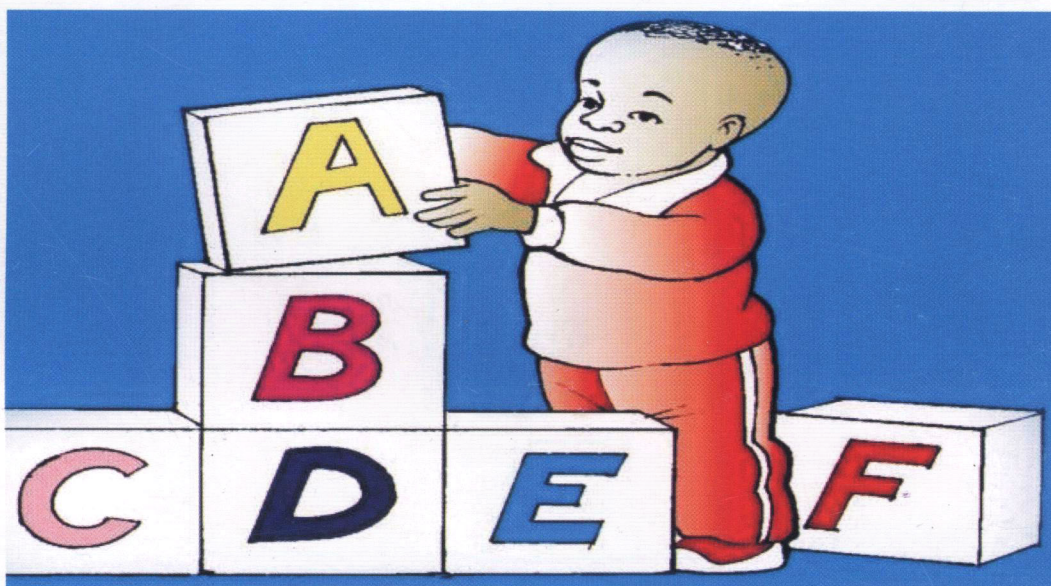**Republic of Malawi**

NATIONAL INTEGRATED EARLY CHILDHOOD DEVELOPMENT SUPERVISION, MONITORING AND ASSESSMENT GUIDE

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE
Capital City: Lilongwe 3, Malawi

Revised October 2019

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Dedication

This National IECD Supervision, Monitoring and Assessment Guide was developed to ensure the smooth running of the CBCCs and allow the performance assessment of the caregivers. The guide is dedicated to all supervisors, Ministry Staff and NGOs for routine data collection, management, and analysis of evidence based planning and decision making.

Acronyms and Abbreviations

IECD	:	Integrated Early Childhood Development
HSA	:	Health Surveillance Assistants
CBO	:	Community Based Organisation
CBCC	:	Community Based Child care Centre
DCC/N	:	Day Care Centre or Nursery
ADC	:	Area Development Committee
VDC	:	Village Development Committee
OVC	:	Orphans and Other Vulnerable Children
DSWO	:	District Social Welfare Office
NAC	:	National AIDS Commission
DCDO	:	District Community Development Office
FBO	:	Faith Based Organisation
INGO	:	International Non Governmental Organisation

FORWORD

The Integrated Early Childhood Development (IECD) Supervision, Monitoring and Evaluation tools are very important in the accountability for the care and investment to the children. The proper utilization of the high quality care and investment in children will ensure the country's progress towards development. It is against this background that Malawi has taken great strides to care, protect and support children by implementing Early Childhood Development (ECD) Programme. ECD is a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers. Its purpose is to protect and promote the rights of children to develop their cognitive, emotional, social and physical potential.
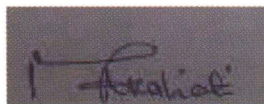
ECD has many benefits to the child, parents, community and to the nation. Children who have gone through ECD are "ready for school", they excel in class, have better opportunities and have higher chances of completing the education ion cycle.

Additionally, ECD reduces the burden of caring children and allows the parents to engage in other productive ventures. Children who have gone through ECD become more productive in socio-economic development, have better opportunities and lead a better quality of life. The country benefits by saving the resources used in remedial education, health care and rehabilitation services. ECD has a central role in the attainment of the Malawi Growth and Development Strategy and Millennium Development Goals.

The implementation of ECD in Malawi is guided by the National Policy on ECD adopted in 2004. To date, the policy and institutional framework for ECD is clear and well-articulated. The structures exist at the community.

District and national levels for the implementation and coordination of ECD programme and several documents have been developed to operationalise the policy like the CB CC Monitoring Tools. It was developed to ensure the smooth running of the CBCCs and allow for the performances assessment of the caregivers. The CBCC monitoring tools are designed to institute a system of routine data collection, management and analysis for evidence based planning and decision making.

Let me thank all those who participated in the development, provision of technical and financial assistance during the production of the documents. I would like further to request all the stakeholders to join hands in resource mobilization for the implementation of the ECD noble task in Malawi.

Honourable Dr. Patricia Annie Kaliati
MINISTER OF GENDER, COMMUNITY DEVELOPMENT AND SOCIAL WELFARE

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Acknowledgement

Foreword

The Integrated ECD Supervision, Monitoring and Assessment tools are essential because even though Malawi has an ECD Policy, implementation has not been sufficient to address the ever-growing problems of children aged eight and below. To speed up implementation, six strategic issues/ objectives are laid out. The strategic issues are viewed as strategic objectives and outcomes. These issues were identified using participatory methods involving key stakeholders at national, district and grassroots levels. Most of the stakeholders agree that addressing these strategic issues will enhance the holistic development of children and national social economic development. The monitoring and evaluation tools are laid out to address the holistic development and multidimensional needs of children from home, at the center, in the community and at basic primary school education level.

The National ECD Policy states that the success of its implementation in Malawi will largely depend on political will and commitment by all stakeholders to pursue the policy objectives outlined in this document. At national level, the Ministry of Gender, Children, Disability and Social welfare will develop a performance measurement framework including indicators against which to assess the implementation of the ECD policy that are contained in the M & E tools. "At implementation level, each stakeholder will be responsible for developing their own expected results for each of the policy objectives. The ECD results should be expressed, measured and reported regularly through the normal performance assessment process. Accountability for the implementation of this policy rests within each of the co-operating partners and executing agencies. However, performance review of the implementation of the policy and childcare legislation are responsibilities of the MoGCDSWW and will be carried out as part of the normal performance review cycle." (National ECD Policy, 2006 p. 20).

The six National ECD Strategic issues that are reflected in the monitoring and evaluation tools are Legal and institutional framework, Access and Equity, Quality and Relevance, Profile and Visibility, Leadership , partnership and coordination, and Research monitoring and evaluation. Malawi's key ECD Strategic Issues that the M&E Tools address are outlined as follows:

a) **Legal and institutional framework:** There is no specific legislation to guide and regulate the provision of ECD services in Malawi. As a result, the ECD Policy is given a low priority on the national development agenda and has not been fully implemented. An ECD Act is urgently needed, to give the ECD Policy the legal status it merits.
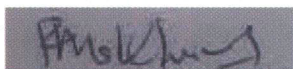
b) **Access and equity:** Centre-based ECD services are offered through CBCCs, pre-schools, crèches, Nutrition Rehabilitation Units, Child Rehabilitation Centres, Pediatric Wards, Sunday schools, Madrassas, kindergartens and other centres. However, access is limited and it is estimated that only 30% of all children in Malawi currently attend one of these centres. The situation is worse for girls, children with special needs, orphans, children on the streets, and other vulnerable children. ECD infrastructure is generally poor, and may be inappropriate for young children.

c) **Quality and relevance:** The absence of an accreditation system and without commissioned training institutions has resulted in caregivers not being properly trained. ECD standards for quality and relevance are not reinforced and service providers are not properly regulated. Ad hoc parenting, education and support programmes are not properly designed and implemented.

d) **Profile and visibility:** The ECD Policy has not been widely disseminated and few people appreciate the importance of ECD in a country's development. The level of ECD awareness is very low and there is low level of support for this important development intervention. There is need for urgent actions to develop and implement ECD communication strategy that will lead to public awareness on the vital importance of the early childhood years and the value of investing in ECD at household, community, district and national levels.

e) **Leadership, partnership and coordination:** ECD is a multidisciplinary with multidimensional programme that requires multi-sectoral approach. The ECD key sectors are Education, Health, Agriculture, Water and Sanitation, Local Government and OPC - Nutrition and HIV and AIDS, and Finance, as well as the private sector, faith-based organizations (FBOs), community-based-organizations (CBOs), non-state actors and the communities themselves. Coordinating these sectors is the task of the Ministry of Gender, Children, Disability and Social Welfare. However, the Ministry needs to have a robust and visible ECD Section, and a strong National ECD Network. Basket funding of ECD services and good coordination mechanisms would improve this situation.

f) **Research, monitoring and evaluation**: ECD is an evolving discipline which is peculiar to each specific environment. Constant research with good monitoring and evaluation (M&E) systems is needed to improve ECD services. These activities provide the basic information for evidence-based decision-making and for designing demand-driven ECD programmes.

Roselyn Makhumula (Ms.)

SECRETARY GENDER, COMMUNITY DEVELOPMENT AND SOCIAL WELFARE

1. Introduction

This handbook outlines the rationale, objectives, content, key messages and resources, action points (expectations, responsibilities, tasks, goals and procedures), for those entrusted with the responsibility of supervising the implementation of ECD parenting education, ECD centre programmes, and community level awareness and involvement. To facilitate monitoring and supervision, the handbook contains an Annexure (Annex 1) with a set of tools linked to each category of ECD stakeholders namely caregivers, ECD Centre Management Committees, Mentors, Parenting Educators and Supervisors (from the district and national levels).

2. Rationale

For the quality of services to be developed, implemented and sustained, there is a need to supervise both the process and the product. This has to be done according to a well-defined set of standards of performance. This includes assessing what additional training, coaching, and mentoring is needed to help workers set and achieve job and career goals and engaging the worker in this process.

3. Definition

A general definition of Supervision and Monitoring

Though there might be a minor difference, the words supervision and monitoring are basically the same as they show or represent the same sense of action. In fact they both represent an action of overseeing or overlooking the actions or the work going on. In this handbook, we use the two words interchangeably.

A supervisor is first and foremost an overseer whose main responsibility is to ensure that the supervisees work or do their jobs within acceptable levels of quality. The supervisor's job is to guide people and/or groups toward its goals, see that all members of the team are productive, and resolve problems as they arise. The supervisor has experience in what the individuals and group does, but is not necessarily better at it than everyone she/he supervises. The key to being a good supervisor is to have good leadership skills and the supervisor's responsibility is to develop her/his skills in this area.

