

LASER PULSE

Long-Term Assistance and Services for Research (LASER)
Partners for University-Led Solutions Engine (PULSE)

MULTI-COUNTRY STUDY ON INCLUSIVE EDUCATION (MCSIE)

Areas of Intervention Mapping (AIM) for Inclusive Education: Malawi

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ABOUT THE PROJECT

USAID is partnering with Inclusive Development Partners (IDP) through the LASER PULSE (Long-Term Assistance and Services for Research Partners for University-Led Solutions Engine) mechanism led by Purdue University to conduct a four and half year, \$3.585 million evaluation of three USAID inclusive education activities in Cambodia, Malawi, and Nepal. The evaluation, called the multi-country study on inclusive education (MCSIE), is the first major effort by USAID to investigate what works to improve the quality of education for learners with disabilities. This report presents MCSIE's Areas of Intervention Mapping (AIM) for Inclusive Education in Malawi. For more information, you can reach out to Dr. Valerie Karr, Principal Investigator, at valerie@inclusivedevpartners.com.

ABOUT LASER PULSE

LASER (Long-term Assistance and SErvices for Research) PULSE (Partners for University-Led Solutions Engine) is a \$70M program funded through USAID's Innovation, Technology, and Research Hub, that delivers research-driven solutions to field-sourced development challenges in USAID partner countries.

A consortium led by Purdue University, with core partners Catholic Relief Services, Indiana University, Makerere University, and the University of Notre Dame, implements the LASER PULSE program through a growing network of 3,500+ researchers and development practitioners in 86 countries.

LASER PULSE collaborates with USAID missions, bureaus, independent offices, and other local stakeholders to identify research needs for critical development challenges and funds and strengthens the capacity of researcher-practitioner teams to co-design solutions that translate into policy and practice.

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ACRONYMS

AIM	Areas of Intervention Mapping
BICO	Blantyre Institute for Community Ophthalmology
BLINC	Blended Learning in Inclusive Education Course
CBM	Christian Blind Mission
CFM	Child Functioning Module
DIE	Department of Inclusive Education
ECD	Early Childhood Development
EGR	Early Grade Reading
FEDOMA	Federation of Disability Organization in Malawi
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
IDP	Inclusive Development Partners
KI	Key Informant
KII	Key Informant Interview
LASER	Long-Term Assistance and Services for Research
MACOHA	Malawi Council for the Handicapped
MANAD	Malawi National Association of the Deaf
MCSIE	Multi-Country Study on Inclusive Education
MDAT	Malawi Development Assessment Tool
MIE	Malawi Institute of Education
MSL	Malawian Sign Language
MUB	Malawi Union of the Blind
NGO	Non-Governmental Organization
OPD	Organization of Persons with Disabilities
PULSE	Partners for University-Led Solutions Engine
REFAM	Reading for All Malawi
SNE	Special Needs Education

SRS	School Readiness Scale
STEP	Strengthening Teacher Education and Practice
TC	Total Communication
TLM	Teaching and Learning Material
ToT	Training of Trainers
TPEEP	Teaching Practice Enhancement and Empowerment Program
TTC	Teacher Training College
TWG	Technical Working Group
UDL	Universal Design for Learning
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The United States Agency for International Development (USAID) Multi-Country Study on Inclusive Education (MCSIE) evaluation team, led by Inclusive Development Partners (IDP), conducted an areas of intervention mapping (AIM) exercise in Malawi to show where and how **Reading for All Malawi (REFAM)** is interacting with the existing education system to improve educational outcomes for learners with disabilities. Desk review work began in 2020 and was supplemented by key informant interviews (KIIs) in 2021 and 2022 to help the team focus on deepening their understanding of MCSIE evaluation questions related to (1) the screening and identification of children with disabilities, (2) teacher training models for disability-inclusive education, and (3) instructional practices supportive of inclusive education in Malawi.

The following high-level summary covers key findings from the three domains:

- 1. Screening and identification.** Organizations have developed multiple screening activities and tools to identify learners with various disabilities in Malawi, but many tools and activities are not validated. A few standardized tools do exist, but their scale is generally limited to a single region of the country. Additionally, referral services to diagnose children with disabilities are limited following screening, and breakdowns in service provision and limited access to qualified professionals prevent the scale-up of screening efforts.
- 2. Teacher training.** Promising practices in Malawi include in-service training to specialist teachers on how to support mainstream¹ teachers to give more children with disabilities access to the mainstream classroom. However, pre-service training coursework on inclusive education is too short in duration to allow teachers to feel confident in supporting inclusive education. Furthermore, there is limited measurement of the impact of teacher training on classroom-level instruction, making it challenging to understand whether training is yielding the desired effect.
- 3. Instructional practices.** Positive practices that support inclusive education's progressive realization include the gradual inclusion of children with disabilities into mainstream classes by first providing them explicit instruction in crucial skills such as braille in resource centers. However, this is still not common practice, and children with identified disabilities are commonly educated in segregated special schools or in resource classrooms located in mainstream schools but composed only of children with disabilities. General educators' lack of preparedness (in terms of resources, support, and training) to deliver inclusive education is a common reason given for educating children with disabilities in non-inclusive settings.

The following key recommendations for future consideration stem from the above and other findings in this report:

- 1. Consider the ethical implications of school-based screening and identification of disabilities.** Significant ethical issues arise when screening is implemented but follow-up support services are not widely available. Rather than focusing on creating several different screening systems, a better approach would be to strengthen and expand systems that already include

¹ The term *mainstream* is one used by the Government of Malawi and broadly refers to general education classrooms, as a way of differentiating from resource classrooms or special schools that are specifically for learners with disabilities. MCSIE uses the term in this document because it is relevant to the Malawi policy context.

referral and supports, such as the model the Blantyre Institute for Community Ophthalmology (BICO) is using in southern Malawi, which is described later in this report.

