



A mixed-methods study investigating child development in community-based early childhood settings in Malawi

Background

Early childhood development

- From conception to 8 years
- 250 million children at risk of delay
- Relationship between disability and developmental delay among young children is complex and not well understood
- Children with disabilities or developmental delay may require additional or adapted support to reach their potential, and yet are often disproportionately excluded from programmes providing such services.
- Evidence on what works? And for who?



Early childhood development and education in Malawi

- In Malawi, most early childhood education services are provided through community-based childcare centres (CBCCS)
- CBCCs are often run on a voluntary or in-kind payment basis by untrained volunteers
- Sightsavers has worked with the government of Malawi, and other stakeholders, since 2012 to make early childhood education more disability inclusive.

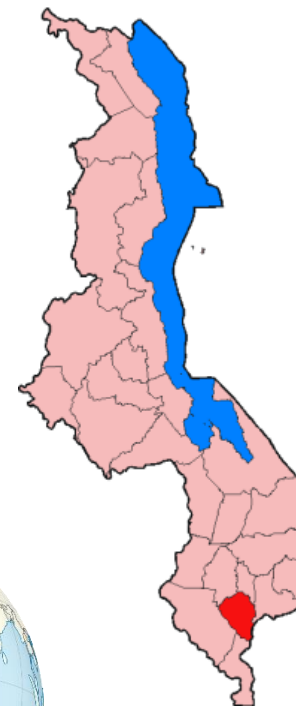
Tikule Limodzi: Let's grow together!

A research study

Thyolo district, southern Malawi

3 year research partnership funded by
ESRC/ DFID

- University of Birmingham
- Chancellor College, University of Malawi
- Anthrologica



Study objectives

- Conduct formative research on ECDE in Malawi and develop a disability-inclusive training module for CBCC caregivers
- Test how the new training affected children's development
- Understand how the training impacted CBCC caregivers and families of children with disabilities



Training intervention

Training was facilitated by national ECD caregiver trainers from the Association Early Childhood Development in Malawi (AECDM), Magamero College and the Ministry of Gender, Children, Disability, and Social Welfare;

Three, one week training sessions;

‘Inclusion Resource Pack’ included items to facilitate learning and inclusion of children with different disabilities.

Topics included:

- Understanding of disability
- Inclusive games
- Early literacy and storytelling
- Well-being and involvement
- Safety and risk management
- Early maths
- Inclusive environment
- Identification of common types of disability
- Working with parents of children with disabilities

Methods 1: Quantitative component

The 'what'

Cluster randomized control trial

48 CBCCs chosen at random, 20 children in each, chosen at random

Half CBCCs received intervention, half did not

Data collected at baseline and endline:

- UNICEF/ Washington Group Child Functioning Module
- Malawi Developmental Assessment Tool
 - 4 domains: Gross Motor, Fine Motor, **language & social**
 - Age referenced norms
 - Compares biological age with developmental age

Methods 2: Qualitative component

The 'how'

Community based participatory research

Community members, organisation reps and researchers share power and resources

Community-based researchers engaged in each stage of the research: planning, data collection, analysis, dissemination & operationalizing findings

- 9 communities
 - 9 FGDs with 22 parents (20 female, 2 male)
 - 9 with CBCC caregivers (14 female, 2 male)

