UNICEF Malawi
UNICEF House
Mantino complex
P.O Box 30375
Lilongwe 3
Malawi
Tel: + 265 1 770 780
Fax: + 265 1 773 162

www.unicef.org/Malawi

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All Children Count: A Baseline Study of Children in Institutional Care in Malawi

Ministry of Gender, Children and Community Development

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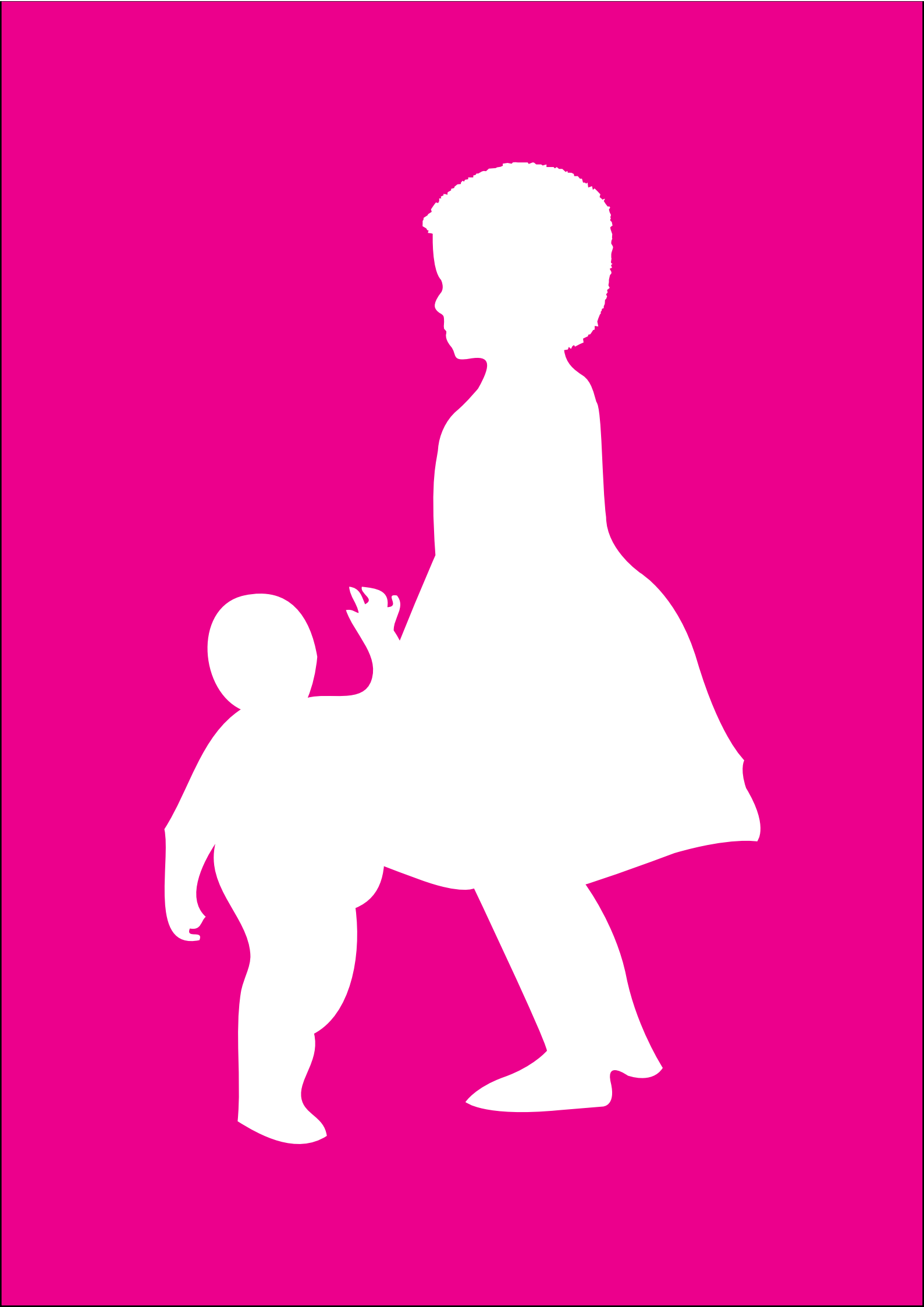

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
CBO	Community Based Organisation
CONGOMA	Confederation of Non-Governmental Organisations in Malawi
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
CSR	Centre for Social Research
DSWO	District Social Welfare Office(r)
FBO	Faith-Based Organisation
FGD	Focus Group Discussion
GoM	Government of Malawi
HIV	Human Immuno-Deficiency Virus
MoGCCD	Ministry of Gender, Children and Community Development
NGO	Non-Governmental Organisation
NSO	National Statistical Office
TA	Traditional Authority
UNICEF	United Nations Children's Fund

UNICEF Malawi Country Office, September 2011
Design: Notion Communications Ltd, Malawi

ACKNOWLEDGEMENTS

The Ministry of Gender, Children and Community Development would like to thank the Centre for Social Research (CSR) of the University of Malawi for conducting this study on behalf of the Government of Malawi. Within the CSR, particular thanks go to Dr. Alister Munthali, Dr. Peter Mvula and Ms. Gillian Kaliwa for coordinating this study. Special thanks go to Prof. Paul Kishindo, Director, for accepting that his institution should conduct this study.

The Ministry is also grateful to all the research assistants, supervisors and drivers who participated in this study for their role in the collection of data upon which this report is based. This report would not have been possible without the management of alternative care institutions in Malawi, children currently residing in these institutions and their guardians and children who attended (but have since left) for providing the information.

Finally, thanks to UNICEF and the Better Care Network for financially and technically supporting the study.

Ministry of Gender, Children and Community Development.

Lilongwe
September 2011

EXECUTIVE SUMMARY

I. About the study and methodology

In Malawi, as in other countries, some children are temporarily or permanently deprived of their family environment and therefore require alternative care in an institution. Factors such as HIV and AIDS, child abuse and neglect, endemic poverty, migration and family breakdown have contributed to the increase in the number of children requiring alternative care, but until now there has been no systematic attempt to quantify the size of the problem. There is a lack of data on the numbers and circumstances of children in institutional care. This makes it difficult to monitor the success of efforts to prevent separation, promote reunification and ensure that the alternative care provided is appropriate.

This study was commissioned by the Ministry of Gender, Children and Community Development (MoGCCD), supported by UNICEF with funds from the Better Care Network. Data was collected by a questionnaire to management personnel in childcare institutions and by in-depth interviews and focus group discussions with children in care. Interviews were also conducted with guardians and parents of children in care. Children who had left their institutions were also interviewed.

II. Findings

- This study found 104 childcare institutions in Malawi: 11 in the sparsely populated northern region, 30 in the central region and 63 in the southern region. There were five types - orphanages, special needs centres, church homes, transit care centres and reformatory centres - with orphanages the most common. There were 63 orphanages, more than half of them in the southern region. The northern region had seven special needs centres but only one orphanage. Just over half (54%) of institutions were owned by individuals, and the number of institutions had almost tripled during the past decade. Although government regulations covering children's institutions require them to be registered by the MoGCCD, about 40% were not registered. Most institutions had registers for the children, although the amount of information recorded about each child differed. Seventy-eight per cent had a management committee. Less than 30% of caregivers and committee members had been trained.

- A total of 6,040 children were living in childcare institutions. There was an uneven regional distribution, with 48% of the total being in the southern region, 40% in the central and only 12% in the north. There were more boys (55%) than girls (45%) in institutions. Two-thirds (66%) of the children were in orphanages,

13% in special needs centres, 10% in church homes, 8% in transit care centres and 3% in reformatory centres. Although children in institutions are supposed to have an individual care plan, only 9% of them had such plans. The northern region had the highest proportion of children with an individual care plan (39%) compared to about 5% in the central and south. Only 3% of the children had had their placement reviewed within the three-month period preceding the study.

- The death of a parent - especially the breadwinner - and the failure of the surviving parent (including grandparents) or guardian to adequately care for the child was one of the major reasons why children went into institutions. There were various ways in which children were admitted: 52% of the institutions themselves recruited children, 51% reported that children were brought by a District Social Welfare Officer (DSWO) and 39% were brought by their parents.[1] In some institutions, especially those owned by government, parents and guardians had to apply for a place for their child. Because of problems experienced at home, some children had admitted themselves into care. Teachers had in some cases advised families that their child required the support of a special needs centre. Given that there are so few of these (only 18 in the whole country), most children had to move far from home to be admitted. Children who had committed offences and were too young to go to prison were instead placed in a reformatory centre.

- Seventy-one per cent of children in institutions were orphans (having lost one or both parents). The regional distribution was similar to the percentages of children in institutions overall: in the north, 9% of the children were orphans, in the centre the figure was 38% and in the south 53%. There were more boys who were orphans than girls. Seventeen per cent of the children had special needs. However, only 13% of children were in special needs centres, suggesting that some children are not getting the support they need because few staff have been trained.

- A total of 57 deaths (30 boys and 27 girls) had occurred in the institutions over the last 12 months, with no major differences between boys and girls. Nearly 80% of the deaths happened in the southern region. The study did not look at whether these deaths were reported. Some children - 778 boys and 365 girls - under the age of 15 had left institutions through family placement, including reunification with their own families.[2] Most of the children who left (92%) were from the southern region.

- The regulations allow children in institutions to have visitors. However, only about a third of the children were visited. There were regional variations: more

[1] This is more than 100% as multiple responses were allowed.
[2] Period was not specified.

children were visited in the north (62%) than in the centre (17%) and south (36%). One reason given for children not being visited was that their parents and guardians could not afford the cost of transport. In any case, frequent visits were not encouraged because of a belief that this might disturb a child from schooling. Children found visits by parents and guardians very important, because they still felt part of the community and were updated on events at home. Parents and guardians also brought, if they could afford it, some local food and clothes.

- In general children reported being happy because they had access to services not available at home, despite expressing a sense of loss for family and community. However, some problems were mentioned. These included a shortage of learning materials, poor meals, a lack of electricity in dormitories, having to get up early to do chores before going to school and not being allowed to visit their homes. There were instances when children were not able to practise their own religion. Although management of institutions claimed that complaint mechanisms existed, children did not use them, preferring to discuss problems among themselves. If children misbehaved they were advised, warned or given a punishing task (for example cleaning toilets or digging pits). Corporal punishment was said to be rare. Some parents experienced problems: they said they missed their children and were sometimes disapproved of by their local communities for sending the children to an institution.

- The most common activities for children in care were spiritual activities, free play, playing games, storytelling and singing. These activities were performed daily and required little equipment. Not all institutions had play materials - about 70% reported having soft dolls, art materials and picture and storytelling books. Between 40% and 60% had other indoor play materials such as musical instruments, matching cards, puzzles etc. Soft balls were available in 81% of institutions but very few institutions had any other outdoor play equipment. Play materials were mostly donated by well-wishers; they were also locally made by caregivers.

- Ninety per cent of the institutions owned the buildings they operated from, but less than half of these had a resting place for children and only 64% of the resting places had blankets, mats and mattresses. Almost all of the buildings were permanent structures with burnt brick walls, iron roofs and cement floors. Ninety-eight per cent of the institutions had kitchens and most had sufficient cooking and eating utensils.

- In terms of water and sanitation, 98% of the institutions obtained drinking water from safe sources such as piped water, boreholes and protected wells. All had toilets and bathrooms. The most common toilet was a pit latrine. Often there was a combination of flush and traditional (ventilated improved pit latrines) so that toilets were available even in cases of water shortage. About 77% of the toilets were observed to be clean. Over 90% of the institutions had rubbish pits for disposal of garbage. More than 90% taught children about hygiene and sanitation and there was high usage of toilets and rubbish pits.

- Nearly 90% of the institutions reported that sick children were taken to the nearest health facility. In some cases, institution management took care of sick children, and some institutions had clinics or nurses. Eighty-four per cent of the institutions kept records of sick children, mainly to document the treatment given in cases of ill-health, any special illness and immunization status. Only 44% of institutions had a sick bay for children who were ill. First aid kits were reported in only 63% of institutions, and even fewer had weighing scales or height charts to monitor growth. Health visitors were said to visit 78% of institutions, although the frequency of visits varied. They provided various services – most gave talks on hygiene, sanitation and general health. They also vaccinated the children when necessary. Other services provided less frequently included HIV and AIDS awareness, vitamin A supplementation, de-worming and providing insecticide-treated nets to protect against malaria.

- All childcare institutions provided meals. Almost all (97%) provided nsima with beans and vegetables, with the next most common meal being rice with meat or beans and vegetable (82%). Other meals such as porridge or tea with or without milk were provided by about half of the institutions. Two-thirds provided meals and snacks more than three times a day and one-third provided three meals per day. They used mainly firewood (69%) and electricity (20%) for cooking. Food was purchased from the market (84%), donated by well-wishers (65%) and grown in institution gardens (51%)[3] - 72% of the institutions had a garden where they grew mainly vegetables and maize.

- Institutions faced many challenges. These included lack of funding (mentioned by 54% of institutions), lack of training for caregivers (40%), lack of food (34%) and insufficient buildings (34%). Other challenges included lack of play materials, lack of medicines, lack of bathrooms and toilets and lack of community involvement.

[3] Many Institutions had more than one source of food.

III. Conclusion

This study found 104 childcare institutions in Malawi catering for over 6,000 children - orphanages were the most common type. Poverty, exacerbated by the death of breadwinners, was the major reason why children went into care. While all institutions claimed to be registered (registration is required by law), the study found that 40% were not registered and some District Social Welfare Offices were unaware of institutions operating in their districts.

Government regulations require childcare institutions to have committees to oversee operations, but nearly a third did not have management committees. A significant proportion of the caregivers were untrained, which also contravenes the regulations. In some cases a child's right to practise his or her religion was not respected. While most institutions reported that they had systems to deal with children's complaints, children rarely used them.

There appeared to be a lack of awareness among management of the regulations governing the registration and functioning of childcare institutions. There is a need to make these widely available and to explore other channels of communicating them to all stakeholders. There is also a need for mechanism to enforce the guidelines and for an effective monitoring and supervisory system. Finally, while this study has provided a picture of the situation of children in institutional care and a baseline of institutions and the numbers of children involved, the situation is changing fast. More research is needed to assess whether the most vulnerable children are being properly cared for and how to return children to their families, particularly where poverty, not abandonment, is the major driver of institutionalisation.

SUMMARY OF KEY INDICATORS[4]

In 2009 the Better Care Network developed a number of indicators for children in formal care, which includes children living in institutional care or formally arranged foster family care. The table below provides the situation of children in formal care in Malawi based on indicators developed by the Better Care Network.

No.	Indicator	Description	Number
		Quantitative indicators	
1. Core	Children entering formal care	Number of children entering formal care during a 12-month period per 100,000 child population	55
2. Core	Children living in formal care	Number of children living in formal care on a given date per 100,000 child population	211
3. Core	Children leaving residential care for a family placement	Proportion of children < 15 years leaving residential care for a family placement, including reunification, in a 12-month period	20%
4. Core	Ratio of children in residential versus family- based care	Proportion of all children in formal care who are currently accommodated in non-family-based care settings	-
5.	Number of child deaths in formal care	Number of child deaths in formal care during a 12-month period per 100,000 children in formal care	57
6.	Contact with parents and family	Percentage of children in formal care who have been visited by or visited their parents, a guardian or an adult family member within the last 3 months	30%
7.	Existence of individual care plans	Percentage of children in formal care who have an individual care plan	9%
8.	Use of assessment on entry to formal are (gate keeping)	Percentage of children placed in formal care through an established assessment system	-
9.	Review of placement	Percentage of children in formal care whose placement has been reviewed within the last 3 months	3%
10.	Children in residential care attending local school	Percentage of children of school age in residential care who are attending school within the local community with other children who are not in residential care	-
11.	Staff qualifications	Percentage of senior management and staff/carers working with children in formal care with minimum qualifications in childcare and development	-
12.	Adoption rate	Rate of adoptions per 100,000 child population	1.68
		Policy/implementation indicators	
13.	Existence of legal and policy framework for formal care	The existence of a legal and policy framework for formal care that specifies: • Steps to prevent separation • Preference for placement of children in family-based care • The use of institutionalisation as a last resort and temporary measure, especially for young children • Involvement of children, especially adolescents, in decisions about their placement	Yes
14.	Existence of complaints mechanisms for children in formal care	Existence of mechanisms for formal complaints that allow children in formal care to safely report abuse and exploitation	Yes
15.	Existence of system for registration and regulation	Existence of system for registration and regulation for those providers of formal care for children	Yes

[4] N.B. Indicators for 4, 8, 10 and 11 could not be calculated because our data set does not provide the appropriate denominator. This is also the case for the policy/implementation indicators.

1. INTRODUCTION

Like other countries, Malawi has children who are temporarily or permanently deprived of their family environment and therefore require alternative care. Social shocks have created the conditions that permit or facilitate homelessness, child labour and delinquency. For example, the HIV and AIDS epidemic has created increasing numbers of orphans.

In families and communities where economically productive young men and women are dying of AIDS, the major challenge is to build a protective environment that will ensure that the orphans grow up with all their needs provided for. There are also many children in conflict with the law who are placed in reformatory centres and juvenile wings of central prisons.

The UN Convention on the Rights of the Child (CRC) recognises that throughout the world children are unavoidably separated - temporarily or permanently - from their families. Separation may be caused by many factors, not least conflict and displacement, the HIV and AIDS epidemic, endemic poverty, family breakdown and migration. The CRC stresses the importance of family in children's lives and makes clear the responsibility of governments to promote family care and reunification, and to provide appropriate alternative care for all children who have lost the care of their parents. The CRC also stresses that removing any child from his or her family should be the last resort.

Alternative care is defined as care for orphans and other vulnerable children who are not under the custody of their biological parents. Article 20(2) of the CRC accords to children temporarily or permanently deprived of their family environment, or in whose own best interests cannot be allowed to remain in that environment, the right to "alternative care." Article 20(3) of the CRC states that alternative care can include adoption, fostering, guardianship, kinship care, residential care and other community-based childcare arrangements.

