USAID ASSIST Project

Applying Science to Strengthen and Improve Systems

USAID ASSIST Project

Malawi Country Report FY13

Cooperative Agreement Number:

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Performance Period:

October 1, 2012 – September 30, 2013

DECEMBER 2013

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DISCLAIMER

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Abbreviations

ASSIST	USAID Applying Science to Strengthen and Improve Systems
CBCC	Community-based child care centers
CBO	Community-based organization
CRS	Catholic Relief Services
CSI	Child Status Index
CVSU	Community Victim Support Unit
DSWO	District Social Welfare Office
ECD	Early childhood development
FISP	Farm Input Subsidy Program
HCI	USAID Health Care Improvement Project
HIV/AIDS	Human immunodeficiency virus/Acquired immunodeficiency syndrome
HSA	Health surveillance assistants
IP	Implementing partners
MOGCSW	Ministry of Gender, Children and Social Welfare
NACC	National AIDS Coordinating Committee
NOVOC	Network of Orphans and Vulnerable Children
OVC	Orphans and vulnerable children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PSS	Psychosocial support services
QI	Quality improvement
REPSSI	Regional Psychosocial Support Initiative
TWG	Technical working group
UNICEF	United Nations Children's Fund
URC	University Research Co., LLC
VS&L	Village savings and loan

1 Introduction

Malawi has an extremely high prevalence of HIV (10.6%).[1] Of the over 1 million orphans and vulnerable children in the country, the majority (770,000) are orphaned due to AIDS.[2] While Malawi has continued to make progress to improve service access for all children and is on track to meet some of its Millennium Development Goal (MDG) targets, access to care and support from outside households or communities for orphans and vulnerable children (OVC) remains low: only 17% of households caring for vulnerable children receive external care and support.[3] OVC responses are often small-scale and fragmented, of variable quality, and insufficiently embedded in national systems.[4]

In 2009, the Ministry of Gender, Children and Social Welfare (MOGCSW), supported by USAID, UNICEF and other stakeholders, developed draft minimum standards to guide the care for vulnerable children in Malawi. With funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the USAID Health Care Improvement Project (HCI) began working in Malawi in 2010, providing technical and administrative support to the MOGCSW to pilot service standards for vulnerable children in four districts, using quality improvement (QI) techniques. In January 2013, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project – the follow-on to HCI – started working with the Government of Malawi and implementing partners (IPs) to complete the process of piloting and finalizing the national OVC service standards, also with PEPFAR funding. A transparent monitoring and evaluation system, using the Child Status Index (CSI), was established to provide information on how well children were doing and to assess adherence to the service standards. QI teams identified priority areas that needed attention and used the OVC standards to guide which changes would improve the lives of children in their communities.

2 Program Overview

What are we trying to accomplish?	How will we know?	At what scale?
1. Pilot and finalize the OVC service standards to see if they are feasible and effective in improving outcomes	• Final set of standards developed and tested	National level 1,000,000 single and double orphans *(UNICEF, HIV and AIDS Stock taking reports, 2009)*
2. Improve care for vulnerable children	• Using CSI core measurements on children's wellbeing	Four pilot districts: : Blantyre, Karonga, Lilongwe, and Mangochi

[1] Malawi National AIDS Commission, 2013.

[2] UNAIDS, 2013.

[3] Malawi Demographic and Health Survey 2010, National Statistics Office 2011 Zomba, Malawi, and Calverton, Maryland, USA: NSO and ICF Macro.

[4] Impact Evaluation of the National Plan of Action for Orphans and other Vulnerable Children (2005-2009/ 2010-2011). Malawi

3 Key Activities, Accomplishments, and Results

Activity 1: Pilot and finalize OVC service standards

Background

In FY13 the USAID ASSIST Project supported the MOGCSW, through the national QI core group, to finalize the review of the national OVC minimum standards for the provision of services for vulnerable children. Through a series of meetings at the national level with relevant line ministries IPs and service providers, the QI core group revised the draft OVC standards, incorporating experiences and feedback from four piloting districts. The final draft of the standards was presented, reviewed, and approved by the National QI Core Group, the National Child Protection Technical Working Group, and the National OVC Technical Working Group.

Accomplishments and Results

- **Facilitated the review of the OVC service standards** in collaboration with various ministries (MOGCSW, Education, Health, Agriculture, Office of the President and Cabinet Department of HIV and Nutrition) and OVC IPs – Catholic Relief Services (CRS), Save the Children, and Namwera AIDS Coordinating Committee (NACC), Plan International, Action AID, Every Child Malawi, Network of Orphans and Vulnerable children (NOVOC) and Regional Psychosocial Support Initiative (REPSSI) (October 2012-April 2013).
- **Piloted standards** in four districts: Blantyre, Karonga, Lilongwe, and Mangochi (January-August, 2013).
- **Supported the MOGCSW to document achievements from the piloting of the standards in the four pilot districts** (May 2013). The pilot report compiled results achieved in the four districts, lessons learned, and recommendations to the national OVC Technical Working Group (TWG). The national QI core group presented the final draft standards to the national OVC TWG for review and approval. The OVC standards were approved, and the national OVC TWG recommended the scale-up of the standards using the QI methodology in other sites and districts.
- **Started developing an implementation plan for the OVC service standards with the MOGCSW for the four districts** (August 2013): After the approval of the OVC standards, ASSIST and the MOGCSW agreed to promote community ownership and involvement in the four pilot districts by involving their District Executive Committees (DEC). The committees include all heads of government departments (e.g., the District Commissioner, District Social Welfare Officer, District Health Officer, District Agriculture Officer, Director of Planning and Development) and NGOs active in the districts. Involvement of the DECs is especially important during the time districts develop their implementation plans and budgets (District Implementation Plans) so that they can start strategizing how communities would use the standards in the districts' to improve service delivery.