Supervision in the context of the CBCC

In the context of the Community Based Childcare Centre (CBCC), the broad goal of supervision is for the supervisor to ensure good quality of services provided at the centre (between caregivers and the way caregivers work and care for all children) and in parent and community education programmes.
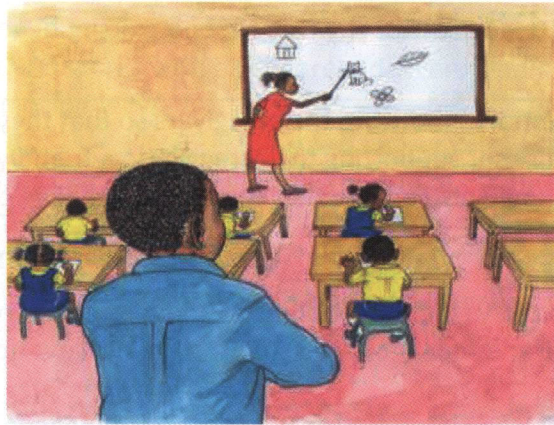
(The picture should reflect an inclusive CBCC environment
Supervision at an ECD Centre)

4. Objectives of ECD supervision

The following are the specific objectives of supervision for the CBCC ECD system in Malawi:
   a. Assess the efficiency and effectiveness of ECD committees
   b. Check the quality of ECD services provided, including the parenting and community programmes
   c. Assess the availability and activeness of ECD centre gardens
   d. Provide direction for improving quality of ECD service delivery to ECD stakeholders and partners
   e. Assess the adequacy, appropriateness and accessibility of the various infrastructure, materials and equipment needed to deliver quality ECD services
   f. Collect, document and report essential data relating to ECD service delivery at the community level

5. Outcomes

By the end of the training programme, the supervisors will be able to:

   a. Familiarise caregivers, CBCC committee members and parent educators with policies and procedures pertaining to their engagement at CBCC.
   b. Conduct field visits to provide assistance/guidance through formal observations and to monitor all CBCC activities including childcare, administration, management, financial (records etc), parenting education, care groups and ECD Centre gardens
   c. Collect and report on CBCC information as may be required
   d. Collaborate with the mentor in identifying knowledge and skill gaps in ECD centre stakeholders and plan to remediate this.

6. Supervision models

In supervision, it is essential to motivate the caregivers so that they do a good job. This can be achieved by the supervisor supporting the caregiver in a friendly but professional manner. A supervisor should also ensure that the caregivers have capacity to perform their work inclusively

Supervisors will be expected to blend the following models of supervision so that they can function in an **educative, supportive** and **managerial** role during their follow-up visits to the ECD centres.

In his/her **educative role**, the supervisor will support each individual caregiver in a manner that will enable her/him to improve in both skills and understanding.

In his/her **supportive role**, the supervisor will collaborate with both the mentor and caregiver to identify areas where the caregiver has difficulties so that he/she can best support the caregiver in making improvements.

In his/her managerial role, the supervisor will promote good standards and practice of Early Childhood Development.

It is expected that supervisors will reflect, explore and focus on the activities being carried out with the view of contributing to improvement of the quality of care and/or services being implemented.

7. Qualities of a Good Supervisor

a) Projects an attitude of confidence and trust towards all children, caregivers, parents, and the community at large.
b) Is ready, willing, and comfortable in offering praise and approval for good performance; is equally ready to challenge and confront inadequate work politely.
c) Establishes cordial relationships with a caregiver characterised by a sense of psychological safety, accepting, warm, empathic, respectful, interested, supportive, flexible, genuine; trustworthy; honest; fair.
d) Provides a clear, flexible structure for the supervisor-caregiver relationship.

8. Supervision and its role in enhancing quality

The main role of supervision is to guide and assess the supervisees with the aim of enhancing the quality of the supervisees' understanding and skills and this contributes to the overall quality of the programme.

In the CBCC ECD the first step in guiding and assessing is for the supervisor to **observe** the activities, and how the caregiver cares and works with all children, delivers a parenting education workshop, or works with the community in other ways.

While observing the supervisor can detect any problems and assist the caregiver in finding solutions to prevent the situation from getting worse. This supervision, which is provided in context or on site, is practical and can be more easily understood. Such supervision also helps to motivate caregivers to do a good job.

Based on the above, the specific roles and functions of supervisors in the ECD centre are to:

a) ensure that the caregivers understand what is expected at the ECD centre
b) ensure that the caregivers understand the basic code of conduct (Note the document 'Ethics for Child Development Workers' is included in the Annex.)
c) observe the caregiver as she does different activities
d) explore the extent to which ECD centres have gardens and whether these are being efficiently utilized to promote good nutrition at the ECD centre
e) determine the working relationship between the ECD centre and supporting structures including Care Groups within the catchment area
f) identify any problems or changes in the implementation of these activities and provide the required direction and technical expertise as early as possible
g) give feedback on the caregiver's overall progress as well as that of the ECD centre
h) give feedback on the parenting education workshops and on the role of the community in supporting the ECD Centre
i) visit the ECD centres for formal supervision for compliance purposes
j) work closely with the caregivers' Mentor so that both the mentoring and supervisory systems are effective. As part of this relationship, the supervisor should participate once a month in the cluster workshops with the mentors and caregivers.
k) write the required reports.
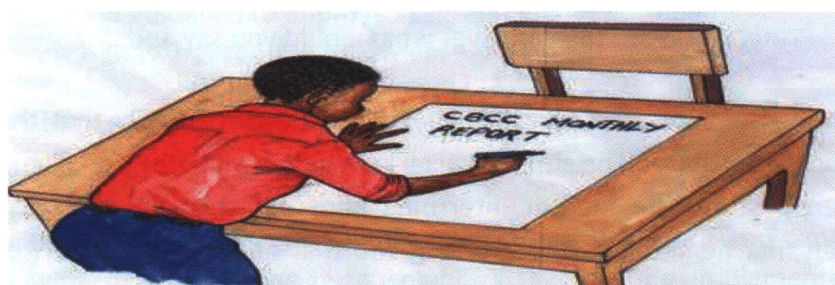
One of the roles of a Supervisor is to write reports

Note: It is important that the supervisors and mentors roles are clearly defined and that everyone understands the job and role of the mentor and the job and role of the supervisor. Are the differences between the supervisor and mentor's role understood by the caregivers? Does the mentor know that she/he is also supervised by the supervisor?

The supervisor should have clear plans and follow up schedules to ensure that all the centres are visited in a timely manner. **Think: how often can the supervisor visit each CBCC ECD?**

The following information are examples of situations that may occur at a CBCC ECD site. It is important that the supervisors think about what they would do and also try to think of what the caregiver or mentor may feel, say or do.

The challenge for the supervisors during training is to think of other relevant situations and discuss or role-play what they would say or do under the circumstances. This would better prepare them for their supervisory roles.

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Situations that may occur at ECD centers

1. The supervisor visits a caregiver for a planned observation visit. The caregiver understands that the supervisor would like to see children playing with the new toys that she received as part of the training programme.

    The supervisor knows that during the last training module, caregivers were asked to set out and use all the new toys during the practical time before the next training module. When the supervisor arrives she finds a large group of children crowding around one new toy. The supervisor cannot see any other new toy or materials from the kit.
    - Pretend you are the supervisor, what would you say and do?
    - Pretend you are the caregiver, what would you say and do?

2. A supervisor visits a caregiver who often is late for work and the parents are complaining. The caregiver has had many difficulties at home and it is difficult for him/her to be on time. The supervisor visits the caregiver to sort things out.

    - Pretend you are the supervisor what would you do and say?

    - Pretend you are the caregiver what would you say and do?

3. The supervisor visits the caregiver at his/her centre the day that the caregiver's mentor is also there. The supervisor observes that while the caregiver is telling the children a story, the mentor interrupts and tells the caregiver in front of the children that he/she is telling it wrong and that he/she should now observe what the mentor does (the mentor now takes over.)
    - Pretend you are the supervisor what would you do and say? When would you do this?
    - Pretend you are the mentor, how would you respond to the supervisor?
    - Pretend you are the caregiver. What would you say and do? How would you feel?

</div>

4. The supervisor visits a the caregiver at his/her centre where there are reports that a child with a disability is being ill-treated by the caregiver
   - Pretend that you are the supervisor, what would you do or say to the caregiver?
   - Pretend that you are a caregiver, what would you say and do?

9. Organisation and management of supervision

9.1 Creating a supervisory visit plan or schedule

a) The supervisory visits should have an objective(s), activities to be supervised, tools to be used, type of supervision to be conducted and resources needed.

b) The supervisor should make a simple **plan or schedule** and share it with both the mentors and caregivers so that they know the objectives of the visit and so that they will be able to prepare and implement adequately. There are of course times a supervisor should conduct surprise visits so as to avoid staged activities by the caregivers.

c) Determine beforehand with the caregiver what activities will be observed and give feedback to the caregiver on her/his performance at the end of the visit or as soon as possible after the visit.

9.2 Supervisory methods and activities

a) Observe activities considering areas of improvement to strengthen both individual and organizational performance.
b) Allow the caregiver to do a self-assessment of her/his strengths and weaknesses while working and caring for all children, involving parents etc. Discuss this with him or her.
c) Provide on the job guidance to improve skills and identify problems
d) Document any issues that require follow up.

9.3 Conduct a feedback session

a) Hold a meeting with all the relevant personnel to discuss the strengths and weaknesses of the programme
b) First allow the person receiving the feedback to share her/his self-assessment
c) Come up with short and long-term solutions that can be implemented to improve the situation
d) The feedback session should be done in such a way as to enable the person to recognise the problems and improve performance
e) Identify areas requiring refresher trainings to improve performance and quality of service delivery
f) Develop a follow up visit schedule with specific tasks to be done and their timelines.

9.4 Report and provide follow-up

a) A supervision report should be written after every visit and should highlight issues raised based on the objectives of the visit and the recommendations made.

b) Use the existing tools in the annexure to document all the work in relation to: caregiver's delivery of services, children's assessment, and the structures as per the minimum standards, integration of services at the centre and parents/community support to the centres and parenting education.

c) These reports should be filed in triplicate: a copy for the Child Development Officer, another for the Area Supervisor, and one for the ECD centre file. This will facilitate feedback at the community, district and national levels, which will influence decision making at various levels.

d) The report should be shared with the ECD Centre Management Committee, the caregiver and the mentor

e) Provide follow up visits to ensure that the suggested changes during the supervisory visits are implemented.

> **Note:** Are the supervisors clear as to whom they give feedback, e.g. to the caregiver, to the mentor, to the Regional trainers? Are the supervisors clear as to whom they give written reports? Are the supervisors clear as to what tools they are to use for their observations and reporting functions?

10. Key Messages

a) The supervisor should work jointly with the mentor to ensure that caregivers increase their skills and knowledge in offering quality services to all children

b) Supervisors should give constructive and timely feedback to the mentors, caregivers and parent committee groups

c) The supervisor should be seen as a professional offering a supportive role

d) Being a supervisor is a significant responsibility and one which needs to be taken seriously

e) Effective communication and feedback benefits all the team players in enhancing quality on delivery of services at all levels.

