



Knowledge hub - Collection of best practices

Summary of the best practice

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

Tikule limodzi: Let's grow together - The impact caregiver training has on children with disabilities in Malawi (research study)

2. Country or countries where the practice is implemented *

Malawi

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) *

Sightsavers, University of Malawi, University of Birmingham

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

Children with disabilities, Malawi, early childhood education (ECE), early childhood development, caregivers, research study

6. What makes it a best practice? *

Disability inclusion training for caregivers and educational support staff can have a critical impact on early educational experiences and learning of children with disabilities

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? *

In December 2016 – August 2017, as part of its work to promote disability rights and inclusion, Sightsavers conducted a study to evaluate the impact of disability inclusion training for caregivers at community-based childcare centres (CBCCs) in Thyolo District, southern Malawi. Early childhood development and education services are vital to promote young children's chances of succeeding in life, especially in a low-income setting like rural Malawi. Unfortunately, children with disabilities are less likely to attend these services, which compounds the discrimination they already face. This is due to several reasons but includes the lack of disability-friendly services available and the lack of service providers who have been trained on disability issues.

Sightsavers' intervention sought to develop and test more disability inclusive curriculum and teaching methods for services providers to address some of those barriers. The approach consisted of a two-week programme based on the basic National Caregiver Training Programme, with additional modules on how to improve the inclusion and participation of children with disabilities. The primary objective, where the intervention was expected to lead to a causal change, was the percentage of children with developmental age equal to actual age. Other intended outcomes included caregiver satisfaction and retention and changes in CBCC environmental rating scale. Evidence from the trial suggests that the training of caregivers had some positive effect on the development of children attending CBCCs. At endline, the proportion of children with developmental delay, overall, was 8.2% - a drop from the overall 11.7% recorded at baseline.

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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The activities consisted of collecting baseline data and then a second phase of implementing the training programme with caregivers. The baseline data was collected between December 2016 and May 2017. The training took place over the summer holidays (July to August 2017). The endline data collection started nine months after the training had been delivered, between May and July 2018. The trial involved 48 community-based child centres (CBCCs) randomly allocated to the control and intervention arms (24 CBCCs each). Study CBCCs were selected randomly from a sampling frame of just over 400 CBCCs in the district, based on the records available to the district authorities. The sample size was calculated to detect a 10% change in the proportion of children whose developmental age is equal to their biological age; 95% confidence interval, 80% power, 10% non-response and 50% variation between the clusters. Based on these we aimed to recruit 960 children (480 per arm) or 20 children per CBCC. Children were selected randomly at both baseline and endline. 44 CBCCs (22 intervention and 22 control) participated in the CBCC survey at endline, compared to 47 CBCCs (24 control and 23 intervention) at baseline. One hundred caregivers participated in the caregiver survey at endline, compared to 106 at baseline. Functional difficulties (disability) using the UNICEF/Washington Group CFM were assessed among 935 children from 47 CBCCs at baseline and 881 children from 44 CBCCs at endline. Developmental delays using the MDAT (language and social domains) were assessed among 933 children at baseline and 881 children at endline. The study was a partnership between Sightsavers, the University of Birmingham and the Chancellor College, University of Malawi.

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? *

The evidence from the follow-up survey suggests that training of caregivers had some positive effect on the development of pre-school children included in the trial, with the overall prevalence of developmental delay being lower in the intervention group (6.3%) than in the control group (10%). The difference observed between the two groups was small but statistically-significant at 5% level, suggesting that children attending CBCCs, where caregivers had been trained using the inclusive training package tested in this study, were less likely to be behind their biological age milestones than the children attending CBCCs, where the caregivers had not undertaken such training.

The difference between the two groups was more evident when the results by the two separate domains of development were considered. The prevalence of developmental delay was lower in the intervention group in both social (5% vs 7.3%) and language (2.5% vs 4.5%) domains. The training of caregivers seemed to have some impact on the school readiness results, largely in older age groups (three- to four-years-old and five+ years), with the children in the intervention CBCCs achieving higher pass marks in a number of school readiness domains (although the difference is difficult to interpret as the study was not designed to detect the difference in the school readiness scale).

Children in the intervention CBCCs performed better in talking about pictures in the books (32% vs 26%); comparing (75% vs 56%) and identifying (65% vs 50%) quantities and counting and conversing to 5 (59% vs 48%). Some differences were observed in distinguishing between letter and non-letter symbols and recognising three letters, although the proportion of those who passed these tests was low in both groups (10% vs 4% and 16% vs 5%).

One of the most interesting findings of this study was that the prevalence of disability at endline was significantly lower than at baseline in both groups. This may suggest that the difference observed was either due to how the tool was administered or, given that the majority of functional difficulties reported at baseline were of a psycho-social nature (anxiety, behavioural problems, adapting to change), there was a stressful environmental factor (such as a drought period followed by a poor harvest and famine in the region) that could have influenced children's psycho-social and emotional state at the time of the baseline survey.

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? *

It is important to note that the endline in this trial took place nine months after the training and it remains unclear whether the change in caregiver skills and practices and subsequently the impact on child development will be sustained over time. Also, the sample size of this study did not allow for comparisons of children with and without disabilities and we do not know whether children with disabilities benefited from this intervention in the same way as children without disabilities. Future studies need to explore what impact short training programmes have on the development of experience-dependent skill sets in the medium to long term. Ideally, a longer training course for caregivers would probably have a greater impact on learning outcomes, but this study operated within certain financial and time restraints. Future studies should also consider larger sample sizes and longer caregiver training programmes to allow for the disaggregation of results by disability, and other children's characteristics, including anthropometric measures, to account for factors such as stunting.

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)? *

This could be considered a best practice as the study illustrates the critical impact disability inclusive trained caregivers and educational support staff have on early educational experiences and learning of children with disabilities. The study suggests that training of caregivers in how to integrate more disability-inclusive practices into the daily activities of a CBCC has positive effects on the development of pre-school children and could red in a lower proportion of these children experiencing social and/or language-related delays. The main improvements in the groups where caregivers received training were noted in social interactions, communications, caregiver engagement, support of children with disabilities, and some aspects of teaching literacy and numeracy.

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. *

<https://research.sightsavers.org/project/a-multi-method-research-study-to-improve-curriculum-and-teaching-methods-to-influence-policy-and-increase-the-quality-of-early-childhood-development-and-education-provision/>

Research abstract - <https://www.birmingham.ac.uk/research/victar/research/early-childhood-services-for-children-with-disabilities-in-malawi.aspx>

Read the research summary- <https://research.sightsavers.org/wp-content/uploads/sites/8/2018/05/Malawi-ECDE-Research-Summary.pdf>

The impact caregiver training has on children with disabilities in Malawi – Endline report 2020 - <https://research.sightsavers.org/wp-content/uploads/sites/8/2019/10/The-impact-caregiver-training-has-on-children-with-disabilities-in-Malawi-%E2%80%93-Endline-report-2019-2.pdf>