- 2. Scale up more robust pre-service teacher training on inclusive education for all teachers.** Pre-service training programs for mainstream teachers are generally too short and provide surface-level detail to prepare teachers with the skills to teach learners with disabilities. Promising practices in Malawi include the Blended Learning Course on Inclusive Education (BLINC), which is a pre-service program on inclusive education run by Montfort College and supported by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Additionally, ensuring that pre-service curriculum includes teaching in classrooms that include learners with disabilities could give student teachers hands-on experience which could increase their confidence in teaching learners with disabilities.
- 3. Consider small-scale pilots of inclusive co-teaching classrooms in mainstream classrooms.** Co-teaching models, where two educators support students with and without disabilities in the same classroom, could be an innovative way to combine the existing integrated teacher and mainstream teacher workforces to support the implementation of inclusive education. This practice of co-teaching by two mainstream teachers is already occurring at small scale, including at Montfort Demonstration School for the Blind, but could be scaled up and involve specialist teachers.

INTRODUCTION AND PURPOSE

Promoting disability-inclusive education is a key priority area in the U.S. Agency for International Development (USAID) 2018 Education Policy. The policy states that “universal design principles that look at the design of policies, the allocation of resources, the training and support for teachers, the availability of support services, and the overall accessibility of learning materials, infrastructure, transportation, and assistive technologies should inform a holistic approach to educating students with disabilities and fostering learning outcomes.”²

The USAID Multi-Country Study on Inclusive Education (MCSIE) evaluation team, led by Inclusive Development Partners (IDP), proposed an areas of intervention mapping (AIM) exercise for three USAID inclusive early grade reading (EGR) activities in Cambodia, Nepal, and Malawi to show where and how each USAID activity is interacting with the existing education system to improve reading outcomes for learners with disabilities.

The purpose of this AIM report is to describe how USAID-funded activities, specifically the Reading for All Malawi (REFAM) project, align with government and donor efforts to provide inclusive education for children with disabilities. The objective of AIM is to answer the following questions about disability-inclusive education in Malawi:

1. What other methods/models were in place prior to/during the USAID activity?
2. How does/did the method/model work (i.e., successes/challenges/barriers)?
3. Where and how do actors in each area of intervention interact with other actors in the system?
4. What do actors in each area of intervention perceive as the biggest assets and needs within the system?

This mapping captures what is currently in place by examining the existing inclusive education efforts related to MCSIE’s evaluation topics: (1) screening and identification of children with disabilities, (2) teacher training models for disability-inclusive education, and (3) instructional practices supportive of inclusive education in Malawi.

AIM findings are meant to:

- Assist USAID to determine how their education activities in Malawi fit into and contribute to strengthening existing inclusive education efforts in the country;
- Provide all education stakeholders with actionable recommendations for future programming in Malawi related to screening and identification, inclusive education teacher training, and instructional practices; and
- Draw attention to the areas in which there is under-investment or limited coordination between actors involved in promoting inclusive education.

² USAID. (2018, November). *USAID education policy*. p. 30.
https://www.usaid.gov/sites/default/files/documents/1865/2018_Education_Policy_FINAL_WEB.pdf

SUMMARY OF REFAM

REFAM was a USAID project under the Malawi National Reading Programme, which ran from 2019 - 2022. It focused on meeting the needs of learners with disabilities enrolled in resource centres across the country. According to the task order,

“REFAM aims to provide a scalable model of an intervention to teach reading to learners with disabilities in one of sub-Saharan Africa’s poorest countries, thereby refining an intervention under the umbrella Malawi National Reading Program.” Its original theory of change stated:

If Malawian learners with disabilities benefit from: (a) services provided by an engaged and informed ministry, (b) reading instruction and materials targeted to their needs and abilities, and (c) tutoring and support from their families and communities, then they will better learn how to read and prosper in school. (REFAM, 2019, Annual Report FY19)

As part of their project implementation, REFAM trained teachers in both instructional strategies as well as screening and identification. Additionally, information about REFAM’s implementation can be found within the MCSIE Malawi interim and endline reports.

METHODS

The MCSIE evaluation team began conducting a desk review for the AIM in 2020 and ultimately reviewed over 55 reports, evaluations, grey literature, and other documents (see [Annex B](#) for the full document list). The team produced a matrix of major activities related to screening and identification, training, and instruction and referenced other prior mapping exercises, including the MCSIE literature review previously conducted in 2019 for Malawi. IDP evaluators also conducted a total of 20 key informant interviews (KIIs) with relevant stakeholders in the areas of intervention. In June 2022, IDP led 18 in-person KIIs, with two additional KIIs in September 2022, one in person and one via Zoom. See [Annex A](#) for an overview of the AIM KII Stakeholders.

