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CDSC4ECD ENDLINE EVALUATION

Evidence Brief
Malawi

Community Driven Systems Change for Early Childhood Development

Njema and Chikumbu traditional authorities, Mulanje district

Baseline 2023 | Endline 2026

© September, 2026

WHY THIS MATTERS

A community-driven model tested against drought and a shrinking partner base

Community-based Childcare Centres, or CBCCs, are the backbone of early childhood development in Malawi, a distinctive, community-owned response to demand for childcare and early learning, especially for vulnerable families. CBCCs provide integrated ECD services to children and their caregivers in the communities they are situated in. Government sets policy direction, but CBCCs are typically managed by local committees, volunteer caregivers and parents, with limited infrastructure, training and financing.

The Firelight's Community Driven Systems Change for Early Childhood Development (CDSCforECD) is a year-long initiative aimed at building local CBOs' capacities to catalyse their efforts to improve the nurturing care of children in their communities. The initiative started in 2019-2023 as phase 1 and 2023-2026 as phase 2. Starting in 2021, Firelight has partnered with three CBOs in Malawi to catalyse and nurture community-driven systems change for early childhood development. CDSC4ECD worked through three community-based organisations, Children of Hope Organisation, Malilima and Nachikodowa, in Mulanje district's Njema and Chikumbu traditional authorities. Two other CBO partnerships in Malawi ended before endline. Cyclone Freddy and recurrent drought tested the model's resilience during the evaluation period.

167
caregivers surveyed at endline

3
CBOs delivering the initiative

32
CBCCs now supported, up from 16

This brief summarises what changed for children and caregivers, what the evidence says drove that change, and what it means for Firelight, CBOs and government partners going forward. It draws on the full endline evaluation report; see that report for detailed indicator tables, qualitative excerpts and statistical tests.

WHAT WAS DONE

CBOs strengthened nurturing care by acting at three levels at once

CDSC4ECD is not a single service delivery activity. It is a systems change model. CBOs worked simultaneously with government and other stakeholders, with community structures, and directly with families, on the premise that durable change in child outcomes requires movement at all three levels together.

SYSTEM LEVEL
CBOs work with government and mobilise resources

→

COMMUNITY LEVEL
Local structures identify and lead solutions

→

FAMILY LEVEL
Caregivers get home visits and coaching

→

CHILD OUTCOME
Better health, nutrition, learning and protection

In Malawi, the three CBOs delivered the initiative in communities under the Njema and Chikumbu traditional authorities, including Muliba, Mnina, Makokola and Nyezerera. The evaluation used a repeated cross sectional, pre and post design with a post intervention comparison group, so that households not directly reached by CBOs would not dilute the endline picture: roughly 122 caregivers at baseline and 167 at endline, alongside 14 CBCC centre assessments, 9 focus group discussions and 6 key informant interviews.

Households were identified through systematic random sampling, every sixth eligible household. CBO grantee partners were active co-researchers throughout, from indicator design and data collection through to validating findings and disseminating results to their own communities.

WHAT CHANGED

Broad gains, with drought and system capacity setting the ceiling

Most domains of nurturing care improved between baseline and endline, and CBO-visited households usually did at least as well as, and often better than, non-visited households in the same communities. Where an indicator declined- nutrition, trusted sources of support, or weekly paternal caregiving- the evaluation links the decline to drought, economic pressure or seasonal migrations to Mozambique rather than to weaker implementation. In addition, systemic issues outside the CBO's jurisdiction contributed to the decline.

Indicator	Baseline → Endline	CBO visited HH	Interpretation
GOOD HEALTH			
Access to support and information on child health	**93.5% → 85.0%**	90.7%	Declined overall, concentrated among non-visited
Access to health care services when needed	**92.4% → 99.1%**	100%	Near universal at endline
At least two pieces of health advice at U5 clinic	**63.4% → 91.6%**	92.9%	Large, consistent gain
Applying at least two examples of that advice	**39.1% → 66.2%**	70.1%	Sizeable CBO visited advantage
NUTRITION			
Children receiving a daily balanced diet	**78.3% → 73.1%**	75.5%*	Declined, attributed to drought
WATER, SANITATION AND HYGIENE			
Improved drinking water source	**91.0% → 98.2%**	98.0%	Near universal, government-led advocacy
Non-shared improved toilet facility	**0.9% → 14.9%**	16.2%	Rose from a very low base
Safe water storage, covered with two-cup system	**90.2% → 97.0%**	98.0%	Strong gain
Full WASH package, all four markers combined	**0.9% → 8.5%**	n/a	Complete package remains rare
RESPONSIVE CAREGIVING			
Knows what matters for child development environment	**0.8% → 5.2%**	5.2%	Very low despite gain; one strict item limits