Key results

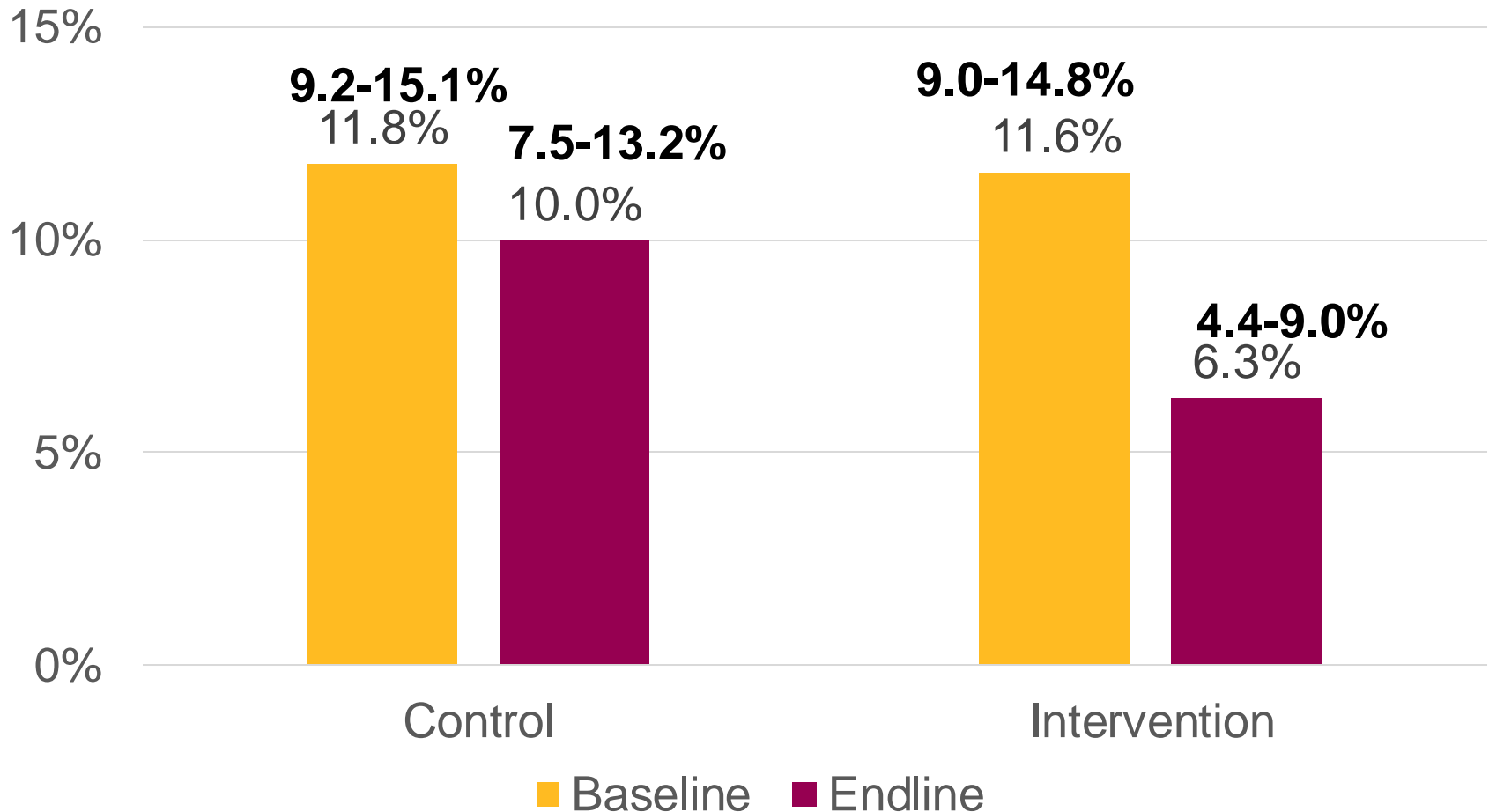
Profile of children in CRCT

		Baseline		Endline	
CBCCs		47		44	
Children	Girls	516	55.5%	362	41.1%
	Boys	414	44.5%	519	58.9%
	Total	930		881	
Average age		52 months (4y, 4m)		53 months (4y, 5 m)	
Disability		10.7%		6.0%	