What Are We Learning?

The key learning questions this activity sought to answer were:

- **Does use of the OVC standards improve the quality of services for vulnerable children in the communities?**
    - Using the standards is guiding communities to identify gaps that exist in the services they provide and link with appropriate stakeholders for support of their children.
    - The CSI assessments are assisting communities to prioritize areas that need attention by the implementing partners and the communities themselves to effectively mobilize resources and allocate limited resources to appropriate service areas in need.
    - Using the CSI to understand the main problems faced by vulnerable children in communities helps communities look for solutions to these problems rather than passively waiting for support provided by outside groups. For example, Mangochi District was not working on improving education until they used the CSI to identify priority areas within OVC service delivery that needed attention and realized that education was a major problem for the children they

supported. They were able to use the information from the CSI for advocacy to local leaders and government officials to start working on improving education.

- **Does a multi-sectoral community based team improve OVC services delivery in communities?** Involvement of various ministries providing multiple services to children and their families (i.e., the Ministries of Education, Health, Agriculture and Office of the President and Cabinet Department of HIV and Nutrition) was crucial to synchronise information found in other national policy guidelines with the OVC standards.

Activity 2: Improve care for vulnerable children

Background

Since September 2012, USAID ASSIST supported the MOGCSW to conduct bi-monthly coaching visits to mentor coaches on the importance of planning and testing changes at a small scale. The coaches were previously trained under HCI. ASSIST organized two learning lessons for the piloting districts to share knowledge in successes and practices across the pilot sites.

Accomplishments and Results

Child protection

- **Worked with communities in three districts to ensure children are safe from any abuse and have access to essential services:** After communities conducted CSI assessments for children in the four districts of Blantyre, Lilongwe, Karonga, and Mangochi, child abuse emerged as a priority problem that communities needed to focus on in these districts except for Karonga. The QI teams worked in collaboration with various child protection stakeholders, such as the District Social Welfare Offices (DSWO), Community Victim Support Units (CVSU), community policing units, and local leaders, to sensitize communities to build knowledge in prevention of abuse and child protection processes. During FY13, the QI teams identified and handled 513 child abuse cases including neglect, child marriages, child labor, sexual abuse, and abduction.
- During FY13, the QI teams discovered that in most communities there was limited knowledge and understanding of the Malawi constitutional laws. As a result, the QI teams facilitated meetings with 91 villages to improve communities' understanding of the laws that protect children's rights in the three districts.
- While working with children in the communities, the QI teams in Mangochi District also discovered most children had inadequate knowledge of what constitutes child abuse and how to protect themselves from it. In August 2013, the QI teams facilitated life skills training of 530 children in their catchment area to equip

Care for Vulnerable Children

Improvement Strategy

ASSIST supported the QI teams and government staff (specifically from the MOGCSW) to use quality improvement approaches to identify and solve complex problems concerning vulnerable children. These approaches included: focusing on the child as a person with multiple needs; working in a multi-sectoral team to improve services; and using the CSI to identify priority areas for improvement. Teams used the OVC standards to decide what actions to try to improve services in their context, use data when making decisions (such as choosing which problems to address and also to learn whether a change is working and should be adopted on a larger scale or whether to try something else), and continuously strive for improvement. The key focus in ASSIST's approach included encouraging teams to compile and use data to make decisions about what services to provide and how to provide them.

At the community level the QI teams linked with the relevant government extension workers in health, social welfare, education and agriculture to support teams with some technical knowledge and skills in all the service areas in the OVC service standards. This approach promoted community ownership and government involvement at the grassroots level.

Spread Strategy

The MOGCSW with support from the USAID ASSIST Project and implementing partners systematically prepared and documented scale-up packages that can be used by districts to describe how they can use the standards to improve service delivery for children in the two selected districts using the locally available resources as well as partnerships and existing structures within the districts. During implementation, the project is preparing change concepts to inform the national spread strategy.

them with knowledge on child rights and protection mechanisms available in the communities.