Annexes

There are three major Annexes in this section as follows:

- Annex 1: Supervisory Tools

- Annex 2: Ethics for child development workers

- Annex 3: Care group model/approach

ANNEX 1: SUPERVISOR'S TOOLS

The Annexure is divided into five major sections comprising tools for various categories of stakeholders namely caregivers, ECD Centre Management Committees, Mentors, Parenting Educators and Supervisors (from the district and national levels). Each category has a set of tools associated to it.

Section A: Tools for Caregivers

The following tools will be used by caregivers at an ECD Centre

- ECD Child enrolment form

- Medical Report Form

- Field Trip Permission Form

- Sign in-Sign Out Form

- Monthly Record Sheet

- Daily Attendance Register

- Cash Balancing Sheet

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ME TOOL 2: REGISTRATION OF A CHILD IN AN ECD CENTER

(To be completed by a Caregiver/ Parent)

Name of ECD Centre…………………………………………….

ENROLLMENT FORM/APPLICATION FOR ADMISSION :………………….(year)

This form must be completed by the parent and must be kept in the child's personal file.

(A)

1.   Child's surname and full names…………………………………………………
2.   Name   by   which   child   is known……………………………………………………….
3.   Sex of child (please underline): male/female/others
4.   Full names of father/guardian………………………………………….
5.   Full names of mother/guardian………………………………………….
6.   Date of birth (birth certificate/child health passport to be produced)………………………………………
2. Enrollment number……………………………………………………………………
3. Home language……………………………………………………………………………
6.
8. Father's/guardian's occupation…………………………………………………….
9. Mother's/guardian's occupation…………………………………………………….
10. Telephone(h)………………Father(w)……………Mother(w)………………Fax:………………
11. Postal address………………………………………………………………
12. Residential address………………………………………………………………
     E-mail address………………………………………………………………
13. Child lives in (underline whatever is applicable) Flat/Dwelling-house/hotel
14. status of parents (single/divorced/separated/widowed)
15. If child resides with relatives, state kinship………………………………….
16. In case child being adopted; is he/she aware thereof?……………………………
17. At present who looks after the child in the morning?……………………………
18. Religious denomination……………………………………………………….
19. State the age of each of your children individually, from the eldest to the youngest……………

20. State the age of the child being enrolled………………………………………..

21. Has your child had any of the following diseases?
    a) Measles: yes/no; b) Mumps: yes/no;
    c) Whooping cough: yes/no:
    d) Chicken-pox: yes/no:
    e) German measles: yes/no;
    g) Smallpox: yes/no;
    h) Whooping cough: yes/no;
    i) HIV Seropositive: yes/no;
    f) Any other (Please specify)...

22. Has your child been vaccinated against Polio: yes/no;
23. Child health passport must be available:..
24. Give particulars of operations undergone by child, if any..
24. Mention any disability, which the child reveals at this stage if any Give particulars:
    a) Eyes yes/no.............................
    b) Hearing yes/no........................
    c) Movements yes/no....................
    d) Speech yes/no..........................
    e) Allergies yes/no........................
    f) physical yes/no.........................
    g) others.....................................
25. Was your child a late starter in development, please specify..
26. Does your child suffer from specific nervous tension? Yes/no.
27. Under which circumstances is this noticeable?..
28. According to your own observation is your child left-handed or right-handed?...............
29. Family physician... Tel:..........................
30. Who will accompany your child to school in the morning?........................
31. Who will fetch the child from school in the afternoon?...........................
32. Supply two telephone numbers of persons to be contacted should a parent for some reason or other fail to turn up to fetch the child from school?....................................
33. Any other information you wish to bring to the attention of the ECD Center..

(B)

I DECLARE THAT INFORMATION GIVEN IS CORRECT

Signature.....................................   Date:......................................

I/we undertake to settle all pre-primary moneys, dues each term in advance

Signature of parent:............................   Date:......................................

I hereby give permission for the transport of my child to and from all excursions undertaken by the ECD Center:.................. Signed.........................Date:..................
CHECKED:...........................Director:......................................

INFORMATION TO PARENTS/GUARDIANS

a) Starting time for the Pre-school is 7.30 and children can be picked from the school from 11.30 to 12.00 for half day and 5.00 pm or 6.00pm for day care centers.
b) Please ensure that the child is not left at school before staff arrive and they should not be picked later than the stated time
c) Children are allowed to bring a nutritious drink (milk, juice) but not in a glass bottle and a nutritious snacks. No sweets or chocolates are allowed at school.

(D)

Dear parents,

Although the ECD centre does everything in its power to prevent injuries and accidents it is impossible to guarantee the prevention of the above mentioned. The advisory board therefore requests you to sign the following:

Indemnity form

I hereby indemnify the ECD centre of any claims arising from any injuries or accidents that may occur.

SIGNATURE OF PARENT (S):

Mother/guardian:………………………………….. Date:………………

Father/guardian:………………………………Date:………………

(To be filled in double for the parent and the child's file)

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ME TOOL 5: MEDICAL REPORT FORM

(To be completed by a doctor)

For: _____

    (Last Name)   *(First Name)*   *(Other Names)*

Birth date: _____ sex: _____

TB Test

                              Date

                              Result

Tuberculin skin or chest x-ray   _____

Immunizations: Month/Day/Year   Month/Day/Year

Diphtheria_____   Tetanus_____

Peptises_____   Poliomyelitis_____

Measles_____   Rubella_____

Mumps_____   Measles_____

Rubella_____

Medical History

Chicken Pox (Year)_____   Scarlet Fever (Year)_____

T.B./T.B. Contact (Year)_____   Congenital Defects_____

Diabetes_____   Epilepsy_____

Heart Diseases_____

HIV status…………………………..   Frequent Ear Infections_____

Child special problems or needs (This includes allergy, existing illnesses, previous serious illnesses and injuries, hospitalisation in the past 12 months, and any medication prescribed for long-term continuous use).

Allergies (List)_____

Dietary Restrictions_____

Other Impairments_____

Other Remarks_____

Physician's recommendations

This child may be admitted to a childcare facility: Yes ☐

No ☐

Comments_____

_____

_____

Physician's signature_____ Date of exam_____

Address_____ Phone number_____

Parent's signature_____ Date_____

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ME TOOL 6: FIELD TRIP PERMISSION FORM

(*To be filled by a parent*)

A

Travelling/Outings

My Child (full name)_____ has my permission to participate in all ECD Centre field trips to nearby points of interest during the school year. I understand that my child will always be under close supervision when away from the Centre site.

In case of accident or emergency, I authorize the school to seek medical, surgical, or hospital attention for my child. It is understood that every attempt will be made to contact me before taking action.

_____   _____
Signature of Parent or guardian   Date

B

Dear parent

Our ECD center, _____ is going on a field trip to _____located at _____. We will be gone from _____ o'clock to _____ o'clock. We will get there by_____(walking/car/bus).

If you like to support us with our field trip please let us know by checking the bottom of the slip.

My child, _____, has permission to go on the above-mentioned field trip. _____/_____
Signature _____ Date: _____

I would like to support with this field trip.
Yes ☐   No ☐

THANK YOU

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ME TOOL 7: SIGN IN – SIGN OUT FORM

(*To be filled by a parent or a caregiver receiving the child in a Centre*)

Month_____ Year_____

Name of ECD centre……………………………………………………

Date	Time in	Signature	Time out	Signature

Notes:

_____

Child's full Name

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ME TOOL 8: MONTHLY MATERIALS RECORD SHEET

(To be filled in by Treasurer or Management Committee)

Name of Month:_____

Name of ECD centre…………………………………………………

ITEM NO.	Materials	Description	Quantity
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Name of Treasurer: ………………………………….

Signature………………………………….   **Date…………………………**

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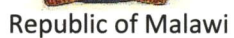
ME TOOL 12: DAILY ATTENDANCE REGISTER FOR ECD CHILDREN

ATTENDANCE REGISTER FOR CHILDREN Centre……………………………………..	MONTH:…………….YEAR……… Name of ECD																				
FIRST NAME AND SURNAME	DATES																				

Republic of Malawi

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

ME TOOL 13: CASH BALANCING SHEET

(For Caregivers and Management Committee)

MONTH…………………………………………………….   YEAR…………………………….

Name of ECD centre……………………………………………………

Name of caregiver/management committee filling the form………………………………………………………….

DATE	DETAILS	INCOME	EXPENDITURE
	Balance brought forward (from previous page)		
	TOTAL		
	Balance carried /forward		

Note: Accounts Form……………………………………………………………

Signature of caregiver/school management committee representative……………………………………….

Date…………………………………………………

Section B: Tools for ECD Management Committee

Republic of Malawi

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

ME TOOL 15: ECD CENTER REPORTING FORMAT

Date: ----------------------

ECD centre name………………………………………………………………….

1.0 Identification of the centre:

1.1 Name of ECD Center (CBCC/Pre – School/Day Care Center/Nursery

   School/Crèche etc): ---

1.2 ADC name: --

1.3 VDC name --

1.4 Village name: --

1.5 Meeting Place: ---

2.1 Details of Rights Holders /Beneficiaries:

No.	Beneficiary Description	Male		Female		Total		Remarks
	Ages	**2-3**	4-5	**2-3**	4-5	**2-3**	4-5	
1	Registered Children							
2.	Children with Disabilities							
3.	Orphaned Children							
4	Children on the street							
5	**Other vulnerable children i.e from ultra-poor households, elderly headed, chronically ill households**							
	Sub –total =							

2.2. Details of responsibilities of holders

1.	**Care givers**	**Male**	**Female**	**Total**	**Qualification**	**Training**
2.	Child minders/helpers					
3	Caregivers					
4.	Supervisors					
	Sub – Total					
5.	Parents/ Management Committee					
6.	ECD advisors/Inspectors					
	Sub –Total =					

2.3 Details of Child Minders and Helpers:

No.	Child Minders/helpers	Sex	Age	Qualifications	Basic ECD/inclusive ECD training

2.4 Details of Caregivers

No.	Caregivers	Sex	Age	Qualifications	Basic ECD/inclusive ECD training

2.5 Details of CBCC/Pre- School Committee members and their positions

No.	Names	Responsibilities	Basic ECD/inclusive ECD training

Name and position of the person who compiles this report:

_____   _____   _____

Name   **Position**   **Date**

This report should be filled in triplicate: a copy for the Child Development Officer, another for the Area Supervisor, and one for ECD center file.

