children, they send the orphan out to fetch water or do other chores. The orphan tries to refuse and they beat him/her*" – parent sending child to a CBCC

These responses suggest that what is perceived to be "violent" about the beating is the context in which it took place, (i.e. in the context of neglect or discrimination) and not the act of beating the child in itself. In fact beating a child is usually regarded to be a *protective* measure; one that supports children's development:

> "*We pinch and spank children relative to their age and the offence...When we do this children stop doing wrong things deliberately. When this is not done children develop deviant and unruly behaviour*" – ECD worker.

**4.1.2. Perspectives of child protection professionals**

Research suggests that professionals working within the child protection system, particularly police at victim support units, and social welfare officers, are more likely than the general public, to regard different forms of physical harm to be major child protection issues in Malawi. Similar, to the general public, hitting or beating children, including with objects, is not usually conceived of as "violence" and not considered a child protection issue. Child

protection professionals, however, would usually discuss with researchers that there is a threshold of severity. Respondents would draw a distinction between physical punishment that does not cause permanent harm, and physical punishment that results in severe injury, permanent disability or death. When asked about child abuse cases that they have encountered, child protection professionals would generally bring up three types of harm:

**1) Physical injury** (including disability) caused by **burning** children as a punishment, either with fire or boiling water; or cutting children with razor blades. In every location researchers were told of numerous such cases. Typically the stories would follow a very similar format. They would involve toddlers, usually aged between 2 and 5 years whose hands were put into open fires because they were caught stealing “relish”, “peas”, and other types of food. In some cases this resulted in permanent disability of children. This practice is common enough to prompt a specific poster (see below).

**2) Rape** of children. Researchers were told that rape of children in Malawi is most likely to affect children under the age of 8 years. Evidence from the research in inconclusive on the reasons behind this, and whether this is “fact” or “perception” (e.g. potentially it is the case that rape of older children receives less public attention, is less likely to be reported, or is less likely to be viewed as rape). When asked why this was the case respondents would usually discuss mystical beliefs surrounding curing HIV and the perceived “healing” affects of having sex with a (virgin) child.

**Police** statistics for Mzimba South showed a total of 12 incidents of ‘Defilement’ in 2011. This is by far the largest category of abuse recorded. In contrast, there were 4 incidents of physical abuse recorded in the same time period.

**3)** Physical injury or death related to instances of **witchcraft**. Beliefs, representations and practices relating to witchcraft seem to be a major issue affecting children in Malawi, particularly young children, and this will be discussed in more detail in the section below. In general police were more likely to raise this issue (without being prompted) in the context of discussing child protection cases. Researchers were told of cases where children were seriously harmed, raped or murdered, either because they were accused of witchcraft, they were victims of witchcraft, or because their bodies were "used" by adults in the practice of witchcraft - for example, researchers were told of cases where children's body parts had been cut off for use as "magic charms", or where children had been sacrificed to a mystical power, such as throwing children to feed "magic" crocodiles.

#### 4.1.3. Perspectives of ECD workers

ECD workers, on the other hand, generally would not raise such issues unless prompted. If asked directly about physical punishment, in some cases respondents would say that causing physical injuries, or causing a child to bleed, through beating was unacceptable. However, they would be more likely to discuss the frequency of the beating, or (as discussed above) the broader context in which the beating was taking place, when considering whether physical punishment of children can constitute child abuse. Beating a child "all the time", causing a child to cry "every day", or getting drunk and beating a child for "no reason", were all continuously raised as examples of when hitting a child might be considered abuse, rather than acceptable punishment. When asked how they would respond to such a situation, participants would report that they would either do nothing, or they would attempt various forms of "counselling" or "mediation".

They would also be more likely to discuss witchcraft in the context of children who are themselves considered to be participating or practicing in witchcraft (and less in the context of what they consider to be abuse or violence against children). The fear that children are, or might become, witches appears to be widespread across Malawi, and has a significant impact of social relationships. As such, this phenomenon and the significance it has for ensuring that children are protected from harm in Malawi, will be discussed in more detail below.

### 4.2. Defining harm: Children's perspectives

Research found that young children have different understandings and perspectives about the types of harm that affect them than adults. 222 children, aged 3 to 8 years, at CBCCs and primary schools across Malawi took part in focus groups as part of the study. In every cases hitting, beating and other forms of physical punishment were raised by children as one of the most serious and common ways in which adults were likely to cause them harm.

Two issues which were constantly raised and emphasized by children as being the most common forms of mistreatment they were likely to experience:

- Being refused food (similar to the perspectives of adults, children reported this to be a key issue)
- Being beaten

When researchers asked children what adults ought to do for children to keep them safe, the same issues were raised: “provide us food”, “don’t beat us” were the most common responses.

Whilst adults generally consider that beating children is an acceptable and necessary way of ensuring discipline and promoting children’s development, children, themselves, do not share this view. The research revealed that children’s perspectives on this subject run deeper than a simple “dislike” of being beaten. Child participants were able to articulate:

- that they find this practice unreasonable and unjust: “*beating children is not fair*”, “*beating children is a sin”*
- the reasons why they think this: “*it is wrong because we can get injured*”
- and what they thought that adults should do instead: “*they should talk to us more*”, “*it is better when we have to sweep*” [as punishment]

The fundamental difference in child and adult perspectives on this issue can be illustrated by contrasting the words of one ECD service provider: “*beating is ok when it is done out of love. There is such a thing as loving whacking*”, and one 6-year-old boy: “*beating children is bad, because it shows that they don’t love us*”. Whilst adults see physical punishment as a means of promoting a child’s wellbeing, children themselves see it as a type of harm and abuse.

Children told researchers that they are regularly beaten with sticks on their arms, legs, hands, backs, bottoms and heads. All the children interviewed both at CBCCs and at primary schools reported being beaten with sticks by their teachers and carers, and in some cases brought researchers the sticks that they were beaten with. This finding is particularly significant in light of the fact that the ECD package in Malawi does not accommodate beating children in CBCCs/ECD centres.

Children’s testimonies regarding beating contradicted the information that was provided by service providers. Staff at CBCC told researchers that they did not beat the children because they were “too young”. Teachers in primary schools claimed that they used to beat children at the school, but now they used other forms of punishment, such as making a child perform small chores like sweeping the floor.

A significant minority of children involved in focus groups showed researchers marks and scars on their bodies which they claimed to have received from being beaten. A wider number of children reported that they had suffered swelling and bruises from being beaten which had hurt for several days and interfered with school and play.

Researchers asked children to explain why they were beaten at home. The most common responses were related to play:

*"I was playing in the house. I'm not allowed to play in the house".*
*"I was playing too loudly".*
*"I was playing too much".*
*"I was playing instead of doing my chores".*

In the context of school, children would often cite being late, falling asleep, or not paying attention in class as the major reasons why they were beaten. When asked why they did these things children would talk about being exhausted from lack of food and water, having to walk long distances to school, and having to perform chores at home before attending school.

## 4.3: Definitions of harm and pathways for protecting chidlren

Perceptions and understandings of what constitutes harm of children shapes the way that ECD workers respond to protection cases, as well as their perceptions of the law. Most child protection cases are likely to go unrecognised by the ECD sector. Those that are identified – usually cases of neglect, particularly of orphans – are most likely to be handled in an ad hoc way by ECD workers themselves through mediation and counselling. Others (such as cases concerning witchcraft) might be referred to the Village Head Man. Only extreme cases, such as rape of babies or young children and murder are likely to be referred on to the police.

Researchers identified that there are, *simplistically*, 4 broad "pathways" for managing child protection cases identified with ECD in Malawi.

**Level 1**: child protection matters that are directly addressed by ECD workers (caregivers).

We heard that some caregivers visit the parents of children if they are concerned about aspects of a child's welfare and safety. For example, when a child does not have adequate clothes to attend a CBCC, or when a child is not supported to make the journey from home to CBCC, caregivers might advise and encourage parents to improve their care and protection of their children.

In practice, almost all child protection cases that come to the attention of ECD workers are dealt with in this manner. If this intervention is unsuccessful, or if the situation appears to be too serious or sensitive for the ECD worker to be able to manage, the response is usually to take no action at all. The researchers found a high level of fear on the part of ECD workers who did not feel they had the authority to confront abusive or neglectful parents. This fear is also linked to perceptions of "childhood" and children's position in society:

"*We think there are cases of child abuse, but we wouldn't know, because the children do not talk about it. We are afraid that parents would accuse us of "believing" a child*" – CBCC caregiver

*"We know that children are being abused in their homes, but we don't look into it, because that is not our business. We are mainly looking into issues at the CBCC."* – CBCC Management Committee

*"It is difficult to intervene in cases where a child is married [early]. This is so because in most cases parents become supportive of the marriage*" – Primary school teacher.

**Level 2**: child protection matters that are addressed by the village head through the child protection committee and/or the community victim support unit.

Most child protection cases that are dealt with at all are dealt with at this level. The traditional leaders (village and group village heads) are figures of authority at the village level and take part in child protection and community victim support committees. These committees in turn report to the development committee at the traditional authority level. The village head may receive information directly from caregivers, or through a child protection committee or victim support unit.