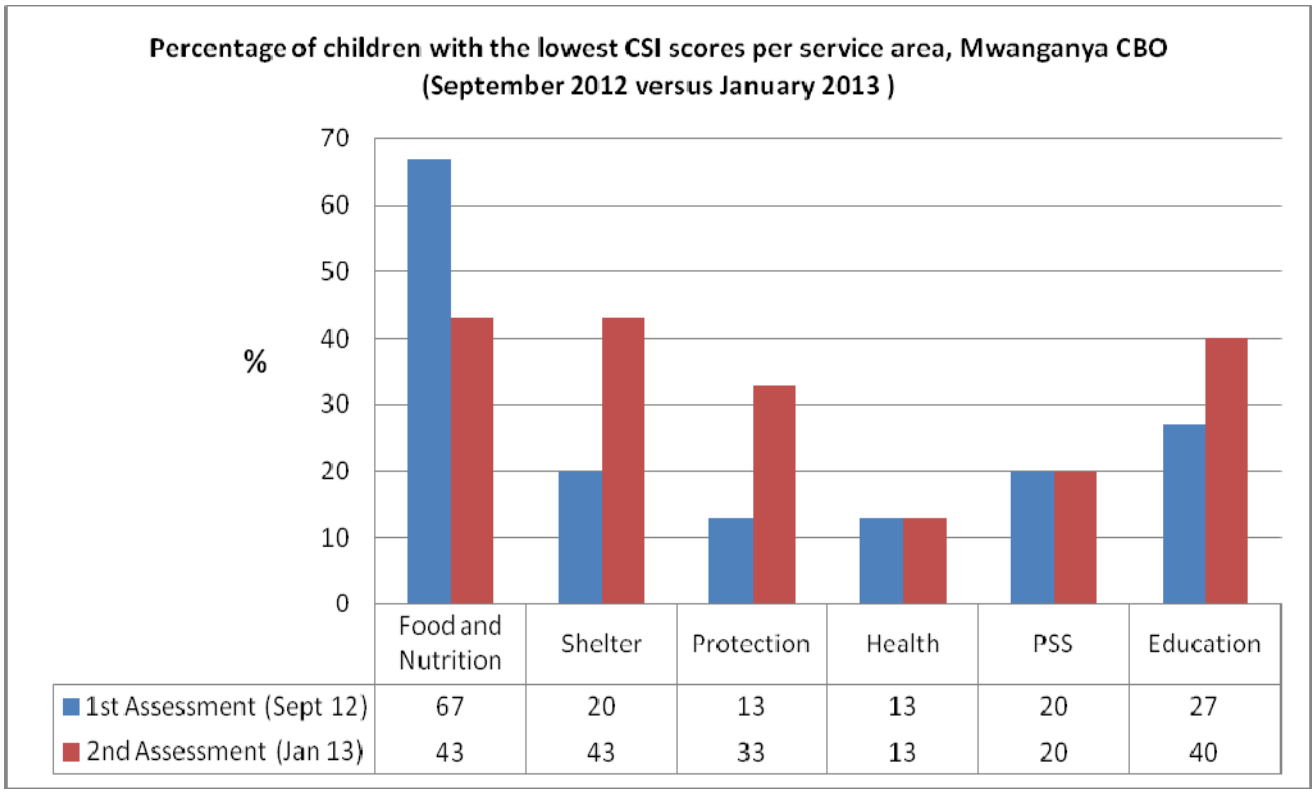
Early childhood development (ECD)

- **Improved numbers of early childhood development ECD centers:** In the three pilot districts of Blantyre, Lilongwe and Mangochi that were working on ECD, QI teams facilitated community mobilization activities to gather support for ECD centers in the communities. Consequently, communities mobilized bricks, sand, and quarry stones for building ECD centers. Due to these activities, there has been an increase in the number of ECD centers in the three piloting districts, from 64 to 129. In Karonga, even though the QI teams were not focusing on ECD as a priority service area, they also used the approaches to expand their ECD centres from 10 to 41 ECD centers serving a total of 3,090 children.
- **The QI teams linked with Save the Children and the Firelight Foundation to conduct trainings.** Two hundred thirty-three (233) ECD caregivers and 209 committee members were trained in management and mobilization skills for the ECD centers. As a result, the quality of ECD activities in the community-based centers has improved, resulting in a total enrollment of 7,282 children in September 2013 for children aged 0-6 years, as compared to 2,604 in January 2013, a 180% increase.

Food security and nutrition

- **QI teams in Karonga District facilitated assessments of children** and discovered that most vulnerable households experienced food insecurity problems as seen in the Child Status Index assessments conducted in 2012 and 2013 (Figure 1).
- **Nyungwe and Mwanganya community-based organisations, with support from Lusubilo CBO, linked with various stakeholders in the communities** such as the Ministry of Agriculture and other organizations providing livelihood support in the area to build the capacity of these vulnerable households.

Figure 1: Percentage of children with the lowest CSI scores per service area, Mwanganya CBO (September 2012 versus January 2013)



	Food and Nutrition	Shelter	Protection	Health	PSS	Education
1st Assessment (Sept 12)	67	20	13	13	20	27
2nd Assessment (Jan 13)	43	43	33	13	20	40

- **Through linkages with agriculture field officers and extension workers, the QI teams facilitated orientation sessions for 258 vulnerable households** in crop husbandry practices concentrating on production of leguminous crops to help in diversifying the diets of these vulnerable households. The teams also linked with the Ministry of Agriculture to support it in the construction of metallic and brick crops storage facilities. These storage facilities help in protecting crops from pests so that the crops can be accessed by vulnerable families when in need.
- **The QI teams in Karonga linked with the Ministry of Agriculture to facilitate community-based nutrition education and demonstrations** through open days on local food preparation and preservation (March-May 2013). A total of 70 women and 19 men participated in these sessions.
- **The QI teams identified 40 moderately malnourished children in the communities** through linkages with the health surveillance assistants (HSAs) and referred them to the nearest health facilities in the area.
- **Trained 258 OVC guardians in improved crop production and diversification** (January to March 2013). QI teams, in collaboration with agriculture extension and livelihood organizations in the area, facilitated the training of vulnerable households in modern crop husbandry practices to increase their crop production, particularly on leguminous crops such as soya beans, pigeon peas, and groundnuts. During the year, the QI teams observed that the communities have organized themselves and built four grain banks/silos to preserve 240 bags of 50kg each from the maize harvest, to be used during the hunger months by the vulnerable households.