While the ratification of the CRC heralded a new era for children, it was also acknowledged that there were significant gaps in its implementation, as existing international instruments offered limited guidance on how to prevent family separation or ensure adequate care for children. In some cases children are placed in formal care unnecessarily and for longer periods than needed. The UN Guidelines for the Appropriate Use and Conditions of Alternative Care for Children adopted in 2009 provide guidance on alternative care for children.

Malawi has traditional systems for caring for vulnerable children, and Government of Malawi (GoM) policy promotes the ideal of keeping children within their community.[5] National instruments such as the Child Care, Protection and Justice Act (2010) and the National Policy on Orphans and Other Vulnerable Children (modelled after the CRC) emphasise the need for children to be kept by their families and in their communities. They stress that placing orphans and other vulnerable children in institutions should be the last resort. However, in response to the increased numbers of orphans and other vulnerable children, more childcare institutions have been established. But since there is a lack of regularly collected and analysed data on the numbers or circumstances of children being cared for outside their original families, it is difficult for the Ministry of Gender, Children and Community Development (MoGCCD) and other stakeholders to effectively monitor the situation. Without adequate data, it is almost impossible to assess progress in preventing separation, promoting family re-unification and ensuring the provision of appropriate alternative care for children who have lost parental care. There is a need therefore to put an effective monitoring and evaluation system in place and to have up-to-date data regarding assessment, admission and integration of children in institutions. This study was therefore commissioned by the MoGCCD and supported by UNICEF and the Better Care Network in order to address this important gap.

2. ABOUT THE STUDY

2.1 The need for an inventory of institutions

In Malawi, there are increasing numbers of children requiring alternative care. Such children include those orphaned by AIDS, children in/on the street and other abandoned children, as well as those at risk of violence, abuse and exploitation. To cater for their needs, more childcare institutions have been established, but until this study, the exact number was unknown. The nature of these institutions, the number of children they served, the services they provided, their capacity to cater for vulnerable children and their status of registration with the government was also unknown. Little research had been done about the factors that led children into institutional care. The government therefore requested the support of UNICEF to discover how many childcare institutions were operating. It also wished to find out how many children were residing in these facilities, disaggregated by gender, age, family status and vulnerability.

2.2 Objectives of the study

The major objectives of this study were to describe the situation of children in institutional care and create a database containing all institutions in Malawi catering for children requiring alternative care. The scope of work was as follows:

[5] Ministry of Gender, Children and Community Development, 2003

- Mapping out the institutions and counting the number of children being cared for, disaggregated by gender, age, family status, type of orphanhood (maternal, paternal or both) and vulnerability;
- Providing an account of how children were admitted to the institutions;
- Determining the registration status of the institutions;
- Documenting different types of services being offered in the institutions;
- Finding out the number of children living with HIV in the institutions;
- Establishing how institutions get funding for their operations; and
- Counting the number of staff and other caregivers and indicate their training status (type of training received, training body, and duration of training).

2.3 Methodology

Twelve research assistants and for supervisors were engaged by the Centre for Social Research (CSR) to participate in this study. These were divided into four teams: each team had one supervisor, three research assistants and a driver. Each team was assigned a number of districts as follows:

(i) Team I: Chitipa, Karonga, Rumphi, Mzimba, Likoma, Nkhata-Bay and Nkhota-Kota.
(ii) Team II: Lilongwe, Kasungu, Dowa, Ntchisi, Mchinji, Salima, Dedza.
(iii) Team III: Zomba, Chiradzulu, Phalombe, Machinga, Mangochi, Balaka and Ntcheu.
(iv) Team IV: Blantyre, Neno, Mwanza, Thyolo, Mulanje, Chikwawa and Nsanje.

In each district the research team first contacted the District Social Welfare Officer (DSWO) or representative who provided a list of known alternative care institutions. They also provided a list of major partners involved in child welfare and related issues in their districts. These partners were visited and asked if they were aware of any other institutions in the district; Traditional Authorities (TA) were also visited and asked whether they knew of any such institutions. At community level, extension workers (such as community development assistants and health surveillance assistants), teachers, village headmen and community members were also asked the same question.

All of the institutions mentioned were then listed and visited by a research team. A snowball method was also used, whereby every institution was asked if there were any other institutions in the area. This approach gave the teams confidence that they had identified every institution. For example, the team that went to Zomba identified four institutions by snowballing in addition to the four it had already located. In Blantyre the team identified three institutions in addition to the 15 initially listed.

This demonstrated that the DSWO were not aware of all the institutions in their districts.

In total, 104 institutions were identified nationwide. In each institution a questionnaire was administered (Annex 1). About 63% of the people interviewed were administrators, 17% were caregivers and another 17% were matrons; 2% were wardens and 1% were founders. The team also conducted 33 interviews with guardians, 25 interviews with children who had attended an institution but had now left, documented 38 life histories and carried out 50 focus group discussions (FGDs) with children aged between seven and 23. Annex 2 shows the guide for FGDs with children, in-depth interviews with children who had attended institutions previously and collecting life histories of children in institutions. Annex 3 is the guide for interviews with guardians or parents of children in institutions. The team relied on management to identify graduates and guardians of children in institutions, and to arrange interviews and FGDs with children in institutions.

A Global Positioning System (GPS) device was used to provide the coordinates of each institution. These were recorded manually on a form, together with the name of the institution, the village and district. The data was entered into an Excel file which was then converted into a database file (DBF). Using electronic or digitized maps from the National Statistical Office, the national map of Malawi was retrieved and the DBF file superimposed on the map and labelling was then done. There were more institutions in the urban centres of Lilongwe, Zomba, Blantyre and Mzuzu. The maps of these major towns were drawn separately to avoid overcrowding on the national map.

3. FINDINGS

3.1 Numbers and types of institutions

The survey identified 104 institutions in Malawi. Of these, 61% were in the southern region, 29% in the central region and 11% in the northern region. There were five types of institution: orphanages, special needs centres, church homes, transit care centres and reformatory centres. Table 3.1 below shows the number and the type of institution per region.

Table 3.1 Number of institutions by type and region

Type of institution	Region			Total
	Northern	Central	Southern	
Orphanage	1	21	39	61
Special needs centre	7	3	8	18
Church home	3	2	7	12
Transit care centre	0	2	7	9
Reformatory centre	0	2	2	4
Total	11	30	63	104

Orphanages were the most common type of institution, representing 61% of all institutions in Malawi. However, distribution was uneven, with only one orphanage in the northern region. Orphanages represented 77% of all institutions in the central region and 62% of those in the southern region. The northern region had fewer institutions altogether, reflecting the lower population density in the north. There were four special needs centres in the northern region, representing 66% of all institutions in the region. There were only four reformatory centres in Malawi: two in the centre and two in the south. Transit care centres were relatively numerous in the southern region, possibly reflecting the pressures of migration.

3.2 Time of establishment

The oldest institution was established in 1946 in Zomba District. Numbers grew slowly until the year 2000, when there were 32 institutions. In the decade to 2010 this number almost tripled to reach the current figure of 104. Six of them did not specify the year when they were established, so only 98 institutions are enumerated in Figure 3.1 below.

Figure 3.1 Cumulative numbers of institutions in Malawi 1946-2010

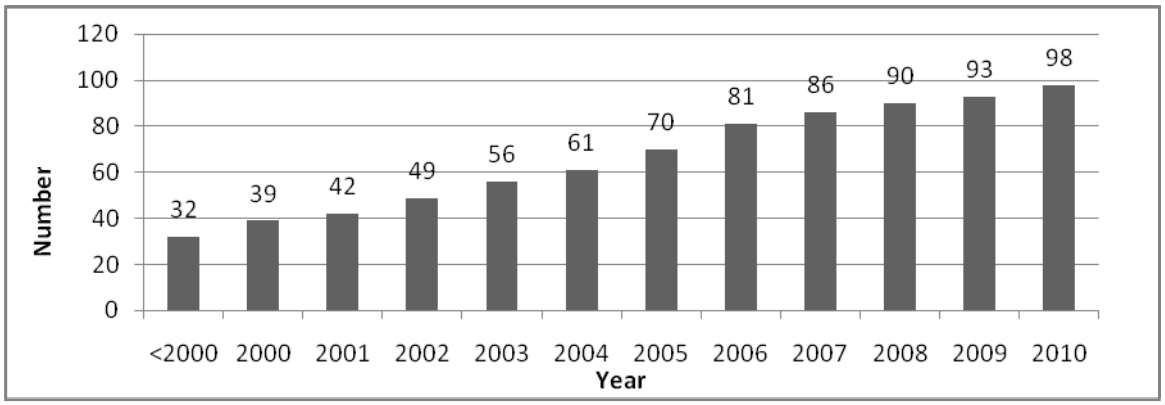
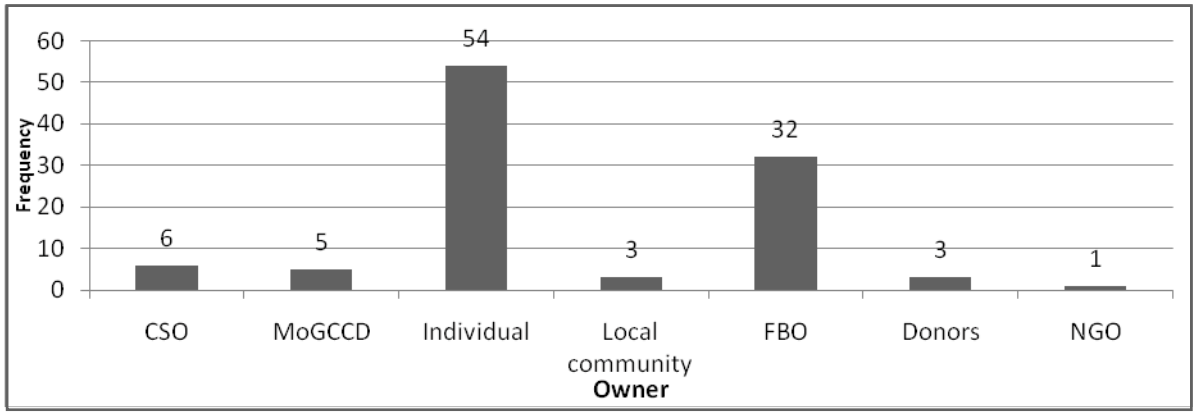


Figure 3.2 Ownership of institutions



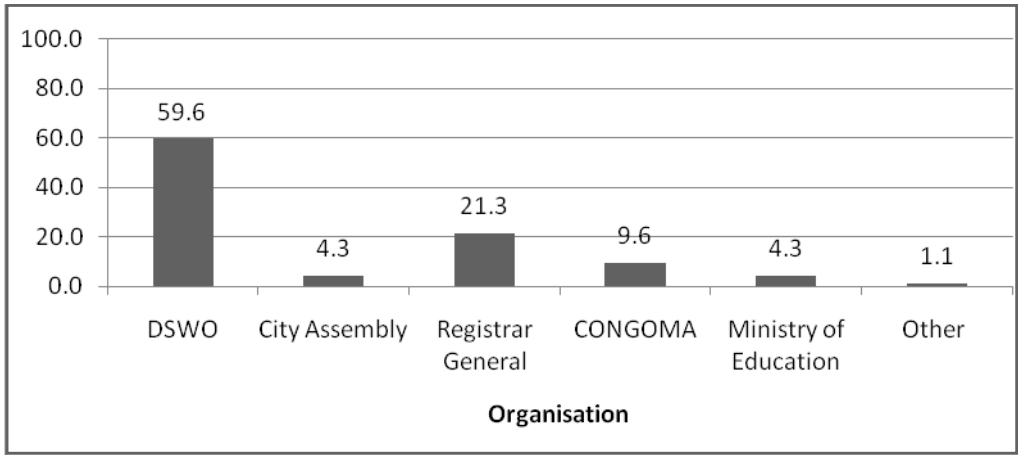
3.3 Registration

According to the GoM publication Children's Homes and Orphanages – Rules and Regulations,[6] any person or organisation planning to operate an orphanage or children's home must first seek written approval from the MoGCCD, via the District Assembly. About 90% of the institutions claimed that they were registered and Figure 3.3 below shows the proportion of institutions registered and the organisations they were registered with.[7]

[6] MoGCCD 2006. Referred to in this report as 'the regulations'

[7] CONGOMA is the Confederation of NGOs in Malawi

Figure 3.3 Percentage of institutions registered

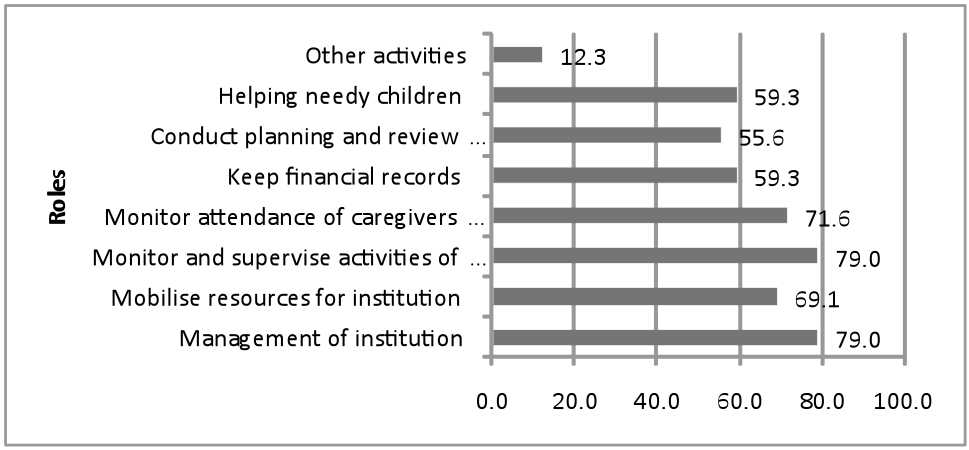


There appeared to be some confusion in the registration process. Applications - addressed to the Principal Secretary in the MoGCCD - should first be recommended for approval by the District Assembly (with technical advice from the DSWO). They are approved by the Minister once all requirements have been fulfilled, and the Principal Secretary then ensures the approval appears in the Government Gazette. According to this process, all institutions should be registered with their local DSWO. As Figure 3.3 above shows, only about 60% of them claimed to be registered in this way.

3.4 Management

According to the regulations, institutions are required to have a management committee. About 78% of the institutions reported having a committee. Committee members were said to be chosen in various ways: some were appointed by administrators, trustees, church members or the community; others were chosen through voting, volunteering and interviews. Figure 3.4 below shows the roles of the committee members:

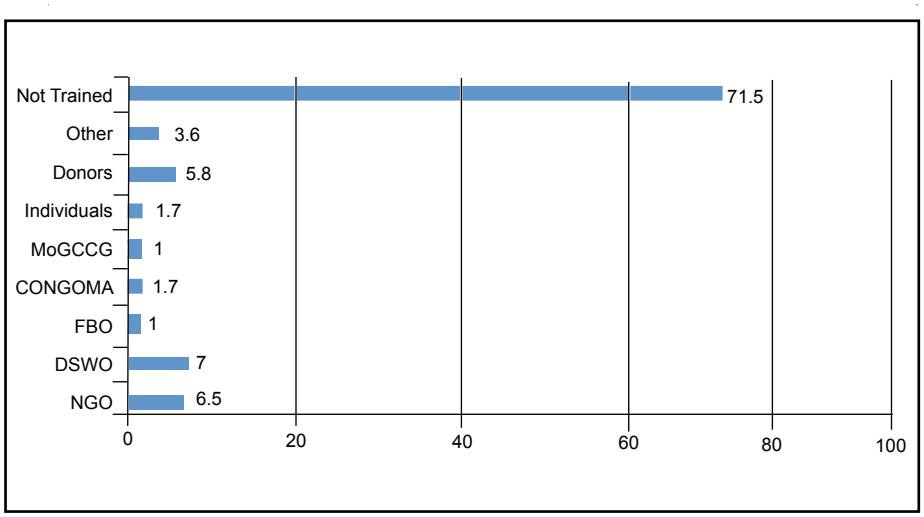
Figure 3.4 Roles of committee members



The most common roles of committee members included monitoring and supervising the institution's activities (79%), managing the institution (79%), monitoring the attendance of children and caregivers (72%), and mobilising resources for the institution (69%). Other roles included counselling children, Part-time teaching and settling disputes. The committees thus appeared to play an important role in the operations of the institutions, in line with the regulations.

Despite these important roles, most (72%) committee members were not trained - see Figure 3.5 below:

Figure 3.5 Training of Caregivers

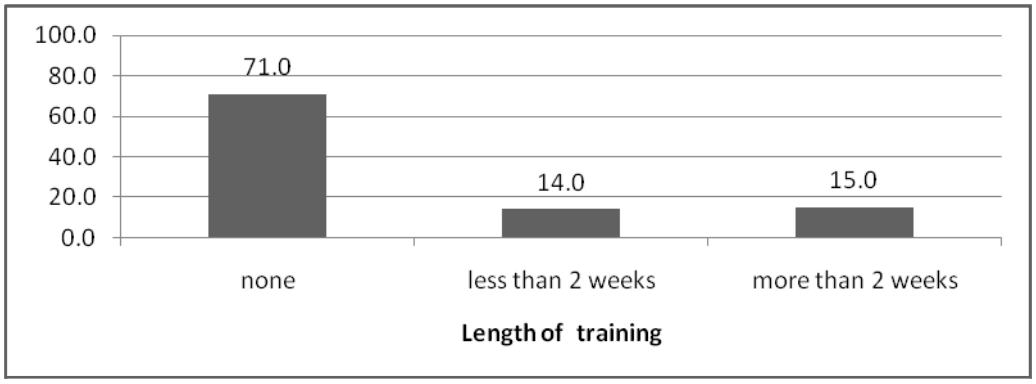


The committee members who were trained had received their training from a range of institutions, including the MoGCCD and civil society organisations.

