



REPUBLIC OF MALAWI

National Policy on Early Childhood Development

The First Few Years of a Child Lasts Forever

Poverty Reduction Starts with Children

Ministry of Gender, Youth and Community Services

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Lilongwe

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FOREWORD

The Policy on Early Childhood Development (ECD) in Malawi has been developed in response to the plight of the Malawian children who live and grow up in high risk environments, plagued by HIV/AIDs, poverty, ignorance, malnutrition and high rates of communicable diseases. This situation renders Malawian children vulnerable to poor health and/or pre-mature death. Malawian children experience multiple problems of social adjustment because of their difficult start in life.

Although efforts on ECD in Malawi have been made in the past by Government and its co-operating partners to improve the situation, these efforts have been fragmented and, therefore, without much impact. The Government, has therefore, decided to come up with an explicit ECD policy that would provide clear guidance to all co-operating partners on how best to prepare a future generation for Malawi.

This policy aims at, among other things, promoting care and attention to the child, more especially during the first eight years, which are critical for human development; providing co-ordination and collaboration structure for Early Childhood Development Programmes in Malawi; enhancing household and community awareness about the importance of early child- care, protection and development practices; promoting co-operation between Government, co-operating partners, the private sector, communities and households in the management and implementation of Early Childhood Development activities and programmes; and facilitating the implementation of the Rights of the Child as stipulated in the Conventions on the Rights of the Child (CRC) to which Malawi is a signatory. The policy further calls for a holistic approach to childcare, by integrating all development concerns into the existing operational systems.

Empowering local communities in the management of Early Childhood Development programmes, participation and involvement of the Private Sector and Non-Governmental Organizations, will be of paramount importance in all aspects of planning and management of the ECD resources. This will not only instill a sense of ownership but also joint accountability by all stakeholders.

Considering also the diversity of the needs of the child, it will be necessary to prioritize interventions to ensure that the most strategic issues are given top priority and allocated adequate resources.

This policy underscores the importance of investing in children as an investment in human capital which is necessary for sustainable development. I, therefore, urge all stakeholders to take the policy very seriously and accord it the respect and honour it deserves.

Dr. Bakili Muluzi
STATE PRESIDENT OF THE REPUBLIC OF MALAWI

ACRONYMS:

AA	: Affiliations Act.
APPM	: Association of Pre-School Playgroups in Malawi.
CBCC	: Community Based Child Care
CEDAW	: Convention on the Elimination of all forms of Dissemination Against Women
CRC	: Convention on the Rights of the Child
CYPA	: Children and Young Persons Act.
ECC-SGD	: Early Childhood Care for Survival, Growth and Development
ECD	: Early Childhood Development
FPE	: Free Primary School Education
GNP	: Gross National Product
GOM	: Government of Malawi
HIV/AIDS	: Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome
IGA	: Income Generating Activities
IHS	: Integrated Household Survey
IMCI	: Integrated Management of Child Illnesses.
MDHS	: Malawi Demographic and Household Survey
MMWA	: Maintenance of Married Women Act.
MOEST	: Ministry of Education, Science and Technology
MOGYCS	: Ministry of Gender, Youth and Community Services
MOHP	: Ministry of Health and Population
MOLG	: Ministry of Local Government
NAC	: National AIDS Commission
NEC	: National Economic Council
NGOs	: Non-Governmental Organisations
NHP	: National Survey on Health and Population
OAU	: Organization of African Unity
PMTCT	: Prevention of Mother to Child Transmission
POA	: Probation and Offenders Act.
STIs	: Sexually Transmitted Infections
TOR	: Terms of Reference
UNDP	: United Nations Development Programme
UNESCO	: United Nations Educational Scientific and Cultural Organisation
UNICEF	: United Nations Children's Funds
VCT	: Voluntary Counseling and Testing
WIA	: Wills and Inheritance Act.

PREAMBLE

The Government of Malawi (GOM) is committed to its policy objective of poverty reduction among more than 65% of its population who live below the poverty line (*Profile of Poverty in Malawi*, NEC, 2000). The Government also believes that poverty reduction begins with children and therefore investing in young children of 0-8 of age is a means of reducing poverty.