Education

- **Improved access to educational services:** At the beginning of ASSIST's work, the four pilot districts assessed the children using the CSI and discovered that education was a problem in the two districts of Mangochi and Blantyre. The QI teams in the districts conducted a situational analysis of why this was the case using the standards in education service area. The teams discovered that there were geographical, socio-economic, and cultural factors affecting children's access to primary and secondary education services. In Mangochi District, the team discovered that 1,273 children were in dire need of scholastic materials because their families could not afford to support them due to poverty. These children were linked to various stakeholders including the DSWO. The total enrollment of children in primary schools in the two districts increased from 9,054 children in February 2012 enrolled in primary schools to 13,681 children enrolled and attending primary schools in Decvmber 2013, a 50% increase.

Household economic strengthening

- **Improved vulnerable households' economic wellbeing:** In Karonga District, ASSIST worked with two QI teams in the Mwanganya and Nyungwe catchment areas to identify needy vulnerable households to orient them in household economic strengthening activities such as village savings and loans (VS&L) and small-scale business ventures. The QI teams linked with the Ministry of Agriculture extension workers and Lusubilo CBO, supported by Catholic Relief Services, to implement household economic strengthening activities. The QI teams engaged vulnerable households to participate in the VSL groups in their communities. The QI teams facilitated an increase in the number of VSL groups formed from zero in 2008 to 51 groups by August 2013. In addition, the number of community members including OVC guardians participating in the VSL groups increased dramatically in the Karonga District as well (Figure 2).

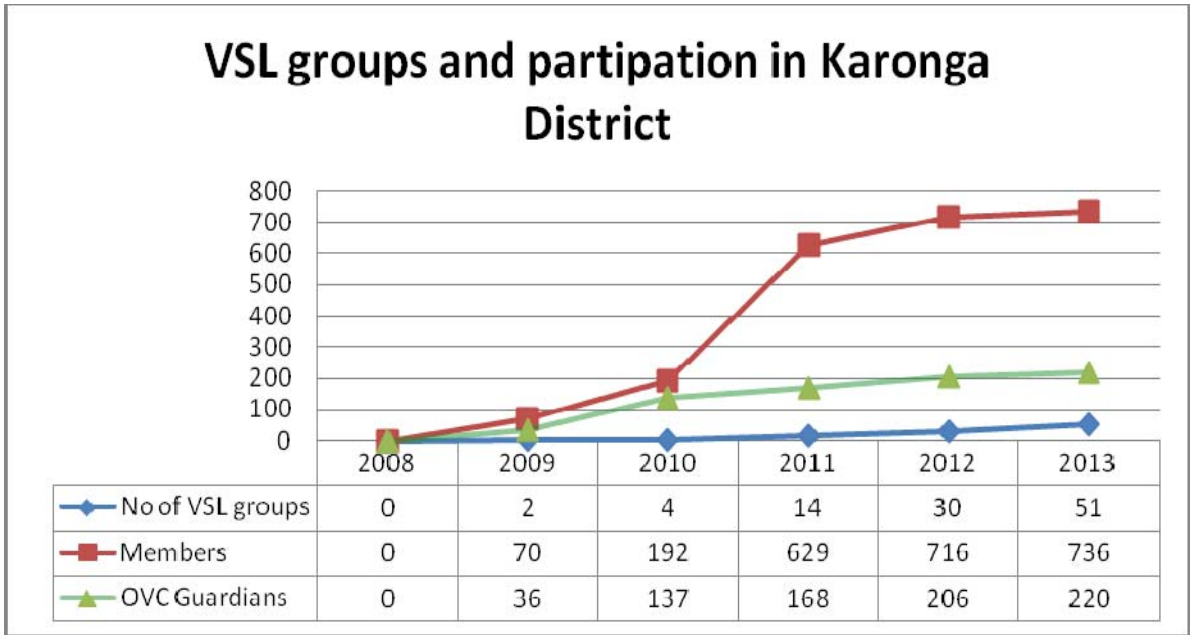
Psychosocial support

- **Worked with children's corner centers to improve participation of children:** During FY13, the Tigwilizane CBO worked with four children's corner centers in four villages (in Traditional Authority Chitukula in Lilongwe District) to improve the participation and psychosocial wellbeing of vulnerable children through various activities.
- **Trained five psychosocial support (PSS) counsellors**: Save the Children identified the need to train five PSS counsellors in March 2013 for each center to support the children identified in need of emotional support due to the impact of HIV and AIDS in their communities. The counsellors and facilitators were also oriented on the PSS service standards to improve the quality of PSS services at

the centers.