Researchers heard that village heads might become involved in responding to instances of serious physical abuse or neglect. For example, when a child is repeatedly beaten to the point of fainting, or is consistently denied food or clothing. A village head will summon such parents to inform them that they must improve their behaviour, and may also impose a punishment. This punishment could be a requirement to sweep the village streets, or to give the village head a goat.

| **Example from Chinansungwi CBO that supports a CBCC:**<br><br>If a parent whips a child attending the CBCC, the CBO officer takes the parent to the Village Head woman. She speaks to the parents and, if she considers it appropriate, she will punish the parents by making them sweep the streets or dig a latrine. The village head can also impose a fine of up to 5,000 MwK. |
|---|

**Level 3**: child protection matters that are addressed by the District Social Welfare Officers and/ or by the District Police Victim Support Units.

Researchers heard that only the most serious incidents of harm against children come to the attention of social workers and police officers at the district level. For example, children who are physically injured because of a punishment through burning with fire or hot water, being cut with a razor blade, or children who have been raped or murdered. Significantly researchers found **no examples of ECD service providers actually making referrals to the child protection system.**

In some cases respondents discussed that if a child's limbs were broken or if a child was beaten frequently to the point that (s)he faints this would be considered serious abuse.

Nonetheless, whilst researchers heard of cases where children were taken to hospital after being severely beaten, there were no cases that triggered formal child protection action.

Treatment in hospital after being beaten in Malawi, requires the injured person to present a formal letter from the police. As such, some children severely injured in this way had contact with both the police and hospital workers, nonetheless these cases were not followed up as child protection cases.

**Level 4**: child protection matters that are addressed by Child Justice Magistrates.

Child Justice Magistrates work with children who have committed offences, who are homeless on the streets, and whose parents are reluctant to provide maintenance payments. It is rare that Child Justice Magistrate will take legal steps to protect children from harm by removing them from abusive parents: they mainly deal with children who have committed crimes. Evidence suggests that child protection matters addressed at this level are not necessarily effective for promoting children's' rights. Researchers visited a reformatory school in Blantyre where children as young as six years could be sent indefinitely for relatively minor crimes. Researchers interviewed children at the centre and asked them why they were at the school:

Extract from an interview with a 10 year old boy who had been in the reformatory centre for 4 years (i.e. since he was six years old):

"*For me to be brought here, I stole 7,000 KW from my mother. Dad had given her the money to go to the village to do farming activities. I was also involved in fighting peers or breaking things at home*." – boy, reformatory centre.

Children were asked how they felt about being at the centre:

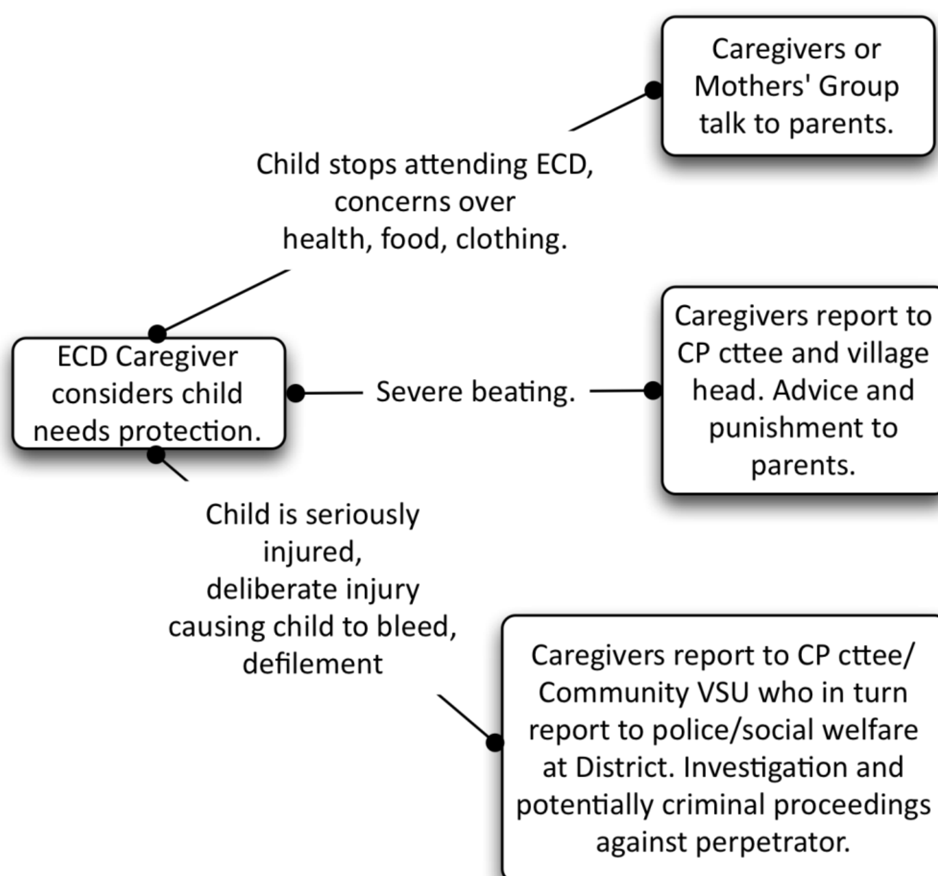
*"We wish to go back home. We miss our parents a lot. We are sick at times. At home we play with more friends."* – boy, reformatory centre

*"I become psychologically affected. I ask the question – why my parents not coming to see me? Or are my parents still alive?"* – boy, reformatory centre

Researchers also interviewed staff at the centre, and were concerned that interviewees were unable to explain their evaluation criteria for determining when they should recommend that a child is release. Furthermore, they explained to researchers that the only people who had the authority to release a child, were a board who only sporadically visited the centre:

*"They are supposed to visit three times a year. In practice they can go for more than a year without coming. They stay for one day, and make any recommendations they have for any child to be released"*- worker, reformatory centre

How ECD caregivers currently initiate child protection:




**4.4: Protecting children in the context of witchcraft**

Belief in *ufiti* (witchcraft) is widespread across Malawi and plays a central and influential role in many aspects of Malawian life. Evidence from the research suggests that beliefs, discourses and practices related to *Ufiti* particularly affect children, especially young children. Researchers came across numerous cases, in every location, where children were reportedly injured as a result of witchcraft. In some cases injuries were a result of an attempt to “cure” a child practicing witchcraft. In other cases injuries were reported to have been the direct consequence of witchcraft. In practice the distinction between the two may be difficult to draw. In any case both types of injury present challenges for those attempting to establish effective and robust child protection mechanisms in Malawi.

Fears that children may become involved in witchcraft are pervasive amongst both children and adults in all parts of Malawi. Some participants expressed the view that in certain parts of the country as many as 50% of all children are engaged in witchcraft. The most common way of identifying that a child is engaged in witchcraft is through the voluntary testimony of a child him/herself. The usual way for a child to be fully initiated into the craft, is through

the murder of one of their parents or close relations. In many cases children are identified as witches after they "confess" to one of their parents that they have been ordered to kill them.

Children of all ages are at risk of being bewitched. During the night-time children are taken by witches to a graveyard or the bush, through the means of *ndege ya ufiti* (magic aeroplanes), where they are taught witchcraft practices and fed human flesh, before being brought back home before dawn. Children who appear tired at school or home whilst performing their domestic chores, who have poor attention in class, who talk about strange dreams, or have a particular appetite for meat are at risk of being identified as witches, as are children who demonstrate other strange or challenging behaviour such as being outspoken, rude, withdrawn, distracted, introverted, aggressive, or stubborn.

**Extract from an interview with a CBCC caregiver**

"*We had a boy who was a witch in our CBCC. We realised he was a witch when he came into the CBCC one morning and announced that he was going to impregnate all the caregivers through witchcraft.*

*We took him to see the Village Head Man for trial. He caused a lot of problems at the trial. He refused to sit on the floor and insisted that a chair was brought for him to sit on.*

*The Village Head Man decided that he should no longer attend the CBCC*."

Accusations of witchcraft were reported to be typically made against either children or elderly women. Despite legislation that criminalises accusations of witchcraft, these are still very much a part of Malawian cultural life. Children accused of witchcraft are at risk of discrimination, social exclusion, expulsion from nursery and school and, in some extreme cases, injury and death. Investigations of children's involvement in witchcraft may be accompanied by beatings, particularly in households where the child is not living with their biological mother or father. One community based child protection worker in Mwanza, told researchers of a case last year (2011) where a 6-year-old child was burnt alive after being accused of witchcraft and taken to see a Witchdoctor.

Children themselves reported being afraid of witchcraft and spoke of the negative affect that it has on their psychological wellbeing.

**Extract from an interview with an 8-year-old girl at a rehabilitation centre for children living on the streets in Lilongwe.**

***Researcher*****:** Is there anything at the centre that makes you feel afraid?

***Interviewee***: I am afraid of the people who come and take me away in the night.

***Researcher*****:** Can you tell me a little more about that?

***Interviewee:*** People come and take me to the graveyard at night. I don't know why I'm there or what I'm doing. In the daytime I feel tired and frightened all the time. I can't concentrate at school.

Awareness of the law that criminalises witchcraft accusations is remarkably widespread compared to knowledge of other legislation relating to child protection. Even the youngest children were able to tell researchers about the law "that says anyone who accuses another person of witchcraft will go to jail". Encouragingly, evidence from the research is consistent with the idea that this protective measure has been effective in reducing the prevalence of witchcraft accusations across the country. Nonetheless, it also appears to be inhibiting dialog between traditional systems of justice and the formal child protection system on cases concerning witchcraft. Whilst, it is apparently increasingly common for serious types of child abuse (such as rape and early marriage) to be referred from Traditional Authorities to the police (due to a recognition that police may be most effective at responding to such situations), cases attributed to witchcraft continue to be dealt with through traditional mechanisms which may present risks to children.

