

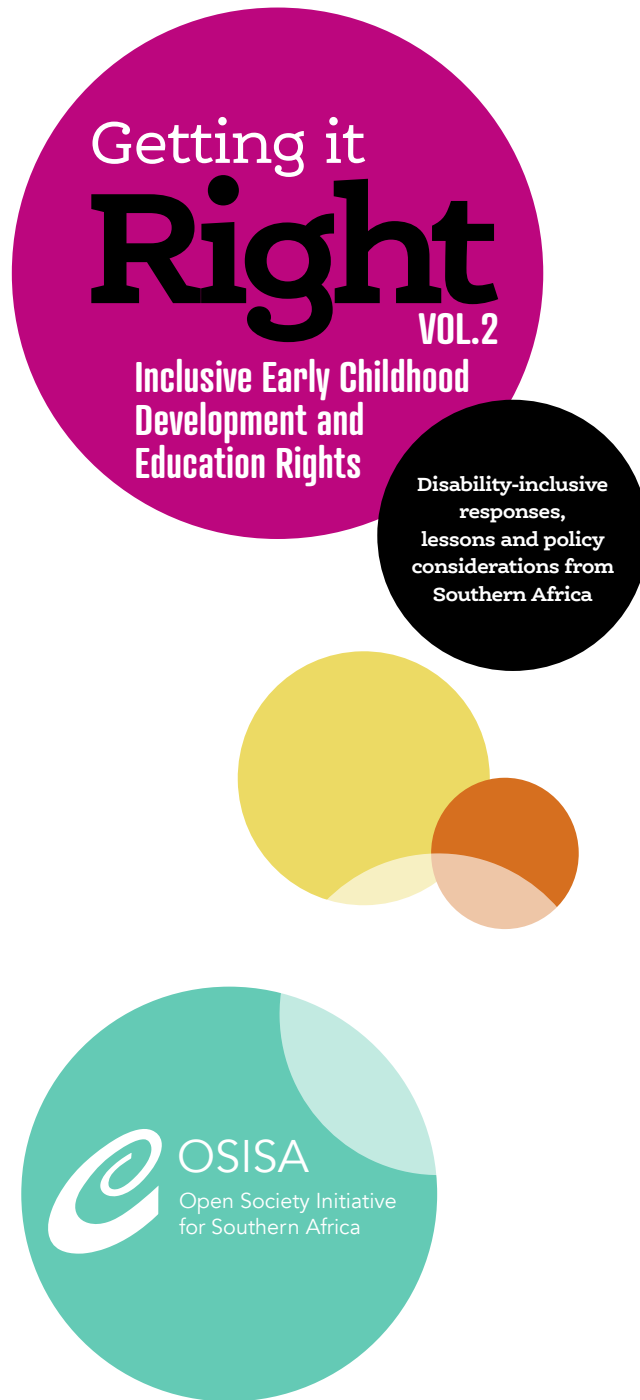
# Getting it Right

VOL.2

Inclusive Early Childhood  
Development and  
Education Rights

Disability-  
inclusive  
responses,  
lessons and policy  
considerations  
from Southern  
Africa





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**Disability-inclusive  
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Southern Africa**



**OSISA**

Open Society Initiative  
for Southern Africa

*Editor: Kathryn O'Neill*

*Cover Image: Gabriel Attwood*

*Design and Layout: Michèle Dean - Limeblue Design*



“ Stigma and discrimination against children with disabilities is prevalent, reflecting cultural and religious views that disability is a ‘curse’ or caused by a wrongdoing of the mother or parents ”

# Contents

<b>Acronyms</b>	<b>vi</b>
<b>Preamble</b>	<b>vii</b>
<b>Acknowledgements</b>	<b>viii</b>
<b>Executive Summary</b>	<b>ix</b>
<b>1 Introduction</b>	<b>1</b>
The Open Society Early Childhood Programme and the Open Society Initiative for Southern Africa	1
Rights to inclusive education for children with disabilities in Southern Africa	2
Understanding disability-inclusive education	3
Quality and disability-inclusive early childhood intervention	3
Regional context	4
<b>2 About the Learning Stories</b>	<b>7</b>
Methodology used to develop the Learning Stories	8
Figure 1: The seven phases involved in developing the Learning Stories	8
Structure of the Learning Stories	9
Figure 2: Thematic focus areas of the Learning Stories	9
<b>3 Addressing attitudes to disability</b>	<b>11</b>
A holistic approach to inclusive education – lessons from rural <b>Malawi</b>	12
Rising to the challenge – a faith-driven response to inclusive early childhood development and education in the <b>Kingdom of eSwatini</b>	17
Promoting human rights to break down barriers to inclusive early childhood development and education in <b>Malawi</b>	22
<b>4 Improving inclusive practices in early childhood development and education and promoting early identification and intervention</b>	<b>27</b>
Championing a ‘jump start’ in early childhood development and education for children with special educational needs in <b>Zimbabwe</b>	28
Behind the front door – overcoming barriers for early childhood development inclusion by reaching into the home in <b>Zambia</b>	33
Levelling the playing field for children with special educational needs in <b>Malawi</b>	37
<b>5 Influencing inclusive early childhood development and education policy and systems</b>	<b>43</b>
Pioneering practice to inform inclusive education policy in southern <b>Zimbabwe</b>	44
Amplifying voices for early childhood development and education for children with disabilities in <b>Zambia</b>	49
Opening the gateway to inclusive education in the <b>Kingdom of eSwatini</b>	53
Greater than the sum of its parts – building a network to advance the rights of children with disabilities in the <b>Southern Africa region</b>	59
<b>6 Concluding remarks</b>	<b>65</b>
Figure 4: An integrated, multisectoral approach to influencing disability-inclusive early childhood development and education	
<b>Documents and literature review</b>	<b>67</b>
<b>Bibliography</b>	<b>71</b>
<b>Annex</b>	<b>72</b>
Reach of the 2016–2018 Inclusive Early Childhood Development and Education Programme	

# Acronyms

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<b>AECDM</b>	Association of Early Childhood Development of Malawi
<b>CADECOM</b>	Catholic Development Commission in Malawi
<b>CRC</b>	Convention on the Rights of the Child
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DFID</b>	Department for International Development
<b>ECCE</b>	Early Childhood Care and Education
<b>ECD</b>	Early Childhood Development
<b>ECDE</b>	Early childhood development and education
<b>IDDC</b>	International Disability and Development Consortium
<b>IECD</b>	Inclusive Early Childhood Development
<b>MACOBAO</b>	Masvingo Community Based HIV/AIDS and Vulnerable Children Organisation (Zimbabwe)
<b>MACOHA</b>	Malawi Council for the Handicapped
<b>MECCDF</b>	Mulumbo Early Childhood Care and Development Foundation (Zambia)
<b>MNRCD</b>	Media Network of Child Rights and Development (Zambia)
<b>NGO</b>	Non-governmental organisation
<b>OSISA</b>	Open Society Initiative for Southern Africa
<b>SAFOD</b>	Southern Africa Federation of the Disabled
<b>SWANCEFA</b>	eSwatini Network Campaign for Education for All (formerly Swaziland Network Campaign for Education for All)
<b>UN</b>	United Nations

# Preamble

In August 2018, the Open Society Foundations Early Childhood Programme and the Open Society Initiative for Southern Africa (OSISA) commissioned the development of a series of Learning Stories to capture changes and best practices of 10 organisations working with children with disabilities and special educational needs in Southern Africa. Each organisation was a grantee of the Open Society Early Childhood Programme and OSISA between 2016 and 2018.

The Learning Stories were developed between mid-August and early October 2018. At the time, grantees were in their final year of funding, and it was considered imperative to capture the learning from this set of grants to inform future practice and funding strategies.

**This report provides insights into Open Society's inclusion work in Southern Africa.** It highlights the changes brought about for children and communities by the interventions of the 10 grantee organisations. It presents information on the 'most significant change' engendered by the grantees, offering a snapshot of how a wide range of early childhood development and education projects across the region promote disability-inclusive change in their respective communities or with decision-makers.

**The Learning Stories capture changes at the level of the child and family, community, organisation or ECDE system** brought about by grantees' project activities in eSwatini,<sup>1</sup> Malawi, Zambia and Zimbabwe, as well as through the Southern Africa Federation of the Disabled (SAFOD) (a regional network based in Botswana). SAFOD implemented initiatives in Lesotho, Mozambique and Zambia.

## Digital stories

The Learning Stories presented here are **complemented by two digital case stories**. These provide a visual record of how the early intervention, education and development rights of children with disabilities are being promoted and realised through grant-supported activities of two organisations in Malawi and Zimbabwe. You can see these 10-minute illustrative cases of success, from the Catholic Development Commission in Malawi (CADECOM) and the Chiedza Child Care Centre in Zimbabwe, on the Getting it Right USB stick provided with this book and the OSISA website.



Image: Gabriel Attwood

<sup>1</sup> Formerly known as Swaziland until April 2018. The Kingdom of eSwatini is now also referred to simply as eSwatini.

# Acknowledgements

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This publication and the digital stories also benefited from helpful review and guidance supplied by Levison Kabwato (OSISA), and Denise Sammon and Tina Hyder (the Open Society Early Childhood Programme).



*Images: Gabriel Attwood*



# Executive Summary

**Access to inclusive early childhood development and education (ECDE) programmes is a human right for all young children with disabilities, special developmental or educational needs. Lack of early needs identification and access to interventions endangers their future.**

Through a joint partnership and strategy, the Open Society Early Childhood Programme and the Open Society Initiative for Southern Africa (OSISA) provide a series of grants to organisations working with or for children with disabilities and special educational needs. To advance the aims of the 2016–2018 joint strategy on inclusive early childhood development and education in this sub-region, OSISA and the Open Society Early Childhood Programme provided grants to 10 civil society organisations: nine in four Southern African countries (eSwatini, Malawi, Zambia and Zimbabwe) and one regional network based in Botswana (for work covering Lesotho, Mozambique and Zambia).

Objectives for the joint strategy included: (1) building increased access to inclusive ECDE

for all children, focusing on children with disabilities and special educational needs – especially children under the age of 3; (2) improved quality of inclusive ECDE through training and curriculum support; and (3) strengthening the capacity of state and non-state actors to advocate for and deliver quality, equitable, inclusive ECDE.

By 2018, the programme was reaching a total of 20,198 children aged 0–7 years old (1,815 aged 0–3, and 18,383 aged 4–7). Of these, 3,003 were children with disabilities and developmental delays (see the Annex for a summary of programme quantitative data disaggregated by year). This publication gathers and shares learning from the 10 grantees on how they reached these children, their families and other key stakeholders.

## **An integrated framework**

The 10 organisations featured here recognise that there is no one pathway to fully inclusive early childhood development and education. They also understand that the process is complex and that context matters.



Image: Gabriel Attwood

But at all levels – individual, household, organisational, community, regional, national and even global – the Learning Stories shared here demonstrate the need for change in four main areas: 1) political consciousness, will and commitment; 2) access to quality, early intervention for children with disabilities; 3) informal social and cultural norms, values, attitudes and exclusionary practices; and 4) formal institutions, legislation, policies, financed budgets and expenditure.

With the collaboration and grant support of the Open Society Early Childhood Programme and OSISA, each of the 10 organisations has worked to influence transformative shifts in one or more of these four areas through an integrated, multi-stakeholder and multisectoral approach. In doing so, they have used a range of innovative interventions.

### **Innovative practices**

Establishing self-help support groups and micro-financing schemes in Malawi and Zimbabwe has helped to strengthen household coping mechanisms. These interventions have supported the diverse economic and psychosocial support needs of parents of children with disabilities and their families.

All 10 organisations have worked with local communities and local leadership structures to develop educational and developmental play facilities and learning materials, as well as innovative assistive devices. These unique, locally driven efforts have had significant impacts on the lives of young children with disabilities, who were previously excluded from participation in play, socialisation and learning, preventing them from developing to their full potential.

In Zambia, a dynamic home-based play centre model was introduced to help meet the needs of children with disabilities in the contexts in which they live.

Harnessing new social media channels, WhatsApp groups for parents and early childhood development and education/special educational needs practitioners in eSwatini and Zimbabwe have given parents and practitioners alike a platform to share information about their experiences in supporting children with disabilities and special educational needs. Parents have used the platform to support each other on how to manage everyday challenges; practitioners have used it to share experiences and solutions to classroom- and facilities-related challenges, as well as ways to support parents and families.

### **Informing future practice**

The early inclusion work that has already been done by the 10 grantees represents a formidable effort. But there is much more to do to ensure that the human rights and education rights of all children with disabilities in Southern Africa are realised. The programme and each of the 10 organisations has demonstrated unyielding commitment towards this endeavour.

Going forward, it is hoped that the lessons shared in this collection of Learning Stories can contribute towards strengthening future efforts to deliver inclusive early childhood development and education. We hope that these Learning Stories will be of interest to other grantees and to governments, other Open Society foundations and OSISA development partners, and researchers in early childhood development, inclusive education and disability, across the region and beyond.

# Introduction

## The Open Society Early Childhood Programme and the Open Society Initiative for Southern Africa

The **Open Society Foundations** are a worldwide network of autonomous Open Society foundations established incrementally since 1979 by philanthropist George Soros. The Foundations work to build vibrant and tolerant societies whose governments are accountable and open to the participation of all people. We host different thematic and regional programmes as well as global initiatives, including the Early Childhood Programme, which promotes the healthy development and well-being of young children through initiatives that emphasise parent and community engagement, professional development, and government accountability.

Through a rights-based approach and social justice framework, the Early Childhood Programme seeks to increase the quality of, access to, comprehensive early childhood services for all children, particularly for disadvantaged children.

Capacity development is a cornerstone of the programme, and its advocacy activities include working with key stakeholders to put early childhood issues on national, regional, and international policy agendas, as well as monitoring funding and provision of early childhood development interventions and services.

For more information on the Open Society Early Childhood Programme, visit: [www.opensocietyfoundations.org](http://www.opensocietyfoundations.org)

As part of this global initiative, the Open Society Early Childhood Programme works in partnership with the Open Society Initiative

for Southern Africa (OSISA), through a joint strategy to respond to early childhood development and education needs and priorities in the Southern African context.

Based in Johannesburg, OSISA is committed to deepening democracy, protecting human rights and enhancing good governance in the Southern African region. It works in 11 countries: Angola, Botswana, the Democratic Republic of the Congo (DRC), eSwatini, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Zambia and Zimbabwe.

**OSISA considers the body of work on inclusion for children and learners with special educational needs an important and strategic pillar of advancing open societies and building just and inclusive states in the region.** The need to reach all children – especially those with disabilities, who are often neglected – with quality and holistic ECDE services cannot be overemphasised. OSISA believes that inclusive societies can only be achieved if all people benefit from quality and equitable services that promote economic development, self-reliance, democratic practice and justice for all.

Together with the Open Society Foundations, OSISA provides a series of grants to organisations working with or for children with disabilities and special educational needs. To advance the aims of the 2016–2018 joint strategy on ECDE in the sub-region, grants were provided to 10 civil society organisations; nine in four Southern African countries (eSwatini, Malawi, Zambia and Zimbabwe) and one regional network based in Botswana (for work covering Lesotho, Mozambique and Zambia).

The shared objectives of the joint strategy 2016–2018 included: (1) increasing access to inclusive early childhood development and education for all children (especially

those under 3 years), focusing on children with disabilities and special educational needs; (2) improving the quality of inclusive early childhood development and education through training and curriculum support; and (3) strengthening the capacity of state and non-state actors to advocate for and deliver quality, equitable, inclusive early childhood development and education.

More information on the Open Society Initiative for Southern Africa can be found here: [www.osisa.org](http://www.osisa.org)

### **Rights to inclusive education for children with disabilities in Southern Africa**

As enshrined in the United Nations Convention on the Rights of the Child (1989),<sup>2</sup> education is a human right that belongs to all children – including children with disabilities (United Nations Convention on the Rights of Persons with Disabilities 2006).<sup>3</sup>

The Convention on the Rights of the Child protects and promotes all children's rights to survive and thrive, to learn and grow, to make their voices heard, and to reach their full potential. It explicitly recognises the rights of children with disabilities (Article 23), which is further elaborated in the Convention on the Rights of Persons with Disabilities (Article 24).

By signing both conventions, which are binding once ratified, states express their intention to comply with the treaties. They are of key importance in situating early childhood development and education within a child rights framework.

The majority of Southern African countries (nine) have signed and ratified the Convention on the Rights of Persons with Disabilities, and these include the four countries (eSwatini, Malawi, Zambia and Zimbabwe) where the 10 grantees operate.<sup>4</sup> Furthermore, these countries have either signed (eSwatini and Zambia) or ratified (Malawi and Zimbabwe) the African Charter on the Rights and Welfare of the Child (1990).<sup>5</sup>

Unlike the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, the African Charter does not mention education specifically. However, Article 13 requires that states facilitate the active participation in society of children with disabilities. Moreover, after nearly 20 years of preparation, **on 29 January 2018, the African Union adopted the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa. This protocol reflects the Convention on the Rights of Persons with Disabilities from an African perspective and Article 12 (Education) requires that states ensure that inclusive education for persons with disabilities is fully realised.** This landmark protocol was signed by 53 of the 55 African Union member states, and calls for state ratification are mounting.<sup>6</sup>

<sup>2</sup> The Convention on the Rights of the Child was adopted and opened for signature at UN Headquarters in New York on 20 November 1989, and entered into force on 2 September 1990.

<sup>3</sup> The Convention on the Rights of Persons with Disabilities and its Optional Protocol ([A/RES/61/106](https://www.un.org/development/desa/enable/law/a/res/61/106)) was adopted on 13 December 2006 at UN Headquarters in New York, and was opened for signature on 30 March 2007. The Convention entered into force on 3 May 2008.

<sup>4</sup> Lesotho also ratified the CRPD on 2 December 2008. Mozambique ratified both the CRPD and its Optional Protocol 10 on 31 December 2010. While Botswana has not yet ratified the CRPD, at the 38<sup>th</sup> session of the Human Rights Council on 28 June 2018, the Government of Botswana reported that it has taken the decision to ratify the CRPD, and plans are in place to begin the process of domesticating the CRPD and to mainstream disability into the law of Botswana. Retrieved on 20 August 2018 from: [http://procurement-notices.undp.org/view\\_notice.cfm?notice\\_id=47838](http://procurement-notices.undp.org/view_notice.cfm?notice_id=47838)

<sup>5</sup> Mozambique ratified the ACRWC on 15 July 1998, while Lesotho ratified it on 27 September 1999. Botswana signed and ratified the ACRWC on 10 July 2001.

<sup>6</sup> Office of the High Commissioner for Human Rights (UN Human Rights), "African States Affirm the Rights of Persons With Disabilities in a New Landmark Protocol," February 15, 2018, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22661&LangID=E>.

## Understanding disability-inclusive education

In its #Costing Equity research report published in September 2016, the International Disability and Development Consortium (IDDC) defines inclusive education as education that:

“... offers quality, relevant formal and non-formal learning opportunities within a mainstream system that adapts to all learners ... Good-quality, inclusive education can remove learning barriers for every child, reduce out-of-school populations, improve transition between education levels, and generally help tackle discrimination. An inclusive education system seeks to maximise the capabilities of all students by reducing barriers to learning and participation in and out of school.”<sup>7</sup>

Citing the Committee on the Rights of Persons with Disabilities’ General Comment on Article 24 (August 26), the IDDC report further clarifies **differences between segregated, integrated and inclusive education**, stating that:

“Inclusion involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences. Placing students with disabilities within mainstream classes without accompanying structural changes to, for example, organisation, curriculum and teaching and learning strategies, does not constitute inclusion. Furthermore, integration does not automatically guarantee the transition from segregation to inclusion.”<sup>8</sup>

## Quality and disability-inclusive early childhood intervention

There is broad consensus that providing quality education is the best way to create societies that are equal and free from poverty, and no other strategy is more effective than starting early in life with access to quality early childhood development and education.

Early childhood is the period from prenatal development to eight years of age. It is a crucial phase of growth and development because experiences during early childhood can influence outcomes across the entire life course. For all children, early childhood provides an important window of opportunity to prepare the foundation for life-long learning and participation, while preventing potential delays in development and disabilities.<sup>9</sup> For children who experience disability, it is a vital time to ensure access to early interventions which can help them reach their full potential. Children with disabilities are at greater risk of sub-optimal health, educational attainment and well-being than children without disabilities.<sup>10</sup>

**Inclusive early childhood intervention is therefore critical and can act as a foundation to facilitate children’s timely access to and participation and achievement in subsequent education levels.**

“ECI [early childhood intervention] is recognized as particularly valuable for children at risk of developmental delays.”<sup>11</sup>

“ECIs that include screening, identification and assessment, help ensure developmental delays are addressed quickly, future health risks are avoided, and life prospects are significantly increased.”<sup>12</sup>

7 IDDC Inclusive Education Task Team, *#Costing Equity: The Case for Disability-responsive Education Financing* (Brussels: International Disability and Development Consortium (IDDC), 2016), 14.

