

CDSC FOR ECD CASE STUDY

COHO: Building Walls, Then Letting Go

How five Mulanje villages built two childcare centres, and why COHO stopped paying committee members to keep them running.

Case Snapshot

CBO COHO (Children of Hope Organisation)	COUNTRY Malawi
DISTRICT Mulanje	COMMUNITY Five villages, centred on Nshuka and Manyangala, where the two CBCCs were built
ECD ISSUE No conducive early learning environment; one small room served five villages and capped attendance at 50 children	CDSC FOCUS Community-built Community Based Childcare Centres (CBCCs), constructed to government architectural standards
KEY ROOT CAUSES No dedicated early learning infrastructure existed in most of the five villages; the sole available room was too small and too far, creating safety risks and disrupting parents' farming and nutrition work	MAIN SOLUTION Two purpose-built CBCCs, using pooled community land, labour and materials, plus temporary church-based learning spaces while construction was underway
KEY STAKEHOLDERS COHO, the Senior Chief and village chiefs, church leaders, the District Social Welfare Office, community construction committees, Village Development Committees	MOST IMPORTANT OUTCOME Two functioning CBCCs now run almost entirely on community-elected committees, with COHO stepping back from day to day operations
QUANTIFIED RESULT The share of COHO's CBCCs with appropriate class arrangement, adequate space and materials rose from 0% to 75%	SUSTAINABILITY SIGNAL COHO's stakeholder network grew from 13 to 19 partners, the only CBO in the full nine-case portfolio to grow rather than shrink

THE CASE IN ONE LESSON

A shelter alone does not finish the job. Standing firm on a no handout principle, even when it costs early goodwill and invites resistance, is what allowed COHO's committees to genuinely run the CBCCs on their own, rather than simply occupying a building COHO had built for them.

The Problem

Brief background

COHO works across five villages in Mulanje district in southern Malawi. Before this case, the entire catchment area had only one small early learning room, capable of holding a maximum of 50 children. Families from all five villages had to send their children there, regardless of distance.

The distance itself created a chain of related problems. Children walking long distances alone faced safety risks. Parents who had to escort and collect their children lost time they would otherwise have spent farming, which in turn affected household nutrition. COHO's own root cause analysis concluded that solving the shelter and distance problem would also help resolve these downstream issues.

The problem

The presenting problem

Children across five villages had no conducive place to learn. One small room, shared by the entire catchment area, capped attendance at 50 children.

The underlying problem

The extreme distance to the sole available room limited enrolment, created safety risks for children walking alone, and disrupted parents' ability to farm and provide for their households.

The root causes

- No dedicated early learning infrastructure had been built in most of the five villages.
- The one existing room was structurally and geographically inadequate for the size of the catchment population.
- Long, unsupervised walking distances created genuine safety risks for young children.
- Escorting children to and from the distant room consumed time parents would otherwise spend farming, indirectly affecting household nutrition.

The systems involved

Education system → Household livelihood system → Child protection system → Community governance system

COHO deliberately framed the shelter problem as a systems problem from the outset, reasoning that a single infrastructure investment could resolve safety, nutrition and learning access at once, rather than treating each as a separate issue to fix in turn.

"A stranger cannot hold a child's hand walking along the way without being asked of the intention."

— Key informant interview, Health Surveillance Assistant, COHO area

CDSC in Action

COHO's case is unusually candid about internal resistance, both from a chief who felt excluded early on and from within COHO's own circle, and about a mid-course correction the CBO made to its own incentive practices.