FINDINGS

AREA ONE: SCREENING AND IDENTIFICATION

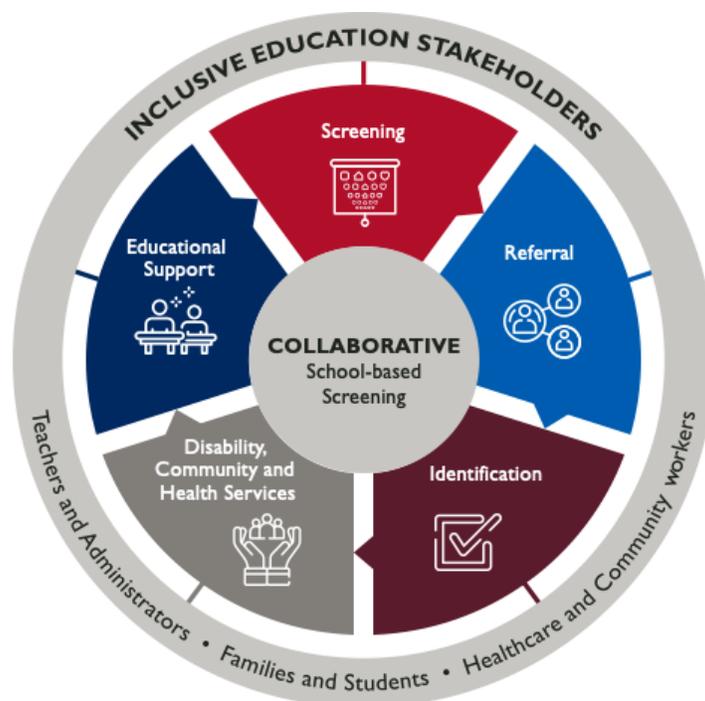
With the support of non-governmental organizations (NGOs), Malawi has screened and identified learners with disabilities throughout the past two decades, with a focus on visual and hearing disabilities. The number of NGOs implementing local and regional screening and identification activities has increased dramatically over the past 10 years. To this effect, evaluators examined prior and existing efforts to screen and identify children with disabilities, apart from the REFAM activity, that have taken place in Malawi within the past 10 years.³ This includes investigating how screening data has been used and how these activities connect to referrals to medical and non-medical disability support services. This review shows that there is a large commitment across several donors and implementers to identify children with disabilities in Malawi. However, the lack of validated tools and strong referral systems

³ The REFAM activity implemented training on screening and identification but did not implement any other screening activities.

hinder Malawi’s progress in delivering on the ultimate goal of screening: to provide support and services to children with disabilities.

The below image of the feedback loop shows how screening is intended to trigger a process of referral, disability identification, and services that lead to the provision of educational supports for learners with disabilities in the classroom; however, this process is subject to a number of breakdowns (see **Figure I**, as well as additional information in **Annex C**).

Figure I. The Screening-Feedback Loop



Finding I: Organizations have developed multiple screening activities and tools to identify learners with various disabilities in Malawi, but many tools and activities are not validated.

Screening and identification tools require a rigorous testing and validation process to ensure they are appropriately measuring and capturing the intended population.⁴ However, KILs with various NGOs in Malawi suggest that the majority of tools being used for screening and identification are unvalidated. These tools are described in further detail in **Table I** below.

- Standardized screening tools do exist in country, but their implementation is mainly limited to screening and small in scale.** One noteworthy example is the Blantyre Institute for Community Ophthalmology’s (BICO’s) use of the Snellen Tumbling E and LEA charts; both tools are validated. BICO uses the Tumbling E Chart with children ages 5 and older and uses the LEA Chart with children younger than age 5. This is aligned with best practices, which discourage the use of the Tumbling E Chart with younger children, as children this age lack spatial orientation skills. However, no validated tools currently exist for other types of

⁴ Pagel, R., & Maxson, L. (2020, November). *Collecting data on disability prevalence in education programs*. USAID. https://www.edu-links.org/sites/default/files/media/file/HowToNote_DisabilityData_Nov20.pdf

disabilities. Two developmental screenings (the Malawi Development Assessment Tool (MDAT) and the School Readiness Scale (SRS) have been used by Sightsavers within their pre-primary programming but are mainly used for impact evaluations rather than screening and identification.

- **The government does not standardize the screening tools in use.** IDP found that many NGOs are implementing screening, yet each of them uses a different tool. The Department of Inclusive Education (DIE) within the Ministry of Education has limited funding to oversee and coordinate these efforts within the education sector. As a result, many conflicting efforts are being implemented simultaneously. The Ministry has expressed a preference toward a set of tools developed by Save the Children, which REFAM adapted for use within their screening training activity. However, this set of tools has not been validated.
- **Disability prevalence tools are being used inaccurately and outside of their intended purposes.** Census-type tools, such as the Washington Group Child Functioning Module (CFM), are being used for screening of disability in Malawi. For example, Malawi Union of the Blind (MUB), an organization of persons with disabilities (OPD), trained teachers in schools in southern Malawi to use the Washington Group tool to screen learners within their classrooms. The Washington Group tool is intended to identify functional limitations of a person, but not as a diagnostic tool. Training on and use of the tool raises ethical concerns, including the possible mislabeling or misdiagnosing of learners with and without disabilities, which can cause more harm than benefit.⁵

Promising Screening and Identification Practices: Blantyre Institute for Community Ophthalmology (BICO)

BICO is an NGO based in southern Malawi and is headquartered in Blantyre. Dr. Khumbo Kalua, a Malawian researcher, runs the organization. Their model focuses on a three-step process:

Step 1: BICO trains teachers on how to identify visual disabilities using the Snellen Tumbling E Chart.

Step 2: BICO staff visit the school and perform diagnostic exams on children identified as having possible visual disabilities by using portable equipment. They write down the prescription for each child identified as having a visual disability.

Step 3: BICO processes the prescription at BICO's offices and then staff return to the school to provide glasses to each child who needs them. These glasses are currently funded using USAID health funding.