8 IDDC, *#Costing Equity*, 16.

9 Lori G. Irwin, Arjumand Siddiqi and Clyde Hertzman, *Early Childhood Development: A Powerful Equalizer*, (Geneva: World Health Organization (WHO), 2007), [www.who.int/social\\_determinants/resources/ecd\\_kn\\_report\\_07\\_2007.pdf](http://www.who.int/social_determinants/resources/ecd_kn_report_07_2007.pdf).

10 Global Burden of Disease Collaborators 2017

11 IDDC, *#Costing Equity*, 15.

12 IDDC, *#Costing Equity*, 19.

There is a wealth of empirical evidence to support the imperative of investing in quality, inclusive early childhood development and education, including its potential to enhance social and economic security and reduce poverty. Such investments pay for themselves, especially for disadvantaged children. Quality early childhood development and education creates better education, health, social and economic outcomes that increase revenue and reduce the need for costly social spending. The strongest returns on investment are for the youngest children – particularly those aged 0–3, but also very strong for 4–6-year-olds. According to Heckman, “high-quality birth-to-five programs for disadvantaged children can deliver a 13% per year return on investment – a rate substantially higher than the 7–10% return previously established for preschool programs serving 3- to 4-year-olds”.<sup>13</sup>

Yet, government spending is just the opposite – the older the child, the more money is spent. **Early childhood development and education receives less than 1 percent of the education budget in many Southern African countries, and children with disabilities are disproportionately affected by lack of access to provision.**<sup>14</sup>

Moreover, quality early childhood development and education is important for now – for improving the lives of children and families now, and not just because it will benefit subsequent generations of children and society more broadly in the future. Children are not just an investment; they have human rights from the start, including

from before birth. They have the right to positive health, to an education, to play, to learn, to grow and to be respected.<sup>15</sup> Both the transformative aspects of early childhood development and education and the rights of the child are equally crucial for children with disabilities, who are children first and who aspire to participate in everyday family and peer-group activities.

## Regional context

Recent estimates suggest that 93 million children worldwide (5 percent of all children aged 14 or younger) have a moderate or severe disability of some kind. In sub-Saharan Africa, a higher percentage of children (6.4 percent) are estimated to have a disability.<sup>16</sup> However, there is very little reliable and representative data on the epidemiology of impairments and the disabling factors that children experience, particularly in the sub-Saharan Africa region. This is partly due to the lack of available comparable data collection tools and definitions of child disability.<sup>17</sup> As a result, many children with disabilities in Southern Africa may neither be identified as such nor receive needed services.

The estimated rates extrapolated from available data for sub-Saharan Africa are higher because inadequate health care and nutrition leads to high rates of sensory and motor impairment, and those living in conditions of poverty are more likely to have a disability. Conflict is a further ongoing cause of acquired disability among 3–15-year-olds, while road traffic and other environmental accidents are also sources of acquired impairment.<sup>18</sup>

13 James J. Heckman, “There’s More to Gain by Taking a Comprehensive Approach to Early Childhood Development,” May 12, 2016, [https://heckmanequation.org/www/assets/2017/01/F\\_Heckman\\_CBAOnePager\\_120516.pdf](https://heckmanequation.org/www/assets/2017/01/F_Heckman_CBAOnePager_120516.pdf).

14 Education Development Trust (EDT) and UNICEF, *Eastern and Southern Africa Regional Study on the Fulfilment of the Right to Education of Children with Disabilities*, (Berkshire: EDT, 2016).

15 M. Woodhead, cited in Southern Africa Regional Conference on Early Childhood Development and Education, “Quality Matters” Conference Report, (Johannesburg: OSISA and Open Society Foundations Early Childhood Programme, 2014), 12.

16 Education Development Trust (EDT) and United Nations Children’s Fund (UNICEF) (2016). *Eastern and Southern Africa Regional Study on the Fulfilment of the Right to Education of Children with Disabilities*. Berkshire, UK: Education Development Trust.

17 Myroslava Tataryn, Sarah Polack, Linda Chokotho, Wakisa Mulwafu, Petros Kayange, Lena Morgon Banks, Christiane Noe, Chris Lavy and Hannah Kuper, “Childhood Disability in Malawi: A Population Based Assessment Using the Key Informant Method,” *BMC Pediatrics*, 17 (2017): 198, <http://doi.org/10.1186/s12887-017-0948-z>

18 Department for International Development (DFID), *Disability, Poverty and Development* (London: Department for International Development, 2000).

Disability therefore intersects with other dimensions of inequality and vulnerability, including poverty, gender and security, reinforcing the marginalisation experienced by children with disabilities and their families and carers. Although disability can occur in any family, poor people with disabilities are caught in a vicious cycle of poverty and disability – each being both a cause and a consequence of the other.<sup>19</sup> Therefore, **children with disabilities in Southern Africa are far less likely to access early childhood development and education opportunities compared to their peers, and this situation is further exacerbated for children with disabilities who are living in poverty, making them among the most marginalised and excluded groups.**

A number of policies and programmes designed to support early childhood development and education for children with disabilities exist in many Southern African countries, including those reached by the Open Society Early Childhood Programme and OSISA grant support, and political will is increasingly evident. However, there has been limited change at the grassroots, and **a number of significant challenges and barriers still confront children with disabilities and their families and caregivers.** These include persistent stigma (including from parents themselves), due to a lack of understanding that children with disabilities have the same rights to early childhood development and education and the same ability to learn when provided with relevant support. There is limited and/or inadequate work on training service providers and professionals in the delivery of inclusive early childhood development and education; many such environments are inaccessible; institutional capacity, coordination and cooperation between different ministries within governments is hampered by a lack

of clarity on roles and responsibilities, and of clear accountability; and there is limited community awareness of and participation in early childhood development and education, which further limits developmental opportunities.<sup>20</sup>

Responding to these formidable challenges and to ensure a successful disability-inclusive education system requires a “twin-track” approach, which itself demands systemic change – that is, changes to attitudes, policies and practices that serve to ensure disability-inclusive access and meaningful participation, from early childhood intervention right through the education system. This requires improving the quality of teaching and learning for everyone, while providing individual-level support for learners with disabilities and/or special educational needs.

“Twin-track approaches to inclusive education balance system-level change with disability-specific programming. At the system level, the focus is on ensuring that educational facilities are accessible and that a child-centred education environment is supported. Disability-specific programming makes provision for assistive devices such as wheelchairs and sign language interpretation to individual users to ensure the full presence, participation and achievement of children with disabilities in education.”<sup>21</sup>



Image: AECDM

19 World Health Organization (WHO) *Early Childhood Development and Disability: A Discussion Paper*, (Geneva: WHO, 2012), [www.who.int/topics/early-child-development/disability-developmental-delay/en/](http://www.who.int/topics/early-child-development/disability-developmental-delay/en/).

20 A. Bhana, L. Biersteker, C. Rule-Groenewald and A. Wilford, *Exploring Perspectives in ECDE Practices to Support Young Children*, (South Africa: Human Sciences Research Council, 2014). A. Abubakar, *OSISA Inclusive ECD Grantees in Southern Africa: Report of an Evaluation of the Technical Aspects of the Projects*, (Johannesburg: OSISA, 2017).

21 IDDC, *#Costing Equity*, 17.



Image: Louise Knight



# About the Learning Stories

**Access to inclusive early childhood development and education programmes is a human right for all young children with disabilities, special developmental or educational needs. Lack of early identification of need and lack of access to interventions endangers their future.**

The right to education for children with disabilities in Southern Africa is enshrined in four international and regional treaties: the United Nations Convention on the Rights of the Child; the African Charter on the Rights and Welfare of the Child; the Convention on the Rights of Persons with Disabilities; and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa.

Combined, these international frameworks recognise that an education system which promotes the full participation and inclusion of young children with disabilities and diverse developmental and educational needs maximises their personal development and enables ongoing participation and inclusion in society.

## **Yet:**

“The situation of children with disabilities continues to be characterised by neglect, ignorance, marginalisation and institutional failure, despite the vision and policy imperatives being adopted within a developmental and rights-based framework.”<sup>22</sup>

Although that assessment was made almost a decade ago, the same situation continues to prevail in most Southern African countries, particularly those discussed in this report.

## **Thus:**

The Open Society and the Open Society Initiative for Southern Africa are providing grants and other support to partner organisations that are working hard to influence change. The Learning Stories shared here illustrate the pathways they have taken to contribute to change, the impact they have had, the lessons they have learned that can inform future practice, and the work that still lies ahead.

## **Therefore:**

We hope that these Learning Stories will be of interest to other grantees, as well as to governments, other Open Society and OSISA development partners, and researchers in early childhood development, inclusive education and disability, across the region and beyond.

An education system which promotes the full participation and inclusion of young children with disabilities and diverse developmental and educational needs maximises their personal development and enables ongoing participation and inclusion in society.

<sup>22</sup> Republic of South Africa, Department of Social Development, “Strategy for the Integration of Services for Children with Disabilities,” (Republic of South Africa Department of Social Development, 2009), 1.

## Methodology used to develop the Learning Stories

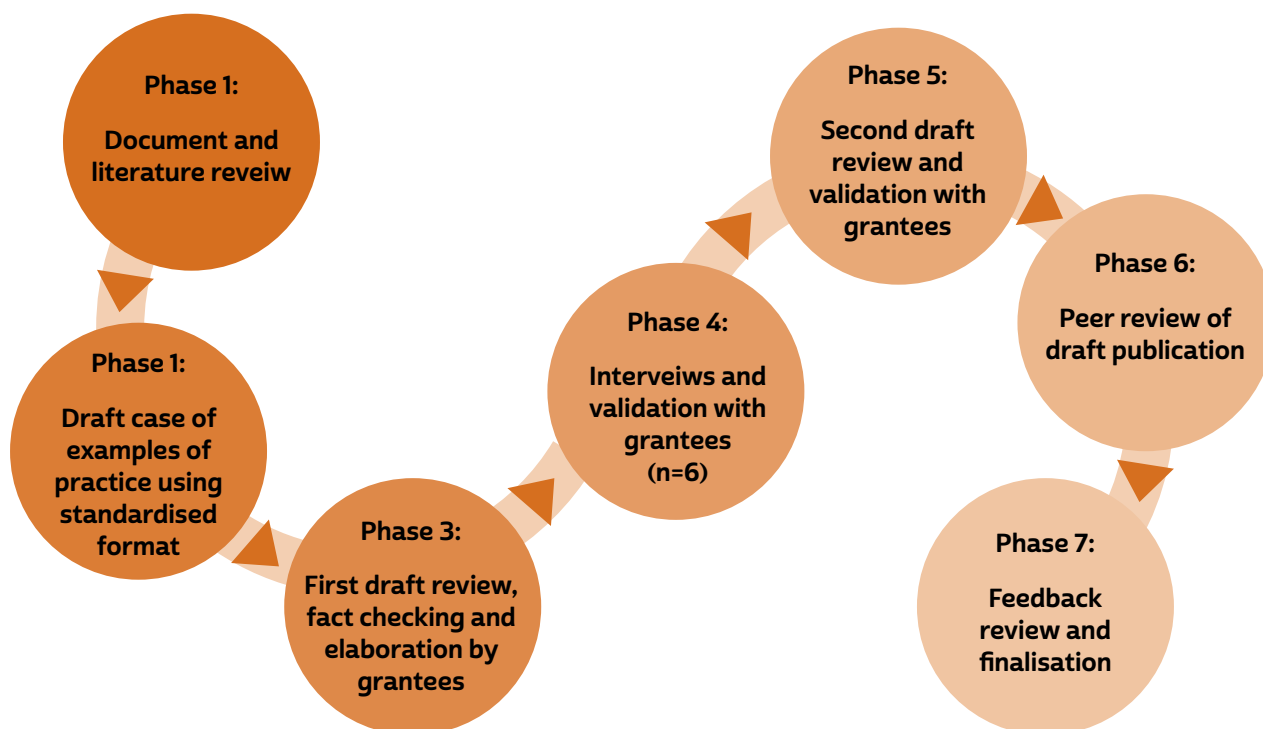
The Learning Stories presented here are the culmination of a seven-phase collaborative process, which was facilitated and guided by an external consultant (see Figure 1). Starting with a review of all relevant documentation of the inclusive early childhood development and education programme – including grantees’ project proposals, reports and supporting documents – illustrative cases of success on each grantee’s efforts were developed independently with the aim of capturing success stories (including intended and unintended outcomes) as well as lessons learned.

The illustrative cases of success followed a standardised format and grantees were also given guidelines and specific fact-checking and probing lesson-learning queries to enrich the stories, as well as to ensure accuracy of the information represented.

Where feasible within the timeframe, follow-up virtual interviews (Skype or telephonic) were conducted with grantees, to deepen understanding around how and why they achieved changes through their grant-supported work, as well as to ascertain unique elements of their work that other organisations could learn from. This helped to develop and deliver rich and textured Learning Stories of successful change.

As the Learning Stories were developed (each having two to three iterations), they were shared with the relevant grantees for review and validation. Feedback from grantees, the Open Society Early Childhood Programme and OSISA, as well as a small peer-review group, was reviewed and incorporated as relevant before finalising the stories.

Figure 1: The seven phases involved in developing the Learning Stories



## Structure of the Learning Stories

The 10 stories are presented in three sections (see Figure 2). Each represents an important layer of some of the multifaceted elements of an effective response to the human rights-based and developmental and learning needs of young children with disabilities.

It is important to recognise that most of the grantee organisations implement a layered approach to their project work – i.e. their initiatives and engagements often cross two or all three of these broad disability-inclusive early childhood development and education focus areas. However, we have tried to locate their stories in the thematic section that best illuminates their main programmatic focus and ‘most significant change’ successes.

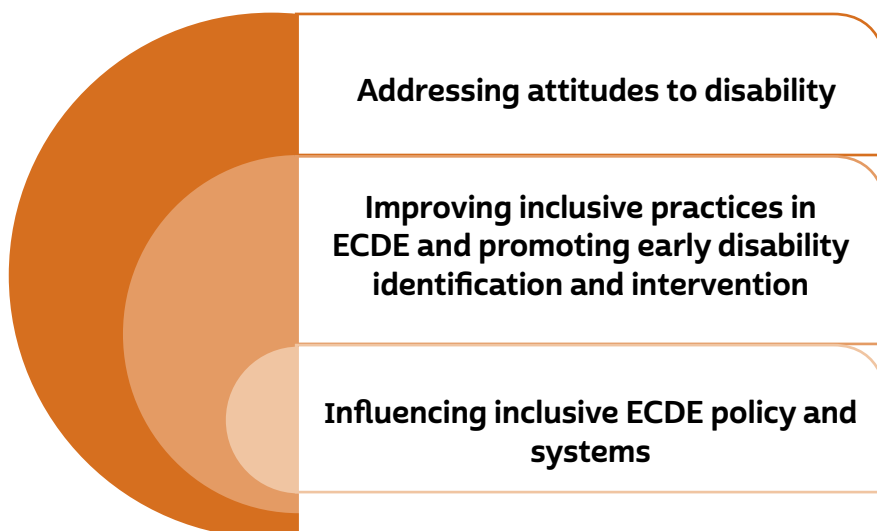


Image: Louise Knight



Image: Gabriel Attwood

Figure 2: Thematic focus areas of the Learning Stories





*Image: Gabriel Attwood*

# Addressing attitudes to disability

**The Learning Stories in this section highlight the dramatic consequences of stigma, discrimination and exclusion of children with disabilities – not only from early childhood development and education services but also from other aspects of daily life, such as access to play, health care and everyday family, community and peer-group activities.**

Children with disabilities encounter multiple educational disadvantages: they are most likely to be poor, and to face social isolation, discrimination and abuse. While systemic and pedagogical barriers prevent children with disabilities accessing early childhood intervention, cultural and attitudinal barriers also play an important role in preventing early identification and intervention.

The stories that follow demonstrate how the 10 organisations have made positive steps to include children with disabilities in their communities, preschools and wider society.

**In this section, we share three learning stories, from:**

- 1. Malawi** – Catholic Development Commission in Malawi (CADECOM)
- 2. eSwatini** – Swaziland Church Forum on HIV and AIDS (Church Forum)
- 3. Malawi** – Malawi Council for the Handicapped (MACOHA)



Image: Gabriel Attwood



## A holistic approach to inclusive education – lessons from rural Malawi

### Introduction

The Catholic Development Commission in Malawi (CADECOM) (Blantyre Archdiocese) is an affiliated development and relief agency of the Catholic Church in Malawi. It aims to enable disadvantaged men, women and youth to undertake development activities to take charge of their own destiny. It has 17 staff and reaches over 15,000 people (about 6.5 percent of the total district population) in Phalombe, a rural district in southern Malawi.

CADECOM implemented its Inclusive Education programme in partnership with the Open Society Initiative for Southern Africa, the Ministries of Education and Health, and the Catholic University. It ignited the much-needed participation of a wide range of stakeholders, including traditional chiefs and key community partners, which has ensured the programme's success.

### A challenging environment

In rural Malawi, children with disabilities and special educational needs are excluded and marginalised. Their access to education and their right to learn is undermined because even those schools where preschool early childhood development and education is provided are not equipped to accommodate children with special educational needs or mobility issues. Preschools are also under-resourced, and lack the learning materials required to meet the needs of children with disabilities. Furthermore, teachers are not trained to address the learning needs of these vulnerable children. Sociocultural issues exacerbate the situation, with negative perceptions of children with special educational needs leading to stigma and discrimination. **Parents resort to keeping**

**children hidden, or even locked up, for fear of hostile school and community environments.**

In Phalombe district, there were no preschools that could cater for children with special educational needs. The programme aimed to address this gap by supporting school and teacher development. It also aimed to address negative perceptions by working more widely with the community to raise awareness of the struggles and rights of children with disabilities.

### CADECOM's strategy and process of effecting change

CADECOM's strategy to address the challenges faced by children with disabilities is in line with the national policy of Malawi, which aims to improve the inclusion of children with disabilities in early childhood development and education. The CADECOM programme aimed to create an enabling environment within early childhood development and education facilities in primary schools and in communities so that children with special educational needs (and their parents) could access these services and realise their rights. It aimed to address structural, social and cultural barriers in facilities of 20 targeted primary schools and their surrounding communities, bringing about the much-needed opportunity for all children to learn from and with each other.

The programme achieved its main goal by:

- Influencing communities to take an active role in supporting inclusive education. Parents in particular were made aware of the availability of inclusive learning opportunities in early childhood development and education, and primary schools, thus reducing the number of children in the district who did not attend

preschool as a result of their disability. The number of children with disabilities aged 2–6 years attending early childhood development and education facilities increased from zero in 2016 to 58 in 2018 (36 girls and 22 boys).

- Establishing strong community support systems through building partnerships with key stakeholders and service providers, and raising their awareness of the rights of children with special educational needs. These stakeholders included district officials, community leaders, parents, teachers, and children with and without special educational needs. Widespread awareness-raising was also achieved through ‘village outreach club shows’ – a series of radio shows that used local radio stations to disseminate information on the rights of children with special needs as well as challenges and good practices in meet those children’s needs.
- Strengthening the capacity of primary schools to support inclusion and address the needs of preschool-age at-risk and vulnerable children with disabilities.
- Providing support for teachers and parents to equip them with the right skills and learning materials to make sure that no learner is left behind.



Image: Gabriel Attwood

CADECOM, understanding that **disability-inclusive early childhood development and education and early intervention would only work if well-supported by strong cross-sectoral coordination, and that multiple stakeholders have important roles to play in this effort**, conducted a stakeholder mapping exercise. This included district-level officials from the Ministries of Education, Health and Agriculture, traditional leaders, community members, teachers, parents and children. The mapping identified a total of 800 children with special needs in the primary school grades 1–8 age bracket (children aged 6–14 years) who were not enrolled in the primary education system in Phalombe district. An orientation meeting was conducted with key stakeholders to raise awareness about disability, inclusion and special educational needs, and other human rights issues facing children. The meeting discussed the social and cultural barriers to inclusion of children with special needs, along with strategies to address these at school, community and district levels.

The strategies included capacity building and training to ensure that all participants had a good understanding of issues pertaining to inclusion and inclusive learning. Teachers, health personnel, expectant mothers, and caregivers acquired the knowledge and skills needed to support children with disabilities and special educational needs and their parents too. Training manuals were developed and review meetings held to ensure that learning was sustained. Community sensitisation meetings helped to improve understanding of, and support for, inclusive learning on the part of traditional leaders, religious leaders, school management committees and parents. Community based child care centres were established and community dialogues facilitated to deepen knowledge and understanding about the needs of children with disabilities. Primary schools underwent much-needed renovations to provide more inclusive early childhood development and education facilities and structures.

Collectively, these strategies helped to create an enabling environment for the programme and to ensure that it succeeded in achieving its goals for inclusive preschool education.

