View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by University of Birmingham Research Portal

UNIVERSITY OF BIRMINGHAM

University of Birmingham Research at Birmingham

Making a difference for disabled children in Malawi

Soni, Anita

DOI:
10.12968/eyed.2019.21.2.25

License:
None: All rights reserved

Document Version
Peer reviewed version

Citation for published version (Harvard):
Soni, A 2019, 'Making a difference for disabled children in Malawi', *Early Years Educator*, vol. 21, no. 2.
https://doi.org/10.12968/eyed.2019.21.2.25

Link to publication on Research at Birmingham portal

Publisher Rights Statement:
This document is the Accepted Manuscript version of a Published Work that appeared in final form in Early Years Educator, copyright © MA Healthcare, after peer review and technical editing by the publisher. To access the final edited and published work see https://www.magonlinelibrary.com/doi/abs/10.12968/eyed.2019.21.2.25

General rights
Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

• Users may freely distribute the URL that is used to identify this publication.
• Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
• User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
• Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy
While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

Download date: 14. Jun. 2020

<header> Making a difference to children with disabilities in Malawi

There are still many areas of the world where education is a privilege, rather than a right. There are many reasons for this – cultural, social, economic – but it isn't simply a case of not being allowed to continue with learning within a formal environment; for some, even early education is compromised. This is particularly true of children with disabilities, who – according to the World Health Organization and the World Bank – are among the most routinely marginalised and excluded groups. This is undoubtedly the reason that, as recently as 2017, UNESCO called for the development of inclusive education systems, and why the fourth of the United Nations Sustainable Development Goals centres on quality education for all.

In low income countries, where resources are scarce, this is clearly a challenge. So a team from the School of Education at the University of Birmingham, in collaboration with international academic partners such as the University of Malawi and Anthrologica and the non-government organisation Sightsavers, embarked on a project working with early childhood and care (ECEC) settings in Malawi to explore ways of enabling inclusion. The proposal was a training programme that challenged staff to consider ways of integrating children with disabilities – and their families – with the rest of the children under their care, while still being respectful towards the curriculum, policy and practices already in place. It also provided an opportunity to deepen understanding of the complex dynamics that can impact upon the quality of early childhood development and education (ECDE) in rural Malawi. The study was funded by the Economic and Social Research Council, UK Aid and the Malawi Government.

There is no one ECEC model that can work for everyone, everywhere, which is why UNESCO encourages individual local approaches. However, the organisation does identify several key features, including working with and supporting parents, integrating educational activities with other services such as health care, nutrition and social services, and providing relevant educational experiences during pre-school years in order to ease the transition to primary school. The Organization for Economic Cooperation and Development (OECD), where governments work together to improve the economic and social well-being of people around the world, highlight that good ECEC leads to improved child wellbeing, more equitable child outcomes, reduction of poverty, increased social mobility, and better social and economic development for society as a whole. There are added advantages for children with disabilities: reduced welfare costs and future dependence for the children themselves, releasing family members from caring responsibilities so they are able to earn, socialise, and an increase in the productivity of the children which creates wealth and alleviates poverty.

<subhead> Why Malawi?

It isn't being overly blunt to describe Malawi as one of the world's poorest countries: over half of the population live below the poverty line, with some 85 per cent reliant on subsistence farming for their income. HIV prevalence among adults is high, meaning there has been a significant number of orphaned children. Infant mortality is at 42 deaths per 1,000 live births, rising to 63 per 1,000 in under-fives. Food security and nutrition are problematic, and most children are affected by malnutrition.

Early forays (during the 1980s) into rural preschools were not successful, so instead Community Based Child Care (CBCC) was developed in order to put in place a system that was initiated, managed and owned by communities themselves. This was timely, given the HIV and AIDS pandemic towards the end of the 1990s which led to growing numbers of abruptly parentless children in need of care and protection. In 1999, the Malawi government and UNICEF introduced the Early Childhood Care

for Survival, Growth and Development programme, with a focus on rural areas, and since then concerted efforts have been made to establish a common philosophy for the provision of CBCCs in rural and peri-urban areas.

