INTERNATIONAL CHILD DEVELOPMENT PROGRAMME

ICDP

Stories from Malawi

icdp International Child Development Programme

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Participants during ICDP network meeting in Nkhotakota

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ABOUT THE TRAINERS

ICDP has made inroads in Malawi. The success stories that have been documented in this booklet demonstrate the deep rootedness that the concept is here to stay. Communities and even their leadership have talked good of the concept and the benefits that have been realised after being sensitised. The difference is there to notice. The fruits of ICDP are there for everybody to see and appreciate.

This would not have been possible if it were not for the hard working spirit of all the trainers that worked tooth and nail to make sure that the concepts and principles were understood. Their efforts to learn the culture and the context cannot be over emphasised. It was a team that was easy to interact with, understanding and eager to learn. The fruits of their sweat will always be in the communities of Malawi to see.

There was a team which set the ball rolling, introducing the concepts, sensitizing caregivers and also training the initial group of facilitators in Malawi. This group comprised of Unni Jahr, Dagny Tøndevold, Togny, Audmarie Almås and Line Constance. Other international trainers that also came to supervise and monitor the work include Ingeborg Egebjerg and Elsa Doehlie, the former NCA Country Representative to Malawi. There were both a marvel to interact with. NCA Malawi Programme appreciates the work that these trainers did to change the lives of the less privileged in the communities of Malawi.

ICDP caregivers (carrying their certificates), community leaders and NCA staff at Mgona in Lilongwe

"ICDP is based on the idea that human beings are by nature social, and that also means that we, as human beings, are particularly vulnerable in our social relationships because that is the domain of our suffering and our happiness. So when we are deprived of normal human contact, there is suffering and loss, as we can see in institutionalized children. This is where ICDP comes in to restore and revive normal human caring interaction. And this does not only apply to care for babies and young children, it applies at all levels of life from babies to youth, adults and elderly - we are all living in relationships with each other, and the quality of these relationships decides how we feel, cope and develop. Therefore ICDP is in principle applicable at all these levels..." – **Professor Karsten Hundeide**

Narrow escape from the grave

65 year old Josiah Davies had a rude awakening in 2007 when he lost his wife and was left behind with a sickly child without any support from his relatives. The son, Namazani Josiah, was born in September 2006 and her mother died in February 2007.

When the wife died, people did not want the child to live.

"Soon after the death, before all funeral rituals were finalised the relatives (mother's side) said they could not keep the child because he was very sick and they said we had to bury him together with the mum, a thing which I refused. I then decided to take the kid to Alinafe Community Hospital," said Josiah Davies.

He says he was well received at Alinafe and they started feeding the kid milk formula. After some time they taught him how to prepare the formula. And that was how the child survived.

The kid is now in Standard 1 at Chamchenga School in the area.

"ICDP has helped me a lot with ICDP lessons and am now more able to raise the kid alone. I am very thankful for the assistance which Alinafe Hospital has given in me.

"Right now this child is the best friend that I have. When the child is sick I send a message to my late wife's relatives, but they don't come to see him. Surely they still don't consider him as a human being," says Josiah.

Village Headman Galeta, from whose village Josiah comes from, says his village has embraced the ICDP concept and now the approach to raising kids is changing.

"Initially even the best food was reserved for adults only while children ate left overs. Now things are changing as people are appreciating the importance of giving the best to the kids for their growth and development," he says.

When the child is sick I send the message to my late wife's relatives, they don't come to see him

IN THE PICTURE: Josiah Davies and his son Namazani

We have improved as family - Catherine Chimphoyo

31 year old Catherine Chimphoyo is a mother of 4 hailing from Chakaka Village, Traditional Authority Mwadzama in Nkhotakota. She is also a member of the community kitchen in her village where at least 15 women meet every Wednesday to learn and share skills in cooking.

