



Knowledge hub

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Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

1. Community./family engagement to tackle social norms/stigma and discrimination that prevent certain marginalized groups from accessing education, and to consult on policies that affect them. 3. Equipping influential local leaders and parents / caregivers as child advocates who can help children and youth with disabilities access schools, tuition support, vocational training and career counseling

2. Country or countries where the practice is implemented *

2. Peru, South Sudan, Kenya, Cameroon, Mali, Papua New Guinea 3. Austria, Burundi, DRC, Ethiopia, Haiti, Kenya, Malawi, Niger, Philippines, Rwanda, Sierra Leone, Tanzania, U.S., Uganda, Zambia and Zimbabwe

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

2. Various local implementation partners; SIL International as facilitating partner; various funding partners. 3. Kupenda for the Children in the U.S. and Kuhenza for the Children in Kenya as the facilitating partners with various local implementation partners and funders

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

2. Reading skills, cognitive development, language of the community, paper and digital materials, out of school children, new readers, families. 3. identification of hidden children with disabilities; right to education for all; inclusive schools; education assessment and referrals; teacher training on specialized education; vocational training; career counseling

6. What makes it a best practice? *

2. Communities are empowered to contribute in a specific, tangible way to their children's learning; the divide between community knowledge and "school knowledge" is broken down, so that effective learning and tangible family support become possible for the child. 3. Children with disabilities; inclusive schools; education assessment and referrals; specialized education; vocational training; career counseling

Description of the best practice

7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? *

1. Leonard Cheshire's inclusive education program works with fathers and male community leaders as 'male mentors' who have over time become advocates for the right of girls with disabilities to access education. Provision of role models from similar backgrounds and information on returns to education can increase school participation (Kremer and Holla, 2009; Masino and Niño-Zarazúa, 2015).

2. The proliferation of local language-based early-grade reading programmes in the global South is testimony to the glaring need for attention to ethnolinguistic minority populations, if inclusive and equitable education is to be achieved on a global scale. However, these large reading programmes do not generally meet children's need for ongoing learning both in school and at home, in their own language. Involving community parents, teachers and even older students in the development and use of reading materials for primary-aged children (storybooks, comics, digital books, etc.), in the language that the children speak, both builds upon reading interventions and helps to fill the learning gap that such interventions leave. The community-led development and use of local-language reading materials for children contributes to children's cognitive development, cements their literacy skills and adds to their knowledge of their community and the wider world. In the past 2 years, such initiatives have included: development of 200 titles in 5 languages of Cameroon, and 231 titles in 7 languages of Kenya, for children's in-home use during the pandemic; development of more than 300 Talking Books that can be accessed on smartphones, into more than 25 languages of Papua New Guinea (including PNG sign language); community reading clubs, and facilitator training for the clubs, in 19 Peruvian languages; and development of 400 e-books in two languages of Mali. The development, distribution and use of these materials in homes and communities helps to combat the tremendous setbacks to education brought on by the pandemic; it also brings family and community into the child's learning process, because the language used is the community's language and the authors are community members.

3. Although the WHO estimates that there are currently 1 billion people living with disabilities world-wide, these citizens are often overlooked, even by organizations focused on supporting the marginalized. In many developing nations, this lack of inclusion is compounded by a widely-held belief that people with disabilities are cursed by God, and therefore unworthy of basic rights to education, health and inclusion. Kupenda's advocacy model uses global best practices to help local leaders and families understand the rights of people with disabilities, where they are being violated in their communities, and why and how they must respond. Leaders who complete this training help children to access the education, career, health and financial services they need to thrive.