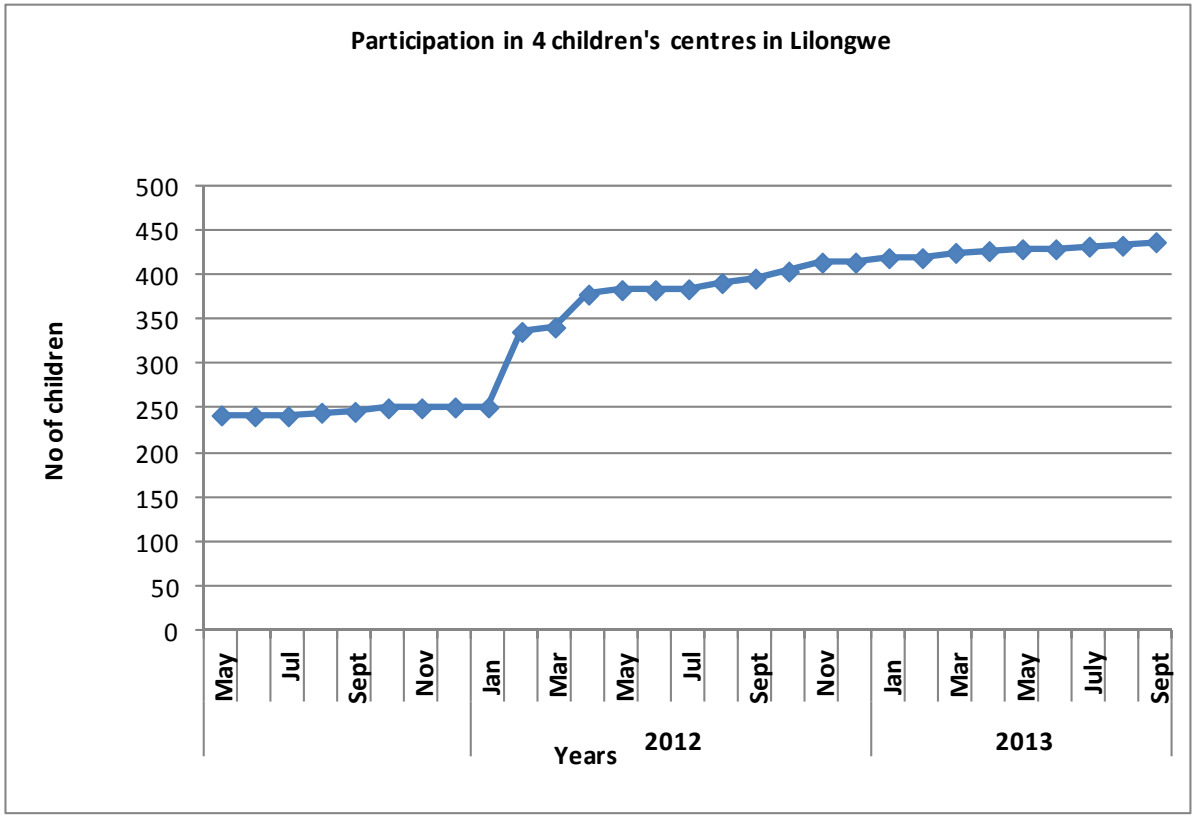
- **Mentored the QI coaches:** ASSIST mentored two coaches from the QI team to facilitate regular QI team meetings to discuss improvement work in the four centers' activities. As a result, some improvements were observed in children's participation in the four centers (Figure 3).

Figure 2: Number of VSL groups formed and their participation, Karonga District (2008-2013)



	2008	2009	2010	2011	2012	2013
No of VSL groups	0	2	4	14	30	51
Members	0	70	192	629	716	736
OVC Guardians	0	36	137	168	206	220

Figure 3: Participation of children in four children's centers, Lilongwe (May 2012-September 2013)



Improvement in Key Indicators

Activity	Indicators	Baseline (Feb. 2012)	Last value FY13 (Sept. 2013)
Improve care for vulnerable children	**Child protection**[5]		
	Number of cases referred to child protection service providers	214	513
	Number of children removed from child labor situations	Data not available	302
	Number of children trained in life skills, rights and responsibilities	Data not available	530
	Early childhood development[6]		
	Percentage of malnutrition cases among the 0-8 year old children	36%[7]	3%
	Number of ECD centres established	64	129
	No of children enrolled in ECD centres	2,604	7,282
	Food security and nutrition[8]		
	No of OVC households oriented on food production, preparation, utilization, preservation and processing	Data not available	3,840
	Number of OVC households linked to food security programs in the area	Data not available	158
	No of demonstration plots established for training farmers	Data not available	15
	Education[9]		
	No of children enrolled in primary schools	9,054	13,681
	Household economic strengthening[10]		
	Number of Village and Savings & Loans (VS&L) groups formed	2	51
	Number of VS&L groups functional	2	51
	Number of households hosting OVC participating in VS&L groups	36	220
	Number of community members participating in VS&L groups	70	736
	Psychosocial support (PSS)[11]		
	Number of children accessing PSS services	246	1,455
	Number of safe social structures[12] established and strengthened by type	3	26

[5] Data on child protection service area is from Blantyre, Mangochi, and Lilongwe districts

[6] The ECD indicators except malnutrition indicator are from Blantyre, Lilongwe, and Mangochi districts

[7] This data is from Blantyre District

[8] Data on the food and nutrition service area is from Karonga District

[9] The education data is from Mangochi and Blantyre districts

[10] The household economic strengthening service area data is from Karonga District only

[11] The psychosocial support data is from Lilongwe and Karonga districts

[12] These are community-based centers which communities establish for children to assemble during weekends to play, be taught some life skills, reproductive health messages, child rights and resilience topics so that vulnerable children can protect themselves from exploitation, abuse, and violence.