The regulations include standards on the qualification and adequacy of staff in childcare institutions. These state that every home or orphanage should be headed by a warden, who should have either social work or childcare qualifications. Every home or orphanage should also have sufficient, properly qualified supporting staff. Staff qualifications constitute one of the 15 formal care indicators.[8]

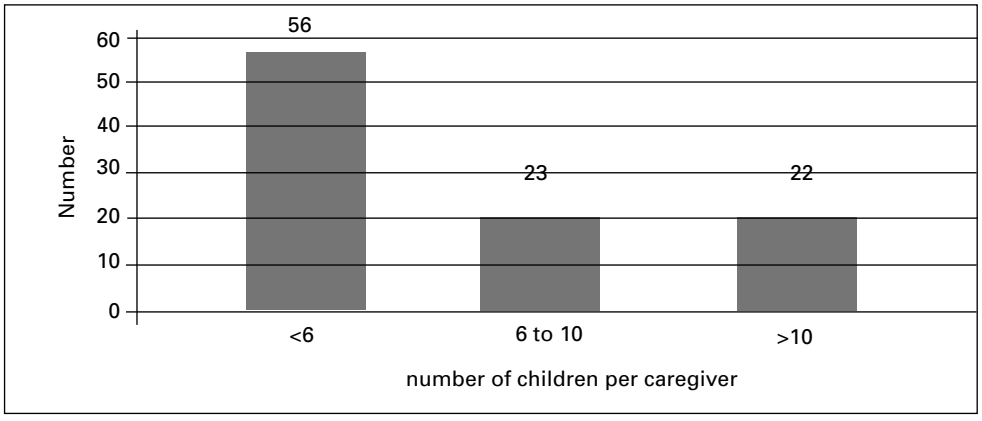
When asked about how staff were recruited, 75% of the respondents said that caregivers were interviewed and that 29% volunteered for positions.[9] Some caregivers were appointed by the church, the administrator or the community. Caregivers could also be posted by government.

Figure 3.6 Length of childcare training for caregivers



Most (71%) of the caregivers had not been trained in childcare or related issues. Of the 29% who had received some training, 14% had been trained for less than two weeks.

Figure 3.7 Child-to-caregiver ratio



[8] Formal care indicators are given on page x
[9] This is more than 100% because multiple responses were allowed.

The regulations stipulate that a caregiver should be responsible for no more than 10 children at a time. According to the survey, 76% of the institutions have an acceptable child to caregiver ratio. In some institutions the ratio was as low as 1:1 while in other cases the ratio was as high as 58:1. The average child to caregiver ratio was 10:1, which is in line with the regulations.

3.5 Children in institutions

This section looks at various aspects of children's lives in institutions. It assesses the experiences of children with reference to the regulations as well as the indicators for formal care.

3.5.1 Numbers of children

Table 3.2 below shows that a total of 6,039 children in the 104 institutions identified. There were 2,912 (48%) in the southern region, 2,415 (40%) in the central region and 712 (12%) in the northern region. There were more boys in care than girls in care, in all regions. Overall, 55% of the children in institutions were boys and 45% were girls.

Table 3.2 Number of children in institutions by region and sex

Number of children registered in institutions				Number of children that entered institutions during the 12 months prior to the survey		
Region	Boys	Girls	Total	Boys	Girls	Total
Northern	378	334	712	58	48	106
Central	1,277	1,070	2,415	289	201	490
Southern	1,667	1,121	2,912	559	293	964
TOTAL	**3,322**	**2,525**	**6,039**	**906**	**542**	**1,560**[10]

Table 3.2 also shows the number of children who entered an institution in the 12 months prior to the survey. A total of 1,560 children entered institutions over this period: 62% from the southern region, 31% from the central region and the rest (7%) from the northern region. This represents more than a quarter (26%) of the total number of children, and shows that numbers are increasing rapidly.

[10] Some institutions did not provide the number of boys and girls, hence the difference in the total.

Table 3.3 Number of children in institutions by type of institution

Type of institution	Boys	Girls	Total
Orphanage	2,050	1,839	3,997
Special needs centre	434	331	765
Church home	411	202	613
Transit care centre	236	136	497
Reformatory centre	151	17	168
Total	3,322	2,525	6,040

There were more children in orphanages than in other institutions, with almost equal percentages of boys and girls. Reformatory centres had the lowest number of children, but 90% of them were boys.

The regulations state that children in institutions should have an individual care plan and their placement should be reviewed periodically. However, the study found that only 558 (9%) of the 6,039 children in institutions were reported to have an individual care plan. The northern region had the highest proportion of children who had an individual care plan (39%) compared to only 5% in central and southern regions.

A placement review had been carried out for 162 children (only 3% of all children in institutions) within the three months prior to the study.

3.5.2 Admission of children

The questionnaire administered to management included a section on the admission process. Children were admitted in various ways: direct recruitment by institutions, referral by others (e.g. the DSWO or parents) and self referral by children. This section discusses these methods of admission in turn.

3.5.2.1 Direct recruitment

Fifty-two per cent of institutions said that they took the initiative to recruit children directly. This was confirmed by former residents of childcare institutions, children still in institutions and by guardians and parents. They reported that some institutions actively looked for vulnerable children in communities and suggested to guardians or parents that the institution should take care of these children. For some church-based homes, the pastors actively visited church members who were poor and struggling to bring up orphans.

The management of institutions in communities were aware of households keeping orphans and other vulnerable children, and it was reported that they would visit such households and ask to take care of the child. Since guardians or parents were unable to adequately care for these children, they usually accepted such an offer. They considered it as a form of relief and they said during interviews that children were better off in institutions than at home where poverty was pervasive.

3.5.2.2 Referred by teachers, parents and others

Many children were brought to institutions by their parents, teachers, through the DSWO and via community-based organisations (CBOs). Of the 104 surveyed, 51% (53) reported that children were brought to the institution by the DSWO and 39% by their parents.

Some institutions catered specifically for children with special needs. Children could be brought to a special needs centre if parents or teachers thought that they required special attention. It was said that teachers were often the first to notice if a child had a visual impairment and would advise the parents to take the child to a special needs school. One child who had previously attended a special needs school in Mangochi District and was in secondary school at the time of the survey reported that she had lost both parents when young and had been taken to a special needs school by her teachers who saw that, since she was visually impaired, she would not do well in normal schools.

A number of caregivers in institutions also have orphans and other vulnerable children to care for at home. Some of these caregivers are old and poor, and there were several cases when such caregivers asked their management to consider taking the children under their care into the institution.

Lastly, it was mentioned that children were recruited through community-based organisations, churches, NGOs and the community. One boy said:

> "I came here through an orphan care organisation. It is a CBO which is based in Phalombe. The institution contacted the CBO to give them orphans so that they can raise them up. And my mother is the one who made all the decisions that I should come here after the institution contacted the CBO. The CBO had seen how poor our family was and how we were struggling to get money after the death of our father who was a teacher at a government primary school. My mother was not educated and was not doing any business and so when this offer came she did not hesitate but agree.This is how I found myself here," 13-year-old orphan, institution in Chiradzulu.

The death of a breadwinner and chronic poverty are important factors that often force households to send their children into institutions. It is evident from this discussion that teachers, caregivers, parents and DSWOs all play an important role in referring children to institutions. When choosing an institution, most parents or guardians chose the closest one so that they could easily visit the child.

3.5.2.3 Formal applications for admission

Some of the special needs schools belong to government and admission is by formal application. A number of parents and guardians mentioned that they had applied for a place for their children.

3.5.2.4 Self-referral by children

Many children had experienced problems in their households or communities because of poverty and the failure of parents or guardians to adequately provide for their needs. Some children had been mistreated at home. In such cases, institutions were said to be an attractive option, because they provided basic needs including meals, accommodation and education. In some cases, children said they wanted to go into institutions to join their friends.

3.5.3 Reasons for admission

This study found that poverty was a major reason for admitting children into institutions. Where parents or guardians found themselves unable to provide for their children's needs, institutions provided a viable alternative. In most cases poverty was exacerbated by the death of one or both parents. Even where one parent survived or where the child was being taken care of by members of the extended family, poverty was a major driving factor for children to be put in institutions. Guardians (who in most cases were grandparents) reported that when their sons or daughters died they were left with the responsibility of caring for the grandchildren - often they could not afford to do so and had to put the children into an institution:

> "Being a smallholder farmer I produce very little crop yields so I could not manage to provide all she needed. All the relatives are poor and cannot provide her needs. I am an elderly person so am not farming the way I used to when I was in the 30s." Guardian, TA Chimaliro, Thyolo.

> "Then I was young and it was difficult to communicate with people and if my grandmother had decided to send me to a normal school it would not have been easy for me to communicate with my friends. So they chose this place so that I could learn how to communicate with friends and to learn life skills." Female, 35, former pupil of a school for hearing-impaired children, Mzimba.

Traditionally, the extended family system would take care of orphans. However, the increasing number of orphans is stretching the ability of the extended family to cope. One guardian in Thyolo, for example, said she had three children of her own. Her late sister left seven children. She was not married at the time and could not afford food, clothes and education, so she decided to put her late sister's two youngest children into an institution.

Many poor parents and guardians reported that they could not send their children to school or provide necessities such as food and clothing. The desire to educate their children so that they would be able to live an independent life was another reason for sending children into institutions. This reason was also mentioned by children who had referred themselves to an institution. In an institution they were at least assured of education, food and other necessities. A number of children said that their sisters had married early after losing both parents to escape from poverty but that these marriages had not always been a success.

One visually impaired woman in Mzuzu reported that it was difficult for her to find money to buy all the things that her two children required. When a recruitment team from an institution visited her and suggested that her youngest child should be placed in their institution, she agreed, feeling that this would relieve some of her problems. However, she also said that her first child (nine years of age) was now not in school because she acted as a guide for her mother. This raises broader questions about how highly vulnerable families such as this one can be supported to stay together while protecting the rights of the children.

During interviews with parents or guardians, it was acknowledged that in most cases there was nothing they could have done to prevent children being sent into institutions because they were poor. In Mzuzu, a woman reported that her child was deaf and could not speak, and that in the city there was no school for children with special needs. She had been advised by some teachers to send her child to a special needs school, some 80km away.

There were a number of institutions in this survey that belonged to Islamic institutions (madrassas). It was evident from interviews that some children in madrassas were not orphans. Some were sent there for religious education classes:

> "My father heard about this place and he came here to look for a place so that I could start my primary school. Luckily they accepted me and here I am." A non-orphan at a madrassa, Mangochi.

However, some children in madrassas were orphans. One child in the madrassa at Mangochi said he had lost his mother and that his father had moved away and married another wife. In another interview at this school, a child said that his father had died; his mother, a businesswoman, was running a rest house. This child had come to the institution mainly to learn the Koran and start primary school.

A final reason for being admitted into an institution was if a child had been in conflict with the law. Children may not be sent to prison but are instead sent to reformatory centres.

All these reasons reflect the fact that most children living in institutions were admitted because they were vulnerable. They include orphans and children with disabilities. Many lacked parental care and lived in poverty before they entered an institution.

3.5.4 Care received by children

Most children reported that the care they received was better than they had enjoyed before entering the institution. Children said that they had received many things, listing items such as clothes, toys, shelter, body lotion, blankets, shoes, slippers, soap and suitcases. Some also slept on good beds and mattresses, which were not available at home because of poverty. Guardians and parents were also aware of the care the children received and said that these things were not available at home, which was why they had sent children to an institution.

> "When I pay them a visit, I find them in good clothes and when they come for a short stay with us they bring blankets, soap, toys and a number of books which they say they were given by well-wishers who came to see them and gave them some blankets." Guardian, Blantyre.

Children in institutions attended school and they were given writing materials, uniforms and text books. Their school fees were also paid. Some institutions had clinics. Where there was no clinic on site, sick children were taken to health facilities where costs were covered by the institution.

In most institutions, even though some children complained about the food, they were assured of three meals a day. They could therefore concentrate on their studies, because they did not feel hungry all the time.

If they had been at home, they might have dropped out of school like their friends, as one respondent in Nsanje mentioned:

> "A lot of children of her age have dropped out of school because of following their friends who are not in school for different reasons such as marriage, lack of interest in education. And if my ward was at home it is more likely that she would have dropped out of school by now because she would have been encouraged by her friends to leave school. This is not the case now because she is at an orphanage and she is being looked after." Guardian of a girl in an orphanage, TA Malemia, Nsanje.

This issue was reported by a number of guardians as well as children in institutions.

Some institutions taught children vocational skills, such as tailoring, which are useful later in life. One former institution attendee said in an interview that she had learned tailoring in the institution and that she now sews clothes for children at her former institution. She is paid for this work and now leads an independent life.

In addition to education and vocational skills, a number of children mentioned that they had been trained to do household chores such as cooking, washing clothes, cleaning plates and sweeping the campus. They also learned about health and hygiene issues. All of these were said to be useful when they left the institution. Some children, for example at an institution in Mangochi, said that even though they did these chores, they did not work as hard as they used to work at home:

> "At times we used to work early, going to the field before classes that is why most of the time we were not able to go for classes." Child at an institution in Mangochi.

Some children had also been exposed to trips outside Malawi, which would not have been possible if they had stayed in their households. It was evident that institutions provided a wide range of services to children. These included accommodation, meals, education (including vocational skills) and other basic needs such as soap, clothes, and play materials.

3.5.5 Visiting

The regulations state that children in institutions should be allowed to receive visitors after being granted permission by the administrator. However, only 1,885 children (31%) of the children reported having been visited: the northern region had the highest proportion of children (62%), followed by the southern region (36%) and

the central region (17%). Most children were not visited. Some children were in an institution far from home and so had irregular or no visitors.

During interviews, children said that they appreciated visits by guardians or parents, partly because visitors brought money to buy things that the institution could not provide. Such visits also made the children realise that although they were orphans, people loved and still cared for them.

3.5.5.1 Frequency of visits

Guardians and parents, children in institutions and children who had attended an institution said that visitors were allowed to see children.

Some institutions, especially those within communities, allowed visitors at any time. Others had scheduled visiting times, for example once a month. Frequent visits were discouraged because they were said to disturb the children. Not everyone was encouraged to visit, for fear of child traffickers. Some institutions had a rule that only the person who had left the child in the institution was allowed to visit and that visitors had to produce ID for security purposes. Some only allowed visitors to see a child by appointment. Night visits and visits during classes were discouraged.

3.5.5.2 What happened during visits

During visits by guardians and parents, children were advised to behave, work hard, concentrate on their education and obey school rules. The children were also advised to refrain from engaging in delinquent activities. Visitors who could afford to would bring local foods such as groundnuts, fruit, vegetables, kamba snacks, clothes, potatoes, green maize, fish or relish.

Parents and guardians also inquired about the health of the child, and told children about what was happening at home. Institutions invited parents or guardians of children who had misbehaved to remind them how fortunate they were to be in the institution compared to their situation at home. Children in institutions said they found these visits useful as they were given advice.

3.5.5.3 Exchange visits and the need for government officials to visit

Some children said they would like exchange visits with other childcare institutions so that they could see how other children coped. They said they would also appreciate visits by senior government officials and church elders, as they want to grow spiritually. Visits by senior government officials have been useful in helping to address issues:

> "Visitors were allowed. As in my case I was only visited by my elder sister. Mostly it was the Social Welfare Officer who visited frequently. When he came he used to meet school management and point out the problems that our school had to work on and improve. So we benefited a lot from their visits."
> Former child resident of an institution in Mangochi.

Some children at a school for the visually impaired explained that visits by senior government officials were necessary so that they could share various problems with them. They said that they suffered daily from shortages of Braille materials, a lack of special needs teachers and a lack of toilets, bathrooms and classrooms. Some institutions reported having been visited by donors who had brought a wide range of items such as clothes, money and books for the children.

3.5.6 Orphans and children with special needs

Seventy-one per cent (4,301) of the children in institutions were orphans, of whom 2,246 (52%) were boys and 1,865 (43%) (non-stated is 190) were girls. In both the central and northern regions there were more male than female orphans while in the south there were more female than male orphans. There were 1,028 children in institutions who had special needs, but only 765 of them were in special needs centres. More than a quarter (26%) of children with special needs were therefore in childcare institutions that had no special provisions for dealing with their particular needs.

3.5.7 Death or reunification with families

Fifty-seven children – 30 boys and 27 girls - died in institutions during the 12-month period preceding the survey. The study did not probe whether these deaths were reported or how funeral arrangements were made.

A total of 1,139 children aged less than 15 years had left institutions through family placement including reunification. More boys (778, or 68%) than girls (365 or 32%) left in this manner. More than 90% (1,044) of the children placed in families were from the southern region.

3.5.8 Registers for children

Almost all (98%) institutions had registers for the children in their care, with little difference between the regions. All registers included the name of the child. Almost all (97%) institutions reported that their registers showed the child's date of birth (100% in the northern region, 97% in the central and southern regions). Three per cent reported that the register did not show the sex of the child.

Ninety-six per cent of the registers recorded the home village. Nearly 88% showed the parent's name and 79% also recorded any problems a child might have. Seventy-five per cent of the registers showed a child's religion, with the central region having the highest proportion recording this. Finally, 49% showed the HIV status of the child, although there were regional differences: the central region had the highest proportion at 68%, followed by the southern region at 44% and the northern region at 20%.

3.5.9 Children's impressions

In most cases, children said they liked being at an institution because they were provided with things that were not available at home. Children said they liked going to school, praying, accommodation (as they sleep on good beds and mattresses), being assured of having three meals a day and participating in sports. They also liked playing with friends and doing household chores such as washing clothes, cleaning plates and sweeping the surroundings.

Children said they did not like various things. In some institutions, children said that there was restricted interaction between boys and girls - if they are found to chat with members of the opposite sex they might be expelled. They were not happy with this as they said they wanted to help each other with school work. What also came out strongly was the shortage of learning materials,especially for children with special needs. Such shortages made some children seek work (such as gardening for people outside the institution) to buy school materials.

