2015/16 EARLY CHILDHOOD DEVELOPMENT
BUDGET:
Analysis of Disability Inclusion Awareness

October 2015
Acknowledgements

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# Table of Contents

Acknowledgements ................................................................................................................................................. 1  
List of figures .......................................................................................................................................................... 4  
List of tables .......................................................................................................................................................... 4  
Acronyms .............................................................................................................................................................. 5  
Executive Summary ................................................................................................................................................. 6  
  Introduction .......................................................................................................................................................... 6  
  Key findings ....................................................................................................................................................... 6  
  Key recommendations ..................................................................................................................................... 7  
1. Introduction ...................................................................................................................................................... 8  
  1.1 Aim of the study ........................................................................................................................................... 9  
  1.2 Objectives of the study ............................................................................................................................... 9  
  1.3 Methodology ............................................................................................................................................... 9  
  1.4 Limitations ................................................................................................................................................. 9  
  1.5 Outline of the report .................................................................................................................................. 10  
2. Background Information; literature review ............................................................................................... 11  
  2.1 Children with disabilities in Malawi ........................................................................................................ 11  
  2.2 Defining ECD and Disability Inclusion .................................................................................................. 12  
  2.3 The status of ECD services in Malawi .................................................................................................... 12  
  2.4 The importance of quality ECD ............................................................................................................ 13  
  2.5 Disability Policy Framework .................................................................................................................... 14  
2.6 ECD Policy Framework .............................................................................................................................. 14  
3. ECD funding in Malawi; Analysis of Disability Inclusion ........................................................................... 16  
  3.1 Overview of the national budget .............................................................................................................. 16  
  3.2 Education sector funding trends .............................................................................................................. 17
3.3. Funding trends to MoGCDS ................................................................. 18
3.4. 2015/16 ECD Budget and policy disability inclusion awareness ..................... 19
3.5. ECD funding requirements ........................................................................ 20
3.6. Trends in ECD funding 2013-2015 ............................................................. 21
3.7. Specific ECD disability inclusion allocations in the 2015/16 budget ................ 23
3.8. ECD funding against education sector budget ............................................. 22
3.9. Performance & planned key planned outputs 2013-15 ............................... 24
3.10. Performance & planned key Disability Inclusion outputs 2013-15 ................. 25
4. Key issues in integrating inclusion in ECD services in Malawi ..................... 26
4.1. Policy Frameworks .................................................................................. 26
4.2. Management & coordination .................................................................... 26
4.3. ECD related disability advocacy ................................................................. 27
4.4. Quality management .................................................................................. 27
4.5. Capacity of ECD caregivers ...................................................................... 27
5. Conclusion and Recommendations .............................................................. 29
6. Bibliography ............................................................................................... 32
List of figures

Figure 1: National Budget trends: 2013-2015 Financial Years (FY) .................................................. 17
Figure 2: Education sector budget trends: 2013-2015 Financial Years (FY) ................................. 18
Figure 3: MoGCDS funding trends: 2013-2015 FY .................................................................... 19
Figure 4: ECD budget allocation trends ....................................................................................... 22
Figure 5: Proportion of ECD against MoEST budget 2013-15 ...................................................... 23

List of tables

Table 1: 2015/16 Budget inclusion awareness ............................................................................. 20
Table 2: Estimated funding requirements for implementation of ECD under ESIP ............... 21
Table 4: ECD specific disability inclusion allocations ................................................................. 24
Table 5: Performance of planned ECD outputs .......................................................................... 25
Acronyms

CBCCs  Community-Based Child Care Centres
CBO    Community-Based Organizations
CSEC   Civil Society Education Coalition
DENs   District Education Networks
ECD    Early Childhood Development
EFA    Education For All
ESIP   Education Sector Implementation Plan
FTI    Fast Track Innovative
GoM    Government of Malawi
MDGs   Millennium Development Goals
MGDS II Malawi Growth and Development Strategy II
MoAFS  Ministry of Agriculture and Food Security
MoEST  Ministry of Education Science and Technology
MoF    Ministry of Finance
MoGCDS Ministry of Gender, Children, Disability and Social welfare
NESP   National Education Sector Plan
NGOs   Non-Governmental Organizations
SNE    Special Needs Education
UNICEF United Nations Children Fund
Executive Summary

Introduction
This report presents the findings of the 2015/16 Early Childhood Development (ECD) budget analysis in Malawi with an emphasis on inclusive education. The report chiefly focuses on, ECD 2015/16 budget allocations while looking at funding trends from 2013; achievements and challenges. Most importantly the report presents a how the national budget is responsive to issues of disability inclusion in ECD and how the ECD services in Malawi are being underfunded. The study notes that while considerable treads have been made in terms of funding, policy formulation; coordination and management; mainstreaming and advocacy; there still remain significant challenges around the same issues.

Key findings
At policy framework level it was found that Malawi has generally recognized disability inclusion and made strides to pursue the same. The country has enacted a Disability Act (2012) and set disability policies across the sectors including education and social welfare. The ECD policy and budget documents were found to be ECD disability inclusion aware; that is, they had disability sensitive objectives and strategies. Unfortunately it was also noted that these objectives and strategies did not translate into substantial budget allocations for disability inclusion meaning that the budget has not acceptably made ECD inclusion specific and sensitive allocations.

Overall the study finds that ECD programming in general is unacceptably underfunded going by the service delivery requirements laid out in the ECD strategic plans and Education Sector Implementation Plan costings. According the NESP, ECD should get an allocation of at least 3% of the entire education sector budget. The ECD programme only received an average of 0.1% of the education sector budget from 2013/14 to 2015/16 Financial years, and the programme only received about 1% of its total required funding on average across the same 3 years.