According to the 1998 Malawi Population and Housing Census Report, the population of Malawi was 9.8 million, out of which 1.7 million were children five years of age while 4.9 million were aged 18 years and below. This shows that more than fifty percent of the population is children below the age of eighteen. This young population is beset with a lot of socio-economic problems due to pervasive and deep rooted poverty, which is characterized by high infant and maternal mortality rates, high illiteracy rates, poor health and food insecurity, particularly at household level. This poverty further manifests itself in high incidences of malnutrition, high child morbidity rates, high levels of child abuse and widespread cases of children with psychological problems.

Child mortality, malnutrition and disease are quite rampant in the country due to such preventable diseases as malaria, diarrhoea, HIV/AIDS and deficiencies in vitamins, iodine and other important micro-nutrients. Chronic under-nutrition continues to be a widespread public health problem in Malawi. Apart from malaria and respiratory infections, under-nutrition of children under five years of age is one of the leading causes of child morbidity and it contributes significantly to the high infant and child mortality rates. *The Malawi Demographic Health Survey (MDHS) 2000*, shows that in Malawi, 49% of the children are stunted, 25% are underweight and 6% are wasted. These percentages indicate that almost one-half of the under five children are at risk of dying from preventable causes.

The situation described above calls for effective interventions by the Government of Malawi for the provision of childcare services. However, the policy of Government is that of partnership in the delivery of its services. With regard to Early Childhood Development, Government has, as its initial target, the family and then the communities. It is envisaged that individuals, non-government organisations, cooperating partners and statutory corporations shall take up this initiative. This approach is being advocated so as to endorse the fact that childcare is every one's responsibility and must begin at home.

This ECD policy shall ensure that the provision of care and support services is in the best interest of the Malawian child and in line with the United Nations Convention on the Rights of the Child (CRC) which states that:

“The child, for full and harmonious development of his/her personality, should grow up in a family environment in an atmosphere of happiness, love and understanding” (*Paragraph 6 of the preamble to the United Nations Convention on the Rights of the Child*).

This ECD policy, with all aspects of a child's life, care, survival, growth and development taken into account, will pave the way for the survival, growth and development of the future generation.

1.0 POLICY BACKGROUND

1.1 Introduction

Child psychology research has shown that it is during the early years of life that the development of intelligence, affectivity and social relations occur very rapidly. In addition, any irregularity in a child's development at this stage will substantially reduce future potential. Therefore proper attention to a child's development, in the early years, can help to increase the child's survival, balanced growth and development.

1.2 Definition of ECD

The acronym ECD refers to a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect the child's rights to develop his/her full cognitive, emotional, social and physical potential (*The State of the World's Children*, UNICEF, 2001). Community based services that meet the needs of infants and young children are vital to ECD and they should include attention to health, nutrition, education and water and environmental sanitation in homes and communities. The approach promotes and protects the rights of the young child to survival, growth and development.

The ECD policy is being developed in recognition of various conventions and other legal human rights instruments like the CRC, CEDAW, the Dakar Declaration on Children's Rights on Education, OAU Charter, among others, to which the Malawi Government is a signatory.

1.3 The Purpose of ECD Policy

The policy seeks to provide guidelines and coordination of ECD activities and for the enhancement of support and investment to ECD programmes in Malawi. A concerted approach, in collaboration with other stakeholders, is required in order to increase investment in ECD. It is anticipated that guidelines and coordination of ECD activities shall change, for the better, the poor status of children in Malawi.

1.4 Justifications and Rationale

Malawi has had no substantive policy on the provision of care and support for early childhood. In order to integrate the Government agenda of poverty reduction into all sectors of life, it has become necessary to develop a policy for the care, support, survival, growth and development for the Malawian child. Investing in early childhood helps to reduce inequalities rooted in poverty and social discrimination in society by enabling all children a fair and sound start in life. The future of the Malawian nation shall then be on a sound and solid foundation.