In some institutions there were complaints about the food, such as being given beans every day, eating meat only once a week - in one it was reported that meat was prohibited for religious reasons. Several were said to have no electricity in dormitories. This forced children to study in classrooms, which in some cases were far from the dormitories.

In some institutions children were involved in activities such as cooking and physical exercises before school started in the morning. They said that by the time they got to class they were tired and lost concentration. Some institutions were said not to allow children out, even for the funeral of a relative at home.

Children faced with these problems said they just discussed the issues between themselves rather than with management. They also said that they encouraged each other to work hard at school.

3.5.10 Sanctions for misbehaviour

There were various responses to questions about children's misbehaviour. For instance, it was said that a child who had misbehaved might be called by the management and advised to be well behaved so that he or she would become a good citizen. The second occurrence of such misbehaviour would prompt a warning or possible expulsion, depending on seriousness of offence. In some cases the parents or guardians of the child would be called in and informed about the child's behaviour.

Other punishment for misbehaviour included being told to sweep the surroundings, clean toilets, dig pits, chop firewood, mop kraals/kholas or perform domestic work. Corporal punishment was said to exist but was not mentioned by many children. At one institution in Chiradzulu it was reported that the hardest punishment a child would be given was to kneel on the ground for an hour, to be whipped and having to work in the garden. Being whipped without clothes on with wire or a bucket handle was reported by some children. In the case of a severe offence, a child could be either suspended from the institution for a given period of time or expelled.

3.5.11 Difficulties for parents and children

Most guardians and parents said they did not experience problems with having children in institutions – they felt that the children were in a better situation than if they had stayed at home with them. But some missed their children, especially those who were sick:

> "What worries me is that my son is HIV-positive. I ask myself every now and then how my son is faring. If I was rich I could not let my children to be far from me. I wish we lived in the same house." HIV-positive mother, Mzuzu.

One woman in Mzuzu said that her daughter (who was also HIV-positive) lived in an institution a long distance away and she spent most of her money going to visit her. She worried because her daughter was living in a mixed hostel, where boys and girls shared bathrooms because of a lack of space.

Some children were missed because they provided vital help to their parents. This might have other repercussions within the family. For example, one visually impaired woman said that, since the departure to an institution of her youngest child (who used to act as her guide), her elder son was now her guide and therefore could not go to school.

Although putting children in institutions had helped relieve some household problems for the poorest families, some parents reported that other community members, especially those who did not have children in institutions, spoke ill of them and wondered why they sent their children away.

> "The only challenge I meet is of my fellow villagers mocking me that I have sold the child. Otherwise everything is good so far." Widow and guardian of a child, Chiradzulu.

Children themselves also experienced a number of challenges. Some institutions were run by communities and they were often short of funds. When they could not afford to buy food, soap, school materials and clothes, they could not adequately care for the children. There were also isolated reports of children fighting each other. Some children said that they were ill-treated by caregivers. Other problems experienced by children included:

- Shortage of beds, bedding and bathrooms
- Lack of a clinic
- Lack of education materials, especially in special needs schools
- Shortage of teachers of children with special needs
- Lack of food.

It was reported that if visually impaired children went to a health facility on their own they would not receive treatment. Some children complained that they did too much exercise and were not given enough time to study.

Although children experienced problems, in most cases they said that they would just discuss them between themselves. They said it was difficult to communicate their problems to management where they did not have a leader to represent them. Although the regulations require complaints procedures to be in place, and most institutions claimed to have them, children did not use them.

3.6 Religion

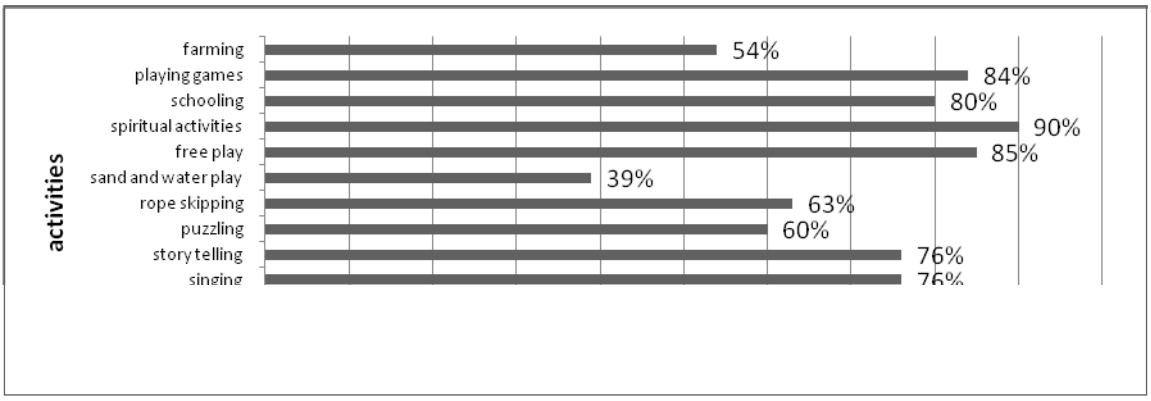
The regulations require that management should respect every child's religion and that as far as practicable a child should be brought up in the knowledge and practice of that religion. This study found that, in most cases, institutions respected a child's religion.

[11] The name of religion was cited but for purposes of confidentiality this has been replaced with 'foreign religion'.

3.7 Play and recreaction

One of the key aspects of a child's life is play. One measure of the welfare of a child is how often they are allowed to play, the activities they are encouraged to do, and the environment in which they play and rest.

Figure 3.8 Daily activities for children



In over 70% of the institutions, the most common daily activities were spiritual activities and free play. For older children, going to school and playing games were important daily activities. Singing and storytelling were also commonly reported. Most of these activities require readily available play materials.

During in-depth interviews with both parents and children, a number of activities were mentioned, including playing football and netball, washing plates and clothes, drawing water, rope skipping, singing, telling stories, bawo, disco and drama, phada, playing with toys, sweeping the compound, mopping and gardening. It was only during the in-depth interviews that traditional games such as bawo and phada were mentioned. Not all these games and activities were available in all the institutions and some children wanted some different games and activities such as see saws, old tyres and climbing frames.

In some institutions the following activities were also available:

- Vocational skills courses such as sewing, knitting, tin-smithing and carpentry
- Watching television, especially over the weekend
- Praying and reading the bible.

Figure 3.9 below shows that the most commonly reported materials were picture and story books, soft dolls and art materials. About 50% of the institutions had indoor play materials.

Figure 3.9 Proportion of institutions that had in-door play materi-

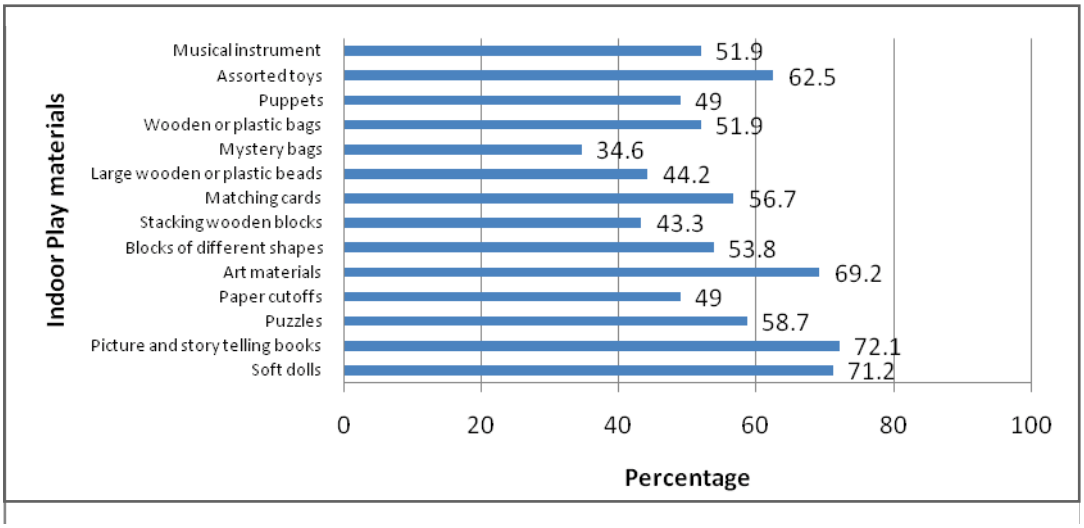
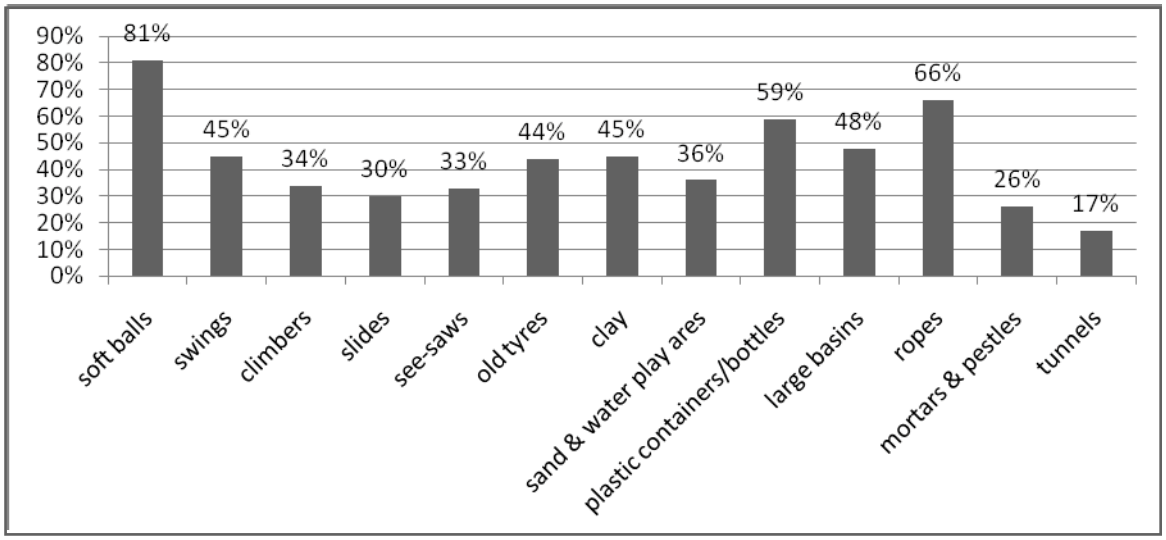


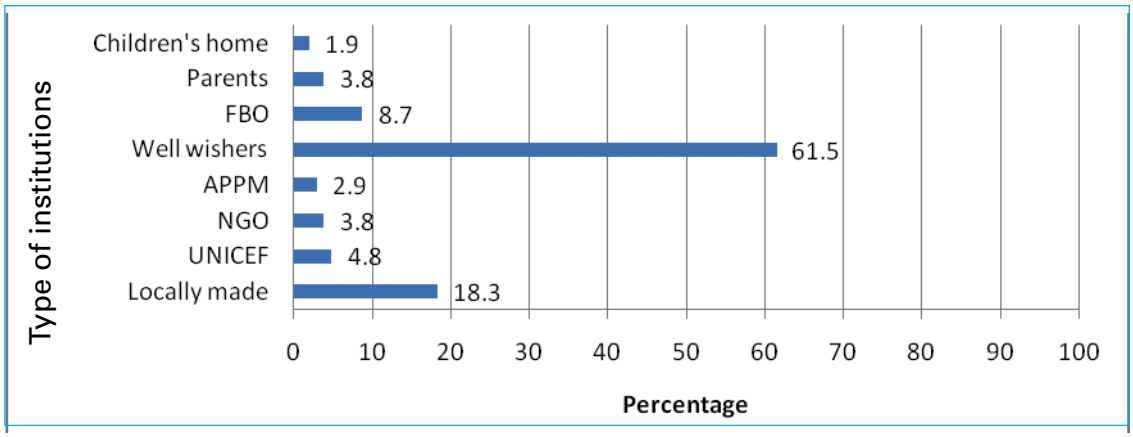
Figure 3.10 Proportion of institutions with outdoor play materials



The most common outdoor play materials owned by institutions were soft balls, ropes, and plastic containers and bottles. In general, children were kept busy and they played games that could stimulate both their development and learning.

But since most institutions were poorly equipped with outdoor play materials, the choice of play activity for some children was limited.

Figure 3.11 Source of play materials



It is clear that well-wishers provided most of the play materials. However, nearly a fifth were made locally by the institution.

3.8 Infrastructure

The survey also assessed safety, cleanliness and fitness for purpose of the institutional environment. Several questions were asked about the main building and this information was confirmed by observation during the interviews. It was important to look at these issues because the regulations emphasise that buildings and their surroundings should be safe for children.

3.8.1 Main building

Most of the institutions had a permanent structure: 92% had cement floors, 97% had iron roofs and 98% had burnt brick walls.

The survey found that 90% of the institutions owned the buildings in which they operated. Of those that owned the building, 42% had resting places for young children when they tired of play. However, only 64% of the resting places had blankets, mats and mattresses.

3.8.2 Availability of kitchens and cooking utensils

The kitchen is an important part of an institution, given that children live at the institution and must be provided with meals. Almost all (98%) had kitchens, and the

[12] APPM is the Association of Preschool and Playgroups of Malawi

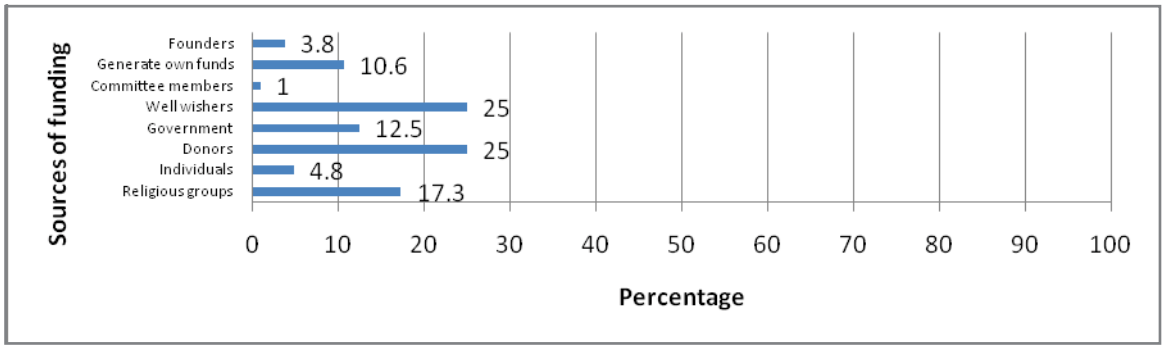
study assessed the quality of the structure and cleanliness. Most (78%) were found to be clean. Most kitchens had permanent structures: 91% were made of burnt bricks; 81% had cement floors; and 92% had iron roofs.

A group of children need sufficient utensils for cooking and eating. The study established that most institutions had enough pots, knives, plates, pails, spoons, basins, and drums for storing water.

3.9 Source of funding

Most childcare institutions obtained their funding from donors and well-wishers, as illustrated in Figure 3.12 below:

Figure 3.12 Source of funding

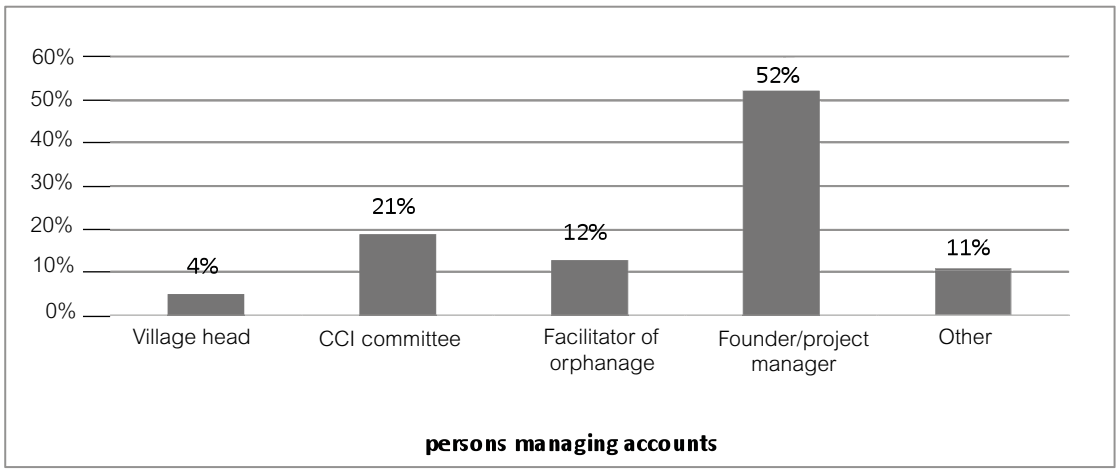


Nearly a fifth of the institutions obtained their funding from religious groups. Government funded about 13% of the institutions. Only 11% mentioning that they generated their own funding.

Sixty per cent of the institutions in the northern region received funding from the government.

The majority of institutions (86%) had a bank account. Figure 3.13 below shows persons responsible for financial management:

Figure 3.13 Persons responsible for financial management



Just over half of the institutions reported that the founder or project manager was responsible for financial management. Others mentioned included the committee and the facilitator of the institution.

3.10 Policy awareness

In 80% of institutions, management said they were aware of the legal and policy framework for formal care. Eighty-four per cent claimed to have a system in place that allowed children safely to report complaints. However, in most cases children did not use these systems – instead, as mentioned above, children discussed problems between themselves.

Most institutions (86%) indicated that they were aware of the current systems for the registration and regulation of childcare institutions. This was not borne out in practice, because only about 60% of the institutions were correctly registered.

Eight-two per cent of the institutions responded that they had a child protection policy, but only 79% of this group had trained their staff in child protection policy.