> *"I always report cases of rape and early marriage to the police. I used to deal with them myself, but then I realised that people were getting used to the fines I was imposing. So now I always inform the police, because they can do much more to help. The problem is, I cannot report cases of witchcraft to the police. There was a small boy who was being taught witchcraft by an old lady in the village. The police wouldn't help so we didn't know what to do. We tried to treat by making incisions on his body where traditional medicine was applied."* – Group Village Head Man, Mwanza.

Aside from accusations, witchcraft presents another potential dilemma to those seeking to prevent and respond to cases of child abuse in a Malawian context. As witchcraft is essentially understood as the ability to harm another person through occult powers[34], it is impossible for others to confirm or disprove how children injured in this way, came to be hurt and by whom. Participants relayed numerous stories where children were reported to have been harmed through witchcraft, largely as a result of falling from the sky out of magic aeroplanes, sometimes landing on top of other children. Some of these events were

reported to have led to serious injuries, including injuries to children's genitalia, and even death.

**Extract from a focus group with teachers**

Three sisters in their second year of primary school, ages 7 to 8 years, were taken by a male witch during the night on an aeroplane. They were flying naked in the sky when an accident happened which resulted in the girls falling from the aeroplane. One girl died of her injuries, and another suffered cuts to her genitals such that her anus and vagina were connected. The teachers explained that the witch had poked the girl's vagina with a stick and tore her flesh. The teachers reported that the witch had sent the children to kill their mother, but the children had refused. The teachers and the surviving children were taken to hospital and received counseling. They said that the perpetrator was arrested by the police and villagers burnt down his house.

Researchers heard subsequently from the inspector of the Police Victim Support Unit that the man accused of these crimes was a retired magistrate and he accepted that he was a witch. He was sentenced to prison for 8 years. The police inspector explained that the Penal Code does not acknowledge the existence of witchcraft and therefore the man was charged with conduct likely to cause a breach of the peace.

When attempting to analyse and understand the significance of the belief in *ufiti* in the context of child protection in Malawi, it is important to understand that belief in witchcraft is compatible with empirical understanding of cause and consequence.[35] Evens-Pritchard's seminal work on witchcraft amongst the Zande people demonstrated that attributing injury and death to physical causes, and attributing them to witchcraft, are not mutually exclusive, but complementary systems of explanation.[36]

The above case study potentially illustrates this theory. What strikes researchers is that the "witch" in this instance was reported to be male, whereas the majority of *participants in our study* appeared to primarily associate events concerning witchcraft with old women and children. (This information is consistent with anthropological literature which has documented that vulnerable people, such as old women, tend to be particularly susceptible to accusations of witchcraft)[37]. In this story the perpetrator also confessed to being a witch[38], and was tried within the formal justice system. It is, of course, not possible within the context of this study to comment on the truth of the facts in this case, or whether the man accused was responsible for the children's injuries. Nevertheless, from the story as it is relayed here, there is no reason to suspect that the attribution of the incident to witchcraft was incompatible with an understanding of the physical events which took place.

What does concern researchers, however, is the sheer volume of cases where children had reportedly received injuries as a result of witchcraft. Furthermore, caregivers and child protection personnel continuously expressed fear and uncertainty about how to deal with cases involving witchcraft:

> *"We are teachers; we are failing to handle these issues"* – teachers Mzimba.
> "*We don't know what to do about witchcraft. These are difficult issues."* – CBCC carers.
>
> *"Witchcraft is a huge problem. We don't know what to do about it. We can't go to the police because they are arresting people for accusing others of witchcraft". –* Village Head Man.

In most cases where children are injured, there are people who are aware of what has taken place (and, in every case, there is at least *someone* who knows what has happened). The concern is that the "occult" nature of witchcraft, and the intrigue and trepidation that it invites, could potentially be used as a means of mystifying or obscuring what is happening to children who are subject to abuse.

Further in-depth research should be carried out to explore the impact that beliefs, discources and practices concerning witchcraft in Malawi are having on the ability to establish effective systems for preventing, identifying and responding to cases of child abuse and mistreatment.

**Extract from a focus group with a CBCC Management Committee**

A child aged 3 or 4 years woke up one morning weak and with swollen cheeks. He told his parents that he had been taken by a witch during the night. An old woman in the village was identified as the witch responsible for abducting the child, but she denied her involvement.

The child's behaviour became increasingly strange: he became stubborn and used "bad words". He also experienced bleeding from his ears.

The boy was taken to a witch doctor where an incision using a razor blade was made to in an attempt to treat him. Meanwhile the old woman and her children were expelled from the village.

## 5. Access to ECD services and protecting children who are especially vulnerable

"*Our services aren't that good. The children become discouraged" – CBCC Caregiver Chikwawa*

According to the Strategic plan for ECD (2009-2014)in Malawi, currently around 35% of children access a centre-based ECD service included CBCCs (accessed by 15% of children), pre-schools, crèches, Nutrition Rehabilitation Units, Child Rehabilitation Centres, Paediatric Wards, Sunday schools, Madrassas, kindergartens and other centres.

Field research identified numerous factors that compromise access to early childhood development services, particularly for girls, children with special educational needs, children living with HIV, children living in poverty, and other vulnerable groups.

Researchers interviewed parents and children not accessing ECD centres during the field research.[39] It was significant that in almost every case the child was an orphan, the carer (mother) was a single parent, or either the primary caregiver or the child him/herself was disabled. Researchers heard that children with substantial physical and learning difficulties received little support in the community. Researchers did not observe any children with substantial physical or learning disabilities attending a CBCC or primary school (with the exception of a visit to a specialist school for hearing impaired children). Researchers heard from CBCC caregivers and from primary school teachers that they neither have the expertise to care for these children, nor do they have the time to do so, given such high child to adult ratios.

### 5.1 Food, Fees, Facilities and other resources

Poor nutrition, and a lack of food at home, and at ECD centres, was consistently reported to be the single most significant barrier to access. Parents reported finding it difficult to motivate their children to attend CBCCs or primary schools when they had not had any breakfast.

"*We have an acute problem of food at our home. Sometimes they don't provide food at the CBCC.* " – mother not sending her children to a CBCC

Lack of materials such as clothes, pens, exercise books and other items were also commonly reported as a barrier to education. "*My Boys only have 2 pairs of shorts and 2 shirts. My daughter only has one dress. Their clothes are torn and not fit to be worn in a public place*" – Mother not sending her children to a CBCC.

**Extract from an focus group with parents not sending their children to an ECD service**

"My husband is a fisherman. He is gone for weeks. When he comes back he doesn't bring money. I have 3 small children, one of them is deformed [partially paralyzed] from a bicycle accident. None of them attend the CBCC or school.

I went to the Group Village Head Man to complain about our situation at home. He gave me some pens and notebooks for my children. When they got them the children started to go to school. But then the materials ran out, and clothes became a problem.

I think I will go back to the Village Chief and ask if he can help some more."

Furthermore, in all primary schools visited, 100% of children reported that despite the Government policy that primary education should be free, in practice children are required to pay unofficial fees and school levies, creating a major barrier to access, particularly amongst poorer households. Children not attending school repeatedly told researchers that they had tried to go but had been "chased away" from school by the head teacher for failing to pay unofficial development fees, for not wearing school uniform, or for being dirty, smelly or sick, in violation of government policy.

**Interview with a boy not attending primary school**

My parents both died within a year of each other when I was a baby. Nobody has told me the reason. I live with my old grandmother.

I tried to go to school, and continued until standard three. But eventually I was sent away by the headmaster for not wearing uniform. I had no one to support me. My grandmother couldn't do anything. We had no clothes, no uniform, no soap, no food. I had to start working, taking care of some goats.

Researcher: "Did anyone from the school or the government or any other person, follow up with you after you stopped attending school?"

Boy: I was visited by the local CBO. But they couldn't help me. They didn't have money. One day the headmaster visited me and told me I should come back to school. And I said to him 'but you are the same person who sent me away for not wearing school uniform, for wearing torn clothes, for taking a bath'. The headmaster left and didn't come back.

Long distances to walk to school, lack of access to drinking water, poor quality of services, and limited recreational materials were also reported as major reasons why children were less likely to attend school. Most ECD centres currently lack adequate facilities. ECD infrastructure is generally poor, and may be inappropriate for young children. Many centres are characterized by poor ventilation, dusty rooms, poor lighting, temporary dilapidated structures and the absence of child-friendly sanitary facilities.

**Interview with a mother not sending her child to an ECD centre**

Interviewee: "I try to make my three year old boy go to the CBCC, but he just refuses. I don't know what to do."

Researcher: "What do you think would help improve the situation?"

Interviewee: "If there were more things at the centre for him to play with. He likes toy cars".

### 5.2. Socio-economic, cultural factors

Factors that account for barriers to education include socio-cultural norms and practices (related to childhood) superimposed on economic realities. Cultural perceptions of childhood, gender, disability, *ufiti* (and other factors) that assign social value to groups of children and prescribe them socio-economic roles, are commonly cited as barriers to accessing ECD services. For example, when children were asked about the most common reason why children in their community did not attend school, the first response was invariably that boys are required to take care of goats, whilst girls are expected at home to perform domestic chores and support the care of younger siblings (while parents leave home to work in the fields).