2.0 SITUATION ANALYSIS

2.1 Socio-Economic Characteristics

- 2.1.1 The situation analysis shows that most of the Malawian children live under very difficult circumstances which facilitate the violation of their rights and impede their good start in life.
- 2.1.2 Malawi is one of the least developed and poorest countries in the world, ranked 163rd out of the 174 countries on the UNDP's human development index (UNDP 2000 Human development Report) as evidenced by her appalling social indicators which are one of the worst in Sub-Sahara Africa. For example, the infant mortality rate is at 104 per 1,000 live births, maternal mortality is at 1,120 per 100,000 live births (MDHS 2000).
- 2.1.3 Poverty is widespread and deeply rooted. More than 65% of the population is living below the poverty line. Malawi's per capita income is US\$210 and income inequalities are glaring with gini-coefficient of 0.62, which means that income distribution is highly skewed in favor of few individuals at the expense of the majority. This has serious implications on access to basic needs by the majority and their ability to save and invest in meaningful ventures.
- 2.1.4 Tobacco is the primary source of foreign exchange, which the international community is now threatening to ban. Maize is the main staple food. Increase in prices of fertilizer and other agricultural inputs coupled with inadequate knowledge on diversification of staple foods make the population vulnerable to food insecurity and malnutrition. Poverty and deprivation are aggravated by the high and increasing prevalence of HIV/AIDS.
- 2.1.5 Thirty-five percent of households in Malawi are female headed. Most of these households are vulnerable to food insecurity. Chronic under-nutrition and periodic food shortages seriously impair their health status. Young children in these households are the worst affected.
- 2.1.6 The status of women in Malawi requires marked improvements. Women experience all forms of discrimination in their communities and their rights continue to be violated despite Malawi being a signatory to Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). These experiences adversely affect their social as well as economic roles in their communities.
- 2.1.7 In Malawi, children have low status and suffer from discrimination and abuse which take different forms including sexual abuse, emotional and physical abuse and child labour, among others. All these affect the psychosocial and physical development of the Malawian children (Kaponda 2000).

2.2 Health

- 2.2.1 Health standards are very low in Malawi although coverage is estimated at 84 percent of the total population. Access to health services are poorer in rural than in urban areas and yet more than 80 percent of the population lives in the rural areas. The doctor/population ratio is about 1:50,000 and almost all doctors are concentrated in urban centres. Health facilities are inadequate

and there is a general outcry of drug shortage, poor sanitation and access to safe water that affect the health of children.

- 2.2.2 Malawi health indicators are among the worst in the world. Life expectancy at birth stands at around 39 years; maternal mortality rate stands at 1,120 live births and Infant mortality rate of 104/1000 live births has only marginally improved in the last 10 years. (NHP (1999 - 2004); IHS 2000).
- 2.2.3 Under five mortality rate is 189/1000 live births and is expected to rise as a result of the HIV/AIDS epidemic. Under five mortality is mostly due to malnutrition, anaemia caused by malaria, pneumonia, diarrhoea and other preventable diseases. 56 % of women attending antenatal clinics are anaemic and vulnerable to infectious diseases (ECC-SGD/IMCI Baseline Survey 2000).
- 2.2.4 Recent estimates made by the NAC indicate infection rates of HIV in women attending antenatal clinics vary from 10% in rural areas to nearly 30% in urban areas. These HIV infection rates in women of childbearing age indicate equally high and higher rates in the general population ages 15 - 49. Given that there is about 30% risk of mother to child transmission, the high infection rates of HIV in women of childbearing age suggest that a good proportion of children are born HIV infected.
- 2.2.5 HIV/AIDS currently claims about 16% of the 15-49 age group and an average of 267 people are infected with HIV every day and 139 people die daily from AIDS-related diseases. One inevitable by-product of deaths from HIV infection in adults is an increased number of orphaned children. It is projected that up to 70,000 orphans will be annually added to the already large orphan number, which was estimated to be about 1.2 million in 2000 (Hunter: Children on the Blink). These numbers are more than what the traditional coping mechanisms of the extended family can manage. The policy on orphans and vulnerable children seeks to address this problem of orphaned children caused by HIV/AIDS.

2.3 Nutrition and Food Security

- 2.3.1 Food security in Malawi is a problem, especially at household level. There is generally low food productivity, low income, low micro-nutrient feeding content and lack of food diversification. Thus, most children are affected by malnutrition due to food insecurity in terms of access, availability and utilization at household level.
- 2.3.2 Protein, energy, malnutrition and micronutrient deficiencies of Vitamin A, iron and iodine are a major health concern among children. Malnutrition is widespread, affecting 70 percent of the rural households. The Malawi Demographic and Health Survey (MDHS 2000) indicates that 49 percent of the children in Malawi are stunted, 25 percent severely stunted and 6 percent are wasted. This means that almost half of the under-fives are at risk. According to the MDHS 2000, there is no improvement in children nutrition from 1992 to 2000.