### Observed changes

A key driver of change within the targeted communities was the programme's deliberate engagement with and coordination of a wide range of key stakeholders. Their collective and meaningful participation served to bring about a more inclusive environment for children with disabilities and special educational needs in the following ways:

- In collaboration with the **Ministry of Education**, primary schools took action to ensure that the infrastructure and school environments – within and outside the classroom – were appropriate for children with disabilities.
- **Teachers** worked hard to acquire the understanding and skills required to make their classrooms and pedagogy more inclusive.
- Through the sensitisation and training activities, **local leaders** were empowered and committed themselves to ensuring that children with disabilities had access to education. They supported the strengthening of practices encouraging active parenting from both parents of a child with special needs, thus helping to make sure that the burden does not fall only on the mother. Furthermore, chiefs strengthened by-laws pertaining to the protection of children with disabilities, issuing strong warnings about the dangers of locking up children, and the legal repercussions thereof for parents and guardians. Local leaders also worked with **social welfare** officials to educate parents and community members to ensure that non-discriminatory practices were implemented.
- **Community members** were observed to be more open and receptive to rethinking their attitudes to children with disabilities, and with support from CADECOM, worked to put mechanisms in place to protect and support vulnerable children, and facilitate their access to education.
- **Parents** were more willing to embrace measures to reduce exclusion of children with disabilities. For example, there was an increase in the number of parents who wanted to learn sign language.
- **Health workers** from the **Department of Health** worked to improve maternal health services offered by government facilities in the catchment area. As a result, more expectant parents utilised these services. More couples attended antenatal classes where pre-conception care was discussed, and there was a decrease in sexually transmitted infections (STIs), which can sometimes be the cause of disability in children.
- Extension officers from the **Department of Agriculture** facilitated discussions on food security and access to nutritional food for children with disabilities, and for unborn children and pregnant women. They made links between weather patterns, identifying dry spells as a threat to food security that could have particular impacts on vulnerable and unborn children. Training was provided to 38 health personnel, 108 primary school teachers, 240 caregivers and 200 members of mothers' groups.

**CADECOM's strategy of building and coordinating collaboration through engaging a wide range of stakeholders was key to the programme's success**, and contributed significantly to ensuring equality and equity for vulnerable and at-risk children with disabilities and special educational needs. It helped to strengthen the resilience of children, and of their parents, and helped to ensure the long-term sustainability of the programme, as the inclusion of local structures at all levels will help to guarantee uptake of the programme once CADECOM has exited the district. This



strategy provides a good model for scaling up the programme in other districts.

Other changes observed as a result of CADECOM's efforts include the following:

- **Reduced stigma and more positive social perceptions of children with disabilities.** This is evident in the number of parents who have reported sending their children with disabilities to primary schools – a claim backed up by increased enrolment rates of children with disabilities at primary schools. Enrolment figures for children with disabilities in primary schools in the district have increased dramatically from 125 in 2016 to 827 in 2018 (a staggering 559 percent increase).
- **More engaged and informed parents.** Health workers have reported that the increased number of expectant couples attending antenatal clinics together has improved early detection of foetal health problems that might require future attention. The three health centres in the programme catchment area have reported an increase of 58 percent (from 2,626 in 2016 to 4,158 in 2018) in expectant couples attending. This has also helped health care workers address other problems, such as malnutrition among mothers and lack of knowledge about nutrition more generally. Health workers have been able to educate parents about age-appropriate nutritional requirements for children to help counter adverse developmental problems and resulting disabilities brought about through poor nutrition.
- **Improved child health.** In partnership with the health centres, CADECOM has witnessed and documented an increased number of babies delivered at health facilities, from 2,968 to 3,255 (11 percent). More children are now fully immunised – up from 2,031 at programme inception (2016) to 3,629 by 2018, representing a 38 percent increase. This further demonstrates **improvements in parental**

**attitudes and behaviour towards their children's health.** A further indicator of changed perceptions and attitudes towards accessing health services is the recorded number of cases of STIs. Health centre records show that the number of identified cases rose from 611 at project inception to 1,369 (124 percent increase). Communities are becoming more informed about the need to be tested and treated for STIs as a preventive measure, as untreated STIs can result in a woman giving birth to a child with a disability.

“My son stopped speaking at the age of three. Inclusive classes are making his life better since he is learning in an environment together with everyone else and he is no longer isolated. Coming to class with my son has also enabled me to learn conventional sign language together with my son; this has made our communication at home a lot easier.”

Janet Manyowa,  
Namikalo village



Image: Gabriel Attwood

## Conclusion

While CADECOM's programme aimed to improve the learning conditions of children with disabilities and special educational needs, its holistic approach has brought wider gains that will support more sustainable and enduring changes in the target communities. Particularly significant is the fostering of cooperation among key stakeholders at different levels – from teachers, parents, community members and leaders, to government officials. With increased awareness and more engaged participation by these stakeholders, **a change in attitudes to children with disabilities has been seen, not only at home, at school and within the community, but also at district level**, where government officials are putting national policies into practice to promote learning and the rights of learners with disabilities.

“We teach using ‘diversity means’ that accommodate all children. We offer the learners what they need to excel, not just in class but in life in general. We also make sure that the school environment is conducive, especially for those with disabilities.”

Andrew Chamgwera,  
special needs teacher at  
Phaloni Primary  
School



Image: Louise Knight

## Lessons learned from CADECOM's approach that can inform future practice

- The engagement of a wide range of stakeholders was critical to the programme's success. It has also helped to address needs beyond CADECOM's capacity / scope / areas of expertise – for example, the lack of school uniforms and provision of mobility aids, which has served to enhance the holistic approach to inclusive education.
- Cooperation with wider stakeholders has also helped to facilitate the effective use of existing structures and skills within and outside the communities – leading to the successful implementation of programmatic efforts.
- CADECOM's strategy to engage a wide range of stakeholders is significant because there is a recognition that within government departments there is a lack of coordinated efforts, and this is a key stumbling block for much-needed interventions for children with disabilities.
- CADECOM's experienced and knowledgeable field officers (they have a strong understanding of early childhood development and education and a good appreciation of disability and special educational needs) are an asset to the programme.
- The support of a grant agency partner, such as OSISA and the Open Society Early Childhood Programme, which was responsive and flexible in its cooperation, was also critical to the programme's success. It allowed CADECOM to respond appropriately to needs and priorities at the grassroots level in a timely and appropriate manner. This in turn helped to strengthen the credibility of, and trust in, CADECOM's work by all stakeholders.

## Rising to the challenge - a faith-driven response to inclusive early childhood development and education in the Kingdom of eSwatini



### Introduction – Church Forum’s inclusive early childhood development and education origins

Established in 1999 and formally registered as a non-governmental organisation (NGO) in 2009, the eSwatini Church Forum on HIV and AIDS (Church Forum) is a coordinating body, originally formed to bring together all major church-based organisations and independent denominations for the church’s response to HIV and AIDS in eSwatini. Operating in all four regions of the country, Church Forum is based in Manzini and run by a team of six staff.

With its specialised background and experience of responding to the multifaceted challenges of HIV and AIDS, Church Forum has been supporting implementation of early childhood development and education provision since 2006. In particular, and with grant support from OSISA, it has long championed the establishment and strengthening of neighbourhood care points operated by member churches to support orphaned and vulnerable children.<sup>23</sup> Through 120 neighbourhood care points across the country, Church Forum continues to reach more than 500 caregivers and about 5,500 children aged 3–6 years. It has also promoted early childhood development and education awareness through regional and national

campaigns, and by hosting a live and interactive radio programme called Kukhula Kwemntfwana (Child Development) through Voice of the Church, a local Christian radio station.

From these extensive grassroots engagements, Church Forum became increasingly aware of the neglect and paucity of services accessible to, and being reached by, infants and young children with disabilities. Thus, since 2015, in partnership with OSISA, Church Forum has deliberately focused on early childhood development and education for children with special educational needs.

### A challenging environment

Despite its lower middle-income status, the Kingdom of eSwatini continues to be characterised by high levels of inequality.<sup>24</sup> Economic disparity is further exacerbated by the country’s high HIV prevalence,<sup>25</sup> which also impacts child survival, neonatal and antenatal health and child development. Inequality also contributes to marginalisation, inadequate nutrition, child deprivation, and makes children vulnerable to abuse, particularly the poorest children, including the large numbers of orphaned and vulnerable children (in eSwatini, 71 percent of all children are classified as orphans and vulnerable).<sup>26</sup> Although there are no reliable

<sup>23</sup> In eSwatini, early childhood development and education is offered in a number of forms, primarily through preschools, neighbourhood care points, day care centres, and residential child care facilities.

<sup>24</sup> An estimated 20 percent of the population controls 80 percent of the nation’s wealth. See: Index Mundi, “Swaziland Economy Profile 2018,” [https://www.indexmundi.com/swaziland/economy\\_profile.html](https://www.indexmundi.com/swaziland/economy_profile.html)

<sup>25</sup> Swaziland has the world’s highest HIV prevalence rate, at an estimated 26 percent. See: UNICEF Eastern and Southern Africa, “HIV and AIDS Overview,” [https://www.unicef.org/esaro/5482\\_HIV\\_AIDS.html](https://www.unicef.org/esaro/5482_HIV_AIDS.html)

<sup>26</sup> Multiple Indicator Cluster Survey, 2014.

data available on the magnitude of disability among children in eSwatini, there are evident gaps in early identification, referral and management, as well as access to early care, development and education.<sup>27</sup>

Stigma and discrimination against children with disabilities is prevalent, reflecting **cultural and religious views that disability is a 'curse' or caused by a wrongdoing of the mother or parents.** These beliefs and attitudes result in a situation where many children with disabilities are locked indoors and denied access to learning, stimulating play and health services, as well as to places of worship. Where children with disabilities do reach early learning services, provision is inadequate and/or inaccessible to children with special educational needs. This is largely due to a dearth of caregivers and teachers trained to respond to their needs, as well as a lack of appropriate learning materials and resources, and inaccessible learning environments. Additionally, assistive devices are not readily available for young children and there are no community-based rehabilitation services in the country.

### Church Forum's strategy and process of effecting change

Church Forum's activities to support children with special educational needs sought to create a more enabling environment within early childhood development and education centres, particularly in neighbourhood care points, so that children could access appropriate services from as early as possible to ensure that their human rights are upheld. Church Forum aimed to address barriers to both the supply and demand side of inclusive early childhood development and education, by engaging caregivers/educators, the Ministry of Education and Training, relevant disability and health referral services, parents, church leaders and communities.

In doing so, and in pursuit of its aims, the Church Forum reached into all four of the country's regions (Hhohho, Shiselweni, Lubombo and Manzini) through the following core activities:

- Conducting awareness-raising campaigns promoting the rights and needs of children with disabilities, reaching **179 traditional chiefs and princes and 21 communities** under their governance.
- Providing training in sign language and special needs education for **74 caregivers and teachers** of neighbourhood care points and **65 pastors/church leaders** from various churches. This included application of a training manual developed by Church Forum in English, which is being translated into the national language, siSwati. The training manual covers early childhood development and education for children with disabilities, the national policies/legal framework supporting the rights of children with disabilities, understanding developmental milestones (0–8 years), how to carry out early identification and screening of disabilities, understanding myths and misconceptions surrounding disability in the country, and relevant providers and facilities for referral.
- Holding **21 community sensitisation meetings aimed at reducing stigma** and discrimination against children with disabilities and their families, as well as to facilitate identifying children with disabilities.
- Facilitating **referrals and provision of assistive devices** (especially wheelchairs and crutches) for children with disabilities, targeting the most marginalised and poorest children. For example, two children were provided with transport to reach the psychiatric hospital for assessment and therapy (one was subsequently supported to travel for an operation in Mbabane and the other was placed in St Joseph's

<sup>27</sup> UNICEF Swaziland Annual Report 2017.

Mission School). Two children from poor households in rural villages received wheelchairs, while six children received crutches.

- Development and dissemination of **information, education and communication (IEC) materials**, around commemoration and awareness days (e.g. World AIDS Day, Day of the African Child, and Day of Prayer for Children).
- **Networking and shared learning** with the eSwatini Network for Early Childhood Development and the Children's Consortium under the Coordinating Assembly of Non-Governmental Organisations, the umbrella body for NGOs in eSwatini.

Throughout these processes, Church Forum maintained a keen focus on **four core strategies**: aligning its work with principles of: gender sensitivity, quality, tackling stigma and discrimination, and sustainability. These are now discussed in more detail.

**i.) Gender sensitivity:** Church Forum maintained a strong focus on ensuring that activities reached women who are excluded from access to information, particularly rights-based information. At the same time, it sought to engage women and men in an effort to redress the disproportionate **balance of the burden of care that falls on women.**

**ii.) Quality of interventions:** To ensure quality as well as national-level buy-in to the training events, training sessions were conducted by inspectors from the Ministry of Education and Training, (through the Early Childhood Care, Development and Education Unit) as well as officials from the Special Needs Department and a consultant in eSwatini sign language. The manual was also developed in consultation with other

actors working in inclusive education and early childhood development and education in the country (such as the Federation of Persons with Disabilities in eSwatini, the eSwatini Network Campaign on Education for All,<sup>28</sup> special education needs inspectors from the Ministry of Education and Training, representatives from the Deputy Prime Minister's Office (through the Social Welfare Department) and a number of grassroots CSOs actively engaged in early childhood development and education and/or inclusive education.

**iii.) Tackling stigma and discrimination associated with disability:** Key to successful implementation of the project were strategies to address barriers to inclusion, as well as to access communities, achieved through sensitisation of traditional and religious leaders. This allowed the project to influence community leaders to support caregivers and parents of children with special educational needs in their communities. **By working with community and church leaders, Church Forum was able to develop messages and sermons that helped those influential individuals to address stigma and discrimination associated with disability with their community members and congregations.**

**iv.) Sustainability:** Church Forum worked to develop partnerships between the regional and national state actors and the neighbourhood care points, so that systems were developed for caregivers to refer parents of children with special needs autonomously. In particular, collaboration with the Ministry of Education and Training, Early Childhood Care, Development and Education Unit, the Office of the Deputy Prime Minister, the Ministry of Tinkhundla Administration and Development,<sup>29</sup> and the Federation

<sup>28</sup> See pages see this publication's learning story from SWANCEFA.

<sup>29</sup> The Ministry of Tinkhundla Administration and Development has a mandate to facilitate the management of regional development and to promote service delivery at both Tinkhundla and Chiefdom levels. (Tinkhundla are administrative subdivisions smaller than a district but larger than an "umphakatsi" or Chiefdom.)

of Persons with Disabilities in eSwatini helped to strengthen sustainability of the project. This **created space for Church Forum to engage in dialogue with the government to work towards developing inclusive policies and systems that can facilitate the early identification of children with disabilities, as well as early, relevant intervention to enable children with disabilities to achieve their potential.** This also supported Church Forum's efforts to have the training manual for special education needs adopted at national level. The manual is currently in the process of being formally endorsed by the Ministry, **which will mean it is incorporated in the national curriculum and standards for early childhood development and education.**

### Observed changes

The collective and targeted participation of multiple stakeholders served to create a more responsive and open environment for children with disabilities and special educational needs in eSwatini. In 2018, 24 children with multiple types of disabilities were identified across 14 of the communities reached by the project. These children were referred to relevant services and are now receiving appropriate health care and learning opportunities that were previously denied to them. Also, numerous members of church congregations have been encouraged to reconsider their misconceptions about disability, even inviting project staff into schools and villages to extend their messages, challenging deeply rooted stigma and discrimination.

### Conclusion

Church Forum's project aimed to address barriers to both the supply and demand side of inclusive early childhood development and education. Its strategies towards achieving this goal have opened the doors to engaging communities and structures which had never before been in open dialogue or worked collaboratively towards addressing the needs of children with disabilities. Church Forum's efforts to operationalise an effective referral system to ensure that children with special educational needs are linked to appropriate health, educational and psychosocial services are particularly notable. Most significant, however, was its ability to use its strategic influence to guide traditional and religious leaders towards developing a more open society – one that is beginning to meaningfully engage with the human rights of children with disabilities, and their families.

**“Owethu Maseko is 4 years old. He is non-verbal and cannot move independently. His father visited the Church Forum office after hearing about the work of the project. Arrangements were made to take Owethu to the psychiatric hospital in Manzini. After the assessment, the doctor confirmed that Owethu had congenital brain damage. He has been given treatment and continues to undergo therapy.”**

(Case documented by Church Forum, 2017)

### Lessons learned from Church Forum's approach that can inform future practice

- To ensure national adoption and integration of inclusive education practices, government needs to be involved at all stages, from conception and planning through to implementation and completion. Working in partnership with as many stakeholders as possible assures the broadest impact and learning.
- The breadth and depth of support needed by parents and caregivers of children with special educational needs cannot be underestimated; responding effectively to the needs and priorities of children with disabilities demands a multisectoral approach.
- Care must be taken to ensure that political and traditional leadership and governance structures are approached in a manner which is sensitive to, and in line with, their expectations for engagement.
- It is imperative to plan few activities and do them well, rather than to be overambitious and spread available resources too thinly.
- To ensure project success and effectiveness, the roles and responsibilities of all partners need to be clearly defined and agreed from the outset.



Image: Gabriel Attwood

## Promoting human rights to break down barriers to inclusive early childhood development and education in Malawi



### Introduction – a nationally mandated council

Based in Limbe near Blantyre, the Malawi Council for the Handicapped (MACOHA) is a national statutory organisation established by the Handicapped Persons Act 1971. Its mission is to implement government policies by providing rehabilitation programmes and services, and promoting public interest for the empowerment and inclusion of persons with disabilities so that they can live an independent life and contribute to Malawi's development. With its 400-strong staff, MACOHA uses three core interlinked approaches to deliver rehabilitation programmes and services: strengthening institutional-based, community-based and outreach-based responses to the needs and priorities of people with disabilities.<sup>30</sup>

Through its partnership with and grant support from the Open Society Early Childhood Programme and OSISA, MACOHA has focused on extending the reach of its community-based rehabilitation strategy to support marginalised children living with disabilities. During 2017 and 2018, MACOHA implemented a project in five diverse rural districts (Chiradzulu, Kasungu, Mzimba, Mangochi and Phalombe). It engaged parents and communities as well as those working in early childhood development and education and other stakeholders in the districts.

With the aim of promoting access to quality, equitable and comprehensive early childhood development and education for children with disabilities aged 3–8 years, MACOHA built on

gains made through two previous grants from the Open Society and OSISA, as well as on the existing early childhood development and education services managed by the Ministry of Education and Ministry of Gender, Children and Community Development through the Social Welfare Department.

### The challenge – 'invisible citizens'

In Malawi, children with disabilities face numerous challenges to access early childhood development and education services in their communities. Although services are offered through community-based childcare centres and in the reception years of primary schools, children with disabilities are excluded due to several factors.

First, caregivers and teachers in the existing early childhood development and education facilities lack relevant knowledge and practical skills. Second, parents, guardians and wider community members do not have sufficient knowledge about early childhood development and education relevance and rights for children with disabilities. Common religious and traditional cultural myths and practices result in a situation whereby many children with disabilities are denied their right to freedom (often being locked indoors), and to basic education and health care. The five districts targeted by the project were characterised by low enrolment and high dropout rates for children with disabilities (in community-based childcare centres and primary schools).

<sup>30</sup> Sources: [www.maco.mw](http://www.maco.mw), accessed August 25, and September 14, 2018. Anchor Grant Project Proposal submitted to OSISA (October 2011), and Workplan 2017–2018, and PowerPoint presented at a workshop held by the Open Society Early Childhood Programme and OSISA in eSwatini in August 2018.



Additionally, referral systems are either limited, poorly functioning or absent. As a result, there is little or no follow-up on those children who do manage to graduate from community-based childcare centres to primary schools. Aggravating this situation, there are inadequate legal frameworks that specifically address the inclusion of children with disabilities in early childhood development and education, leaving their potential for participation in the hands of individual implementing structures.

Further fuelling these conditions, in recent years **persons with albinism (particularly children) have increasingly faced gross human rights violations in Malawi**; children with albinism are at major risk of abduction and ritual killings, with their body parts reportedly sold for witchcraft.<sup>31</sup> Combined, these significant barriers keep young children with disabilities away from early childhood development and education provision, thus denying them their human rights to develop and grow to their full potential.

Such phenomenal challenges perpetuate the marginalisation and exclusion of children with disabilities in Malawian society, creating generations of ‘invisible citizens’. It is against this backdrop that MACOHA has sought to make a difference to the lives of children with disabilities.

### **MACOHA’s strategies to rise to the challenges and effect change**

MACOHA promotes awareness on the importance of inclusive education for children with disabilities among local leadership structures and community members. It also builds capacity of early childhood development and education professionals on disability issues, and works to improve networking and referral systems among district-level actors. To achieve this, it employed two complementary strategies

as part of its Open Society and OSISA grant-supported project.

The first strategy involved awareness campaigns on inclusive early childhood development and education, focusing on the human rights of children with disabilities and the roles and responsibilities of parents, caregivers, community leadership structures and other community members, alongside early childhood development and education teachers and primary education advisors. These awareness campaigns also **deliberately addressed the issue of violations against persons with albinism, particularly children**. MACOHA partnered with the National Initiative for Civic Education, which specialises in civic education, to help mobilise communities and to encourage them to enrol children with disabilities in early childhood development and education provision. MACOHA also secured support from the Malawi Police Service, whose officials assured communities of the protection rights of all children, including those with albinism and those with disabilities.