"It was within the same programme that Alinafe Community Hospital introduced to us ICDP lessons through their extension staff. I, together with another friend, was even fortunate to undergo a one week ICDP training at Benga. At the moment I can say that I have benefited a lot from ICDP lessons," she explains.

Catherine says that her first born child was the one who gave her lots of problems as he could run away from attending primary school classes and opted to into fields to search for mangoes.

"As soon as we got the news at home me or his father could go to school and if we found him back there, we could beat him up in front of his friends. And I can confirm that this never improved the situation," she says.

Catherine adds that when she learnt about the ICDP way of raising her kids, she discussed with her husband that the beating they gave to their children could not help in correcting than just properly talking to him on the right way so that he could change.

"Even the boy himself used to say that he could be naughty as he could be because even after sustaining injuries from the whipping by his father, he was sure that the wounds would heal. It was a complete license. Now with the ICDP approach of fostering the relationship between the child and us as parents, he has completely changed and even improved in his grades at school," she says.

Her participation in the community kitchen has also improved her household and she knows nutritious food to give to her family unlike in the past when some type of food could only be shared with the husband only while the kids could have the low quality ones.

As soon as we got the news at home me or his father could go to school and if we found him back there, we could beat him up....

IN THE PICTURE: Catherine carrying her last born child

I used to be harsh to the orphan - Florence Mankhwazi

Florence Mankhwazi's daughter died in June 2009 and left six children, with Yohane the youngest at four months old. She says it was a challenge for her to raise the kids.

Soon after the mother passed on after a long illness, his father disappeared and has never come back to visit the kid. Thus there has been lack of parental support from the existing parent. Florence could leave the baby at home with no appropriate care and head for the garden.

Thanks to ICDP through one counsellor from Alinafe Community Hospital for advising her on the right way to raise the kid. She admits that some well wishers tipped the staff at the hospital after seeing the way she was illtreating the child.

The staff from Alinafe came and counselled her although she resisted to the counsel in the beginning.

"If I had continued with what I was doing then, perhaps the child could have died now. Right now there is a good bond between us and the child has now grown very healthy," she says.

Today she understands that being too harsh to kids can negatively affect their minds. She is also living as a model to other people in the community. She testifies that many people in the area are now appreciating the better way of dealing with children more especially the naughty ones.

According to Florence, before receiving counselling, she could leave Yohane with his 12 year old sister at home. Unfortunately his sister would not take up the parental role but instead opted to go into the streets of Benga. No wonder that she got pregnant later on.

'I am a happy person now as we have a very good relationship with the child," concludes Florence.

If I had continued with what I was doing then, perhaps the child could have died now.

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IN THE PICTURE: Florence and her grandson

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Too much responsibility made me harsh - Elita

After undergoing the ICDP training I quickly appreciated its importance and got transformed in the way I raised the kids

It never rained for 58 year old Elita Buleya from Chiwoza Village, TA Mwadzama's area in Nkhotakota but poured for her.

In 1999 she lost her husband and later in the same year her sister died leaving behind two kids among whom was a year old son.This was too much for her and bringing up the children was a bigger challenge to her than had ever been before.

"The kids didn't want to go school and I was so harsh to them by beating them up. Later they also resorted to stealing which was a bigger blow for me as I now didn't know what to do with them," she says.

However things improved when Elita had her first opportunity to learn ICDP principles.

"After undergoing the ICDP training, I quickly appreciated its importance and got transformed in the way I raised the kids, my attitude towards children changed" she explains.

Elita says after undergoing the training she began examining her conscience on the way she raised the kids and convinced herself that although the children were not behaving properly she could still kindly talk to them so that they could appreciate her advice.

"When you show love to the kids, they realise that they need to change from the bad ways that they followed. They know you are restraining them from doing a wrong thing because you love them," she says.

She too has been a model to other parents and they have been asking how she managed to control the situation with her kids.

The whole village where she comes from can appreciate the transformation that has happened in the children. Her friend Mrs. Kanyoza who has also undergone ICDP training testifies that she too was to harsh her kid Tobias Kanyoza.