The report notes that government may continue to lose investments made at primary school through drop outs and repetition arising out of children who are not prepared for school due to lack of ECD services across the country.

Interestingly the study found that ECD programme allocation has been growing from 2013 to 2015 with sharp increase in 2015 where the budget increased from MK 94 million in 2014/15 to MK 618 million. This is still however below set financing benchmarks.

Encouragingly the Ministry of Gender Children, Disability and Social Welfare had specific disability inclusion allocations under the 2015/16 ECD budget and plans for the year. This is quite commendable despite the fact that the number of these activities was very limited and in some cases supported with off budget funding.
The trend analysis over the years that education sector allocation as a proportion to the total national budget has decreased from 21% to 17%. This is in contrast to the Education for All initiative which recommends a minimum allocation of 20% of total government budget to the education sector.

Discussions at district level revealed that there is poor coordination of disability issues at that level which leads to poor visibility of inclusion issues in the planning and budgeting process. Interviews with key informants also suggest that there is minimal advocacy on disability inclusion at ECD level; it was reported that most advocacy efforts target from primary school to workplace.

The study also found that the ECD programme is making strides in achieving the planned outputs set out at the start of each FY. This was consistent across the 3 years under review. The only challenge was that the targets set were generally too low looking at the need and demand for ECD services in the country. The programme need to be more ambitious in setting targets. This may however continue to be negatively affected as long as MoF does not prioritize ECD funding.

**Key recommendations**

i. Government should continue increasing allocation to the ECD programme to at least 1.5% of the education budget in the medium term. MoGCDS should specifically include more specific ECD disability inclusion activities in their annual budget and plans.

ii. MoGCDS and MoF should set budgeting guidelines that require all line Ministries to make specific disability inclusion allocations in their budget submissions. This will ensure that departments including child development plan and budget for inclusion activities.

iii. ECD budgeted activities should focus more on training of EC caregivers and procurement of teaching and learning materials with attention to SNE play and reading materials for children with disabilities.

iv. Government should consider having dedicated disability focal persons at district level to lead and coordinate efforts of disability inclusion by all stakeholders. There may also be need to institute a local coordinating committee at district level to ensure that the implementation and coordination of disability inclusion activities are owned by all relevant stakeholder at district level.

v. MoGCDS should ensure that least all ECD coordinators at district level are trained on disability inclusion so that the same should lead in mainstreaming ECD programing at district and community level.

vi. CSEC and the ECD coalition should scale up ECD inclusion advocacy at both policy level to influence policy and budgeting, and at community level to increase awareness of key decentralized structures that are responsible for developing community level development plans.
vii. CSEC and the ECD coalition should strengthen their monitoring role of ECD quality ensuring that ECD centers are disability friendly infrastructure, learning and play materials.

viii. MoGCDS should disseminate widely the new ECD caregivers’ manual that has incorporated SNE aspects. Efforts should be made by both government and NGOs to orient ECD caregivers on the new provisions in the manual.

1. Introduction

Civil Society Education Coalition (CSEC) is an alliance of presently 84 diverse independent and voluntary organizations (Non-Governmental Organizations, Community based organizations, trade unions, faith based Organizations etc.), which promote the right to Quality Education in Malawi. The major strategic activities for the Coalition include; government Budget tracking, Research on educational issues, Advocacy campaigns and lobbying, community Mobilization and sensitization.

CSEC understands the critical role that ECD plays in determining the quality of learners and education at primary school level and beyond. With that appreciation CSEC undertakes various initiatives in promoting equitable access and quality of ECD services in Malawi. One of such initiatives is the annual budget analysis that CSEC conduct for the education sector and its programmes in order to inform its advocacy initiatives with Government officials, parliamentarians and other stakeholder to influence decision making around budget formulation and executions in forthcoming national budgets.

CSEC engaged an independent research consultant to undertake a research to do an analysis of the 2015/16 Early Childhood Development (ECD) in Malawi to review how allocations are in line with current challenges as well as national and regional policy frameworks and instruments. The review also aimed at reviewing responsive the 2015/16 ECD Budget has been to inclusive education and gender in the implementation of ECD programmers. The study has also put forward strategic recommendations for improvement in the implementation of ECD programmes with regards to disability inclusion. It has also
suggested areas for Inclusion advocacy for ECD on the part of CSEC and likeminded organizations.

1.1 Aim of the study

The overall aim of the study was as follows:

- To conduct an analysis of 2015/16 national budget in terms of early child development education with focus on inclusivity of the program

1.2 Objectives of the study

The specific objectives of the study were as follows:

- To determine the funding trends of the ECDE since 2013/15 in the context of regional and national development frameworks and instruments.
- Determine the key ECDE provisions, allocations and outputs in the 2013/2014, 2014/15 and 2015/16 national budgets.
- Determine how inclusive the budget provision, allocation and outputs are.
- Make fresh and innovative recommendations on how best ECD should be budgeted for in Malawi taking into consideration inclusivity.
- Determine the allocation’s responsiveness to current education and social needs in Malawi.
- Suggest fresh and innovative recommendations on how best ECD should be implemented in Malawi.

1.3 Methodology

The study was predominantly a desk research reviewing ECD Budget documents and inclusion related frameworks. The literature review was complimented by key informant interviews with key officials from the Ministry of Gender, Children Disability and Social Welfare (MoGCDS), United Nations Children Fund (UNICEF) and other key Non-Governmental Organizations (NGOs). The study mainly focused on ECD activities from 2013 to 2015. Key literature reviewed in the course of the study included policy and strategy documents; government budget documents; expenditure reports; project reports; and budget review reports.