Section C: Tools for Mentors

Republic of Malawi

MINISTRY OF GENDER, CHILDREN,DISABILITY AND SOCIAL WELFARE

ME TOOL 14: WATCHING A CHILD'S DEVELOPMENT

(To be filled by caregiver)

NAME OF ECD CENTER:_____

Progress Report (*FOR Toddlers 2-3 years*)

Child's name _____ Term _____ Date _____

A. PHYSICAL

	Cannot do	Attempted	Does well
Walk and run – try to walk on a straight line			
Climb stairs and other objects			
Kick, jump and hop			
Throw and catch			
Builds a tower with approximately 6 blocks			
Gains control of hands and fingers			
Can string 5 large beads			
Can stir food and liquids			
Balance			
Can hold a spoon			
Can pour water with little spilling			
By imitation can put things in a container and dump them out			
Can draw a v shape with a crayon on paper			
Take off shoes and socks with no help			

B. MENTAL/COGNITIVE

	Cannot do	Attempted	Does well
Work out simple puzzles			
Learning language more rapidly			
Understanding numbers			
Knows primary colours and can name them			
Make 2 or 3 word sentences and asks and answers questions			
Sorts different objects by touch, smell or taste			
Knows difference between big and small			
Listens to stories for short periods			

Can say a simple sentence about a story			
Can recognize letters			
Engage in make believe play			
Name 3 out of 4 objects			
Understand simple messages			
When asked how old are you, can hold up the correct number of fingers			
Understands how many, long/short, heavy/light			
Point to small body parts, e.g. ear/eye/mouth			
Uses the following sounds with 90%accuracy – p b m t d n w h			

C. SOCIAL/EMOTIONAL

	Cannot do	Attempted	Does well
Self-identification – name, age etc.			
Expressions affection through touch, shaking hands, hugging and eye contact			
Child seeks attention			
Often watches others to observe how they do things			
Spends time playing alone			
Asks for help			

D. MORAL/SPIRITUAL

	Cannot do	Attempted	Does well
Listen to spiritual songs and short stories			
Learns the value of sharing and playing together			

Caregiver's/Teacher's comments _____

 Signature _____

ECD centre manager comments _____ Signature _____

Next term begins on:…………………………………………

ECD Centre Contribution: a) ECD Center/ Nursery- Whole Day care:…….. per month OR ……… per term

                        b) Morning or Partial Day Care:………………..per month OR ….per term

NAME OF ECD CENTER:_____

Progress Report (*For Preschool 4 - 6 years*)

Child's name _____ Term _____ Date

_____

A. PHYSICAL	Cannot do	Attempted	Does well
Walking and running – walk on a straight line			
Climbing			
Kicking			
Jumps easily			
Hops and skips on two feet and one foot			
Throws ball underhand and catches large balls			
Dancing			
Standing on one foot for a longer period of time			
Able to do forward somersault with assistance			
Walks on tip toes			
Picks things up and puts things down in patterns			
Threading beads			
Holding water in a cup without spilling			
B. MENTAL/COGNITIVE	Cannot do	Attempted	Does well
Match identical colours and shapes and name them			
Recognize and name primary colours			
Understand numbers			
Identify direction of sounds and understand same and different sounds			
Discriminate between high and low pitch, and high and low volume			
Listens attentively			
Tells stories he has heard			
Recites rhymes and songs			
Says name and age with confidence			
Recognizes key words from stories, songs			
Holds pencil correctly			
Traces shapes			
Cuts with scissors			
Pastes (glues)			
Fold and cuts paper into geometrical shapes			
Can sort by size/shape/colours			
Sequencing			
Weighing and measuring			
Understand times of day – morning, afternoon etc			
Understand weather – rain, sun, wind			
Read and recognize words starting with the same letters			
C. SOCIAL/EMOTIONAL	Cannot do	Attempted	Does well

	Cannot do	Attempted	Does well
Enjoys introducing themselves and others			
Shows affection for siblings			
Has strong sense of gender identity			
Cooperation with others in play			
Demonstrates love for others			
Can express themselves clearly			
Can respond appropriately to instruction			
Can communicate appropriately with teachers			
D. MORAL/SPIRITUAL	Cannot do	Attempted	Does well
Inquisitive – attracted to creation and spiritual stories			
Imitates values of respect and politeness			
Develops enhanced relationship with peers and adults			
Takes responsibility for their actions			
Participates as a follower and a leader and to assume responsibilities			
Expresses feelings appropriately without getting distressed or upsetting others around them			
Listen to spiritual songs and short stories			

Teacher's comments _____ Signature

_____

ECD centre Manager comments _____ Signature

_____

Next term begins on:…………………………………………

School Contribution:
a) ECD Center/ Nursery- Whole Day care:……………………….. per month OR …………………… per term

b) Morning or Partial Day Care:…………………………………..per month OR …………………….per term

Section D: Tools for Parents Educators

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

ME TOOL 14: WATCHING A CHILD'S DEVELOPMENT

(To be filled by parenting educator)

NAME OF ECD CENTER:_____

Progress Report (*FOR Toddlers 2-3 years*)Child's Name _____ Term _____ Date _____

E.   PHYSICAL

	Cannot do	Attempted	Does well
Walk and run – try to walk on a straight line			
Climb stairs and other objects			
Kick, jump and hop			
Throw and catch			
Builds a tower with approximately 6 blocks			
Gains control of hands and fingers			
Can string 5 large beads			
Can stir food and liquids			
Balance			
Can hold a spoon			
Can pour water with little spilling			
By imitation can put things in a container and dump them out			
Can draw a v shape with a crayon on paper			
Take off shoes and socks with no help			

F.   MENTAL/COGNITIVE

	Cannot do	Attempted	Does well
Work out simple puzzles			
Learning language more rapidly			
Understanding numbers			
Knows primary colours and can name them			
Make 2 or 3 word sentences and asks and answers questions			
Sorts different objects by touch, smell or taste			
Knows difference between big and small			

Listens to stories for short periods			
Can say a simple sentence about a story			
Can recognize letters			
Engage in make believe play			
Name 3 out of 4 objects			
Understand simple messages			
When asked how old are you, can hold up the correct number of fingers			
Understands how many, long/short, heavy/light			
Point to small body parts, e.g. ear/eye/mouth			
Uses the following sounds with 90%accuracy – p b m t d n w h			

G. SOCIAL/EMOTIONAL

	Cannot do	Attempted	Does well
Self identification – name, age etc			
Expressions affection through touch, shaking hands, hugging and eye contact			
Child seeks attention			
Often watches others to observe how they do things			
Spends time playing alone			
Asks for help			

H. MORAL/SPIRITUAL

	Cannot do	Attempted	Does well
Listen to spiritual songs and short stories			
Learns the value of sharing and playing together			

Caregiver's/Teacher's comments _____

Signature _____

ECD Centre Manager comments _____ Signature

____ _____

Next term begins on:………………………………………

ECD Centre Contribution: a) ECD Center/ Nursery- Whole Day care:…….. per month OR ……… per term

b) Morning or Partial Day Care:………………..per month OR ….per term

NAME OF ECD CENTER:_____

Progress Report (*For Preschool 4 - 6 years*)

Child's Name _____ Term _____ Date
_____

E. PHYSICAL	Cannot do	Attempted	Does well
Walking and running – walk on a straight line			
Climbing			
Kicking			
Jumps easily			
Hops and skips on two feet and one foot			
Throws ball underhand and catches large balls			
Dancing			
Standing on one foot for a longer period of time			
Able to do forward somersault with assistance			
Walks on tip toes			
Picks things up and puts things down in patterns			
Threading beads			
Holding water in a cup without spilling			
F. MENTAL/COGNITIVE	Cannot do	Attempted	Does well
Match identical colours and shapes and name them			
Recognize and name primary colours			
Understand numbers			
Identify direction of sounds and understand same and different sounds			
Discriminate between high and low pitch, and high and low volume			
Listens attentively			
Tells stories he has heard			
Recites rhymes and songs			
Says name and age with confidence			
Recognizes key words from stories, songs			
Holds pencil correctly			
Traces shapes			
Cuts with scissors			
Pastes (glues)			
Fold and cuts paper into geometrical shapes			
Can sort by size/shape/colours			
Sequencing			
Weighing and measuring			
Understand times of day – morning, afternoon etc			
Understand weather – rain, sun, wind			
Read and recognize words starting with the same letters			
G. SOCIAL/EMOTIONAL	Cannot do	Attempted	Does well

Enjoys introducing themselves and others			
Shows affection for siblings			
Has strong sense of gender identity			
Cooperation with others in play			
Demonstrates love for others			
Can express themselves clearly			
Can respond appropriately to instruction			
Can communicate appropriately with teachers			
H. MORAL/SPIRITUAL	Cannot do	Attempted	Does well
Inquisitive – attracted to creation and spiritual stories			
Imitates values of respect and politeness			
Develops enhanced relationship with peers and adults			
Takes responsibility for their actions			
Participates as a follower and a leader and to assume responsibilities			
Expresses feelings appropriately without getting distressed or upsetting others around them			
Listen to spiritual songs and short stories			

Teacher's comments _____ Signature

_____

ECD centre comments _____ Signature

_____

Next term begins on:……………………………………………

School Contribution: a) ECD Center/ Nursery- Whole Day care:…………………………. per month OR …………………… per term

b) Morning or Partial Day Care:…………………………………….per month OR …………………….per term

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

ME TOOL 16: STANDARD GUIDELINES FOR A ECD CENTER:

WHAT SHOULD A ECD CENTER HAVE?

The standards set for a ECD CENTER also applies to other types of Early Childhood Development (ECD) centres. A standard ECD CENTER is expected to have the following: Good and accessible infrastructure, nutritional feeding, safe and adapted play materials, monitoring system, well trained staff and administrative system, community participation and registered by the Government office responsible for ECD services, District Social Welfare Office.

1. Infrastructure

The environment in the ECD center includes safe and adapted materials and facilities that promote child and caregiver/staff learning and development as well as protection.

Communities are encouraged to use whatever is available at community level such as churches, individual homes, temporary shelters, old shops and other types of structures as long as they are safe and accessible for the children. However Malawi Social Action Fund, UNICEF, Plan Malawi, Action AID and other partners are supporting communities with permanent buildings using different designs that are designed at district level. (*See sample of architectural plan in annex*)

AN IDEAL ECD center infrastructure that has been supported by organizations is expected to have the following standard requirements:

- A good spacious, safe, accessible, well-lit and well-ventilated building situated in a safe environment,
- Roofed play area with open sides;
- Adequate child friendly pit latrines for children as well as separate pit latrines for caregivers (five pit latrines, preferably one building with five holes, two for boys, two for girls and one for caregivers.
- Safe and accessible toilets
- Kitchen separated from the main building with a food store with an energy-saving stove;
- Store rooms (one for food and one for other materials);
- safe and accessible resting rooms for children
- Safe, accessible and clean water source close to the ECD center or within a distance of 300- 500 metres;
- Rubbish pit;
- Rack for kitchen utensils;
- Child friendly safe and accessible hand washing facility;
- Safe open ground/ outdoor play area;
- Rain water-harvesting area.

- Away or protected from main roads

2. Staffing/ Administration

Trained caregivers and parent committee members manage the ECD center; the caregivers attend a two-week (13 DAYS) basic training course in Early Childhood using the Basic ECD Training Manual. The minimum acceptable qualification of **caregivers** in the ECD center is Junior Certificate or at least a Primary School Leaving Certificate, however those who love children and are good at playing with children are also considered as **helpers**. They are selected on the basis that they love children and are interested in promoting the protection and development of young children in their community.