"You know in the rural trading centres there is a proliferation of video show rooms which are an

IN THE PICTURE: Elita in the company of colleagues at home

attraction to young boys. You prepare your kid for school in the morning and believe he was in class while in actual fact he was watching video shows. When my son was doing this I became so bitter and whipped him up strongly. It was my friend who already had undergone the training who counseled me on the positive way to do it," she says.

Kanyoza says that before she started practising this, she initially requsted her friend to advise the child and she saw good results which made her to adopt that way to go the same way.

Another beneficiary from Buleya Village, Mayi Jamali adds that she too had the tendency of beating up her girls every time they came late in the evening.

"There were cases when my girls would go out and come back in the dark hours of the day and this behaviour raised my tempers so much that I could shower them with many negative words. I even beat them up until I was advised by others that in such a way things would not really improve unless I talked to the girls so that they could understand their wrongs," says Jamali.

There were cases when my girls would go out and come back in the dark hours which raised my temper...

IN THE PICTURES:
Top: Some of the kids in Chiwoza Village

Left: Kanyoza

The road to become ICDP trainers

ICDP is now running in our veins and with the coordination and network of caregivers, facilitators and trainers we...

As the saying goes, there is no easy road to anything, or there is nothing like a free lunch. The road to become ICDP Trainer of Trainers was not an easy one at all. There were written exercises on the theoretical background on ICDP. The 15 questions to test one's understanding of the programme were a hard nut to crack. It needed hard work, determination and persistence.

One had to write over and over again and was not sure if what was put on paper was right. Thanks to the technical hand from the international trainers that was always available to provide direction when we were lost.

"I couldn't believe at first when I got the news that I had been chosen to be among the four facilitators to be groomed as ICDP Trainer of Trainers in South Africa. I was filled with joy and excitement. The first question that came over my mind was why was I considered for this great opportunity ..... it was the hand of God!

"At first I was afraid on how I was going to make it but I just gave myself courage and optimism that I would sail through. I developed keen interest in the programme and started reading more literature on ICDP. In the process, I became addicted to the name ICDP that every time I was on the Internet I would visit the ICDP website to read more on what has been written and how the programme was being implemented in other countries. This increased my enthusiasm and understanding on the programme," explained Louis Malajira one of the qualified trainers from Chisomo Children's Club.

"Practice really makes perfect. My understanding on the programme was deepened through the self-training project I had with a group of 15 caregivers whom I trained to become ICDP facilitators. My session with these new facilitators was a great experience and helped to increase my understanding on ICDP hence

ICDP trainers from Malawi namely Gertrude, Irene, Louis and Paul with international trainers from Norway Hege (Left) and Unni (Right)

my facilitation skills. I developed good listening skills and was able to appreciate individual needs of my group," said Louis.

One of the things that also helped the trainers in Malawi to make it was the interaction they had with another group of to be Trainers from Gamalakhe and Pietermaritzburg in South Africa. Through sharing experiences from Malawi and South Africa, and learning the different context that ICDP was being practised, with thorough knowledge and facilitation of Trainers Ingeborg Egebjerg, Astri Johnsen and Helen Johnsen Christie, the training became reasonably easy. Malawi now has four national ICDP Trainers, a thing which was unheard of a year ago. It is a pride for the ICDP trainers in Malawi now that they are part of an ICDP family and among the only few trainers worldwide.

"ICDP is now running in our veins and with the coordination and network of caregivers, facilitators and trainers we are able to integrate it easily into communities in respect to our local culture and communities which are responding and adapting well to the programme," concluded Paul M'manjamwada who is one of the recognised Malawi Trainers and works for the Norwegian Church Aid, an organisation that is coordinating the programme in Malawi.

The other two trainers are Irene Ngomano from Chisomo Children's Club and Gertrude Msowoya from Alinafe Community Hospital.