The second strategy was to deliver orientation and training on disability and inclusive education to community-based childcare centres and primary school management committees, caregivers and primary school teachers. The training covered topics such as: the rights of all children (emphasising the right to education and play); identification and management of children with disabilities; production of accessible play materials; adapting the learning environment and infrastructure to be accessible to all children; and the benefits of enabling children with disabilities to learn and develop alongside their non-disabled peers. Training benefited 460 community-based childcare centres and primary school management committee representatives, 152 early childhood development and education caregivers and 150 primary school teachers across the five districts by end of May 2018.

<sup>31</sup> See for example: <https://www.amnesty.org.uk/ritual-murders-people-albinism-malawi> Accessed 14 September 2018.

To build trust with the communities in the five districts, MACOHA first sensitised and gained the cooperation of the district executive committees, who identified appropriate communities and field officers to support rolling out the project. MACOHA subsequently partnered with the Association of Early Childhood Development in Malawi, an organisation that is recognised as specialists and providers of national training in early childhood development, to conduct training with 13 MACOHA field officers.<sup>32</sup> MACOHA also partnered with Montfort Special Needs Education College, to provide training on inclusive education to project staff. MACOHA also secured partnerships to source assistive devices, such as wheelchairs, from World Vision International, Malawi Against Physical Disabilities, Motivation Trust, and Rotaract, to support children with mobility challenges to be able to access early childhood development and education services. **Developing these collaborative partnerships was key to helping MACOHA effectively operationalise its strategic engagement at the grassroots level.**

### Observed changes

Ongoing project monitoring activities reveal some of MACOHA's main impacts.

- A marked increase (almost 42 percent) in the number of children with disabilities accessing and staying enrolled in community-based childcare centres across the five districts (from 190 children in 2015/16 to 327 in the 2017/18 academic year). To put this increase in context, in Chiradzulu (for example), the number of children with disabilities enrolled in such centres increased from 41 to 68 (31 boys, 37 girls). Mzimba district saw a rise from 30 (13 boys, 17 girls) to 74 children (41 boys, 33 girls), and in Phalombe, the number increased from 63 to 97 children (42 boys, 55 girls). The number of children with albinism accessing early

childhood development and education also increased from just 1 (a boy) to 4 (2 boys and 2 girls) in Phalombe district.

- Improved collaboration and referral of children with disabilities to appropriate service providers (from just 7 children referred at project inception, to 35 children referred by May 2018).
- An increase in the number of community-based childcare centres and primary schools providing accessible early childhood development and education (from 12 at baseline to 37 in May 2018, across the five districts).
- Improvement in the growth and development of children with disabilities attending early childhood development and education services, with 25 percent of the newly enrolled children accessing such services (across the five districts) demonstrating capacity to engage and play effectively with their non-disabled peers.

### Local leaders were supportive and acted as catalysts for these achievements.

For example, in Mzimba, Kasungu and Mangochi districts, traditional chiefs supported monitoring visits conducted by MACOHA field staff and encouraged their community to support early childhood development and education for children with disabilities. Gaining the support of political leaders was also important; for example, in Chiradzulu, a local politician supported community members to construct bricks (clay 'blocks') to build a community-based childcare centre to demonstrate his commitment to all children, including those with disabilities, to have access to early childhood development and education provision.

Community members responded positively to MACOHA's campaigns and interventions, which also contributed to the project's success. This was exemplified by community

<sup>32</sup> See the also the Learning Story from the Association of Early Childhood Development of Malawi.

members giving their time, labour and skills to help make early childhood development and education environments accessible to children with disabilities. They helped to remove physical obstacles, built ramps using local resources, and made toilets more accessible. Some communities also made early learning and play materials accessible to children with disabilities. For example, in Chiradzulu, community members made tactile play and learning materials using local resources (such as clay) for children with visual impairments. Community members also raised their voices and alerted referral services to cases where some childcare centres were denying children with disabilities access to medical treatment. At some centres, parent support extended to parents personally taking their child with a disability to the centre and staying there for the whole school day to help educators with lesson activities.

**Improved collaboration and referrals of children with disabilities to appropriate service providers also significantly improved the daily lives of some children and their parents – mothers especially.**

For example, 12 children with mobility challenges received wheelchairs to help them access community-based childcare centres with greater ease and dignity, after their mothers spoke up about the difficulties they faced carrying their children on their backs to get to the centres.

Chikumbutso, a 6-year-old boy, received a wheelchair from the MAP Motivation Trust as a result of community members advocating on his behalf for a mobility aid so that he could attend early childhood development and education services (his mother was not able to carry him, as she had another younger child to carry on her back).

## Conclusion – quality change counts

Ultimately, MACOHA's project resulted in **some significant changes in the lives of children with disabilities**. For example, in Mangochi (in the eastern region), where crimes against persons with albinism were reported as rampant, parents of 7 children (3 boys, 4 girls) have enrolled their child with albinism into a community-based childcare centre. Those children now enjoy the same opportunities for learning and development as their peers. MACOHA has recorded similar cases in Phalombe district (see box).

Steven,<sup>33</sup> aged 6, has albinism. He lives in a village in Nkhumba in Phalombe district. He stopped going to primary school due to discrimination and verbal abuse, from peers and teachers alike. Things changed after the MACOHA project began, as teachers and students learned about inclusive education and the harm that stigma, discrimination and abuse towards persons with albinism can cause. Steven returned to school in the 2017/2018 academic year, where he is learning again and interacting freely with his peers.

Aida, aged 5, is from Chindamba in Mangochi. She enrolled at the Chindamba community-based childcare centre, even though her disability meant she could not stand unaided. Her mother, upon learning about the importance of early childhood development and education for children with disabilities as part of the MACOHA awareness-raising campaign, decided to carry her daughter to the centre. Her development has improved tremendously and now, just two years later, she is not only able to stand but also to walk independently.

While overall, the project may have reached relatively small numbers of children, the changes have been enormously significant in the lives of each child and parent. MACOHA is making a difference, one child and one district at a time.

<sup>33</sup> Child, village names and photos have been changed to protect children's identity.

### Lessons learned from MACOHA's approach that can inform future practice

- Awareness campaigns from 'the bottom up' form an integral part of changing people's attitudes towards disability, reducing discrimination towards children with disabilities within early childhood development services.
- Engaging with local leaders and community-based committees to mobilise communities is key, as it provides a sustainable way of supporting children with disabilities and their families, especially as some parents still perceive disability as a 'bad omen' and tend to hide their children, thus excluding them from the community and denying them their rights.
- The rights-based approach to inclusive education of children with disabilities obliges communities to take up disability-related issues.
- Construction of ramps and adaptation of toilets and play materials using local resources for "use by all" is a sustainable approach because for most Malawian communities, it requires little or no cost.



Image: MACOHA



Image: Gabriel Attwood

# Improving inclusive practices in early childhood development and education and promoting early identification and intervention

Some of the biggest barriers preventing children with disabilities from accessing early childhood development and education include lack of teachers (particularly trained teachers), lack of accessible infrastructure and lack of appropriate learning materials. Delayed or inadequate early identification of children's needs and lack of responsive intervention heightens risks of developmental delays, which can further complicate existing disabilities or lead to additional disabilities.

The Learning Stories in this section show how inclusive early childhood development and education seeks to maximise children's capabilities by reducing barriers to learning and participation, from as early as possible

in a child's life and development. The focus is on ensuring that educational facilities are accessible, and that a child-centred learning environment is supported (including making provision for assistive devices such as wheelchairs and sign language interpretation).

**In this section, we share three Learning Stories, from:**

- 1. Zimbabwe** – the Masvingo Community Based HIV/AIDS and Vulnerable Children Organisation (MACOBAO)
- 2. Zambia** – Mulumbo Early Childhood Care and Development Foundation (MECCDF)
- 3. Malawi** – Association of Early Childhood Development in Malawi (AECDM)



Image: Gabriel Attwood

# Championing a ‘jump start’ in early childhood development and education for children with special educational needs in Zimbabwe



## Introduction

The Masvingo Community Based HIV/AIDS and Vulnerable Children Organisation (MACOBAO) operates primarily in the south-eastern district of Masvingo, in Zimbabwe. It has become a leading community-based organisation promoting inclusive education within the district, and is increasingly recognised at national level.

It began work in 2008, offering care and support to children with disabilities. The organisation aims to ensure early identification and stimulation of children with disabilities to prevent delays in their growth and development. It seeks to increase access to timely, inclusive, quality early childhood development and education for children with disabilities and special educational needs. Its initiatives are based on the principles of participation, non-discrimination and accessibility.

## Identified challenges

In collaboration with the Ministry of Primary and Secondary Education, MACOBAO conducted a baseline survey in December 2015 to assess community attitudes towards inclusive education for children with disabilities. They found that parents and caregivers were concerned about sending their children to mainstream schools as they feared they would experience stigma and discrimination.

The baseline survey also identified 510 children with disabilities in the district. Almost half (40 percent) of girls with disabilities were out of school, compared to 20 percent of boys with disabilities, clearly indicating that girls faced greater exclusion

from educational opportunities than their male counterparts.

Based on the survey findings, MACOBAO's interventions set out to address discrimination, devaluation, stigmatisation, stereotyping, prejudice and isolation – all factors that were found to affect children with disabilities excluded from the preschool system. MACOBAO worked to strengthen awareness among parents, communities and other stakeholders about their responsibilities towards realising the right to early childhood development and education of children with special educational needs.

## MACOBAO's parallel strategies and process of effecting change

MACOBAO understands that poverty exacerbates disability, and can lead to secondary disability as a result of poor living conditions, malnutrition and poor access to health care and educational opportunities. MACOBAO also recognises that disability can result in families incurring additional costs to access services, as well as loss of income, with family members needing to take on additional care responsibilities. The organisation therefore included **family economic-strengthening activities to increase the capacity of caregivers to provide for their children**. Advocating for the early enrolment of children with disabilities in preschools aimed to improve children's chances of building their own skills, thus contributing to their ability to sustain themselves.

A key strategy harnessed by MACOBAO to drive change was *working in partnership with parents and carers of children with disabilities*. Caregivers and mothers of children with

special educational needs were supported with capacity building through the **unique and very successful ‘self-help group’ approach**.

Women were trained in savings and lending and income diversification. Including this intervention in the project helped MACOBAO to manage expectations about whether it could offer material assistance such as wheelchairs or help with school fees. The self-help groups improved mothers’ and caregivers’ confidence, increased their household income and made them more aware of referral networks. As a result, parents became better able to provide for their children, either directly, or indirectly, through lobbying for the provision of specific items of support. Some members of self-help groups were elected as members of primary school development committees, where they were able to influence planning and budgeting for inclusive teaching and learning.

The self-help concept grew over time and was scaled up from group to cluster level within Masvingo district. The groups and clusters built leadership skills among mothers, who were then able to advocate for inclusive education and influence policy reform and infrastructure development. For example, women confronted opinion leaders and decision-makers at all levels – from village, ward, district, and provincial levels through to the national level – and lobbied for inclusive education to be put into practice. Specifically, women consulted leaders and decision-makers to ensure that whenever they meet to discuss education policy and implementation, inclusive education must be on the agenda.

Home visits created meaningful connections between families and schools. Parents and family members became appreciated as experts on their children and their feedback was valued and incorporated into the classroom setting. Closer cooperation between home and school also limited any misunderstandings that might arise.

Partnering with parents and caregivers was central to MACOBAO’s approach. Another key strategy it used was **conducting home visits to build relationships of trust with parents**. It encouraged parents to access care for their children and to overcome their fears of enrolling children in preschools.

MACOBAO also worked to strengthen the self-esteem of children with disabilities as part of its longer-term aim to assist them to lead independent lives. The organisation views children with disabilities as partners in combating poverty. It works to establish a foundation for lifelong learning that will help the children to reach their full potential. To further support this work, MACOBAO implemented a **community rehabilitation programme**, which created opportunities for caregivers to be part of the rehabilitation process for their child at a low cost and in an accessible manner, as services were made available near to their homes.

In parallel to these strategies, MACOBAO **engaged with primary schools to develop guidelines for inclusive education**. It hosted forums and learning and exchange visits for early childhood development and education teachers and primary school development committees. Through these exchanges, teachers were able to recognise the abilities and talents that children with disabilities have. School development committees also learned about inclusive planning and budgeting. The learning visits highlighted the need to treat children with special educational needs with dignity, respect and equality. The exchange visits also allowed for best practices to be shared with project partners.

As a result of these exchanges, **school development committees in Masvingo are now allocating 20 percent of their annual budgets to address the needs of children with disabilities**. The project interventions also influenced some primary schools to amend their policies and practices to respond to the needs of

learners with disabilities. For example, Makasi, Charumbira, Chikarudzo, Murambwi, Morgenster CPS, Njovo, Mudhenge, Nemazuwa, Boroma, Muchenurwa, Gwanha, and Machitenda primary schools – all located in outlying areas of the district – adapted classrooms used for other purposes or built new ones in order to support the learning needs of children with disabilities, while others constructed accessible infrastructure and facilities, such as ramps and toilets.

MACOBAO also **developed training and support materials to strengthen capacity and empower key personnel working with children with special educational needs**. The organisation ran training workshops with early childhood development and education teachers to enhance their theoretical and practical skills to deliver inclusive education. According to the Masvingo District Ministry of Primary and Secondary Education, 80 percent of educators can now effectively teach learners with special educational needs within the mainstream primary school system, compared to 40 percent before the project's inception. MACOBAO's interventions equipped educators to understand that no one model is appropriate for all children with disabilities and that approaches need to accommodate differences in children's abilities.

The organisation also procured toys and other learning aides for children with special educational needs. Public awareness materials were developed, resulting in improved awareness and knowledge among educators, communities and families to embrace special needs education as a best practice.

As part of these efforts, MACOBAO hosted meetings with community leaders and stakeholders as well as community members. **Community volunteers and early childhood development paraprofessionals were trained on community mobilisation and advocacy**. The training included early identification and stimulation, addressed segregation, stigma and discrimination, and included information

on referrals and networking. Trained community volunteers became agents for change, tasked with ensuring that children were not stigmatised or discriminated against within families, communities or schools.

#### **The project also set up community working groups to advocate for inclusive education.**

Volunteers and educators who are dispersed across the district established an effective information-sharing platform, using WhatsApp and text messaging. This platform enabled them to reach one another effectively and conveniently to share challenges, successes and support in addressing needs and priorities of children with disabilities. This resulted in the creation of strong linkages between community members and educators, and stronger collaboration to ensure they were acting in the children's best interests. The information-sharing platform is jointly administered by MACOBAO and the Ministry of Primary and Secondary Education. Formalisation of information-sharing groups and community working groups on disability issues has resulted in continued and expanded support, which should encourage sustainability.

#### **Observed changes**

The combination of MACOBAO's interventions catalysed some remarkable transformations:

- **Improved access to education for children with special needs in Masvingo district.** MACOBAO's interventions helped to create demand among communities and parents such that children with diverse kinds of disabilities are now enrolled in early childhood development and education facilities and primary schools, and treated with fairness and dignity. Of the 510 children with disabilities identified through the baseline survey, over 40 percent (205) of those aged 3–8 years are enrolled in early childhood development and education centres and primary schools. The project helped to remove barriers within the learning environment and helped teachers



appreciate that students with disabilities can learn. According to the monitoring reports of School Psychological Services (a department within the Ministry of Primary and Secondary Education in Masvingo), preschool and primary attendance by girls and boys aged 3–8 years increased from 10 percent to 45 percent between 2016 and 2018.

- **Stronger collaboration and coordination between stakeholders, communities, families and schools**, all of which demonstrated a strong commitment to facilitate inclusive education. Referral and networking among families, schools and service providers improved access to services for children who need them. Children who needed medical attention were referred to health experts, while children from very poor families were referred to the Department of Social Services, receiving assistance with school fees, food and clothing.
- **The self-help groups were a key strategy for increasing household livelihoods and reducing dependency among households caring for children with disabilities.** Increased income helped families to access services, including education and health care, as well as gaining better nutrition. Children attending local schools is also a more affordable option than sending them to costly specialist schools that may be much further from home. With their children now attending school, demands on caregivers' time were reduced, which in turn freed up caregivers and parents to explore income-generating activities.
- The project has **broken down barriers and negative attitudes and facilitated social integration and cohesion.** By learning in the same environment, children with and without disabilities learn from each other. Children with disabilities in inclusive settings can have higher academic attainment than those in segregated settings. Some children with disabilities even outperformed their peers

in mainstream schools. For example, at Charumbira primary school, a grade 2 pupil aged 7 years who is paralysed in both legs and uses a wheelchair was ranked number 4 out of 54 pupils during the May to July 2018 school term examinations. Mainstreaming children with disabilities ensures that they are included and develop relationships, which contributes towards their future wellbeing and self-reliance.

### Conclusion – from jump start to forging ahead

Moving forward, MACOBABO intends to continue strengthening its relationships with parents. It has observed that men are less cooperative and less involved in caring for their children with disabilities than women are, largely because the burden of childcare lies with women, while most men are away from home, working in or near cities in Malawi or other countries in the region. MACOBABO is therefore stepping up its efforts to target men during strategic and timely opportunities, to ensure that men (and particularly those with children with disabilities) also learn about their children's rights to learn and develop to their full potential. This will be important in supporting mothers and other female caregivers in their efforts to act in their children's best interests. To achieve this, MACOBABO is engaging traditional chiefs and local leadership structures to champion the way as role models for other men.

MACOBABO would also like to introduce more community rehabilitation centres that parents can access locally. Rehabilitation services support children to become more independent and better equip them to carry out daily tasks. This also reduces pressure on teachers and caregivers, as children learn how to do more for themselves. The community rehabilitation centres also offer counselling services for children, caregivers and teachers.

Finally, MACOBABO is looking at expanding

access to socialisation experiences outside of the classroom through afterschool activities such as sports, play and extra-curricular activities. It is working on addressing issues of acceptability of education, which involves addressing the quality of education as well as the adaptability of the system to the needs of all children. Teachers in mainstream primary schools are advocating for special needs training to be compulsory in teacher training colleges and universities to ensure that teachers have the skills and qualifications they need to meet the needs of learners at inclusive schools and to address the shortage of trained teachers able to work with children with disabilities.

The project has been recognised as a best practice by the Ministry of Primary and Secondary Education in Masvingo district, which has indicated its commitment to work with MACOBAO to document its approach and activities as a means to scale up nationally. This is expected to be completed during a planned ‘write shop’ to be hosted by MACOBAO. In the meantime, MACOBAO continues to lobby at the national level for more spending on inclusive education. Before inclusive education can be rolled out nationally, there is a need to develop written policies, legislation, manuals and operational standards.

### Lessons learned from MACOBAO’s approach that can inform future practice

- For inclusive education to be a success it is critical to gain buy-in and support from local leadership and families.
- Reaching the grassroots is key to success – services must be made accessible to people near their homes, and not just in urban areas.
- Building civil society voice to hold government to account is crucial because civil society knows the realities and needs of children with disabilities and their families. This is where the grant support from OSISA and the Open Society is particularly important – helping to strengthen that voice from the grassroots. This is important for relevance, sustainability and long-term impact of MACOBAO’s work.
- Once children with disabilities have enrolled in primary school, there is the question of what next? Many families cannot afford school fees and other costs (such as textbooks and uniforms), so there is a need to identify solutions to continue support for these families. These are systemic issues that undermine the enabling environment for families to send their children to school, especially children with disabilities.

*This photo shows two toilets for children with disabilities (far left and right) and two with steps for their peers (centre) all under one roof. This is Zishumbe Primary School, one of the beneficiary schools of MACOBAO’s interventions. The toilet was constructed by the school after strong engagement with the school administration authority, and they allocated funds from their school resources to construct this disability-inclusive infrastructure. The toilets are pit latrines, modified by adding a toilet seat to make them more accessible to children with physical disabilities.*



Image: MACOBAO

# Behind the front door – overcoming barriers for early childhood development inclusion by reaching into the home in Zambia



## Introduction

The Mulumbo Early Childhood Care and Development Foundation was established in 2001, and currently operates in three provinces in Zambia (Lusaka, Western and Central provinces). Mulumbo has established six early childhood development centres focusing on vulnerable young children (aged 0–8 years), including those with disabilities from low-income and poorly resourced communities. Mulumbo provides and promotes integrated community-based early childhood development services to ensure the good care, protection and development of young children, including children with disabilities.

Mulumbo's programme approach is child-centred and holistic, aiming to address each child's physical, cognitive, creative, emotional, spiritual and social needs. Its programmes mainstream maternal and child health (including HIV and AIDS), nutrition and hygiene, children's rights, and gender and equity into all the activities of the organisation. The organisation has five secretariat members, supported by two full-time early childhood development/special education teachers and 24 trained volunteer caregivers.

## The challenge of inequity and inequality in early childhood development

In Zambia, after decades of neglect, early childhood development has now been declared a priority by the government. However, the National Early Childhood Development policy framework is still in

draft form, and government has annexed early childhood education centres to 2,166 government-run primary schools since 2014. The vast gap that remains is filled by faith-based and civil society organisations, which provide community-based early childhood development activities and (mostly privately owned) fee-paying early childhood development centres, typically in urban areas. As a result of this dearth of early childhood development provision, it is estimated that just 6 percent of Zambian children aged 3–6 are enrolled in preschool, and 76 percent of children starting primary school have had no preschool experience.<sup>34</sup>

The early childhood development facilities that do exist do not cater for vulnerable children, particularly children with disabilities and special educational needs, but also those from low-income and child-headed households, some of whom are affected by HIV and AIDS. These children and their households, especially those living in rural areas, feel the brunt of their exclusion from early childhood development services, and experience the repercussions in terms of not having their developmental needs met.