What Are We Learning?

- **How efficient is it to use community government extension workers to facilitate improvement of vulnerable children service delivery within communities? Does a multi-sectoral teamwork improve the quality of OVC services?**
  - The involvement of local leaders such as Group Village Heads in QI is helping to fast track some of the agreed recommended actions in the OVC standards in the communities.
  - Working in teams that cut across multiple sectors and involving community government extension workers from different ministries is also important in helping provide holistic care to children.
  - Involvement of a team to follow up improvement activities at the community level, such as in community children's corner centers, ECD centers, and primary schools, is helping service providers pay more attention to what kind of services they provide to children in the communities.
- **Does the usage of OVC standards improve the quality of services for vulnerable children at the community level? Does testing changes on the system of OVC service delivery lead to improvement?**
  - Sharing of information and data among QI team members improves service delivery of OVC services in the community. For example, in Karonga District, sharing information in the QI team with the Agriculture extension workers and the local leaders helped the identified nine needy OVC households in Nyungwe area and 98 households in Mwanganya to be linked to the Farm Input Subsidy Program (FISP) to receive farm inputs to improve their household food security. These OVC households were later accepted as beneficiaries of the government farm inputs that included fertilizer and maize seeds. These OVC families have grown their gardens using the farm inputs received from FISP during the year.
  - Availability of data helps communities to identify priority service areas that need special attention and helps in finding appropriate solutions. In Blantyre District, the QI team at the district level discovered that only 16 caregivers were trained. The QI team agreed to seek resources from Save the Children to train an additional 49 caregivers for 14 community-based child care centers (CBCCs) in the area. Save the Children facilitated the training of these caregivers, and this has led to the increase in attendance of children in the CBCCs in this area.

4 Sustainability and Institutionalization

Sustainability

- The support provided by government extension workers based in the communities has promoted sustainability of the improvement efforts at the community level.
- The involvement and the knowledge of local leaders in improvement efforts have helped to fast track implementation of some of the recommended actions in the OVC standards.
- The representation of existing government structures such as the Area Development Committees, Village Development Committees, Community Victim Support Units, and Child Protection Committees in quality improvement teams will help in sustaining improvement efforts in the communities.

Institutionalization

In FY13 ASSIST began laying the groundwork for institutionalization through the following:

- ASSIST and the MOGCSW are working with the District Executive Teams at the district level and the OVC TWG at the national level to provide updates and feedback on successful improvement work to other OVC service providers to facilitate institutionalization of successful changes in other sites within the districts.
- ASSIST has built the capacity of community QI teams on how to use the CSI at the community level to identify priority areas to work on.
- ASSIST has facilitated linkages of ECD centers with health surveillance assistants to improve health services for children under the ages of eight years.

At the same time, we have noted that District Social Welfare Offices' limited resources pose a challenge in their ability to coordinate and provide oversight to the improvement efforts in their communities.

5 Knowledge Management Products and Activities

The following were some of the knowledge management products and activities that were conducted during the year:

- A case study was published in June on improving early childhood development (see Appendix).
- Learning sessions for implementing teams were conducted in the four pilot districts.
- The QI Advisor in Malawi attended a knowledge management training in March 2013. The four-day training, held March 11-15, 2013 in Durban, South Africa, sought to build staff capacity to incorporate knowledge management into improvement programs, including how to develop knowledge management strategies for their improvement work, how to apply knowledge management principles and techniques to the design and facilitation of learning sessions, and how to design knowledge transfer/handover processes, events and written products to convey key learning about a specific practice area or topic. The training was led by consultant Dr. Nancy Dixon with support from Ms. Lani Marquez and Ms. Kate Fatta of URC and Ms. Cassie Mickish of Johns Hopkins University Center for Communication Programs.

6 Directions for FY14

In FY14, the USAID ASSIST Project will be focusing its work in two districts (Mangochi and Balaka) to implement the OVC standards in selected Traditional Authorities. The goal of this work is to identify and develop a change package of services that could be scaled up in other sites. The two districts of Mangcohi and Balaka were selected following discussions with the District Executive Committees in the four pilot districts to determine the readiness of the districts to implement the OVC standards. While Mangochi appeared motivated to implement the OVC standards using the QI approach, the new district of Balaka was selected because it is a focus district for the USAID Mission. The Mission advised ASSIST to implement the standards in Balaka using the quality improvement approaches to improve vulnerable children service delivery.

7 Appendix

A Community-led approach to improve early childhood development (ECD) and nutrition in Blantyre District, Malawi using quality improvement methods, *Case Study* authored by Tiwonge Moyo

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CASE STUDY

A community-led approach to improve early childhood development (ECD) and nutrition in Blantyre District, Malawi using quality improvement methods

With support from the United States Agency for International Development, a community in the Blantyre District of Malawi managed to increase the number of children aged 3-6 years old attending community based childcare centers (CBCCs) from 589 to 1,120 (a 90.2% increase). While doing this they identified that 217 (19.4%) of the children in the CBCC were malnourished. By working with existing structures in the government, community and local support agencies managed to improve the nutritional status of 178 children (82%).