ICDP trained caregivers during a workshop in Lilongwe

How ICDP has been integrated in Malawi

1. Incorporation of the ICDP concept in the day to day care of OVCs by community volunteers in the community Based Child Care Centres (CBCCs):

• CBCC Caregivers and social workers, nurses, have been imparted with knowledge and skills on how to use the three dialogues and the eight guidelines of good interaction. These help to identify themselves with the children and help the children open up in a meaningful dialogue with adults.

• CBCC care takers are also working in collaboration with the parent/guardians of the children by sensitising them on ICDP concepts and conducting home visits for children with needs.

• Sensitising influential people in communities such as church leaders, chiefs, political leaders and community volunteer's e.t.c to help in the identification, care and support of needy traumatised children in their communities.

• Door to door follow-ups of the needy/traumatised children by community volunteers and orphan supervisors to help influence in a positive way the conception of parents/guardians towards their children so as to promote love for the children.

• Sensitisation of other care takers in CBCCs and primary schools on how they can influence child's psychosocial, spiritual and physical development

using the 3 dialogues and eight themes of good interaction.

2. Incorporating ICDP concepts in the community kitchen programmes.

• At these centres, children with special needs such as orphans, children from single parent-families due to divorces/abandonment, HIV infected children, pregnant mothers, malnourished children together with their care takers meet once a week to share knowledge and skills on good food preparation, crop diversification, care of children, poultry farming e.t.c. At these forums, care takers are sensitised on how best they can meet the psychosocial needs of their children using the ICDP guidelines.

3. Incorporating ICDP concepts in the Nutrition Rehabilitation Units.

• Parents/guardians are imparted with knowledge and skills on how to show love and include play and stimulation in their day to day care of their children.
• Children discharged from the nutrition rehabilitation unit are incorporated into community kitchens for monitoring, care and support.

Members of the community kitchen at Alinafe in Nkhotakota displaying their culinary skills

We used to lock him up in the kitchen — Yohane Sauzande

We used to lock him in the kitchen because whenever we were in the garden he crawled out...

After their first kid was born normally and started growing as expected, a young couple in Chipokosa Village in TA Mwadzama, Nkhotakota perhaps expected that things would be normal again with their second child.

However things never turned out so. The young couple of Yohane Sauzande and Tafanana Laudani got their second kid in 2004 who soon started showing signs of mental retardation at a time they were expecting to have an active boy. The boy, Andrea Sauzande has not been able to walk ever since he was born.

Culturally, mentally challenged people have often been locked in homes by parents and relatives to run away from the 'shame' that society thinks it is or just to allow them do their things freely.

This never spared the family of Yohane and Tafanana. As the boy Andrea Sauzande has been growing, the wrath of culture set its ugly teeth on him. His parents used to lock him up in the kitchen whenever they were going to the garden.

"We used to lock him in the kitchen because whenever we were in the garden he crawled out far from the house into the fields and we had always been afraid that he could be harmed by anything," said Yohane.

As many people would think, the kitchen can never be a right place to lock up a child. There are hot embers which can endanger a child. According to the father, at one time when the child was locked in the kitchen he crawled into the fireplace and was severely burnt by the ashes. This drew attention from neighbours.

Yohane said they have been to several people, traditional practitioners inclusive, who they thought would help in sorting out Andrea's problem but none provided the help they needed until personnel from

IN THE PICTURE: The couple with Andrea

Alinafe Community Hospital visited them.

"The staff helped Andrea with some physiotherapy which has indeed improved him. They taught us to be doing some things like stretching some parts of his body which would help him make significant movements," he said.

Andrea's mother chips in saying the boy can now crawl whenever he sees a group of kids playing and can move home again. He is also able to eat on his own but cannot speak nor hear.

At the moment they no longer lock up the kid in the kitchen because of the ICDP skills which they learnt from the staff of Alinafe.They now consider their child as a normal human being just like the rest of the children in the village.