Maximum number of 100 children per ECD center against eight to ten **caregivers and helpers** should be maintained.

Recommended intake and caregiver/ child ratio: The recommended age for children to go to ECD center is two to five years. However in some ECD centers children below age two are enrolled because they are orphans or their parents are not able to take care of them as a result of illness. Parents and guardians of children younger than two/three years are encouraged to take care of the children at the household level in order for them to continue breast-feeding and to provide them with early learning and stimulation activities. The parents or guardians are sensitised on the importance of the early childhood years and why they should stimulate and bond with the children at that stage. Caregiver child ratio depends on the ages of the children as follows:

- 2 - 3 years the ratio is 1 caregiver to ten children (1 caregiver to 1 child with multiple disability)
- 4 - 5 years the ratio is 1 caregiver to 15/20 children (1 caregiver to 1 child with multiple disability)
- If a centre has children 0 to 2 years, the parents and communities should provide for: 1 care giver to 1 child for children up to 6 months, 1 caregiver to 3 children for children from 1 to 2 years.
- It should also be noted that each centre should have two or more helpers or grannies to take care of the cooking, centre cleaning, providing emotional support to all children and cleaning all children when necessary. However, an ECD centre should not be used a place for bathing children, this is the role of guardians at home.
- 1 caregiver to 10 child with mild disability

It is very important to follow these ratios to assure maximum interaction between the caregiver and the individual child. It is in these early years of the child's life that the child develops language and thus needs a lot of attention and quality care. Therefore it is important to have additional people in the ECD center from the community who can support the ECD center caregivers for maximum support to the children.

3. Nutritional Feeding

The community members contribute food or money for buying food and other requirements in the center especially when the ECD center has just started. However for the sustainability of the ECD Centers communities are moving from the idea of monthly contributions to opening of communal gardens to enhance micronutrient intake. A properly functioning ECD center has:

- A communal garden
- Sufficient and nutritious food for the whole year round;
- Nutritious meals or snacks are served to the children once or twice a day depending on the availability of food. Usually the children eat maize meal flour or soy porridge;
- Meals are prepared in the ECD center and are served hot to promote good health;

- Adequate eating and cooking utensils according to the number of children enrolled.

4. ECD Center Materials

Materials for a group of 100 children include materials and quantities in the table below:

Item Description	Quantity	Cost
50lt Cooking pots	02	
Plastic dinner plates	100	
Plastic mugs	100	
Plastic spoons for porridge	100	
500ml Plastic measuring cups	02	
20lt Plastic pails with tap	02	
20lt Plastic pails without tap	02	
60lt Large basins	02	
60lt Drums for keeping water	02	
Large trays	02	
Kitchen knives	02	
30lt small basins	02	

4.1 Play Materials

The ECD center provides opportunities for children to develop knowledge and awareness of themselves and the world around them through exploration, interaction with materials and adults and imitation of positive adult role models. The approach used in the ECD center is child centred. To promote learning through play the ECD center should have adequate play materials, which will include both safe and adapted indoor and outdoor toys (two complete ECD center kits per ECD center per year).

While ECD centers receive replenishment pay materials kit, it is emphasized that children should be given more materials made from locally available resources. It has scientifically been proved that play materials from locally available resources offer much higher early stimulation and learning to children than ready made toys from shops. Caregivers should be given skills to make their own play materials that are inclusive together with the children.

The materials are arranged in different corners or learning centres to promote freedom of choice. The community provide some of the play materials while other partners provide starter packs to the ECD center s and replenish the materials yearly. These children's play materials should be organised according to the following early learning areas which should be within the access of all the children in a ECD center centre:

1. **Imaginative & Dramatic Play Area:** Malo Amasewero Oyerekeza
2. **Block And Building Area:** Malo A Zomangamanga
3. **Book And Reading Area:** Malo Owerengera Mabuku
4. **Learning & Manipulative Area:** Malo Azogwiragwira
5. **Art Area:** Malo A Luso
6. **Nurture Corner:** Malo A Zachilengedwe
7. **Music Area:** Malo A Zoyimbayimba
8. **Outdoors Play Area:** Malo Osewelera Kunja Kwa Kalasi

Below is a list of the required materials **per ECD** center **and the recommended starter pack and replenishment kit may be provided other partners:**

4.2 Indoor play materials:
- Soft dolls and pieces of material, tactiles, Blocks of different shapes, sizes and colours
- Picture and story books **(preferably in Chichewa and other local languages)**
- Puzzles, Paper off-cuts, Slates, Stacking wooden or plastic rings, Matching cards
- Art materials, which includes paint in different colours, glue, chalk and other locally found materials
- Large wooden or plastic beads, Mystery bags, crayons, Wooden or plastic toy cars, planes, irons
- Wall charts (age appropriate), Puppets, Assorted toys that will include animals and people
- Musical instruments such as guitars, drums, whistles, shakers

4.3 Outdoor play materials
- Soft balls, Swings, Climbers, Slides, See-saws, Old tyres, Clay, Sand and water play area
- Plastic containers, plastic bottles, Large basins, Ropes, Mortars and pestles, Tunnels
- Used materials, adequately secured for children's use, Make believe materials

4.4 Other Materials
- First Aid Kit, Salter scales for growth monitoring. Height charts
- Blankets for resting/ sleeping area (2 blankets per centre of 20 children)
- Mats (5 mats per group of 20 children) provided by the community
- Shelves (children's height) for stacking books or string for hanging books
- Starter packs for the communal/ nutrition garden

Starter kit
- Beads in assorted colours, Block in assorted colours, Crayons, Puppets, Balls
- Pumps (for Balls), Chalk in assorted colours, First Aid kit, Dolls, Ropes, Blankets
- Chalkboard/slates, Paper off-cuts, Mats, Picture and story books, Puzzles

Replenishment kit
- Crayons, Paper off-cuts, Soft dolls, Chalk, Drugs for first aid kit, Mats, Picture and story Books
- Balls, Ropes, Cloth, 4 metres per caregiver, Sewing thread, 2 roles and set of needles

1. MONITORING AND COORDINATION

The parents committees, the community leaders and child protection workers based in the communities are responsible for the daily supervision of the ECD center. The extension workers supervise the activities once or twice a month. The CBO sends a report to the District Social Welfare Office (DCDO) every month. The DCDO sends reports to the Ministry of Gender, Child Welfare and Community Services (MoGCD&SW) on a quarterly basis. At national level the ECD network and Government officials supervise on quarterly basis. For timely and adequate monitoring UNICEF, NAC, some NGOs and other partners provide bicycles, motorcycles and vehicles.

5.1 Monitoring Tools Used at the ECD centre

- **Enrolment form:** contents include: child's name, age, birth date, sex, physical and postal address, telephone number, particulars of guardians/ parents, religion, date of first entry into the ECD center, allergies and any special needs of the child
- **Daily attendance sheet:** contents include: list of names of children, sex, present or absent and reasons for absenteeism. The daily attendance sheet is also used for the staff.

- **Financial records:** contents include: source and amount of funds, financial transactions, i.e. income and expenditure records
- **Material/ equipment records:** inventory of play materials, stationery, and furniture, cooking and eating utensils
- **Food register:** amount of food and how it was used per day and per month
- **Monthly ECD centre report:** contents include: particulars of the centre, details of beneficiaries, particulars of caregivers, major activities for the month such as resource mobilisation, meetings held, provision of health and nutritional services, themes for the month as regards play areas. The quality control checklist can also be used for reporting purposes.
- **Growth monitoring and immunisation chart:** Parents bring to the ECD center under five cards on registration of the child. Every month they bring the card for growth monitoring and immunization in the centre. Caregivers on a chart monthly record the weight and height of every child after growth monitoring by the extension worker is done for easy monitoring of the child's growth and development. Caregivers and the committee are sensitized on how to interpret readings in order to assist every child properly.
- **Quality control checklist:** checklist that contains the above to check if the ECD center is meeting the standards. A specific form will be available at the ECD center to be completed on supervisory visits to ensure compliance with the standards.
- **Assessment forms:** Checklist on the growth and development of the child as well as school readiness
- **Staff health record**- Records of the health of the caregivers and other staff members working in the ECD center are recorded after a clinician/ health officer checks/examines or assesses the workers
- **Visitors Book**: Records of all visitors to the ECD center and officers monitoring the ECD center are kept in this book. This helps those at the high level to monitor how often the project officers at all levels and other extension workers are visiting the ECD center.
- **History Book:** record chronologically major events of the ECD centers, such as date opened, persons taking a lead in major events, turning points, and other key events..

5.2 COORDINATION:

The Ministry of Women and Child Development is the coordinating body of ECD activities in the country.

National ECD Network:

The ECD network is the body that is responsible for development and reinforcement of standards of ECD center s at National, District and Community levels. It is made up of members from all organizations implementing ECD activities in the country and key partners such as: Government Departments, Donor Partners, INGOs And NGOs, FBOs and CBOs, Community Leaders, Caregivers & Helpers, Parents & Guardians, some capable Children.

District Child Development Officers:

These are government representatives at district level responsible for coordinating ECD activities. The officers work hand in hand with all implementers at district level and promote networking for implementation of quality ECD programs.

ADC Extension Staff and Community Leaders:

Coordinate implementation of various village development activities and facilitate formation of different committees. The extension workers include Child Development Assistants (SWAs), Community Child Protection Worker, Community Development Assistants (CDA), Health Surveillance Assistants (HSAs) and others from NGOs, CBOs and FBOs. They advise the village development committees.

Village Child Development Committees (VCDC):

Village Child Development Committees are subcommittees of the Village Development Committees at a VDC or Group Headman levels. VCDC are given different names depending on the entry point of the committee, i.e. VOCC, ECD Center Committee, and VACC. VCDC operationalize all ECD activities within the community; including caregivers at ECD/ ECD center centre. The ECD center is at the village level and the village development committee in collaboration with the parent committee facilitates its establishment.

Household: Parents/ caregivers and guardians within the home that facilitate child development and protection, and the child itself.

