The Quality of Learning and Care at Community-Based Early Childhood Development Centers in Malawi

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Abstract

This exploratory study examined the strengths and weaknesses in the quality of early childhood care and learning at selected community-based childcare centers (CBCCs) in Malawi, and aimed to understand underlying challenges and opportunities that may be addressed to improve quality and ultimately children's outcomes. Classroom environments and interactions were systematically observed at 12 CBCCs. Early childhood caregivers were surveyed, and in-depth interviews were conducted with key informants from the community. Areas of relative strength at the CBCCs included the physical environment, adult-child interactions, and inclusiveness. However, the CBCCs struggled substantially with the quality of learning and play opportunities; the availability of play and learning materials; and the quality of instruction for literacy, numeracy, and science. Underlying challenges that emerged from surveys and interviews included the CBCCs' reliance on unskilled and volunteer caregivers, lack of materials, lack of food for children, and lack of interest from parents in the CBCCs. A fundamental strength was that in almost all the communities, key stakeholders were aware of the challenges, were motivated and committed to improving quality at their CBCCs, and had already taken actions to address specific problems. CBCCs in Malawi hold tremendous potential to provide early childhood services to the most vulnerable children; however, communities need to be supported to improve the quality of learning and care at these centers to maximize the benefits for children's development and long-term outcomes.

Keywords

Community-based organizations, early childhood development, early childhood education, Malawi, quality in early childhood education

Introduction

In Sub Saharan Africa (SSA), large numbers of children face substantial barriers in achieving their developmental potential, including multiple risk factors such as infectious diseases, malnutrition, and chronic poverty (Walker et al.,

2007; Walker et al., 2011). In fact, SSA has the largest proportion of children failing to reach their developmental potential (McCoy et al., 2016).

Early childhood development (ECD) programs aim to provide developmental support for children in their early years of life so that they can acquire the necessary skills for realizing their potential (Agbenyega, 2013). The benefits of quality ECD programs hold great potential in SSA. Indeed, quality ECD programs have been associated with increased literacy levels, improved school enrolment and achievement, enhanced developmental outcomes, and better adult outcomes such as improved productivity (F. E. Aboud, 2006; Melhuish, 2011; Melhuish et al., 2008; Peisner-Feinberg et al., 2001). In recognition of the key role played by ECD programs in enhancing childhood outcomes, the recently agreed upon Sustainable Development Goals (SDGs) include two specific ECD targets for children younger than 5 years: meet developmental milestones [Indicator 4.2.1] and participate in organized learning before primary school [Indicator 4.2.1] (Black & Hurley, 2016).

In recent years, many countries in SSA have recently prioritized ECD in their reform agendas. Groups such as the Working Group on Early Childhood Development (WGECD), at the Association for the Development of Education in Africa (ADEA), help shape policies that integrate approaches to supporting child development (ADEA, 2017). Of the 47 countries in SSA, at least 23 already have approved national inter-sectoral ECD policies, and another 13 have drafts (Vargas-Baron & Schipper, 2012). Kenya in particular has been recognized for its large-scale national ECD program serving children from different socio-economic, cultural and religious backgrounds (Okenga L, 2013). Key factors contributing to the success of the Kenya ECD

program have included community involvement and ownership, government involvement and support, decentralized training systems, and strategic support by multiple development partners.

Nonetheless, several factors still impede the effective implementation of ECD programs in most countries in SSA. To start, inadequate public investment has been made in ECD in many African countries (Munthali, Mvula, & Silo, 2014). To fill this gap, communities in many SSA countries have come together, often with the support of community-based organizations (CBOs), to establish and run ECD centers to improve their children's developmental and educational opportunities. These community-based ECD programs hold tremendous potential for promoting children's development and learning in their earliest years. However, through both government-supported and community-based programs, the quality of the learning and care available to children in SSA remains a core challenge. In Malawi, for example, research has found the severe challenges in both the sustainability and quality of ECD centers (Neuman, McConnell, & Kholowa, 2014; Ozler et al., 2016). If ECD programs are of low quality, they are unlikely to produce the desired child and family outcomes (Britto, Yoshikawa, & Boller, 2011). Thus, it is crucial to examine the quality of learning and care in ECD programs in different parts of SSA, and to consider how best to support communities, CBOs, and governments, to improve quality and child outcomes.

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This paper presents findings from an exploratory study conducted to examine the quality of learning and care at a sample of community-based childcare centers (CBCCs) supported by CBOs in Malawi.

Community-Based Childcare Centers in Malawi

Malawi, a landlocked country in south-eastern Africa, remains one of the poorest countries in the world, with a Human Development Index (HDI) of 0.418, ranking 170 out of 187 countries (United Nations, 2017). Almost 75% of the population earns less than 1.25 USD per day. People experience high levels of vulnerability, including poor nutrition and high prevalence of HIV/AIDS (10.6%). Life expectancy stands at about 54.8 years. Malawi's population is growing at a rate of 2.75% and is expected to exceed 29 million by 2030 (United Nations, 2017).