"When my mother goes to the maize garden, I must stay home and take care of the baby" – 6 year old girl.

Child labour is a major issue in Malawi, affecting children of all ages, including very young children. In the Central and Northern regions, children are employed in the tobacco industry. Children under the age of 9 are used for grading and stitching tobacco leaves because of their small fingers. Researchers heard that 20-30% of children in the tobacco industry were under the age of 9, and these children were usually the children of adult tobacco workers. The total number of children is unknown, but typically they work 7days a week, and for more than 4 hours a day. They do not attend an ECD service because of the time they spend in employment and because of the remoteness of the tobacco farms.

Early marriages, early pregnancies, prostitution and contraction of HIV and AIDS, were also reported as major reasons why children drop out of school early. It is significant that all of these issues disproportionately affect girls.

Children reported that they were not encouraged to go to school by their parents. It is significant that none of the parents whose children were not attending an ECD service had themselves attended school. Although parents, themselves, expressed to researchers that they wished their children could attend a CBCC/school, other stakeholders claimed that these parents did not perceive much value in education, and instead insisted their children spend their days engaging in economic activities to support household livelihoods:

**Focus group with a CBCC Parents Committee:**

**Interviewer**: "*Are there children in the village not attending the CBCC*?"

*Respondent*: "*Yes most of these are from illiterate parents who do not appreciate the importance of education*".

Children in focus groups were asked to name reasons why they didn't attend the CBCC, *"I was taking care of the goat", "I wanted to go drink the goats milk", "my parents made me stay home and wash dishes", "I had to take care of the baby", "my parents went to the maize field and left me", "I was sent to the rice field to stop the birds eating the rice*" were some of the responses.

In addition growing numbers of orphaned children, living in child headed households, living with elderly relatives, or chronically ill parents, presents a particularly serious and challenging problem in ensuring all children have access to an ECD service. These children are struggling to find means to survive on a day-to-day basis: "*I can't go to school, I have to work to support my grandmother. She is old and can't do anything".* These children are unable to afford basic fees and materials, and face severe discrimination in their attempts to access education. Furthermore, orphaned children are vulnerable to property grabbing, or to being taken into to other people's households to work as domestic servants.

*"My parents died so I am looked after by my grandmother. We were ok until my uncle took our land. Now we don't have any money, and my grandmother can't pay school fees. I have to go to labour for other people instead of going to school"* – 12-year-old boy, Blantyre

## 5.3. Human resources

Most ECD caregivers are working as volunteers. This factor, along with poor access to training opportunities, and limited assistance in the form of materials, text books and other resources, has resulted in some instances in poor quality of teaching and care and a lack motivation amongst school staff.

Caregivers reported that they weren't really sure what to teach the children: "*our services are not good. We aren't sure what to do with the children. They become discouraged.*" These factors make parents and carers less likely to see a value in sending their children to an ECD centre. In addition, the prevalence of untrained caregivers contributes to an environment where children feel unsafe at the centre. Parents reported that their children were afraid to go to the school because of "fighting at the CBCC". Researchers heard of one case of a child who died after being left unattended at a CBCC centre close to a road. The child was hit by a car. It was also reported that caregivers were unsure how to respond to children with additional needs, particularly children with disabilities; often leaving these children out of activities, causing them to feel; discouraged:

> "A child with disabled legs was left in the classroom by himself while the other children were taken outside to play. The caregiver was asked why she had done this, and she responded that it was 'not possible for the child to play with the other children'." – Community based Child Protection worker.

### 5.3. Addressing access

Problems affecting access to ECD services are interrelated and complex. Many stakeholders interviewed during the course of the research suggested that passing new legislation obliging parents to send their children to ECD services, and imposing penalties on those who failed to do so, would be a key measure for improving access. Passing new legislation, however, fails to address the root causes of barriers to access, and may force parents to send children to services that are not necessarily safe, appropriate to children's needs, or beneficial for their education or development. The most effective means for addressing barriers to access is to improve services so that they become more available, accessible and attractive to children and parents.

Integrating ECD and child protection programming is itself a key measure to improving access to ECD services. Girls, children with disabilities, children living without appropriate care, and other vulnerable children, face a multitude of barriers to access which have been discussed above. Child protection programming which focuses on training caregivers, as well as sensitising the general community, on children's rights, and measures for protecting vulnerable children has the potential to address many of these barriers: e.g. providing caregivers with extensive child protection training, addressing issues concerning mistreatment, discrimination, neglect and beating of children whilst they are attending a CBCC. Caregivers should also receive more extensive training on complex issues such as caring for children with additional needs such as children with disabilities and children living with HIV.

**Interview with a child not attending a CBCC**

Researchers discussed with a parent and caregivers at a CBCC about the possibility of the parent's disabled child attending a CBCC. The child was aged 5 and had cerebral palsy. The child spent her time lying down in a hut. The most stimulation she received was when outside watching other children at play. The caregiver was very willing to try to include the child into the CBCC, but felt at a loss as to how to do it. The parent in question agreed to spend time with her child at the CBCC in order to teach the caregivers how to include her, and to make sure that her child was well cared for.

There is a need for improved interagency working at the community level to remove barriers to access. For example, ECD services should be linked up with NGOs, CBOs and other agencies providing support to children with special needs. Village chiefs should be involved in the process of improving universal birth registration. Systems and mechanisms should be put in place to ensure that village chiefs and caregivers at CBCC work together to identify all children in the community of the appropriate age, and monitoring attendance. CBOs, child protection committees and community victim support units should also be working together with ECD services to ensure that eligible children from child headed households are identified, and that these children have the support they need to attend CBCCs. This should include developing a coherent case management system for dealing with cases where orphans are being abused by other members of the community, and addressing issues of property grabbing.

**Good Practice Examples**

Researchers heard good practice examples where staff working in ECD facilities (CBCCs, primary schools) took an active role in monitoring access to their services, and reasons for poor attendance. Caregivers and 'mothers' groups' reported visits to households in the community where there was a child who was not attending an ECD. Researchers heard from village chiefs who were committed to ensuring that all eligible children were attending CBCCs and schools instead of working in the market. They learnt their authority to the group of mothers visiting households where children were not attending ECDs, and if appropriate, summoned parents to tell then they should send their child.

Integrating ECD and livelihoods programming also has the potential to address key underlying barriers to access. Research revealed powerful economic incentives for parents to keep children, particularly girls, out of school. Livelihoods programs that empower parents at the household level, attached to incentives to send children to ECD services, have the potential to address some of these issues. Furthermore, locating ECD centres near

markets and other livelihoods centres could be a creative way of responding to some key difficulties.

Finally, there needs to be continued investment in ECD services to improve structures, facilities, resources and school/CBCC feeding, to incentivise attendance. There is a need for more specialist devices, materials and resources for handling children with complex needs. Lack of investment in ECD in Malawi has not simply been a question of a lack of resources. There is a general lack of prioritisation of ECD on the national development agenda. There needs to be continued advocacy amongst all stakeholders invested in improving children rights, for a specific government budget dedicated to investing in ECD services.

Measure for improving access to ECD services must employ an *equity-focused* approach to tackling barriers. This means understanding that children subject to exclusion are often facing multiple and overlapping dimensions of discrimination, that are both unjust and avoidable.

# 6. Child protection training for ECD Professionals: *the curriculum training materials, tools, methodologies and strategies for ECD relating to child protection*

## 6.1. Current training

Only a small proportion of the CBCC caregivers, health workers or teachers interviewed during the research had received training in child protection. None of the primary school teachers interviewed had ever been trained in protecting children. This was also the case with caregivers working in private sector nurseries, or childcare institutions. The research consistently suggests that improving training is a key intervention for strengthening child protection within ECD, establishing entry points into the national child protection system, and improving access to ECD services.

CBCC caregivers are currently trained primarily by the Ministry of Gender, Children and Social Welfare, as well as by the Association of ECD based in Blantyre and other civil society organisations. The Association delivers a 2 week programme that is based on the Early Childhood Development Training Manual. The Association of ECDs deliver a residential course for up to 30 caregivers at a time. The course runs for two blocks of two weeks and one further week, each separated by supervision at participants' work places. The Association told researchers that about 50% of caregivers are trained; however, fewer than half of the caregivers interviewed during the research had received any training. In many cases researchers were informed that trained caregivers had ceased to work in CBCCs to seek paid employment elsewhere.

The ECD Training Manual that is used is a substantial document that is grounded in a child rights approach to promoting child development and to protecting children. Module 2 includes two sessions which approach the subject of child protection. Each session is timed to last 2 hours. The sessions contain important information that cannot be covered in such a

short time and is to a degree hidden within a wealth of other information about child development.

The first session (number 37) is entitled ‘What is Child Abuse?’ It has the purpose of helping participants understand the causative factors of child abuse. This session broadly sets out the categories of harm that could befall a child, reflecting the categories of Article 19 of the UNCRC. The second session (number38) is entitled ‘The prevention of child abuse and what to do when a child is abused’. Again, this is the beginning of a useful and appropriate set of training concepts, particularly as it directs participants to share their concerns with others who have responsibility for protecting children. This session contains a useful check list on what to do in the event that a child has been abused; however, within the two hours allocated, this cannot adequately address the issues arising from the need to protect children from harm, or to instil best practices in participants.