2.4 Education

- 2.4.1 Access to early learning opportunities offered through pre-schools was one percent in 1994 and increased to 26.6 percent in 1999. The concentration of pre-schools is mainly in the urban areas. The majority of children in the rural areas do not have access to these facilities. As a result, very few children below the age of 5 have the opportunity to attend pre-school before joining the formal primary education. In rural areas, communities are increasingly getting organized to establish community-based childcare centres (CBCC) to provide care to children below 5, but resource constraints are hindering the expansion of these initiatives. Some NGOs and Religious Organisations are also showing interest in community based child care but their coverage is very limited.
- 2.4.2 As for children with special needs, there are limited educational opportunities both in rural and urban areas, mostly due to lack of a deliberate policy to address this issue. In addition, myth and negative attitudes are major hindrances to education for children with special needs.
- 2.4.3 The Ministry of Education, Science and Technology (MOEST) declared free primary education (FPE) in 1994 in order to address the problem of high illiteracy rates in Malawi. The major outcome of FPE has been increased enrolment in virtually all primary schools. However, severe challenges face the FPE initiative such as the employment of a large number of untrained teachers, inadequate classroom space, inadequate teaching and learning materials, high pupil to teacher ratio, and long distances to school which have led to high pupil drop out and poor quality of education. For example, only about 23 percent of the primary pupils complete the 8-year primary cycle. Some children fail to make it to secondary and college levels due to lack of school fees and unfavourable conditions at home.

2.5 Water and Sanitation

- 2.5.1 Although 72% of the population has access to some form of sanitation, these are predominantly pit latrines, which are not considered "safe" sanitation. Access to a safe means of excreta disposal within 50 meters of the dwelling is only available to 6% of the population.
- 2.5.2 Some of the problems associated with water and sanitation include low profile on hygiene education and poor water hygiene practices at household level. Government Ministries, NGOs and other implementing partners place low priority on the need for sanitation and improved hygiene practices. The same attitude is shared by local communities resulting in increased incidents of diarrhoea among infants and children. Diarrhoea incidents proved higher among children who have access to a safe source of water within 500 meters of their dwellings. This raises serious questions about the quality of the "safe" sources of water and about the handling of water. The biggest threat is the fact that only 36% of the population has access to safe sources of water (*Malawi Social Indicators Survey 1995*). Lack of knowledge on hygienic water handling practices at the water sources, during its transportation and use in

the home also contributes to the recurrence of diarrhoeal diseases among children.

2.6 Child Rights, Protection and Care

- 2.6.1 Malawi Government is a signatory and a party to several conventions and human rights instruments. In this regard, the Government is committed to continue recognizing, respecting and protecting the rights of the Malawian child.
- 2.6.2 Malawi Government ratified the Convention on the Elimination of all forms of Discrimination Against women (CEDAW) and the Convention on the Rights of the Child in 1987 and 1991, respectively. Both conventions primarily advocate the principle of equity. The 1995 Malawi Constitution enshrines many of the rights embodied in the CRC and CEDAW. However, the low social-economic status of Malawian communities puts children's rights at risk of abuse and violation.
- 2.6.3 HIV/AIDS and inadequate care are challenging the **Right to Life**, maximum survival and development. Infected children do not enjoy the opportunity to develop to their maximum potential. The young children have a burden to care for their aged and sick parents. They are prevented to go further with their education.
- 2.6.4 The **Right to Attain Highest Level of Health**: Accessibility to health facilities and services is a very big problem for most of the children in Malawi. The ECC-SGD/IMCI 2000 Baseline survey indicated that 80% of the mothers take children to a health facility, however many parents lacked knowledge on how to care for children when they are sick and did not comply with medical advice. This situation prevents children to live to their highest health standards.
- 2.6.5 The **Right to Guidance and Care**: The capacity of parents to fulfill their responsibilities as primary care givers towards children is diminished by the burden of poverty, HIV/AIDS and social-structural changes. As a result many children look after themselves and become prey to a lot of immoral and asocial behaviour. Most early childhood care is given through daily practice which is taken for granted and yet these are not frequently observed, checked nor properly supported. This is why effective ECD programmes should converge and address the needs of the child in a holistic manner.
- 2.6.6 The **Right to Protection Against All Forms of Discrimination, Abuse and Exploitation**: The fulfillment of the rights of children, and, more especially the vulnerable ones, depend on the prevailing culture of human rights and consistent enforcement of relevant legal instruments. The Situation Analysis on Child Abuse in Malawi (Kaponda, 2000) reported that child abuse is a major problem in Malawi and it takes different forms including child labour, physical abuse, abandonment and battering, sexual abuse, defilement, child prostitution, just to mention a few.