Vast numbers of children in Malawi are vulnerable as a result of chronic poverty, malnutrition, and oprhanhood. Approximately 13% of Malawian children have lost one or both parents, almost half of them due to HIV (Attenborough, 2012). Additionally, many of Malawi's one million orphaned children live in poor communities (Attenborough, 2012). Malawi further experiences frequent famine which has led to food shortages and contributed to high rates of malnutrition among children. The United Nations Children's Fund (UNICEF) reports that around 46% of children under five are stunted, 21% are underweight, and 4% percent are wasted (UNICEF, 2010). UNICEF's 2014 Multiple Indicator Survey reported that only 60% of Malawian children aged 35-69 months are developmentally on track (Bakilana, Moucheraud, McConnell, & Hasan, 2016). However, there were large differences based on socio-economic differences (Bakilana et al., 2016) suggesting that more children in rural poor communities were likely to be off track developmentally.

In this context of large numbers of vulnerable children, particularly in rural and poor areas, many communities in Malawi have come together over the last few decades to establish and run community-based childcare centers (CBCCs). A national survey found 5,665 CBCCs in Malawi, mostly initiated by civil society organizations (CSOs, 45%) or by communities themselves (42%) (Munthali et al., 2014). These CBCCs serve over 400,000 children, including orphans (21.9%) and children with disabilities (3.5%). Most of the CBCCs were initially set up to provide care and nutritional support of the children, and were not focused on educational outcomes. However, in response to changing demands from parents and communities, as well as increased awareness among CSOs of the importance of early learning, greater attention is being given to responding to children's early development and learning needs (Michelle J Neuman, McConnell, & Kholowa, 2014). Many CBCCs are managed by CBCC management committees, which include representation from parents and other community members; however, these committees vary in how functional they are. Three key strengths of the CBCC model have been described as: (1) its reliance on community ownership and involvement; (2) support and investment from community-based organizations (CBOs); and (3) the CBCCs' linkages with other local services such as health facilities, primary schools, and child protection committees (Wame, 2017). However, the CBCCs also struggle with extremely limited resources because of inadequate investment from the government and high levels of poverty at community levels (Wame, 2017).

The Role of Community-Based Organizations

In SSA, as in much of the world, CBOs emerge in response to identified local needs and generally remain rooted in their communities. Their unique position allows them to transect different layers of ecosystems shaping children's lives – the family and home, the school and broader community, local and regional civil society, and local and national government and policy.

In recent decades, CBOs in SSA have played a leadership role at the grassroots level in implementing community-based ECD programs. They provide or support communities to provide services to the youngest and most vulnerable children. Because of their grassroots and local positioning, they are often able to reach communities and children 'at the last mile' – those that are not reached by larger non-governmental and civil society organizations.

In Malawi in particular, CBOs play a crucial role in mobilizing communities to establish many CBCCs, and provide ongoing training and support to ECD caregivers and CBCC management committee members (Wame, 2017). The support of a CBO can be crucial in sustaining CBCCs, which are otherwise fragile and can fall temporarily or permanently out of operation for several reasons (Neuman, McConnell, & Kholowa, 2014). However, CBO staff themselves have indicated that they need additional knowledge and training to more effectively work with the communities so that that the CBCCs can provide high quality care and learning.

Indeed, CBO staff, visitors, and communities themselves have frequently noted that there is much improvement needed in the quality of learning and care at the CBCCs in Malawi. For CBOs to work with communities to develop improvement plans, it is important to understand the key quality issues at CBCCs as well as underlying challenges and opportunities at the community level that may be addressed to improve quality and ultimately children's outcomes.

Frameworks for Quality in Early Childhood Development Programs

As we sought to examine the quality of learning and care at CBCCs in Malawi, we were guided by the ECD framework articulated by the World Bank's Systems Approach for Better Education Development [SABER-ECD] (Neuman & Devercelli, 2013). This framework describes four types of process elements that are important for quality in ECD programs. Structural variables involve aspects such as the physical environment, the teacher-child ratio, and the availability of equipment and materials. Caregiver variables include the level of education and training that the caregivers have, the mentoring and supervision they get, and the compensation they receive. Program variables comprise the curriculum, daily routine, the intensity of the program, parent involvement, and health and nutrition inputs. Finally, process variables examine caregiver-child and child-child interactions. picture of the quality of learning and care available to children.

Moreover, we are aware that ECD programs do not operate in isolation – they are influenced by and interact with the communities within which they exist. The Total Environment Assessment Model for Early Childhood Development (TEAM-ECD; Siddiqi, Irwin, & Hertzman, 2007), is a framework that builds on the bio-ecological model (Bronfenbrenner, 1977) to understand the environments and interactions that play significant roles in providing nurturing conditions to children in the earliest years of life. The TEAM-ECD framework is organized by interacting and interdependent 'spheres of influence.' These include the

individual sphere – representing the child and her/his characteristics – at the center of the model, the family and home sphere, the neighborhood or residential community sphere, the relational community sphere, the ECD services sphere, the regional environmental sphere, the national environmental sphere, and the global environmental sphere.

