

Chapter 11

Leveraging Early Childhood Education, care, and development at the margins

Auma Okwany and Elizabeth Ngutuku

Introduction

The last decade has seen increased global, regional, and national attention paid to ECD, with notable gains made in policy and practice in many countries. These gains are cast against the context of the African region which evinces the highest global proportion of children who remain vulnerable to multiple intersecting risks and shocks. Structural constraints in access to and quality of social services persist, and the ECD sector remains underfunded and fragmented, lacking state-led integrated approaches to address the interwoven and mutually reinforcing needs of young children. The proliferation of ECD interventions, which are often run by non-state actors, target vulnerable communities and children on a project and pilot basis. Not only do they lack the capacity to address the structural issues in the care environment, but most externally funded interventions are decontextualized. In such a context, the Euro American models of ECD are the norm, and often promote models of childhood, caregiving, early education, and development that are not rooted in local contexts. Indeed, as noted by Penn (2017) and Pence (2013) these “salvation” interventions are based on an image of deficiency rooted in a Western “civilizing” imperative from both colonial and neoliberal forces.

These narratives also invisibilize the embedded and embodied voices of communities and researchers at the margins. We see the margins as both a physical space removed from the centre, but also as a symbolic space that represents knowledge, resources, experience, perspectives, and contextual narratives that have been undermined.²² Despite the vibrancy of the margins, there still remains a discrepancy between the vision and the reality in ECCE implementation, resulting in ongoing tensions of quality and equity that may not meet the holistic, long-term needs of young children in an equitable or sustainable manner.

As long-term scholar activists engaged in decolonizing ECD in Africa, in this chapter, we draw from our work to demonstrate how we have continued to push the limits of the dominant knowledge around ECD. Our efforts have been geared towards addressing epistemic injustice in ECD policy, practice, and research in Africa. These efforts also build on work by other researchers, practitioners and knowledge activists who have decried and continue to engage the tendency of the dominant paradigm to homogenize, mask, and gloss over the diversity of situated ECD epistemologies at the margins (Ebrahim, 2010; Ebrahim, 2017; Ebrahim et al., 2018; Ngutuku, 2020; Nsamenang, 2008; Odora Hopper, 2010; Okwany, 2016; Okwany and Ebrahim, 2015; Okwany et al., 2011; Penn, 2017; Pence and Nsamenang, 2008; Serpell and Nsamenang, 2015). In pointing to the need to delink ECD from the dominant narratives, we argue that children, caregivers, and researchers at the margins should be seen as speaking subjects in ECD knowledge production and uptake.

We present the margins as spaces of dissenting thought and practice and as loci of conviviality and not deficiency (Okwany and Ebrahim, 2018) and argue that the vitality of the margins should be harnessed in ensuring quality ECD. We argue that even during times of compromised care environment occasioned by challenges and shocks like HIV/AIDS and the current COVID-19 pandemic, communities and local

²² This marginalization constitutes what Miranda Fricker terms epistemic injustice and which she defines as the overlooking and discrediting of certain groups as knowers and thus excluding them from knowledge production (Fricker, 2007).

organizations are resilient, and caregivers draw from endogenous resources and knowledge to rework care out of the ruins (Ngutuku, 2020; Okwany, 2016; Okwany et al., 2011; Okwany and Ngutuku, 2009). We call for a need to “remember” (bring to memory and bring together) these ways of knowing and doing in childcare that have been “dismembered,” whilst highlighting the dynamism of community capital of care at the margins (Okwany et al., 2011, p. 75). This remembering as noted by Nyamnjoh (2012) entails conviviality between the dominant epistemology and other dynamic, nuanced local knowledges.

Conceptually, in disavowing the totalizing tendencies of the dominant ECD knowledge, our arguments draw from Africa’s philosophy of knowledge (Achebe, 2000; Nsamenang, 2008; Nyamnjoh, 2012; Odora Hopper, 2010). We see Indigenous knowledge as “the wealth of internal resources that have been developed over time and regenerated, appropriated, and incorporated into hybrid coping strategies, social networks, and community resources” (Okwany et al., 2011, p. 28). Such knowledge, we argue, is useful in strengthening the care environment and particularly in times of crisis of childcare as we are witnessing now. Such collective action and organizing draw from the *ubuntu* spirit and supports its key tenet and argument by Archbishop Tutu: in Africa, “a person is a person only through other persons” (Tutu and Tutu, 2010, p. 15). From the context of our work in East Africa, the *ubuntu* ethos is also embedded in *Harambee*, the self-help national motto in Kenya of mobilizing resources for the common good, while among the Baganda of Uganda, *Bulungi-bwansi* (the good of the community), is the communal rallying call for collaboration toward community development. In calling for the valorizing of local knowledge in childcare, we also rally around Okot P’Bitek’s metaphor of a pumpkin among the Acholi people, a trope in defence of traditional epistemology and its embeddedness. P’Bitek (1972, p. 58) exhorts us that, “the pumpkin that grows in the old homestead must not be uprooted.” We concur with the assertion by Fashina (2008, p. 71) that the pumpkin is itself not just a people’s history but is also part of their cultural epistemology and an icon of their power that also reveals a presence.

In the first part of the chapter, we provide a non-linear account of some of the key issues around the care environment in the decade, including efforts to engage with the dominant narrative of ECD. We also

take the stressed caregiving within the context of HIV/AIDS and COVID-19 as exemplars of how the margins, though vibrant, continue to be marginalized in childcare. By locating the discussions within the perceived effects of COVID-19 and childcare environment, we reveal the continuities in the strategic forgetting of the resilience of Africa’s childcare systems.

In the second part of the chapter, we argue for the need to focus on the margins where children’s quotidian experiences of early childhood are located. We therefore explore how diverse research at the margins have engaged the coloniality of the dominant ECD knowledge that has relied on “unthinking” the local ways of doing and working and imagining Africa’s valued ways of childcare. We draw our research on leveraging Indigenous knowledge for ECD in Kenya and Uganda, to argue that such coloniality frame the margins as deficient, broken spaces, and caregivers and children’s practices are thus devalued, ignored or pathologized and targeted for correction or redress. We also provide examples of efforts to support processes and interventions that judiciously incorporate local knowledge and practice into ECD interventions. Such programmes not only acknowledge the complementarity and synergies that obtain when we draw from the margins, but also speak back to the epistemic inequalities and deficit-based lens in ECD funding and programming.