BICO also implements additional steps if children are identified as having low vision or if children require surgery. In these cases, BICO pays to transport the children to their offices in Blantyre to perform a low-vision exam or refers children to the eye hospital for surgery. BICO shared that due to their programming, Montfort

⁵ Hayes, A. M., Dombrowski, E., Shefcyk, A., & Bulat, J. (2021, April). *Learning disabilities screening and evaluation guide for low- and middle-income countries*. RTI Press. <https://www.rti.org/rti-press-publication/learning-disabilities-screening/fulltext.pdf>

Demonstration School reduced the number of children with visual disabilities in their resource room from 60 to 30: after giving half of the resource room learners glasses, these learners were moved to mainstream classrooms. The learners who remained in the resource room continued to receive services specific for learners who are blind, including instruction in braille.

Finding 2: Although their screening efforts are robust, none of the NGOs interviewed reported a strong referral component within their screening activities.

Referring for formal diagnosis and providing services is a crucial part of any screening program. However, IDP found that very few of the organizations implementing screening were also implementing a referral program for children who were identified as having possible disabilities. Without a referral system, the drawbacks of identifying children as having a disability, such as stigma around disability, may outweigh the potential benefits. Some organizations did provide a link to referral services; however, the cost for these services was prohibitive for caregivers.

- **Caregivers or NGOs often pay the cost of referral services.** In cases where organizations did link to referral services, the costs of services or transport to services were often prohibitively expensive for caregivers. Without assistance from NGOs, children were still not able to take advantage of the offered services. For example, a 2017 study identified children with possible disabilities through the key informant (KI) method. However, the organization's screening camp that offered diagnostic services had only a 52% attendance rate.⁶ Another study found that one-third of the children referred for cataract surgery still had not visited hospitals three months after their referrals; families of the children who had not yet contacted hospitals for surgery were twice as likely to live below the poverty line.⁷ Luckily, many NGOs are able to fund the cost of some specific referral services, such as glasses. For example, BICO provides glasses and eye surgery using funding from USAID, and MUB provides glasses within their screening activities using funding from Norwegian Association of the Blind.
- **A limited number of organizations and service providers exist across the country.** Even if a child's disability has been appropriately diagnosed, the number of providers across Malawi is extremely limited. One study reported that Malawi only has five eye hospitals and nine ophthalmologists in the entire country.⁸ It is unknown what providers exist for other disability types, but this is likely limited as well. Similar findings have been reported from Cambodia, another country within the MCSIE study.

⁶ Tataryn, M., Polack, S., Chokocho, L., Mulwafu, W., Kayange, P., Banks, L. M., ... Kuper, H. (2017). Childhood disability in Malawi: A population-based assessment using the key informant method. *BMC Pediatrics*, 17(1), 198. <https://doi.org/10.1186/s12887-017-0948-z>

⁷ Kalua, K. (2016). *Comparison of effectiveness of using trained key informants versus health surveillance assistants in identifying blind and visually impaired children in Malawi*. (Doctoral thesis, University of London).

⁸ Ibid.

Table 1. Summary of Screening Tools in Malawi

Tool	Type of Tool	Validation ⁹	Screening Administered By	Organizations Involved	Known Use
LEA Chart	Vision screening	Validated internationally	BICO staff	International tool	Used by BICO in schools with referral to eye care specialists in Blantyre
Malawi Development Assessment Tool (MDAT)	Developmental screening	Validated internationally	Sightsavers staff	Sightsavers	Sightsavers administers it within their early child development (ECD) centers in southern Malawi
QuickTools	Screening	None known	School-level staff (Save the Children)	Developed by Save the Children, trained on by REFAM	Used by Save the Children, trained on by REFAM (but not implemented)
School Readiness Scale (SRS)	Developmental screening	Based on tool that has been validated internationally	Sightsavers staff	Sightsavers	Based on the national ECD Early Learning Development Standards used within Malawi, adapted from tool from Washington State
Toolkit for Identification of Learners with Learning Difficulties	Learning difficulties screening	None known	Sandi Thandiza staff	Developed by Sandi Thandiza, trained on by REFAM	Used by Sandi Thandiza and the Blended Learning Course on Inclusive Education (BLINC) program (Montfort College), trained on by REFAM (but not implemented)
Tumbling E Chart	Vision screening	Validated internationally	BICO staff	International tool	Used by BICO in schools with referral to eye care specialists in Blantyre
Washington Group Child Functioning Module (CFM)	Prevalence; used as screening/diagnostic	Validated internationally, but not for use by teachers	Teachers as proxy respondents for students	MUB; Sightsavers	Used by MUB with primary schools; used by Sightsavers with ECD centers

⁹ When the validity of a new or adapted screening tool is being established, that screening tool's yielded outcomes are initially inspected to see whether outcomes correspond to what are regarded as definitive indicators (i.e., a "gold standard" diagnostic test) of the same target conditions to determine if the screening tool measures what it is supposed to measure. Generally, it is important to assess a screening tool's sensitivity (e.g., the ability of a test to correctly identify children with disabilities) as well as a tool's specificity (e.g., the ability of a test to correctly identify children without disabilities). This establishes a tool's validity. See: American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (Eds.). (2014). *Standards for educational and psychological testing*. American Educational Research Association.

AREA TWO: TEACHER TRAINING

Disability-inclusive pre-service teacher training first began in Malawi in 1968 when Montfort College collaborated with Sightsavers International to train teachers of children with visual and hearing disabilities.¹⁰ In 1996, Montfort College expanded to include a third area: learning difficulties. However, this third category was never clearly defined and, instead, includes all other disability categories one might find within resource classrooms in Malawi (i.e., intellectual disability and learning disabilities). More recently in 2021, Machinga Teacher Training College (TTC) also started offering diploma coursework on inclusive education, using Montfort College's lecturers and curriculum. GIZ has supported Montfort in developing and implementing the Blended Learning Course on Inclusive Education (BLINC), which is an in-service blended (remote and in-person practical) learning program on inclusive education for current teachers. Additionally, GIZ has also supported the Teaching Practice Enhancement and Empowerment Program (TPEEP), which works with Sandi Thandiza, a civil society organization in Blantyre, to train lecturers at two TTCs within Malawi on inclusive education practices.