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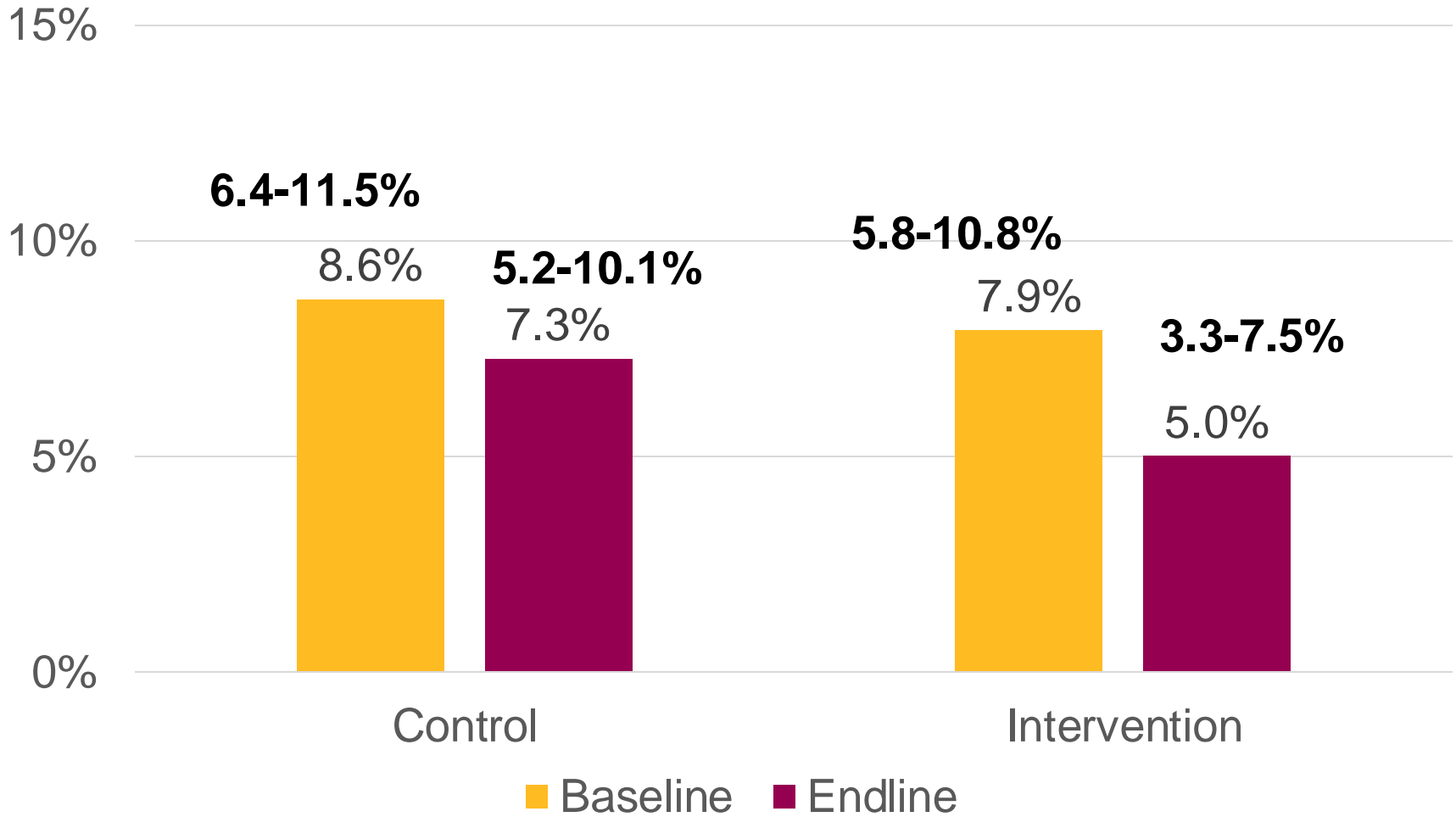
Results 1