This study was guided by both the SABER-ECD and the TEAM-ECD frameworks as we sought to examine and understand the quality of learning and care at ECD centers. Our measures examined different aspects of quality within the ECD program – including structural, caregiver, program, and process variables, while also examining the perceptions and interactions of parents and other community members with the ECD centers. These measures will be described further in the method section.

Study Objectives

The objectives of this exploratory study were to assess the strengths and weaknesses in the quality of learning and care at a sample of CBO-supported CBCCs in Malawi, and to understand the challenges and opportunities underlying the observed quality of learning and care that may be addressed to improve quality and ultimately children's outcomes. Specifically, we sought to understand:

1. The quality of early learning environments and experiences – including the physical environment, interactions in the classroom, inclusiveness, program and curriculum, and learning activities (language and literacy, numeracy, free play, and group work).
2. Caregivers' qualifications, compensation, and perceptions – including their education and training, their years of experience, their level of financial compensation for their work, and their comfort handling different teaching activities (e.g., teaching math, facilitating song and movement, etc.).
3. Key stakeholders' perspectives on the learning and care provided to children at the CBCCs – including what they perceive to be the goals of CBCC education, the challenges faced by CBCCs, and what their community has already done to address some of the challenges.

Method

This study was a collaboration between the learning and evaluation team at Firelight Foundation (led by author SS) and a team of East African academic researchers (authors AA and MKN). Firelight wanted to understand strengths and challenges in the quality of CBCCs supported by the five CBO partners they fund and support to work on ECD in Malawi. The primary purpose of the study was to inform the design of a Firelight initiative to build the capacity of CBO staff and ECD caregivers at CBCCs, thereby improving the quality of learning and care received by children. To reduce bias in observations and analyses, and to protect the confidentiality of individual participants, the academic research team (authors AA and MKN) managed all data collection and analysis. Table 1 summarizes the data collection activities, aims, tools, and sample used in this study. These are also described in more detail below.

This study underwent ethical review and received approval from the Malawian National Commission for Science & Technology, Committee on Research in Social Sciences and Humanities (Protocol NO. P.02/16/82).

Table 1.

Summary of data collection activities, aims, tools, and sample used in study

Activity	Aim	Tool	Sample
Classroom observations	Measure quality of environment, interactions, and activities in CCBC classrooms	Measure of Early Learning Environment	Classrooms at 12 CCBCs
Surveys	Assess CBCC caregivers' background training, working conditions, and perceived competencies	Teacher questionnaire	13 CBCC caregivers
Qualitative interviews	Elicit key informants' perceptions of challenges facing CCBCs	In-depth semi-structured interviews	12 parents
			8 CBCC caregivers
			6 members of the CBCC management team

Sample

This study was carried out at 12 CBCCs in rural communities located in the Mangochi, Machinga, and Neno districts of southeastern Malawi. A collaborative process with CBO staff was undertaken to purposefully select CBCCs for participation in the intervention and study, with the aim of bringing in both struggling CBCCs as well as CBCCs with clear potential for growth. This sampling strategy was considered appropriate since the primary purpose of this study was inform learning and program improvement.

There was only one classroom in the CBCCs that were visited; this classroom was the classroom observed. Some CBCCs had more than one caregiver; in most cases, the caregiver most involved in the teaching and care of the children was surveyed. At one CBCC, two caregivers were both significantly involved in the teaching and care, and both were surveyed. Thus, 12 CBCC classrooms were observed, and 13 CBCC caregivers were surveyed with teacher questionnaires.

Key stakeholder interviews were conducted with convenience samples of 8 CBCC caregivers, 12 parents, and 6 CBCC management committee members, spread among the 12 CBCCs.

All adult participants provided written informed consent. As part of the informed consent process, participants were told that this study was being initiated by Firelight Foundation, the funder supporting the CBO working with their CBCC. This may have influenced their acceptance to participate in the study. However, efforts were taken to assure them that participation was completely voluntary, that the results would not affect the CBO's funding, and that the study was intended to understand challenges and strengths of CBCCs and how to improve their quality.

Measures

Measure of Early Learning Environment (MELE)

The MELE tool was used to observe classroom activities. The MELE, a 50-item observational measure of pre-primary settings, was developed by experts with the backing of international organizations such as the Brookings Institute, UNICEF & United Nations Educational

Scientific and Cultural Organization Institute for Statistic (UNESCO), and the World Bank(UNESCO, 2017). The items are adapted versions of other commonly used quality measures and modified for use in low- and middle-income countries (LMICs). The MELE has been used and validated in other African countries such as Kenya and Uganda (F. Aboud et al., 2016).