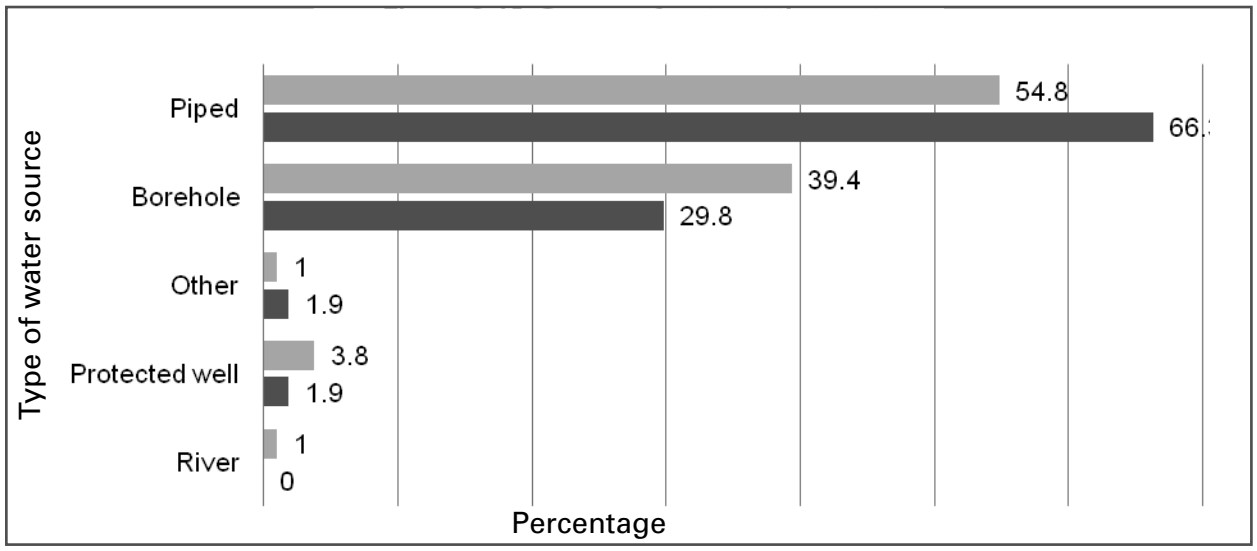
3.11 Water and sanitation

3.11.1 Sources of water for drinking and other domestic uses

The survey included questions on the water sources available in these institutions. Figure 3.15 below shows that most institutions had safe water sources.

For drinking, the majority (66%) used piped water or water from boreholes (30%). A minority (2%) used protected wells and the other 2% used other water sources. Most of the water sources (92%) were within the premises of the institution.

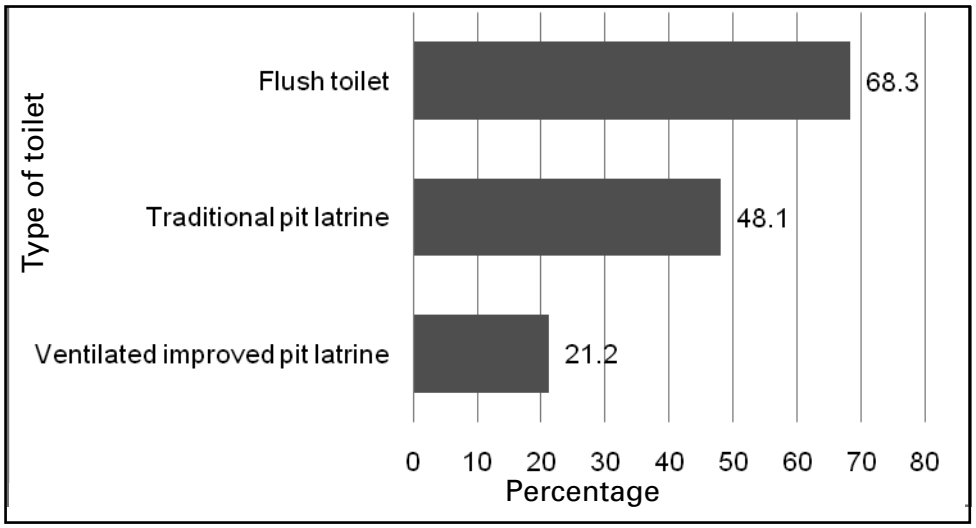
Figure 3.15 Source of water at the centre



3.11.2 Toilets and bathrooms

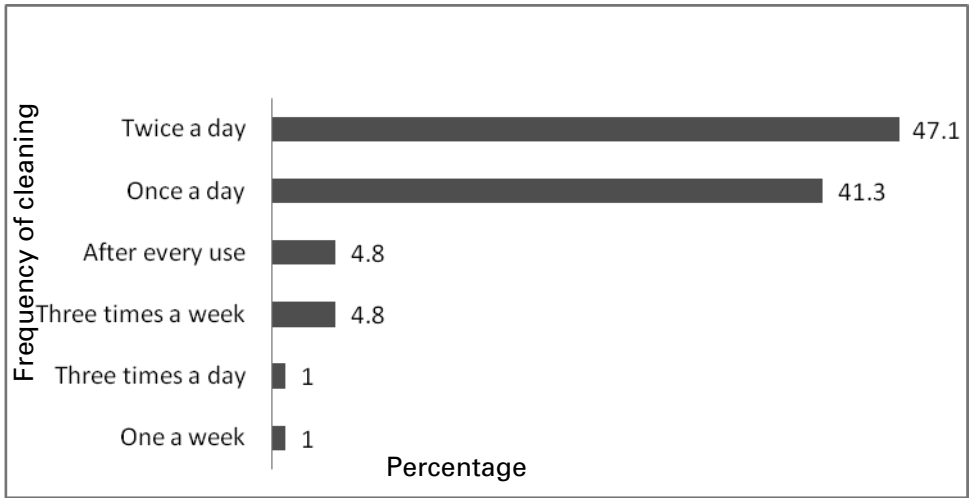
All childcare institutions had toilets and bathrooms. There were three types of toilet facilities: flush toilet being the most common, followed by traditional pit latrines and then ventilated improved pit latrines (see Figure 3.16). Many institutions had a combination of flush toilet and either traditional pit latrines or ventilated improved pit latrines so that, in the event of a water shortage, children would have alternative toilets that did not require water.

Figure 3.16 Type of toilet facility



The survey teams inspected the toilets and 77% of them were found to be clean. Regarding the frequency of cleaning toilets, 47% reported that they cleaned the toilets at least twice a day and 41% once a day (see Figure 3.17 below). A few indicated that they were cleaned after every use and about the same number indicated that they were cleaned three times a week.

Figure 3.17 Frequency of cleaning toilet



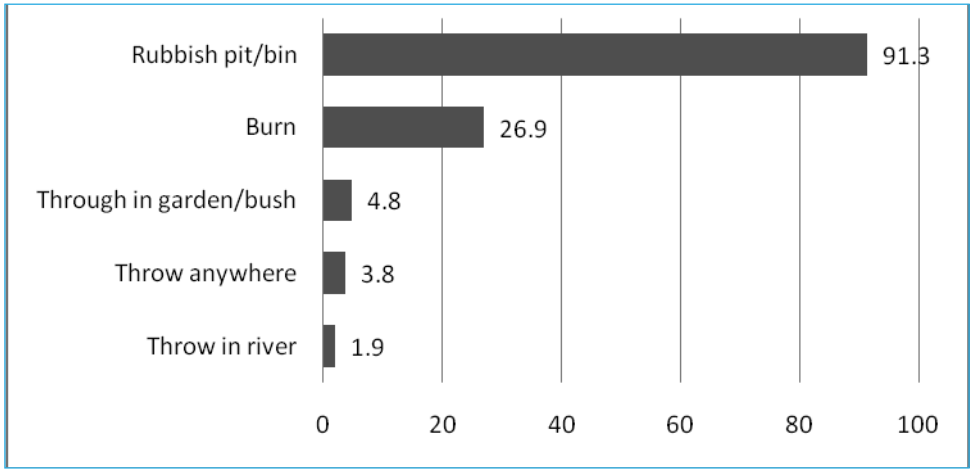
Almost all children used the latrines, with the exception of a few very young children (6%). Excreta from these children was washed by the caregivers.

Most of the toilets were housed in permanent structures: 88% were roofed with iron sheets, 87% had cement floors and 95% had burnt brick walls.

3.11.3 Rubbish disposal

Just as toilet usage was high, so too was the use of rubbish pits or bins (91%) for disposing of rubbish at institutions (Figure 3.18). Some rubbish was also burnt. It was uncommon for rubbish to be simply thrown indiscriminately.

Figure 3.18 Ways of disposing garbage

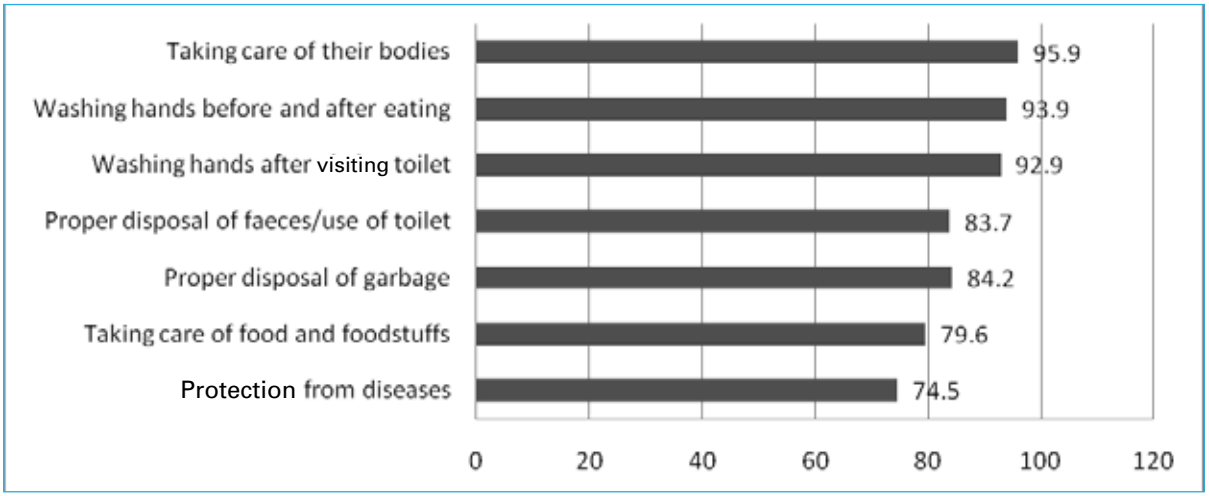


3.11.4 Teaching hygiene and sanitation

The high rate of toilet usage and disposal of rubbish into a bin or pit reflects the importance given to teaching hygiene and sanitation in institutions. The survey found that 94% of institutions taught their children about hygiene and sanitation.

The topics covered in these talks are shown in Figure 3.19 below and focused on personal and communal hygiene. Topics recorded by more than 90% of institutions were: taking care of one's body (96%), washing hands before and after eating (94%) and washing hands after visiting the toilet (93%). This is followed by proper disposal of faeces and use of toilet (84%), proper disposal of garbage (84%), care of food and foodstuffs (80%) and protection from diseases (75%).

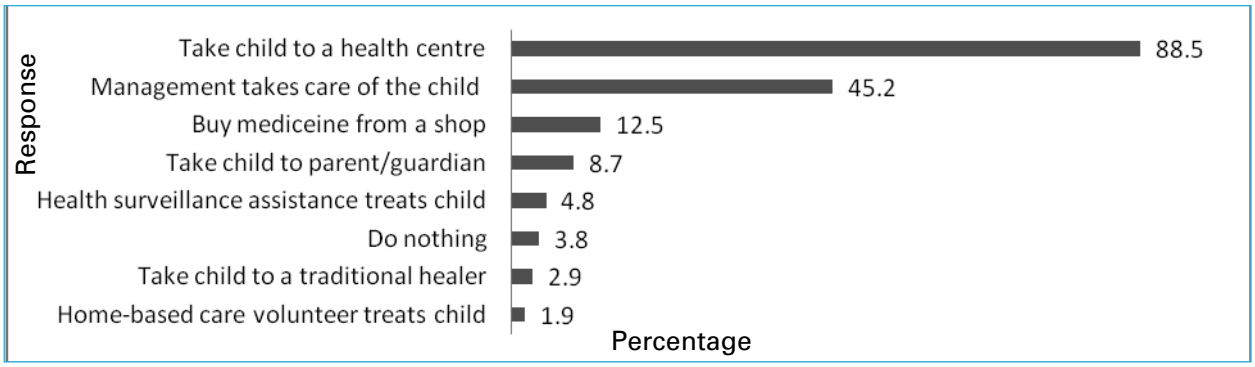
Figure 3.19 Topic covered in hygiene and sanitation talks



3.11.5 Health care

The study included questions on what steps were taken by management when a child fell sick (see Figure 3.20 below). The majority (89%) took the child for treatment at the nearest health centre. In some cases (45%), depending on the seriousness of illness, management took care of the child. This response tended to be made by institutions that had a staff member with a medical background, such as a nurse. Fewer institutions reported buying medication for the sick child from a shop (13%) and only 9% said they would send a child back to the parent or guardian.

Figure 3.20 Action taken when child falls sick



In-depth interviews with children in the institutions revealed the same pattern of response. Most children indicated that if a child was sick, the matron was informed and the sick child would be taken to a health facility either within the institution or to a government or private clinic. Some institutions had clinics and nurses who treated the children. The parents or guardians were sometimes informed but this was not always the case, depending on the seriousness of the illness. Two guardians interviewed indicated that they were almost always informed when their ward is sick. One of them said:

> "When a child falls ill they take him or her to the private hospital and all bills are being covered by the organisation. As guardians they just come to inform us that the child is not feeling well and they have taken him to the hospital. I just go there to see him." Guardian.

Where an institution has no clinic, the matron was reported to be the person who provided first aid or initial care. If there was no improvement, the child would be taken to hospital where the institution paid for registration and medication.

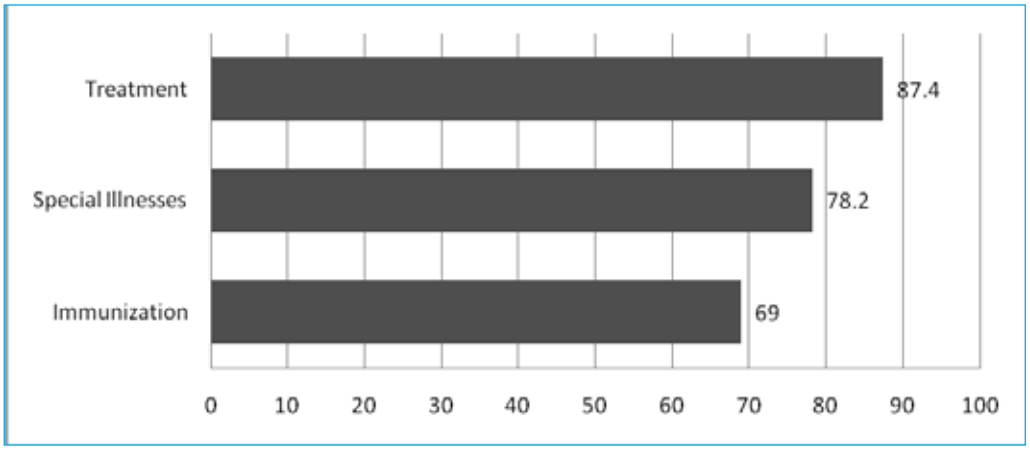
However, some parents and guardians indicated that they did not know what happened when their children or wards fell ill. In institutions for hearing-impaired children, it was said to be essential for the matron to take the child to the clinic to

ensure proper communication between the medical personnel and the sick child.

Some children in institutions were reported to be HIV-positive and on anti-retroviral drugs (ARVs). Most institutions tried their best to provide the necessary care and ARVs. When the institution could not provide the ARVs, parents or guardians were encouraged to bring these to their children or wards and some people said they travelled long distances to do so. The institutions claimed that there was no discrimination within the institutions based on a child's HIV status.

Most institutions (84%) reported keeping a health record for each child. Figure 3.21 shows that they were mainly used to record treatment given in case of illness (reported by 87% of institutions). This was followed by a record of whether a child had special illness (79%) and a child's immunization status (69%).

Figure 3.21 Type of records kept



Only 44% of the institutions had a sick bay where children who were sick could be kept away from others for a proper rest and to minimise the risk of contagion. A higher proportion of institutions (63%) had a first aid kid within the premises. Much fewer had weighing scales and height charts (38% and 28%, respectively) for growth monitoring.

3.11.6 Health workers

In addition to the care provided by management when a child fell sick, most institutions (78%) said they were visited by health workers from nearest health facilities. Especially for institutions that did not have medical personnel of their own, these visits provided a backup system. The frequency of the visits varied, as shown in Figure 3.22 below. More than a third (38%) of institutions were visited once a month, 24% were visited twice a month; 35% were visited less frequently than this.

The visiting health workers performed a number of activities including health talks, immunization and growth monitoring as shown in Figure 3.23 below.