1.4. Limitations

The research project was constrained by a number of challenges. The first challenge had to do with incomplete budget documents. At the time of the analysis the MoF was still revising the 2015/16 budget documents as a lot of errors were discovered. This slowed down the work. The study only consulted three (Salima, Lilongwe and Mchinji) district councils from the central region and this is by no means a representative sample. However for qualitative purposes these interviews provide deep insights into ECD service delivery with regard to disability inclusion.
The other limitation of the study was that the report was produced at a time when MoGCDs was finalizing the new ECD strategic plan for 2016 – 2019. However, the study reviewed the final draft which has not yet been endorsed.

1.5 Roadmap to the report
The report has five sections. Section one outlines aims and objectives of the research. Section two provides a contextual background to the study; a brief review of policies and frameworks. Section three provides budget analysis of ECD from 2013/14 to 2015/16 with strong bias on the 2015/16 FY and disability inclusion. Section four reviews the key issues affecting integration of disability inclusion in ECD interventions in Malawi. Finally, section five presents the study conclusions and recommendations.
2. Background Information; literature review

It is not the purpose of this study to conduct a thorough literature review of ECD and disability policies in Malawi. However the next sub sections will summarize the context and key issues in the ECD sector with consideration of disability inclusion issues in Malawi to form background of the analysis in sections 3 and 4. This, in essence, provides a solid basis for the analysis of the budget provisions.

2.1. Children with disabilities in Malawi

The 2008 Malawi Housing and Population Census found that the prevalence of disability among children was lower at 2.4% (159,878) than among the general population at 3.8% (498,122). Prevalence was slightly higher among males at 2.5% (84,721) than females at 2.2% (75,157). The most common form of disability was hearing loss (23%) followed by visual impairment (17%), mobility problems (16%) and communication difficulties (9%). And other forms of disability were classified as 'other' and they constituted 5% of children with disabilities. The Northern Region had the highest prevalence of disability among children (3.3%), followed by Central (2.5%) and Southern (2.0%). Most forms of disability found in this study were either present at birth or were caused by illness.

Most children with disabilities, especially girls, are likely to be out of school including ECD, as preference is given to boys. Those in school places face a number of difficulties. Most school environments are not disability friendly (for example poor access to sanitation on facilities especially for those using wheelchairs and the visually impaired), and there is a critical shortage of specialist teachers. Many parents cannot afford to pay for school fees and learning materials. There is a lack of assistive devices and assistants for children with mobility disabilities, and examination systems are unfair and discriminatory. While parents and relatives do their best to ensure that their children are in school, they often simply lack the time and resources to do this.

There are many initiatives aiming to make the school environment conducive to effective learning by children with disabilities. They include free education, training special education teachers, providing special-needs education and establishing resource centers in conventional schools. There is now a Directorate of Special Needs Education within the Ministry of Education, Science and Technology (MoEST), and a directive that all schools should be disability-friendly. The Malawi Council for the Handicapped (MACOHA) has a community-based rehabilitation programme that has improved access to education. However, efforts by both parents and the government do not yet meet all the needs of children with disabilities. Interesting note here is that most of these efforts begin at Primary school level and not at ECD level.

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1 Adapted from UNICEF (2012); From Exclusion To Inclusion Promoting The Rights Of Children With Disabilities In Malawi


2.2. Defining Disability Inclusion and ECD
Disability inclusion is understood as reform processes that aim at promoting a world where all people freely, openly and without pity accommodate any person with a disability without restrictions or limitations of any kind. The concept of inclusion emphasizes the need to design for policy-oriented physical accessibility issues, such as ease-of-use of physical structures and elimination of all forms of barriers for persons with disabilities to access public goods and services with utmost ease, yet the largest part of its purpose is transforming cultures and attitudes.

The World Bank defines ECD as the ‘physical, cognitive, linguistic, and socio-emotional development of a child from the prenatal stage up to age eight,’ (World Bank, 2010). Locally, the National Policy on Early Childhood Development defines it as a comprehensive approach to policies and programmes for children from birth to eight years of age, their parents and caregivers,’ (National Policy on Early Childhood Development, 2006). This encompasses the provision of education, health, education, nutrition, hygiene, sanitation as well as a range of social development stimulation activities.

It should be noted that the definition of ECD in the current Malawi policy frameworks is quite broad. However for the purposes of this study ECD will be understood in the context of child development related interventions provided through community based child-care centers (CBCC) which are also known as Early Childhood Development Centers. The age group targeted by these services is children between the ages of 1-5 years. On the other hand, it is thought children within the 6-8 years age-bracket receive ECD services during their first and second years of primary schooling. And on that basis this analysis will also take into consideration all programmes and funding under the Ministry of Education's budget targeting this age group.

Research findings from across the world have shown that proper care and development during the early years of a child provides a positive strong foundation later in life. It is therefore critical that inclusion issues should be addressed very early in a child's development. If screened, identified and managed, Children with disabilities could equally have a good foundation in their lives.

2.3. The status of ECD services in Malawi
The Early Childhood Development (ECD) program in Malawi is hosted in the Ministry of Gender, Children & Community Development (MoGCDS). The ministry is responsible for providing overall policy framework and guidelines to ECD service delivery. It is also noteworthy that this role is partly shared with the Ministry of Education Science and Technology (MoEST) since all children from 6 to 8 years of age should ideally be in primary schools under the MoEST Primary School program.