Similarly the new MoGCSW ECD manual funded by the World Bank, only dedicates one chapter to child protection (embedded within Chapter 8: child rights), with only 1.75 hours allotted to recognising and identifying abuse, and 2 hours allotted to preventing and responding to cases of abuse. This is in the context of a training which is designed to take place over a number of weeks (over a 6 month period). This amount of time cannot provide ECD workers with enough knowledge of the specific and detailed practical measures that they need to take in order identify and respond to cases of child abuse. It does, however, provide a strong foundation for raising awareness about children’s right to protections.

Whilst this is a valuable start in teaching ECD workers about child protection, it is unlikely to lead to children being significantly better protected. The Ministry of Women and Child Development/UNICEF Child Protection Training Manual, discussed below, offers a more substantial and dedicated training resource for child protection. This document has greater detail on recognising child abuse, but lacks the critical guidance on what to do when abuse is observed or suspected, as set out in session 38 of the ECD training manual. It is therefore important to consider these two training manuals together.

The Ministry of Women and Child Development/UNICEF Child Protection Training Manual is a substantial document that comprises 7 units of training including: Introduction to child protection; challenges to child protection; child protection issues; Early Childhood Development; social work; roles and responsibilities of duty bearers; and, community capacity development.

The training manual is highly useful for familiarising duty bearers with the broad issues relating to child protection from a child development and community support perspective. It sets out well the particular categories of children who are at heightened risk of harm, including children experiencing violence, abuse, exploitation and neglect. It helps those in contact with children to recognise when a child is at risk. It highlights the main threats that undermine children’s welfare, and the factors that need to be in place for a community that protects children.

Each unit is divided into sessions.

**E.g: Session on Physical Abuse:**

Objectives:

- defining physical abuse;
- describing the perpetrators of physical abuse;
- explaining the signs and symptoms of physical abuse;
- discussing the factors contributing to physical abuse;
- discussing the effects of physical abuse on children;
- examining the preventative measures for physical abuse.

The manual has the potential to provide learners with a broad foundation for understanding what child abuse is and how to recognise when a child is at risk of harm. It falls short, however, of instructing learners on **what they should do** when they encounter a child that has been subject to violence, abuse, exploitation or neglect, or is at risk of harm. In order to effectively put their knowledge to use, ECD workers should understand what **action** they need to take to protect an (at risk) child in the short term and in what circumstances. ECD workers should understand how to create conditions where the child, and other children in their care, will be safe for the future.

A comprehensive approach to child protection training that builds on the existing training documents will therefore include:

- The substantial elements on recognising child abuse that are contained in the child protection trainign manual, augmented by better guidance on risk assessment;
- The session from the ECD training manual that aims to give guidance on what to do when a child is abused. This session should be updated and expanded according to the requirements of the 2010 CCPJA and local protocols for referrals.

A comprehensive approach to child protection in ECD ensures that caregivers receive training that augments their basic skills to undertake simple assessments of need and of risk.and has the following elelmets at its heart:

- Comprehensive understanding of child protection
- Describing what has happened to the child, and identifying the nature of harm (the basics of this are covered in existing training);
- Evaluating how likely it is that the child is at risk of future harm and how serious the harm would be if it were to re/occur (this is missing from current training);
- Identifying the most appropriate action to take in order to keep the child safe from harm/further harm (this is partly covered in the ECD trainign manual but needs to be ties in with partnership worken, local and national protocols, and the application of the 2010 CCPJA).

This initial evaluation and simple plan is essential if children are to be protected at an early stage when exposed to harm.

It is important that Caregivers and community leaders at the village level are taught the need to act collaboratively at the point at which risk is identified. They must share information at the earliest stage within the village child protection network. This will normally be with a member of the child protection committee, but it could be with the Health Service Assistant, a member of the Community Victim Support Unit, or the Village Head.

In addition, Caregivers and community leaders at the village level need to know what procedures they should follow in order to comply with the Childcare, Protection and Justice Act 2010. In particular, they need to be trained on an official protocol for referral to the District Social Welfare Office and the Police Victim Support Unit, and to be trained and informed about procedures for taking a child to a place of safety.

It is significant to note that teachers of primary school children, care givers in private nurseries, health workers at under five clinics etc. have not had the benefit of the Ministry of Women and Child Development/UNICEF Child Protection Training Manual. In order to improve child protection within ECD all front line workers who have regular contact with children need to be trained in understanding harm, recognising children experiencing or at risk of harm, and responding to harm where a child in need of protection is identified.

### 6.1. Specific recommendations for further training to strengthen child protection within ECD

The Ministry of Women and Child Development/UNICEF Child Protection Training Manual should be used to supplement the current ECD training manual and updated to include three new elements:

- risk assessment and management
- partnership working to protect children
- legal duties under the 2010 CCPJA.

Training for primary school teachers[40] should include a broad background to understanding child protection, similar to that which is delivered to caregivers through the Ministry of Women and Child Development/UNICEF Child Protection Training Manual. This will help them understand the developmental needs of children, their rights to protection, and the scope of harm that might befall them in terms of violence, abuse, exploitation and neglect.

Further training should be developed for all groups of people involved in child protection at the community level including: caregivers in CBCCs and in private nurseries, primary school teachers, village child protection committee members, community victim support units, local CBOs and NGOs. It is important that these groups **should receive training together** in order to reinforce the partnership requirement and to make sure that one person is aware of another's role and responsibilities.

This new training for all stakeholders should include the following elements:

- Definition and forms of child protection
- Hazard recognition, risk assessment and safety planning (immediate and longer term) for children at risk of harm or who have suffered harm;
- 'Recalibrating' definitions of harm to include corporal punishment, and revision of how to recognise a child at risk;
- Partnership exercises and role plays for caregivers/teachers to work together with local child protection workers to protect children in the short and longer terms;
- Training in the 2010 CCPJA, ensuring that all are aware of their obligations;
- Training in operating a local protocol for responding to and reporting child abuse (see appendix 4, adapted to local area);
- Training on the existence of and uses of a local place of safety (2010 CCPJA s24)

This training should be delivered by the district social welfare office in partnership with the district police. NGOs at the district level who support CBCCs could have the role of ensuring that CBCCs have the support, encouragement and resources to enable them to take part in training. A register should be kept of all the names of those who are eligible for this training and record attendance at the training. This register could be kept at the district social welfare office.

## 7. Conclusions and Recommendations

Evidence from the research reveals that the ECD sectors current capacity to identify, prevent and respond to violence, abuse, exploitation and neglect of children aged 0 to 8 in Malawi is limited. Nevertheless, ECD in Malawi provides significant opportunities for improving protection of children ages 0-8 in Malawi, and for strengthening the national child protection system at large.

The ECD sector has the potential to strengthen protection of children ages 0-8 in Malawi in three general ways. First by creating conditions where all children are better cared for, are

less exposed to harm, and have greater opportunities for development; second by providing specialist services to strengthen protection of groups of children with additional needs, and third by responding to the needs of individual children who have been subjected to harm, or are at risk of harm.

ECD programs have been relatively successful in the first regard. ECD interventions in Malawi have provided vital social services to children parents and caregivers, including parental education, healthcare services, water and sanitation facilities, adult literacy classes, livelihoods programs, feeding programs and child care support. CBCCs in particular provide essential childcare facilities where children have a safe and supervised place to learn and play whilst their parents are at work. ECD has helped mitigate the impact of HIV and AIDs: 22% of children attending CBCC's are orphans and require social services.[41] Children who are orphaned, terminally ill, or living with chronically ill parents, are often under enormous stress. They may have to look after their younger siblings and help in the households while trying to cope with their disease and or loss. CBCCs are able to offer psychosocial support to these children and also provide respite care.

Nevertheless, issues concerning access and quality, hinder the protective potential of these services. There is a need to invest more in child protection training for ECD front line workers and ECD service management committees, particularly with regard to assessing and responding to the needs of individual children, and concerning the care of children with additional needs. There is also a need to invest in improving facilities, coordination and monitoring to ensure that these services really do provide for a protective environment for children.

With regard to their second and third protective functions, ECD interventions in Malawi have been much less successful. Research revealed that vulnerable groups of children, such as girls, children with special educational needs, children with reduced parental care and children from particularly economically deprived backgrounds, face significant barriers to accessing ECD services. Furthermore there are few specialist services that cater specifically for children with additional or complex needs.

Furthermore, ECD in Malawi is not currently operating at the tertiary level through prevention and response to individual cases of children in acute and imminent need of protection. Within ECD services in Malawi there is a tendency to assume that the needs of individual children are taken care of when the needs of the whole group are met. This is at odds with the principle of the right to protection from harm as it is generally understood within the context of the UNCRC: namely, duty bearers must be responsible for protecting **individual** children from harm, in line with their particular needs and interests.
Researchers heard of no cases in which ECD caregivers had identified individual children subject to (or at risk of) harm and referred them into the formal child protection system. Furthermore, local councils at district level are chronically understaffed. Due to large catchment areas per social welfare officer, professionals are seldom able to be intervene in child protection cases at ECDs on an individual casework basis.

This is the level on which ECD in Malawi contributes least to the child protection system. Caregivers consistently remarked that they "knew" many of the children in their care were experiencing violence and abuse, but that they were not in a position to respond. They gave many reasons for this, but ultimately they all rest on one key issue: caregivers have very little understanding of their roles and responsibilities for the protection of individual children. They lack the skills and knowledge to identify children at risk, and the information and confidence they need to ensure that action is taken to keep the child safe.