CDSC stage	What happened	Evidence strength
1. Problem identification and prioritisation	The lack of a conducive learning environment was identified and prioritised through a structured root cause exercise at the start of the initiative, in which COHO and the community jointly traced the shelter problem to its downstream effects on safety and nutrition. The problem was prioritised specifically because addressing it was expected to resolve several linked problems at once, a deliberate systems-level reasoning rather than a single-issue fix.	Strong
2. Root cause analysis	COHO describes an explicit process of identifying root causes before prioritising solutions, distinguishing the presenting problem, distance and lack of shelter, from its downstream effects on safety and household livelihoods.	Strong
3. Solution identification	A two-phase solution was adopted: an immediate stopgap, borrowing church buildings as temporary learning spaces, paired with a longer term construction plan, so children began benefiting before construction was even finished. The District Social Welfare Office was consulted during budget planning, not after construction began, to ensure the CBCC design, three rooms for reception, middle class and transition class, met national government standards. This is a clear case of a technical government actor refining the community's plan rather than replacing it.	Strong
4. Action planning and implementation	Roles were clearly divided: chiefs provided land, churches provided temporary space, parents moulded bricks and transported materials, and community members were paid a modest, below-market fee for skilled construction labour. Construction committees were given real supervisory authority. At the Nshuka site, the committee stopped an attempt to misuse cement, insisting the resources be used exactly as agreed. Implementation was not without conflict. At least one chief who felt excluded from early consultation actively worked against the project, and some community members, expecting personal payment or benefit, attempted to mobilise opposition when they realised the initiative would not provide direct handouts. COHO reports both instances candidly rather than omitting them.	Strong

CDSC stage	What happened	Evidence strength
5. Monitoring, evaluation and learning	Formal monitoring is light, resting mainly on routine committee supervision and stakeholder meetings, but genuine adaptive learning is documented. COHO initially provided in-kind incentives, sugar, utensils, allowances, to sustain committee engagement, then recognised this was creating dependency inconsistent with the CDSC approach and deliberately phased it out, a decision COHO describes as painful at the time. Committees now independently monitor CBCC caregiver attendance and replace absent caregivers without COHO's involvement.	Moderate to strong

Action and System Change

What actually happened

Churches lend temporary space → Chiefs provide land, community mobilises materials → District Social Welfare sets standard → Two CBCCs built & handed to committees → COHO phases out incentives

Key actions and who was responsible

- Community: moulded bricks, transported sand and materials, provided paid skilled labour at below-market rates, and formed construction committees with real supervisory authority.
- COHO: coordinated stakeholder engagement, managed the construction budget, consulted government standards early, and later withdrew in-kind incentives once it recognised the dependency risk they created.
- Chiefs and the Senior Chief: provided land free of charge and used their authority to mobilise village labour, a role COHO staff describe as decisive given the difficulty of buying land.
- Church leaders: lent their buildings as temporary learning spaces so children could begin learning while construction was underway.
- District Social Welfare Office: set the required architectural standard, three rooms for reception, middle class and transition class, consulted during budget planning rather than after construction.
- Village Development Committees and construction committees: supervised construction quality and independently stopped an attempt to misuse cement at the Nshuka site.

Systems influenced

- Education system: two functioning CBCCs now exist where a single, overcrowded room once served the entire catchment area, with formal transition ceremonies now welcoming CBCC graduates at primary school.
- Child protection and emergency systems: the CBCCs were designated as official government evacuation centres during Cyclone Freddie, without COHO's direct involvement in that decision, a sign of government trust in the community-built infrastructure.
- Health system: Health Surveillance Assistants now use the CBCCs as a convenient hub for delivering immunisations to young children.

- Community governance: CBCCs have become general community hubs, used for meetings and even funerals, extending their role well beyond early learning alone.

Implementation adaptation

The clearest adaptation was COHO's own decision to stop providing in-kind incentives, sugar, utensils, transport and lunch allowances, to committee members. What began as a way to support engagement was recognised as undermining the no-handout principle at the heart of the CDSC approach. COHO now plans to use a matching-grant model in future work, where community contribution is required alongside any CBO support.

Outcomes

The clearest outcome is the CBCCs themselves. The share of COHO's CBCCs with appropriate class arrangement, adequate space and materials rose from 0% to 75%, a direct, facility-level confirmation that construction delivered what the community set out to build. Referral systems for child protection issues within COHO's CBCCs also improved, from 80% to 100% of centres having a system in place, consistent with community accounts of by-laws and traditional leader involvement in responding to neglect.