A much wider field exists of implementers providing in-service teacher training on inclusive education. Implementers, and the programming they provide, are described in further detail in **Table 2** below.

Finding 1: Both pre-service and in-service training programs in Malawi focus on increasing mainstream teachers' exposure to principles of inclusive education. Although disability-inclusive teacher training has existed in Malawi for many years, pre-service and in-service training focusing on inclusive education has occurred much more recently. These trainings are frequently more focused on increasing the capacity of mainstream teachers, while the previous training focused on specialist teachers and implementing special needs education (SNE) in resource centers. However, while more pre-service education is focused on inclusive education, the introductory coursework provided to all teachers remains very limited.

- **Pre-service introductory coursework on inclusive education remains limited for most teachers.** While more is being done through in-service to build the capacity of mainstream teachers, the inclusive education coursework provided to all teachers remains limited. The Initial Primary Education (IPTE) curriculum developed by the Malawi Institute of Education (MIE) only contains two sections on inclusive education within the Foundation Studies module: one giving an overview on inclusive education and one covering learner diversity.
- **Organizations are engaging specialist teachers as trainers for mainstream teachers.** In several cases, organizations have trained specialist teachers to build the capacity of mainstream teachers on inclusive education, rather than training the mainstream teachers directly. This is a promising practice, as it creates a relationship between mainstream and specialist teachers; by building this relationship, learners in resource centers may have more consistent access to the mainstream classroom.

¹⁰ Chitiyo, M., Odongo, G., Itimu-Phiri, A., Muwana, F., & Lipemba, M. (2015). Special education teacher preparation in Kenya, Malawi, Zambia, and Zimbabwe. *Journal of International Special Needs Education*, 18(2), 51-59. <https://doi.org/10.9782/2159-4341-18.2.51>

Table 2. Summary of In-Service Teacher Training in Malawi

Implementer/Funder	Focus of In-Service Training	Other Details
Malawi Council for the Handicapped (MACOHA)	Previously trained mainstream teachers on inclusive education	Trained 120 teachers across 3 districts on topics related to inclusive education
MUB	Trains mainstream teachers on inclusive education	Trained teachers on child-centered pedagogy, how to identify learners with disabilities, parent engagement, and how to make teaching and learning materials (TLMs) using local materials
PLAN International	Previously trained mainstream teachers on inclusive education	In 2019, PLAN reported to IDP that they had trained 285 teachers on inclusive pedagogy
REFAM	Previously trained specialist teachers on how to support mainstream teachers to support learners with disabilities	Focused on Universal Design for Learning (UDL)
Sandi Thandiza	Trains specialist teachers on occupational therapy, speech, and language therapy, and learning support tools; trains mainstream “mentor” teachers on inclusive education and screening and identification	Use a training of trainers (ToT) cascade approach for training by training a district team who then implements training
Save the Children	Previously trained mainstream teachers on inclusive education strategies; trains early childhood education teachers on inclusive strategies	In 2019, Save the Children reported to IDP that their teacher training in 3 districts focused on inclusive education; in 2022, Save the Children is more focused on their ECD programming that focuses on inclusive education
Sightsavers	Trains early childhood education teachers on inclusive strategies and classroom accessibility	Sightsavers works with 49 community-based ECD centers; teachers are also trained on how to screen and identify possible disabilities by using a checklist
Tamva Friends of the Deaf	Trained mainstream teachers on Malawian Sign Language	It was reported to the Inclusive Education Technical Working Group (TWG) that they trained 24 mainstream teachers; it is unclear if this was only training
United Nations Children’s Fund (UNICEF)	Trained specialist teachers on how to support mainstream teachers to support learners with disabilities	In-person training used lecturers from the TTCs (Montfort and Machinga) as trainers

Finding 2: Understanding or measuring the impact of in-service training programs for inclusive education is challenging. Despite the large number of in-service teacher trainings that have been conducted in Malawi, very little data exists on the effectiveness of this programming. As a result, it is difficult to evaluate the effectiveness (if at all) of these teacher training initiatives or which ones should be replicated or scaled up.

- **The impact of teacher training on inclusive education is rarely measured in Malawi.** Most of the organizations interviewed for AIM felt that teachers needed more capacity to successfully deliver inclusive education programming for learners with disabilities. The research also reflected this sentiment: mainstream teachers reported they were eager to assist learners with disabilities as long as they received training on inclusive education instructional strategies. Without this training, teachers were unsure on how to begin to support these learners.¹¹ However, only one organization interviewed for AIM had data on the outcomes of their teacher training. In 2019, Sightsavers collected extensive data on the effectiveness of their ECD programming using six separate tools, including three separate child assessment tools, and found that their programming had a positive effect on children’s development and on teachers’ practices.¹² Two other organizations or projects also collected data (Sandi Thandiza and the REFAM project), but they only collected qualitative data from training participants on how they felt trainings went, rather than data on the outcomes of trainings.