## Mulumbo's strategy and process of effecting change

After more than 10 years' experience in the sector, and in the face of overwhelming need for inclusive early childhood development services, in 2017, Mulumbo decided to increase opportunities for vulnerable young children, including those with special educational needs. Following a participatory and consultative community

<sup>34</sup> Zambia Ministry of General Education, Education Statistical Bulletin of 2016.

needs assessment exercise,<sup>35</sup> a **home-based play centre model** was introduced in Kaoma and Kabwe districts (Western and Central provinces respectively). This model focuses on addressing the needs of children in the contexts in which they live. Key government stakeholders from the Ministry of General Education, as well as the Medical Office, were engaged in an effort to sensitise them on the value of early childhood development, and the importance of addressing the needs of vulnerable children. The following strategies were used to reach these children:

1. **Special educational needs assessment** and diagnostic screening and certification were conducted, with support from the Ministries of General Education and Health, after which areas for priority intervention were identified and recommended.
2. **Home-based and centre-based programmes** for children with severe and mild disabilities respectively were developed and introduced at three early childhood development centres (in Chililalila and Nakoli, Kabwe district, and Mulamatila, Kaoma district).
3. **Parents and caregivers were trained** in basic concepts of early childhood development and brain development, as well as the development of play and learning materials. The training also covered issues related to the protection and rights of children living with disabilities.
4. **Parents and caregivers were given knowledge and skills to help children be more independent in everyday activities** such as feeding, bathing, dressing, mobility and toileting. They were also counselled to help them better understand their child's disability and their role in supporting their child's growth and development.
5. **Community support groups and learning circles**

were established to enhance the knowledge and skills of parents and caregivers.

6. **Home visits** were undertaken by trained volunteers to give direct support to parents and caregivers.
7. **Communities** were sensitised through a community mobilisation campaign, which included key government stakeholders.

### **Observed changes – bringing the “care” in early childhood care to life**

The effects of Mulumbo's interventions and far-reaching efforts are clearly visible, with anecdotal and statistical evidence documented by Mulumbo:

- **The mapping exercise identified 70 children with disabilities**, of which 58 were assessed for special educational needs and enrolled in the centre-based and community-based activities set up at the three early childhood development centres. Prior to the programme's inception, no children with disabilities in the target areas were being reached with early childhood development services.
- **The development of children, especially those screened for disabilities, was enhanced.** This was evident at the Chililalila, Nakoli and Mulamatila centres, where infrastructure improvements were undertaken to provide a more enabling environment. (Toilets were renovated to be more accessible, ramps were installed, play areas and outdoor material were also provided.)

<sup>35</sup> A four-day mapping and screening activity was undertaken to obtain information on vulnerable children, as well as cultural norms, attitudes and beliefs held by communities towards children with disabilities aged 0-8 years. This was done in partnership with community leaders.

A significant change story which exemplifies Mulumbo's impact on children's lives is the case of Desmond, a child with autism. Before the project started, Desmond was uncontrollably active, such that someone needed to be with him at all times to avoid him injuring himself or others. His mother explained that, "Within just two months of being enrolled at the Chililalila centre, Desmond was already able to sit with his friends and attentively participate in activities."

- **Parents and caregivers reported feeling more empowered and confident** in caring for their child or children with disabilities. They became more involved, attending meetings at the centres whenever they were invited.
- As a result of continued home visits, at the household level, people reported feeling more supported. **Positive changes in perceptions and attitudes** towards vulnerable children were also observed in those households that received visits through the programme.
- Positive changes in attitudes were also seen at the community level, where it was reported that there has been **increased participation and inclusion of vulnerable children and children with disabilities in community life**. Community members were more supportive – for example, helping to clean the early childhood development centres and surrounding areas.
- **Government support for Mulumbo's efforts** was evident in the provision of technical support for the training of parents on how to identify and support children with disabilities, as well as through direct support to conduct the special educational needs assessment, diagnostic screening and provision of two trained early childhood development/special education teachers.

## Conclusion

In the absence of an early childhood development policy framework in Zambia and sufficient government support to address the needs of vulnerable children and children living with disabilities, Mulumbo undertook a programme to effect change and provide much-needed assistance. Collaborating with key stakeholders (parents, caregivers, community members and leaders, and government officials), it worked to strengthen early childhood development centres as driving forces of change, providing services and training to give children with disabilities and poor children the opportunity to experience early learning.

The organisation's **dynamic approach of taking training into homes and communities provides a valuable model** for overcoming some of the challenges and barriers that deny vulnerable children with disabilities much-needed learning and development opportunities.



Image: Mulumbo (MECCDF)

"I feel encouraged by the development of play materials using locally available materials, such as how to model objects with clay for children who are visually impaired. I could not afford to buy toys from the shops in town, but now I will be able to make them not only for my own child with a disability, but for all the other children."

(Parent, Kabwe district)

## Lessons learned from Mulumbo's approach that can inform future practice

- Increasing family and community awareness of the causes of disabilities and the importance of support and stimulation for children who are differently abled helps to overcome negative attitudes towards people with disabilities, including attitudes based on unfounded beliefs or myths. Mulumbo has learned that when communities are mobilised with accurate information, buy-in and participation is high. Knowledge empowers people and people empower the programme.
- The inclusion of children with special educational needs in mainstream early childhood development settings helps to address the stigma associated with disability, which still persists in most communities where Mulumbo operates. Inclusion helped the parents of children with special educational needs to feel less isolated, leading to increased acceptance of children with disabilities, both in their homes and at the centres.
- Cooperation with existing government systems assures the sustainability of programme outcomes. Government structures at every level, from the national to the community, provide an opportunity for civil society groups to collaborate: (1) on policy, advocacy and legal reforms, through evidence-based engagements; (2) at provincial level, through influencing and monitoring policy guidelines and implementation action plans; and (3) at district and community level, through influencing and monitoring policy implementation.
- Evidence-based research and appropriately skilled expertise to inform practice is critical: because the programme design integrated specialist experts in different areas, the reach and assessments were effective and responded appropriately to needs.
- The patriarchal nature of society in Zambia means that men rarely play a role in caring for children, which means that women and girls carry a disproportionate burden of looking after children with disabilities and other vulnerable children. Mulumbo has tried to address this issue by including men in community meetings and committees, as well as by conducting training in gender equity. However, although these interventions have been positively received, changing cultural attitudes and practices around women's and men's roles in society takes time, and this will remain a challenge for Mulumbo going forward.



Image: Gabriel Attwood

**“We do not need to isolate children with disabilities by putting them in special secluded areas now that we understand that inclusion or inclusive education is their right.”** (Evaluation feedback from a parent after participating in a Mulumbo child rights and protection workshop in Kaoma district)

# Levelling the playing field for children with special educational needs in Malawi



## Introduction

The Association of Early Childhood Development in Malawi was legally registered in 1981 but was originally established in 1970 as the Association of Preschool Play Groups of Malawi. It was the first organisation to promote and pioneer early childhood development services in Malawi and is mandated to work with the Ministry of Gender, Children, Disability and Social Welfare to promote, develop and oversee high-quality early childhood development services, including training caregivers at community-based childcare centres.

The Association's mission is to facilitate the provision of physical, social, emotional, intellectual, spiritual and moral development of children in the early years (0 to 8) through training caregivers, engaging with community leaders, and setting up or improving early childhood development centres. It focuses on vulnerable children from low-income families.

In 2015, it received funding for one year from the Open Society Initiative for Southern Africa (OSISA) to implement the Early Stimulation and Transition of Children with Special Needs project in Machinga and Mangochi districts (in the southern region of the country). Targeting children aged 3–8 years with special educational needs, the project aimed to equip them with basic skills to facilitate a smooth transition to primary school. Its successes include raising awareness of the children's right to education, increasing the capacity of caregivers at community-based childcare

centres and primary schools to use inclusive teaching methods, and reducing social stigma and negative attitudes to people with disabilities.

In 2017, OSISA funded the Association for a further two years to enable it to scale up the special needs project, to reach many more children in Machinga and Mangochi, and to sustain impacts achieved in the first year.

## Long-standing challenges

At the time of producing the ECD Policy, Malawi was one of the least developed and poorest countries in the world, ranked 163 out of the then 174 countries on the UNDP's human development index (UNDP 2000 Human Development Report). It remains one of the least developed countries in the world, ranked 173 on the Human Development Index out of 188 countries in 2016, causing the United Nations to express disappointment and concern.<sup>36</sup> There was some improvement in 2017, when Malawi moved up the rankings slightly, to 171 out of 189 countries.

Early childhood development services in Malawi are provided through community-based care centres. Staff at the centres have often not been trained in early childhood development, and even fewer have been trained in early detection and/or inclusive care for children with disabilities. Likewise, there are few special needs-trained primary school teachers or teachers that have been sensitised on disability issues.<sup>37</sup> There are 3,500 community-based childcare centres, reaching 350,000 orphans and other vulnerable children each year. Children

36 Luke Bisani, "UN Saddened by Malawi's Poverty Ranking," Malawi 24, February 18, 2016, <https://malawi24.com/2016/02/18/un-saddened-by-malawis-poverty-ranking-2/>

37 Alister Munthali, Maxton Tsoka, James Milner, and Peter Mvula. *From Exclusion to Inclusion. Promoting the Rights of Children with Disabilities in Malawi*. 2013, [http://www.fedomamalawi.org/public/themes/Fedoma/downloads/malawi\\_cwd\\_situational\\_report\\_2013.pdf](http://www.fedomamalawi.org/public/themes/Fedoma/downloads/malawi_cwd_situational_report_2013.pdf)

aged 3–5 years attend the centres daily and receive care and support, food and nutrition, early learning and stimulation, hygiene, and preparation for the transition to primary school.<sup>38</sup>

There are estimated to be nearly 160,000 children with disabilities in Malawi. The actual figure could be much higher, as the 2008 census did not collect data on all physical and cognitive disabilities as classified by the World Health Organization.<sup>39</sup> Few of these children go to school. To date, **only 3.8 percent of children with disabilities (under the age of 5) have access to early childhood development services.** Until attitudes change, and until disability is mainstreamed into all services in Malawi (including all levels of the education system), children with disabilities will continue to be denied their human rights. All children in Malawi, including those with disabilities, have legal rights to care, protection and development. Until those rights are realised, for children with special needs to take their part in society and fulfil their potential into adulthood will remain an uphill struggle.

Prior to 2003, Malawi did not have an early childhood development policy. However, **in 2003 the National Policy on Early Childhood Development was produced** to address the challenges faced by vulnerable children in high-risk environments, including those affected by HIV and AIDS, poverty, malnutrition, and communicable diseases. Many Malawian children were vulnerable to poor health and/or premature death and experienced multiple problems of social adjustment because of their difficult start in life.<sup>40</sup>

The Malawi government had made some efforts to improve early childhood development, but these had produced

little impact. The new policy sought to provide guidelines and coordination for early childhood development activities, in collaboration with other stakeholders, to deliver a comprehensive approach to policies and programmes for children aged 0–8, and to include parents and caregivers. Underpinning the policy was the need to recognise the rights of the child as enshrined in the United Nations Convention, to which the government was a signatory.

Pre-schools were mainly concentrated in the urban areas, which meant most children in rural areas under the age of five had no access to pre-school before entering formal primary education. For children with special educational needs there were even less educational opportunities in both rural and urban areas, mostly due to lack of a deliberate policy to address these needs. In addition, myth and negative attitudes were major hindrances to education for children with a disability and SEN.

Malawi's early childhood development policy was revised in 2006, paving the way for a National Strategic Plan for Early Childhood Development (2009–2014) to guide implementation of the national policy. The Strategic Plan acknowledged that out of about 5 million children under the age of 8 years, only 15 percent were accessing the community-based childcare centres. It was designed to address the **many challenges facing early childhood development services**, such as dilapidated infrastructure, inadequate play materials and space, inadequate preparation for primary school, lack of incentives for caregivers, and inadequate capacity of caregivers and other service providers.

In 2009, the Ministry of Gender, Children and Community Development produced an Early Childhood Development Advocacy and

38 UNICEF, *Malawi Country Programme Document 2012–2016*, [https://www.unicef.org/about/execboard/files/Malawi\\_final\\_approved\\_2012-2016\\_English\\_10Feb2012.pdf](https://www.unicef.org/about/execboard/files/Malawi_final_approved_2012-2016_English_10Feb2012.pdf)

39 *From Exclusion to Inclusion*

40 Foreword to the Republic of Malawi National Policy on Early Childhood Development 2003, Lilongwe: Republic of Malawi, Ministry of Gender, Youth and Community Services



Communications Strategy, titled ‘M’mera Mpoyamba’. It noted that, **despite early childhood development having been in existence in Malawi from the 1950s, it was little known about by communities and received little or no priority in national planning.** The Strategy raised awareness of the rights of children with special educational needs to access early childhood development services, and promoted the requirement to make centres appropriate for children with disabilities. The document noted that there were millions of children growing up in poverty, facing malnutrition and poor health, and in unstimulating home environments, thereby preventing them from developing their cognitive, motor and social-emotional skills to their full potential.

In 2013, the Ministry acknowledged that indicators for child survival, growth and development remained poor. In its document, Support to Early Childhood Development Programme, the major underlying cause was cited as **the average child not receiving adequate care, support and protection, and the capacity of families and communities to provide for children**, one of the major contributing factors being the impact of HIV and AIDS. To address this situation, the Ministry stated that “Early childhood development must be recognised and promoted as an integral part of the development agenda”.

The Association of Early Childhood Development in Malawi has identified other reasons why children with disabilities and special educational needs are left out of mainstream childcare centres and primary schools. These include the fact that teachers and caregivers have received inadequate (if any) training in inclusive methodologies, the environments are inaccessible, and children with disabilities face social stigma and often negative parental attitudes.

### **The Association’s strategies and process of effecting change**

The Association’s project is unique, combining several interventions into an overall package targeting children’s needs (see Figure 3).

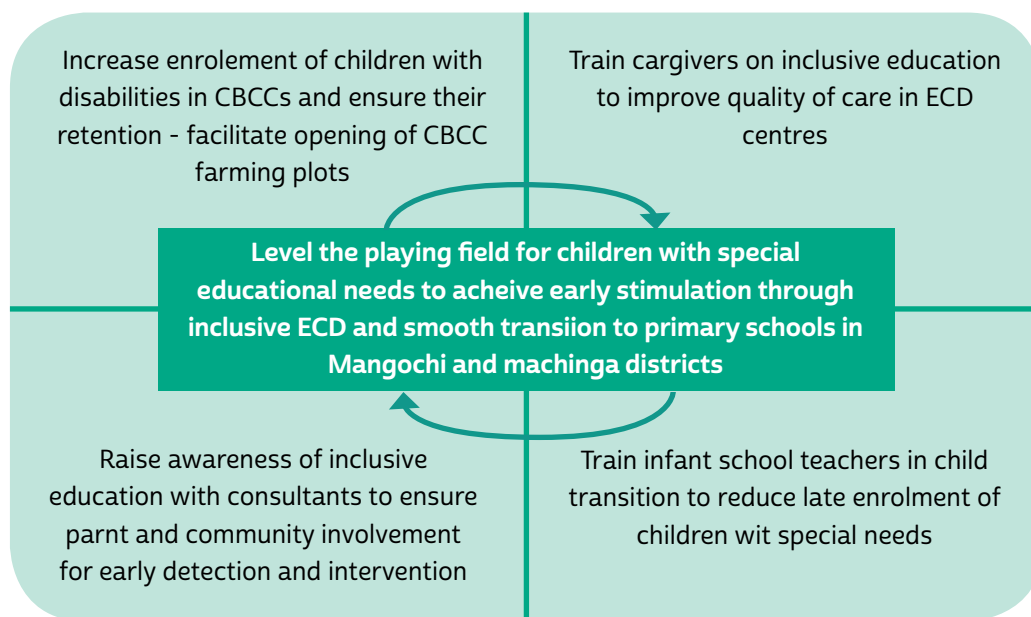
In its first year alone (2015/16), the project achieved remarkable changes. There was an 80 percent increase in enrolment of children with disabilities in both districts – from 41 to 74 children enrolled in the 20 targeted childcare centres. General enrolment of all children aged 3–5 years went up by 8 percent, from 1,427 to 1,539. Of the 194 children that transitioned to primary school in the September 2016/17 school year in the project areas, 4 percent were children with disabilities, compared to 1 percent in the previous year.

Since the project was extended in 2017, 10 more community-based childcare centres have been included, with 100 caregivers (19 male, 81 female) receiving training in ECD and disability. In addition, 20 caregiver mentors were trained (3 male, 17 female). A further increase in enrolment was recorded, with a marked **increase in enrolment (of 111 percent) for children with disabilities and special educational needs**, from 27 children to 57.



*Image: Gabriel Attwood*

Figure 3: The Association of Early Childhood Development in Malawi's approach to providing inclusive care for children with disabilities and special educational needs



In Machinga district, a 7-year-old girl, Catherine, with cerebral palsy could not stand, walk or talk. In July 2018, aged 6, she joined a community-based childcare centre in the district. When she joined she could not interact with her fellow children. However, with the help of caregivers trained in early childhood development and disability, she is now able to play with other children and is learning how to stand and walk. Her mother refers to it as "a miracle". Her achievements inspired two other parents to enrol their children with disabilities at the centre.

40 committee members of community-based childcare centres, 66 infant class teachers and 20 primary education advisors were trained in child transition, early childhood development, and disabilities. The project also strengthened the capacity of 40 community-based rehabilitation volunteers and community health workers so that they can **identify disabilities among children at an earlier stage**.

In conjunction with the Malawi Council for the Handicapped,<sup>41</sup> 57 children (35 boys, 22

girls) with special educational needs have been screened and identified as needing assistive devices through the community-based rehabilitation programme. Very few people have access to assistive devices in Malawi and there are very few trained personnel who can manufacture them. The community-based rehabilitation programme provides **technical expertise to communities on how to make assistive devices using locally available materials**.

Before the project was initiated in the selected childcare centres, caregivers had no knowledge of how to care for children with disabilities, despite enrolling them. Hence, they would not include them in their early childhood development activities. For this reason, parents/guardians were not incentivised to send their children to the centres as they were unsure whether the children would be looked after properly. Children were therefore kept at home and, in some instances, locked up in the house as parents needed to work on self-

<sup>41</sup> See section on Malawi Council for the Handicapped (MACOHA).

sustaining activities such as farming. The training provided to caregivers on inclusive early childhood development has proved successful, as **appropriate and structured developmental opportunities are now provided for children with disabilities**. Also, caregivers are able to help children acquire basic skills, such as learning to feed or dress themselves, which further engenders a sense of independence and dignity.

Caregivers at a community-based childcare centre in Mangochi district have two children with disabilities. One of them joined the school in January 2018. He could not stand or use his hands. During activities he was left alone as the caregivers did not know what to do with him. After attending the early childhood development and disability training, they realised the importance of loving and genuinely caring for children with disabilities to enhance the learning process. Because of the positive attitudes the caregivers have been showing towards the children, the community's perception and attitude have changed significantly. The collaboration between caregivers and parents is now strong. Parents practice what the caregivers do when they are at home with the children, thus sustaining change. The caregivers are now able to include the children in games despite their differing abilities and needs. Equally inspiring is that communities, supported by community-based rehabilitation volunteers and community health workers, are developing disability assistive devices such as parallel bars to support children with disabilities. The little boy who joined the school in January is now able to stand upright because of the assistive device.

The project also included orientation meetings with 20 local leaders on inclusive education, who in turn held sensitisation meetings in their communities, encouraging parents of children with disabilities to send their children to community-based childcare centres and primary school. These sessions also emphasised the importance and benefits of early childhood development. Prior to this, some parents did not see the need to educate children with disabilities, thinking that it was a curse to have a child with special

educational needs. Others displayed stigma and discriminatory attitudes. Since these sensitisation meetings were held, community perceptions and attitudes have begun to change. Not only are parents now sending their children (including children with disabilities) to the centres, but communities are now moulding bricks and contributing other goods such as nutritious food, and even sourcing assistive devices.

In one community the local chief appreciates the training he received and being able to sensitise his community to the benefits of inclusive early childhood development. He mobilised his community to build a childcare centre with their own resources so that children, including those with disabilities, can have a safe, secure and stimulating environment as opposed to the grass shelter previously used. "Usually only caregivers in our area are targeted for training. Local leaders are left behind, hence there is no coordination and cooperation among the caregivers, committee members and local leaders. The Association has given us momentum to promote inclusive education in our area."



Images: Gabriel Attwood



## Conclusion

The Association's project continues and there is still much work to do, but there is no doubt that it is making great inroads into turning an uphill struggle into a level playing field for many children with disabilities and special educational needs.