Figure 3.22 Frequency of health workers visits

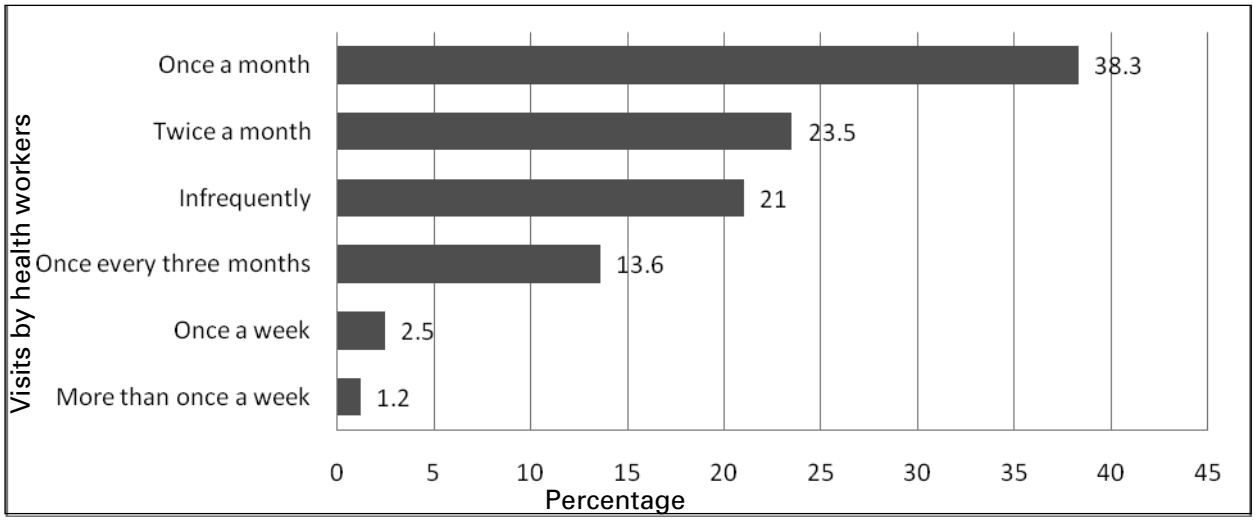
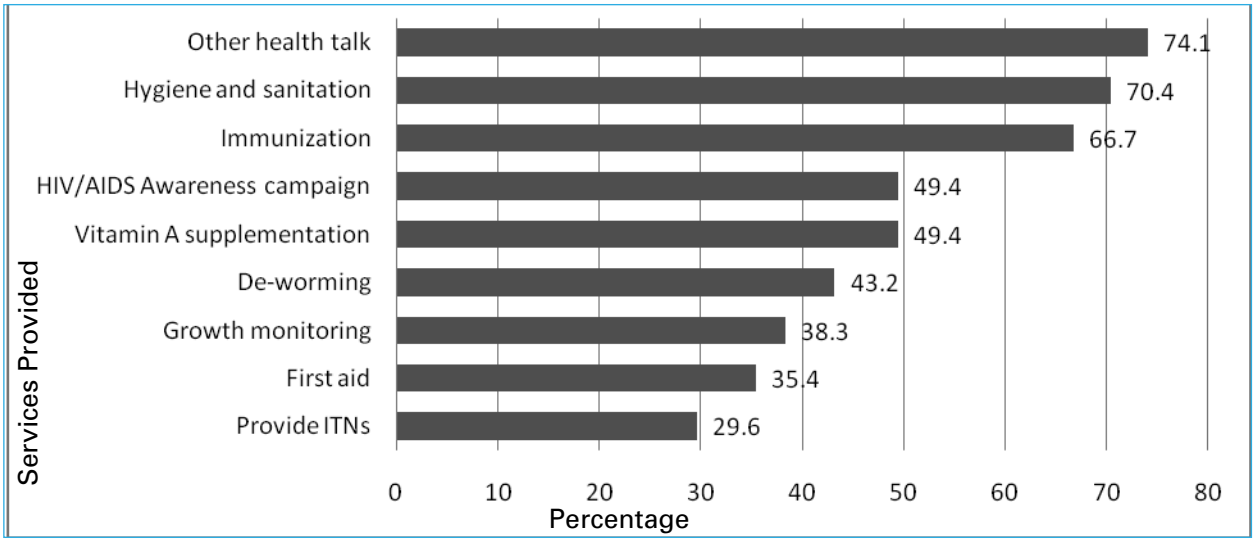


Figure 3.23 Services provided by health workers



3.12 Child feeding

3.12.1 Provision of meals

All institutions provided meals. Almost all of them (97%) provided a meal of nsima with beans and vegetables. Another common option was rice with meat or beans and vegetables (82%). Tea was sometimes provided – 42% provided tea without milk and 56% provided tea with milk. Soy porridge and porridge made from maize flour were provided by 59% and 44% of institutions, respectively. A few institutions provided other types of food. A good proportion (66%) provided meals and snacks more than three times a day and 33% provided meals three times a day (see Figure 3.25 below). Only one institution provided two meals a day and this was said to be because the owner was facing serious financial problems.

Figure 3.24 Types of meals offered at the CCIs

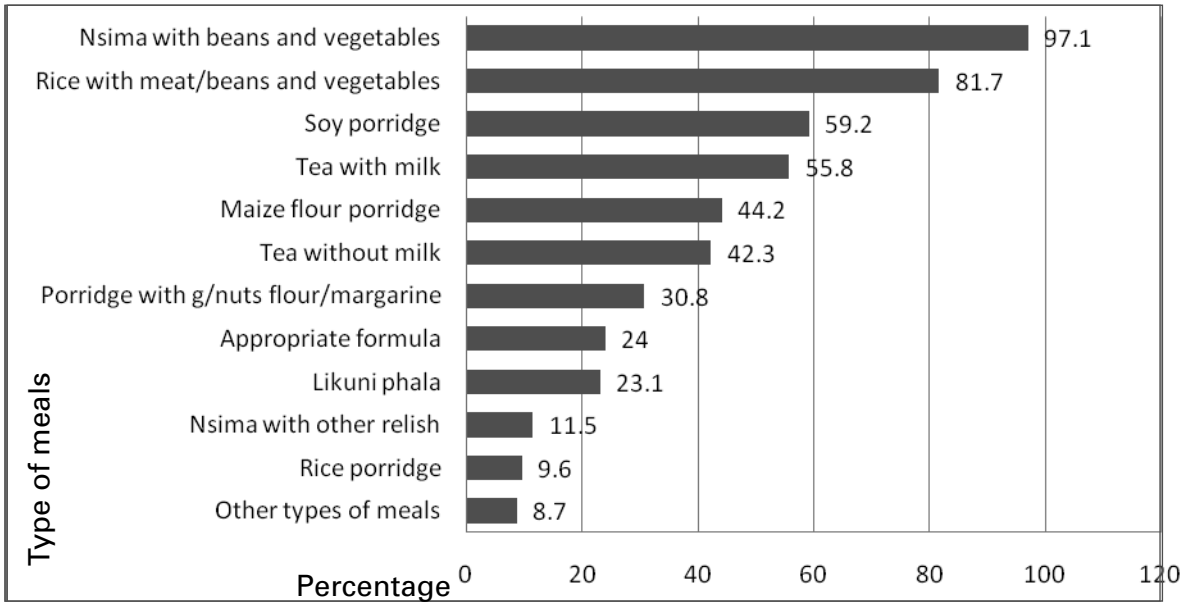
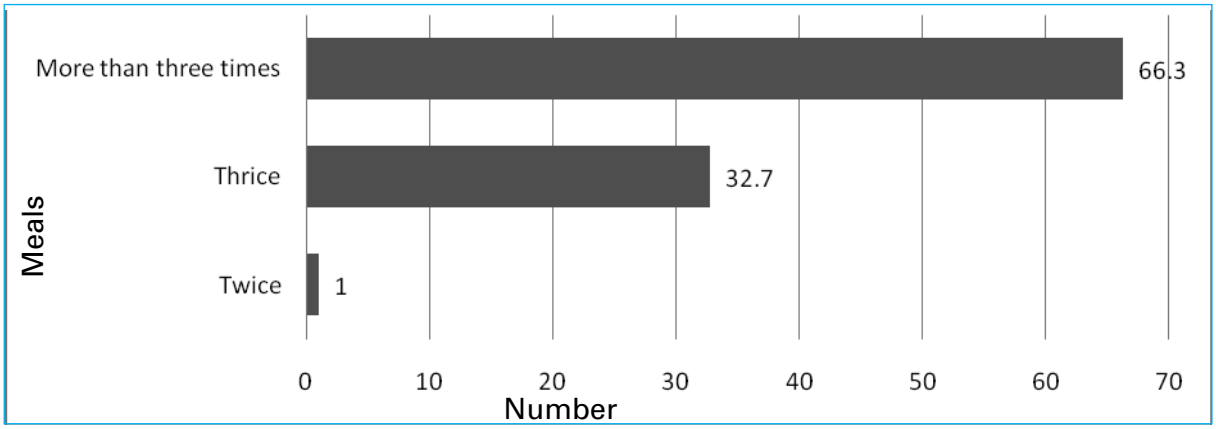


Figure 3.25 Meal and snack frequency



3.12.2 Sources of food

The food provided in childcare institutions (as shown in Figure 3.26 below) is from three main sources: bought from the market (84%), donated by well-wishers (65%) and grown in institution gardens (51%).

Vegetables were grown by 87% of institutions that owned gardens and maize was grown by 76%. Other crops included groundnuts (20%), soya (15%), fruit (12%), tubers (9%) and legumes (5%). The inputs for the various crops were all purchased.

Figure 3.26 Sources of food

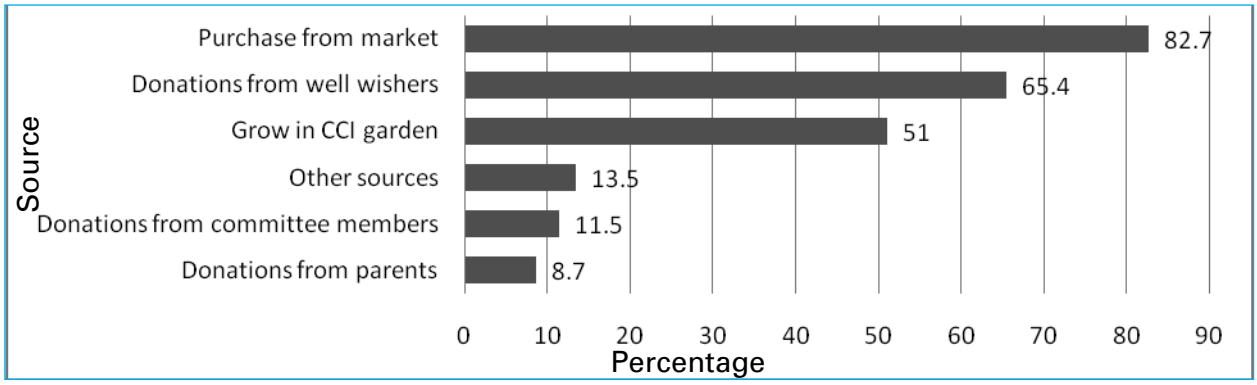
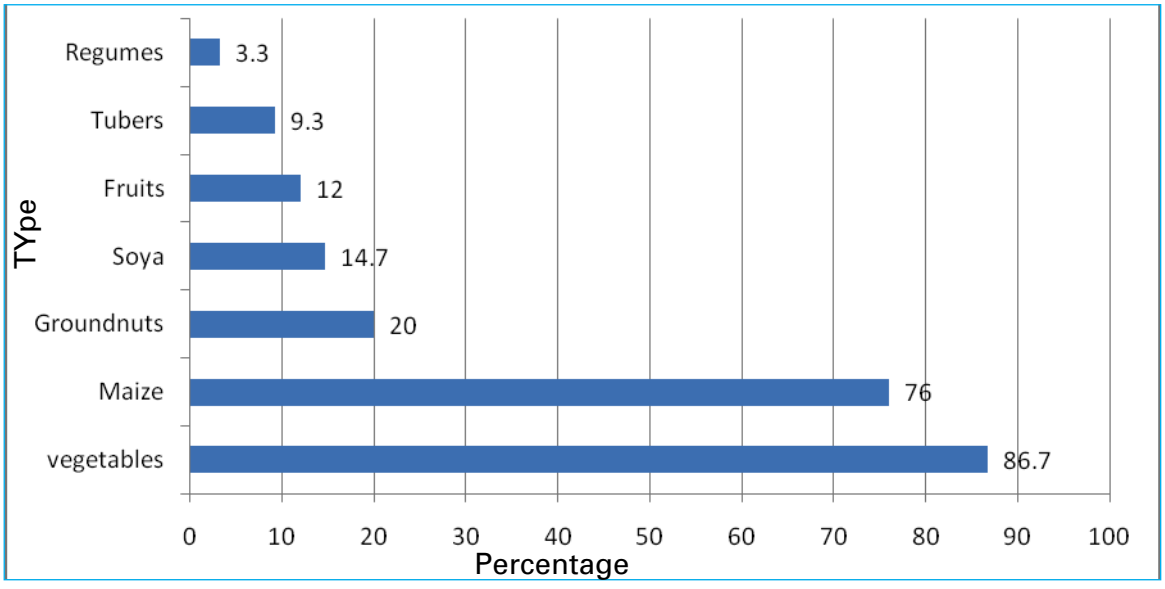
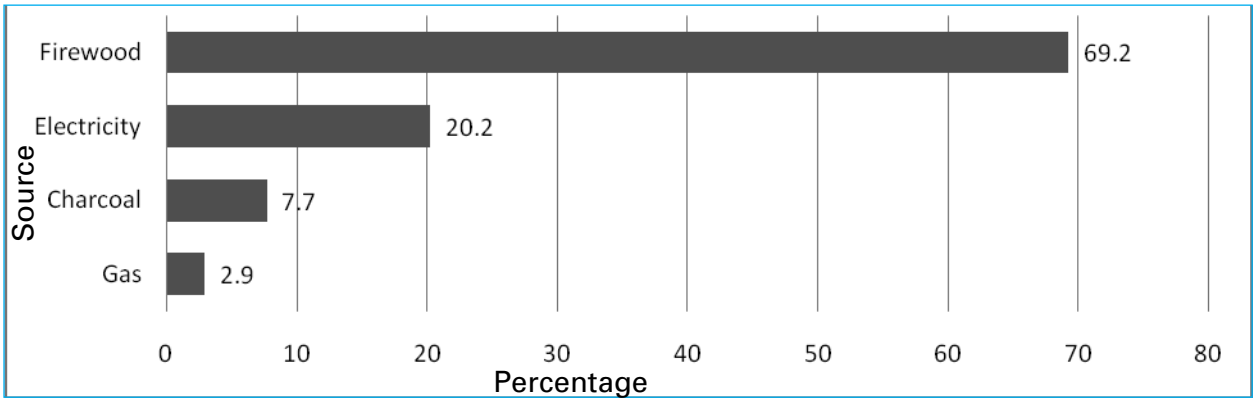


Figure 3.27 Crops grown in CCI gardens



The majority of institutions (69%) used firewood for cooking but 20% used electricity (see Figure 3.28 below). Almost all institutions had a storeroom for foodstuffs.

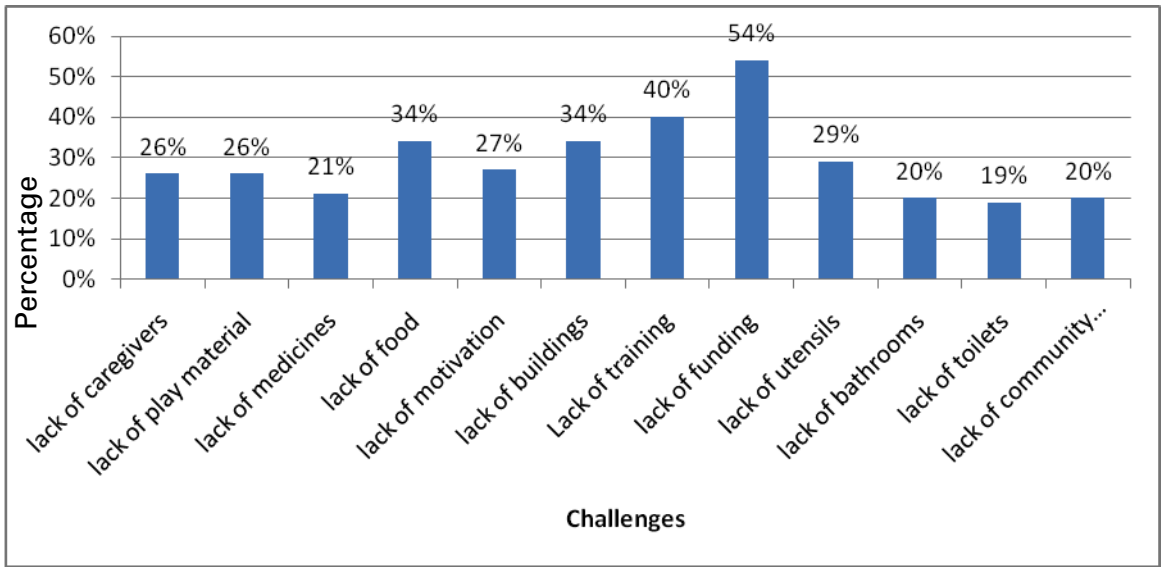
Figure 3.28 Sources of energy for cooking



3.13 Challenges

Respondents to the main questionnaire (mostly administrators) were asked about the problems faced by their institution. A total of 28 factors were said to be major challenges to the operations of the institution. Figure 3.29 below shows the issues that were most frequently mentioned.

Figure 3.29 Main challenges



The biggest challenge, facing more than half of the institutions, was a lack of funding. This was followed by lack of training for caregivers (40%), lack of food (34%) and lack of appropriate buildings (34%). Other challenges included lack of caregivers, lack of play materials, lack of motivation, lack of utensils, and lack of medicines. Twenty per cent of institutions mentioned insufficient bathrooms, toilets and lack of community involvement.

Most of these problems were also mentioned by the children themselves. The children made a number of suggestions for improvements. They emphasised increasing staffing levels; providing safe water and electricity; improving the food and building new infrastructure. They also suggested that government should provide learning materials. They finally highlighted the need to allow children to visit their home.

4. Conclusion

This study found that more than 6,000 children were in institutional care in Malawi. Orphanages were the most common type of institution. Poverty and the death of parents or guardians were the major reasons why children were placed in Institutions. In institutions children were assured of shelter, food, education and other basic necessities which were not always available at home.

More than two-thirds of the institutions were established between 2000 and 2010. Although all the institutions claimed to be registered, the study found that many were not registered; the District Social Welfare Offices did not know some of the Institutions operating in their districts. It has therefore been difficult for the Government and stakeholders to effectively monitor the welfare of children in Institutional care and to develop interventions to promote reintegration.