The MELE tool was chosen after considerable thought and research, for a number of reasons: (1) the tool uses items that have been tested extensively for reliability and validity; (2) it has been developed specifically for use in low- and middle-income countries, and has been validated in other Sub-Saharan African contexts; (3) the tool is both current and relevant, and particularly useful to monitor progress over time; and (4) it covers a range of elements contributing to quality. Table 2 lists the domains assessed by the MELE along with sample items for each indicator.

Table 2.

Domains assessed by the Measure of Early Learning Environment (MELE) tool

Domain	Number of items	Sample items
Physical environment and hygiene	10	• The area around the school is clean/hygienic • Covered classroom space is adequate for the number of attending children doing today's activities
Adult-child and child-child interactions	8	• Adults are verbally responsive to child-initiated questions or comments • There are behavioural indications of a negative environment between teacher and children
Inclusiveness	6	• Program shows evidence of encouraging enrolment and participation of all ethnic, religious and gender groups • Children of different learning needs and levels are catered to
Program and curriculum	3	• The daily routine, seen today, has a mix of activities including play (indoor, outdoor), arts & games (e.g. stories, songs, rhymes, art, games), and instructional (e.g. teacher-led language, math)
Language and literacy	5	• Children are introduced to reading and/or writing letters • Adult reads an age-appropriate illustrated storybook with text
Numeracy and mathematics	6	• Children read and/or write simple numbers • Operations on numbers by adding or subtracting
Nature or science	2	• Material from the natural or technological world is accessible
Free-choice indoor play	6	• Children have access to different interest centres during indoor play (e.g., blocks, sand & water, books, art, games, dramatic, music) • Dramatic or imaginative play materials are accessible
Arts and games as group activities	4	• Age-appropriate gross motor games are supervised and led by an adult usually outside • Art (may consist of drawing, colouring, clay, paint, or other)

To implement the MELE, trained observers spend the whole morning (usually 3-4 hours) at the ECD center, observing the classroom environment, activities, and interactions. The indicators are rated on a scale of 1-4, with 1 representing very low quality and 4 indicating the highest quality desired. Individual indicator scores are averaged in each domain to generate a domain score. Domain scores are averaged to generate a total overall score. A rating above 2.5 is generally considered acceptable quality, while a score above 3 is considered good quality.

Teacher questionnaires

Teacher questionnaires were conducted with CBCC caregivers to gather information on their years of experience, level of education, training received in early childhood education, compensation for their services, and comfort level handling different subject areas.

In-depth interviews

In-depth interviews were conducted with key stakeholders to gather a deeper understanding of community perspectives on some of the challenges faced by the CBCCs, and insights on communities' 'readiness' to engage with the challenges around quality at the CBCCs. Key stakeholders were asked questions around: (a) What are the goals of CBCC education? (b) What are the challenges faced by the CBCCs? and (c) What have communities done thus far to meet the challenges they face? For the first question area (a), in most cases, we needed to rephrase this question as several interviewees did not seem to immediately understand what was being asked. In the simplified form of the question, we asked key informants why they or other people in the village brought their children to CBCCs. Appendix 1 provides a copy of the interview protocol.

Procedure

Data collection was carried out over a week, led by two researchers (authors AA and MKN) who had been trained and achieved inter-rater reliability in classroom observations using the MELE. They were assisted by two Malawian research assistants who provided translation support, contributed observations, and took detailed notes during all activities.

Two data collection teams were formed – each including one researcher (AA or MKN) and one Malawian research assistant. The data collection teams worked separately, each visiting different CBCCs to observe classrooms, survey teachers, and conduct key informant interviews. To ensure reliability and consistency in scoring, the MELE observations and scoring were discussed and consensus was reached after each CBCC visit.

Data Analysis

Descriptive analyses (means and standard deviations, or frequencies and percentages) were conducted on the quantitative data – the MELE scores and the responses on the teacher questionnaires.

Audio-recordings of the key informant interviews were transcribed verbatim in Chichewa or Yao, and then translated into English. After in-depth reading and reflection on the transcripts, an initial coding of a priori and emergent themes was conducted by the academic researchers (authors AA and MKN). One researcher (author AA) then conducted the final stage of coding in NVIVO 10 software (QSR International Ltd, Southport, UK). Final coding decisions were discussed between the two researchers and consensus was reached.

Results
Quality of Early Learning Environments and Experiences

Overall, the quality at the 12 observed CBCCs was found to be very low (M = 2.16, range 1.92 to

2.54). When domains were examined separately, important trends emerged; these are discussed in the following sections.

Physical environment

Relatively speaking, the physical environment was an area of strength for most of the CBCCs (M = 2.89, SD = 0.31). The CBCCs were generally clean with adequate toilet facilities and safe drinking water. However, none had any of the children's work displayed on the walls, and many had hazards outside the classroom such as open cooking areas close to the children's play area.