AREA THREE: INSTRUCTION

The history of the education system in Malawi can shed light on the current educational placement of learners with disabilities. Education for children with disabilities in Malawi began as a faith-based initiative, with evangelical missionaries and the Dutch Reformed Church first setting up schools for children with visual disabilities in the 1950s,¹³ including creating residential schools for the blind.¹⁴ In the 1960s, NGOs began to create resource centers for children with visual disabilities that were attached to mainstream primary schools.¹⁵ This effort was expanded in the 1970s with support from Sightsavers

¹¹ GIZ. (2019a). *Capacity assessment for inclusive education in primary schools in Malawi: Capacity assessment report*. Not available online.; Chitiyo, M., Odongo, G., Itimu-Phiri, A., Muwana, F., & Lipemba, M. (2015). Special education teacher preparation in Kenya, Malawi, Zambia, and Zimbabwe. *Journal of International Special Needs Education*, 18(2), 51-59. <https://doi.org/10.9782/2159-4341-18.2.51>

¹² Sightsavers. (2019). *The impact caregiver training has on children with disabilities in Malawi: Final Report*. <https://research.sightsavers.org/wp-content/uploads/2019/10/The-impact-caregiver-training-has-on-children-with-disabilities-in-Malawi-%E2%80%93-Endline-report-2019-2.pdf>

¹³ Kamchedzera, E. T. (2008). Special needs teacher education (SNTE) in Malawi: Present status and trends. *International Journal of Knowledge, Culture, and Change Management*, 8(1), 247–252. Lynch, P., & Lund, P. (2011). *Education of children and young people with albinism in Malawi*. <http://albinism-in-africa.com/wp-content/uploads/2014/10/Information-for-Teachers.pdf>

¹⁴ Makuwira, J. (2013). People with disabilities and civic engagement in policy making in Malawi. *Development Bulletin: Challenges for participatory development in contemporary development practice*. (75). 66–70.

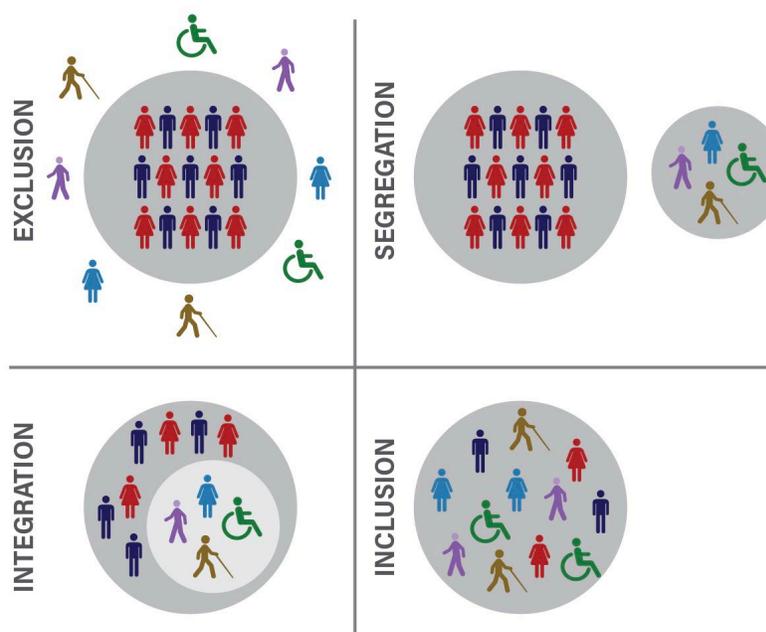
¹⁵ Lynch, P., & Lund, P. (2011). *Education of children and young people with albinism in Malawi*. <http://albinism-in-africa.com/wp-content/uploads/2014/10/Information-for-Teachers.pdf>

International and Christian Blind Mission (CBM).¹⁶ However, similar programs were not developed for children who are deaf until the 1970s.¹⁷

Today, resource rooms are staffed by special needs education (SNE) specialist teachers who have higher qualifications than mainstream teachers and have qualifications in inclusive (in the case of BLINC graduates) or SNE.¹⁸ However, several respondents reported that specialist teachers are not always paid in accordance with their credentials. For example, one interviewee reported that they were still being paid as if they were a teacher with a certificate, despite having earned their diploma.

Resource rooms are currently attached to mainstream schools, and some children with disabilities who attend resource centers only do so for only a portion of the day and spend the remainder of their time in mainstream classrooms.¹⁹ However, it is unclear how often this occurs in practice. Most students with disabilities in Malawi currently receive instruction in segregated or integrated settings as shown in Figure 2.

Figure 2. Educational Experiences for Students with Disabilities



Finding 1: Instructional placements are moving in an inclusive direction yet are still highly segregated. NGO and government-supported instructional placements span from totally segregated

¹⁶ GIZ. (2019b). *Capacity assessment for inclusive education in primary schools in Malawi: Literature review and case studies*. Not available online.

¹⁷ Makuwira, J. (2013). People with disabilities and civic engagement in policy making in Malawi. *Development Bulletin: Challenges for participatory development in contemporary development practice*. (75). 66–70.

¹⁸ GIZ. (2019a). *Capacity assessment for inclusive education in primary schools in Malawi: Capacity assessment report*. Not available online.

¹⁹ Hagen, C. (2016). *Barriers to education for youth with disabilities in Malawi: A qualitative study of policy and practice in urban and rural areas*. Norway: Norwegian University of Life Sciences.

special schools (all of which include boarding facilities), to integrated resource classrooms on the same campus as mainstream classrooms, and to inclusive educational settings, though with limited support. As mentioned above, the goal is for resource rooms within integrated schools to provide support for children to transition into mainstream classrooms for half days or whole days. However, data does not exist on how many learners with disabilities have been successfully supported to transition to fully inclusive classrooms and what educational outcomes they have achieved.²⁰ There is also an absence of data to measure how many classrooms are actually delivering an inclusive education to learners with disabilities by providing appropriate supports versus how many classrooms merely place learners with disabilities in mainstream classrooms without providing any supports. However, one promising example of the transition to fully inclusive classrooms within Montfort Demonstration School can be found in the textbox below.