Access to ECD services remains a challenge in Malawi; while statistics show some progress in the last 3 years the gap of service delivery remains glaring. Reports indicate that almost
60% of children between the ages 2-5 years do not attend ECD services, the annual ECD report (World Bank, 2015) states that ECD reach has reached 40%. The Ministry of Gender Children and Disability further reports that it has so far opened 11,105 childcare centers that offer early learning opportunities to more than 1 million children aged 3 to 5 (Ibid). However for children from the age of 6, attend primary school education under the Ministry of Education which reports that net enrolment of 94% (EMIS, 2014)

There are marked disparities in terms of access to ECD between and within rural and urban areas. Generally, access to services in rural areas is very low mostly due to lack of ECD centres such as CBCCs and pre-schools. Study by ActionAid (2011) on CBCCs in selected districts in Malawi noted that most improved CBCCs are located in semi-rural areas. The study also noted that while ECD services are available in most urban settings, a good proportion of children do not access them. The study attributed this partly to high fee charges as most ECD centres such as pre-schools are run on private terms, (ActionAid, 2011).

In addition, differences in accessibility to ECD centres, especially CBCCs, are also observed across the three regions and districts in the country. MoGCDS (2012) notes that the northern region had the highest proportion of children enrolled in CBCCs, followed by the southern and the central regions by 2008. It was estimated that the proportion of children attending the centres in the three regions in the same year stood at 22.4%; 18.1% and 15.8%, respectively. Enrollment in CBCCs also varied across districts. It is reported that Nkhata Bay district’s 32.7% enrolment was the highest in the country by 2008. The lowest included Dedza, with only 5.4% of its under-five registered in CBCCs; followed by Lilongwe (9.3%) and Blantyre (9.5%).

2.4. The importance of quality ECD

The importance of ECD services to children cannot be overstated. Studies conducted elsewhere seems to suggest that 85% of the human brain develops by the age of 5 years. Further, studies have shown that 50% of a child’s cognitive capacity is mostly influence by his or her environment, (World Bank, 2010). This explains why children who have gone through ECD services such as those provided through pre-schools and CBCCs do relatively well in school than those who have not.

In addition, the following have also been suggested as benefits comprehensive ECD services offer to both children and country in general:

a) Children who go through ECD services excel in school and have a higher chance of completing their school cycle compared to those who have not

b) Children who go through ECD services are more productive in socio-economic development and lead a better quality life later.

c) The country also benefits through savings from remedial education, healthcare and rehabilitation services
d) Related to the above, there is also increased likelihood of identifying special needs cases early in life among children and thereby putting corrective remedies before such problems worsen in later life.

e) From a rights-perspective, ECD interventions are also thought to improve equity as most children targeted are those that are disadvantaged. (*GoM, UNICEF; World Bank*)

### 2.5. Disability Policy Framework

In 2012 Malawi passed a Disability Act. According to analysts the new Disability Act is based on the social model of disability, which perceives disability as a human rights issue. The Act adopts disability definitions from the UN Convention on the Rights of Persons with Disabilities (CRPD) to which Malawi is a state party. The Act defines discrimination as ‘distinction, exclusion or restriction on the basis of disability, which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on equal basis, of any human rights or fundamental freedoms, in the political, economic, social, cultural, civil or other field’.

The Act guarantees the right to non-discrimination in the fields of health, education and training, social life, culture, sports, recreation, employment, public and political life/affairs, housing, and many others – and seeks to ensure that people with disabilities have access to places and including buildings.

The Act also grants disabled people, who suffer from disability discrimination, remedies enforceable by the courts. Individuals and organizations who practice disability discrimination may be fined or imprisoned and may have their licenses revoked.

It is therefore noteworthy that as a country Malawi aspires to make disabled people and children normal members of society that enjoy all services including education. The Act therefore provides basis for mainstreaming disability inclusion in delivery of ECD services.

### 2.6. ECD Policy Framework

The Malawi Growth and Development Strategy II (MGDS II), 2011-2016, is the country's overarching policy framework for socio-economic development. The MGDS II identifies six broad thematic areas and within those six thematic areas, the MGDS II isolates nine Key Priority Areas (KPAs). Child development, Youth Development and Empowerment is priority number 8 under the KPAs. The policy framework recognizes that Children and the youth constitute a significant proportion of the population of Malawi. It is further recognizes that it is essential to invest in child development, youth development and empowerment. Very importantly to the study, the strategy recognizes the need to promote equitable access to quality child development services. This provides a good investment case for ECD (including equitable access) financing as the MGDS 2 forms basis for national budget formulation in terms of prioritization. However it is worth noting that the document does not specifically mention special needs in this regards and as such equitable may be misconstrued to mean gender equity.
Disability inclusion Awareness; 2015/16 ECD Budget Analysis

The Ministry of Education, Science and Technology (MoEST) education policy framework is guided by the National Education Sector Plan (NESP) which was developed in 2008 and will run up to 2017. The sector plan has placed considerable emphasis on the provision of ECD services in the country.

The plan is very sensitive and responsive to inclusion issues. Among the core ECD priorities the plan has the following key inclusion or SNE priorities:

1. Promote early detection, intervention and inclusion for children with special health and education needs
2. Develop ECD data base including on SNE and gender segregation
3. Design a curriculum for children with disabilities

The MoGCDS as the mother ministry has developed a national policy on ECD in 2006. The ECD policy goal is ‘to promote a comprehensive approach to ECD programmes and practices for children aged 0-8 years, to ensure fulfillment of the rights to fully develop their physical, emotional, social, and cognitive potential,’ (GoM, 2006).

