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School Management in Community-Based Childcare Centre in Malawi: Focusing on Unpaid Volunteer Caregivers

Abstract

This study focuses on the operation of Community-Based Childcare Centres (CBCCs), which have been expanding in Malawi in recent years, with an emphasis on unpaid volunteer caregivers.

Pre-primary education is a goal of the 2000 Dakar Goal of Education for All and, furthermore, of the 2015 Sustainable Development Goals, which call for improved access to quality facilities. Early intervention from infancy is considered to reduce poverty, alleviate inequality, and lower social and economic costs. In addition, the development of non-cognitive skills has been shown to be important in early childhood, and its effects are particularly high for people with low incomes (Heckman & Savelyev, 2012). Furthermore, pre-primary education is a preparatory stage for primary education and has been cited to reduce retention and dropout in the early grades of primary education and its impact on academic achievement in primary education.

The number of pre-primary education facilities in Malawi, the country of interest for this study, has increased tremendously, from 7,801 in 2007 to 12,220 in 2018. Pre-primary education facilities can be broadly classified into free CBCCs and fee-based facilities; CBCCs account for 70% of all preschool facilities. There are two requirements for establishment: location and availability of childcare providers. There are no specific requirements for becoming a caregiver. The government provides training to caregivers to improve the quality of CBCCs, and as of 2021, 47.3% of caregivers had received training (MoGCDSW, 2021).

The surveys for this study were conducted in October 2021 and September 2022. The study population consisted of 10 CBCCs in Nkhata Bay District, Northern Malawi. Semi-structured interviews were conducted with 24 caregivers, three child caregivers, and five directors of CBCC committees to investigate CBCC operations from inception to the present, the situation of children and caregivers, community and parental involvement, and government intervention. Community involvement was minimal in

many facilities, with child caregivers playing a central role in the operation. However, the caregivers were unpaid volunteers. Facility operations were analyzed by coding and categorizing the interviews. First, all caregivers believed they "love children" and were "for the community. As for their motivation to become childcare providers, "I saw children playing in the community, so I gathered the children and started taking care of them at home and under the trees. Gradually, they "began teaching them the alphabet, numbers, etc.," and there was a strong sense that the children in their community were to be raised by themselves. Second, they believed in the importance of preschool education and its connection to the elementary school. Although access to preschool education was still about half of the children, caregivers thought preparing them before they entered elementary school was essential. Third was the level of education and experience of the caregivers. Caregivers were well-educated in the community, having completed primary and early secondary school. However, they did not have a teaching certificate in primary education and could not work in elementary school. On the other hand, they believed they could provide childcare and education with the knowledge they had gained from their previous experience. Fourth, each facility had two to four caregivers who helped and managed each other. In many facilities, the caregivers who had been with the facility since its establishment were the core of the operation. However, in recent years, younger childcare providers assisted them as they aged. The younger caregivers admired the activities of the first caregivers who created the facility and wanted to support them. Finally, there was the flexible management of the facility. The facility was a free community facility with unpaid volunteer caregivers, so it was easy to schedule days off according to availability. In addition, the hours of operation were short, only two to three hours in the morning, which made it less demanding on the caregivers. The facility was operated through the charitable contributions of the caregivers.