Promising Instructional Practices: Montfort Demonstration School for the Blind

Montfort Special Needs Education College is a TTC in southern Malawi that specializes in training teachers in inclusive and SNE. This includes training teachers of children with visual and hearing disabilities as well as children with learning difficulties. Montfort’s campus has a boarding school for the blind (Montfort Demonstration School for the Blind) as well as a school for the Deaf (Maryview). Montfort Demonstration School for the Blind has a very purposeful process for gradually including students who are blind or have low vision within their mainstream classrooms. From kindergarten to Grade 3, students spend their day within the resource center, where they learn braille in addition to literacy and mathematics skills. In Grade 3, they are transitioned to the mainstream classroom, and the specialist teacher provides support to both the student and the mainstream classroom teacher. Montfort also works to identify peers in each classroom who can support the student during classroom activities.

Finding 2: There are several reported systemic barriers to realizing inclusive education practices in Malawi. They are, as described by government and NGO respondents, as follows:

- While research shows that all students, those with and without disabilities, benefit from inclusive education²¹, classroom teachers working in mainstream classrooms lack the training, resources, or support they need to implement inclusion effectively, which is commonly used as the reason for continuing to educate most learners with disabilities in resource classrooms.
- There are institutional challenges to scaling up the teaching workforce for disability-inclusion, which include procedural challenges related to the salary scale for specialist teachers versus mainstream teachers. One NGO respondent shared that this hierarchy may lead some

²⁰ National data on the transition to inclusion from segregated or integrated schools is not known to exist.

²¹ See Hayes, A., Turnbull, A., and Moran, N. (2018). UNIVERSAL DESIGN FOR LEARNING TO HELP ALL CHILDREN READ: Promoting Literacy for Learners with Disabilities (First Edition). Washington, D.C.: USAID for evidence on the many positive benefits of inclusive education on students without disabilities.

mainstream teachers to feel that they should be paid more if they teach in classrooms that include learners with disabilities.

- There is a lack of teacher who are fluent enough in Malawi Sign Language (MSL) to be able to conduct lessons in MSL. As a result, most classrooms, in both special schools and within resource centers, rely on Total Communication (TC). This is a method of teaching learners who are deaf, wherein the focus is on oral communication rather than MSL. Several respondents, including members of the deaf community, also shared that they felt that TC was more inclusive as it incorporates the needs of deaf learners as well as learners who are hard of hearing. These respondents advocated for an approach that included both TC and MSL for this reason.

ADDITIONAL KEY THEME: STAKEHOLDER COLLABORATION

Whether related to screening and identification, training, or instruction as described above, stakeholder collaboration emerged as a major theme across all activities. Below are the core findings related to stakeholder collaboration.

Finding 1: The DIE serves as a convener but lacks internal capacity and depends on significant NGO support to implement inclusive education priorities. Most NGO respondents noted that the DIE, as a newly established department in the Ministry of Education, serves as a key advocate for inclusion. The DIE has recently begun leading the Inclusive Education Technical Working Group (TWG), which meets quarterly and is comprised of local and international NGOs as well as several OPDs. However, the DIE needs significant capacity-building and resourcing support, which has led various organizations and projects to attempt to fill the gaps not currently met through government implementation. NGO respondents noted that the DIE is very open to collaboration but also observed that many different activities of a similar nature tend to operate in parallel (such as teacher training activities) and are run by different NGOs operating across different regions in Malawi. The result is a patchwork of projects and activities that operate in specific regions of Malawi, without much opportunity for sustainability, scalability, or coordination by DIE.

Finding 2: Many OPDs exist to support stakeholder collaboration and national advocacy for disability-inclusive education but lack capacity or funding to do so consistently. The Federation of Disability Organization in Malawi (FEDOMA) is an umbrella membership organization with a mandate of providing a unified voice for all OPDs in Malawi. It was established in 1999 and consists of an executive council at the national level as well as district and community-level forums made up of FEDOMA members. Due to a lack of consistent external funding, as well as issues of embezzlement within its board of trustees, FEDOMA has not been active the past several years. However, FEDOMA served an important role as a convener of all OPDs throughout Malawi, but lacks funding to do so consistently. Although other OPDs have advocacy components to their work, they focus on more specific issues within inclusive education, such as the specific needs of learners who are blind, rather than overarching advocacy for all learners with disabilities. Additionally, the Inclusive Education TWG serves an important role within inclusive education efforts: it serves more for information sharing than advocacy. As a result, there is no clear channel for advocacy related to inclusive education within Malawi.

RECOMMENDATIONS

After analyzing the above trends and themes related to inclusive education in Malawi, the MCSIE team has developed the following recommendations for USAID and others interested in supporting disability-inclusive education in Malawi.

Recommendation 1: Consider the ethical implications of school-based screening and identification of disabilities. Widespread efforts to screen and identify children with disabilities in Malawian schools stem from a desire among government and NGOs to generate more accurate national data and to provide children with the supports they need to help them to succeed in school. Yet in practice, neither aim is being achieved with quality or fidelity (particularly in schools, as screeners are teachers as opposed to health professionals), and significant ethical issues arise for those children who are identified with a disability but lack access to follow-up support services needed. There is also the misuse of census-level prevalence tools like the Washington Group questions as identification and diagnostic tools. Given the widespread shortage of such professionals to support the few children already identified in the system, no amount of additional screening and referral activities will directly benefit children with disabilities if they are not accompanied by any available services.

One approach for vision screening might be to focus on strengthening and expanding the model used by BICO, where teachers are trained to implement a first stage of screening, followed by diagnostic evaluation provided by professionals. At the same time, there is a need to expand and systematize training and retention systems for qualified professionals who can assist with this work. However, there is also the need for validation of tools for other disability types, as this currently does not exist in Malawi for the identification of hearing disabilities.