We conclude by moving forward again within the context of COVID-19 to explore the implications of the margins for the regenerative resilience of communities in Africa, making suggestions for what the vitality of the margins mean for the evolving issues around ECD within the context of COVID-19 in Africa.

Decolonizing ECD: The need for conviviality in knowledge production

We have continued to witness specific sensibilities of “strategic forgetting” of the role of the peripheries and margins including African families and communities, who have used local knowledge and other forms of mutuality to navigate various crises and to ensure growth and development of children. Indeed, the contention by Pence and Nsamenang (2008), that ECD practice in Africa is based on extrapolated evidence, is still valid.

The decade has witnessed vibrant debates and conversations around the need to continue engaging with the dominant narrative in ECD. A growing number of African scholars and practitioners have continued to counter by pushing back on the discourse of the margins as under-resourced and as deficient (Ebrahim et al., 2018; Ngutuku, 2021; Nyamnjoh, 2012). For example, there has been sustained engagement with the fragmentary ECD system, and with learning programmes for children over 3 which lack creative stimulation and play, promoting what researchers have termed “schoolification” of early education (Choi, 2006; Moss, 2013), often in the official language (e.g., “English only” instruction). Such programmes are narrowly focused on readying children for formal schooling success via didactic learning methods, often in fee-paying programmes that also raise equity concerns (Marfo, 2011; Moss, 2013). Such a narrow focus means that young children have continued to be measured against a deficit model and a set of “one size fits all standards of “readiness” (Serpell and Nsamenang, 2015; Whitebread and Bingham, 2011).

Scholars have argued for a need to shift away from the constricted notions of learning to more expansive contextual conceptions at the margins. These encompass a range of developmental milestones and stimulation strategies to promote fine and gross physical motor competencies incorporating infant body massage as a crucial starting point. Additionally, they include contextual measures of intelligence which blend cognitive alacrity and social responsibility embedded in the Indigenous everyday curriculum through learning by doing (Barry and Zeitlin, 2011; Okwany et al., 2011; Serpell, 2011; Serpell and Mukela, 2019; Serpell and Nsamenang, 2015). Such conversations were central at the Fourth African International ECD Conference that was held in Dakar, Senegal, in 2009, where 89% of attendees comprised scholars and practitioners from Africa. In one of the panels, Africa’s triple ECD heritage of Indigenous, Islamic-Arabic and Western-Christian was seen as a pathway for universalizing ECD. Secondly, there was a showcase of innovative programmes on the role of Indigenous knowledge in universalizing care (ADEA, 2009). Such conversations have continued and were also taken up more recently in 2018 at AfECN’s ECD network

conference on early childhood, where stakeholders deliberated on ECD in line with aspirations of the African Union’s agenda 2063 (AfECN, 2018).

Engaging narratives of HIV/AIDS as a shock in the care environment

We have continued to witness the devastating effects of HIV/AIDS, termed as one of the most significant crises of African childhoods in the twentieth century. While easier access to antiretroviral drugs is providing relief from some of the vulnerabilities witnessed in the last two decades, structural constraints in social services, including weaker health-care systems and impacts on the care ecology, are still evident (Okwany and Ngutuku, 2018). Indeed, our work and research reveal the continent’s persistent experience and contestation from early in the millennium, making the need for critical voices all the more pressing. This period was marked by a discourse of Childhood in Crisis, or what Norman calls a representation of a crisis of generation (2016, p. 227-228). She argues that with “increasing globalization and politicization of conceptualizations of childhood,” the language of children in crisis that was used in the North as from 1970s became common in the Global South, influenced especially by child development attachment theories within the context of parental loss (Norman, 2016). Indeed, we continue to see the vestiges of the discourses that marginalize alternative conceptualizations of not only the needs but also capacities of families to care for children, as well as their quotidian experiences of childcare. Such discourses are not innocent, and they have implications for childcare.

Within the context of HIV/AIDS as a shock in the care ecology, there were two contrasting theses on childcaring: the social rupture and the social resilience theories. The social rupture theory revolved around moral panics which held that the traditional social safety-net system was overstretched, eroded, and ruptured by the strain of AIDS and thus unable to cope with the burden of caring for AIDS-affected children (Chirwa, 2002; Kidman et al., 2007; The Joint United Nations Programme on HIV and AIDS [UNAIDS], 2004). This propelled the promotion of external interventions, including orphanages bypassing local knowledge and capacity. The social resilience theory countered this by asserting that traditional social care

arrangements are resilient and have broad adaptive capacities that evolve and find ways to cope with the AIDS crisis as they always have in response to other crises (Abebe, 2010; Abebe and Aase, 2007; Mathambo and Gibbs, 2009). While a raft of studies commissioned by international actors used statistics to justify a sense of urgency in responding to the crisis, another set of studies under the Joint Learning Initiative on Children Affected by AIDS (JLICA) in eastern and southern Africa revealed a different story: despite the considerable external funding targeting AIDS-affected children, funds bypassed over 90% of vulnerable children, who were actually protected in familiar and enriching family and social care arrangements (JLICA, 2009). It is thus important to think of the resilience of the safety net and household capacity as occurring on a continuum, with some families being able to cope economically and others socially – the latter lacking the economic wherewithal to cope materially (Mathambo and Gibbs, 2009).