Community testimony describes a shift in daily practice around the CBCCs that the facility-level indicators alone do not capture. Parents now routinely contribute monthly honoraria, food stamps and homemade play materials to support CBCC caregivers, organise end of year celebrations entirely on their own, and run community gardens that supply CBCC feeding, supplemented by household contributions during drought years. Committees independently monitor caregiver attendance and replace absent caregivers without COHO's involvement, a genuine marker of operational ownership.

Despite this facility-level and community-practice success, several household-level indicators in COHO's broader catchment area did not move in the same direction. Caregivers reporting adequate early learning opportunities at home stayed essentially flat, from 87.5% to 87.1%, and caregivers reporting safe indoor and outdoor play spaces actually fell, from 77.5% to 71.0%. This is a genuine tension worth taking seriously: the CBCCs themselves improved substantially, but the safety and early learning gains have not yet clearly extended into households across the wider catchment area.

Caregiver satisfaction with health care services also declined, from 100% to 85.7%, part of a wider Malawi-wide pattern the evaluation links mainly to dissatisfaction with treatment supply for malaria, diarrhoea and pneumonia, a systemic health-system constraint outside COHO's direct control rather than a reflection of the CBCC construction work itself.



CHILDREN DURING STRUCTURED AND FREE PLAY AT MANYANGALA CBCC

One of the two community-built CBCCs, now run almost entirely by community-elected committees.

Indicators linked to COHO's early learning access pathway

The indicators below are drawn from the Malawi CDSC4ECD endline evaluation's CBO specific results tables, covering both household level and CBCC facility level indicators. They are limited to indicators directly connected to COHO's early learning access and safety issue.

Relevant indicator (COHO)	Baseline	Endline	Change	What the result suggests
COHO CBCCs with appropriate class arrangement, adequate space and materials	0%	75%	+75.0 pp	The clearest facility level confirmation that construction delivered a genuinely improved learning environment.
COHO CBCCs with a referral system in place for child protection issues	80.0%	100%	+20.0 pp	Consistent with community accounts of active by-laws and traditional leader involvement in child protection.
Caregivers reporting adequate early learning opportunities for children at home	87.5%	87.1%	-0.4 pp	Essentially flat. The CBCCs themselves improved substantially, but this has not yet clearly shifted household level practice.
Caregivers reporting access to books and play materials at home	57.5%	61.3%	+3.8 pp	A modest gain, smaller than the facility level improvements seen at the CBCCs themselves.
Caregivers reporting safe indoor and outdoor spaces for play	77.5%	71.0%	-6.5 pp	A decline, despite safety being one of the original root causes the CBCC construction was meant to address.

Changes across four areas

A. Children and families

- Two functioning CBCCs now serve children who previously had no nearby early learning option, with formal transition ceremonies easing the move to primary school.
- Feeding programmes are established at both centres, supplied partly by community-run CBCC gardens.

B. Community practices

- Parents routinely contribute monthly honoraria, food and homemade play materials to support CBCC caregivers, without being asked each time.
- Committees organise their own end of year celebrations for CBCC caregivers, complete with small gifts, entirely independent of COHO.

C. Systems

- The CBCCs were designated official government evacuation centres during Cyclone Freddie, without COHO's direct involvement, a sign of government trust in the community-built infrastructure.
- Health Surveillance Assistants now use the CBCCs as a convenient hub for delivering immunisations.

D. CBO capacity

- COHO's stakeholder network grew from 13 to 19 partners, the only CBO in the full nine-case portfolio to grow rather than shrink, diversifying to include both an NGO and more community-based volunteers.
- COHO's documentation of its own activities, timelines, partners and resource flows is described in the capacity assessment as unusually strong, though adaptations were less consistently documented.

What Changed, and Why?

Facility-level evidence, community testimony and implementation records converge clearly on the CBCCs themselves, while household-level early learning and safety indicators tell a more mixed story.

Quantitative evidence

The share of CBCCs with appropriate space and materials rose from zero to 75%, and referral systems for child protection improved, but household-level early learning and safe play indicators in the wider catchment area were flat or fell.

Qualitative evidence

Community members describe committees that independently monitor caregivers, organise their own celebrations, and stopped an attempt to misuse construction materials, all consistent with genuine operational ownership of the CBCCs themselves.