Faruck, a 4-year-old boy, is the last born of seven children. He has cerebral palsy. The project activities influenced community members to mobilise an assistive chair device for him. Faruck's father said: "His mother was having problems whenever she wanted to feed him as he could not sit properly. Now it's easy to feed him without any problems. Faruck is also able to play while in his chair."



One of the caregivers at the community-based childcare centre that Faruck attends agreed; "Faruck is now participating in the activities that we organise while in his assistive chair."

## Lessons learned from the Association's approach that can inform future practice

- Feeding programmes in community-based childcare centres have a substantial impact on retention and enrolment of all children, particularly those with disabilities.
- Community participation is key to the success of this project.
- Capacity building for caregivers, committee members and local leaders plays an important role in successfully run early childhood development centres.
- Training infant school teachers and primary education advisors, as well as caregivers, is key for smooth transition. Including these advisors in teacher orientation enables them to supervise the implementation of the inclusive education activities in their respective zonal schools.
- Many children with speech, hearing or visual impairments have never been assessed. Collaborating with community-based rehabilitation volunteers ensures early identification of different types of disability among children, thus ensuring early intervention.

# Influencing inclusive early childhood development and education policy and systems

Quality and inclusive early childhood intervention and early childhood development and education require intense and often complex coordination and cooperation between health, social welfare and education ministries. This calls for clear policy frameworks that are disability-inclusive, and clearly allocated ministerial responsibilities linked to financed budgets, policy implementation and expenditure monitoring.

As mentioned earlier in Section 1, a successful disability-inclusive education system is likely to take a twin-track approach, balancing **(1) system-level transformation** (investment in changing policies, practices and attitudes at all levels of the education system, as well as removing barriers to and creating an enabling environment for quality, inclusive early childhood development and education) with **(2) disability-specific programming** (disability-responsive health, rehabilitation and social support services, and opportunities for learning and participation through different teaching methods that include sign-language and learning materials in accessible formats).<sup>42</sup>

This section provides Learning Stories from four organisations that have focused advocacy interventions on influencing systemic change for disability-inclusive early childhood development and education. Experiences are shared from:

1. **Zimbabwe** – Chiedza Child Care Centre (Chiedza)
2. **Zambia** – Media Network on Child Rights and Development (MNCRD)
3. **eSwatini** – eSwatini Network Campaign for Education for All (SWANCEFA)
4. **Regional (Botswana)** – Southern Africa Federation of the Disabled (SAFOD)



Image: Gabriel Attwood

<sup>42</sup> See IDDC, 2016 for a fuller discussion on the twin-track approach.



## Pioneering practice to inform inclusive education policy in southern Zimbabwe

### Introduction

Chiedza Child Care Centre (Chiedza) is a private voluntary organisation established in Zimbabwe in 2001. It has 14 full-time staff, 3 interns, 10 volunteers and 65 community volunteers, and operates in rural Zvimba and Harare South district, in the south of Zimbabwe. Chiedza was formed by concerned academics, professionals and business people who saw the need to provide support for orphans, vulnerable children and their families. It has sought to provide holistic psychosocial support to children affected by HIV and AIDS, children with disabilities, as well as those from very poor families.

Chiedza promotes the educational rights of learners with disabilities through inclusive education, using a number of dynamic strategic interventions to achieve this. It works with parents and community structures to raise awareness of disability issues, and enable them to champion the rights of learners with disabilities. It also works with primary schools and government structures to provide training and materials to strengthen implementation and monitoring of inclusive early childhood education activities. Chiedza's collaboration with government departments is particularly significant as the work supports the development of the Zimbabwean government's emerging inclusive education policy.

### The challenge

In 2015, UNICEF Zimbabwe noted that 600,000 children with disabilities were failing to access basic human rights, such as early childhood education, basic education and health care. The National Association of Societies for the Care of the Handicapped (NASCOH) has estimated that 52 percent of children with disabilities in Zimbabwe

have no access to education. Government efforts to improve the lives of children with disabilities have been eroded by serious political and economic challenges. Zimbabwe ratified the UN Convention on the Rights of Persons with Disabilities in September 2013, and in doing so, committed to align its policies and laws with the convention. However, for many years, there has been no political consensus on how to achieve the ambitions set out in the convention.

In Zvimba district, in the communal lands of former commercial farming and mining areas, children as young as 3 have to walk 7km or more to access early childhood development and education centres. These centres are typically poorly resourced, with inadequate water and toilet facilities, dilapidated classrooms and lack of appropriate teaching and learning materials.

In 2015, with OSISA's assistance, Chiedza commissioned a baseline study and produced a report entitled *Promoting the Education of Early Childhood Development for Children with Special Needs in Mainstream Schools in Zvimba District*. The study was undertaken by an independent consultant and concluded that inclusive education was irregularly implemented, and that primary schools were driving *integration* rather than advancing *inclusive education*. The report also noted that children with disabilities were not being identified, and that early childhood development caregivers and preschool teachers were not receiving sufficient training on management of children with special educational needs. The study revealed that personnel from the schools' psychological services, who were responsible for assessing children to determine their disability, rarely visited the schools. This

further exacerbated the problems related to identifying children with disabilities, diagnosing them, and assessing and responding to their needs.

### **Chiedza's strategy and process of effecting change**

In response to the issues raised in that report, Chiedza set up a programme to promote the right to early childhood education in Zvimba district. The project adopted a multi-pronged approach, aiming to:

- increase access to quality, inclusive early childhood development for children with disabilities in the district;
- improve the capacity of teachers at preschools and in local authority early childhood development centres;
- strengthen the knowledge and skills of community members and community leaders/structures to effectively lobby and advocate for the right to education for children with special needs;
- work with government officials to complement the government's efforts to develop an inclusive education policy, and strengthen early childhood development coordination structures.

In total, 158 educators and 32 non-teaching staff were trained on issues related to inclusive education. Topics included a general understanding of special education policy issues; how to conduct assessments and identify specific forms of disability; how to teach children with special educational needs; barriers to learning; and strategies to promote inclusion of children with disabilities. A training manual was developed for future training sessions to ensure that promotion of the rights of children with special educational needs was an ongoing activity.

Other activities included training 40 school development committee members in how to mobilise resources so that they could raise funds to meet the needs of children with

disabilities (such as for assistive devices and adaptation of infrastructure in primary schools).

One hundred community volunteers were trained in how to identify children with disabilities, how to conduct referral pathways, and how to support and advocate for children.

Five community support groups were set up, meeting bi-monthly, and involving 89 caregivers of children with disabilities. These groups provide a platform for caregivers to share their experience in caring for their children, which in turn is developing skills and knowledge on how to provide a more stimulating and enabling environment in their homes to help the child's personal development. These caregivers also received training in economic strengthening initiatives through the Internal Savings and Lending Schemes methodology. This has equipped them with financial literacy and skills, and confidence to develop income-generating projects to help them meet the costs of caring for their children with disabilities and generally increasing household income.

Community awareness programmes reached more than 1,500 community members, educating them about the rights of children with disabilities.

Support was provided to eight district monitoring units from different government departments tasked with coordinating and monitoring the implementation of inclusive education in centres and schools. Support took the form of transport and fuel provided to the department of Schools Psychological Services and Special Needs under the Ministry of Primary and Secondary Education, which is responsible for conducting assessments and placements for learners with disabilities. The support has enabled them to conduct quarterly monitoring visits jointly with Chiedza.

“The community leadership, teachers, and school heads have all been sensitised on the rights of children with disabilities. The synergy that exists between Chiedza and not only the Ministry of Primary and Secondary Education but other government departments, such as the Department of Social Welfare and the local government department, has had a positive impact on the lives of children with disabilities. Each actor is taking their part in ensuring the children’s rights are respected, especially the right to education.”

(Ephraim Mushawatu, District Remedial Tutor, Zvimba District Psychological Services)

### Observed changes

Through Chiedza’s work with primary schools where early childhood development is provided and collaboration with government, the following changes were observed:

- There was **an increase in the number of learners with disabilities** enrolled at preschools, up from 27 in 2015 to 116 by the end of 2017. It is anticipated that this figure will continue to rise as the project’s efforts are sustained.
- The **health of learners** enrolled in early childhood development at primary schools has improved. Monitoring visits to the target schools showed positive physical motor improvements and improved intellectual wellbeing of the children.
- **Parents/caregivers** who are members of support groups reported being able to provide better care for their children, including providing nutritious food, making time to play stimulating games with their children, and ensuring that the home environment is safe. Similarly, they reported a positive change in their perceptions, and felt more encouraged to send their children to preschool, knowing that better support systems were in place to provide the support their child needed. They felt that the quality of their children’s lives had improved as a result. Through the economic strengthening component of the support groups, a number of caregivers reported having started viable small income-generating projects such as gardening, vegetable stalls, and poultry projects. The income they gained from these activities enabled them to provide more nutritious food for their children, procure assistive devices, and pay school fees, as well as clearing any school debts (representing an additional barrier for children with disabilities to access education, as non-payment of school fees means the child is not allowed to attend lessons).
- **Educators and non-teaching staff and school development committees** reported feeling better equipped to identify learners with special educational needs and practice inclusive education. **School development committees** also reported undertaking efforts to mobilise resources to help support learners with disabilities.
- **Infrastructure improvements** were made in over 80 percent of the schools. Toilets, ramps and pathways were built to make schools more accessible for children with disabilities. These changes were attributed to the training received through the project, which encouraged schools to look at their infrastructural needs in order to better accommodate children with disabilities.
- **Community leaders** were leading advocacy strategies to promote the rights of children with disabilities, including their right to access education. Community members reported that negative attitudes to children with disabilities had been confronted and were changing for the better.



- **Monitoring and evaluation** of special needs and disability issues was strengthened. Government departments reported having strengthened their capacity to monitor early childhood development and education needs and priorities in schools.
- To amplify these achievements, through Chiedza's partnership with the Zimbabwe Open University, which provided affordable and specialised training for teachers in the target schools, 24 teachers have been trained in sign language and cognitive learning disabilities. Eight teachers have also enrolled with the Zimbabwe Open University and are studying for a degree in Disability and Special Needs Education; more teachers have indicated their interest in the programme for the next academic year.
- **Engagement for an inclusive education policy** with the Ministry of Primary and Secondary Education has been ongoing through Chiedza's membership of the national Education Coalition of Zimbabwe (ECOZI) (Chiedza chairs the coalition's early childhood development committee). Of particular note is that **Chiedza's work on its Inclusive Education project has been used as empirical evidence to support the case for an Inclusive Education approach across the entire sector.**
- Through its multisectoral approach to supporting children with disabilities, Chiedza has secured the involvement of the Ministry of Health and Child Care, Rehabilitation Department, for assessments and community-based therapy; and of the Department of Social Services, for training for community volunteers and parents on child protection and referrals. For example, two children were successfully referred to specialist schools as a result of assessments and referrals being well coordinated through the Department of Social Services, Ministry of Education, local authorities, and university lecturers working together.

## Conclusion

Chiedza's coordinated multi-stakeholder approach to achieving its project goals made a significant contribution to realising changes in the lives of children with disabilities in Zvimba district. Changing perceptions, strengthened capacity and improved resources secured an increase in preschool enrolment rates for children with disabilities. Follow-up training sessions are being conducted to ensure that changes are continued, and there is optimism that the gains made to advance the rights of children with disabilities will be sustained.

At a broader level, Chiedza's work in Zvimba is significant because it has supported the development and practical implementation of the government's emerging inclusive education policy. While all schools have been mandated to embrace inclusive education, there is a great deal of uncertainty about how to do this in practice. Chiedza's efforts have pioneered the way, demonstrating the value and benefits of a multi-stakeholder approach to achieving inclusive education.

"The big problem in our community is that disability has largely been blamed on witchcraft and it needs us to continuously talk about the causes so that maybe our people will change their attitude towards children with a disability."

(Local traditional chief)



Image: Gabriel Attwood

## Lessons learned from Chiedza's approach that can inform future practice

Inclusive education is the 'natural' meeting ground for professionals from diverse fields. Assessment cannot, therefore, be initiated without the participation of an interdisciplinary team. In Zimbabwe, it is very unfortunate that there is a general "fight" to claim territorial rights, especially when it comes to disability, and each Ministry considers that it has a mandate on disability. Consequently, much effort has been wasted on debates around who should do what, at the expense of children with disabilities and their families who are supposed to benefit – and are in urgent need of support. There are numerous examples of political dialogues and consultations around appropriate protocols, which have all ultimately led to inertia. Such debates cannot and should not be used as an excuse to deny children with disabilities access to education, because they are purely political, legislative and administrative matters that should be sorted out while

children with disabilities are in early childhood development and education or school, and receiving other appropriate 'wrap-around' care, such as health care. Such delaying actions by decision-makers are a hindrance towards the attainment of an inclusive education policy. Therefore, Chiedza has learned that the move from institutionalisation of inclusive practice to having an inclusion policy framework must be understood in terms of a long-term process rather than a one-off event. Such a process implies transitional phases, which come with costs, as the entire teacher education curricula would need revisiting, and school buildings (old and new alike) will need to be made accessible to children with disabilities. Thus, there remains an imperative to advocate for government to specifically make provisions for, or allocate sufficient resources to, the promotion of inclusive education in schools.



Images: Gabriel Attwood

# Amplifying voices for early childhood development and education for children with disabilities in Zambia



## Introduction

Formed in 2009, the Media Network on Child Rights and Development is a leading membership-driven media advocacy organisation. It works to empower journalists and children with media skills to promote children's participation and protect and uphold children's rights. It works with government, civil society, partner organisations, children and journalists to ensure that the voices of children and their priorities are captured in the media so as to influence changes in policy and practice to fulfil children's needs. The Network has 7 full-time staff and 10 part-time staff in 10 districts, as well as 3 interns in law, media and strategic partnerships.

It has implemented a number of successful campaigns to address child abuse, child participation, child labour, child rights governance, child development and media ethics. It also runs the Children's News Agency (involving a group of children who carry out media activities) and has set up a Junior Parliament, publishing the *Junior Reporters* magazine, which is distributed in four countries: Lesotho, Namibia, South Africa and Zambia.

## Challenges facing children with disabilities in accessing early childhood development and education

Up until now in Zambia, access to quality early childhood development and education has largely been based on ability to pay, which has resulted in inequity between rich and poor households and has largely excluded vulnerable families. From 2014, the Media Network has tried to increase access to early childhood development and education

by holding government accountable for its Education for All (EFA) goals based on its manifesto, which outlined its election promises.

The initial goal of the project grant supported by the Open Society and OSISA was to contribute to increased access to quality early childhood development and education for all children through raising public awareness. As the project was implemented, the Network recognised that the progress being made in rolling out access to those services was not reaching children with disabilities, who were particularly excluded as a result of requiring additional or specialised support from services that lacked even basic play, teaching and learning materials appropriate for children with disabilities. The project's scope was therefore extended in 2017 to include advocating for access to early childhood development and education for children with disabilities. The project recognised stigma as a particular barrier, with parents anxious about exposing their children to discrimination associated with disability.

The goals of the project reflected this change and were revised, to increase access for children with disabilities, to lobby for increased funding (to at least 10 percent of the national education budget allocated to enhance support to children with disabilities), and to ensure that the needs of children with disabilities be included in the national Early Childhood Education policy.

## The Media Network's strategy and process of effecting change

The Network developed a two-pronged strategy to engage the media and generate platforms for dialogue to influence public opinion and bring about policy changes.

The strategy included **raising awareness of the importance of early childhood development and education through the use of social media, testimonials and ‘vox pops’ on channels such as YouTube, Facebook and Twitter.**

To advocate for increased access to early childhood development and education services for children with disabilities, the Network held **consultative dialogues with key influencers and stakeholders**, including the media, traditional leaders and government.

Through joint media and civil society organisation workshops, organisations working in the early childhood development and disability sectors learned how to relate to the media and build relationships with journalists to maintain coverage. Media houses were informed on who the key players in the two sectors were, and who to contact when developing media features and news stories. Members of the Early Childhood Care, Development and Education Thematic Committee of the Zambia National Education Coalition were featured on radio and television and in print media. A joint seminar for members of the Coalition, the Ministry of Education, other stakeholders and the media was held to ensure that the media covers issues affecting children with disabilities. An email group of professionals working in early childhood development and education was created to increase levels of engagement. The project compiled a booklet entitled *How to work with the media* for key stakeholders, including those active in the disability sector. The Media Network also developed a five-year **advocacy and communications strategy, supported by information, education and communication (IEC) materials for organisations working with children with disabilities to promote greater access to quality early childhood development and education services.**

A three-day media workshop was also hosted with editors, producers and senior reporters from 30 national media houses to improve

their understanding of issues around early childhood development and education. The workshop included community radio station managers and directors, the Zambia News and Information Services and local language producers from the Zambia National Broadcasting Corporation. The Media Network also hosted a media lunch with editors and producers.

Editors and senior producers were taken on a tour of early childhood development and education centres in Western and Luapula provinces to explore what is needed to offer quality, inclusive services. Some **participating media houses, including ZNBC radio, ran stories** as a result of the interventions.

Additional **public discussion forums** were held in Lusaka to bring together those working in early childhood development and education and the media to discuss access, budgets, materials and other issues related to service provision. These discussions were planned for Lusaka in order to reach Members of Parliament (MPs) based in the capital.

### **From awareness to accountability**

At national level, the Media Network **used the government’s political party manifesto as a tool to ensure that government implements its election promises.** It also used the Seventh National Development Plan and the international framework of the Sustainable Development Goals and Education Agenda 2030 as instruments to hold government accountable for the provision of inclusive education in Zambia. It also engaged district commissioners, district education board secretaries, traditional leaders and local council mayors. As duty-bearers, these local government representatives have a key role to play, as government intends to devolve early childhood development and education services to local authorities. The project lobbied for ward and council-level government to pass bylaws to advance early childhood development and education provision. The project also lobbied local

government councillors to tap into constituency development funds to support service provision. Local councils were further engaged through the Local Government Association of Zambia at its annual general meeting to lobby councils to support the provision of early childhood development and education lessons through radio.

### Observed changes

During the first 18 months of implementation, the project strengthened the capacity of stakeholders working in education and disability to work with the media to influence coverage of inclusive education and related issues. It **facilitated relationship-building between key players in both sectors and the media**, thus allowing issues affecting the sector to be openly raised and reach the public. Media establishments gained important knowledge on the human rights of children with disabilities to access early childhood development and education that is suited to their needs.

The good practices implemented by the project have been shared with the Africa Network Campaign for Education, which works across the continent, engaging policymakers at regional level. The project mobilised disability and non-disability organisations to work together to address gaps in the education system for children with disabilities. **Working with decision-makers** such as district commissioners, district education board secretaries, the Permanent Secretary, the Minister of Education and traditional leaders **created vital platforms to open space for civil society to influence policy and budget allocations**, which can ultimately lead to long-term changes in early childhood development and education provision.

### Looking ahead – getting on the bus

Three buses have been branded in both English and relevant local languages with early childhood development and education

messaging to raise public awareness through a media bus campaign. During 2019, these buses will tour the country, and a professional entertainment group will provide theatrical performances highlighting issues around early childhood development to attract audiences. Members of the Zambia National Education Coalition involved in the media bus campaign will conduct public discussions through community town hall meetings. These discussions will be recorded and aired on community radio stations for those unable to attend in person. The entourage in the media bus campaign will visit traditional leaders, government officials and council officials in the target areas.

The Media Network also engaged with the Ministry of Education, Science, Vocational Training and Early Education to launch an Interactive Radio Instruction series project, which will be facilitated with the Education Broadcasting Services under the Ministry of General Education. Journalists and early childhood development and education experts will be involved in the production of the audio learning series. Parents and guardians will be provided with winding radios so that they can listen in on community radio. The winding radios have USB ports and memory card input to ensure access in areas where radio reception may be weak.

As the Media Network has expanded its advocacy efforts to include focusing on children with disabilities, the curriculum on which the Interactive Radio Instruction project is based was reviewed, and is being adapted to integrate inclusive early childhood development and education. It has also set out to include an Interactive Video Instruction version of the radio series to reach children with hearing impairments. As this is a costly exercise, it is working with the Ministry of General Education to carry out joint fundraising activities for this purpose.

At the time of writing, a special edition of the Junior Reporters magazine was being

prepared. It captures the fulfilment of promises made by government for children with disabilities. This will be handed to government to showcase the government's early childhood development promises for children with disabilities. Similarly, the Children's News Agency is preparing to raise early childhood development and education issues affecting children with disabilities at the Parliamentary Caucus on Children.

### Conclusion

The two-pronged approach adopted by the Media Network – of mobilising citizens through raising awareness about disability rights, and providing platforms to hold duty-bearers to account – have opened up critical space for civil society to influence inclusive early childhood development and education policy dialogue in Zambia.

The Network used innovative advocacy and communication mechanisms to reach the most marginalised groups and the wider public, while gaining buy-in and support from media houses by framing inclusive education within an evidence-based child rights framework. In doing so, it has influenced changes in attitudes, both at the individual level and the system level. This has supported ongoing civil society efforts in Zambia to remove barriers to, and create enabling conditions for, enhancing access to quality, inclusive early childhood development and education.