This highlights the imperative of strengthening the adaptive capacity of households and the care system and understanding the contextually situated nature of these systems. In her research in western Kenya, Ngutuku (2020) revealed that the categories of households affected by HIV/AIDS and other vulnerabilities are not only fluid but are also complex, changing based on the support children are receiving either from the extended families, the state, or by the children's agency in seeking support from others including schools. She supports the view about the changes in such families brought on by non-state social protection programmes with the evidence that children are increasingly being placed with distant families in contexts where programmes are providing support to vulnerable children. While such shifts can be explained by the targeting and exceptionalism of the government and non-state programmes or the ingenuity of the children, her findings reveal that for many of these vulnerable children, this represents a specific agency at the margins in order to meet legitimate needs, but not just targeting the largesse of donor funds.

COVID-19 and its impacts on childcare

The crisis of the COVID-19 pandemic in 2020, arrived in this troubled world, produced further challenges by devastating health systems and other effects. While

the story is still evolving, many theorize that part of the explanation why the African region has been the least devastated is linked to Africa's experience with other pandemics and natural disasters, including HIV and other related comorbidities (Wyngaard and Whiteside, 2021). What is becoming clear, however, is that COVID-19 layered an additional blanket of challenges and interrelated realities for children in Africa who have borne the brunt of the effects, including general loss, loss of caregiver livelihoods, and a mounting sense of the existential crisis significantly compromising the childcare ecology.

The current moment is also a reminder that a sense of loss has been a characteristic of African countries. Indeed, Ndlovu-Gatsheni (2020, p. 372), a South African decolonial scholar, has noted that what everyone is going through now is what Africa has been going through for more than 500 years, with Africans seen as having a "head start" in managing large scale crises like conflict, natural disasters, and pandemics, including HIV/AIDS.

In response to the COVID-19 pandemic, we continue to witness a similar marginalization of voices and capacities at the margins. For example, in reference to the marginalization of voices from the Global South Lenhardt (2021) argues:

there is a risk of crowding out locally generated ideas, resourcing, and innovations. Curtailing local knowledge and experience and meaningful participation of affected communities in the response risks a return to old colonial models that have shaped humanitarian and development practice. (p. 4)

Similarly, Ndlovu-Gatsheni notes that despite the memory of dealing with the crisis, "there is reluctance to tap into this history, experience, and knowledge about responding to the COVID-19 pandemic" (2020, p. 370). He argues for the need to draw from endogenous knowledge and epistemologies of the global south. We concur and note that this is particularly critical for early childhood care and development where the voice of caregivers and children is often marginalized. In the second part of the chapter, we start off by focusing on research at the margins.

ECD research at the margins

In this section we showcase the importance of research at the margins by drawing from our research and other efforts in enhancing ECD research and capacity in the region. First, we draw from our year-long research in Kenya and Uganda on the role of knowledge in childcare in Africa. This research was part of our efforts in destabilizing the single narrative of ECD and in engaging the exclusion and marginalization of the diversity of epistemological perspectives at the margins by the dominant narrative. We were inspired by others, like Marfo (2011, p.108), who propose a need for grounded conceptual frameworks and multiple methods in ECD research that enables attention to contextual differences and complexities. This includes methodologies of participation that locate caregivers and children as speaking subjects to challenge power dynamics in relation to who produces what knowledge about whom (Okwany and Ebrahim, 2015).

The study examined the role of local ways of knowing in early childhood education and care among several communities in Kenya and Uganda. We used a generative participatory research approach, which examined shifts, changes, and the dynamics of childcare-giving contextually and over time with three generations of caregivers (Okwany et al., 2011). By using transformative participatory methods designed to involve communities in data collection while simultaneously engaging them in dialogue, the study went beyond data mining to a perspective where local communities participated as users, creators, and contributors of knowledge.

The findings revealed the fluidity and hybridity of caregiving at the margins, highlighting how communities draw upon their ways of knowing and doing to care for their children. These included socialization strategies and diverse methods of scaffolding children including proverbs, songs, and games. They also include culturally responsive conceptions of child rights and child protection, as well as a resilient social protection system rooted in reciprocity, mutuality, and social justice (Okwany et al., 2011). This bolsters the assertion by Nsamenang (2008) that while African approaches to ECD are withering, nowhere have

they entirely disappeared; rather, they have shown unusual resilience in the face of extraordinary measures to suppress them into extinction.

The absence of children's voices, especially very young ones, in research as well as in programmes is intensified for children who are living in poverty and other forms of marginalization. Okwany and Ebrahim (2018) emphasize the need for research that highlights how young children know their world, how adults listen to "children's hundred languages," and how their voices are accessed and valued for informing policy and practice. Ngutuku (2020) responded to this challenge through her ethnographic study of children's lived experience of poverty and vulnerability in Kenya. She used an innovative methodology that she called "listening softly" to children's voices, where she privileged both caregivers and children working with older cohorts of children as well as young children in ECD centres, visiting them at home to get their perspectives on their lived experience.

Using a variety of methods like go-along interviews, photo narratives, drawings as well as what she calls emergent methods, where voice was seen as developing in subsequent encounters, she engaged children's voice as silence, both the absence of speech as well as whole-body listening including body language. She argues that when we do not ask children their perspectives, we tend to rely on the voices of those in power or those who control resources. Her research provides important reflexive questions including: what voice, whose voice, under what conditions was the voice given and in what ways is it mediated by others?

The physical and symbolic space of the margins serve as a resource for local knowledge, knowledge production, and for addressing structural inequalities, thus providing a strong foundation for anchoring ECD interventions. However, the weak ECD research capacity in Africa means that Indigenous knowledge production will continue to be on the periphery of the mainstream knowledge economy (Okwany and Ebrahim, 2015). We have responded to the constrained research capacity in the region generally and specifically in ECD by supporting the privileging of epistemic diversity. This has included building alliances with scholars in the region to

nurture and mentor researchers to amplify African voices and anchor their practice and writing in contextual realities and situated accounts.