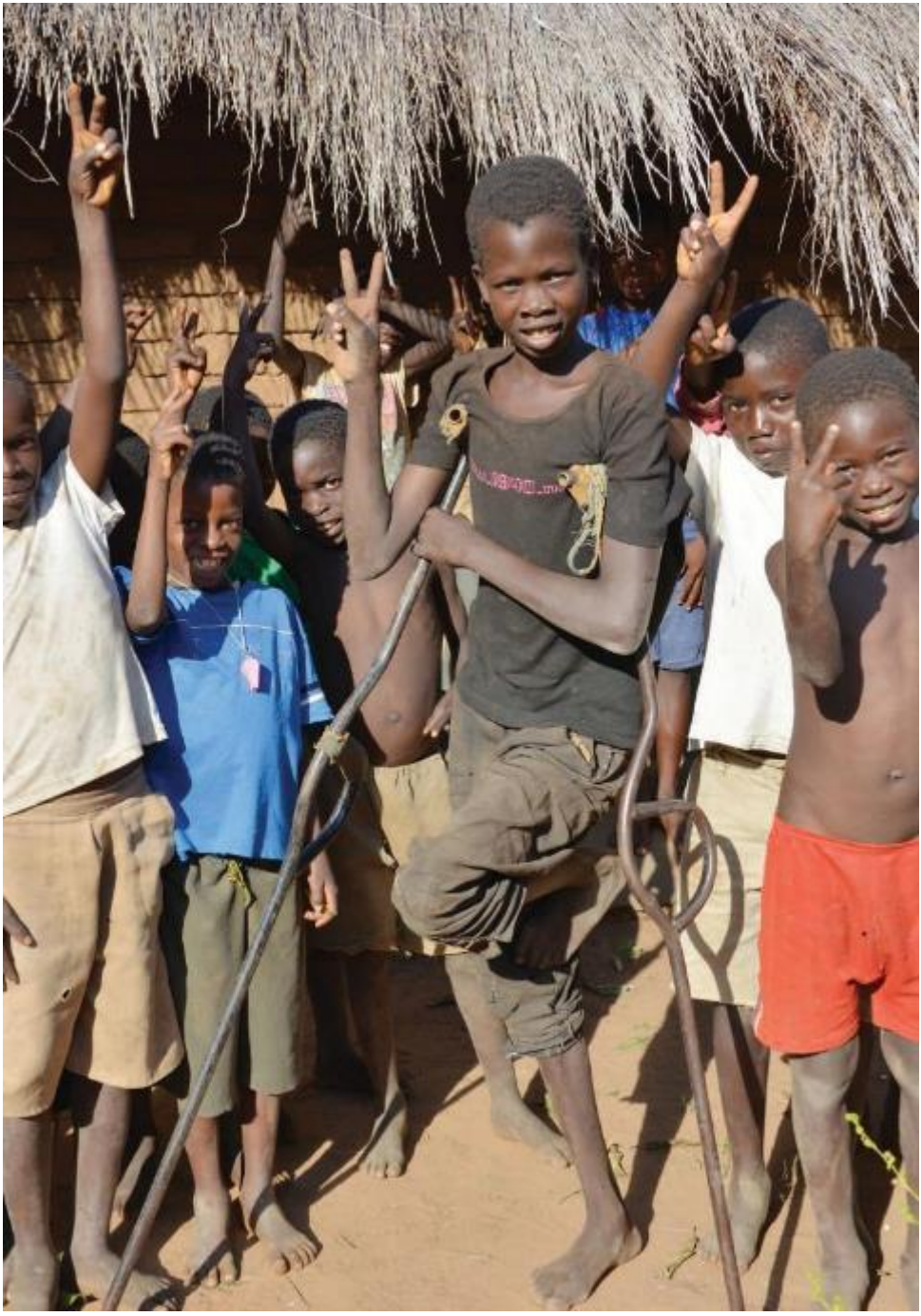
According to Texton Phiri, a community worker at Alinafe Community Hospital they have been visiting the family on several occasions under their nutrition rehabilitation programme.