In addition, the policy stipulates the following objectives:

**Figure 1: ECD integrated policy objectives**

- Promote the provision of quality antenatal and postnatal care
- Promote the best start and early stimulation in life for all children
- Enhance the provision of psychosocial care for holistic development of the children
- Expand high quality early learning and stimulation services for young children in Malawi
- Strengthen ECD partnership, networking, collaboration and coordination
- Facilitate the provision of acceptable standards of care and support, early learning and development
- Address the negative socio-economic factors that affect early childhood development
- Facilitate the provision of adequate resources for ECD activities at family, community and institutional levels
- Promote the protection of children against any forms of abuse and discrimination
- Strengthen the protection and safeguarding of children in difficult circumstances
- Reduce malnutrition, micronutrient deficiencies and improve food security
- Promote access to safe drinking water and adequate sanitation
3. **ECD funding in Malawi; Analysis of Disability Inclusion**

This section presents public financing trends for ECD services in Malawi from 2013/15 to 2015/16 with biased focus on the current 2015/16 FY approved budget. The section presents general budget trends and eventually zeroes in on the trends in funding for ECD programmes in Malawi with a focus on MoEST and MoGCDS, as government ministries responsible for implementation of ECD activities. A per the objectives of this study the section will also focus on funding for ECD activities, using Government Finance Statistics (GFS) approach and economic classifications; looking at recurrent and capital allocations; as well as performance for the planned outputs over the years under review.

### 3.1. Overview of the national budget

Over the last 3 years, the Malawi national budget has been prepared under very difficult circumstances since the cash gate scandal of 2012, economic global town turn in 2013 and accelerated global economic growth in 2014. In developing budgets, the government claims to have considered priorities in the Malawi Growth and Development Strategy II which forms the main budgeting framework. The government also considered revenue
policy reforms, budget reforms and the policy interventions government is keen to implement to correct the social and macroeconomic imbalances prevailing in the country. Figure 5 below presents graphic illustration of how the budget has increased over the last three years.

**Figure 1: National Budget trends: 2013-2015 Financial Years (FY)**

![Graph showing budget trends](image)

*projected from MoF 2015/16 financial statements*

The figure above shows that budget has increased from MK 520 billion in 2013 to MK 875 billion in 2015, representing a 68% nominal increment over the period. The budget consistently increased over the years despite the local and global shocks, withdrawal of donor funding amidst other challenges.

### 3.2. Education sector funding trends

This section presents funding trends to the education sector taking into consideration allocation to MoEST (together with other education allocations) which also makes allocations for ECD under preprimary and primary education programme. Education financing in Malawi and globally is supposed to be guided by All-Fast Tract Initiative (EFA-FTI) recommendation that prescribes that the education sector budget should account for 20% of the total government budget (FTI, 2004).
From figure 3 above it can been seen that the education budget only had a sharp increase of 38% from 2013/14 to 2014/15 FYs. The increment plateaued from 2014 to 2015 despite the continued increment of the overall national budget. It is important to note that over the same period education sector budget as percentage of the national budget decreased from 21% in 2013 to 17% in the approved 2015/16 budget. This means that education as sector has not been prioritized in the current national budget evidenced by the reduced proportionate funding allocation. This is worrisome trend as it affect education programming including ECD service delivery in general.

3.3. Funding trends to MoGCDS

As highlighted in section 2 MoGCDS is the main ministry that is responsible for the implementation ECD services on behalf of government. A lot of budget analyses done by CSEC and other stakeholders have consistently shown that the ministry is heavily under-funded (see figure below). The budget allocations for the ministry have steadily decreased from MK 7.8 billion in 2013 to MK 3.7 billion in 2015 representing a 51% nominal decline. See below for graphic illustration.
The most unsettling realization is that MoGCDS is responsible for both ECD and persons with disabilities. As such the roles that the ministry should be playing in promoting the rights of persons with disabilities are increasing becoming difficult for the ministry to perform. This clearly implies that the Ministry is to a large extent arrested from promoting disability rights in ECD.

3.4. 2015/16 ECD Budget’s disability inclusion awareness

This section looks at how or whether the 2015 ECD budget is disability inclusion aware and makes specific allocations for disability inclusion. A quick review of the budget document shows that the budget document is disability inclusion aware. This means that budget
document demonstrates awareness of the need to promote disability inclusion by setting inclusion specific objectives, strategies and activities with corresponding funding. The 2015/16 budget document for MoGCDS outlines the following key objectives and strategies for disability inclusion.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>To facilitate the empowerment of persons with disability and Elderly</td>
<td>Support elderly persons and persons with disability with small grants</td>
</tr>
<tr>
<td>To promote the rights of persons with disability and the elderly</td>
<td>Improve equal access and inclusion of persons with disability and elderly</td>
</tr>
<tr>
<td>To facilitate capacity building of key stakeholders in the disability and elderly sectors</td>
<td>Enhance capacity of rehabilitation personnel</td>
</tr>
<tr>
<td>To raise awareness about the rights, needs and the potentials of persons with disability and Elderly</td>
<td>conduct awareness campaigns targeting persons with disability and elderly</td>
</tr>
<tr>
<td>To reduce the number of individuals at risk of deprivation</td>
<td>Protect children against abuse, exploitation, neglect and violence</td>
</tr>
<tr>
<td>To increase number of children accessing child development services</td>
<td>Promote early childhood development and pre-primary education</td>
</tr>
</tbody>
</table>

From the table above it should be appreciated the MoGCDS budget document is disability inclusion aware. This is because the Ministry now houses the function of promoting rights of persons with disability and the elderly on behalf of government. At this level the budget has guidance on disability inclusion as demonstrated by the set objectives. However for children the strategies should have been more specific and deliberate to promote disability inclusion at ECD level. From the table above it is seen that promoting inclusion is not prioritized from the early stage. The strategies seem to focus more on adults with disabilities than children.