- 2.6.7 The ***Right to Participation, Choice and Privacy***: Parents and children lack adequate information concerning their lives and issues affecting their life, and more especially their rights. Children who interact freely with others and with proper mediation, have greater chances of succeeding in life, than those who do not. Culture robs children of their right to choose and to privacy.
- 2.6.8 The ***Right to Education***: Despite free primary school education in Malawi since 1994, some children are still forced to stay at home due to prevailing socio-economic circumstances such as poverty, lack of food, demands of household chores, child labour, looking after the sick etc. Some who may have an opportunity to pursue secondary and university education fail to do so, due to lack of fees. Many children with special needs are unable to get education for their development due to lack of qualified teachers and inadequate facilities in Malawi to accommodate them.
- 2.6.9 **Institutional and Legal Framework for Childcare**: The Constitution of the Republic of Malawi, Chapter 4, Section 23, stresses the protection of all children in Malawi. The Department of Social Welfare in the Ministry of Gender, Youth and Community Services is mandated by the following Acts of Parliament to care and protect the welfare of children:
- i) The Children and Young Persons Acts (CYPA), Chapter 26:03 of Malawi Laws.
 - ii) Probation of Offenders Act (POA), Chapter 9.01 of Malawi Laws.
 - iii) The Affiliation Act (AA), Chapter 26.02 of Malawi Laws
 - iv) The Maintenance of Married Women Act (MMWA), Chapter 25.05 of Malawi Laws.
 - v) The Wills and Inheritance Act (WIA), Chapter 10.02 of Malawi Laws.
- 2.6.10 Despite the availability of all these legal instruments, children in Malawi continue to live in plight due to inadequate protection and support. This is also evident in the number of gaps and disparities in the laws that requires review so that the Laws can support and protect Malawian children.
- 2.6.11 The Government of Malawi is committed to ensuring that the Rights of the child are properly protected and cared for. However, its efforts are challenged by poverty, HIV/AIDS, cultural beliefs, practical and social-structural changes that are impacting negatively on children. Every child has the inherent **RIGHT** to reach his or her full potential and society has a corresponding **OBLIGATION** and **DUTY** to ensure a conducive environment that fulfills that right.

3.0 POLICY STATEMENT AND GUIDING PRINCIPLES

3.1 Policy Statement:

The Government of Malawi aims at providing the Malawian child with high quality services in early childhood care that ensure his/her survival, growth, protection and development that would lead to his/her active participation in national development. This will be achieved by empowering the household, the community, institutions and organizations to effectively provide the required basic and essential early childhood development services that will uphold human dignity.

3.2 Policy Guiding Principles

No child shall be discriminated or abused on the basis of age, sex, race, tribe, health status, economic status, religious or political affiliation in the provision of ECD services by any Organisation. The Guiding Principles of this Policy are as follows:

- 3.2.1 The family is the primary institution for supporting holistic growth and development of Children.
- 3.2.2 Children's Rights are Human Rights and they need to be respected at all times in order to uphold human dignity that enables child development and participation.
- 3.2.3 Every child has the right to develop to his/her full potential. Since the first few years of a child last forever, the society has a corresponding obligation and duty to ensure that no single moment is lost since it seldom comes again in ones life.
- 3.2.4 Early childhood care for survival, growth and development is the basis for human development.
- 3.2.5 Community-based management of ECD services is the most effective for sustainable child development and facilitates ownership and accountability.
- 3.2.6 The early years of a child's life (0-3 years) are critical for mental development which is a basis for further human development.
- 3.2.7 Investment in children of 0-8 to-day is the best guarantee of equitable and sustainable development tomorrow.

4.0 POLICY GOAL, OBJECTIVES AND STRATEGIES

4.1 Policy Goal

To promote a comprehensive approach to ECD Programmes and practices for children aged 0 - 8 years, to ensure fulfillment of the rights to fully develop their physical, emotional, social, and cognitive potential.

5.9 Policy Objectives and Strategies

ECD National Policy

- 5 To provide antenatal care and good nutrition to pregnant mothers
- 6 Provide psychosocial care for holistic development of the child
- 7 To expand high quality ECD services in Malawi
- 8 Strengthen ECD partnership and networking
- 9 To provide acceptable standards of care that are in line with the guiding principles of ECD policy.