However after realizing the problem Andrea was having, they decided to counsel the family on the proper way to handle such a kid. Thanks to the International Child Development Programme (ICDP) skills that Texton has.

He actually has been trained to a facilitator level where he is also able to train caregivers in communities surrounding Alinafe community Hospital.

They taught us to be doing some things like stretching some parts of his body which would help him make significant movements

IN THE PICTURE:
The kitchen where Andrea was being locked up.



Sidelined because of witchcraft allegations

When the ulcers developed news spread out in the entire village that the boy was a wizard...

At 16 years Sava Petro of Kamakantha Village has succumbed bad words that people of his culture use to talk about the supernatural power in the name of witchcraft.

When he was 13 years old he had ulcers on both his legs which affected him a lot as he could not walk. While being bed ridden he was taken to Alinafe Community Hospital where he was treated before being referred to Nkhotakota District Hospital until he could walk again.

According to his aunt Mwanazanje Kumzalo, the orphaned boy attracted negative words from the community because of his condition.

"When the ulcers developed news spread out in the entire village that the boy was a wizard and had been beaten at his own game by other superior ones. It was these rumours which are sometimes part of the local culture that made his relatives give up on him. They could not take him early to the hospital because they thought fate would take care of this," says Texton Phiri a community worker at Alinafe who also happens to be an ICDP facilitator for the Hospital.

Phiri says it took time for the hospital community team to convince the villagers that Sava's situation was exaggerated and they had to take him to the hospital. After getting professional treatment from Nkhotakota District Hospital the situation of Sava improved and he is no longer regarded as an icon of witchcraft as was the case before.

Today Sava is able to mingle with other people in the village and has lots of friends.

IN THE PICTURE: Sava and friends from his village

Motherly love

Mrs. Chenje is a primary school teacher. She has four children, all boys. She is a Christian and a member of the Revival Life Church in the city of Blantyre.

Her husband went to South Africa and has never come back. She looks after the four children alone. The first two children are twins. One boy within the twins by the name Chipiliro has hostile and aggressive behavior. He was very rude and stubborn to his mother. One afternoon, Chipiliro told his mother that one day he day he will kill himself with a knife because he was not loved. The mother got shocked by this threat and reported the matter to the church elder for help.

The church elders arranged a counselling session with the family in order to identify the underlying issues that made Chipiliro to behave in that manner. The counselling session did not yield any positive result as Chipiliro threatened again that he will one day kill himself because his mother did not love him. His mother didn't understand him and asked the church elders to continue counseling him on his behavior.

One day Mrs. Chenje left the house and took with her the last born son to attend a wedding. While there, a fight ensured at home between Chipiliro and his twin brother. Chipiliro got a knife and attempted to stab his brother. The mother was shocked again to learn this and reported the matter to church.

A church team visited the family again and among them there was an ICDP facilitator who joined them to help counsel the family. The ICDP facilitator had a chat with Chipiliro and his mother and discovered that there was no positive interaction between the mother and his son and further discovered that the mother put much attention to the last born child and thought that Chipiliro being a 14 year old could take care of himself.

Using the ICDP concept Mrs. Chenje was advised to change her approach towards all her children. She was encouraged on the importance of showing love to

When the child is sick I send the message to my late wife's relatives, they don't come to see him

IN THE PICTURE: Some of the participants in a training workshop held in Lilongwe

children as guided by the emotionally expressive dialogue in ICDP.

The mother appreciated the advice and started paying attention and being available to all children including Chipiliro. Eventually the boy's behavior changed for the better. His performance in class also improved and his brothers are no longer afraid of him. He is also active in the youth department at the church.

Due to the impact ICDP had on this family, the church requested for ICDP training for its elders as they deemed ICDP as an effective tool to engage children and caregivers in a successful positive interaction that brings children in the comfort zone.