Indicator	Baseline → Endline	CBO visited HH	Interpretation
At least two trusted sources of child-related support	**78.3% → 67.1%**	69.3%	Declined overall. There was a shift from government workers to CBO community volunteers
EARLY LEARNING			
Adequate early learning opportunities composite	**83.7% → 90.4%**	89.3%	Modest gain, not statistically significant
Books or play materials at home	**45.5% → 65.9%**	66.0%	Significant gain, little CBO gap
CBCCs supported by the initiative	**16 → 32 centres**	n/a	Centres doubled despite drought
Children served by CBCCs	**1,152 → 1,489**	n/a	Enrolment rose alongside centre count
SAFETY AND SECURITY			
Safe indoor and outdoor play spaces	**59.8% → 77.2%**	76.2%	Broad gain, spillover to non-visited
Birth registration	**63.1% → 80.2%**	80.2%	Rose sharply across the board
Birth certificate holding	**39.8% → 37.2%**	34.8%	Registration gains stalled at report stage
Child abuse, neglect or inappropriate punishment	**7.8% → 10.2%**	8.2%	Rose overall, far higher among non-visited
GENDER, BELIEFS AND VALUES			
Men responsible and involved in childcare	**23.6% → 72.5%**	n/a	Sharp rise, strongest among men
Father or male caregiver provides weekly care	**82.8% → 77.8%**	n/a	Declined despite attitude shift
COMMUNITY SYSTEMS			
Community cohesion and ownership score	**16.67 → 16.10†**	n.s.	No significant gap between groups
Shared action and implementation score	**13.22 → 13.18†**	n.s.	No significant gap between groups
Governance and accountability score	**19.00 → 19.49†**	n.s.	No significant gap between groups

**Household reported percentage among CBO visited households at endline. †Control households compared with CBO implementing households; no statistically significant difference was found for any of the three community systems measures in Malawi.*

CBO reach explains access. Service quality explains satisfaction.

The evaluation cannot claim a controlled experiment. But comparing CBO-visited and non-visited households within the same communities, alongside qualitative accounts from caregivers and CBO staff, points to two distinct mechanisms operating side by side: one about whether a household is reached, the other about whether the wider system can deliver.

KEY FINDING

CBO contact widens access to information and services. Whether that access converts into satisfaction depends on a health system, WASH infrastructure and registration process the CBO does not control.

Illustrative pathway, good health domain:

ACTIVITY	→	BEHAVIOUR	→	OUTCOME	→	INDICATOR
CBO health education and clinic linkage		Caregivers seek and apply health advice		More households access care when needed		Access rises from 92.4% to 99.1%

Access to health advice and health care rose sharply, and rose furthest among CBO-visited households, 92.9% applying at least two pieces of professional advice compared with 74.1% among non-visited households. Yet caregiver satisfaction with health services fell overall, from 94.9% to 85.3%, driven by drug stock-outs and provider attitude, problems that sit inside the health system rather than inside CBO reach.

Some gains were broad-based rather than CBO-specific. Improved drinking water access, safe play spaces and birth registration all rose similarly among visited and non-visited households, consistent with government and Member of Parliament-led advocacy, and spillover within tightly knit communities, rather than direct CBO attribution. The evaluation is explicit about this distinction throughout.

WHAT HELPED AND WHAT CONSTRAINED PROGRESS

Champions and peer demand carried the model. Drought and slow systems capped it.

ENABLERS

- Male champion committees grew from zero to more than four, with chiefs and church leaders now actively promoting ECD
- Unprompted replication: neighbouring CBOs, village leaders and even a local church have approached CBOs to learn child protection and early learning practices
- Deliberate self-reliance testing, CBOs withdrawing support to see whether communities sustain services themselves, with several documented successes
- Livelihood integration, loans and savings groups, livestock pass-on schemes and kitchen gardens, cushioning nutrition against drought
- CBCCs valued beyond their original purpose; one was designated a rehabilitation centre during Cyclone Freddy

BARRIERS

- Recurrent drought and Cyclone Freddy, driving the decline in daily balanced diets
- Seasonal migration to Mozambique during rainy and harvesting season affecting reach and dose of the initiative to children
- Centre-level WASH consumables fell even as household practices improved: handwashing facilities from 36.8% to 14.3%, first aid kits from 15.8% to 7.1%
- Government payroll absorption of CBCC caregivers described as proceeding at, in one CBO's words, a snail's pace
- Most birth registration gains stalled at the report stage rather than converting into certificates
- No dedicated funding stream for CBO organisational sustainability, named by CBOs as their top unresolved risk

These constraints are largely structural rather than programme specific. The evaluation is explicit that closing them requires action from government and Firelight as much as from the CBOs themselves.

SUSTAINABILITY AND SCALING

Households report strong readiness to sustain the initiative. Verify before relying on it.