The CCPJA very generally sets out the framework for the role of ECD in child protection at the tertiary level, but placing a specific legal duty on "care providers" (which would include front line ECD workers, such as caregivers in CBCCs) to inform a social welfare officer or police officer if they believe on reasonable grounds that a child is being physically, psychologically or emotionally injured as a result of being "ill-treated, neglected, abandoned or exposed, or is sexually abused". Nevertheless, there is an urgent need to develop a comprehensive and detailed set of regulations that mandate the specific duties and responsibilities of ECD professionals in relation to child protection. Furthermore, there is a need to strengthen interagency working at all levels of the system. At the national level this should involve creating a coordinating body under the MoGCSW for integrating policy development, planning and programming across the two sectors. At the district level, this means establishing close links between the district social welfare officer and the police victims support units and primary teachers, CBCC parent committees, CBCC caregivers and caregivers in the private child care centres. At the village level this means creating a robust, consistent and agreed system for ECD front line workers (caregivers/ primary school teachers/ parenting educators/ healthworkers etc.) to report concerns immediately to a village chief, a community child protection officer or a member of the village victim support unit.

### 7.1 Recommended Action for Strengthening child protection within ECD

Recommend action

a) **Strengthening the legal, policy and institutional framework**

- Develop legally binding "codes of practice" or "guidelines", to instruct caregivers, teachers, health workers and other ECD workers on the specific scope of their responsibilities in protecting children against violence, abuse, exploitation and neglect. This should include, amongst other issues, how to provide a protective environment for children, a requirement to develop a child protection policy and agreement on what should happen when there is cause for concern about a child.

- Raise awareness amongst ECD providers on their legal responsibilities, particularly under section 35 of the Child Care Protection and Justice Act, and the penalty for failing to comply with these responsibilities, as well as understanding legal definitions of harm

- Incorporate child protection strategies into the national plan for ECD, and ensure that this is mainstreamed and prioritised across all ECD policy development and programming

- Create a coordinating body at the national level for integrating policy development, planning and programming across the two sectors.

- In consultation with communities and traditional authorities, develop an official protocol outlining referral mechanisms for children who are believed to be suffering or at risk of suffering abuse, neglect, exploitation or abuse, and disseminate this through the National ECD Network.

- Improve monitoring and data collection systems to create a standard centralised system of recording incidents of child abuse.

b) **Strengthening systems for preventing, identifying and responding to individual child protection cases within ECD**

- Resource mobilisation by donor partners to promote the effective and sustainable implementation of ECD and CP policies, strategies and plans.

- Develop training programmes for ECD front line workers so that they are informed about the sorts of harm that can befall children, instructed on how to respond and have sufficient skills in making initial assessments of needs and risks. This should include updating ECD training manuals to include modules on risk assessment and management and partnership working to protect children. It should also include developing a Child Protection Training Manual for primary school teachers

- Create a simple "check list" chart for identifying harm. Disseminate this through the national ECD network. This chart could be represented pictorially for people without literacy skills.

- Develop and distribute laminated CP information sheets at every ECD centre with key information concerning reporting or referral. Where possible these information sheets should include telephone contacts for local police, one stop crisis centres, and the District Social Welfare Office (DSWO).

- Establish routine monthly weighing and measuring of children in each CBCC/primary school/other childcare centre.

- Appoint a child protection person at every ECD childcare centre/primary school, mandated with the task of monitoring child protection issues and reporting to the community based child protection officer under the DSWO.

- Establish regular “family group” conferencing at each CBCC/primary school for children who are identified as having additional needs, or assessed to be “at risk”.

- Develop and facilitate interagency child protection training workshops for all community level stakeholders in child protection (caregivers, teachers, child protection committees, Community Victim Support Units (CVSU), Village Heads and CBOs). Include partnership exercises and role plays to reinforce understandings of different roles and responsibilities. Workshops should be delivered by DSWOs in partnership with the police.

C) **Protecting children who are especially vulnerable and improving access to ECD services.**

- Provide specialist training and support to parents, carers and ECD caregivers and teachers, concerning caring for children with complex needs (children living with HIV and children with disabilities).

- Mainstream gender awareness across parenting programs, and ECD service training programs.

- Scale up CBCC and school feeding programs, so that children regularly receive a nutritious meal whilst attending and ECD service.

- Support dialogue between all stakeholders, especially dialogue with young children, to raise awareness about the harmful impact of physical punishment and promote alternative methods of discipline.

- Conduct in-depth research into child protection in the context of witchcraft in Malawi.

- Support dialogue with religious leaders, traditional healers, community chiefs and police to identify common ground to combat the abuse of children in the context of witchcraft.

- Engage Village Heads in supporting the process of birth registration, and promote dialogue between Caregivers and Village Heads to monitor access to CBCCs and provide caregivers with confidence to report cases of child abuse to the Village Chiefs.

- Develop innovative integrated livelihoods and ECD programs to support access for children from especially disadvantaged backgrounds.

- Ensure that all government primary schools have sufficient funding and support so that they do not rely on charging individual families unofficial school development fees in order to carry out activities.

D) **Protecting children in transition from CBCCs to ECDs**

- Establish routine visits by teachers at primary schools to local "feeder" CBCCs. This would mean, amongst other factors, that teachers and children would have an opportunity to meet each other.

- Admit children as a group from the CBCCs to the primary school wherever possible to enhance children's experience of primary school.

- Ensure that individual child protection plans, assessments and reports are shared by workers at CBCCs with the primary school teachers during transition and a specific individual is identified within the primary school to ensure effective monitoring of the child.

## Appendix 1: Conceptual Framework

| Scope | Key Issues/ Questions | Data Sources |
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| To assess the capacity of the early childhood development sector at the national and subnational levels to identify, prevent and respond to violence, abuse, exploitation and neglect of children ages 0 to 8. | - What are the legal and policy provisions for child protection in the early childhood development sector?<br>- Who are the major duty bearers responsible for fulfilling these legal and policy provisions (e.g. The MoGCCD)<br>- What is the current financial and human capacity of duty bearers?<br>- Who are the major ECD service providers and what is their current financial and human capacity to identify and respond to cases of child abuse? (E.g. What training is currently received?)<br>- How do the National CP system and ECD sector current interact? What are the current entry points into the CP system within ECD interventions, and where are there gaps/ potential entry points that are not being used? (Consider traditional, local, district and national level)<br>- Are CP cases being identified within ECD services? What is the process for identifying CP cases, and what is the action that is taken? How are CP cases handled within the ECD sector, and what is the process (threshold?) for referring cases into the CP system. | -National, district, local and traditional level meetings with practitioners and beneficiaries;<br>- Desk research, including accessing hard data (where available) on CP cases that have been identified within ECD facilities, and an evaluation of existing ECD policies and plans of action in relation to their CP credentials. |
| Identify the specific support and additional capacity, if any, the early childhood development sector needs to enable it to identify, prevent and respond effectively to the violation of children's protection rights. | - What are the capacity gaps in the ECD sector? (Financial, human, institutional, technical, policy).<br>- What are the gaps in the ECD sector compared to the domestic and international legal and policy framework?<br>- What are the gaps in the ECD sector compared to the domestic and international best practice framework? | -National, district, local and traditional level meetings with practitioners and beneficiaries;<br>- Desk research, including research on international best practice examples for integrating ECD and CP interventions |
| Assess the curriculum, training materials, tools, methodologies and training strategies for | - What are the training materials that currently exist?<br>- Do these materials pay sufficient attention to training front line workers on meeting the protection needs of | Stakeholder interviews, (including with NGOs and professionals implementing ECD |

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| early childhood development and identify how they can be revised to better include child protection. Consider the extent to which they address the protection needs of children including parenting education, early detection, case management, referral and psychosocial support. | children? What are the gaps?<br>- Are child protection issues mainstreamed across training materials, tools, methodologies and strategies? How could this be improved?<br>- Are the child protection elements within curriculum, training materials, tools, methodologies and strategies for ECD being appropriately implemented in practice? Why/why not? How could this be improved?<br>- How do the curriculum, materials etc for ECD help to fulfil international and national law and policy provisions related to CP? How could this be improved? | training programs); desk review of training materials. |
| Assess how child protection can be integrated into early childhood development interventions such as parenting programmes, childcare centres, the first three years of primary school and other key interventions. | - What are the current practices and entry points? (E.g. training, case management systems, pathways for referral etc.)<br>- What, according to international standards, best practice, domestic law/ policy, and the local context are the missing entry points and opportunities for integrating CP within ECD services?<br>- How can existing structures (including community based indigenous/customary structres) be strengthenned to improve mechanisms for integrating CP into ECD interventions? | - National, district, local and traditional level meetings with practitioners and beneficiaries;<br>- Desk research |
| Assess how parents and guardians of children aged 0 to 8 understand child protection and what they see as the main child protection issues in the household, in the community, in childcare and in school. Compare and contrast these findings with how children themselves see as the main child | - How do parents and guardians conceptualise child protection?<br>- What do they see as being the major risks of harm to children under their care? What do they understand to be the scope of their own responsibilities, and the responsibilities of others in mitigating this harm?<br>- How do children conceptualise child protection issues? What do they see as being the main threats to their welbeing? What do they see as the responsibilities owed to them by others?<br>- Are there any differences in the views of adults and the views of children? What are these? How can we understand/analyse these differences? What are the implications of these differences for realising children's right | - In depth semi-structured interviews and focus group discussions with parents, carers and children. |