Implementation evidence

Construction records, COHO's own account, and the CBCCs' formal designation as government evacuation centres confirm the centres were actually built to standard and are functioning as intended.

Taken together

Quantitative results, community testimony and implementation records converge clearly on the CBCCs' own success as physical, community-run institutions. The evidence supports a plausible contribution pathway from construction to facility-level quality and community ownership, though the flat and declining household-level indicators show that infrastructure alone did not fully close the early learning and safety gaps the case set out to address.

What did not change, or changed less

- Caregivers reporting adequate early learning opportunities at home stayed essentially flat, from 87.5% to 87.1%, despite the CBCCs' own facility level improvements.
- Caregivers reporting safe indoor and outdoor play spaces fell, from 77.5% to 71.0%, despite safety being one of the original reasons the CBCC construction was prioritised.
- Caregiver satisfaction with health care services declined, from 100% to 85.7%, part of a wider district pattern linked to treatment supply gaps rather than COHO's own performance.
- Birth registration in COHO's area declined, from 90.0% to 79.0%, and the share of caregivers with at least two trusted people to turn to for child-related support fell sharply, from 90.0% to 66.1%.
- At least one chief who felt excluded from early consultation actively worked against the project, a resistance COHO reports openly rather than omitting.

Lessons and Recommendations

Lessons learned

- Pairing an immediate, low cost stopgap, such as borrowing existing community buildings for temporary learning space, with a longer term construction plan lets children begin benefiting immediately, without sacrificing the quality of the permanent solution.
- Consulting the government body responsible for setting sector standards during budget planning, rather than after construction begins, avoids the risk of building something that satisfies the community but fails to meet the standard needed for eventual government recognition and support.
- When community leaders are excluded from early consultation, their resistance is a direct signal that the foundational stage of engagement was incomplete, and openly acknowledging this protects the credibility of the wider case more than minimising it would.
- Providing in-kind incentives to sustain participation can undermine the very ownership a CDSC approach is meant to build. Phasing such support toward a matching-grant or reciprocal-contribution model preserves engagement while keeping responsibility for outcomes visibly shared.
- Community-elected committees given real supervisory authority, not just a title, such as the construction committee that stopped an attempt to misuse cement, translate stated community ownership into an active, enforceable accountability mechanism.

Recommendations

Recommendation	Responsible actor	CDSC stage	Evidence and rationale	Priority
Investigate why household-level early learning and safe play indicators remained flat or declined despite successful CBCC construction, to understand whether the gap is one of distance, awareness or household practice.	COHO; Firelight	Monitoring, evaluation and learning	Caregivers reporting adequate early learning at home stayed flat (87.5% to 87.1%) and safe play space reporting fell (77.5% to 71.0%), despite the CBCCs' own facility level gains.	High
Formalise a structured, staged re-engagement process for community leaders who were excluded or resistant early on, rather than relying on the project to win them over informally.	COHO	Problem identification and prioritisation	At least one chief's early exclusion from consultation led to active resistance against the project.	High
Advocate with district health authorities to strengthen the supply chain for treatment of malaria, diarrhoea and pneumonia, the primary driver of falling caregiver satisfaction with health services.	District Health Office; Ministry of Health	Systems influence	Caregiver satisfaction with health services fell from 100% to 85.7% in COHO's area, part of a wider district pattern linked to treatment supply gaps.	Medium

Recommendation	Responsible actor	CDSC stage	Evidence and rationale	Priority
Document COHO's shift away from in-kind incentives toward a matching-grant model as a formal practice guide for other CBOs facing the same dependency risk.	Firelight; COHO	Action planning	COHO's own account of phasing out sugar, utensils and allowances after recognising the dependency risk they created.	Medium

WHAT THIS CASE TEACHES US ABOUT CDSC

Genuine ownership sometimes requires a CBO to make its own work harder, not easier. COHO's decision to withdraw incentives it was already providing, even though this was painful and cost some early goodwill, is what allowed community committees to take on real, unpaid responsibility for the CBCCs. That kind of self-correction, admitted openly, is itself a form of evidence.