8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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2. The main activities include a) workshops where parents, teachers and facilitators think through the themes and content that will be interesting to children and will build their knowledge and reading skills; b) writing, editing and production of the titles that have been decided on; c) distribution and use mechanisms including reading clubs, homes and - in some cases - primary schools. This practice has been carried out for some years, as a feature of community-based reading support programmes; it is still ongoing in many minority language communities around the world, where financing can be provided. The most key actors in this practice are of course the members of the community: parents, teachers, etc. who shape and develop the content of the materials. Collaborators include CSOs, NGOs, funders and local government education offices. The primary financial resources needed are funds to cover the writing workshops, local editing and printing costs; personnel resources needed include editors of the L1 texts, illustrators who work with the authors to ensure culturally appropriate illustrations, and consultants who are able to lead the process. Finances have generally come from NGO partners and their own organizational resourcing partners, or from large international donor agencies such as USAID and others. Examples of this practice include: a) 2015: SIL Africa and World Vision E. Africa: 65 titles developed in the Kamba language of Kenya, used in the literacy boost reading camps. b) 2021: SIL Chad and local community language associations: 20 video books developed in the Kenga, Sumraye and Gula Iro languages of Chad, and in Chadian Arabic, for use on non-smartphones. c) 2021-22: SIL Papua New Guinea, Save the Children Australia, Callan Servies, SIL LEAD: Development of a set of Bloom Talking Books that can be accessed on smartphones. Over 300 titles produced so far, with translations into more than 25 languages of the country and Papua New Guinea sign language. d) 2020-2022: SIL LEAD, World Vision Mali, Worldreader, local language and culture associations: 400 e-books are being developed in the Soninke and Mamara/Minyanka languages, plus 20 books in Malian sign language. e) 2021: SIL Africa, World Bank, Government of Cameroon, Government of Kenya: 200 graded, easy-reading titles developed in 5 languages of Cameroon, and 231 graded, easy-reading titles developed in 7 languages of Kenya, for printing, distribution and use in at-home family learning.

3. In partnership with local leaders and organizations in the Kilifi County of Kenya, Kupenda for the Children has developed a series of Disability Advocacy Workshops, each targeting a different group of influential community leaders with tailored information about disability definitions, causes, and rights. Participants include Government Leaders, Traditional Healers, Women's Groups, Pastors and Parents of Children with Disabilities. Workshops involve a series of participatory presentations and discussions about disability, with emphasis on related global legislation (such as the United Nations Convention on the Rights of Persons with Disabilities) and local laws (such as national and county-level Persons with Disability Acts) to ensure participants understand their legal mandate to support people with disabilities in their communities and advocate for their access to education, health care and social inclusion. After these initial discussion and presentations, our workshop facilitators challenge participants to develop time-bound action plans to guide them in identifying, counseling, and advocating for the rights of children with disabilities in their communities. In the months and years following

each workshop, Kupenda's local staff contact select representatives from each group to ensure and support action plan implementation and long term sustainability of inclusive practices. These workshops began in 2016 and are now being facilitated by 3

9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);

ii) What were the concrete results achieved with regard to outputs and outcomes?

iii) Has an assessment of the practice been carried out? If yes, what were the results? *

2. The transformative impact of this practice is twofold: it draws the community into the child's formal learning process, and strengthens parent and community support for that learning; and it strengthens the child's reading skills and ability to take meaning from the written page, a skill which will benefit the child greatly in their schooling experience. The major transformative outcome is that parents actually engage in their children's formal learning, and it takes place precisely because the process and the outcomes are all mediated in a language that the parents and community members speak and understand. This is a huge inclusion issue for parents, learners and the wider community, and its positive impact cannot be overstated. Outcomes have included: books being read and enjoyed by children in reading clubs and in homes; the involvement of parents and older siblings in the child's learning; and even an increase in books available in classrooms for children to read - in a language they speak and on topics they understand.

3. In 2017 and 2018, under a grant from the United Kingdom's Department for International Development (DFID), Kupenda conducted an 18-month, mix-method program evaluation that showed how our Disability Training Program for Community Leaders. Findings showed that Kupenda's disability trainings reverse negative beliefs about disability among 75% of pastor trainees and 50% of traditional healer trainees. Furthermore, after the trainings, 65% of participants take action to support children with disabilities in their communities. This means that, on average, every time Kupenda trains 25 leaders, 16 of them go out into their communities and give disability sensitization talks and support children with disabilities through counseling, care and referrals to medical facilities, schools, vocational centers, career counselors, etc. On average, each active leader trains 312 community members about disability justice and counsels and refers 24 children with disabilities for care per year. This means that every workshop leads to disability sensitization for 4,992 community members and improved quality of life for 384 children per year. The work then builds on itself as, each year, the trained leaders learn how to advocate for children more effectively and recruit others from their community to advocate with them. Last year, these workshops improved quality of life and education access for an estimated 70,000 children with disabilities in 11 low-income countries.