Interactions

The CBCCs also scored relatively well on adult-child interactions (M = 2.48, SD = 0.32). The research team observed generally positive interactions between children and adults, caregivers praising children for correct answers, and few instances of children being beaten or abused. Despite the generally positive observations, there were still areas for improvement; for example, caregivers relied heavily rote teaching and learning practices in their instructional interaction with children.

Inclusiveness

The CBCCs had strengths and challenges in different aspects of inclusiveness (M = 2.36, SD = 0.26). In general, most of the observed CBCCs had good representation of children in terms of ethnicity, religious groups, and gender. Moreover, many CBCCs had a child with a disability attending the class. However, the CBCCs struggled with catering to children's different learning needs, including enabling the active participation of children with disabilities.

Program and curriculum

The CBCCs generally scored low on program planning and daily routine (M = 1.89, SD = 0.38). Most of the centers scored relatively

higher on having a varied daily routine that includes many child-led activities. In general, children frequently engaged in singing and movement activities. They also had opportunities to engage in age-appropriate gross motor activities; however, active adult participation was lacking during these activities. The CBCCs had relatively lower scores on artwork and the use of rhyme.

Overall learning

The CBCCs also generally scored low on different dimensions of teaching and learning.

For language and literacy (M = 1.33, SD = 0.23), most CBCCs did not provide children opportunities to read age-appropriate illustrated storybooks, learn new vocabulary, connect language/literacy learning to past learning, and use writing instruments. There was some reading and/or writing of letters by children.

For numeracy (M = 1.32, SD = 0.18), all or most CBCCs did not provide children with opportunities to use objects to learn math concepts beyond enumeration, learn addition and subtraction, connect numeracy learning to past learning, and learn about shapes.

The CBCCs also scored low on free-choice indoor play (M = 1.92, SD = 0.59). While almost all the CBCCs had time allocated for free play, most of them did not use this time effectively.

The CBCCs had strengths and challenges in different aspects of group activities (M = 2.38, SD = 0.69). However, overall, very few CBCCs provided time for group work.

Caregivers' Qualifications, Compensation, and Perceptions

CBCC caregivers had an average of five years of experience (range 2 to 16 years) in teaching at the CBCC level. Most of the caregivers had very limited education, with 76 % of them reporting that they had not completed high school. Most (85%) of the caregivers had not received any training in early childhood education. Those who had been trained had gone through

relatively short courses (between three and ten days).

Most of the caregivers were volunteers, with 76% of them reporting that they received nothing in compensation. Among those who were paid, they earned between 3 to 14 US dollars a month.

Most of the CBCC caregivers reported that they were comfortable with handling activities relating to dancing and movement, singing, music and play. They were less comfortable with handling the subject areas of science, math, language and literacy. CBCC caregivers reported that they needed the most advice and help on teaching math, science, health and nutrition.

Key Stakeholders' Perspectives
The findings from the in-depth interviews were analyzed and are presented here according to the three main questions we sought to answer.

What is the goal of CBCC education?
When asked about the goals of CBCC education, or why people in this village bring their children to CBCCs, responses focused on children getting ready for primary school. Additional goals included children learning literacy and numeracy, and improving their cognitive development.

In all the communities visited, key stakeholders indicated that they bring their children to CBCCs so that they can be prepared to go to primary school – including adjusting to school routines and not being afraid.

> "I bring my child here so that they do not have difficulties when they go to primary school and also the teachers should not find difficulties with them."
> - Parent of child attending a CBCC

> So that when in primary school, the child should not be afraid (of going to school)."
> - Parent of child attending a CBCC

> They (children) start coming here, so that they are not afraid when they start primary school.
> - CBCC caregiver

Learning literacy and numeracy was another reason given for wanting to bring children to CBCCs. Learning the vowels, alphabet, counting and reading were some of the key skills that were reported to be very important for children to acquire.

> A child who just stays at home would not know that there are alphabet letters in school.
> - CBCC caregiver

In all the communities visited, stakeholders reported that taking children to CBCCs meant that these children would experience improved cognitive development, expressed as the child becoming "clever" or "intelligent."

> We expect that the child who comes here would be more intelligent compared to other children who would just come from home (directly) to enroll in primary school.
> - Parent of child attending a CBCC

> It helps the child grow in their mental development.
> - Parent of child attending a CBCC

What are the challenges faced by the CBCCs?
The most frequently mentioned challenges for CBCCs were the heavy dependence on volunteer caregivers, the lack of trained caregivers, the lack of adequate teaching and learning materials, the lack of food provision, and teaching and learning materials, lack of food for the children, and lack of interest from parents not prioritizing early childhood care and education.

Dependence on volunteer caregivers

Most of the CBCCs centers depended on caregivers who worked on a voluntary basis. For those who were paid, the pay was too little to meet their day-to-day needs. The use of volunteers was seen to contribute to various other problems, which are discussed here. In all the communities we visited, the key informants noted that quite a number of the people who volunteered to be full-time caregivers were poorly educated as they had not even completed primary school.