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- 11 To provide acceptable standards of care that are in line with the guiding principles of ECD policy.
- 12 To provide acceptable standards of care that are in line with the guiding principles of ECD policy.
- 13 To ensure adequate resources are made available for ECD activities
- 14 To protect children against any forms of abuse and discrimination
- 15 To protect and safeguard children who are in difficult circumstances, i.e. orphans, street children, children with disabilities, abused and exploited children, children with disabilities, abused and exploited children, children in conflict with the law, neglected and abandoned children and refugee children
- 16 To provide universal access to safe drinking water as well as ensure adequate sanitation to the households and communities

4.2.1 To provide antenatal care and good nutrition to pregnant mothers.

Strategies

- a) Sensitize families and communities on the importance of providing supportive and enabling environment to pregnant mothers.
- b) Encourage VCT for HIV/AIDS for pregnant women.
- c) Raise awareness on the importance of good nutrition and micronutrients.
- d) Raise awareness on the importance of attending PMCT services.
- e) Raising awareness on the importance of antenatal care.
- f) Encourage men to take an active role in PMTCT issues.

4.2.2 Provide the best start for the children's life:

Strategies

- a) Raise awareness on the importance of the 16 care practices within the context of IMCI
- b) Sensitize caregivers and communities on the Rights of the Child.
- c) Encourage exclusive breast-feeding from 0 to 6 months.
- d) Encourage timely introduction of complementary foods.
- e) Make birth registration available and affordable for all children in Malawi.

4.2.3 Provide psychosocial care for holistic development of the child

Strategies

- a) Raise awareness to parents and other caregivers on the importance of early bonding and attachment for security and mutual trust.
- b) Encourage the use of locally available materials for play and early stimulation.
- c) Encourage positive cultural practices such as carrying a baby at the back.
- d) Train caregivers using standard curriculum.

4.2.4 To expand high quality ECD services in Malawi:

Strategies

- a) Strengthen the capacity of families, communities and other caregivers.
- b) Train parents on culturally and developmentally appropriate practices at household level.
- c) Build capacity of ECD personnel and structures.
- d) Build the capacity of institutions in the field of ECD.
- e) Make available ECD operational materials for use.

4.2.5 Strengthen ECD partnership and networking

Strategies

- a) Establish an ECD Coordinating body.
- b) Promote networking at all levels. (Community, District and National level)
- c) Introduce a quarterly newsletter for information sharing.
- d) Establish and maintain ECD resource centres at National, District level
- e) Sensitize the Parliamentary Committee on Women and Children on ECD.

4.2.6 To provide acceptable standards of care that are in line with the guiding principles of ECD policy.

Strategies

- a) Develop and implement National operational guidelines for all ECD interventions.
- b) Provide all ECD child caregivers with appropriate training.
- c) Monitor, supervise and evaluate ECD Programmes.
- d) Establish an inspectorate of ECD programmes within the National ECD Coordinating Body.

4.2.7 To redress the negative socio-economic factors that affect early childhood development.

Strategies

- a) Conduct research on socio-economic factors affecting childhood development.
- b) Utilize IGA Schemes to support families and communities to provide adequate care and support to Children.
- c) Provide support to empower families affected by HIV/AIDS and the under-privileged families to facilitate appropriate and adequate Childcare.
- d) Eliminate all negative cultural practices.
- e) Sensitize the public on gender issues and vulnerability and special needs of children.
- f) Utilize the families and communities on appropriate cultural practices.

4.2.8 To ensure adequate resources are made available for ECD activities

Strategies

- a) Government to establish a separate budget line for ECD.

- b) Government to lobby with donors and private sector for increased funding to ECD activities
- c) Government to solicit support towards ECD from the private sector.
- d) Encourage private sector and NGOs to take an active role in ECD activities.

4.2.9 To protect children against any forms of abuse and discrimination

Strategies

- a) Raise awareness on the rights of the child.
- b) Develop mechanisms for eliminating any forms of child abuse and discrimination.
- c) Review the existing Acts protecting children from physical, emotional and mental abuse
- d) Rehabilitate children and mothers who are suffering as a result of abuse.
- e) Government to provide support and lobby support from local and international organisations for child reformation centres.
- f) Strengthen and support community based interventions that deal with child abuse
- g) Undertake continuous studies to assess the situation of child abuse in the country.
- h) Strengthen the capacity of the Ministry of Gender, Youth and Community Services and of other stakeholders for them to deal with the problem of child abuse.