‘I wish my mother was caring like you’

Mrs. Banda is Standard 6 teacher as at Namatapa Primary School in Bangwe Township in Blantyre. The school is close to Ntopwa settlement where robbery, gambling, prostitution and beer drinking is the order of the day.

Most children in the area leave their homes and go for street begging. Mrs. Banda had one troublesome child from Ntopwa in her class. The boy’s name was James and was full of causing a lot of problems like fighting, stealing and using abusive words. The teacher Mrs. Banda tried all what she could do to help the boy but to no avail. She later decided to dismiss the boy out of her class.

Due to the dismissal, the boy missed classes and decided to be coming to school just to eat porridge. One day Mrs. Banda was introduced to the ICDP concept by one of the ICDP facilitators.

She was told about the caregiver’s positive conception that caregivers need to perceive a child in the positive way by focusing on the positive features of the child. She was interested and wanted to know more.

She was then put into a group of caregivers that attended the 8 sessions in ICDP. This was where she discovered the importance of positive interaction between caregiver and child. She later changed her approach towards her own children and thought of providing a listening ear to James and bridging the gap between them.

One day, Mrs. Banda called James and had a discussion with him. In the discussion, Mrs. Banda discovered that James was coming from a poor family. His mother was a sex worker and his brothers were thieves and this caused the boy to misbehave since there was no one in the family who could stand as a role model to guide him. Mrs. Banda identified the needs of James as a child who needed attention from a caregiver like her. She helped James and later James was brought back to school. Mrs. Banda

One day Mrs. Banda was introduced to the ICPD concept by one of the ICDP facilitators. She was told about the caregiver’s positive conception of the child

instructed every child to stop calling James any sort of bad or negative names. She reminded other learners to treat James like any other child. She told the class that James had changed and was now a good boy.

James became very close to the teacher. One day James told Mrs. Banda that he wished his mother was caring as she was. Mrs. Banda was touched by the words and thought that without ICPD James life could have been spoiled.

Today James is now back in school and is doing well in class. He is the class monitor. One day his mother was surprised with James' behavior and was told about Mrs. Banda. She wanted to meet the teacher and when they met, they had a very successful discussion. They became friends and James's life changed completely.

Hope restored

Pemphero Wells is an eight year old girl from Nzeru Village, Traditional Authority Nsomba in Blantyre. The girl was born very healthy but later in 2002 she got sick from malaria and was later admitted to Queen Elizabeth Central Hospital.

After recovering from the attack and waiting to be discharged from the hospital Pemphero's feet started to look very dark in a very worrying manner. Later strange spots appeared on her feet which later developed into a very serious sores. After consulting the doctors, the only solution given was to amputate Pemphero's legs.

When Pemphero's parents heard about the doctor's solution, they did not agree to it and deserted the hospital, going with the child to prayer gatherings. This did not bring any change to Pemphero's health and the parents decided to go back to the hospital where her legs were amputated. Doctors told the parents that they should buy artificial legs which could help the girl to walk.

Due to lack of finances, the family did not manage to buy the artificial legs which were valued at MWK12, 000(30 Dollars). Later the parents started asking for help from different organisations and they were really supported.

However as time went by, the artificial legs became small to fit the child and could not support her anymore and she stopped using them. This made the girl become depressed as she could not move any more. She always had to rely on her siblings and parents to move her from one place to another.

The girl looked depressed always and her body started to deteriorate again. The parents were worried as well; they had no hope as to where they could find money to buy the artificial legs this time.

Concerned with the plight of the girl, one of the ICDP facilitators visited the family. He counselled the family not to lose hope but live their life as normal and continue showing love to the child and encourage her that she will walk again. The facilitator advised the parents to always pay attention to the child

The facilitator advised the parents to always pay attention to the child needs, give her acknowledgement, stay close to her...

needs, give her acknowledgement, stay close to her and support her in everything that child wants to do.

The ICDP facilitator continued visiting the family to counsel the parents and also had time to chat with the child. As time went on the child's health improved and she never looked depressed anymore. The parents were also happy and believed that their child was like any other child and had the potential to achieve more in life.