> Our caregivers don't have enough knowledge – they have never been sent to learn so that they get high quality education, and some of them as well have not gone far with their education so that's another problem.
> - CBCC management committee member

These comments were corroborated by our observations in the classrooms where we noted that several learning materials had grammatical and typographical errors. Additionally, during some of the lessons, the caregivers did not correct wrong responses given by the children, suggesting that they themselves may not have been knowledgeable about the correct answer.

Another problem was that caregivers sometimes failed to show up to teach and care for the children at the CBCCs, sometimes for as long as a full month especially during the planting season, necessitating the closure of CBCCs. At a few CBCCs, caregiver absenteeism was so common that the centres would regularly be closed for two or three days per week. In some cases, parents complained that the caregivers were routinely late, resulting in inadequate time for children to engage in and benefit from teaching and learning activities.

Several CBCC caregivers that we talked to noted that offering services voluntarily

negatively impacted their quality of life in various ways. Not surprisingly, a key challenge was the lack of income which affected their economic status and their ability to contribute towards their families' needs.

> This affects us as we are just being used without being paid anything. And there used to be a lot of us (caregivers) here and a lot of them quit as they saw that they were not getting financial benefits. But still for those who are present here, we do encourage each other to continue working here, as they (the children) are still our children. But still it's so painful as we see our colleagues quitting this work as it is for free.
> - CBCC caregiver

Some CBCC caregivers reported feeling humiliated in their communities – e.g., being laughed at. Community members assumed that the fact that they volunteer so much time to care for other people's children must mean that they have nothing useful to do for themselves. This gave the CBCC caregivers a sense that their work was not valued.

> We leave a lot of our own work (e.g., household work) and we come here to the children without being paid, and a lot of people from the community look down on us and say that we have nothing to do and yet they are the ones sending their children here.
> - CBCC caregiver

Lack of trained caregivers

Related to the above discussed lack of compensation for caregivers, key stakeholders in all the communities visited noted that the caregivers at their CBCC have little or no training in teaching children. Consequently, they lack the necessary skills to impart knowledge to

children. Caregivers themselves were also cognizant of this challenge.

> It's is true that we don't have trained teachers, and there are only two who were trained which means that the rest weren't, and the training was just a short one and they did not acquire enough knowledge.
> - CBCC caregiver

Lack of teaching and learning materials

In all the communities we visited, there was a general feeling that teaching and learning materials in the CBCCs were insufficient. Caregivers noted that while they were generally encouraged to make their own low-cost materials using local resources, many of the materials they were able to make were not durable. The lack of important learning materials was seen to contribute to poor educational outcomes.

> Whenever the kids are here, they need to be given something to write on, maybe a slate because they just write on (unclear), they just write down, they don't know how to write when they graduate from here.
> - Parent of child attending a CBCC

Lack of food provision

In almost all the communities we visited, stakeholders mentioned that one of the main reasons children attend the CBCCs is to get food. When there was no provision of food such as porridge, neither children nor their parents were as incentivized to participate at the CBCCs. For example, one caregiver noted that the numbers of children at the CBCCs dropped drastically when there was no food being offered.

> Maybe children are getting little food here and the food is not enough.
> - Parent of child attending a CBCC

Parents not prioritizing early childhood care and education

In several communities, it was noted that most parents did not give any priority to early education and needed a lot of encouragement to bring their children to the CBCCs. Additionally, stakeholders whom we spoke with believed that many parents did not contribute funds towards the CBCC because it was not a priority for them.

> Parents do many things, like some tell the children not to go to school and they tell them to go and raise cattle, or they tell the children to stay at home to help take care of the babies.
> - CBCC caregiver

What Have Communities Done to Meet the Challenges They Face?

In almost all the communities we visited, stakeholders noted that they had spent time and effort to find solutions to their challenges – most of the time very specific challenges. Some of the actions they had undertaken taken included moulding bricks for building the centers, constructing toilets, and school committee members going to class to observe how the caregivers were doing.

Most of the communities had convened stakeholders to discuss and address some of the challenges faces by their CBCC. Moreover, most of the communities had implemented the action plans they had drawn through these fora. We therefore surmise that these communities within which the CBOs are both keenly aware of the challenges in quality at their CBCC and highly motivated to participate in improving the quality of the CBCC's care and education.

However, it is also clear that the communities need investment and support for this process. For example, when one CBCC management committee felt that the quality of education was decreasing at their CBCC, a committee member decided to sit and observe

the teaching and learning activities in the classroom. However, without the required knowledge and skills, this member was hardly able to identify the problems and provide constructive criticism to help the CBCC caregiver improve the quality of teaching.