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? *

2. Key triggers for transformation are the local language medium in which the practice takes place, and the local production of learning materials for children in that language. In "normal" formal education systems in the global South, these two things rarely feature at all. Rather, children struggle to make sense out of knowledge and school practices that are foreign to their experience in home and community. What worked well: This practice of community involvement in developing and using local-language reading materials for children has been facilitated by prior community conversations about language and learning, the inclusion of local leaders and thought leaders, and the support and involvement of known CSOs, NGOs and local education authorities in the area. When they do not work, it is generally because writers of the local languages -or illustrators who know the cultural context - cannot be found or engaged.

3. Children with disabilities and their families need advocates in their communities because many existing religious, traditional and cultural attitudes and practices lead to exclusion and other forms of harmful discrimination. Kupenda's local leader disability advocacy trainings reduce harmful beliefs and practices while improving care, inclusion, and access to quality health and education services for children with disabilities.

11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”. What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? *

2. For the most marginalized communities in the world, the practice of community-led development and use of local-language reading materials for children has a positive impact on both school learning outcomes and the involvement of family and community in the child's learning. This practice helps to cement children's literacy skills, and builds their knowledge of their community and the wider world. The practice brings the community and family into the child's formal learning experience; it demystifies books and reading for children and family members, through the use of the local language and the participation of the community in developing and using those books.

3. Kupenda's one-day, low-cost disability trainings reverse negative and inaccurate beliefs about disability among community leaders and residents, while improving urgently needed care and access to health and education services for severely underserved families impacted by disability.

2. Recommendations: 1) It is important that the community-based writers have the dominant voice in what their children will be reading. Orientation to the new authors regarding best practices in materials development of this kind is important, so that the thematic and content choices the writers make are well founded. 2) Having an editor who is a fluent writer, and who is a fluent speaker of the language, is also important. 3) Where literate community members cannot be found, the process of materials development can still proceed through the use of "copyists" who can write the stories down as narrated to them. In this case, however, care should be taken that the "copyist" and the story-generating community members be oriented as to any word limitations, text length requirements or thematic limitations of the materials to be produced.

3. Kupenda's Open Source Library of Disability Training Tools (<https://kupenda.org/disability-advocacy-training-materials/>) offers implementers a series of guides and tools to support their use and adaption of our Disability Advocacy Training Program. Such resources include Participant Recruitment Guides, Workshop Facilitators Guides, A Workshop Follow Up Guide and a Disability Handbook which outlines definitions, causes and treatment for the 31 most common disabilities in LMICs. The library also includes our Disability Law Guides, Home Visit Guide, various monitoring and evaluation tools, and our Child Case Management App which has 12 tailored counseling guides and a prioritization and emergency response system.

12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. *

2. a) Graham, B. 2013. Creating cycles of writing and reading in a resource-poor school community in Kenya: Could one literacy event lead to ongoing literacy practices? *International Journal of Educational Development* 33, 294–301. b) Trudell, B. and J. Ndunde. 2015. Making Space for Local Knowledge: Community-based Literature and Internationalized Education. *SIL Language and Culture Archives*. <http://www.sil.org/resources/archives/63680>.

3. Kupenda Education Program: <https://kupenda.org/education/> ; Kupenda's Disability Advocacy Training Program Results: <https://kupenda.org/results>; Kupenda's Open Source Library of Disability Training Tools (which includes our Disability Advocacy Workshop Guides and related tools: <https://kupenda.org/disability-advocacy-training-materials/>)