### 3.5. ECD funding requirements

The National ECD Strategic Plan projects the total costing input for implementation of ECD activities for the period 2010-2014. According to the strategy an average of MK 14 billion per financial year is required in order to provide ECD services in the country. In addition, the strategy also contains costing for each activity under the six strategic outcomes. Details of this have been ignored since the strategy expired last year. The analysis will however reflect on ECD requirements projected in the Education Sector Implementation Plan and the average yearly cost requirement from the previous ECD Strategic Plan.

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2 See annex 3: ECD Strategic Plan Costings
Table 2 Estimated funding requirements for implementation of ECD under ESIP

<table>
<thead>
<tr>
<th>NESP Goal/Strategic Objective</th>
<th>Estimated funding (2009-13): MK'm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Expand equitable access to ECD</td>
<td></td>
</tr>
<tr>
<td>Objective: Improve, expand, &amp; maximize use of ECD infrastructure</td>
<td>365.60</td>
</tr>
<tr>
<td>Equitable access to ECD teacher development*</td>
<td>211.60</td>
</tr>
<tr>
<td>Goal 2: Improve quality &amp; relevance of ECD services</td>
<td></td>
</tr>
<tr>
<td>Objective: Develop the capacity of ECD teachers</td>
<td>561.20</td>
</tr>
<tr>
<td>Goal 3: Improve governance &amp; management of ECD services</td>
<td></td>
</tr>
<tr>
<td>Objective: Improve service delivery for ECD</td>
<td>854.60</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>1,993.00</strong></td>
</tr>
</tbody>
</table>

*Adapted from ESIP 2009-2013


With the ECD funding requirements documented in the preceding section, this section will provide an analysis of actual budget allocations to ECD programmes from 2013 to 2015. It is encouraging to note that despite the decreased allocation of funding for the MoGCDS in the 2015/16 financial year as shown in figure 4, allocation to ECD programme has sharply increased. In 2015/16 financial year the ECD programme has been allocated MK 618 million a sharp increase from 2014/15 FY the were ECD MK91 million representing a 577% increment. The MK 618 million comes against a budget submission of MK 2 billion made by the MoGCDs in line with the ECD costing projections to Ministry of Finance.
From how the budget documents have been presented it is very difficult to pick out costs against each output even from the detailed estimates budget. However the key ECD allocations under the 2015/16 FY budget are the establishment of 3 ECD centers, training of 20 community parenting educators and 3 community mobilization campaigns.

An attempt was also made to look at provisions under the local government budget for ECD allocations. The review shows that ECD activities especially capital expenses are under the discretion of the councils through the Village Planning Area Committees that have the responsibilities of village development plans. Unfortunately it was noted that these structures do not prioritize ECD centers. Ideally ECD center would be constructed through the local development fund or constituency development fund.

### 3.7. ECD funding against education sector budget

While there are other aspirations According to the NESP the government should ideally commit 3% of its total education budget on ECD if the milestones set in the Education policy for ECD are to be met. This translates into an average yearly investment of MK2.2 billion. From the figures seen in the previous section, it is clear that aspirations of the policy are a far-fetched dream from reality. From 2013 to 2015, funding levels to ECD as a proportion of the total education budget alone has been almost negligible. As indicated in the figure below, ECD funding as a proportion of MoEST budget has averaged 0.17% in the past three years, including the 2014/15 FY.
As seen from the graph above that government seems to be making strides in increasing ECD financing, the target of 3% set in the NESP is very far from being reached. If the sector continues to be underfunded, this will continue to negatively affect the quality of education in the country. The World Bank (2008) reports that investments in early child development provides greater returns through improved cognitive and social- development, school readiness, health and nutritional status increased enrollment, retention, achievement and completion of primary school. The current poor investment in ECD by the Malawi government is among the reasons why there is a high dropout and repetition rates in primary school. This is because close to 60% of children are not socially and cognitively prepared for primary school as such many tend to repeat the first class of primary school, wasting public resources (paid in teacher salaries and teaching and learning materials).

3.8. Specific ECD disability inclusion allocations in the 2015/16 budget

From the budget documents we could not pick up any ECD specific disability inclusion allocations. However the consultants were able to analyze the 2015 departmental plans for the Child Affairs Department in the Ministry of Gender, Children, Development and Social Welfare. The plans show that the Ministry has several specific disability inclusion allocations. The table below summarizes the key ECD related inclusion allocations.
Table 3: ECD specific disability inclusion allocations

<table>
<thead>
<tr>
<th>Activity</th>
<th>Allocation</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening coordination among stakeholders working with children on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the streets and children with special needs</td>
<td>On budget support</td>
<td>3,000,000.00</td>
</tr>
<tr>
<td></td>
<td>Off budget support</td>
<td></td>
</tr>
<tr>
<td>Train Primary teachers in transition, ECD and working with special needs</td>
<td>28,500,000</td>
<td>300 teachers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train ECD caregivers in special needs care and stimulation (SNCS).</td>
<td>10,755,000.00</td>
<td>200 caregivers</td>
</tr>
<tr>
<td></td>
<td>27,745,000.00</td>
<td></td>
</tr>
</tbody>
</table>

From the table it can be seen that MoGCDS has considered some specific disability inclusion allocations in the 2015/16 financial year. These activities are key to promoting some disability inclusion. In fact the three activities shown in table 4 above respond to some of the key issues affecting disability inclusion issues as outlined in section 3. One the key issues affecting inclusion is the lack of skills among care givers for special needs and care and stimulation.