Discussion

Our objectives in this exploratory study were to examine the strengths and weaknesses in the quality of learning and care at selected CBO-supported CBCCs in Malawi, and to understand underlying challenges and opportunities that may be addressed to improve quality and ultimately children's outcomes. These findings were used to guide the process of building CBO capacity around ECD quality, as well as to inform CBOs' own discussions, plans, and actions with their communities around improving CBCC quality.

A key weakness in this study was the relatively small sample size, which requires that caution be taken when considering generalizing the findings beyond the communities we visited. Moreover, the findings would have been strengthened with the inclusion of children's perspectives on the quality of their CBCCs, as well as data on their developmental and learning outcomes. However, due to several challenges, we could not include child data at this time but will work towards it in the future.

A key strength of this study was that it used multiple methods – including direct observations of early childhood classrooms, questionnaires, and qualitative in-depth interviews, to evaluate the quality of care and learning at the CBCCs as well as to develop a deeper understanding of underlying challenges and strengths that could be addressed or built upon to improve quality. Moreover, we spoke to several key informants including parents, CBCC caregivers, and CBCC management committee members, and found that in general their perspectives, across different communities,

tended to converge. This strengthens the validity of our findings.

Keeping in mind the limitations and strengths of this study, we focus our discussion here on three key themes from our findings: the strengths and challenges in the quality of care and learning at the CBCCs, the volunteer caregiver system at the CBCCs, and the engagement of community stakeholders in addressing challenges at their CBCCs.

Quality of Early Learning Environments and Experiences at CBCCs

Overall, the CBCCs struggled considerably with the quality of learning and care in their classrooms. This is consistent with previous research that has found challenges in CBCC quality (e.g., Ozler et al., 2016).

Most of the CBCCs visited had relatively good quality physical environments. There has been limited research on the role of a high quality physical environment in resource-poor early childhood settings (Ferguson, Cassells, MacAllister, & Evans, 2013); however, we believe we can reasonable presume that it is beneficial for children's safety, hygiene, and health. The MELE tool used in this study specifically evaluates aspects of the physical environment as they relate to water, sanitation, and hygiene (WASH), and there is indeed a strong evidence base on the importance of WASH for child development (Ngure et al., 2014; Richter et al., 2017; Sudfeld et al., 2015). It is thus encouraging that the CBCCs had relatively good physical environments, although continued efforts are necessary to improve the quality further.

The CBCCs included children from different backgrounds, ethnicities and religions, and with and without disabilities. However, they generally did not adjust or customize their teaching and learning activities according to this diversity, and particularly struggled to include children with disabilities effectively in classroom activities. This is critical from a rights and equity

perspective: each child has a right to quality care and education (Convention on the Rights of the Child; United Nations General Assembly, 1989), and there is limited benefit to including children from different backgrounds and with different abilities if systems and supports are not available to appropriately facilitate their learning and development.

The interactions between CBCC caregivers and children were found to be generally positive. This is crucial, as previous research has found that positive teacher attitudes and supportive classroom environments have positive effects on young children's adjustment, retention, and learning (Abadzi, 2006; Hamre & Pianta, 2005; Shallwani, 2016; United Nations Children's Fund & United Nations Educational Scientific and Cultural Organization Institute for Statistics, 2014) while harsh environments can be detrimental (Talwar, Carlson, & Lee, 2011).

Where the CBCCs struggled most is perhaps one of their most fundamental roles – in the actual teaching and learning activities and interactions in the classrooms. Teachers relied heavily on rote learning, children had limited opportunity to engage in meaningful literacy and numeracy activities, free play was not effectively facilitated, and children had limited opportunities to collaborate with each other. The school effectiveness literature has consistently found that the type and quality of instructional support that the teacher provides is the most fundamental factor in young children's learning (Abadzi, 2006; Hamre & Pianta, 2005; Hattie, 2009). Other research in Malawi has similarly found teachers' struggling with instructional effectiveness at CBCCs (Ozler et al., 2016). Considering this, it is crucial to strengthen teachers' capacities and strategies to effectively facilitate children's learning.

Volunteer Caregiver System at CBCCs
While this study explored challenges in quality quite broadly at the CBCCs, we were struck by the number of challenges that were perceived to

be linked directly or indirectly to the system of volunteer ECD caregivers at the CBCCs. Community stakeholders seemed to attribute many of the challenges at the CBCCs to the volunteer system – indicating that if caregivers were paid a standard amount, the quality of the CBCCs would improve. Indeed, a recent study carried out in Malawi and South Africa reported that children who participated in community-based ECD programs where caregivers or teachers were compensated had higher self-esteem and better educational outcomes, than those who attended programs where caregivers worked without pay (Tomlinson, Sherr, Macedo, Hunt, & Skeen, 2017). where teachers were paid had better educational outcomes and higher self-esteem. This evidence strengthens the case made by community members in our study, and underscores the need to discuss and address this matter.