4.2.10 To protect and safeguard children who are in difficult circumstances, i.e. orphans, street children, children with disabilities, abused and exploited children, children with disabilities, abused and exploited children, children in conflict with the law, neglected and abandoned children and refugee children

- a) Develop, strengthen and expand programmes and initiatives that address the problems of children in difficult circumstances.
- b) Develop and advocate legislations that deals with issues concerning children in difficult circumstances.
- c) Put up and strengthen rehabilitation and counseling services for children in difficult circumstances.
- d) Provide basic education and vocation skills training to children in difficult circumstances.
- e) Provide and develop adequate professional staff to provide efficient and effective childcare, protection, and development services.
- f) Undertake regular studies that will help in the development of materials to help in dealing with children in difficult circumstances.
- g) Support families at risk with counseling services, information and education.
- h) Raise awareness on the dangers of drug and alcohol abuse.
- i) Provide equal opportunities to children with disabilities for their survival, growth and development.

4.2.11 To reduce malnutrition, the burden of micronutrient deficiencies and improve food security both at household and community levels.

Strategies

- a) Involve households and communities in food security programmes being implemented by the ministry and other stakeholders.
- b) Collaborate and coordinate with Ministries of Agriculture, Health and Population and other stakeholders in the implementation of community based food supplementation.
- c) Raise awareness on growth monitoring and nutrition education.
- d) Strengthen surveillance mechanisms to monitor iron, iodine and vitamin A deficiencies.

4.2.12 To provide universal access to safe drinking water as well as ensure adequate sanitation to the households and communities

- a) In liaison of Ministry of Water Development and other stakeholders provide adequate knowledge on how to have access to and control over safe water sources.
- b) Safeguard and rehabilitate the environment, and natural resources from undue pollution, contamination and physical degradation.
- c) Preserve full range of samples of domestic fauna and flora for aesthetic and scientific purposes.
- d) Raise awareness on the information of sanitation and facilitate its implementation.

5.0 ROLES AND RESPONSIBILITIES

5.1 Ministry of Gender Youth and Community Services (MOGYCS)

The Ministry shall regulate all ECD activities, and its specific roles shall include:

- a) ECD Policy formulation, Interpretation and Review
- b) Protection of the Rights of the child
- c) Research and Planning
- d) Promotion of Multi-sectoral collaboration
- e) Supervision, Monitoring and Evaluation of ECD activities
- f) Registration of ECD Centers
- g) Development of minimum pedagogical and quality standards for ECD Centres.
- h) Implementation of relevant national and International legislation through relevant agencies as it affects ECD in Malawi
- i) Establishment of ECD Network
- j) Ensuring the development of ECD Curriculum in all education institutions.
- k) Coordination and implementation of ECD programmes in Malawi.
- l) Review of the existing legislation/laws to reduce the gaps.
- m) Develop minimum standards for ECD activities

5.2 Ministry Of Health And Population (MOHP)

The Ministry shall promote the Integrated Management of Child Illness (IMCI) strategy in relation to ECD in Malawi. Specifically the Ministry will be responsible for:

- a) Screening of minor illnesses for both children and caregivers
- b) Monitoring health trends in ECD Centers
- c) Establishment of community based health programmes
- d) Reduction of morbidity and mortality rates through more vigorous child and maternal immunization campaigns
- e) Provision of antenatal care and counseling for expectant mothers
- f) Promotion of exclusive breast-feeding by lactating mothers
- g) Provide information PMTCT and VCT on HIV/AIDS and STIs.
- h) Provide information on appropriate nutrition and nutrient levels

5.3 Ministry Of Education, Science and Technology and other Educational Institutions

The Ministry of Education Science and Technology and educational institutions shall assist to make ECD part of their Curricula to ensure continuity of professional ECD in the country. Their specific roles shall include:

- a) Development of Learning and Teaching materials
- b) Include ECD concepts on Teacher Training Programmes
- c) By their nature, they shall harbor updated information and resources on innovative Early Childhood Development practices.

5.4 Ministry of Persons With Disabilities & Rehabilitation Institutions

The Ministry and other rehabilitation institutions shall assist in public awareness on early identification and interventions, training of teachers and integrated preschools targeting children with disabilities aged 0 - 8 years.