The Council for the Development of Social Science Research in Africa (CODESRIA) stands out as a pan-African scholarly network keen on promoting the production and consumption of knowledge informed by African perspectives and epistemologies (Nyamnjoh, 2012, p. 140). In 2015, the first ever CODESRIA Child and Youth Institute focusing on children 0-3 years old in the region was held.²³

The institute provided space to 15 scholars from South, East, West, and Central Africa to interrogate, investigate, and innovate through reflexive and responsive situated ECD research at the margins. Through a range of topics, the authors show that the margins are an ambiguous space of struggle while also offering perspectives for liberatory thought and perspectives of young children and caregivers in diverse spaces in Africa. The outcome of the institute is the edited volume, Ebrahim et al. (2018) "Early Childhood Care and Education at the Margins: African Perspectives on Birth to Three." The volume is a testimony to the importance of building a cadre of scholars in the region who can engage within and against dominant accounts of childcare issues and epistemic injustice through their writing, practice, and knowledge activism.²⁴

Our research collaborations are rooted in and extend such initiatives, as we concur with the call by Nyamnjoh (2012, p. 148) of building "a critical mass of scholars and non-scholars networking and working together strategically towards achieving the valorization of marginalized humanity and the creative diversity of being African."

Showcasing innovative practice: leveraging local knowledge for childcare

We have continued to respond to the epistemic injustice in ECD knowledge production in our work by foregrounding situated and contextual accounts of children and caregivers and writing ourselves as key

actors in childcare knowledge production in Africa (Ngutuku, 2018; Okwany and Ebrahim, 2015; Okwany and Ebrahim, 2018), to pilot specific interventions that engage with the dominant. Here we showcase two such interventions, the ECD learning community on Indigenous knowledge in eastern Africa and the conscientization of village health teams in Uganda, drawing lessons for successfully working within the framework of local knowledge in ECD programmes.

The ECD learning community on Indigenous knowledge in eastern Africa

In 2009-2012, diverse non-state actors in ECD from Kenya and Uganda came together to form an ECD learning community, supported by the Bernard Van Leer foundation. The learning community was comprised of actors that were working with communities in Kenya and Uganda to incorporate local knowledge and practices and at the same time to acknowledge the complementariness and the synergies obtained in enhancing childcare. This was after a successful exchange visit to Durban, South Africa, in 2008 where different partners exchanged perspectives on working within a framework of Indigenous knowledge. They started from the premise that due to HIV/AIDS the care context was not ruptured and though stretched was adaptive and resilient. Local resources and knowledge were the much-needed cushion in such compromised care environments. This coming together itself was important because it enabled participants to showcase their best practice in working with children and families within the framework of Indigenous knowledge. From a policy perspective, the learning community was a space where local interventions could influence the development agenda by placing the power back into the hands of communities.

The actors carried out exchange visits as well as holding quarterly meetings in both countries to share perspectives. They also implemented diverse and integrated services that were grounded in people's realities, knowledge, and practices and that recognized the important role parents and caregivers play in the care environment. These actions that were very

23 2015 CODESRIA Child and Youth Institute titled – "African Perspectives of Early Childhood Care and Education: Theory, Discourse, Policy and Practice for Children from Birth to 3 Years."

24 Publishing the volume as part of the European Early Childhood Education Research Association (EECERA) research monograph series was intentional on the part of the first two editors (Hasina Ebrahim and Auma Okwany), who were also the Institute's co-directors. This location was their endeavour to create multivocality and dialogue between epistemologies of the North and the South.

successful in strengthening the care environment were also showcased at the Fourth African International ECD Conference in Dakar, Senegal, in 2009 (see Chapter 5).

Some of the innovative actions included enacting by-laws around child protection, reclaiming and adapting traditional preservation strategies to preserve and store food during seasons of plenty. Some of the community groups would then buy and sell the food to caregivers at a reduced cost. Other interventions included using traditional play materials in ECD centres, as well as Indigenous armbands for growth monitoring, mobilizing grandmothers to tell stories at the ECD centres, among others. In western Kenya, where HIV/AIDS as a shock in the care context had intensified vulnerabilities, one organization worked with communities to turn loss into something positive by refurbishing houses left vacant after the owners had died and turning them into community-based ECD centres. The learning community itself was also a space where different actors engaged grounded and reflexive modes of knowing within communities, for re-centring local and Indigenous resources that have been ignored in discussions about the challenges facing communities.

Conscientization of village health teams in Uganda

Community health workers and other local volunteers are key in enhancing the childcare environment at the margins. In a context where the state is limited in terms of providing healthcare and other services to children, these grassroots actors play an important role. Indeed, in Uganda, where healthcare is organized around administrative units (Rudrum, 2016, p. 253), Health Centre I (HCI) correspond to the village level and is composed solely of Village Health Team (VHT) members. These are volunteer lay community members who disseminate basic health information, liaise with formal health workers to coordinate outreach, and deliver drugs. VHTs are a critical local resource embedded in everyday community routines and thus provide a pathway to both strengthen avenues for promoting early childhood learning specifically, as well as improving the physical and social environments in which childcare takes place. Even though VHTs are based in the community, our interactions in Uganda revealed that they were working more as mainstream health workers and were not tapping into local knowledge in their work around

prevention of violence against children, strengthening the care environment as well as in enhancing the quality of early learning. The intervention involved working to conscientize VHTs in three districts in Kumi, Apac and Nakapiripirit in Uganda. Some of the VHTs had been involved in ECD programmes with other international organizations but each actor had their own definition of ECD. This highlights the problem of scripted international programmes where each actor may have their own way of understanding ECD.

VHT members were conscientized to engage parents/caregivers and the network of siblings, peers/friends, and neighbours in a child's micro-context in the processes of horizontal asset-based learning including holding dialogue on childcare from their own and each other's experiences. The intervention encouraged them to work with communities to not only surface, but also appreciate their tacit knowledge and resources in early learning and stimulation while also addressing value systems and attitudes, challenge received wisdom and create awareness. We also engaged them on community-based approaches for addressing violence against young children and women, holding community conversations, and other themes co-constructed by the communities. VHTs also shared knowledge on community/local based indicators of improved child welfare and in identifying local resources for childcare.

To ensure quality interface between the conscientized communities and district level leaders on ECD, we also held dialogues with district staff in each district at the sub county and parish levels. This also enabled the VHTs to continue having vertical conversations with state leaders.