While we commend the efforts by the MoGCDS to have these inclusion activities in their plans; we are quick to note that the plan only covers a handful of ECD caregivers and teachers across the nation. It is further noted that apart from ECD caregivers training in special needs care and stimulation, the other two activities are not part of the national budget but account for off budget supported by other partners.

The ECD programme has been making strides even though these are not at the desired pace as one would expect from the policy guidelines. Key planned output under the programme have mostly been the training of ECD caregivers, rehabilitation of ECD centers and training of community parenting educators. Overleaf is a summary of how progress was made towards these outputs.
**Table 4: Performance of planned ECD outputs**

<table>
<thead>
<tr>
<th>Activity</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plann</td>
<td>Achiev</td>
<td>Plann</td>
</tr>
<tr>
<td>Training of Care givers</td>
<td>1500</td>
<td>1372</td>
<td>1000</td>
</tr>
<tr>
<td>Training of Community parenting educators</td>
<td>60</td>
<td>72</td>
<td>20</td>
</tr>
<tr>
<td>Rehabilitation of ECD centers</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Upgrading of ECD centers</td>
<td>90</td>
<td>87</td>
<td>90</td>
</tr>
<tr>
<td>establishment of ECD centers</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Community mobilization campaigns</td>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

From table 2 above it can be seen that progress was made from 2013 through 2014 with respect to the training of caregivers were 1372 care givers were trained against a target of 1500. However in 2014 only about half of the targeted care givers were actually trained. It would be important for government to ensure that it meets targets in as far as training of caregivers is concerned. This is because this is amongst the most significant tangible output that the Ministry should focus on if quality of ECD service delivery is to improve.

It is also encouraging to note that good progress was made in both 2013 and 2014 for rehabilitation and upgrading of ECD centers. A total of 94 out of a planned 100 ECD centers were upgraded and rehabilitated in both 2013/14 and 2014/15 financial years.

3.10. **Performance & planned key Disability Inclusion outputs 2013-15**

From the budget documents it was very difficult to pick out any specific ECD disability allocations or outputs. The only specific disability inclusion activities that could be noted were empowerment activities targeting adults with some forms of disability and not children under the age of 8.

Suffice to say in the 2015/16 budget the ECD programme was allocated funding for the training of community parenting educators. It is hoped that these parenting educators will also be equipped with capacity to train caregivers and parents on how to parent children with disabilities.
4. Key issues in integrating inclusion in ECD services in Malawi

As highlighted in the section one the review was complemented by key informant interviews with officials from government at both national and district level. This section highlights key issues identified through the analysis and these interviews that are either facilitating of affecting integration of inclusion in delivery of ECD services. Overall the section shows that there are still a range of issues that are affecting integration of inclusion these are; poor coordination between departments of disability and early childhood development; no quality assurance of service delivery; and limited funding as noted in the previous section.

4.1. Policy Frameworks

At policy framework level, the Malawi government seems to be clear in terms of defining and providing guidance in mainstreaming issues disability inclusion in service delivery. In 2013 Malawi passed a new Disability Act. The Act according advocates is based on the social model of disability, which perceives disability as a human rights issue. The Act guarantees the right to non-discrimination in the fields of health, education and training, social life, culture, sports, recreation, employment, public and political life/affairs, housing, and many others – and seeks to ensure that people with disabilities have access to places and including buildings.

Beyond the Act it is found that most of the child relate policies are not “inclusion aware” apart from the National Education Strategic Plan (NESP) and other education policies promote an enabling environment for children with disabilities. The current Malawi Growth and Development Strategy (MGDS II) children with disabilities are mentioned only once. While the National Policy on Equalisation of Opportunities for Persons with Disabilities is good, it does not identify strategies to deal with the particular challenges experienced by children with disabilities in conventional schools. The National Policy on Early Childhood Development does not even mention children with disability.

4.2. Management & coordination

While several strides have been made in management and coordination ECD services in general between MoEST and MoGCDS there are a lot gaps with respect to disability inclusion. At National level government ECD and Disability Inclusion seat under the same ministry which should ideally make it easier for the two departments to coordinate. The MoGCDS has designated some of staff both at national and district levels to manage and coordinate ECD activities within the Ministry. However there seem to be no focal officer to champion disability inclusion in general at district level, it is mostly social welfare and child protection officers which provide oversight and coordination.
Key informant interviews revealed that due to the lack of focal persons at district level for disability inclusion creates a series of challenges including mainstreaming in projects and service delivery. From the interviews it also seems that there is lack of ownership of disability inclusion.

4.3. ECD related disability advocacy

It is encouraging to note that there are several players that champion the promotion of services to persons with disabilities. They include government ministries - the Ministry of Gender, Children Disability and Social Welfare (MoGCDS) and the Ministry of Disability and Elderly Affairs (MoDEA) - and departments, including state-sponsored service providers (e.g. the Malawi Council for the Handicapped. NGOS include the Sue Ryder Foundation and disabled people’s organizations such as the FEDOMA. While these organization seem to be promoting inclusion it seems to suggest that there is not adequate concerted effort to promote disability inclusion at ECD level.