After some time the ICDP facilitator thought of further helping the girl and the family and approached one well wisher, a white lady who was concerned with the plight of the girl and assisted them in acquiring a brand new set of artificial legs again.

Currently the girl is doing fine and is continuing with school. She is living happily with hope that she can achieve anything in life despite her condition. This has been made possible with the counseling and the application of ICDP approaches that the facilitator used to help the family and the girl.

Currently the girl is doing fine and is continuing with school. She is living happily with hope that she can achieve anything in life despite her condition

IN THE PICTURE:
Pemphero and mother

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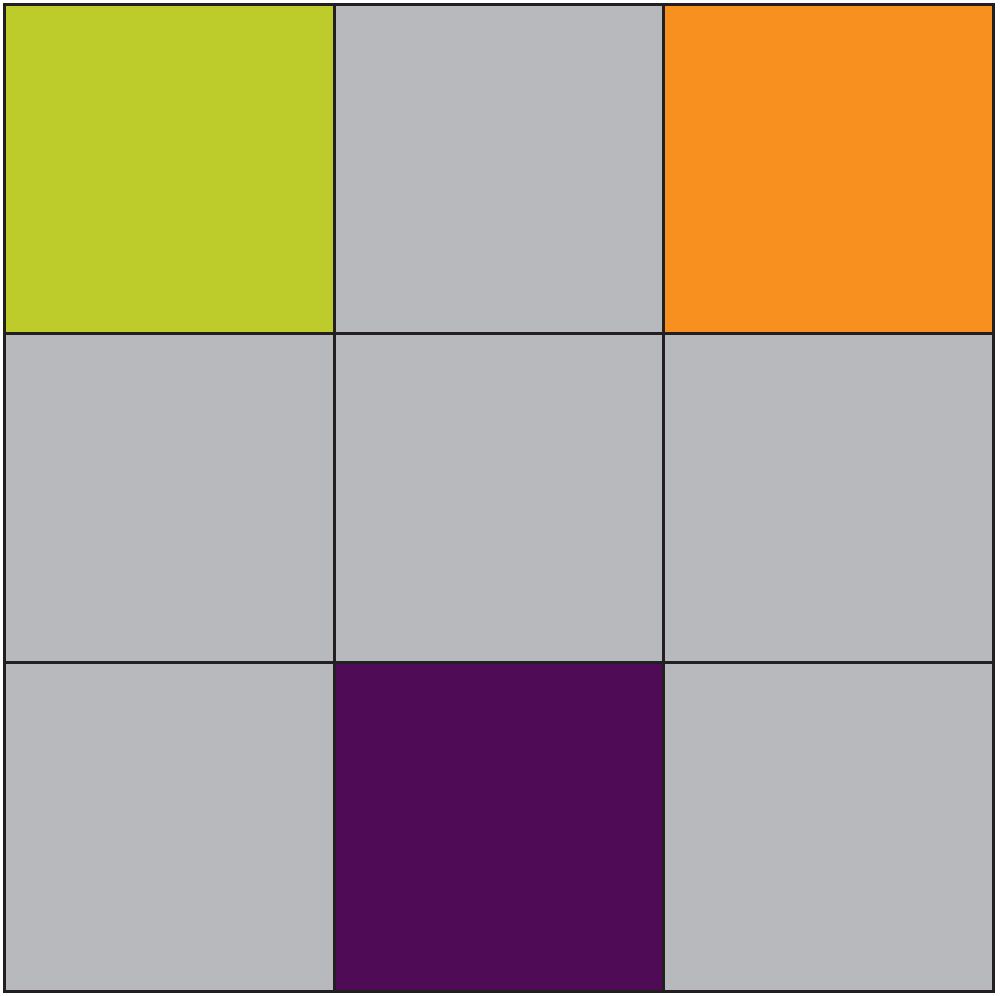

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