Malawi CBO implementing households scored consistently higher than control households across all five measured sustainability dimensions: transparency, inclusion, predictability, obligation and continuity, and all five are strongly correlated with each other. The percentages below describe implementing households specifically.

85%+
Transparency: knew how the transition was communicated

82%
Inclusion: actively involved in decisions to sustain the initiative

85%+
Predictability: understood expected outcomes and how benefits continue

91%+
Obligation: felt empowered to continue with little or no CBO input

These figures are considerably higher. The fact that ECD in Malawi has been community-driven for years before this initiative might explain the relatively high score even at baseline. One qualitative account illustrates the internalisation the numbers point to:

KEY FINDING

The CBO was just a tool used to help us achieve their goals. The community will continue to run and maintain the programs on its own. Focus group: Nachikodowa male champions.

Scaling has moved mostly horizontally, with vertical integration the slower track:

- Demand is rising fast. One CBO grew from 7 to 14 CBCCs, and neighbouring CBOs, village leaders and even a local church have asked to learn the approach directly.
- Champions now exist where none did before, male champion committees grew from zero to more than four, and chiefs and church leaders actively promote ECD.
- Vertical scaling lags. Government payroll absorption of CBCC caregivers is real but, in one CBO's words, moving at a snail's pace, and training delivered to caregivers has not included certification.

WHAT WE LEARNED

Five lessons for future community-driven ECD programming

1

CBO reach must widen, not just deepen

CBO reach drives access to health support, but that reach remains narrow across the wider catchment area. Rising caregiver knowledge did not translate into higher satisfaction, since dissatisfaction was driven by service quality problems, drug stock outs and provider attitude, that sit outside CBO control.

2

Livelihood support cushions shocks

Household economic support appears to have cushioned nutrition outcomes against drought, even though the overall indicator declined. Centre based feeding programmes remain fragile because they depend on the same CBO and community support affected by the same drought.

3

Registration is not the same as documentation

Birth registration rose substantially, but most of that growth stalled at the level of a basic report rather than a certificate. Registration gains have not yet converted into durable, legally recognised documentation.

4

Attitude change outpaces behaviour change

Agreement that men are responsible for childcare nearly tripled, but reported weekly paternal caregiving declined over the same period. The two should not be conflated, and normative change is real but still contested at household level.

5

Existing community leadership can mask programme specific effect

Statistically indistinguishable community systems scores between implementing and control households reflect Malawi's ECD sector already being predominantly community led before this initiative began, rather than an absence of programme effect.

WHAT SHOULD HAPPEN NEXT

Fourteen actionable recommendations, five shared priorities

The full evaluation sets out fourteen actionable recommendations assigned to Firelight, CBOs and communities, or government stakeholders. Five priorities cut across all three groups:

1. Pair behaviour change with resources

- Combine behaviour change gains with tangible resource support, livelihood activities, consumable resupply for WASH and first aid, and continued centre infrastructure investment.

2. Close the demand and system gap

- Close the gap between rising demand for services, such as birth registration and health care, and the formal government systems responsible for meeting that demand.

3. Sustain male engagement, address its limits

- Continue and extend male engagement approaches while directly addressing the economic and social barriers that still limit consistent weekly caregiving behaviour.

4. Accelerate vertical integration, verify sustainability claims

- Speed up payroll absorption of ECD caregivers into government structures, while independently verifying the very high household-reported sustainability scores.

5. Fund CBO organisational sustainability directly

- Establish a dedicated funding mechanism for CBO organisational sustainability, separate from programme funding, addressing the gap both CBOs and Firelight named as the most pressing unresolved risk.

A NOTE ON METHOD AND LIMITATIONS

How to read confidence into these findings

This evaluation used a repeated cross-sectional, pre- and post-design with a post intervention comparison group, not a longitudinal panel. Findings reflect population-level shifts between separate baseline (about 122 caregivers) and endline (167 caregivers) samples, not change tracked within the same individuals over time. Two CBO partnerships active at baseline, Misanjo and Mphusu, had ended before endline and are not part of this evaluation.

Non-visited comparison households lived inside the same communities as CBO-visited households, so spillover cannot be ruled out. Where visited and non-visited households show similar gains, the evaluation treats this as evidence of broader community-level or government-led change rather than direct CBO attribution, and this brief reflects that distinction throughout.

Quantitative findings were triangulated with qualitative data from 9 focus group discussions and 6 key informant interviews, analysed thematically against the initiative's expected areas of change. The evaluation was

cleared by Malawi's National Committee on Research Ethics in the Social Sciences and Humanities (Ref No. NCST/RTT/2/6).

Source
Participatory Endline Evaluation Report, Malawi. Impact Managers for Firelight Foundation, April 2026.