Recommendation 2: Scale up more robust pre- and in-service teacher training on inclusive education for all teachers. As mentioned above, pre-service training programs provided to mainstream teachers are generally too short and too surface-level to give teachers the skills to be prepared to teach learners with disabilities. As mentioned previously, the pre-service curriculum developed by MIE only contains two sections on inclusive education, mainly focused on theory rather than practice. In addition to receiving more substantial coursework on how to teach learners with disabilities, student teachers should practice teaching within classrooms that include learners with disabilities so teaching candidates have hands-on experience that could increase their confidence in teaching these learners. This occurs within Montfort Demonstration School for the Blind but could be scaled up and expanded to more schools.

Recommendation 3: Consider small-scale pilots of inclusive co-teaching classrooms in mainstream classrooms. Malawi has an impressive cadre of specialist teachers, most of whom exclusively work with children with disabilities within resource centers co-located in mainstream school buildings. In many cases, these specialist teachers are working with as few as five learners with disabilities, yet these learners with disabilities experience no opportunities to study alongside their peers without disabilities. This presents an opportunity to pilot co-teaching models in mainstream schools where a mainstream teacher and specialist teacher can support both students without disabilities and those with disabilities in a single classroom by delivering the services and supports necessary to ensure inclusion. While some training and ongoing support would be required, the staffing resources to enable a two-teacher classroom are already available within existing systems and could promote the

progressive realization of inclusive education.²² This practice of co-teaching by two mainstream teachers is already occurring at small scale, including at Montfort Demonstration School for the Blind, but could be scaled up and involve specialist teachers.

²² IDP recognizes that the definition of inclusive education for children who are deaf or hard of hearing differs from other populations, and as such, individuals require access to a sign-language-rich environment.

ANNEX A. KEY INFORMANT INTERVIEW INFORMATION

Organization	Date of KII	Mode of KII
Augustine Kanyendula (REFAM)	June 20, 2022	In person
Miriam Mhango (REFAM)	June 21, 2022	In person
GIZ	June 21, 2022	In person
Strengthening Teacher Education and Practice (STEP) Activity	June 22, 2022	In person
Betty Wisiki (REFAM)	June 22, 2022	In person
Sandi Thandiza	June 23, 2022	In person
Norwegian Embassy	June 24, 2022	In person
The World Bank	June 24, 2022	In person
Montfort College Stakeholders in Inclusive Education	June 27, 2022	In person
MACOHA	June 28, 2022	In person
BICO	June 28, 2022	In person
Malawi Institute of Education (MIE)	June 29, 2022	In person
Machinga TTC	June 29, 2022	In person
MUB	June 30, 2022	In person
Sightsavers	June 30, 2022	In person
Malawi National Association of the Deaf (MANAD)	June 30, 2022	In person
Save the Children	September 5, 2022	In person
UNICEF	September 15, 2022	Zoom

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ANNEX C. SCREENING FEEDBACK LOOP BREAKDOWN AND ACTIONS

	POTENTIAL BREAKDOWNS	EDUCATION PROGRAM ACTIONS
Screening 	Established tools may not be available.	Allocate sufficient time and resources to test and validate a new tool prior to use.
	Prevalence tools may be used inaccurately and outside of intended purpose, raising ethical concerns and the potential for mislabeling or misdiagnosis of students.	Ensure tools have fit for purpose; only use them for their intended purpose or validate tools when changes are made.
	Parents may be hesitant to disclose a child's disability status because of stigma and fear that education will be negatively impacted.	Focus on awareness, sensitization and services/ supports for teachers to build an inclusive ethos. Consider the power relation between schools and families when selecting screening data collectors.
	Teachers may have multiple priorities competing with and impeding quality of screening activities.	 Utilize community resources such as disability and health workers to conduct screening in schools.
Referral 	There may be limited awareness of existing medical services for identification/diagnosis of disability.	Map existing disability support services at project start up, including medical services for identification and intervention. Ensure schools and local communities are aware of these services and can convey resources to parents and families.
	Medical services may be distant from local communities or not available at all. Families may be unable to afford transportation.	Provide stipends for parents to cover transportation and/ or medical costs.  Partner with community organizations to support travel to medical appointments.
	Identification may be hampered by limited qualified staff or challenges in retaining specialists.	 Partner with national and local-level health and government sectors and institutions of higher education to identify human resource needs and train specialists.
Identification 	Parents may be unable to afford medical appointments.	Provide stipends for parents.  Work with local government offices and medical clinics to increase services and reduce cost.
	Access to services may be hampered by long waitlists, limited resources for services, or limited availability of services in rural areas	 Engage disabled persons organizations (DPOs) as expert sources of information on what services may exist and how to obtain them. Include services in mapping exercises.  Partner with service providers to work with families and children.
Disability, Community and Health Services 	Screening and identification data may be misused to refer students out to special schools instead of using the information to provide education support in the mainstream inclusive education setting.	Use a whole school approach to programming that promotes inclusive education and the value of all learners having access to education in their local communities in alignment with the Convention on the Rights of Persons with Disabilities (CRPD). Do not screen if the risk for segregation is high.
	Teachers and school administrators may overemphasize screening and identification rather than ensuring classroom practice is broadly inclusive and universally designed for the inclusion of all children.	Promote a whole school approach to inclusive education based on Universal Design for Learning. Encourage schools and teachers to move forward with inclusive practices even if screening breakdowns occur. Raise awareness of disability diversity, move away from labels and focus on inclusive pedagogy. Inclusive teaching benefits all!
Educational Support 		