Background

In 2012, the USAID Health Care Improvement Project (HCI) and the Ministry of Gender, Children and Social Welfare trained staff from the District Social Welfare Office (DSWO), Tikondane Community Based Organization (CBO) and Save the Children's Capacity for Support for Early Childhood Development and Psychosocial Support (C-SEP) in the draft Malawi Service Standards for quality improvement for orphans and vulnerable children (OVC) and in quality improvement methodology. After the coaches' training, the DSWO and the CBO Director agreed to organize a meeting and invite all OVC service providers in Traditional Authority Lundu, which comprises a set of villages in the northern part of Blantyre District.

The meeting was well attended by various stakeholders in the area which included traditional leaders, community members, and government staff from the ministries of health, gender, agriculture, home affairs and education. During the meeting, it was agreed to formulate a group to spearhead the piloting of the OVC standards in the area. Fourteen representatives of these stakeholders were selected to form a quality improvement team that would meet monthly to discuss piloting of the OVC minimum standards. The quality improvement team prioritized working on improving early childhood development (ECD) services for children in the area using the standards and quality improvement methods.

Lundu quality improvement team

Community membership

1. Area Development Chairman
2. Village Development Committee Secretary
3. Early childhood center caregiver
4. Early childhood center caregiver
5. CBO Director
6. CBO committee representative
7. CBO Committee representative

Government membership

8. Health Surveillance Assistant (HSA)
9. Primary school headmaster
10. Child Protection Officer
11. Police officer in charge
12. Assistant Social Welfare Officer
13. Agriculture extension worker

Other membership

14. Capacity for Support for Early Childhood Development and psychosocial support (C-SEP) under Save the Children

JUNE 2013

This Case Study was authored by Tiwonge Moyo of University Research Co., LLC (URC) and produced by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, funded by the American people through USAID's Bureau for Global Health, Office of Health Systems. The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC's global partners for USAID ASSIST include: Broad Branch Associates; EnCompass LLC; FHI 360; Harvard University School of Public Health; Health Research, Inc.; Institute for Healthcare Improvement; Initiatives Inc.; Johns Hopkins University Center for Communication Programs; Women Influencing Health Education and Rule of Law, LLC; and the World Health Organization Patient Safety Programme. For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

After reviewing the standards with the community and reviewing baseline data, the quality improvement team realized that a key issue was that only 589 of the 1,313 vulnerable children between the ages of three and six that they were supporting were enrolled in community based childcare centers (CBCC).

After receiving classroom and on-site support from HCI, the Blantyre team used quality improvement techniques to address the problem. This involved gathering data to make decisions about what to change to improve CBCC attendance, making changes to the CBCC system, and using data to see if the changes they were making led to improvements in the children's lives.

Figure 1: The Lundu Traditional Authority Quality Improvement Team, *Photo by Tiwonge Moyo, URC*

Improving ECD services

After meeting with the community, caregivers, and children, the team realized that the main issues keeping children from attending the CBCC were distance and that caregivers and children did not see the value in going to CBCC. The team decided to make changes that would make it easier and more attractive to attend CBCC.

Making it easier to attend CBCC:

The quality improvement team worked with the community and Save the Children to increase the number of CBCC from six to 14. Initially most of the new CBCCs were formed under trees but over time, communities have built bricks and have lobbied for Save the Children to provide plastic sheets for roofing. By setting up new CBCCs in areas that did not have them, more children are able to access their services.

Making CBCC more attractive for children and parents:

The quality improvement team has worked with the Ministries of Gender, Children and Social Welfare; Health; Education; and Agriculture as well as Save the Children and other donors to improve the services provided at the CBCC. Save the Children has trained an additional 49 volunteer caregivers to work at the CBCCs and provided toys for the children to play with. The Ministry of Health has assigned community health workers to visit 11 of the 14 CBCCs and provide routine health services for children under-five while the Ministry of Agriculture has assigned agriculture extension workers to help the CBCCs form gardens. The Ministry of Gender, Children and Social Welfare is providing support to the ECD caregivers by mentoring them in ECD topics and has also lobbied for another donor to provide additional funds.

These and other changes (see Table 1) have led to an additional 531 children attending CBCC.

Improving children's outcomes

While increasing access and utilization of CBCCs is an improvement, it does not necessarily lead to better outcomes for children. The quality improvement team is also making changes to make sure that

children benefit from going to the CBCC. One key strategy taken by the quality improvement team in Lundu is to address health and nutrition issues at the CBCC. The team realized that having Health