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| protection issues. Determine the specific child rearing practices that protect children and how can they be strengthened and the practices that undermine early childhood development and child protection and how can they be minimised or eliminated. | to protection in Malawi? | |
| Ascertain the most efficient and effective methods of educating parents about early childhood development and child protection and propose how these methods can be incorporated into communication for development, parenting programmes, CBCCs and other related interventions. | - In the Malawian context, what parental education methods are most effective?<br>- What works in current practice? What doesn't work and why?<br>- What are the opportunites for improvement? | - In depth semi-structured interviews and focus group discussions with parents, carers and children. |
| Identify the actions that can be taken by providers of early childhood development, with a particular emphasis on parenting programmes and CBCC, to ensure that the most vulnerable children utilise and benefit from these programmes. These groups include girls, children affected by HIV and AIDS, | - How are children currently identified and admitted to ECD facilities?<br>- Are there groups of children who are systematically underepresented within ECD facilities? What are the reasons for this? How could these be addressed?<br>- How do services currently cater for paticularly marginalised groups of children (e.g. children affected by HIV and AIDs, CWDs, girls etc.)? What are the gaps in provision? How could these be filled/improved? | - In depth semi-structured interviews and focus group discussions with parents, carers and children (including those attending/sending their children to ECD facilities, and those who are not) and service providers at all levels |

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| children with a disability, and orphans and children at heightened risk to protection violations. | | |
| Identify the main child protection issues for children transitioning from CBCCs to primary schools and for the first two years of primary school and identify how these issues can be addresssed to make this transition safer. | - what are the risks in transition and why?<br>- How can these be addressed? | - In depth semi-structured interviews and focus group discussions with parents, carers and children, and service providers at all levels |
| Consider how children aged 0 to 8 who are not participating in early childhood development interventions can be better protected from violence, abuse, exploitation and neglect and how the early childhood dvelopment sector can reach out to these children. | - Are there groups of children who are systematically underepresented within ECD facilities? What are the reasons for this? How could these be addressed?<br>- What is the scope for protecting children who are not participating in ECD services? What other support systems/services are available? | - In depth semi-structured interviews and focus group discussions with parents, carers and children (including those attending/sending their children to ECD facilities, and those who are not) and service providers at all levels within the CP and ECD sectors |
| What actions can the Ministry of Gender, Children and Social Welfaretake to make CBCC safer for children and to support CBCC to identify children who | - What is the Ministry currently doing?<br>- Compare this to international standards/ good practice<br>- Compare to domestic laws<br>Consider the country context, what the gaps are and how to fill them | -National, district, local and traditional level meetings with MoGCCD staff, practitioners and beneficiaries;<br>- Desk research, including an evaluation |

| | | |
|---|---|---|
| may experience violence, abuse, exploitation and neflect in other settings such as at home and the community and to refer these children to appropriate agencies? | | of existing policies and plans of action governing CBCC structure, management and practices. |
| What actions can providers of early childhood development services and interventions take to ensure compliance with the Child Care, Protection and Justice Act (2010) and to contribute to the National Child Protection System? | - What is the current level of knowledge/understanding of the Act and the National Child Protection System amongst service providers?<br>- What is the level of compliance currently? Are there gaps/violations that can be identified? What are the reasons/causes of these? | - In depth semi-structured interviews and focus group discussions with service providers (including front line workers and managements staff), parents, carers and children |
| Design culturally appropriate and resource setting approprate child protection standards for providers of eraly childhood development and indicators to measure whether child protection is being incorporated into key interventions | - What are the cultural and resource issues?<br>- What (if any) are existing indicators? What are the gaps? What would be the most effective and practical way of filling these gaps? | - In depth semi-structured interviews and focus group discussions with service providers (including front line workers and managements staff) at all levels |
| Map the donors and development partners engaged in early childhood development and identify the actions they can take to support child protection in early childhood development. | - What is the current engagement? What are the gaps? | Government and NGOs/ ECD providers/ CP actors |
| Suggest to the | - What does the Minstry think it needs? | Government and NGOs/ |

| Ministry of Gender, Children and Social Welfareconcrete and viable actions to integrate child protection into early childhood development. | - What is needed according to laws/ policies and good practice<br>- How can this be combined? | ECD providers/ CP actors |
|---|---|---|

## Appendix 2: Focus Group with Children at CBCCs Topic Guide

**This questionnaire must be done after the one with parents because you need their permission before interviewing their children (see the interview schedule for the parents' committee.)**

**These are very young children and you need to adopt a child friendly and age appropriate approach. Make sure you start by letting the children become accustomed to you by first spending time taking part with the children in their games and songs.**

**Ask the care givers to help select a group of children to interview. This group is likely to be of around ten children but can be more or less. These must be children whose parents have consented to their taking part. If practicable, take the children to a separate place, even outside in the shade. Ask at least one care giver to stay with you during the questions. Observe for any children who may be unduly frightened and if you cannot reassure them, ask the care giver to remove the child. For this focus group to be successful, the children need to have fun.**

**Explain to the children that we are going to play a game that involved putting your hand up or shouting out an answer.**

**Record the names, ages and genders of the children with the help of a care giver. Record what the children say and gently ask questions to help them say more if you think that is appropriate. Use your judgement and your skills in communicating with children. Do not read out the questions verbatim or take a 'tick-box' approach. Talk naturally to the children.**

- Date
- Name of interviewer
- District
- Institution through which child was accessed (e.g. school, CBCC etc.)

1. **Start with a practice example:**
    a. Who had breakfast this morning? Hands up! (You record how many)
    b. What did you have for breakfast this morning? Shout out! (You record all the different answers you get)
    c. What is your favourite food? Shout out! (You record all the different answers you get.)
    d. (You can say what your favourite food is afterwards (for example, porridge), so this will encourage the children into a give and take game.)

2. **Questions about home:**
    a. Who do you live with?
        i. Hands up who lives with their granny?
        ii. Hands up who lives with their mother and father?
        iii. Hands up who lives with their mother. Hands up who lives with their father.

iv. Hands up who lives with and is looked after by an older brother or sister?
v. How many brothers and sisters do your have?
vi. (You can say whom you live with if you want to.)

3. **More about food. "We know all about your breakfast, but let's hear more about what you eat"**
    a. What did you eat yesterday?
        i. At the CBCC?
        ii. At home? (Get a selection of meals eaten.)
    b. Who gives you your food or do you look after yourself?
    c. Who has the best bits of the food at home?
    d. What do you do if you are hungry?
    e. Do you ever go to bed hungry?
    f. If someone you know had three brothers and sisters, and there was not enough food to eat, who would get the food first?
    g. (You can say what you had to eat yesterday if you want to.)

4. **Let's talk about what you do when you are not at the CBCC.**
    a. Can you do what you want to, like playing with your friends?
    b. Do you have to do something to help your family or another person?
    c. What do you do for your family or another person:
        i. Tend the garden or a goat?
        ii. Help around the house?
        iii. Look after a younger brother of sister while your parents are out?
    d. Does this work every stop you from going to the CBCC or from playing when you are not at the CBCC?

5. **Let's talk about things that could hurt you.**
    a. Are you ever left alone and get frightened? Hands up!
    b. What sorts of things frighten you? Shout out!
    c. What would happen if someone you knew was being beaten up by their parents or someone else that they live with? Would they tell anyone? If not, why not? If so, who and what would that person do?
    d. If someone you knew was being hurt by someone who visited their home or someone was touching them badly, would they tell anyone? If not, why not? If so, who would they tell and why? What could that person do to help them?
    e. What would happen if you did something wrong at home or in the CBCC?
    f. Have you ever been hurt by someone who should be looking after you?
    g. Do you think this is fair? And what should happen to the person who hurts you?

[Questionnaire development note: picture cards to be developed to go with these questions.]

## Appendix 3: Interagency working in child protection and establishing a case management system

Multi-agency working is increasingly being recognised as the most effective way of improving outcomes for children. Integrating services and better communication between agencies is vital for ensuring preventative action and early intervention in cases where children are in need of support. All stakeholders are better able to protect children if they act in partnership and collaboration with others. Without partnership, individual professionals are less powerful in their intervention, less accountable to children, and are vulnerable themselves to retaliation from abusers.