Takeaways

These two initiatives highlight the need for a focus on the margins with the interventions registering positive changes for children and communities. Caregivers reported increased confidence in childcare, children in ECD centres became more confident and quality of learning improved. For instance, one of the community groups in Uganda that had been reporting cases of child abuse to one of the partners stopped reporting because they had found ways of dealing with violence against their children.

Despite the success of such programmes, efforts to anchor ECD programmes in local knowledge systems continue to face challenges brought about by the prevalence of dominant methods used in measuring what works and what can be taken to scale (Urban, 2014; Yáñez, 2011) and to demonstrate returns in investments (Penn, 2012). While these are valid issues, the question becomes who decides what is seen as working and using whose parameters? This is consistent with the assertion by Pence and Nsamenang (2008, p. 4) that: “in the twenty-first century the most powerful proponents of ECD are not parents, care providers/teachers, or child development specialists but economists.” Indeed, Urban (2014) has noted that asking “what works?” is a common tool used in ECD policy governance. He argues that asking is akin to comparing complex and messy issues of different worlds of differently located children. This is worse if what works is for replication because he notes that not only does this obscure incomparable knowledge, but also the complexity at the margins is often seen as a threat to replicable ways of knowing established through research or interventions which receive attention and get funded (Urban, 2014).

The validity of replicable frameworks draws from the assumption that interventions working within the framework of local knowledge must be validated and their viability assessed through the lens of mainstream child development knowledge. Within such imaginaries, programmes seen as universal are transported wholesale to another context (Pence and Nsamenang, 2008, p. 2). Such programmes also rely on data gathering processes that privilege specific indicators of progress, often seen as linear change. They argue that such thinking in child development is often oblivious of the alternative notions of what is often seen as progress. Ngutuku (2018; 2020) argues that the margins themselves are messy, complex, and idiosyncratic and relying on predetermined maps of what works in different contexts may not help. While replicating interventions that draw on local knowledge is possible; we argue that we should be “widely awake” (Fels, 2012, p. 54) to see how Indigenous knowledge in specific contexts works differently.

The vitality of the margins and young children within the context of COVID-19

In this final section, we explore what the vitality of the margins, including the need to listen to children’s voices, mean for the evolving issues around COVID-19 and ECD in Africa. This is because the effects of emergencies are often intensified for the youngest children. Walsh (2020) argues that young people are dependent on adults for resilience, and caregiver stress affects this resilience. Shah (2016) adds that emergencies aggravate toxic stress and when children receive care in the form of nurturing caregivers, access to early learning, nutritious food and immunizations during emergencies, their optimal growth and development is enhanced.

COVID-19 affected and continues to affect young children in various ways, intensifying vulnerabilities and compromising their wellbeing. A report by Joining Forces for Africa (2021) carried out in five African countries revealed that during the lockdowns, 65% of children in Kenya reported increased physical violence. Children in all the countries also reported various forms of emotional violence including being shouted at, cursed out, and having sexual or gender-based violence directed at them. School closures affected children’s routines, especially for children with disabilities and children in vulnerable contexts, contributing to an increase in child labour.

We note, however, that there has been a disproportionate focus on how children were affected by COVID-19, with an overemphasis on school closures and on the “crisis of lost learning” and other survival issues (OECD, 2021). The social and cultural psychological issues as well as the resilience of communities and the way the communities at the margins have leveraged resources in caring for and protecting their children has received less attention. The disproportionate focus on health and mainstream schooling aspects of the pandemic has also meant that perspectives of children at the margins, who are located further down the hierarchy of power, also received less attention, and especially how the pandemic has affected their health and overall well-being from their perspectives.

Our research in Tanzania in 2020, even though done with older children 10-18 years, on young people’s perception of COVID-19 reveals that there is a need to

listen to the voice of children in not only addressing the pandemic but also in understanding the various meanings children give to the pandemic, including the health messages (International Institute of Social Studies [ISS], 2020; Ngutuku, 2020). There is also a need to understand how the pandemic has affected various aspects of well-being, including their relationships with others and the environment, which is a key aspect of the childcare environment.

For example, young people talked about the impact of the pandemic on their well-being as well as on relationships with their parents and younger siblings. They noted their daily anxiety early in the pandemic when suddenly there was no “milk for the small baby” and when their parent/caregivers could no longer go to work and provide for them. While some authors have argued that children’s voices rarely jump scales and is mostly concerned with issues in their immediate environment (Ansell, 2009), children connected their experience to the role of the political class including relationships between governments. Some interpreted the closure of the border between Kenya and Tanzania, which affected the livelihood of their caregivers who worked at the border, as selfishness by the countries who decided to close themselves in. One child noted, “my father used to work across the border, but now he cannot because Kenya has decided to close itself in. There is no peace in my home between my parents who can no longer meet our needs” (ISS, 2020; Ngutuku, 2020).

Our research also shows the imperative of going beyond passing health messages to children, to locating the pandemic in terms of its effects on the different ways in which young people make sense of the world. For example, children interpreted the health messages in different ways including connecting the requirement not to greet each other or visit their elderly grandmothers as a breakdown in social relationships which they saw as forms of loss of the traditional way of life that were passed on during socialization. Inability to go to church led to feelings of emptiness and loss of the social fabric, which was built on the concept of *Ujamaa* (community). It is therefore important to locate the health messages not only in people’s lived ways but also in children’s experience.

In addition to affecting care at home, young people also noted that they could no longer play in the open spaces in the villages. Early on during our work

with the same children, in understanding young people’s perception of health relationships they had noted that the environment plays a major role in the ecology of their care as well as in healthy relationships (ISS, 2019). When the home environment was not conducive due to violence by caregivers, they would take solace outside under the trees or in the bush or in community playgrounds. Since this was not possible due to the pandemic, they noted that they could not play because “the disease is everywhere.” The concept of the disease being everywhere was not just about the spaces as infected but was reflective of how the pandemic had suffused various aspects of the lives of children at the margins.