2. REGISTRATION

The community, CBO, FBO, or NGO that facilitated the establishment of the ECD center will register the ECD center at the District Child Development Office (DCDO). Registration can only take place after the DCDO inspects the premises and verifies that all requirements have been met for the ECD center to operate according to the minimum operating standards. Successful registration will be communicated by the DCDO to the MoGCDSW, who will issue a certificate.
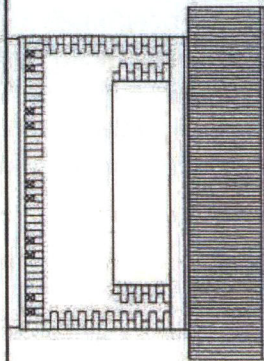
ME Tool 16 Annexes

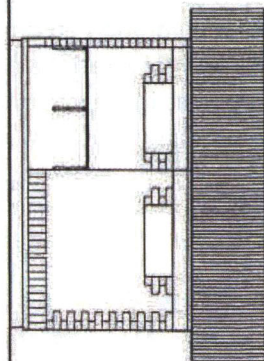## ME Tool 16 -Annex 1: ECD Centre Standard Requirements:

ITEM	Unit Cost	Quantity	Total
Infrastructure			
Infrastructure: Including: Building, Play area, 5 Pit Latrine, bathrooms/toilets, Separate kitchen, Store rooms, Hand washing facility, Rain water harvesting area, Drying rack, rest room			
Water pump/point			
Play materials			
ECD CENTER kit: Balls (small and large) and Pump, Wooden beads and strings, Puzzles, Skipping ropes, Chalk assorted colours, Dusters, Animals, Assorted crayons, Assorted chalk, Puppets, Small blackboard. Dolls (small and large), Wooden beads and laces, Small coloured blocks, Books, Slates, Small Chalk board			
Old tyres,			
tactile materials			
Iron chains			
Ropes for swings			
Timber			
Nails			
Mortar and pestle			
Paper off-cuts (1 box assorted colours)			
Feeding			
Cooking and eating utensils: (Set including: 2 large pots (60l), 100 plates, 100 cups, 100 spoons, 2 measuring cups (500ml), 2 pails with tap (20l), 2 pails without tap (20l), 2 large basins (60l), 2 small basins (30l), 2 drums for keeping water (60l). 2 trays, 2 knives), Cleaning materials (soap, mops)			
Farm inputs for communal/ nutrition garden, including: - 10kg maize seeds, 5kg soy, 5kg ground nuts, 100kg fertiliser, 5kg beans, 5 packets of assorted vegetable seeds, Cassava cuttings, Potato cuttings)			
Fuel efficient/ energy saving stove			
Staffing/ administration/ curriculum			
Training of caregivers, helpers/child minders, mentors, supervisors, (ECD, PSS)			
Training of ECD CENTER committee (management, IGA)			
Other materials i.e. wheel chair, parallel bar, corner seat, walker, Cerebral Palsy chairs, standing frame, ringing bell, rattles etc.)			
First Aid Kit: Bandages, Iodine, Spirit, Cotton wool, Panadol (pain killers), Gloves			
Infant scales (Salter scales) including weighing trousers			
Chair (child)			
Chair (caregiver)			
Table (child)			
Table (caregiver)			
Book rack			
Mat (local)			
Blanket			
Monitoring and supervision			
Bicycle			
Fuel (and lubricants)			
Grand Total			
A ECD centre of 50 children, with 4 caregivers and 1 helper, 10 parents Committee Members			

CBCC/ECD Agricultural Activities Area: vegetables, flowers, trees and other plantation area

Rain Water Tank

Classroom 1 for age 3

Children Resting Room

Classroom 2 for age 4

Library and E-Learning Room

Classroom 3 for age 5

Flowers area

Children's Outdoor Play Area

—5700—

Caregivers Office

Store Room

—10000—

Covered Outside Playing Area

9600

9000

Master Classroom for meetings and parenting education

6000

4950

6960

Pit latrine

Water-point

Kitchen

Two Bedroom House for caregivers' Mentor

Animal-keeping area

—4950—

PROPOSED COMMUNITY BASED CHILD CARE PROJECT

SITE PLAN

ELEVATION 1

ELEVATION 3

ELEVATION 2

FLOOR PLAN

Kitchen

Store

Floor area – 24.5 sqm

Scale
1:100

Project:
PROPOSED COMMUNITY BASED CHILD CARE PROJECT

Drawing:
KITCHEN – Floor Plan

UNICEF

ME Tool 16 -Annex 3: Interventions for ECD center services

For Social, Emotional and Mental Development

- Early Learning and Stimulation
- Community Based Child Care (ECD CENTER)
- Children's Corner
- Psychosocial Care and Support
- Needy Children Identification and Support

For Prevention

- Insecticide-treated bed nets (ITNs)
- Intermittent presumptive treatment (IPT) of malaria in pregnancy
- Breastfeeding,
- Complementary feeding;
- Immunization;
- Antenatal care and clean delivery;
- Vitamin A supplementation;
- Water and sanitation

For Treatment

- Oral re-hydration therapy (ORT);
- Anti-malarial (treatment with SP);
- Antibiotics for sepsis, pneumonia and dysentery;
- De-worming

Section E: Tools for Supervisors

(CBCC, *District and National Levels*)

Republic of Malawi

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

a) SUPERVISION FORM FOR ECD CENTRES
(To be filled in by District Supervisor or Child Protection Worker)

Date of Supervision: _____ Supervisor: _____

Plot Number: _____ Village: _____

Village Development Committee (VDC)/ Location/Town: _____

Traditional Authority (TA) or Area Development Committee (ADC): _____

Name of ECD Centre: _____

Postal Address: _____

District/Town Council: _____

Phone number: _____ Fax: _____ Email: _____

Owner: _____ Phone number: _____

Supervisor: _____ Phone number: _____

Licensed: Yes   ☐ No   ☐

Number of Children Enrolled: __Male:___Female:___ ; Attending: __Male:__Female:____

Vulnerable Children:____M___F___, Vulnerability:_____

Disability: _____Male:_____Female:_____Type of Disability……………………………

Number of Caregivers:_____ Male:_____Female:_____

Number of Community Leaders:_____ Male:_____Female:_____

How often does the ECD Centre Management Committee meet?_____

Operation Days in a Week:_____ Hours in a Day: _____

Qualification of Caregivers:

Name _____Education_____

Experience _____Medical Examination Date_____

_____

Health Supervisor:_____ First Aid Box: Yes   N☐   ☐

Does the ECD Centre provide food? Yes   No☐   If y☐, what food:_____

Does the Centre have the following records: Register, Children's Records, Materials Inventory, Visitor's

Book, etc. Yes   No ☐ Are the ☐ rds kept properly of the children: Yes ☐ No ☐

Do you require immunisation for admittance?   Yes   No☐   ☐

Can a sick child be isolated: Yes ☐ I☐, how: _____

What age groups does the early childhood development centre care for:_____

Floor space per room_____ _____ _____ _____

Does the centre have piped water?   Yes ☐   No ☐

Does the centre have toilets for children?   Yes   N☐   ☐

Is the staff toilet separated from the children's?   Yes   N☐   ☐

How is the cleanliness of the facilities inside?_____

Outside:_____

How is the refuse handled?_____ _____

How is the condition of the building inside? _____

Outside? _____

Does the building have adequate drainage? _____

Does the ECD Centre have proper ventilation and light? _____

What fixtures are present in the kitchen (if applicable)? _____ _____

Do the children have an outdoor area? If so, what is the condition_____

List outdoor play materials available: _____

Does the ECD centre have a secure fence?   Yes   N☐   ☐

List the stimulation materials:_____ _____

Look at the daily schedule. Is it being followed? _____

What new activities have been demonstrated in the last week? _____

_____

What is the contribution per child? _____

Comments and Notes: _____

_____

Name:_____Signature:_____   Date:_____

   (ECD Centre Date Stamp)

MINISTRY OF GENDER, CHILDREN,DISABILITY AND SOCIAL WELFARE

b) ECD CENTRE PERIODICAL REPORTING FORMAT

2.0   Identification of the centre: Date: ----------------------------

1.1 Name of ECD Centre (CBCC/Pre–School/Day Care Centre/Nursery)

School/Crèche etc): --

1.2 ADC: --

1.3 VDC:--

1.4 Village: --

1.5 Meeting Place: --

2.1 DETAILS OF RIGHT HOLDERS /BENEFICIARIES

No.	Beneficiary Description	Male	Female	Total	Remarks
1.	Registered Children				
2.	Children with Disabilities				
3.	Orphaned Children				
4	Children on the street				

2.2. DETAILS OF RESPONSIBILITY HOLDERS

N	Responsibility Holder	Male	Female	Total	Educational Level	ECD Training
1.	Caregivers					
2.	Child minders/helpers					
3.	Mentors					
	Sub-Total					
4.	Parent Management Committee					
5.	ECD Advisors / Supervisors					

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

ECD CENTRE MONTHLY REPORTING FORMAT

1. Identification of the centre: ....   Date: ....
1.1 Name of ECD centre (CBCC/Pre-school/Day Care Centre/Nursery school/Creche etc.
1.2 ADC .... VDC ....
1.3 Village .... Meeting place ....

2.1 DETAILS OF RIGHT HOLDERS/BENEFICIARIES

N	Beneficiary description	Male	Female	Total	Remarks
1.	Registered Children				
2.	Children with Disabilities				
3.	Orphaned Children				
4.	Children on the Street				

2.2 DETAILS OF RESPONSIBILITY HOLDERS

No	Responsibility Holders	Male	Female	Total	Educational Level	ECD Training
1	Caregivers					
2	Child minders/helpers					
3	Mentors					
4	Parent management committee					
5	ECD advisors/supervisors					

3 ASSESS PERFORMANCE OF CAREGIVERS

3.1 How many caregivers are present today? _____

3.2 Performance of the caregivers *(Scale: 1-5: 1=very poor, 2=poor, 3=average, 4= good, 5=very good)*

Is/are the caregiver/s	1	2	3	4	5			1	2	3	4	5
1) Presentable						5) providing play materials outdoors						
2) interacting with children						6) daily schedule						
3) providing play areas						7) records of children						
4) providing play materials indoors						8) providing food						
						9) using the syllabus properly						

4. ASSESS EFFECTIVENESS OF ECD COMMITTEE

4.1 Performance of the ECD committee

Indications	1	2	3	4	5
1) Are the committee members present?					
2) Are the committee meeting regularly on their own?					
3) Are they doing their role effectively?					
4) Is there strong leadership in the committee?					
5) How many are present at the centre each day?					