The challenges relating to the volunteer caregiver system described by community stakeholders fell into two broad areas: (1) the lack of skills, knowledge, and strategies among the CBCC caregivers to provide effective early childhood care and education for young children; and (2) the reduced motivation, attendance, and retention of the caregivers in terms of their presence and engagement with children at the CBCCs. The need to build instructional and facilitation capacities and tools among teachers was discussed above. However, the volunteer system at the CBCCs results in this additional risk – that CBCC caregivers, even once trained, may not have the working conditions that enable them to thrive in their roles, and they may in fact move on to pursue other employment opportunities – those that enable them to have more financial stability and quality of life.

The use of paraprofessionals, such as community health workers, to provide essential services to vulnerable communities is not uncommon in many LMICs. However, there is increasing recognition globally that such

community-based paraprofessionals need training and skills development, as well as supportive working conditions – including compensation, teacher-to-child ratios, working hours, etc. It is thus crucial to work with the CBOs, the CBCC management committees, the caregivers themselves, and the parents, to identify and implement improvements to the CBCC caregivers' working conditions.

Community Engagement at CBCCs

Overall, the commitment and engagement of community stakeholders – CBCC caregivers, CBCC management committee members, parents, community members, and CBOs – towards supporting and strengthening CBCC services in their community was a fundamental underlying strength. For example, while the challenges in the volunteer system do need to be addressed, the fact that CBCC caregivers have thus far been willing to give so much of their time and energy working at the CBCCs without any pay is a testament to their care for and commitment to their community's children. Similarly, CBCC management committee members, parents, and community members have been actively engaged in identifying and addressing challenges at the CBCCs. However, these community stakeholders sometimes lacked the necessary skills and expertise to effectively address the issues.

Communities themselves are in the best position to identify challenges and opportunities, develop and implement solutions, and evaluate the effectiveness of those solutions in their communities. This combined with the clear readiness of the communities in this study to be involved and to act to improve their CBCCs, compels CBOs and other institutions to design, develop, and implement quality improvement interventions hand-in-hand with key community stakeholders, in order to be both effective and sustainable in the long-term.

Conclusion

This study contributes in a small but important way to the growing knowledge base on the quality of community-based ECD programs in SSA, and in Malawi particularly. Our study highlighted core strengths and challenges in the quality of learning and care at a small sample of CBCCs in Malawi. The most fundamental gap in quality was in the ECD caregivers' capacities to teach and facilitate learning effectively among the children. Among the underlying issues that were uncovered, many challenges seemed related to the reliance on unskilled and voluntary ECD caregivers.

As discussed earlier, the potential impact of ECD programs is considerably thwarted if the programs are of poor quality. However, efforts to improve the observed environment and experiences at CBCCs may not directly translate into improved child outcomes – as found by a recent study in Malawi (Ozler et al., 2016). The findings from that study suggested the challenges faced by CBCCs require more holistic and intensive interventions – more effective in improving teaching strategies, but addressing contextual factors outside of the CBCC classroom, such as parent engagement.

The findings from our study indicate that while communities coming together to establish ECD centers such as CBCCs is a tremendous opportunity, they and the CBOs working with them need to be supported to improve the quality of learning and care at these centers to maximize the benefits for children's development and long-term outcomes. Moreover, grassroots CBOs hold great potential in reaching and effecting change in the different community ecosystems that can improve children's developmental outcomes, and their work is more effective when it is informed by the realities, challenges, and strengths of their CBCCs and communities specifically, and in the region more broadly.

Notes

1. This paper draws from and builds on a presentation shared at the annual conference of the Comparative and International Education Society held in Atlanta, Georgia, USA in March, 2017.

2. Sadaf Shallwani is affiliated with Firelight Foundation, the organization which funds the community-based organizations (CBOs) in this study. Firelight also funded this study in order to understand strengths and challenges in the quality of early childhood development (ECD) centers supported by the five CBO partners they fund and support to work on ECD in Malawi. Efforts taken to reduce bias in observations and analyses are detailed in the Method section of this paper.

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Appendix 1: Interview Guide

Instructions to interviewee: We are looking into the education system at the CBBCs and want your opinions on whether it is succeeding in educating children to become productive and contributing citizens. We want to explore not only your personal opinions but how you see others in the community supporting the education of all its children.

1. I want us to start by discussing the reasons why people in these community bring their children to CBCC centres? What do you hope to achieve or rather what do you hope your children will gain by being in these centres?
2. In your opinion are the CBCCs currently achieving their goals? Do you think the education children are receiving at these centres is contributing towards them achieving these goals?
3. What do people here think are the causes of inadequate education?

Probe: blame parents, blame national or district government, insufficient opportunities to learn, poor resources, teachers in adequately trained.

4. How can children in this village become better educated?

Probe: get more involved in the School Management Committee, leaders can mobilize parents to get more involved, support the teacher and resources of a pre-primary program, raise funds.

5. Are there any other issues related to the CBCCs that you feel are important that have not been discussed today?