Image: Louise Knight

### Lessons learned from the Media Network's approach that can inform future practice

While knowledge of early childhood development and education, and the situation of children with disabilities, has been enhanced, the media tend to focus on politics and other issues deemed more 'newsworthy'. This undermines full coverage of inclusive education issues. The Media Network has learned that it is critical to ensure that journalists understand that disability and inclusive early childhood development and education are political issues. To facilitate this process, it is developing a Memorandum of Understanding with different media houses to ensure that they report and publish stories on inclusive early childhood development and education.

Evidence-based advocacy is a key driver for project success. Demand-driven and evidence-based advocacy empowers communities to remind governments of their promises and hold them to account for delivering on them.

Mobilising civil society to work with the media can add momentum to advocacy efforts. Bringing the media, civil society and government players together enhances their ability to both support each other and hold each other accountable.

Using political party manifestos and highlighting them in the media is a powerful advocacy tool to hold government to account.

# Opening the gateway to inclusive education in the Kingdom of eSwatini



## Introduction

The eSwatini Network Campaign for Education for All, established in 2007, campaigns for the right to quality and inclusive education for all. It organises its members and partners to discuss issues of education policy and promote public and media debate on education. It also strengthens its members through capacity building, coordination of activities and better use of each organisation's expertise. As such, it occupies a unique space that had previously been vacant in eSwatini – that is, an amplified civil society voice for quality and inclusive education.

With grant support from OSISA and the Open Society Early Childhood Programme, the Network implemented a project entitled *Education for All: Increasing Access to Education for Children with Disabilities*, to promote inclusion of children with special educational needs in the system of preschool and elementary (primary) education. The project also sought to reduce dropout rates by formalising and broadening the technical support that is provided by teachers, health workers and parents to enable early disability identification and response. The project also promoted inclusiveness in the education system as provided for by the 2011 national Education and Training Sector Policy and the National Education and Training Improvement Programme 2014. It also promoted continuity in educational and training opportunities for children with disabilities.

## Challenge: a developing environment

Almost a decade after eSwatini became a signatory to the Education for All (EFA) declaration in 2000, the Ministry of Education and Training was insufficiently capacitated to handle, among other things, early childhood care, development and education curricular development (for children aged 0–8 years), teacher training, and monitoring and evaluation.<sup>43</sup>

From 2010, however, some progress was made in expanding access to primary education for all children, including orphans and vulnerable children, as well as children with special educational needs. The Education Sector Strategic Plan (2010–2022) was adopted, and the Education and Training Sector policy was adopted a year later (2011.) The policy contained a variety of strategies for the short term and longer term to realise the early childhood care, development and education policy goal of expanding equitable access to quality early learning to accommodate all children in eSwatini aged 3–6, and ensuring the full inclusion of the nation's most vulnerable children.<sup>44</sup>

In 2013/14, the Ministry of Education and Training, with support from partners, developed and launched the Swaziland Early Learning and Development Standards,<sup>45</sup> setting out what young children should know and be able to do at different stages of their growth. Standards are important because they state the development milestones and help parents, caregivers and

<sup>43</sup> *Education for All 2015 National Review: Swaziland*, accessed March 25, 2019, <https://unesdoc.unesco.org/ark:/48223/pf0000232703>

<sup>44</sup> *Education for All 2015 Swaziland*

<sup>45</sup> At the time the Standards were developed and launched, the country was known as Swaziland.

teachers to provide the best care to the child in line with the child's developmental needs. The standards were disseminated to early childhood care centres, and teacher training on these standards remains ongoing.

The regulation and quality of early childhood care, development and education was improved through the registration of care centres and a three-year, part-time teacher training programme (sponsored by OSISA) introduced in 2013/14 at one of the teacher training colleges (Ngwane).

eSwatini has also taken significant steps in terms of consolidating its priorities, providing policy and strategic direction in the provision of early childhood development programmes through the development of the Early Childhood Development and Education policy (which is still in draft form).

In eSwatini, early childhood care is mainly provided through formal preschools, residential childcare facilities, and neighbourhood care points, which are community-initiated centres that were set up to provide care and support for orphaned and vulnerable children.<sup>46</sup> A survey in 2011 indicated that, of more than 1,200 centres, only 18 were owned by government, revealing that early years education was still largely operated by the private sector – owned by individuals and organisations. This limits engagement by the Ministry of Education and Training with early childhood care, development and education; however, the Ministry's mandate includes regulation and monitoring of the sub-sector through inspection.<sup>47</sup>

### A continuing challenge

In spite of these achievements, there remain huge challenges for children with disabilities to access education in eSwatini, even with early identification. Despite the

establishment in 2008 of the National Disability Unit, whose mission is to champion significant improvement in the quality of life for people with disabilities, it was recognised when working with different stakeholders in developing the national early identification and intervention strategy (launched by eSwatini Network Campaign for Education for All in collaboration with the government in November 2016) that much more work needs to be done in terms of disseminating information. Many people, especially those with disabilities, are not aware of national policies and legislation designed to protect their human rights, including the right to education.

A Baseline Survey on Access to Services by Children and Persons with Disabilities (2012) established that children with disabilities are not given an opportunity to participate and contribute to society. Negative attitudes and beliefs – such as that disability is a curse, that the parents did something wrong, or the disability is punishment from God – have reduced opportunities in accessing education, health care and work for people with disabilities, and consequently the chance to contribute towards their own livelihoods and those of their families.

Children with disabilities and their families are confronted by barriers including inadequate implementation of legislation and policies, inadequate services, and lack of accessible environments. When children with developmental delays or disabilities and their families are not provided with timely and appropriate early intervention, support and protection, their difficulties can become more severe – often leading to lifetime consequences, increased poverty and profound exclusion.

<sup>46</sup> Ministry of Education and Training, Swaziland, *Swaziland Early Learning Development Standards*, 2013

<sup>47</sup> *Education for All 2015 Swaziland*



## The Network Campaign's strategy and process for effecting change

While eSwatini is recognised as one of the few countries in the Southern Africa region with progressive and comprehensive policies in place to ensure the rights of people with disabilities, as enshrined in the National Constitution of 2005, this commitment has not yet translated into resources through the national education budget – the share of the Ministry's budget allocated to early childhood care, development and education is less than 1 percent, again reflecting the fact that the subsector is largely in the hands of the private sector in eSwatini.<sup>48</sup>

The Network Campaign therefore works to strengthen the development and implementation of early childhood care, development and education policy among key stakeholders in the national education landscape. It recognises that this requires serious discussion involving all stakeholders, from the grassroots up to the most senior government officials, including MPs. The Ministry of Finance also needs to be included in such discussions. There needs to be closer collaboration and coordination among all actors involved in early childhood care, development and education if children with special educational needs are to have those needs identified and met.

To achieve this goal, the Network Campaign advocates for a legislative instrument that mandates and focuses wholly on the development and human rights of the young infants in early childhood care centres, neighbourhood care points and residential child care facilities.

The Network Campaign's project, with grant support from OSISA and the Open Society Early Childhood Programme, aimed to:

- increase enrolment rates for learners with special educational needs
- Identify children with developmental anomalies early, even from birth
- promote continued training opportunities for children with disabilities by reducing their dropout rates at early childhood care and primary level
- equip parents with the information they need to support their child's development, such as understanding when children reach significant developmental milestones
- increase awareness of the importance of early identification and intervention and participation of children with disabilities in early childhood care, development and education.

In achieving these aims, it undertook numerous activities with a range of partners, as follows:

1. The development of an Advocacy Strategy Manual. The advocacy strategy aims to **increase the capacity of the Network's members and other stakeholders, ensuring their effectiveness in advocating for access to and mainstreaming of early identification and intervention-related** issues of children with disabilities into national policies and programmes. A comprehensive Training Manual was developed to support early childhood professionals in eSwatini to meet the needs of children with disabilities and their families. The development and content of both manuals was validated by relevant stakeholders, including the Network's membership, the Ministry of Education and Training, Ministry of Health, school principals and

<sup>48</sup> *ibid*

teachers, early childhood care providers, caregivers, health motivators, and parents of children with disabilities. This broad participation was critical to ensure that the two documents were inclusive and covered the needs of all children, and to ensure that they were owned by stakeholders and would be applied on the ground.

2. Providing training for 67 early childhood care, development and education staff (female), 60 parents (1 male, 59 female), 65 health workers (10 male, 55 female) and 62 rural health motivators (3 male, 59 female). These educators and parents from the four regions were selected by the Ministry of Education and Training's early childhood care, development and education department. The training focused on early identification and intervention and advocacy strategies, and brought together participants from urban and rural areas with different experiences. The training was beneficial in identifying some advocacy issues that still need to be addressed to achieve universal benefit for children with disabilities in the early years.
3. Holding 10 community meetings in the constituencies, reaching 677 people (412 females and 265 males). During the meetings it became evident that there was a need for **more sensitisation on the importance of early childhood care, development and education, and inclusion of early identification and intervention**, especially in rural areas, where some communities still rely on traditional healers as opposed to health facilities, reflecting myths that children with disabilities are bewitched, only seeking health facilities when it is too late for the child. **Parents highlighted the need to form a Parents Association** that would have a voice in the governance of early childhood care centres and primary schools, to ensure that all children have

equal access to quality early childhood services. As part of its advocacy approach towards early identification and intervention for children with disabilities, the Network Campaign also developed related advocacy messages that were endorsed by stakeholders to be used in all its campaign activities.

4. Using social media to communicate progress and outcomes of the project, which observed **stakeholders engaging in conversations around early identification and intervention**. The Network Campaign also used its weekly newspaper article to disseminate information, online and in print, receiving feedback from different sectors working on children's rights and education. A [video](#) was developed on the inclusion of all children with disabilities in education, and was posted on the organisation's Facebook page. Radio jingles to sensitise the public on early identification and intervention were produced and aired.

### Observed changes

The involvement and engagement of multiple stakeholders in the Network Campaign's project activities was impressive. Positive feedback through inputs and comments on the way forward in implementing the early identification and intervention strategy was reportedly very beneficial to the Ministry (Special Education Unit, Early Childhood Care, Development and Education Unit) and the National Disability Unit.

The Network Campaign experienced **great support and engagement from the Ministry of Health and the University of eSwatini**, Faculty of Health Services. The advocacy strategy was viewed as a very important and timely document, as the country is in the process of implementing the Sustainable Development Goals and the 2030 Agenda.

**Broad ownership of the Advocacy Strategy and Training Manual was strong**, with stakeholders suggesting that more funds need to be

secured to develop an advocacy strategy that will enable young children to be peer advocates for the rights of other children with disabilities. This would build the capacity of children to learn how to support their peers with disabilities and special educational needs in mainstream schools.

Following training, **early childhood care educators started to enrol children with special educational needs at their centres**, indicating the impact the training had on increasing access to such services. The professionals who received training also gave positive feedback on the knowledge they had acquired and pledged to apply the skills they had learned. One commented:

“I learned about activities that could help identify children with disabilities and different ways of teaching that caters for special needs. I now hire a taxi and take them [children with disabilities] for excursions to the park, malls and library. In the process, I also educate other people in these public places on how to interact with and treat children with disabilities.”

The training of rural health motivators had a positive impact on reducing home deliveries in some communities, because the motivators understand how to encourage pregnant mothers to visit clinics and to plan to give birth at hospital prior to their delivery date. A trained community health motivator shared his approach to reducing the number of home deliveries as a way of implementing the early identification and intervention strategy.

“Once I am told that a mother is expecting, I encourage her to attend antenatal care and to prepare for the delivery by ensuring that transport will be available. The identification process starts at zero years and before the baby is born ... If the baby shows any signs of disability at an early stage, doctors can help correct that.”

Furthermore, the parents who had received training **formed a WhatsApp group, creating a platform where they could share information**

**about their experiences of raising children** with disabilities and special educational needs, supporting each other on how to manage the everyday challenges they encounter.

## Conclusion

While the eSwatini Network Campaign for Education for All’s project achieved extensive support, opening the gateway for children with disabilities and special educational needs, there remains much work to do in the next phase. The organisation plans to continue its work in disseminating the Advocacy Strategy and conducting more sensitisation campaigns on the importance of early identification and intervention, and early childhood care, development and education.



Images: Gabriel Attwood



## Lessons learned from the eSwatini Network Campaign's approach that can inform future practice

- More needs to be done to engage and empower the parents of children with disabilities. Many parents still know very little about the causes of their child's disability and how to manage it, as well as how they can help their children access their right to education and other basic services, including remedial care or therapy.
- Peer education can be a very effective way of reaching children, so there is a need to establish peer groups, whose members will also receive training in addressing public gatherings on the importance of early identification and intervention, and early childhood care and development.
- There is a need to encourage fathers to participate more in the care and education of their children, particularly during the early years. In most cases, fathers' involvement is limited to providing financial support.
- There remains an urgent need to increase enrolment in early childhood care, development and education, and to strengthen the capacity of educators to enrol children with special educational needs.
- The eSwatini Network Campaign also recognises the need to continue its advocacy efforts for provision of free public early childhood care, development and education, given that most of the existing centres are privately owned and very expensive, especially in urban areas. The government has introduced – on a pilot basis – grade 0 in 80 public primary schools (for 5-year-olds).
- There is an urgent need to ensure that the Advocacy Strategy reaches more communities where disabilities are not easily identified early because there is a lack of clinics or hospitals nearby. In such places, pregnant mothers often do not receive any antenatal care or immunisations and often give birth at home.



Image: Louise Knight

# Greater than the sum of its parts – building a network to advance the rights of children with disabilities in the Southern Africa region



## Introduction

Established in 1986, the Southern Africa Federation of the Disabled (SAFOD) is a leading disability-focused network based in Botswana, formed and run by persons with disabilities. Guided by their motto, “Unlocking an inclusive society for persons with disabilities in Southern Africa”, with a staff of seven, SAFOD is an umbrella body of federations of national disabled people’s organisations in 10 countries across the region (Angola, Botswana, eSwatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe).<sup>49</sup>

The Federation’s main objective is to advocate for the rights of persons with disabilities and to strengthen the work of affiliates and other stakeholders to promote and secure inclusive development and human rights for people with disabilities in Southern Africa.

## A regional challenge

The World Declaration on Education for All (1990) and the United Nations Convention on the Rights of the Child (1989) proclaimed that children have the right to life and the best possible chance to develop fully, and that children with disabilities must be helped to be as independent as possible, participating as fully and actively as they are able, at all stages of development. Yet despite these international instruments, many children have not been able to reach their full human potential. Poverty, geographic location, and discrimination on the basis of ethnicity, religion, sexual orientation or disability, have seen many children left behind, with

inadequate nutrition, care and opportunities to learn, further exacerbating the challenges and marginalisation they face.

When it comes to early childhood development and education, as the other Learning Stories in this report have shown, many countries in the region face similar challenges – their governments do not offer affordable learning opportunities for children aged 0–8 years, and children with disabilities are most likely to be excluded from such opportunities and denied their right to education. For example, in Angola, Mozambique, Lesotho and Zambia, government support for early childhood development and education opportunities is limited, and where efforts have been made, they have been undermined by inadequate infrastructure to cater for children with disabilities. Lack of accessible toilets have been highlighted as a major concern. Those early childhood care centres that do offer services operate independently of government, and are mostly private fee-paying institutions, making them inaccessible to most parents of children with disabilities, who are unable to afford the fees and additional costs.

## SAFOD’s strategy and process of effecting change

To address the regional challenge of insufficient or inadequate support for early childhood development and education, the Federation secured a grant from OSISA to strengthen its work in this sector. A project entitled *Building Disabled People’s Organisations’ Capacity in Promoting Inclusion in*

<sup>49</sup> Each national coalition of disabled people’s organisations is focusing on a specific category of disability, with a minimum of 10 coalition members in each country.

Early Childhood Development and Education within Community Based Rehabilitation Programmes in Southern Africa was initiated in 2016.

The goal of this three-year project was to strengthen the capacity of disabled people's organisations and other community structures working in existing community-based rehabilitation programmes. Four countries were initially identified for inclusion: Lesotho, Mozambique, Zambia and Angola. However, activities could not be implemented in Angola due to logistical and capacity constraints, so the project focused on the remaining three target countries. The aim was to increase access to quality early childhood development and education services for children with special educational needs aged 0-8 years in these countries.

Working with national affiliate federations in the three targeted countries, the project identified four main goals:

- to enhance early identification of children with special needs through inclusive community-based rehabilitation interventions;
- to build the capacity of disabled people's organisations already working in such programmes;
- to strengthen community support services for early childhood development and education programmes through community-based rehabilitation interventions that are inclusive of children with disabilities;
- to promote, support and complement government policies and programmes in favour of persons with disabilities in the Southern Africa region.

SAFOD adopted a **three-step change strategy**:

1. The first step was to develop a training manual for facilitators of disabled people's organisations and community structures that were involved in advocacy work to improve the lives

of children with disabilities. The manual incorporated **guidelines for early identification of disability, and an intervention strategy**.

2. The second step was to host a Training of Trainers workshop for early childhood development and education facilitators representing SAFOD's affiliates, and personnel from community support services in the three targeted countries. This **training facilitated the strengthening of knowledge, skills and a more positive attitude towards caring for young children with disabilities in childcare centres and primary schools**.
3. The third step was to sensitise communities to **raise awareness on how to identify and register children with disabilities**. This work included planned collaboration with government officials, who were co-hosting a series of community orientation and training sessions for caregivers, parents and other community members.

IEC materials for all project sites were developed and translated into Portuguese, and work is ongoing to translate these into local languages to ensure maximum access and understanding among participating communities. The three strategies outlined above were adapted according to suit the context of each of the countries.

In **Lesotho**, the Lesotho National Federation of Organisations of the Disabled worked with key stakeholders in Leribe district in the north of the country. Six community sensitisation meetings were held, and eight training sessions were attended by 31 parents and caregivers, the occupational therapist from a local government hospital, disabled people's organisation representatives and four community-based rehabilitation programme volunteers. Representatives of disabled people's organisations also participated in day visits to families in 10 villages, to identify children with disabilities currently excluded

from services and in need of placement at an early childhood development centre. A total of 40 children were identified through these efforts, and joined the programme.

In **Mozambique**, the Forum of Associations of Disabled People in Mozambique (FAMOD) worked with key stakeholders (community-based rehabilitation volunteers, youth representatives, traditional leaders, community development officers, representatives from the departments of Health and Education, and church representatives) in Machava district (Maputo province). Fifty-four sensitisation meetings were held with the help of local leaders across 19 villages, at local markets, health centres, and primary and secondary schools. Twenty-eight parents and caregivers were trained to assist the 133 children with disabilities (reached through the identification and registration meetings) who were supported by the programme.

In **Zambia**, the Zambia Federation of the Disabled (ZAFOD) worked with partners in Kazungula district (Southern province) to identify new strategic community members (those who have direct contact with the wider community or direct contact with children with disabilities) to sensitise them about early identification and screening, and how to enrol children with disabilities in schools. Additional information about community-based rehabilitation and inclusive education was made available and *Advocacy Working Groups* were established in each participating village. A total of 23 children were identified and supported through the project.

In sum, a total of 196 children were identified in the three countries, and received support from the respective national organisations.

### Observed changes

SAFOD observed the following most significant changes across all three participating countries as a result of the project:

- Parents reported positive changes in their perceptions of disability, and felt **more confident to send their children to early childhood development and education facilities and preschools**. Parents also reported feeling more encouraged by **better support systems** in place to support children at preschool.
- Community members reported **positive changes in attitudes** towards children with disabilities.
- There was an **increase in the number of children who attended schools** (early childhood development and education centres and preschools).
- There was an increase in the number of parents and community leaders engaged in **community efforts to protect the rights of children with disabilities**.
- **There was increased governmental interest** and involvement, evidenced by Ministerial support to the project processes and provision of services to children identified by the project.

### Country-specific changes were also noted, as follows:

In **Lesotho**, the project identified many children with disabilities within a short period of time, culminating in an extra 40 children receiving direct assistance. A tailored intervention strategy was developed for each child, resulting in families being better equipped to support their children. Collaboration with government resulted in an observable increase in interest and support, with five key government ministries engaged to provide support to children/families identified (Education and Training, Health, Social Development, Agriculture and Food Security, and Forestry and Land Reclamation).

In **Mozambique**, increased engagement and participation by different stakeholders led to an observable enhancement of care for children with disabilities. The number of children brought to hospitals for early

identification increased, as did the number of resource mobilisation meetings convened to ensure that families received the necessary support to address their children's needs.

In **Zambia**, the sensitisation of local authorities and the community improved relations between volunteers working for the national federation and the communities and parents of children needing special education support, which extended to government entities such as the Departments of Education and Health.

### Conclusion

SAFOD's coordinated multi-stakeholder approach to achieving its project goals made a significant contribution towards realising direct observable benefits for children with disabilities and their families in the three countries selected (Lesotho, Mozambique and Zambia). Positive changes were also noted at the community level, and in terms of increased engagement of government stakeholders.

SAFOD's broader work in the Southern African region is significant because it has demonstrated the power of partnerships and networks in advocating for and supporting change. It has shown how well-coordinated efforts of a regional umbrella organisation can support synchronised change that impacts at a regional level (as well as at the country, district and community levels) to improve the lives of children with disabilities. SAFOD's efforts enabled and supported organisations striving to promote inclusive learning, highlighting and sharing best practices across

the region to support wider change.