Notes for the Supervisor: *There should always be 2 caregivers present in the class in case one is sick or one is called away. Children should never be left on their own. The supervisor should observe the class for about one hour and then decide the answers. Do the caregivers play with the children, do they talk nicely to them, do they help them and answer questions? Is the caregiver following the child centered approach? If you have any comments on how they treat the children please write them below.*

Mentor / Supervisor tool for supporting caregivers

Date of visit:	1		Sex of Observer: Male / Female		

CBCC Name:		Type of CBCC Building:	Village:	Group Village Headman:	TA/STA:

Designation of Observer:	Mentor / Child Protection Worker / Social Worker / Other (specify)

Number of Caregivers in the center: Male: Female: Total:	Number of children registered in center: Boys: Girls: Total:

No. of Caregivers present on day of observation: Male: Female: Total:	Number of children present on day of observation: Boys: Girls: Total:

Type of lesson on the day of observation :

	Items	DO NOT AGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
	Rating	0	1	2	3
1.0	**HYGIENIC PRACTICES**				
1.1	Caregivers are clean				
1.2	Children are clean				
1.3	Children look bright and healthy				
1.4	CBCC management committee members are clean				
1.5	Caregiver helps and encourages children to practice good hygiene (e.g. hand washing)				
2.0	**LESSON PREPARATION AND DELIVERY**				
2.1	Caregiver has an activity plan for the day				
2.2	Caregiver arrives and leaves the centre on time				
2.3	Caregiver warmly and cheerfully welcomes all the children upon arrival at the centre				
2.4	Caregiver interacts/engages well with children and is friendly				
2.5	Caregiver encourages children to participate in different activities (and deliberately encourages children to engage with each other)				
2.6	Caregiver uses relevant play and learning materials for the activity				
2.7	When conducting the lesson, the caregiver sits at the level of the children				
2.8	Caregiver uses more than one methodology to deliver the lesson so as to stimulate holistic growth and development				
2.9	The lessons are play based and child centered				
2.10	Caregiver provides clear guidance for children to access the play areas (both indoor and outdoor)				

2.11	Caregiver ensures that every child is participating (inclusion)				
2.12	During free play, caregiver allows children to choose the play materials of their choice – indoor and outdoor (without forcing them)				
2.13	Caregiver closely supervises each child during free play				
2.14	The CBCC has both locally made and purchased play and learning materials				
2.15	Caregiver listens attentively when every child talk to him / her				
2.16	The caregiver periodically reminds all children of the agreed rules of the centre				
2.17	When a child misbehaves, caregiver reminds the child of the rule he / she has broken before reprimanding him /her.				
2.18	There is good classroom management				
2.19	Caregiver uses simple and suitable language with all children				
2.20	The caregiver is able to deal with the children's differences				
2.21	Children are able to get along with each other with the help of caregivers				
2.22	Children seem to enjoy their time at the centre				
3.0	**HEALTH ISSUES**				
3.1	Each child has health immunization cards on enrolment				
3.2	Caregiver is able to detect fever and skin diseases				
3.3	Caregiver is able to screen vision among children				
3.4	Caregiver is able to provide first aid to children in case of minor injuries				
3.5	Caregiver is able to refer children when they have serious health problems or major injuries				
3.6	Caregiver is sensitive to growth monitors				
4.0	**CLASSROOM ARRANGEMENT**				
4.1	Child attendance registers are maintained				
4.2	Visitors book is available and being used				
4.3	Inventory record book is well maintained				
4.4	The duty roster is well displayed				
4.5	Play and learning areas are clearly arranged for children to easily access				
4.6	CBCC has a variety and enough indoor play and learning materials				
4.7	CBCC has a variety and enough outdoor play and learning materials				
4.8	Children arts are well displayed on the classroom				

	wall				
4.9	Arts and other learning materials are well organized on the wall				
5.0	**PHYSICAL ENVIRONMENT**				
5.1	Clean and safe environment for children				
5.2	Availability of child friendly toilets				
5.3	Availability of bathroom				
5.4	Availability of hand washing facility				
5.5	Availability of safe water source nearby				
5.6	CBCC has enough lighting				
5.7	CBCC has good aeration (ventilation)				
5.8	CBCC walls are smooth and safe				
5.9	CBCC rooms are big enough for children to move about				
6.0	**CBCC EQUIPMENT & UTENSILS**				
6.1	CBCC has enough cooking utensils				
6.2	The utensils are clean				
6.3	The storage place for the utensils is clean				
6.4	CBCC has a drying rack				
6.5	CBCC has a rubbish pit				
6.6	Children provided food at the CBCC				
	Total				

Other Observations: _____

_____

_____

_____

Signature: _____

MINISTRY OF GENDER, CHILDREN, DISABILITY AND SOCIAL WELFARE

SUPERVISION FORM FOR PARENT EDUCATION

(To be filled in by District Supervisor or Child Protection Worker)

Date of Supervision: _____ Supervisor:_____

Location_____Name of Centre_____

Postal Address_____ Phone No_____Email_____

A. Parent Education Workshops held since last supervision period

Date	Topic	Number of parents who attended	
		Male	Female

B. Observation of a Parent Education Workshop

Caregiver/Child Protection Officer presenting the workshop: _____

B.1 Preparation

Had the presenter collected the needed materials for the session?   Yes   No

If any outside resource persons were needed
e.g. HSA had they been requested to attend?   Yes No

B2. Presentation

Did the presenter follow the presentation guidelines in the manual?   Yes   No

Was information presented clearly and accurately?   Yes   No

Comment:

B3. Facilitation Style

Did the presenter involve parents in the discussion?   Yes No

Were parents encouraged to participate and did the presenter respond positively to their contributions?

Yes No

Were related activities provided for children to engage in?   Yes No

Comment:

B4 . Evaluation

Were parents given the opportunity to evaluate the session?   Yes No

Comment:

C. Interviews with selected parents /guardians /caregivers who have attended the parenting education programme

How do you rate your understanding and skills for the following parenting education outcomes?

1) Knowledge of what to expect of children at different ages **1 2 3 4 5**

   Ability to develop realistic age appropriate activities for your children **1 2 3 4 5**

2) Involvement in creating and maintaining quality learning environments **1 2 3 4 5**
   for children

3) Ability to uphold positive parenting values and attitudes **1 2 3 4 5**
   in disciplining children

4) Ability to identify and implement safety precautions **1 2 3 4 5**
   to prevent accidents and apply first aid

5) Ability to identify and promote healthy practices in the **1 2 3 4 5**
   home, including healthy eating (nutrition), exercise, etc.

6) Problem-solving skills necessary to build a spirit of **1 2 3 4 5**
   hard working and self reliance in children

7) Time spent interacting with your children **1 2 3 4 5**

9) Ability to stimulate and encourage your
   children to be proactive and prosocial **1 2 3 4 5**

10) Ability to support your children emotionally by **1 2 3 4 5**
    giving praise, empathy, comfort, motivation, etc.

11) Strengthened parent-child bond, less harsh discipline, improve child, **1 2 3 4 5**
    social skills and cooperation, and reduced negative behaviours

12) Ability to help the child with skills to support transition to formal school **1 2 3 4 5**

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is the attention to the environmental forces that create, contribute to, and address problems in living. Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organisations, children and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. Social workers also seek to promote the responsiveness of organisations, communities and other social institutions to individuals' needs and social problems.

The mission of the social work profession
This is rooted in a set of core values, embraced by social workers throughout the profession's history. The core values of Social Work are: **Service, Social Justice, Dignity and Worth of the Person, including children, Importance of Human Relationships, Integrity and Competence.**

Ethics background
It should be noted that Ethics emanated from the Social Work profession and all ECD workers are part of the Social Worker's family. Thus child development workers prescribe to social work principals and code of conduct.

Scope and Objectives
Social work is a professional activity in which child development workers just like Social Workers, have an obligation to service users, to their employers, to one another and colleagues in their discipline and society. Objectives should spelt out

CODE OF ETHICS
Presents broad ethical principles based on social workers core values which inform social work practice. The ethics include:
1.   **Respect**
     This includes treating colleagues with respect, fair presentation of colleagues' view, qualification and obligation. Avoid unwarranted negative criticism.
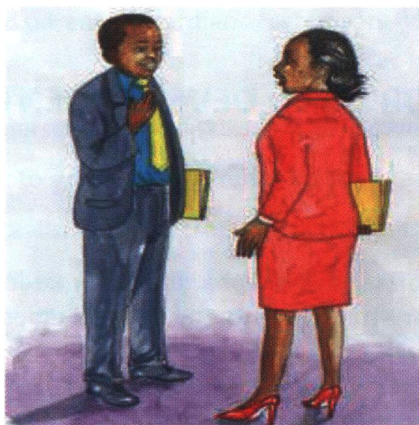
2. Discrimination

Social workers should not practise, condone, facilitate or collaborate with people to discriminate against people on the basis of disability, colour, race, culture, sex, origins, sexual orientation, age, marital status, political beliefs, religion, etc.

3. Social and political action

Social workers should not act to prevent and eliminate domination of people from benefiting from services provided because of their disability, colour, race, culture, sex, origins, sexual orientation, age, marital status, political beliefs, religion, etc.

Purpose of the Code of Ethics

Professional ethics are at the core of social work. The *Code* is relevant to all social workers, including caregivers and ECD workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The* Code of Ethics *serves six purposes:
a) The *Code* identifies core values on which social work's mission is based.
b) The *Code* summarises broad ethical principles that reflect on the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
c) The *Code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
d) The *Code* provides ethical standards to which the general public can hold the social work profession accountable.
e) The *Code* socialises practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
f) The *Code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct.

ETHICAL PRINCIPLES OF SOCIAL WORK
These are based on the social work core values. They set forth ideal principles to which all social workers should aspire.

Value: **Service**
Ethical principle: Social workers primary goal is to help people in need and address social problems.

Value: **Social justice**

Ethical principle: Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of the vulnerable, children and oppressed individuals and groups of people.

Value: **Dignity and worth of the person**
Ethical principle: Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity, promote clients' socially responsible self determination, to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: **Importance of human relationships**
Ethical principle: Social workers recognise the central importance of human relationships

Social workers understand that relationships between and among people are not important vehicle for change, engage people as partners in the helping process, seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain and enhance the wellbeing of individuals, families, social groups, organisations and communities.

Value: **Integrity**
Ethical principle: Social workers behave in a trustworthy manner
Social workers are continually aware of the profession's mission, values, ethical principles and ethical standards and practise in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on part of the organisations with which they are affiliated.

Value: **Competence**
Ethical principle: Social workers practise within their areas of competence and develop and enhance their professional expertise.

Social workers continually strive to increase their professional knowledge and skills and apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

ETHICAL STANDARDS

The following ethical standards are relevant to the professional activities of all social/child development workers. These standards concern **social workers' ethical responsibilities to clients, colleagues, in practice settings, as professionals, to the social profession, and to the broader society.**

1.   **ETHICAL RESPONSIBILITIES TO CLIENTS**

a)   **Commitment to clients**
   • Social workers' primary responsibility is to promote the wellbeing of clients. In general, clients' interests are primary.
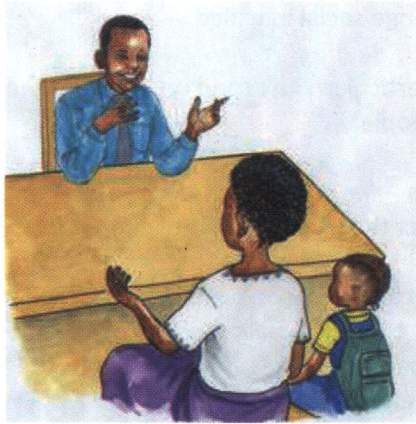
b) **Self determination**
- Social workers respect and promote the right of clients to self determination and assist clients in their efforts to identify and clarify their goals.

c) **Informed consent**
- Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirement of a third party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent.

d) **Competence**
- Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, licence, certification, consultation received, supervised experience, or other relevant professional experience.

e) **Cultural competence and social diversity**
- Social workers should understand culture and its function in human behaviour and society, recognising the strengths and exist in all cultures.

f) **Conflicts of interest**
- Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises that take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible.

g) **Privacy and confidentiality**
- Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research.

h) **Access to records**
- Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious

misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records.