Table 1: Before and After Comparison of Service Provision

Recommended actions in ECD service area	How ECD services were provided before the standards	How ECD services are now provided in Lundu
1. Mobilize community for ECD	Tikondane CBO was not conducting any mobilization activities for ECD, were working with very few caregivers and with minimal involvement of the community.	-The quality improvement team mobilized communities to support ECD interventions in 14 villages in Lundu
2. Establish/ support community-based ECD centers	Tikondane CBO was not supporting ECD centers after establishing them. The area had a limited number of trained ECD caregivers in the centers. As a result they were unable to conduct ECD activities properly and very few children were enrolled in the ECD centers.	-The quality improvement team facilitated the establishment of 14 CBCCs to reduce the distance children travelled to ECD centers -The quality improvement team raised communities' awareness to support the ECD centers and spearheaded the formation of parent's committees to manage ECD centers. -Quality improvement team support untrained ECD caregivers by linking them to other organizations to be trained. -The ECD centers have integrated other program activities such as health (immunizations, growth monitoring assessment for malnutrition, vitamin supplementation and screening for minor ailments) and agriculture services to help improve the wellbeing of children in the centers.
3. Identification of children in need of ECD services	Tikondane CBO was not involved in identifying any children eligible for ECD in the surrounding communities.	-As a quality improvement team they started holding regular monthly meetings with communities to send all children that were eligible for enrolment to ECD centers. They identified 724 children in the communities that were not attending ECD centers in the area
4. Monitor enrolment, attendance and progress and provide support as needed	The ECD centers were not monitored in terms of the enrolment, attendance and progress of children in these centers. The ECD caregivers received limited support from the surrounding organizations.	-The quality improvement team started monitoring ECD centers operations by visiting each supported ECD centers two times a month to look at data being collected at the ECD center which includes information on enrolment, attendance and drop outs. The quality improvement team and the CBO committee members are involved in the monitoring and supporting ECD centers.
5. Provide parents and guardians with parenting skills	The ECD caregivers only dealt with children in the ECD centers and parents were not involved in ECD center activities	-The quality improvement team encourages parents to escort children to ECD centers for safety of children. -The quality improvement team now encourages participation of parents in ECD activities to help in the mobilization of resources for the ECD centers. Such resources include making locally available play materials and sourcing cooking utensils in the community. -Parents help to maintain the ECD centers hygiene.
6. Ease transition to primary school	The ECD caregivers were not focusing on transition activities of children to primary schools as a step in ECD care	-Organize a day for children to visit the nearest primary school for children to prepare for the transition to primary schools.
7. Adhere to ethical practices	This was not strictly considered among caregivers	-They established by-laws with communities to restrain any potential offenders to be caregivers at the ECD centers. Communities were told that if the newly appointed ECD caregivers had abused children somewhere they should not be caregivers. Some members of the ECD parents'

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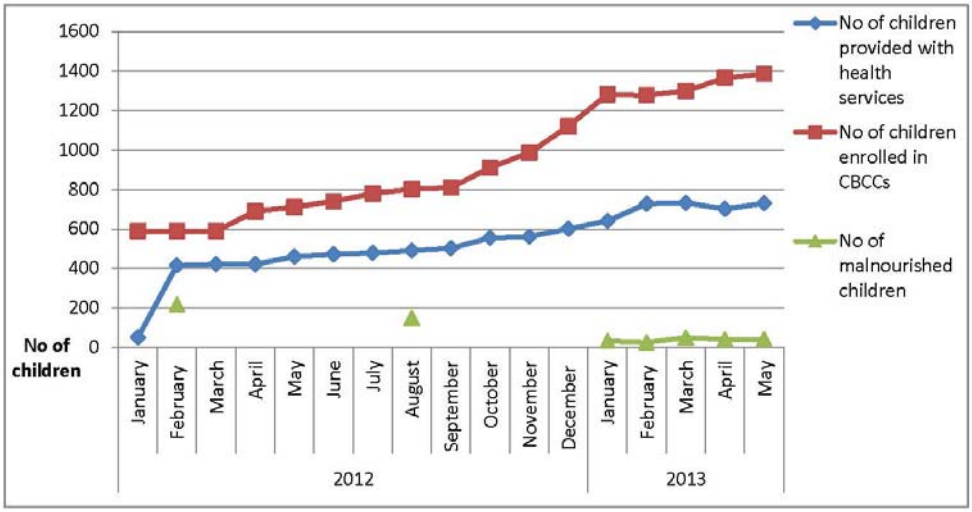
		committee were selected to receive any claims from the community on potential abusers.

Surveillance Assistants attend the CBCC each month to provide growth monitoring and basic health services to children would be an efficient and effective strategy for addressing the health needs of children. Because it also made the work of the Health Surveillance Assistants easier, this was a popular idea for all stakeholders. Before this approach was started, the Health Surveillance Assistants carried out growth monitoring for about 50 children per month. In February 2012, when they started going to the CBCCs, the Health Surveillance Assistants were able to assess and document the growth of 415 children and identified 217 children who were either underweight, stunted or had poor Mid Upper-Arm Circumference (MUAC).

The quality improvement team used these data to lobby the Red Cross to provide fortified porridge to the children that had been identified as needing nutrition support. All of the 217 children received the fortified porridge; 178 were cured, 32 are still malnourished and receiving food supplements, and seven died. Figure 2 shows the number of children served since the Health Surveillance Assistants began providing services at the CBCCs.

Figure 2: Increase in Children Accessing Services at CBCCs in Lundu



Conclusion

The use of standards and quality improvement methods has allowed this community to develop strategies to address complex problems affecting its children. They have been able to identify their own priorities by using evidence and developing their own solutions. When possible, they have used their own resources to implement solutions and linked with various stakeholders for support. In addition, they now have better data, improving their ability to advocate for themselves and receive help from external groups to solve their priority problems.

USAID APPLYING SCIENCE TO STRENGTHEN AND IMPROVE SYSTEMS PROJECT

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