While staying at home enabled young people to learn new skills like cooking, some expressed anxiety that they were suddenly expected to take care of the young ones and yet they had not been socialized to do that by their parents. In their research in Rakai in Uganda, Kendrick and Kakuru (2012) revealed that for children orphaned due to HIV/AIDS siblings play an important role in caring for younger children. This reveals the need to “responsibilise” children from a very young age and to listen to their perspectives. Indeed, our research with young people in Tanzania revealed that the isolation earlier on during the pandemic made them more committed in the future to take good care of their grandparents and to do what they called being close to one another (Ngutuku, 2020).

A key success strategy embedded in local experience that emerged from the region as effective in responding to the pandemic was community structures as a critical resource at the margins. Senegal’s success in keeping infection rates low is attributed to several interrelated actions. These include drawing on their experience battling other outbreaks including the 2014 Ebola epidemic and HIV/AIDS; utilizing effectively the “chain of solidarity” – a robust community system of active front-line workers, local leaders, and health workers (communicating testing and mask mandates, contact tracing, etc.) who bolstered the public health response from the bottom up (Leo and Winn, 2020). In Eritrea, wardens were a key community structure in identifying those who needed food rations, passing information as well as other containment measures. This local governance system called “baito” is embedded in customary law (Wakiaga, 2020).

These successful examples highlight the importance of a bottom-up approach of evidence-building to inform action for change pointing to the need to make visible forms of local knowledge and resources that that have been invisible, marginalized, ignored.

Conclusion

Advancing into post-pandemic times requires that we make the margins matter by refocusing on and mobilizing diverse assets from the margins to address challenges and strengthen resilient supportive childcare systems. The starting point is to understand children's and caregivers' lived experience of the pandemic. As our research in Tanzania and other similar experiences, including emergencies, conflict, and diseases, shows, crises not only affect childcare environments but also children's perceptions of relationships within their local and far-removed environments. This points to a need to go beyond messages for containment of the disease to listening to the substantive voice of children. For example, the pandemic has opened spaces for us to inculcate notions of resilience into children but also bring in new social processes and help redefine our boundaries of inclusion and social identity in ways that influence our ability to care for children. The pandemic is an opportunity to reformulate our relations with children in terms of listening to their perspectives, but also the different ways in which issues affect and change them.

Additionally, working with communities will require that we go beyond what is happening on the ground to ensuring that the innovative practices on the ground gain traction at the national and international levels. This requires engaging in deeper reflexivity on what it really means to unsung diverse actors working to address the childcare challenges at the margins within the context of the pandemic. In some contexts, these actors are seen as the last mile in service provision. However, we argue that where the role of the state in enhancing the well-being of children is limited, and as the examples here have shown, these actors ought to be seen as the first mile.

The pandemic has also shown us the value of hope within the context of the unknowns. Walsh (2020, p. 906) argues that hope is key during times of crisis and hope fuels energies and efforts to cope and rebuild lives. She notes that a crisis

can be a wake-up call, showing the urgency of what matters and for whom it matters (Walsh, 2020, p. 907). The crisis shows the urgency of valorizing the margins to strengthen ECD.

Taking this hope beyond individual children and families, we see a different kind of hope. If indeed we must name our present moment "a small window of hope" for our children, as Mbembe (2019, p. 2) exhorted us, then we must take this hope from the resilience of Africa in caring for her children. The world can learn from African cultures that have endured losses at the hands of colonial and post-colonial projects and survived extreme experiences of loss. We should also learn from the margins in responding to this and similar crises by drawing on our memory and resources. We must therefore continue to question the unthinking of African ways of knowing and caring for her children.

Finally, we must continue to "untell" the dominant tales of ECD and remember our valued ways of knowing and working with children and strengthening childcare environments at the margins. This remembering will help us not only to create fissures in the dominant knowledge around ECD in Africa but will also enable us to deal with the challenges of our moment in terms of childcare.

References

- Abebe, T. 2010. Beyond the "orphan burden": Understanding care for and by aids-affected children in Africa. *Geography Compass*, Vol. 4, No. 5, p. 460-574. Available at: https://www.researchgate.net/publication/229981966_Beyond_the_'Orphan_Burden'_Understanding_Care_for_and_by_AIDS-affected_Children_in_Africa
- Abebe, T. and Aase, A. 2007. Children, AIDS, and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science and Medicine*, Vol. 64, No. 10, p. 2058–2069. Available at: <https://doi.org/10.1016/j.socscimed.2007.02.004>
- Achebe, C. 2000. *Home and exile*. Oxford, Oxford University Press.
- ADEA. 2009. *Working Group on Early Childhood Development Chair. From Policy to Action: Expanding Investment in ECD for Sustainable Development*. Unpublished document from 4th Africa International ECD conference, Dakar, Senegal.