The regulations for children's homes and orphanages require institutions to have a committee, but nearly a third did not have them. A significant proportion of the caregivers were untrained, which also contravenes the regulations. Although the regulations require institutions to respect a child's religion, this study found that in some cases this was not respected. There is therefore need for management to be better informed about registration and correct management. The number of institutions has increased rapidly over the past decade and, as poverty is still pervasive, it seems likely that this trend will continue. Unless awareness can be raised within management about proper registration etc, there is the risk that institutions for children will be unregulated, with no formal means of monitoring the quality of care they offer. Other channels of making available and communicating the regulations to stakeholders should be explored.

The study highlighted a number of problems faced by children in institutions. Despite most institutions reporting that they had systems for children to complain, children said that they did not use them. Although this study has provided some baseline data about institutions, little is still known about their capacity to cater for vulnerable children. This might usefully form the subject of further investigation.

Finally, while this study has provided a picture of the situation of children in institutional care and a baseline inventory of childcare institutions and the numbers of children in institutional care, the situation is changing fast. More research is needed to assess whether the most vulnerable children are being properly cared for and how to return children to their families, particularly where poverty, not abandonment, is the major driver of institutionalisation.

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ANNEX 1: QUESTIONNAIRE FOR INSTITUTIONS

UNIVERSITY OF MALAWI

Centre for Social Research

CHILD CARE INSTITUTIONS (CCI) INVENTORY QUESTIONNAIRE

A. IDENTIFICATION		
A1. RESEARCH ASSISTANT IDENTIFICATION		
Name of Interviewer		
Date of Interview		
Time Interview Started		
Time Interview Ended		
Checked by (Supervisor)		
Date Checked		
GPS CLUSTER POSITION CHECKLIST 1. Waited for 5 Minutes while averaging 2. Displayed Waypoint 3. Marked Waypoint 4. Saved Waypoint 5. Copied Waypoint's Position from the Waypoint Page to Questionnaire		
POSITION		
WAYPOINT NUMBER		
Eastings		
Northings		
A2. INSTITUTION IDENTIFICATION		
1. Name of Institution:		
2. Type of Institution 1 = Orphanage 2 = Church Home 3 = Reformatory Centre 4= Other specify		
3. Name of Interviewee		
4. Position of Interviewee in Institution 1 = Administrator 4= Matron 2 = Caregiver 3 = Warden		
5. Sex of the interviewee 1= Male 2=Female		
6. Location of Institution:		

(a) Name of Village:
(b) Name of Traditional Authority:
(c) District: District Code:
(d) Nearest major trading centre: Distance in KM:
(e) Nearest primary school: Distance in KM:
7. When was this institution established? (Kodi bungweli munalikhazikitsa liti?
8. Who initiated the establishment of this institution? *(Amene anabweretsa maganizo oyambitsa bungweli ndi ndani?)* 1. CSO 2. MoGCCD 3. Individual 4. Local community 5. Other (specify) .....
9. Has this institution been registered? *Kodi bungweli linalembetsedwa mukaundula wa boma kapena bungwe lili lonse?* 1. Yes 2. No ***(Go to Q11)***
10. If Yes, with whom? *Linalembetsedwa kuti?* 1. District Social Welfare Office 2. City Assembly 3. Registrar General 4. Other (specify) ..... (Ask for registration certificate)
B. CAREGIVERS
11. How many caregivers have worked in the institution in the last 6 months? *Ndi alezi angati amene agwira ntchito pa malo pano pa myezi 6 yapitayi?*
No. of male care givers No. of female care givers
12. How many caregivers are working in this institution now? *Muli ndi alezi Angati pamalo pano?*
13. How many of the caregivers are trained? *Mwa alezi amenewa ndi angatio amene anachitapo maphunziro?*
No. of female care givers No. of male care givers
14. How many caregivers have been trained for; *Ndi alezi angati amene analandira maphunziro:* a. 2 weeks or more *(kwa masabata awiri kapena kuposera)?* b. Less than 2 weeks *(osaposera masabata awiri?)*
15. On average, how many caregivers work in this institution per day? *Mungoyerekeza, ndi alezi angati amene amagwira ntchito pamalo pano patsiku?*
No. of female caregivers No. of male caregivers
16. On average, what is the child/caregiver ratio per day? Mungoyerekeza mulezi amasamala ana angati patsiku?
17. How are caregivers recruited? Kodi alezi amalembedwa ntchito bwanji? 1=Yes 2=No
1. Voluntary 2. Interviewed for the post 3. Other specify.....
18. Do you have a committee for the institution? *Kodi muli ndi komiti pa bungwe lanuli?* 1= Yes 2 = No **(Go to Q27)**
19. How many members are in the committee? (Total) *Mu komiti yanu muli anthu angati?*

No. of men =

No. of women =

20. How are members of the committee chosen? *Kodi anthu amukomiti amasankhidwa bwanji?* 1 = Yes 2 = No

1. Appointed by administrator
2. Volunteer
3. Other Specify .....

21. What role does the committee play in the institution? *Kodi komitiyi yimagwira ntchito zanji pa bungweli?* 1=Yes 2=No

1. Management of institution	
2. Mobilisation of resources for the institution	
3. Monitoring and supervision of activities of institution	
4. Monitoring attendance of children and caregivers	
5. Keeping financial records	
6. Conducting planning and review meetings with guardians /parents	
7. Helping needy children 8. Other (specify)	

TRAINING

22. Name of member		23. Sex of Member 1 = Male 2 = Female	24. Trained in Child Care? *(Anaphunzira kasamaliro ka ana)* 1=Yes 2=No(Goto Q26)	25. How long was training? *(Maphunziro anali anthawi yayitali bwanji?)* 1 = 1 Wk 2 = < 1 Wk 3 = 2 weeks 4 = More than 2 wks 5 = Don't know 6 = Other specify	26. Who provided this training? *Anachititsa maphunziro ndani?* 1. NGO 2. DSWO 3. FBO 4.APPM 5. Other (Specify)

C. CHILD INFORMATION

27. How are children admitted to the institution? *Kodi anawa amabwera bwanji pa malo pano?*

1. Brought by parents/guardian
2. Brought by DSWO
3. Self admission by children themselves
4. Active recruitment by centres
5. Other specify

28. How many children are registered in this institution?
Ndi ana angati ali pamalo pano?

No. of boys

No. of Girls

29. Over the past 12 months, how many children entered this institution? *Pa myezi khumi ndi yiwiri ndi ana angati abwera pa malo pano?*

No. of boys
No. of Girls

30. How many children aged less than 15 years have left this institution either through family placement including reunification? *Ndi ana angati ochepera zaka 15 amene achoka pamalo pano molumikizana ndi achibale awo kapena makolo awa?*
No. of Boys
No. of Girls

31. How many children have died in this CCI over the last 12 months? *Ndi ana angati amene amwalira pa malo ano pa myezi khumi ndi iwiri yapitayi?*
No. of Boys
No. of Girls

32. How many children have been visited by their parents, guardians or other adult family member within the last three months? *Ndi ana angati amene anayenderedwa ndi makolo awo kapena achibale pamiyezi itatu yapitayi?*

33. How many children in this CCI have an individual care plan? *Ndi ana angati pa bungweli amene amalandira chitsamaliro chapadera?*

34. What is the number of children whose placement has been reviewed within the last three months? *Ndi ana angati amene pa myezi yitatu yapitayi awunikiridwa kuti akhoza kubwerera kwa abale awo?*

35. How many children of school age (above 5 years up to 17 years old) in this institution are attending school within the local community with other children who are not in residential care? Ndi ana angati a msinkhu wopita ku sukulu *(kuposa zaka zisanu mpaka 17) mu bungwe lino amene akuphunzira sukulu ndi ana amane sagonera panopa?*

36. How many children from this institution have been adopted in the past 12 months? *Pa myezi khumi ndi iwiri yapitayi ndi ana angati pa bungwe lino amene atengedwa (adoption) ndi anthu omwe si abale awo kukaleredwa ngati ana awo?*

37. What is the age of the youngest child attending the institution? *Kodi mwana wang'onokwambiri pa malo pano ali ndi zaka zingati?*

38. What is the age of the oldest child attending the institution? State age. *Kodi mwana wamkulu kwambiri pa malo pano ali ndi zaka zingati?*

39. How many of these children are orphans? State numbers for male and female orphans. *Ndi ana angati amene ali amasiye?*

No. of male orphans
No. of female orphans

Type of orphan hood	**No. of children**
Maternal	
Paternal	
Both	

40. How many of these children are with special needs? State number of male and female children.*Mwa ana amene muli nawo pano ndi angati amene ali olumala?*

41. Do you keep a register for the children? *Muli ndi register ya ana?*
1=Yes
2=No (Go to Q43)

42. Does your register show: *Kodi register yanu yimaonetsa:*	1-Yes 2=No
1 = Name of child	
2 = Sex	
3 = Year of birth	
4 = Village where child comes from	

5 = Religion/denomination
6 = Parent/guardian
7 = Problems on the child
8 = HIV status
9 = Other (Specify)

D. WATER AND SANITATION

43.What is the major source of water for drinking in this CCI? *Nthawi zambiri madzi akumwa mumakatunga kuti?*

1 = Borehole
2 = Piped water
3 = River/stream
4 = Protected well
5 = Unprotected well
6 = From caregivers' houses
7 = Buy from offices in the vicinity
8 = Springs
9 = Other (Specify)

44. What is the distance to the water source? *Pali mtunda wautali bwanji ndi kumene mumakatunga madzi?*

1 = Within premises of the CCIC
2 = < 100 metres
3 = Between 100 and < 500 metres
4 = Between 500 and 1000 metres
5 = More than 1000 metres

45. What is the main source of water for other domestic uses such as washing in this CCI? *Nthawi zambiri madzi ochapira ndi ogwitsira ntchito zina mumakatunga kuti?*

1 = Borehole
2 = Piped water
3 = River/stream
4 = Protected well
5 = Unprotected well
6 = From caregivers' houses
7 = Buy from offices in the vicinity
8 = Springs
9 = Other specify.....

46. Do you have toilets in this CCI? *Kodi muli ndi zimbudzi pa malo pano? 1=Yes 2=No* ***(Go to Q57)***

47. How many toilets do you have? *Muli ndi zimbudzi zingati?*

48. What type of toilet facilities do you have? *Kodi zimbudzi zimene muli nazo ndi zamtundu wanji?* 1=Yes 2=No

1 = Traditional pit latrine
2 = Flash toilet
3 = Ventilated Improved Pit latrines
4 = Other specify.....

49. Do children use these toilet facilities? *Kodi ana amagwiritsa ntchito zimbudzi zimenzi? 1=Yes* ***(Go to Q 52)*** *2=No* ***(Go to Q50)***

50. If no, why? Chifukwa chani?

1 = Children too young
2 = Latrine collapsed
3 = Other specify.....

51. How is their waste disposed of? *Chimbudzi cha ana mumakataya kuti?*

1. Dumped 3. thrown into the toilet
2. Washed 4. Other (specify) .....

52. How often are the toilets cleaned per week? Kodi zimbudzizi mumazisamala kangati pa sabata iliyonse?

1. Never 2. Once a day 3. Twice a day
4. Three times a week 5. Once a week 6. Other (specify) .....

VISIT THE TOILET AND OBSERVE THE FOLLOWING:

53. Cleanliness of toilet
    1= Clean (2) Dirty

54. Type of roof over toilet
    1 = Grass thatch 2 = Plastic sheets 3 = Iron sheets
    4 = Tiles 5 = Other specify

55. Type floor of toilet
    1 = Mud/earth 2 = Cement 3 = Wooden tiles
    4 = Other specify

56. Type of wall of toilet
    1 = Burnt bricks 4 = Wattle and daub
    2 = Unburnt bricks 5 = Other specify
    3 = Iron sheets

57. If no, where do the children defecate? *Ngati ayi, ana amazithandizira kuti?*
1=Yes 2=No
    1 = Bush
    2 = Around the campus
    3 = Buried anywhere
    4 = Thrown into an unfinished toilet
    5 = Neighbour's
    6 = Other specify

58. Do you have bathrooms? *Muli ndi nyumba zosambira?* 1=Yes 2=No
(Go to Q 60)

59. How many bathrooms do you have? *Kodi nyumba zosambirazi zilipo zingati?* State No:

60. Do you teach children about hygiene and sanitation issues? *Kodi anawa muwaphunzitsa zaukhondo?*

1=Yes 2=No (Go to Q 62)

61. What do you teach children about hygiene and sanitation? Kweni kweni 1=Yes mumawaphunzitsa chain pazaukhondozi?
    1 = Proper disposal of garbage
    2 = Proper disposal of faeces/use of toilet
    3 = Washing of hands before eating
    4 = Washing of hands after visiting the toilet
    5 = Taking care of their bodies
    6 = Taking care of food and foodstuffs
    7 = Protection from disease 8 = Other (specify):.....

62. How do you dispose of rubbish in this CCI? Kodi zinyalala mumataya kuti? Yes 2=No
    1 = Rubbish pit/dustbin
    2 = Thrown in river
    3= Burn 4 = Thrown anywhere
    5 = Throw in garden/bush
    6 = Other (Specify).....

E. HEALTH

63. What do you do when a child falls ill? *Mumapanga chani mwana akadwala?*
1=yes 2=no
    1. Take child to parent/guardian
    2. Management takes care of the child
    3. Home-based care volunteer treats child
    4. Health Surveillance Assistant treats child
    5. Buy medicine from shop and treat child
    6. Go with child to traditional healer
    7. Take child to the health centre

8. Nothing
9. Other (Specify) .....

64. Do you have a sick bay? *Muli ndi malo apadera odwazikiramo ana omwe adwala?*
1 = Yes 2 = No

65. Do health workers visit this CCI? *Kodi azaumoyo amakuyenderani?*
1 = Yes 2 = No (Go to Q 69)

66. How often do they visit this? *Amakuyenderani mowilikiza bwanji?*
1 = Once a month
2 = Twice a month
3 = Once in every
3 = months
4 = Infrequently/not often

67. From which health facility do these health workers come from? *Azaumoyo amenewa amachokera ku chipatala chiti?*
Name of facility: .....
Distance to health facility (KM):

68. What services do these health workers provide during their visits? *Kodi azaumoyo amenewa amapeleka chithandizo chanji akakuyenderani?*

1. Immunization	1 = Yes 2=No
1. Vitamin A supplement	1 = Yes 2=No
2. De-worming	1 = Yes 2=No
3. Growth monitoring & Promotion	1 = Yes 2=No
4. HIV/AIDS awareness campaign	1 = Yes 2=No
5. ITNs	1 = Yes 2=No
6. Health talk	1 = Yes 2=No
7. Hygiene and sanitation	1 = Yes 2=No
8. First aid	1 = Yes 2=No
9. Other (specify)	1 = Yes 2=No

69. Do you have the following? *Kodi muli ndi zinthu izi:*

1 = First Aid Kit	1 = Yes 2=No
2 = Scales for monitoring growth	1 = Yes 2=No
3 = Height charts	1 = Yes 2=No

70. Do you keep a health record for each child? *Kodi mumasunga ndondomeko yazaumoyo wa mwana aliyense?* 1 = Yes 2 = No

71. If yes, what is on that record? Kodi mumalembamo zinthu zanji?
1 = Immunisation status
2 = Record of treatment
3 = special illnesses
4 = Other (specify)

F. CHILD FEEDING

72. Do you provide meals in this institution? Kodi ana amalandira chakudya pa malo pano? 1=Yes 2=No (Go to Q 77)

1 = Soy porridge	1 = Yes 2=No
2 = Porridge prepared from maize flour	1 = Yes 2=No
3 = Porridge with g/nut flour/margarine	1 = Yes 2=No
4 = Nsima with beans and vegetables	1 = Yes 2=No
5=Tea withoutmilk	1 = Yes 2=No

73. What type of meals do you provide? Kodi mumawapatsa zakudya zanji? Times per wk

6 = Tea with milk 1 = Yes 2 = No
7 = Rice with meat/beans and vegetables 1 = Yes 2 = No
8 = Likuni phala 1 = Yes 2 = No
9 = Appropriate formula 1 = Yes 2 = No
10 = Other (Specify) ..... 1 = Yes 2 = No

74.Where do you get the food that you prepare for the children? *Zakudyazi mumazitenga kuti?*
1 = Yes 2 = No

1 = Donations from well wishers
2 = Grow our own food in communal/nutrition garden
3 = Purchase food from markets
4 = Donations from parents
5 = Donations from Committee Members
6 = Other (Specify) .....