As part of the informal sector, CBCCs rely mainly on volunteer workers who receive minimal training and material contributions from the community, government and non-government organisations. Access to ECEC has increased from under 3 per cent in 2000 to over 45 per cent in 2015, but while 1.6 million children have access, the majority of eligible children (ie. aged three to five years) do not. There is recognition that there are inadequate services for children with special educational needs and disabilities within the ECD system, but this is being addressed via the National Early Childhood Development Policy (NECDP), which started in 2015 and runs to 2020. The NECDP promotes a comprehensive approach to the ECD system in order to fully develop children's potential, recognising the importance of improving the infrastructure of CBCCs and facilities for children with disabilities, alongside other issues such as adequate play and learning materials, training for caregivers and improved monitoring systems.

Barriers continue to exist. Chief among these is the very purpose of ECEC, with up to 80 per cent of parents and guardians viewing it as preparation for school rather than a discreet period of learning and development. This has implications for children who may not be perceived as being included at school, for example, those with disabilities. Also contentious are the Early Learning Development Standards which form the basis of the ECD curriculum and set expectations for all children, regardless of their condition or context, and therefore can lead to a reluctance to enrol children with additional needs, leading to discrimination and stigmatisation.

<subhead> The offering

Caregivers in Malawi are supposed to be offered a basic two week or extended six week training course. However, a 2015 World Bank report stated that of the 26,888 caregivers employed, only 56 per cent had received the two week minimum. There is also a stated adult-child ratio of 1-20, but this is often not maintained, with an average of 1-28. These factors were kept in mind when developing the inclusion training for caregivers in CBCCs as part of the project: it couldn't rely on structures or resources, and also needed to be accessible to individuals who were often unpaid for their work and had limited literacy skills, as well as being culturally sensitive.

One significant change was moving from the short separate unit on disability and inclusion that forms part of the initial training all caregivers are expected to receive, to a more integrated approach that was more accessible and practical. The concept of inclusion was initiated through experiential activities that supported caregivers to consider their attitudes and values towards, and in turn segregation of, children with disabilities. Simple case studies were used to prompt discussion and reflection.

This was followed by activities to build inclusivity into the preferred approaches to learning commonly used in Malawi, for example, singing and storytelling. In addition, use of free and local materials such as sticks, clay-mud, stones and bottle tops were encouraged. Making training participatory meant those involved could see the value of active involvement (therefore of the children) and built confidence. The impact of the training was measured using the Kirkpatrick multilevel model of evaluation, which considers various aspects including participant views and behaviour changes as well as how children were affected.

<subhead> The outcomes

There are always limitations, but it was gratifying to see that there was clear evidence that the training had a significant impact on the caregivers' learning and inclusive behaviour. This translated into increased understanding among the caregivers as to their responsibility in terms of including all children, and there were several practical examples of how this had been achieved. The practical and sensitive nature of the training, it seems, may work in other areas of the world where inclusion remains a barrier.

In one instance, after the training the caregivers returned to their village and with the support of the chief and their community, built a room for the CBCC which now houses about 70 children. Here, we saw Annie, a child with physical difficulties who was carried to the CBCC by her mother, and had to crawl to move around the setting. She was older than the other children, aged 8, and initially caregivers found she could be challenging in her behaviour. However they had realised that when they included her actively by ensuring she held the rope for skipping and giving her responsibilities such as saying 'Ready, steady, go' for races, and comforting her by patting her or carrying her on their back when she gets upset. Annie thrived and has now been coming for nearly two years. She is learning to use the toilet.

Carol, a caregiver, who worked with Annie was keen to share how the CBCC had developed, including a gift of 5 small chairs from the local politician. She enjoys being a caregiver as her Mum was a teacher. She feels proud of the work they do with the children at the CBCC, and shared that she had learned a lot from the training seeing it as helpful to give the staff direction in knowing what to do, and gave ideas for activities. She says the training has led to the children knowing and doing more both at the CBCC and at home, and so more parents have enrolled their children. For children with disabilities she learned the importance of loving them and helping them to mix with the other children, not keeping them separate. Carol would like further opportunities to learn about ECEC.

Mary, Annie's Mum, has noticed that since Annie has come to the CBCC she has become more 'free'. She playing more at home, pretending to cook in a pot her Mum gave her, using leaves as ingredients, asking questions and involves her Mum in her play. She said that the caregivers do a good job, and help Alice and Mary too and she feels 'very good in her heart'. In the future she is keen for Annie to have a wheelchair to help her move around as she moves around by crawling. She would like Annie to go on to school and after this get a job.