Any delay, by group



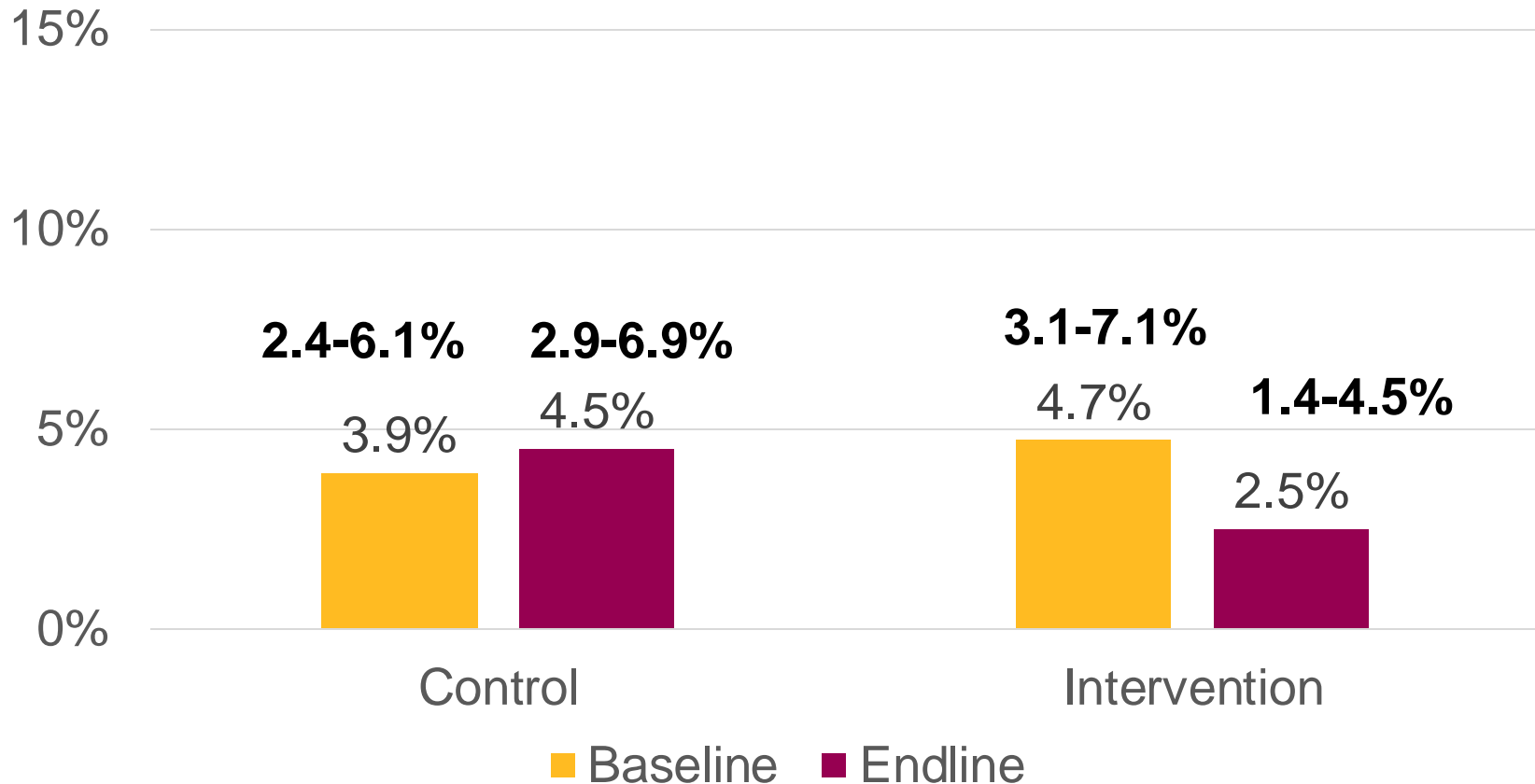
Results 2

Social delay, by group



Results 3

Language delay, by group



So, what happened?

Disability awareness among caregivers increased

“I wasn’t sure of my responsibilities. I didn’t know how to care for children with disabilities but after I went to the training, I learnt how children can be cared for and many other things. I learned children should participate in all activities and we shouldn’t discriminate and they should be able to do the same things as other children without disabilities. I have learned how we can include children with disabilities. As you can see at the CBCC children with disabilities are doing things that other children are doing.”

A testimony of Patrick, a male caregiver

What happened, 2

CBCC caregivers learned better teaching skills

Increased knowledge on inclusive education and the importance non-discrimination: “We realised we were discriminating against children with disabilities, so we encouraged these children to come to the centre and now we include all children in activities.”

Caregivers reported being more aware of and more capable of using locally available play materials. “We also name things that were found naturally...we actually didn’t know these things could be taught but we learnt these in the training”.

Caregivers started teaching in the local language, Chichewa, which significantly increased the children’s ability to understand the lessons. “We learnt that children learn in their home language – learn more in Chichewa. Before we just teach children in English but they need to learn in their local language first”

What happened, 3

Children's communication, confidence and social skills improved

“He [a boy with disabilities] is able to play with other children. It makes me feel happy”.

Female caregiver

“He can sing along with all the other children and claps his hands. Sometimes we play games where children are mentioning names of things, and when he also sees them, he names some like a car which he also uses at home...He is very clever now”.

Mother of a 5 year old boy with learning difficulties

“At home her friends isolate her but here [CBCC] there is no child who speaks badly of Tiwonge. On the days when she doesn't come to school, her friends ask for her and I tell them she will be back tomorrow. I am really happy with the teaching”.

Father of Tiwonge

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Other changes

- Stronger parent-caregiver relationships (mostly)
- Parents more confident in caregiver ability
- Greater caregiver confidence and sense of appreciation
- Increased child attendance led to reported increased income generation by parents
- Parents reported feeling less anxious about their children's futures

Challenges persist

Lack of general resources

Lack of human resources

Food insecurity

More training required!

Lack of special support resources:

“He wishes he could interact more with his friends but.... Those things are not available. If hearing aids were available, they could also assist him in his hearing”

Study limitations

- One district: validity & generalisability
- Sample size insufficient – precision, children with disabilities
- Limited types of data: contextual, anthropometric, etc
- Community prevalence of disability unknown
- Follow up over short period of time: sustained change?

Conclusion

Training of caregivers using curriculum with a strong focus on inclusion can potentially reduce the risk of development delays in pre-school children

- Improved understanding of how and why the change occurs

Significant numbers of children with disabilities are attending services

- More studies are needed to better understand prevalence of disability in pre-school children and the relationship between disability and developmental delays

Services need to be inclusive so that children can participate and learn equally

Thanks and appreciation to:

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Thank you

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