i) **Sexual relationships**
- Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

j) **Physical contact**
- Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients).

k) **Sexual harassment**
- Social workers should not sexually harass clients especially those with disabilities. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favours, and other verbal or physical conduct of a sexual nature.

l) **Derogatory language**
- Social workers should not use derogatory language in their written or verbal communications to or about clients especially those with disabilities. Social workers should useapropriate terminology and respectful language in all communication to and about clients.

m) **Payment for services**
- When setting fees, social workers should ensure that the fees are fair, reasonable and commensurate with the services performed. Consideration should be given to clients' ability to pay.
- Social workers should avoid accepting goods or services from clients as payment for professional services.
- Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

n) **Clients who lack decision making capacity**
- When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

o) **Interruption of services**
- Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability or death.

p) **Termination of services**
- Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

2. **ETHICAL RESPONSIBILITIES TO COLLEAGUES**

- Respect
- Confidentiality
- Interdisciplinary collaboration

- Disputes involving colleagues
-                              Consultation, referral of services
- Sexual relationship
- Sexual harassment
- Impairment of colleagues
- Incompetence of colleagues
- Unethical conduct of colleagues

3.   ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

a)   Supervision and consultation
- Social workers should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

b)   Education and training
- Social workers who function as educators, field instructors for students or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

c)   Performance evaluation
- Social workers who have responsibility for evaluating the performance of others should fulfil such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

d)   Client records
- Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

e)   Billing
- Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

f)   Client transfer
- When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services.

g)   Administration
- Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is non-discriminatory and based on appropriate and consistently applied principles.

h)   Continuing education and staff development

- Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible.

i)   Commitment to employers

- Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

j)   Labour management disputes

- The actions of social workers who are involved with labour management disputes, job actions, or labour strikes should be guided by the profession's values, ethical principles and ethical standards. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4.   ETHICAL RESPONSIBILITIES AS PROFESSIONALS

a)   Competence

- Social workers should accept responsibility for employment only on the basis of existing competence or the intention to acquire the necessary competence.
- Social workers should strive to become and remain proficient in professional practice and the performance of professional functions
- Social workers should base practice on recognised knowledge, including empirically based knowledge, relevant social work and social work ethics.

b)   Discrimination

- Social workers should not practice, condone, facilitate or collaborate with any form of discrimination especially for persons with disabilites.

c)   Private conduct

- Social workers should not permit their private conduct to interfere with their ability to fulfil their professional responsibilities.

d)   Dishonesty, fraud and deception

- Social workers should not participate in, condone, or be associated with dishonesty, fraud or deception.

e) Personal problems
- Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgement and performance or jeopardize the best interest of people for whom they have a professional responsibility.

f) Misrepresentation
- Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organisation or the social worker's employing agency.

g) Solicitations
- Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

h) Acknowledging credit
- Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.
- Social workers should honestly acknowledge the work of and the contributions made by others.

5. ETHICAL RESPONBILITIES TO THE SOCIAL WORK PROFESSION

a) Integrity of the profession
- Social workers should work toward the maintenance and promotion of high standards of practice.
- Social workers should uphold and advance the values, ethics, knowledge and mission of the profession. Social workers should protect, enhance and improve the integrity of the profession through appropriate study and research, active discussion and responsible criticism of the profession.

b) Evaluation and research
- They should monitor and evaluate policies, the implementation of programmes and practice interventions.
- They should promote and facilitate evaluation and research to contribute to the development of knowledge.
- They should critically examine and keep current with emerging knowledge relevant to social work.

6. ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

a) Social welfare
- Social workers should advocate for living conditions conducive to the fulfilment of basic human needs and should promote social, economic, political and cultural values and institutions that are compatible with the realisation of social justice.

b) Public participation

- Social workers should facilitate informed participation by the public in shaping social policies and institutions.

c) **Public emergencies**
- They should provide appropriate professional services in public emergencies to the greatest possible extent.

d) **Social and political action**
- They should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment services, and opportunities they require to meet their basic needs and to develop fully.
- Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed and exploited people and groups.
- Social workers should promote conditions that encourage respect for cultural and social diversity within the country and globally.

What are Care Groups?

A Care Group is a group of 10 to 15 community-based volunteer health educators who regularly meet with project staff for training and supervision. They are different from typical mothers' groups in that each volunteer is responsible for regularly visiting 10 to 15 of her neighbours, sharing what she has learned and facilitating behaviour change at the household level. Care Groups create a multiplying effect to equitably reach every beneficiary household with interpersonal behaviour change communication. The Care Group methodology has contributed to improvements in maternal, child health, and nutrition outcomes in a variety of settings. Figure 1 represents a Care Group intervention delivery system.
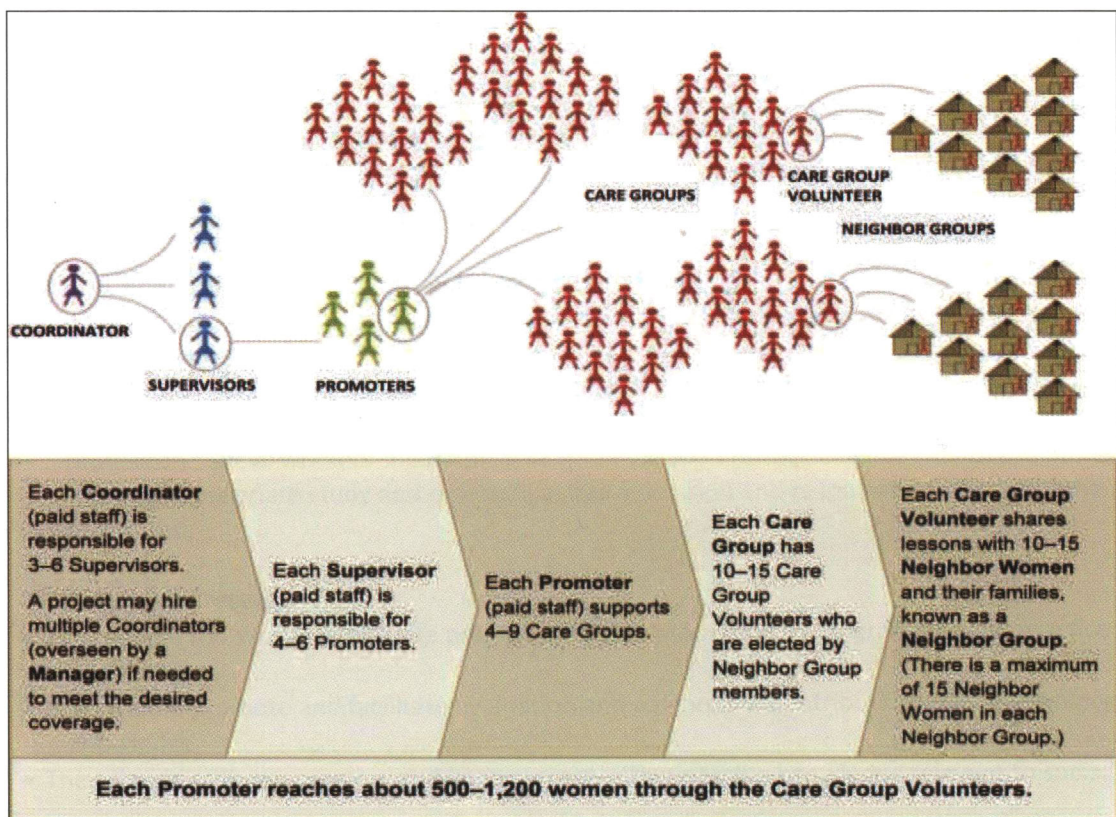

Figure 1: Structure of a Typical Care Group Delivery Strategy

(Source: Perry H, Morrow M, Borger S, Weiss J, DeCoster M, Davis T, Ernst P. 2015, p.360

- The system is established initially by identifying 1 volunteer (called a Care Group Volunteer) who is responsible for about 12 mothers (pregnant women and mothers of young children, usually 0–59

months of age or 0–23 months of age). The Care Group Volunteer is often selected by the mothers themselves; sometimes community leaders participate in the selection process.

- Supervisory field staff are recruited and trained to set up Care Groups in collaboration with community leaders so that: (1) Care Group Volunteers are in place and are responsible for about 12 mothers who are their neighbours, and (2) all pregnant women and mothers of young children are linked to a Care Group Volunteer.

- Depending on the size of the population covered by the project or program, several layers of paid program staff are required so that a Care Group Facilitator (referred to in Figure 1 as a Promoter and who is a low-level paid project staff person) can meet with each Care Group every 2–4 weeks for 2 hours or so. At that time, the Care Group Facilitator teaches one or a small number of health promotion messages for the Care Group Volunteers to share with the women for whom they are responsible.

- The Facilitator uses participatory learning, including role play and composition of songs and skits, to convey messages. During the following 2–4 weeks (depending on the schedule established by the program), each Care Group Volunteer meets with each of the women for whom she is responsible (and other family members who may be present, such as grandmothers, husbands, and older children)—either by visiting the woman at her home or by meeting with her and a few neighbours as a small group. At the subsequent Care Group meeting, the Care Group Volunteers discuss their experience in sharing the previous messages and learn a new set of messages. In most Care Group programs, the Care Groups Volunteers also report births and deaths to the Care Group Facilitators/Promoters, who report this information upward through the health information system.

- The Facilitators/Promoters along with higher-level supervisory staff meet together every few months to learn the health promotion messages that they will later convey to the Care Group Volunteers. The Facilitators/Promoters are also taught participatory methods for behaviour change promotion, including demonstrations, role plays, stories, and songs (often composed by the Care Group Volunteers themselves) to convey these messages.

- The **educational content** focuses on key knowledge about maternal and child health, important household practices for promoting maternal and child health, and indications for use of health facilities, including danger signs for which medical care should be sought. Messages are often based on results of formative research such as positive deviance studies and barrier analysis14 studies that identify behavioural determinants of key behaviors.

Origins of Care Group Approach

- The Care Group approach was first developed in 1995 in the Guija and Mabalane districts of Gaza Province in Mozambique by staff members of World Relief (Pieter Ernst and Muriel Elmer, later with support from Warren and Gretchen Berggren) as they were developing an implementation plan for a

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child survival project funded by the United States Agency for International Development (USAID) Child Survival and Health Grants Program.

- This program proved to be highly successful in achieving impressive gains in coverage of key child survival interventions. Two years later, in 1997, after receiving training from World Relief, Food for the Hungry initiated a Care Group project in the Sofala Province of Mozambique under the leadership of Tom Davis and with funding from the USAID Title II Food for Peace program. This was the first replication of the model by another organization; the project achieved substantial decreases in moderate and severe stunting.

Key Reference

Perry H, Morrow M, Borger S, Weiss J, DeCoster M, Davis T, Ernst P. *Care Groups I: an innovative community-based strategy for improving maternal, neonatal, and child health in resource-constrained settings*. Glob Health Sci Pract. 2015;3(3):358-369. http://dx.doi.org/10.9745/GHSP-D-15-00051.