75. How often are children provided with meals/snacks per day? *Kodi anawa mumawapatsa chakudya ndi zotolatola mowilikiza bwanji pa tsiku?*

1 = Once
2 = Twice
3 = Thrice
4 = More than 3 times

76. What is the main source of energy for cooking? *Nthawi zambiri mukafuna kuphika mumagwiritsa ntchito moto wanji?*

1=Firewood
2=Electricity
3=Paraffin
4=Gas
5=Charcoal
6=Other (Specify)_____

77. Do you have a storeroom? *Muli ndi chipinda chosungiramo katundu?* 1=Yes 2=No

78. Do you have a garden for this institution? *Kodi bungweli lili ndi malo olima?*
1=Yes 2=No (Go to Q81)

79. What crops do you grow in this garden? *Mumalima mbeu zanji?*
1=Yes 2=No

1 = Maize
2 = Vegetables
3 = Groundnuts
4 = Soya
5 = Other (specify)

80. How big is your garden? *Malo olima amenewa ndiakulu bwanji?* State hectares/acres:
.....

81. Where do you get your farm inputs? Zipangizo zaulimi mumazitenga kuti?

1 = Contribution from parents 1 = Yes 2 = No
2 = DSWO 1 = Yes 2 = No
3 = NGOs/FBOs 1 = Yes 2 = No
4 = Other (specify) 1 = Yes 2 = No

82. Do you have the following eating and cooking utensils? *Kodi muli ndiziwiya izi?*
(Please read through the list)

Item	*Yes=1 No=2*	*Number*
1. Pots		
2. Plates		
3. Cups		
4. Spoons		
5. Measuring cups		
6. Pails with tap		
7. Pails without tap		
8. Basins for hand washing		
9. Basins for dish washing		

10. Drums for keeping water	
11. Knives	
83. How did you acquire these utensils? *Ziwiya zimenezi munazipeza bwanji?* 1 = Yes 2 = No	
1. Bought by committee	
2. Donated by funder	
3. Contributed by parents	
4. Contributed by committee	
5. Other (Specify).	
G. PLAY MATERIALS	
84. Which activities do you do with children on a daily basis? *Ndizochita zanji zomwe mumapanga ndianawa pa tsiku?* ***(Please read through the list)***	
Painting/drawing	1 = Yes 2 = No
Pasting	1 = Yes 2 = No
Clay modelling	1 = Yes 2 = No
Singing	1 = Yes 2 = No
Story telling	1 = Yes 2 = No
Puzzling	1 = Yes 2 = No
Rope skipping	1 = Yes 2 = No
Sand and water play	1 = Yes 2 = No
Free play	1 = Yes 2 = No
Spiritual activities	1 = Yes 2 = No
Schooling (older children)	1 = Yes 2 = No
Playing games (older children)	1 = Yes 2 = No
Farming (older children)	1 = Yes 2 = No
Other (Specify)	1 = Yes 2 = No
85. Do you have the following in-door play materials? *Kodi muli ndi zipangizo zosewelera mnyumba ngati izi?* ***(Please read through the list)***	
Soft dolls zidole	1 = Yes 2 = No
Picture and story books	1 = Yes 2 = No
Puzzles	1 = Yes 2 = No
Paper cut-offs	1 = Yes 2 = No
Art materials	1 = Yes 2 = No
Blocks of different shapes, sizes	1 = Yes 2 = No
Stacking wooden or plastic rings	1 = Yes 2 = No
Matching cards	1 = Yes 2 = No
Large wooden or plastic beads	1 = Yes 2 = No
Mystery bags	1 = Yes 2 = No
Wooden or plastic toys (cars, planes)	1 = Yes 2 = No
Puppets	1 = Yes 2 = No
Assorted toys (e.g. animals & people)	1 = Yes 2 = No
Musical instruments	1 = Yes 2 = No
Other (specify)	1= Yes 2 = No
86. Do you have the following out-door play materials? *Muli ndi zinthu zosewelera panja izi?*	
Soft balls	1 = Yes 2 = No
Swings	1 = Yes 2 = No
Climbers	1 = Yes 2 = No
Slides	1 = Yes 2 = No
See-saws	1 = Yes 2 = No
Old tyres	1 = Yes 2 = No
Clay	1 = Yes 2 = No
Sand and water play areas	1 = Yes 2 = No
Plastic containers/bottles	1 = Yes 2 = No
Large basins	1 = Yes 2 = No
Ropes	1 = Yes 2 = No
Mortars and pestles	1 = Yes 2 = No
Tunnels	1 = Yes 2 = No
Other (Specify).....	1 = Yes 2 = No

87. What is your source of play materials? *Zosewelera zimenezi mumazitenga kuti?* 1 = Yes 2 = No

1. Locally made by teachers
2. UNICEF
3. NGO
4. APPM
5. Well-wisher
6. FBO
7. Parents
8. Children's homes
9. Other (Specify) ……..

88. Do you have a place where children can rest/sleep after play? *Muli ndi malo omwe anawa angathe kugona kapena kupuma akatha kusewera?*
1=Yes 2=No **(Go to Q90)**

89. In the children's resting/sleeping place, do you have: *kumalo amen wa omwe anawa amapumilako, muli ndi zinthu izi?*

Item	**Yes=1 No=2**	**Number**
Blankets/Beddings		
Mats		
Mattresses		

H. INFRASTRUCTURE (OBSERVATION Q89 - 91)

MAIN CCI BUILDING

90. Does the CCI own a building? *Kodi nyumbayi ndi yanuyanu a bungweli?* 1 = Yes 2 = No (Go to Q94)

91. Main material of the floor
1 = Mud/earth
2 = Tiles
3 = Cement
4 = Other specify

92. Main material of the roof
1 = Grass thatch
2 = Plastic sheets
3 = Iron sheets
4 = Tiles
5 = Other specify

93. Main material of the wall
1 = Wattle and daub
2 = Burnt bricks
3 = Unburnt bricks
4 = Mdindo/compressed earth
5 = Iron sheets
6 = Reed/grass
7 = Other specify

94. How many Rooms are in the building? *Myumbayi ili ndizipinda zingati?*	Dormitories
	Classrooms
	Dining room
	Other rooms
95. How many children per room can you fit? Kodi muchipinda chilichonse mungakwane ana angati?	Dormitories
	Classrooms

	Dining room Other rooms
96. Furniture in the dormitories. Kodi muzipinda zogona muli zinthu izi zingati?	Beds
	Mattresses Drawers /closets Blankets Bed sheets
97. Furniture in the classrooms. Kodi muzipinda zophunzilira muli zinthu ngati izi zingati?	Chairs
	Tables Shelves
98. Is the building used for any other activities when not in use by the CCI? Kodi nyumbayi imagwilitsidwa ntchito ina ngati bungweli silikugwilitsa ntchito? 1 = Yes 2 = No (Go to Q100)	
99. If yes, what is it used for? *Imagwilitsidwira ntchito yanji?* 1 = Yes 2 = No 1. Children corner/kids club activities 2. Prayers 3. Party mebetings 4. School 5. Clinic 6. Seminars 7. Welfare committee meetings and other communal activities 8. Other (specify)……	
100. **Enumerators walk around to see if the buildings and surroundings are free from hazards for the children** 1 = Free 2 = Not free ***KITCHEN (Observation)***	
101. Do you have a kitchen where you prepare food for the children? *Kodi muli ndi kitchen lomwe mumakonzeramo zakudya za anawa?* 1 = Yes 2=No (Go to Q 106)	
102. Main material of wall of the kitchen 1 = Burnt bricks 2 = Unburnt bricks 3 = Iron sheets 4 = Wattle and daub 5 = Other specify……	
103. Main material of the floor of kitchen 1 = Mud/earth 2 = Cement 3 = Wooden tiles 4 = Other specify ……	
104. Main material of roof of the kitchen 1 = Grass thatch 2 = Plastic sheets 3 = Iron sheets 4 = Tiles 5 = Other specify ……..	
105. Visit the kitchen and evaluate cleanliness 1 = Clean 2 = Not clean	

I. FUNDING

SOURCES OF FUNDING

106. What is the source of your funding? *Ndalama zomwe mumagwiritsa ntchito panomumazipeza bwanji?*

107. Do you have a bank account? *Kodi bungweli lili ndi bukhu laku bank?*
1 = Yes 2 = No **(Go to Q 109)**

108. Who manages the account? *Kodi amene amayendetsa bukhu limeneli ndani?*

1. Village head
2. CCI Committee
3. Facilitator of orphanage
4. Founder, Project manager or Finance Officer
5. Other specify ……..

109. How do children leave this institution? *Kodi ana amachoka bwanji pa malo pano?*

J. POLICY/IMPLEMENTATION INDICATORS

110. Are you aware of any legal and policy framework for formal care? If yes what are these? *Mumadziwa chilichonse chokhuzana ndi malamulo ndindondomeko zovomelezeka zakasamalidwe ka ana*

110. Does a system for complaints exist that children in formal care can use to safely report abuse and exploitation? *Kodi pali njira yina yili yonse yomwe yinakhazikitsidwa kuti ana azitha kudandaula mopanda mantha akachitidwa nkhaza za mtundu uli wonse?*

111. Are you aware of any existing system of registration and regulation for institutions like this one? *Kodi mukudziwa za njira zomwe zilipo za kalembetsedwe ndi malamulo oyendetsera mabungwe ngati lanuli?*

112. Do you have a child protection policy?
If yes, have your staff been trained in child protection policy? *Kodi muli ndi ndondomeko ya katetezedwe ka ana pa bungwe lino?ngati ndondomekoyo yilipo anthu ogwira ntchito pano anaphunzisidwaza ndondomekoyo?*
1=Yes 2= No

J. CHALLENGES

113. What are the problems that this CCI faces? *Ndi mavuto anji amene bungweli limakumana nawo* 1 = Yes 2 = No

1. Lack of caregivers
2. Lack of play materials
3. Lack of medicines
4. Lack of food
5. Lack of motivation
6. Lack of water
7. Lack of building
8. Lack of training
9. Lack of funding
10. Lack of utensils
11. Lack of toilets
12. Lack of bathrooms
13. Lack of community involvement
14. Lack of blankets
15. Lack of washing materials
16. Lack of firewood
17. Lack of teaching materials
18. Other (specify)……

ANNEX 2: GUIDE FOR INTERVIEWS AND FGDS WITH CHILDREN IN INSTITUTIONS

(for those who have left the discussion will be in past)

The aim is to learn about the circumstances that led them to be where they are and how they are faring in these institutions.

1. Background of the child (name, where from, age, whether orphan or not).
2. For how long have you been in this institution?
3. How did you come here? Who made the decision for you to come here?
4. Why did you or your parents/guardian choose for you to be here?
5. What kind of care do you get in this institution? Was this care available where you were before coming into this institution? What made it difficult for you to access care?
6. What personal items are you provided with?
7. When you fall sick, what is the procedure for you to get treatment? Are there any challenges with regard to accessing care? What are these?
8. What activities do you do on a daily basis? Are there activities that you would want and are not being provided?
9. Are you allowed visitors (which people are allowed to visit you)? How often are you visited? (if not visited, would you like to be visited? By whom? Why?)
10. Are these visits beneficial to you? How?
11. What is the advantage about being in this institution? Explain. What do you like and dislike about this institution? (probe: any cases of abuse physical, emotional and sexual, child labour (what type of work do children do in this institution – do they like it?), child to child violence).
12. If you misbehave, what happens? Any corporal punishments? Explain?
13. What are the challenges that you have faced? What attempts have been made to address these problems? Have you and other children talked about these problems with your fellow children? What about management of this institution?
14. How do you think things at this institution could be improved?

ANNEX 3: GUIDE FOR INTERVIEWS WITH PARENTS/GUARDIANS

The aim is to learn about the circumstances that led them to give up their children currently living in institutions.

1. Background of the guardian (sex, parent or guardian, occupation of the parent/guardian, marital status of guardian/parent).
2. Distance to the CCI from the parent/guardian's residence. What mode of transport do you use to get there? How much does it cost?
3. Why did you leave your child/ward at the CCI? Was there anything that could have been done for this child to remain in your home? Explain.
4. What processes did you go through for you to leave your child/ward at the CCI? Did you experience any challenges in this process?
5. Are there any other CCIs in this area? Why did you choose this particular CCI?
6. Are you aware of the care that your child/ward gets at the CCI? What kind of care do you think your child/ward gets at the CCI that could not have been provided at home?
7. What personal items is your ward/child provided with?
8. Are you aware of what happens when the child falls sick?
9. What is the procedure for a child to get treatment?
10. Are you aware of the activities that children actually do on a daily basis?
11. Are you allowed to visit the children?
12. If yes, what is the frequency of these visits?
13. What do you do during visitations?
14. What benefits do you think the child/ward has received so far?
15. As a parent/guardian, what challenges are there with having a child in an institution?
16. What in your opinion are the challenges the child faces in the institution?
17. How do you think things at this institution could be improved?

ANNEX 4: LIST OF CHILDCARE INSTITUTIONS IN MALAWI

District	Authority	Name of Institution
Karonga	KYUNGU	KARONGA SCHOOL FOR THE DEAF
		LUSUBILO COMMUNITY-BASED ORPHAN CARE
		ST MARYS SCHOOL FOR THE BLIND
	MWILAN'GOMBE	NYUNGWE RESOURCE CENTRE
Mzimba	MTWALO	CRISIS NURSERY
		EKWENDENI SCHOOL FOR THE BLIND
		RAFIKI FOUNDATION
	MZUKUZUKU	EMBANGWENI SCHOOL FOR THE DEAF
Nkhata Bay	MALENGA MZOMA	BANDAWE SCHOOL FOR THE DEAF
	MKUMBIRA	ST. MARIA GOLLATE SCHOOL FOR THE VISUALLY IMPAIRED
	KABUNDULI	SOS CHILDREN'S VILLAGE
Kasungu	CHILOWA MATAMBE	CHIWENGO CHILDREN OF THE NATION
	KAOMBA	CHILANGA SCHOOL FOR THE BLIND
	WIMBE	ALL SAINTS MTUNTHAMA ANGLICAN ORPHANAGE
Dowa	CHEWERE	ST. MARY'S REHABILITATION CENTRE
	CHIWERE	CIRCLE OF HOPE
Lilongwe	CHIMUTU	SOS CHILDREN'S VILLAGE
	CHITSEKA	SOCIAL REHABILITATION CENTRE
	CHITUKULA	MTENDERE CHILDREN'S VILLAGE
		RAINBOW DEVELOPMENT CENTRE
		VILLAGE OF HOPE
	MASAMBANKHUNDA	MALINGUNDE RESOURCE CENTRE
	NJEWA	AGAPE EARTH ANGELS CARE CENTRE
		CHILDREN OF THE NATION (MALAWI)
		CHITIPI CHILDRENS HOME
		GRACE OF GOD ORPHANAGE
		MAI AISHA CHILDRENS HOME
		MINISTRY OF HOPE (CRISIS NURSERY)
	TSABANGO	BIBI KHADJA ORPHANAGE CARE
		MOTHER TEREZA HOME (HOUSE OF JOY)
Mchinji	NYOKA	HOPE OF CHILDREN'S HOME
	ZULU	MCHINJI ANTI-CHILD TRAFFICKING CENTRE
Salima	KHOMBEDZA	LAST DAYS MINISTRY AND ORPHANAGE HOME
	MAGANGA	KHALID WALEED ORPHANAGE
Dedza	KACHINDAMOTO	MUA SCHOOL FOR THE DEAF
	KAPHUKA	MISSION OF LOVE IN MALAWI ORPHANAGE CENTRE
Ntcheu	KWATAINE	DOMBOLE MCHELEZO ORPHANAGE
		ESTHER'S HOUSE

District	Authority	Name of Institution
	MAKWANAWALA	MCHEREZO ORPHAN CARE
	PHAMBALA	MSIYALUDZU RESOURCE CENTRE FOR THE BLIND
Mangochi	CHIMWALA	MCHEREZO-MATANDA ORPHAN CARE
	JALASI	CASSIM AL-MOON ORPHANAGE
		ALLELUYA CARE CENTRE
	MPONDA	GRACE FARM AND CHILDREN HOME
	NAMKUMBA	OPEN ARMS INFANT HOME
Machinga	NSAMALA	MKOPE SCHOOL FOR THE BLIND
	KAWINGA	AL-BAYAAN ISLAMIC CENTRE
	LIWONDE	AL-HUDA NTAJA CENTRE
		LITTLE FIRL HOME
Zomba	CHIKOWI	LIWONDE MAIN MOSQUE
		SHUKURAN ORPHAN CARE
		SONGANI ISLAMIC CENTRE
	KUNTUMANJI	TWO DIAMOND ZAMZAM FOUNDATION
	MALEMIA	CHIRWA REFORMATORY CENTRE
	MWAMBO	AJUMANI TALIMU ISLAM
Phalombe	NAZOMBE	ALFALAH ORPHANAGE
Chiradzulu	KADUYA	PASSION CENTRE FOR CHILDREN
	LIKOSWE	ABBAS REST ORPHAN CARE
		MIGOWI SCHOOL FOR THE DEAF
		CHISOMBEZI DEAF BLIND INSTITUTION
	MPAMA	MARY VIEW SCHOOL FOR THE DEAF
		MONTFORT DEMONSTRATION RESOURCE CENTRE
Blantyre	KAPENI	AMITOFO CARE CENTRE
		ISLAMIC WELFARE CENTRE
		AQUAID LIFELINE
		CHRISTIAN TRANSFORMATION CENTRE
		ELIM PENTECOSTAL CHIGUMULA ORPHANAGE
	KUNTAJA	EMMANUEL FAMILY CENTRE
		STEKA
	MACHINJIRI	SAFE HOME
		STEPHANO'S CHILDREN'S HOME
		ACTS III GLOBAL MINISTRIES
		AGAPE ORPHANAGE
		BLANTYRE GIRLS HOME
		CHISOMO CHILDREN'S CLUB
		CHOMBO CHILDREN'S HOME
		MADALITSO HAPPY HOME

District	Authority	Name of Institution
		NOAH'S ARK ORPHAN CARE
		SOS CHILDREN'S VILLAGE
		TIYAMIKE MULUNGU BABY HOUSE
		YAMIKANI ORPHANAGE HOUSE
	MAKATA	FEED THE CHILDREN
	MPASUKA	MAONI ORPHANAGE
	NSOMBA	MPEMBA JUVENILE REFORMATORY CENTRE
		OPEN ARMS ORPHAN CENTRE
		THE SAMARITAN TRUST SKILLS TRAINING CENTRE
Thyolo	BVUMBWE	DZANJA LA CHIFUNDO
		KONDANANI
		SMILE MALAWI CHILDREN CENTRE
		VICTORY CHRISTIAN CHILDREN'S HOME
	CHIMALIRO	SHEKINAH ORPHAN DEVELOPMENT CENTRE
	MCHILAMWERA	AQUAID LIFELINE MALAWI(THYOLO)
Mulanje	MTHIRAMANJA	CHIUTA CHILDREN'S HOME
Chikwawa	LUNDU	LAMB TRACKS
	MAKHUWILA	TSAPA ORPHANAGE
	MASEYA	HOPE VILLAGE
	NGABU	MBEWE'S RESIDENCE
	NGOWE	GOOD NEWS CHILDREN'S HOME
Balaka	CHANTHUNYA	CHIMWEMWE ORPHANAGE
	MSAMATI	MTENDERE SCHOOL FOR THE HANDICAPPED
Nsanje	MALEMYA	YESU NGWADIDI CHILDREN'S HOUSE
	MBENJE	PARTNERS IN HARVEST-IRIS AFRICA
		TIYAMIKE MULUNGU CENTRE