- a) Shall supervise, monitor and evaluate the implementation of programmes and projects targeting children with disabilities.
- b) Shall design programmes on children with disabilities in such a way that they are in line with the ECD policy.
- c) Shall network with other stakeholders in the care and development of children with special needs at community, district and national levels.
- d) Share resources with the community and district stakeholders in the provision of care, protection and development to children with disabilities.
- e) Ensure that every school in Malawi has qualified teachers for children with disabilities.
- f) Provide training for caregivers and the community on child care practices.

5.5. Ministry Of Agriculture And Livestock Development (MOALD)

- a) The Ministry will assist in the training of caregivers and the entire community on food storage, processing and consumption.
- b) Raise awareness on nutrition for children.
- c) Promote food security and subsistence farming.

5.6 Religious Institutions

- a) The Religious Institutions will assist in the promotion of spiritual and moral development of children aged 0 - 8 years.
- b) They shall promote family unity and stability through matrimonial counseling.
- c) They shall establish and promote childcare programmes.
- d) They shall raise awareness on the appropriate childcare practices
- e) They shall mobilize resources for childcare activities.

5.7 Ministry of Local Government (MOLG)

- a) The Ministry of Local Government through District, Town and City Assemblies will assist in the establishment of ECD sub-committees within their assemblies.
- b) Formulate by-laws to regulate ECD activities as per guidelines by the MOGYCS.
- c) Mobilize and channel resources for ECD services.
- d) Develop plans, implement and monitor activities that promote ECD programmes.

5.8 Association Of Pre-School Playgroups In Malawi (APPM)

- a) The Association in collaboration with MOGYCS will conduct training for child caregivers and ECD trainers.
- b) Initiate the provision of learning materials.
- c) Facilitate, in collaboration with MOGYCS the registration of ECD Centres.
- d) Conduct supervision of ECD centers.
- e) Develop ECD instruction materials: syllabus and curriculum.

5.9 Cooperating Partners

- a) Cooperating Partners working in the field of ECD shall support and augment the efforts and collaborate with the MOGYCS to avoid duplication overlap and wastage of efforts.
- b) They shall work within the guidelines provided in this Policy.
- c) Implement ECD programmes
- d) Provide resources for ECD activities.

5.10 Human Rights Institutions

These institutions will assist in the:

- a) Promotion and protection of the Rights of the Child.
- b) Interpretation of the law
- c) Advocacy for Human Rights

5.11 Communities

The communities shall assist the Government in:

- a) The Establishment and Management of ECD Centres
- b) The Development of Teaching and Learning materials from locally available resources.
- c) Curriculum Development.
- d) Provision of food and volunteers.
- e) Mobilization of resources.
- f) Protection for the Children.
- g) Acting as role models
- h) Disseminating information on ECD activities.
- i) Ensuring equity - no discrimination.
- j) Vulnerability assessment.
- k) Advocacy on roles of the family.

5.12 Households and Families

The household and families shall assist Government by:

- a) Providing adequate care for pregnant and lactating women.
- b) Providing adequate breastfeeding and complementary feeding.
- c) Preparing and storing food for active feeding.
- d) Ensuring hygienic and sanitary environment conducive for child survival, growth and development.
- e) Recognizing and undertaking the required home health practices to managed child illnesses and utilizing health facilities and advices.
- f) Providing psychosocial care to promote mental and social development
- g) Providing affection to children, to encourage autonomy and to stimulate exploration in the child and to protect children against any forms of abuse.
- h) Mobilizing human and material resources at all levels for childcare, protection and development.

6.0 POLICY IMPLEMENTATION, MONITORING, EVALUATION AND REVIEW

The success of the National Policy on Early Childhood Development in Malawi will largely depend on political will and commitment by all stakeholders to pursue the policy objectives outlined in this document. At national level, the Ministry of Gender, Youth and Community Services will develop a performance measurement framework including indicators against which to assess the implementation of the ECD policy.

At implementation level, each stakeholder will be responsible for developing its own expected results for each of the policy objectives. The ECD results should be expressed, measured and reported regularly through the normal performance assessment process.

Accountability for the implementation of this policy rests within each of the co-operating partners and executing agencies. However, performance review of the implementation of the policy and childcare legislation are responsibilities of the MOGYCS and will be carried out as part of the normal performance review cycle.