Going forward, SAFOD aims to develop a new early childhood development and education strategy framework across the Southern African Development Community in close collaboration with the Africa Early Childhood Network. It is based on the current state of the five-year Southern Africa Inclusive Education Strategy for Learners with Disabilities (2016–2020), which falls short of recognising early childhood development and education as a crucial component of sustainable investment in any national or regional inclusive education system. Under the broader Sustainable Development Goals of the UN Agenda 2030, investing in early childhood development has become not only an aim in itself, but a prerequisite for achieving many other Goals (e.g. SDGs 1–5, 10, 16 and 17). If the Southern Africa Inclusive Education Strategy for Learners with Disabilities were to be implemented in its current state, it would be unlikely to have any sustainable impact on children aged 0–8 unless it included specific targets for early childhood development and education. Thus, this forms an important and urgent ongoing agenda for SAFOD.



## Lessons learned from SAFOD's approach that can inform future practice

- The regional collaboration required to address needs related to inclusive education is hampered by a severe lack of harmonisation and coordination of activities by various stakeholders; this highly fragmented approach must be addressed.
- Most countries in the region have ratified the international instruments relating to the rights of persons with disabilities, but the pace of implementation is very slow.
- Despite the existence of the 2016–2020 Southern Africa Inclusive Education.

“We are thankful to LNFOD [Lesotho National Federation of Organisations of the Disabled] to have revived CBR [community-based rehabilitation]. We are going to use the DPO [disabled people's organisation] branches formed by this project to disseminate our newly developed ECCD [early childhood care and development] policy within the ECCD unit in the Department of Education in Leribe district.”

(Ms Blossom, Department of Education, Lesotho)



Parents of children with disabilities at an awareness raising meeting on the importance of ECDE in the village of Patrice, Mozambique.

Image: FAMOD.



Image: Gabriel Attwood

## 6. Concluding remarks

**The 10 organisations featured in these Learning Stories understand that there is no one pathway towards effective early identification and intervention for children with disabilities, and inclusive early childhood development and education.**

They also know that the process is complex and that context matters. But at all levels – the individual, household, organisational, community, regional, national and even global – the Learning Stories shared here show that shifts in four main areas are needed:

- (1) political consciousness, will and commitment;
- (2) access to quality, early intervention;
- (3) social and cultural norms, values, attitudes and practices; and

- (4) formal institutions, legislation, policies, financed budgets and expenditure.

With the collaboration and grant support of the Open Society Early Childhood Programme and the Open Society Initiative for Southern Africa, each of the 10 organisations has worked to bring about change in one or more of these four areas through an integrated, multi-stakeholder and multisectoral approach (see Figure 4). It is a formidable effort, but there is much still to be done to realise the human and education rights of all children with disabilities in Southern Africa. It is a challenge that each organisation has demonstrated unyielding commitment towards. Going forward, it is hoped that the lessons shared in this collection of Learning Stories can contribute meaningfully towards strengthening these efforts.

Figure 4: An integrated, multisectoral approach to influencing disability-inclusive early childhood development and education

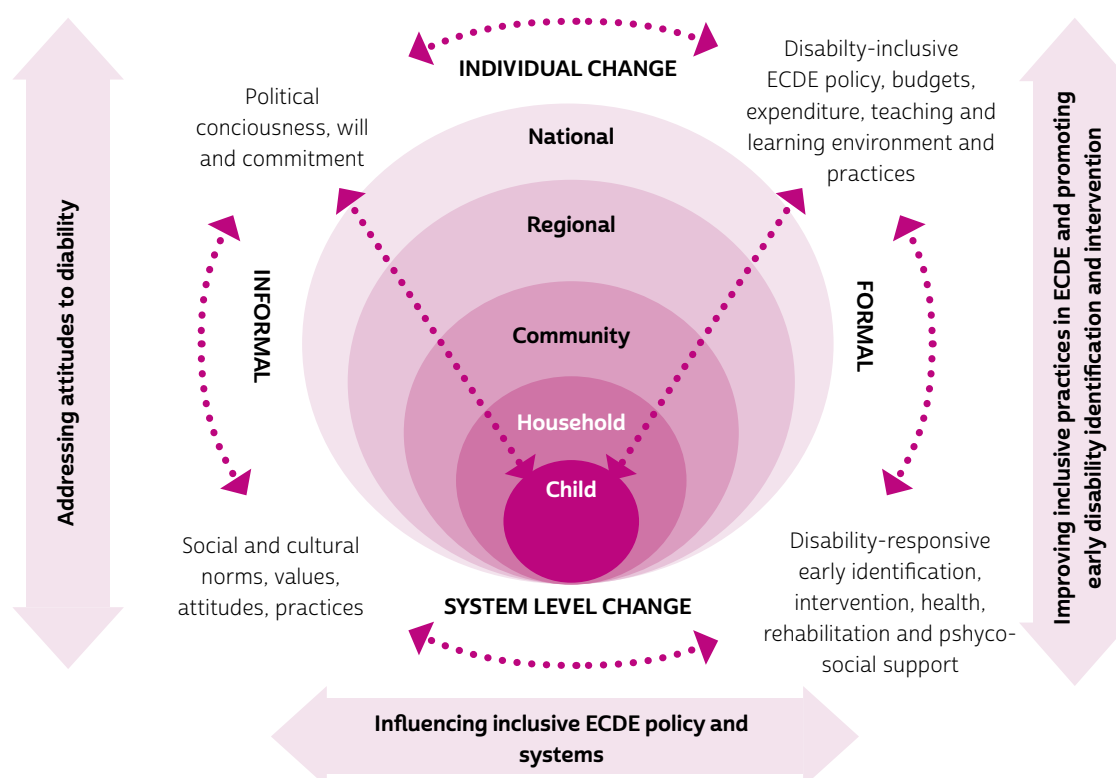




Image: Gabriel Attwood

# Documents and literature review

## Featured organisations' documents:

### 1. Association of Early Childhood Development of Malawi (AECDM):

- 2017 to 2019 OSISA Proposal
- 2017 to 2019 OSISA First Quarter Narrative Report
- 2017 to 2019 OSISA Second Quarter Report AECDM\_OSISA Narrative Report November 2017\_JN Comments
- PowerPoint (PPT) presented at Swaziland workshop, Aug 2018

### 2. Catholic Development Commission in Malawi (CADECOM):

- OSISA First Proposal (for 2016)
- "No Child Should be Hidden, Excluded or Denied Education" Blog By Justine Ngulube posted on OSISA website May 21st, 2018 Accessed on 23 August 2018, from: <http://www.osisa.org/blog/'no-child-should-be-hidden-excluded-or-denied-education'.html>
- Final OSISA Exchange Gains Narrative Report Dec 2015 – May 2016
- 2016 Grant Proposal
- 2017 Year End Report
- December 2017 – May 2018 Narrative Report (May 2018)
- PPT presented at Swaziland workshop, Aug 2018
- Revised OSISA Proposal – for Dec 2018–2020
- Newspaper article (photos 1)
- Newspaper article (photos 2)
- Article titled 'Cadecom's inclusive education programme working wonders in Phalombe' in Nyasa Times <https://www.nyasatimes.com/cadecom-inclusive-education-programme-working-wonders-in-phalombe/> Accessed 10 Sept 2018.
- Burt, F. (2017), "OSISA ECD SEN/Disability Grantees in Southern Africa: Report of an organisational capacity assessment exercise - CADECOM".

### 3. Chiedza Child Care Centre:

- Chiedza CCC Narrative Proposal/Grant Application 2015

- Chiedza CCC Narrative Proposal/Grant Application 2016
- Narrative Report Nov 2015 – April 2016
- 2016 Grant Application Summary (Annexure 1)
- Narrative Report May – Nov 2016
- Narrative Report Nov 2016 – April 2017
- 2017 – 2018 Grant Application Summary (Annexure 1)
- Narrative Report Jan – April 2017 (May 2017)
- Narrative Report June to December 2017
- Narrative Interim Report Jan – April (May 2018)
- PPT presented at Swaziland workshop, Aug 2018
- Chimonyo, I. (2015) Base line Survey report on Promoting the education of Early Childhood Development (ECD) children with Special needs in Mainstream Schools in Zvimba schools.
- Ministry of Primary and Secondary Education. Mashonaland, West Province Zvimba District (undated) 'Spot Check Proforma on Inclusive Education in Zvimba District'.

### 4. Church Forum:

- Narrative Report for the June 2012 – June 2013 period
- OSISA Summary and Recommendation for the Oct 2013 – Oct 2014 project and grant application
- Grant application and budget 2015–2016
- Funding Application for 2016 (doc is titled 'Annex 3' in first shared Box folder)
- Narrative Report for Swaziland National Conference on Early Childhood Development and Education held Aug 2016- G06022
- 2016 Financial report (Excel)
- Final Narrative report for the grant period Nov 2015 – June 2017
- 2018 Proposal (actually to 2019)
- 2018 Budget (to 2019)
- Grant Agreement for 2018-2019 (pdf)
- 2018 Financial report (Excel)
- Narrative Report for the period April to August 2018
- PPT presented at Swaziland workshop, Aug 2018

## **5. Masvingo Community Based HIV/AIDS and Vulnerable Children Organisation (MACOBAO):**

- Project Proposal to OSISA\_3 August 2015
- Disability friendly ambulatory facilities (results of advocacy awareness)
- Mid Phase Narrative Report May 2016
- Annual Report 2016
- Proposal to OSISA 2017 to 2018
- 1st Tranche Report\_Midphase Year 1\_May – November 2017
- Second Interim Narrative Report for Dec 2017 – June 2018
- Burt, F. (2017), “OSISA ECD SEN/Disability Grantees in Southern Africa: Report of an organisational capacity assessment exercise - MACOBAO”.
- PPT presented at Swaziland workshop, Aug 2018

## **6. Malawi Council for the Handicapped (MACOHA):**

- MACOHA ADVERT in ECDE. MP3 (audio in local language/s, and not accessible to reviewer).
- Anchor Grant Project Proposal 2011
- Mid-Year Report Jan to May 2012 (Doc titled ‘Mid-year rep’)
- Final Narrative report Jan to December 2012 (Doc titled ‘Final Narrative Report’)
- Macoha February 2014 Newsletter
- Macoha March-August 2014 Newsletter
- End of Project Narrative Report January 2013 – December 2014 (Document entitled ‘MACOHA End of Project Report’)
- Mid Project 2 Report letter (cover letter to accompany Jan 2013 to Dec 2014 reports submission)
- Workplan 2017–2018
- Narrative Report May – Nov 2017
- December 2017 to May 2018 Narrative Report
- PPT presented at Swaziland workshop, Aug 2018

## **7. Media Network on Child Rights and Development (MNCRD):**

- ECCDE Bus Campaign Report – Aug 2012
- Narrative Report Media Bus Campaign Global Action Week June – August 2012
- Narrative Report November 2014
- Project Proposal 2014–2015

- January to August 2015 Half Year Narrative Report
- Narrative Report January to April 2016
- Narrative Report for Save the Children International Jan to December 2015
- 2016 Grant Application (2017)
- 2017 Project Summary and Recommendation for 2017–2018
- April to October 2017 Narrative Quarterly Report
- Narrative Report October 2017 to March 2018
- PPT presented at Swaziland workshop, Aug 2018

## **8. Mulumbo Early Childhood Care and Development Foundation (MECCDF):**

- Grant Proposal Nov 2015 – Nov 2016
- Narrative Report Nov 2015 – Nov 2016
- Grant Proposal May 2017 – April 2018
- Narrative Report May 2017 – April 2018
- Updated 2017 Interim Narrative Report May – October 2017
- Mulumbo Social Media and Medical Assessment Data Grant (Quantitative data, Annex to the 2017 Narrative Report).
- PPT presented at Swaziland workshop, Aug 2018

## **9. Southern Africa Federation of the Disabled (SAFOD):**

- 2016 Old proposal Grant Application (Building DPOs Capacity in Promoting ECDE within CBR Programs in southern Africa)
- 2016 Grant Proposal Project Summary and Recommendation
- Mid-Term Narrative Report 2016
- August 2016 Narrative Report
- Final Narrative Report 2016 edited
- Interim Narrative Report 2016 -2017, November 2017 (pdf)
- Interim Narrative report May 2017
- ZAFOD Zambia Final Narrative Report 2016
- LNFOD Lesotho Final Narrative Report 2016
- Mozambique Final Narrative Report 2016
- Interim Narrative Report April 2018
- Update on ECDE Project August 2018 (pdf)
- SAFOD Profile September 2018 (pdf)

## **10. eSwatini Network Campaign for Education for All (SWANCEFA):**

- Proposal June 2015
- Narrative Report Dec 2015 – May 2016

- 2016 Grant Proposal Project Summary and Recommendation
- 2016 Grant Application – Final
- Final Narrative report May – Nov 2016
- Narrative Report Dec 2016 – May 2017
- Second Progress Narrative Report June – December 2017
- PPT presented at Swaziland workshop, Aug 2018
- Success Stories SWANCEFA ECCDE Project (3 stories based on personal accounts)

### Miscellaneous relevant featured organisations' documents:

- List of Grantees with Summary Information.
- Photos from AECDM, Chiedza, MACOBAO, MACOHA, MNRCD, Mulumbo (MECCDF), SWANCEFA - photos shared/displayed at an Open Society Early Childhood Programme and Open Society Initiative for Southern Africa workshop in eSwatini, August 2018.

### Open Society Foundations Early Childhood Programme and Open Society Initiative for Southern Africa programme documents:

- Abubakar, A. (2017) 'OSISA Inclusive ECD Grantees in Southern Africa: report of an evaluation of the technical aspects of the projects'.
- Burt, F. (2017) "OSISA ECD SEN/Disability Grantees in Southern Africa: Report of an organisational capacity assessment exercise".
- HSRC Final Report 13 May 2014.
- OSF (undated) 'Terms of Reference for to conduct desk review of teaching/learning materials on inclusion in early childhood development, to produce manuals for community based organisations' workers, paraprofessionals and caregivers and to design Southern African grantees workshop'.
- OSF (undated), 'Terms of Reference for a Research Study on the Status of Inclusive Education Curricula, Teaching and Learning at Faculties of Education in Southern Africa'.
- OSISA (2016) Board Memo on 'ECDE Projects on Learners with Special Education Needs', OSISA, 10 October 2016.
- OSISA (2017) "Getting it Right: Promoting change through early childhood development and education in southern Africa", OSISA, Johannesburg. (Includes learning stories for AECDM, Church Forum, MACOHA, MNRCD

- and Mulumbo).
- OSISA (undated) 'OSISA 2017-2020 Revised Strategy'.
- OSISA (undated) 'Supporting People Power: OSISA Executive Strategy 2019-2022'.
- OSISA (undated) 'Supporting People Power: OSISA Extended Strategy 2019-2022'.
- OSISA (undated) 'OSISA Education Programme's Input Paper for the ESP Board Meeting, 16-17 February 2017, New York, United States of America'.
- Woodhead, M. (2014). Cited in 'Southern Africa Regional Conference on ECDE "Quality Matters" Conference Report'. OSISA and OSF-ECP, Johannesburg, South Africa.



Images: Gabriel Attwood



Image: Louise Knight

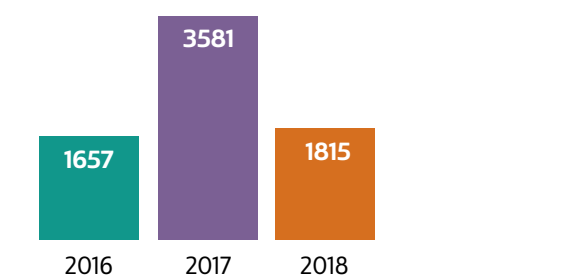


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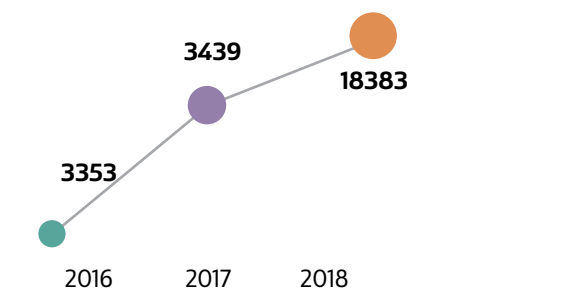
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- Bisani, Luke. “UN Saddened by Malawi’s Poverty Ranking,” Malawi 24, February 18, 2016, <https://malawi24.com/2016/02/18/un-saddened-by-malawis-poverty-ranking-2/>.
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- Education Development Trust (EDT) and United Nations Children’s Fund (UNICEF) (2016). Eastern and Southern Africa Regional Study on the Fulfilment of the Right to Education of Children with Disabilities. Berkshire, UK: Education Development Trust.
- Education for All 2015 National Review: Swaziland, <https://unesdoc.unesco.org/ark:/48223/pf0000232703>
- GBD 2016 Disease and Injury Incidence and Prevalence Collaborators, “Global, Regional, and National Incidence, Prevalence, and Years Lived with Disability for 328 Diseases and Injuries for 195 Countries, 1990–2016: A Systematic Analysis for the Global Burden of Disease Study 2016.” *Lancet Global Health* 2018, 390, iss. 10100 (2017): 1211–1259, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32154-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32154-2/fulltext)
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- Office of the High Commissioner for Human Rights (UN Human Rights), “African States Affirm the Rights of Persons With Disabilities in a New Landmark Protocol,” February 15, 2018, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=22661&LangID=E>.
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- UNICEF Eastern and Southern Africa, “HIV and AIDS Overview,” [https://www.unicef.org/esaro/5482\\_HIV\\_AIDS.html](https://www.unicef.org/esaro/5482_HIV_AIDS.html)
- UNICEF, Malawi Country Programme Document 2012–2016, [https://www.unicef.org/about/execboard/files/Malawi\\_final\\_approved\\_2012-2016\\_English\\_10Feb2012.pdf](https://www.unicef.org/about/execboard/files/Malawi_final_approved_2012-2016_English_10Feb2012.pdf)
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- World Health Organization (WHO) Early Childhood Development and Disability: A Discussion Paper, (Geneva: WHO, 2012), [www.who.int/topics/early-child-development/disability-developmental-delay/en/](http://www.who.int/topics/early-child-development/disability-developmental-delay/en/).

# Annex: Reach of the 2016–2018 Inclusive Early Childhood Development and EducationNath Programme

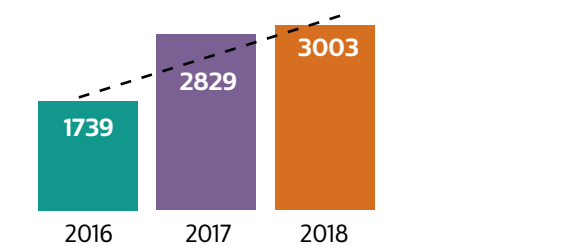
Source: Programme monitoring data. Data from eight organisations (excludes Media Network on Child Rights and Development and the Southern Africa Federation of the Disabled).



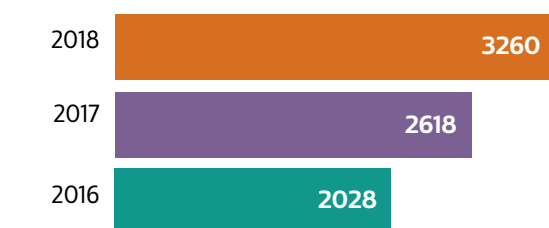
Number of children beneficiaries 0-3



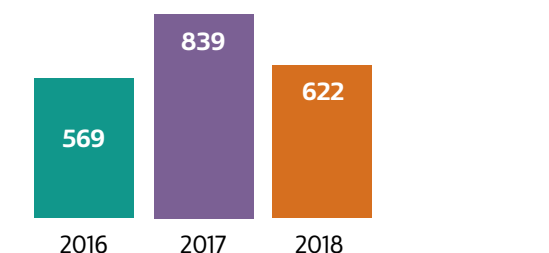
Number of children beneficiaries 4-7



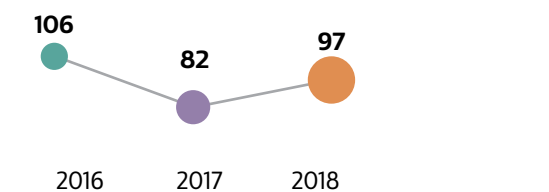
Number of with disabilities and developmental delays



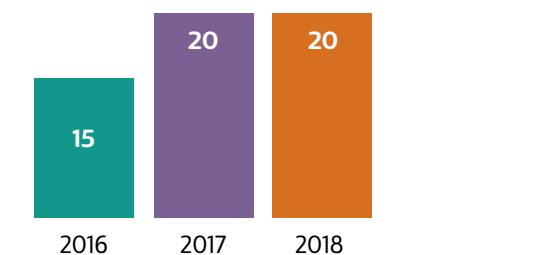
Number of parents/caregivers involved



Number of preschool teachers/caregivers trained



Numbers of communities covered



Number of districts covered





OSISA

Open Society Initiative  
for Southern Africa