- AfECN. 2018. AfECN International Conference on Early Childhood Development. AfECD, *Africa ECD network Newsletter*, Nairobi, Kenya.
- Ansell, N. 2009. Childhood and the politics of scale: Descaling children's geographies. *Progress in Human Geography*, Vol. 33, No. 2, pp. 190-209.
- Barry, O. and Zeitlin, M. 2011. Senegal's traditional and modern curriculum for children aged 0–3 years. A. B. Nsamenang and M. S. Tchombe (Eds.), *Handbook of African educational theories and practices: A generative teacher education curriculum*. Yaoundé, Cameroon, Presses Universitaires d'Afrique, pp. 123-137.
- Chirwa, W. C. 2002. Social exclusion and inclusion: Challenges to orphan care in Malawi. *Nordic Journal of African Studies*, Vol. 11, No. 2, pp. 93-103. Available at: <http://www.njas.helsinki.fi/pdf-files/vol11num1/chirwa.pdf>
- Choi, S. 2006. "Bite off only as much as you can chew": *Gambia's policy of early childhood development*. Paris, UNESCO. (Policy brief on early childhood development. No 34.)
- Ebrahim, H. 2010. Situated ethics: Possibilities for young children as research participants in the South African context. *Early Child Development and Care*, Vol. 180, No. 3, pp. 289-298. Available at: DOI:10.1080/03004430701822958
- . 2017. *Early childhood education for Muslim children: Rationales and practices in South Africa*. Milton Park, UK, Routledge.
- Ebrahim, H., Okwany, A., and Barry, O. 2018. *Early childhood care and education at the margins: African perspectives on birth to three*. Milton Park, UK, Routledge.
- Fashina, N. 2008. Post-colonial reading strategies and the problem of cultural meaning in African Black literary discourse. *The Journal of Pan African Studies*, Vol. 2, No. 5, pp. 60-77.
- Fels, L. 2012. Collecting data through performative inquiry: A tug on the sleeve. *Youth Theatre Journal*, Vol. 26, No. 1, pp. 50-60. Available at: <https://doi.org/10.1080/08929092.2012.678209>
- ISS. 2019. *Adolescents' perceptions of healthy relationships youth participatory project*. The Hague, ISS. (Final report.) Available at: <https://riselearningnetwork.org/wp-content/uploads/2019/11/aphr-report-final-11-april-2019-dec-1.pdf>
- . 2020. *Adolescents' Perceptions of Healthy Relationships*. The Hague, ISS. (Policy brief.) <https://www.iss.nl/en/media/2019-08-adolescents-perceptions-healthy-relationshipstanzania>
- Joint Learning Initiative on Children and HIV/AIDS [JLICA]. 2009. *Home truths: Facing the facts on children, aids, and poverty*. (Final report.) Available at: <http://www.jlica.org>
- Joining forces for Africa. 2021. *Protecting children during the COVID-19 crisis and beyond: A report on Child Protection needs during the pandemic in five African countries*. Online report. Available at: <https://joining-forces.org/wp-content/uploads/2021/09/Protecting-children-during-the-COVID-19-crisis-and-beyond.pdf>
- Kendrick, M. and Kakuro, D. 2012. Funds of knowledge in child-headed households: A Ugandan case study. *Childhood*, Vol. 19, No. 3, pp. 397-413. Available at: <https://doi.org/10.1177/0907568212439587>
- Kidman, R., Petrow, S. E., and Heymann, S. J. 2007. Africa's orphan crisis: two community-based models of care. *AIDS Care*, Vol. 19, No. 3, pp. 326–329. Available at: <https://doi.org/10.1080/09540120600608396>
- Lenhardt, A. 2021. *Local knowledge and participation in the Covid-19 response*. Falmer, UK, Institute of Development Studies. (Covid Collective Helpdesk Report No. 5.) Available at: <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/16663>
- Leo, B. and Winn, C. 2020. *Localized communication plans help Senegal control COVID-19*. Washington D.C., Brookings Institution. Available at: <https://www.brookings.edu/blog/africa-in-focus/2020/11/10/localized-communication-plans-help-senegal-control-covid-19/>
- Marfo, K. 2011. Foreword. A. Okwany, E. Ngutuku, and A. Muhangi (Eds.), *The role of local knowledge and culture in childcare in Africa: A sociological study of several ethnic groups in Kenya and Uganda*. New York, Edwin Mellen Press, pp. i-v.
- Mathambo, V. and Gibbs, A. 2009. Extended family childcare arrangements in a context of AIDS: collapse or adaptation? *AIDS Care*, Vol. 21, No. 1, pp. 22-27.
- Mbembe, A. 2019. *Necropolitics*, translated by S. Corcoran. Durham, NC., Duke University Press.
- Moss, P. 2013. The relationship between early childhood and compulsory education: A properly political question. P. Moss (Ed.), *Early childhood and compulsory education: Reconceptualising the relationship*. Milton Park, UK, Routledge, pp. 2-49.