Protecting children is a shared responsibility.

| *Person contributing to child protection social work* | *Their purpose* | *How this relates to entry points for child protection in ECD services.* |
|---|---|---|
| CBCC caregiver | Early years (3 – 5) support for child development. | Caregivers see children on a frequent basis and are in a good position to identify children in need of protection. |
| CBCCs parent committee member | Overall management of CBCCs | Provides link between CBCCs and parents/guardians and in a good position to facilitate child protection issues between CBCCs and homes |
| Primary School teacher | Primary school teaching. | Teachers see children on a frequent basis and are in a good position to identify children in need of protection. |
| Community child protection officer | Community initiatives for child protection at group and individual levels. | Identifies children in need of child protection.<br>Facilitates referrals from ECD services to District Social Welfare. |
| Village child protection committee member | Forum for community child protection initiatives. | Coordination of group approach to child protection in ECD services. |

| *Person contributing to child protection social work* | *Their purpose* | *How this relates to entry points for child protection in ECD services.* |
| --- | --- | --- |
| Community police officer | Take part in the Community Victim Support Unit and liaise with Police Victim Support Unit. | Facilitates referrals from ECD services to Police Victim Support Units.<br>Facilitates child protection cases requiring legal justice/action |
| Community Victim Support Units members | Coordinate response to children in need of protection and undertake preventative initiatives. Police Victim Support Unit. | Facilitates referrals from ECD services to Police Victim Support Units. |
| Health Service Assistants | Preventative health measures and first call for emergency health care. | Potential to identify children who have been harmed and are in need of protection.<br>Potential to provide counsel parents/guardians on child protection issues |
| T A/Group/Village/ heads | Overall authority at the TA, group and village levels. | The heads have the authority at their respective levels that require best practices in ECD services, and to influence village parents. They have the power to advocate for child protection, set by-laws, and punish abusers. ECD services have direct access to village heads. |
| Police Victim Support Unit members | Coordinates child protection at the district level and responds to children in need of protection beyond the scope of the traditional authority. | CBCC caregivers would usually not be in contact with the Police Victim Support Unit. At the district level. Primary School teachers located in urban areas could have direct contact with the Police Victim Support Unit at the District level. |

| *Person contributing to child protection social work* | *Their purpose* | *How this relates to entry points for child protection in ECD services.* |
| --- | --- | --- |
| District Social Welfare team members | Coordinates child protection at the district level and responds to children in need of protection beyond the scope of the traditional authority. | CBCC caregivers would usually not be in contact with social welfare officers at the district level. Primary School teachers located in urban areas could have direct contact with social welfare officers at the District level. |
| CBOs that work alongside CBCCs | Community welfare initiatives. | Provide entry for child protection issues in the community.<br>Able to provide additional response to children identified as at risk of harm. |
| NGOs that support CBCCs | Supports the development and running of CBCCs. | Advocate for child protection issues<br>Able to set standards and procedures for CBCC to respond to children in need of protection. |

Case management has an essential role to play in protecting children from harm. Case management is a system of working with individual children and their families that is tailored to the needs and best interests of a particular child. Case management is an approach that is best delivered by social workers experienced in the necessary skills of assessment and care planning, and who have the resources and authority to engage a multiagency approach to supporting a child. Case management serves to coordinate the care that a child receives so that individual children's needs are systematically addressed and not forgotten about.

Caregivers in CBCCs and primary school teachers should not be responsible for delivering a case management approach to children in their care. Rather, their responsibilities lie in making known the needs of vulnerable children, and in becoming part of the network of care that a care manager arranges in order to support a child. The role of the CBCC caregiver and primary school teacher is likely to be one of reporting in to the care coordinator, and of providing services that comprise key parts of the network of care that is coordinated within case management.

This illustrates that the CBCC caregiver and the primary school teacher have key partnership responsibilities. First, with local child protection and community authority structures, to report concerns about children and to take initial action that may be necessary for short-

term protection; second, with care managers (likely to be located at a district level) to collaborate in a network of care to support particularly vulnerable children.

ECD caregivers should not make decisions or act alone. They should consult with, and act together with, a community child protection officer, a member of the community victim support unit, or village chief, about any concerns they have about a child. Recognising and responding to harm need not be a technical skill; rather, it involves a way of thinking that asks three simple, child-centred, questions:

| | |
|---|---|
| *What did the caregiver see and hear*? | What happened and what is the nature of the hazard to which the child has been exposed, or is at risk of being exposed? This requires the adult caregiver to **name** the hazard and **describe** it, for example, 'Amos has open sores on his back and he said his daddy beat him'. Once the caregiver has made a note of what has happened s/he should immediately inform a community child protection officer or other member of the community child protection committee or the community victim support unit or village chief. |
| *Does the caregiver need to do something*? | This requires the caregiver to decide on how serious the harm is and on how likely it is for the harm to happen or to persist. The caregiver needs to know a bit more detail about a child's circumstances and history to make this evaluation. For example with Amos, is this the first time he was beaten; has something happened at home? The caregiver together with a community child protection officer or other member of the community child protection committee or the community victim support unit or village chief will need to find out more information. |
| *What needs to be done to protect the child*? | The caregiver, together with the community child protection officer or other member of the community child protection committee or the community victim support unit or village chief should make a decision about what should be done. Their first decision is about protecting the child on the day in question; the second decision is about protecting the child in future. For example, is it safe for Amos to return home? What needs to be done to stop the harm happening again? Decisions about protecting a child on the day in question must be made without delay. |

This is not a complicated process and it does not even need to be written down on paper. However, this mental exercise must be at the heart of all child protection procedures and form the core of any child protection training. For effective child protection, all caregivers and child protection workers must have a well-rehearsed and instinctive understanding of the process described above.

## Appendix 3: Example of an information sheet for caregivers in CBCCs and teachers in primary schools:

**You have a professional and legal duty to take steps to protect children you suspect have been subject to, or are at risk of being subject to violence, abuse, exploitation or neglect.**

Section 35 of the Childcare Protection and Justice Act 2010 states:

(1) If a child care provider believes on reasonable grounds that a child is physically, psychologically or emotionally injured as a result of being ill-treated, neglected, abandoned or exposed, or is sexually abused, he/she shall inform a social welfare officer or a police officer.

(2) If a child care provider fails to comply with subsection (1) commits an offence and shall be liable to a fine of K10,000 and to imprisonment for three months.

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**How do you know if a child has been subject to, or is at risk of violence, abuse, exploitation or neglect?**

(1) A child tells you an adult has hurt her or him. Listen and take this seriously.

(2) Unexplained physical injuries not caused by play.

(3) Changes in behaviour: fear, aggression, depression, becoming withdrawn.

(4) Injuries or infection in the genital area.

(5) Precocious sexual knowledge or behaviour.

(6) Loss of weight, fatigue, isolation, smelly.

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**What you must do if you think a child in your care has been subject to, or is at risk of violence, abuse, exploitation or neglect?**

(1) Talk about your concerns with another caregiver who knows the child, if one is available. Write down what you have observed/heard and why you think the child is at risk.

(2) Inform a more senior person with responsibility for child protection. In your village/school, contact (name and cell phone): xx, 09999xxxx.

(3) Consider whether it is safe for the child to go home. If not, take child to designated place of safety. Your local place of safety is: …………….

(4) Inform the District Social Welfare office or the Police Victim Support Unit.

(5) After discussion with District, and if it is safe to do so, inform parents where their child is.

## Appendix 4: Donors and Development Partners in ECD

| ***donors and development partners engaged in early childhood development*** | ***actions they can take to support child protection in early childhood development*** |
|---|---|
| Central Government though Ministries of Gender Children and Social Welfare, Health, Education, Interior etc. | Policy direction and resource allocation/management |
| Local government through District Social Welfare and the police. | Work with specific children in need of protection through case management. Deliver a child protection training programme on a rotating basis to make sure that there is a continuing updated number of ECD workers trained in recognising and responding to children in need of protection. Monitoring that ECD services have the required minimum of trained staff and have the 'what to look for and what to do' laminated card. |
| International organisations and UN agencies | Provide support and resources to central government in policy direction; provide guidance to local government and to NGOs in delivery of child protection programmes. |
| NGOs such as Norwegian Aid and the Catholic Relief Society | Provide guidance and resources to ensure that those delivering child protection activities at the grass roots level are enabled to do so. Conduct campaigns as appropriate, for example, the 'walking bus' to ensure that groups of children get to primary school safely. |
| Local CBOs, village Chiefs, Community Child Protection Officers, CVSUs, CCPCs | Recognising individual children in need of protection and responding according to the training and written guidelines they have. |
| Members of the public | Report abuse to authorities as per their obligations under the 2010 CCPJA. |

## Appendix 5: General Child Protection Standards for ECD Providers

| ***A culturally appropriate and resource setting appropriate child protection standards for providers of early childhood development*** | ***Indicators to measure whether child protection is being incorporated into key interventions*** |
|---|---|
| **Standard 1** children are not punished using physical violence in an ECD setting. | ECD workers demonstrate after a training programme that they understand alternative discipline methods. ECD workers keep a written record of discipline methods used and this is monitored by the community VSU. |
| **Standard 2** providers of ECD work to children shall receive specific training in recognising children who are in need of protection and about the practical steps they need to take when they consider a child has experienced harm or is at risk of harm. | All ECD workers are trained in a new child protection training programme that is locally delivered by the district social welfare office and/or the district police. This training includes a local protocol on what to do when a child is in need of protection. |
| **Standard 3** At least one ECD worker in a CBCC shall have had training in child protection and one primary school teacher per 200 children shall have had that training. Each ECD setting with therefore have a 'nominated child protection' member of staff. | District social welfare and district police conduct sample tests with primary schools and CBCCs to make sure adequate numbers of staff members have received the training and there is a 'nominated child protection' member of staff available for others to consult. |
| **Standard 4** each ECD setting has a laminated sheet of paper such as set out in appendix 3 which gives contact person and a place of safety information, as well as basic guidelines on recognising children in need of protection. | District social welfare and district police conduct sample tests with primary schools and CBCCs to make sure this document is in place. |
| **Standard 5** each Community Child Protection Officers shall keep a written record of all children in her/his area that have been considered to be at risk of harm, the circumstances of that risk and the action taken. | District social welfare and district police conduct sample tests with primary schools and CBCCs to make sure this document is in place. |

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