4.4. Quality management

The key informant interviews show that ECD quality assurance in done in general terms. It was reported that the central does conduct field visits to support Councils. Council seem to also be supporting ECD centers with technical support with support from both government and NGO budgets. However it was revealed that in terms of quality standards there are no disability play materials for children with disabilities. Books and toys alike are general items with no consideration to disability challenges. At best there could have been braille materials for children with visual impairments.

Related to the same is the lack of disability friendly infrastructure. To begin with most ECD services do not even have permanent structures, services are provided either under trees, nearby church buildings, or temporary structures. In such environment enforcing disability standards is too ambitious. Yes even in those ECD centers where permanent structures are available, key informants reported that these do not disability friendly toilets and that the building are not accessible for children with disabilities.

4.5. Capacity of ECD caregivers

Studies done on ECD by many organizations in Malawi have consistently identified capacity of ECD caregivers as another issues affecting delivery of quality services. Very few ECD caregivers have been trained on how to provide caregiving services in line with guidelines set out by the Ministry of Gender Children and Social Services. Informants consulted revealed that the basic training for ECD caregivers does not comprehensively cover issues of disability. It was revealed that for disability issues at an early age, caregivers need to be trained on how to screen for overt forms of disability, how to play with children with disabilities and how support them to integrate with others.

For this it is recommended that there should be a separate training for ECD caregivers no how to work with children with disabilities. Looking at the background and trends in ECD
financing this may be a farfetched reality. There may be need to revise the ECD caregivers manual to adequately mainstream issues of disability in the basic training for ECD caregivers.
5. Conclusion and Recommendations

The main purpose of this budget review was to analyze how the national budget has prioritized issues of ECD disability inclusion for the period 2013/14 to 2015/16. The review was also meant to look at key issues affecting integration of disability inclusion in ECD service delivery and a review of specific ECD disability inclusion allocations.

At policy framework level it was found that Malawi has generally recognized disability inclusion and made strides to pursue the same. The country has enacted a Disability Act (2012) and set disability policies across the sectors including education and social welfare. The ECD policy and budget documents were found to be ECD disability inclusion aware; that is, they had disability sensitive objectives and strategies. Unfortunately it was also noted that these objectives and strategies did not translate into substantial budget allocations for disability inclusion meaning that the budget has not acceptably made ECD inclusion specific and sensitive allocations.

Overall the study finds that ECD programming in general is unacceptably underfunded going by the service delivery requirements laid out in the ECD strategic plans and Education Sector Implementation Plan costings. According the NESP, ECD should get an allocation of at least 3% of the entire education sector budget. The ECD programme only received an average of 0.1% of the education sector budget from 2013/14 to 2015/16 Financial years, and the programme only received about 1% of its total required funding on average across the same 3 years.

Interestingly the study found that ECD programme allocation has been growing from 2013 to 2015 with sharp increase in 2015 where the budget increased from MK 94 million in 2014/15 to MK 618 million. However half of these resources are for recurrent costs which may see little translation to ECD service delivery.

Encouragingly the Ministry of Gender Children, Disability and Social Welfare had specific disability inclusion allocations under the 2015/16 ECD budget and plans for the year. This is quite commendable despite the fact that the number of these activities was very limited and in some cases supported with off budget funding.

The trend analysis over the years that education sector allocation as a proportion to the total national budget has decreased from 21% to 17%. This is in contrast to the Education for All initiative which recommends a minimum allocation of 20% of total government budget to the education sector.

Discussions at district level revealed that there is poor coordination of disability issues at that level which leads to poor visibility of inclusion issues in the planning and budgeting process. Interviews with key informants also suggest that there is minimal advocacy on
disability inclusion at ECD level; it was reported that most advocacy efforts target from primary school to workplace.

The study also found that the ECD programme is making strides in achieving the planned outputs set out at the start of each FY. This was consistent across the 3 years under review. The only challenge was that the targets set were generally too low looking at the need and demand for ECD services in the country. The programme need to be more ambitious in setting targets. This may however continue to be negatively affected as long as MoF does not prioritize ECD funding.

Recommendations
The recommendations made under this section are more biased towards ECD disability inclusion than general ECD programming recommendations. For detailed ECD recommendation refer to CSEC’s ECD trend analysis report of 2014.

• Government should consider having dedicated disability focal persons at district level to lead and coordinate efforts of disability inclusion by all stakeholders. There may also be need to institute a local coordinating committee at district level to ensure that the implementation and coordination of disability inclusion activities are owned by all relevant stakeholder at district level.
• MoGCDS should ensure that at least all ECD coordinators at district level are trained on disability inclusion so that the same should lead in mainstreaming ECD programing at district and community level.
• Government should continue increasing allocation to the ECD programme to at least 1.5% of the education budget in the medium term. MoGCDS should specifically include more specific ECD disability inclusion activities in their annual budget and plans.
• MoGCDS and MoF should set budgeting guidelines that require all line Ministries to make specific disability inclusion allocations in their budget submissions. This will ensure that departments including child development plan and budget for inclusion activities.
• ECD budgeted activities should focus more on training of EC caregivers and procurement of teaching and learning materials with attention to SNE play and reading materials for children with disabilities.
• CSEC and the ECD coalition should scale up specific ECD inclusion advocacy at both policy level to influence policy and budgeting, and at community level to increase awareness of key decentralized structures that are responsible for developing community level development plans.
• CSEC and the ECD coalition should strengthen their monitoring role of ECD quality ensuring that ECD centers are disability friendly infrastructure, learning and play materials.

3 See
• MoGCDS should disseminate widely the new ECD caregivers’ manual that has incorporated SNE aspects. Efforts should be made by both government and NGOs to support this dissemination and orient caregivers on the same.
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