- Ndlovu-Gatsheni, S. J. 2020. Geopolitics of power and knowledge in the COVID-19 pandemic: Decolonial reflections on a global crisis. *Journal of Developing Societies*, Vol. 36, No. 4, pp. 366–389. Available at: <https://doi.org/10.1177/0169796X20963252>
- Ngutuku, E. 2018. Small stories from the margins: Cartographies of child poverty and vulnerability experience in Kenya. H. Ebrahim, A. Okwany, and O. Barry (Eds.), *Early childhood care and education at the margins: African perspectives on birth to three*. Milton Park, UK, Routledge, pp. 16–30.
- . 2020. *The voices of children and youth in Tanzania's COVID-19 response*. LSE Blog. Available at: <https://blogs.lse.ac.uk/africaatlse/2020/10/15/voices-children-youth-tanzanias-covid19-response-education/>
- . 2021. *Ugandan grassroots influencers are addressing inequities in sexual and reproductive health*. LSE Blog. Available at: <https://blogs.lse.ac.uk/africaatlse/2021/05/14/uganda-grassroots-influencers-addressing-inequities-community-sexual-reproductive-health/>
- Norman, A. 2016. Childhood in “crisis” in the era of AIDS: Risk, orphanhood, and policy in Southern Africa. N. Ansell and N. Klocker (Eds.), *Geographies of global issues: Change and threat, geographies of children and young people*. Springer Science+Business Media, Singapore. (GCYP, volume 8.)
- Nsamenang, A. B. 2008. (Mis) Understanding ECD in Africa: The force of local and global motives. M. Garcia, A. Pence, and J. Evans (Eds.), *Africa's future, Africa's challenges: Early childhood development in sub-Saharan Africa*. Washington D.C., World Bank Publications, pp. 135–150.
- Nyamnjoh, F. 2012. Potted plants in greenhouses: A critical reflection on the resilience of colonial education in Africa. *Journal of Asian and African Studies*, Vol. 47, No. 2, pp. 129–154. Available at: <http://dx.doi.org/10.1177/0021909611417240>
- OECD. 2021. *Looking beyond COVID-19: Strengthening family support services across the OECD*. Paris, OECD. (Employment, Labour and Social Affairs Policy Briefs.) Available at: <http://oe.cd/fss2021-brief-covid>
- Odora Hopper, C. 2010. Renegotiating agency in knowledge production, innovation and Africa's development in the context of the triage society. *Critical Literacy: Theories and Practices*, Vol. 4, No. 1, pp. 78–94.
- Okwany, A. 2016. “Every mother dances her baby”: Contextually responsive narratives of early childhood care and education in Kenya and Uganda. *South African Journal of Childhood Education*, Vol. 6, No. 2, p. a464. Available at: <https://doi.org/10.4102/sajce.v6i2.464>
- Okwany, A. and Ebrahim, H. 2015. Rethinking epistemology and methodology in early childhood research in Africa. A. Farrell, S. Kagan, and E. Tisdall (Eds.), *Sage handbook of Early Childhood Research*. London, Sage, pp. 431–438.
- . 2018. Creating visibility for birth to 3 in Africa: A push from the margins. H. Ebrahim, A. Okwany, and B. Oumar (Eds.), *Early childhood care and education at the margins: African perspectives on birth to three*. Milton Park, Routledge, pp. 1–15.
- Okwany, A. and Ngutuku, E. 2018. Social protection and citizenship rights of vulnerable children: A perspective on interventions by non- state actors in Western Kenya. N. Awortwi and G. Walter-Drop (Eds.), *Non-state social protection actors and services in Africa: Governance below the state*. Milton Park, UK, Routledge, pp. 55–71.
- Okwany, A., Ngutuku, E., and Muhangi, A. 2011. *The role of local knowledge and culture in childcare in Africa: A sociological study of several ethnic groups in Kenya and Uganda*. New York, Edwin Mellen Press.
- P'Bitek, O. 1972. *Song of Ocol, song of Lawino*. Nairobi, East African Educational Publishers.
- Pence, A. 2013. Voices less heard: The importance of critical and “indigenous” perspectives. P. Rebello Britto, P. Engle, and C. Super (Eds.), *Handbook of early childhood development research and its impact on global policy*. Oxford, Oxford University Press. Available at: DOI:10.1093/acprof:oso/9780199922994.003.0008
- Pence, A. and Nsamenang, B. 2008. *A case for early childhood development in sub-Saharan Africa*. The Hague, Bernard van Leer Foundation. (Working Paper No. 51.) Available at: <https://files.eric.ed.gov/fulltext/ED522731.pdf>
- Penn, H. 2012. The rhetoric and realities of early childhood programmes promoted by the World Bank. A. Twum-Danso and R. Ame (Eds.), *Childhoods at the intersection of the local and the global*. London, Palgrave MacMillan, pp. 75–93.

- . 2017. Anything to divert attention from poverty. L. M. Olsson, J. Vandebroek, W. De Vos, H. Fias, H. Penn, D. Wastell, and S. White (Eds.), *Constructions of neuroscience in early childhood education*. Milton Park, UK, Taylor and Francis, pp. 54-67.
- Rudrum, S. 2016. Traditional birth attendants in rural Northern Uganda: Policy, practice, and ethics. *Healthcare for Women International*, Vol. 37, No. 2, pp. 250-269.
- Serpell, R. 2011. Social responsibility as a dimension of intelligence and an educational goal: Insights from programmatic research in African society. *Child Development Perspectives*, Vol. 5, No. 2, pp. 126-133.
- Serpell, R. and Nsamenang, A. B. 2014. *Locally relevant and quality ECCE programmes: Implications of research on indigenous African child development and socialization*. Paris, UNESCO. (Early Childhood Care and Education Working Papers Series 3.) Available at: <http://unesdoc.unesco.org/images/0022/002265/226564e.pdf>
- . 2015. The challenge of local relevance: Using the wealth of African cultures in ECCE programme development. P. T. M. Marope and Y. Kaga (Eds.), *Investing against evidence: The global state of early childhood care and education*. Paris, UNESCO, pp. 231-247.
- Serpell, R. and Mukela, R.M. 2019. Systemic challenges for integration of ECDCE programmes with African cultures of early childhood socialization. A. Pence and J. Harvell (Eds.), *Pedagogies for diverse contexts*. Milton Park, UK, Routledge, pp. 141-160.
- Shah, S. 2016. *Early childhood development (ECD) in emergencies*. New York, Plan International. Available at: <https://plan-international.org/publications/early-childhood-care-and-development-emergencies>
- Tutu, D. and Tutu, M. 2010. *Made for goodness – and why this makes all the difference*. New York, Harper Collins Publishers.
- UNAIDS. 2004. *2004 Report on the Global AIDS Epidemic*. UNAIDS online report. (4th Global Report.) Available at: https://files.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2004/GAR2004_en.pdf
- Urban, M. 2014. Learning from the margins: Early childhood imaginaries, “normal science” and the case for a radical reconceptualization of research and practice. M. Bloch, B. Swadener, and G. S. Cannella (Eds.), *Reconceptualizing early childhood care and education: Critical questions, new imaginaries and social activism: a reader*. Oxford, Peter Lang, pp. 235-252.
- Wakiaga, J. 2020. *COVID-19: Leveraging on social capital to “Flatten the Curve” in Eritrea*. Dakar, Senegal, UNDP Africa. Available at: <https://www.africa.undp.org/content/rba/en/home/blog/2020/covid-19--leveraging-on-social-capital-to-flatten-the-curve-in-e.html>
- Walsh, F. 2020. Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process*, Vol. 59 No. 3, pp. 898-911. Available at: <https://doi.org/10.1111/famp.12588>
- Whitebread, D. and Bingham, S. 2011. *School readiness: A critical review of perspectives and evidence*. TACTYC. (Occasional papers.)
- Wyngaard, A.V. and Whiteside, A. 2021. AIDS and COVID-19 in Southern Africa. *African Journal of AIDS Research*, Vol. 20, No. 2, pp. 117-124. Available at: DOI: 10.2989/16085906.2021.1948877
- Yáñez, L. 2011. Quality learning at scale: A new goal for the Bernard van Leer Foundation. *Early Childhood Matters*, No. 117, pp. 1-5. Available at: https://issuu.com/bernardvanleerfoundation/docs/early_learning_lessons_from_scaling_up