

INCLUDING CHILDREN WITH DISABILITIES IN PRESCHOOL EDUCATION

EXPERIENCES OF PLAN INTERNATIONAL MOZAMBIQUE

CONTENTS

Foreword	2
Introduction: the importance of disability-inclusive preschooling	5
Investing in inclusion: Plan Mozambique's ECCE programmes	5
Who is this document for?	6
Research results: attitudes and practices around the inclusion of children with disabilities in preschool	8
Do children with disabilities attend preschool/ECCE in Mozambique?	8
Carer/educator experience	9
Participation of children with disabilities	10
Conclusion	10
Inclusion works – case stories	12
Making a difference – good practices in preschool inclusion	14
Work directly with parents of children with disabilities	15
Address individual physical and medical needs of children with disabilities	18
Build the skills and confidence of carers/educators	20
Equip and build a strong implementing team	23
Build evidence on what is happening and what (doesn't) work	25
Conclusion	27

FOREWORD



WE know that Early Childhood Care and Education (ECCE) / pre-schooling is important: young girls and boys that attend quality early learning/preschool programmes are more likely to enter primary school on time and be ready for school; have improved school performance; and have higher-skilled jobs in the future. Despite the evidence about how important pre-school education is, less than half of young children around the world are enrolled in pre-primary education and the rates are much lower in many countries in which Plan International works. And in all communities and countries in which we work, **children with disabilities are often the children most likely to NOT be in school** for many reasons: because they are kept hidden at home in communities where disability is stigmatized; because parents/caregivers are unaware of the particular benefits that their children with disability will gain from attending; because the preschools that exist are not adapted to be disability-inclusive and their carers/educators do not have the skills and confidence to work with these children. Recognising this, in several countries across all regions - from Bolivia to Bangladesh - Plan's early learning programmes are being adapted in order that they are disability-inclusive.

This report recounts the experiences of **Plan International Mozambique** with promoting disability-inclusive ECCE/pre-schooling. Here, with the support of Plan International Finland, Plan Mozambique worked in collaboration with two organizations with significant experience and expertise - **Light for the World** and the **Uhambo Foundation** - to support families and strengthen community preschools in which children with disabilities can play and learn alongside their peers. The project is notable for how it engaged Community Based Rehabilitation workers and for how the educators were supported to work not only with children with mild/moderate disabilities but also with children with severe or multiple disabilities. The project was very short – spanning only a year - and while there have been advances and changes for children, the team recognises that there is more still to be done. Even so, it has provided important experiences and rich learning – both about what works as well as what doesn't work as well – that have been shared here in this report, along with practical recommendations for action. We are sure that this report represents a valuable resource for Plan teams, partners and the mums, dads, families and community members with whom we work and who are the most important actors providing nurturing care to young children with disabilities so that they can develop to their maximum potential, happy and well.

Many thanks to Plan Mozambique, Light for the World, Uhambo and Plan Finland for sharing your experiences with us all, and wishing you – and all teams around the world working on ECD and disability - success in your work!

Dr. Melanie Swan - Global Advisor Early Childhood Development
Plan International



Introduction:

THE IMPORTANCE OF DISABILITY -INCLUSIVE PRESCHOOLING

Early Childhood Development programmes are acknowledged to be of critical importance for young children's wellbeing and development. Research demonstrates that early childhood programmes improve cognitive, motor and socio-emotional skills, lead to higher levels of school readiness, and increase primary school enrolment¹.

Early Childhood Development refers to the rapid development across different domains – physical, cognitive, socio-emotional and language - that occurs amongst children under 8 years of age. This developmental period is crucial and forms the basis of a child's future development in to adulthood. Early Childhood Development (ECD) programmes aim to ensure children's wellbeing and development in these early years, providing a strong foundation for them to grow into happy, healthy, competent and productive adults.

In many countries, young children with disabilities are less likely to receive the care, supports and services they need to develop to their full potential. The limited coverage of early identification and Early Childhood Intervention services means that they may not be identified until late, or provided the additional supports they need. In addition, children with disabilities are traditionally excluded from formal education, including pre-schools. All of these challenges impact not only the child's early years' development – but also their development and future learning into adulthood. Recognising this, Sustainable Development Goal 4 emphasizes equal access for all

children, including children with disabilities, to all levels of education – including ECCE and pre-primary centres. At the same time there is a concentrated shift away from the separate, "special school" model for children with disabilities that has been promoted previously, recognising that this model tends to serve only a small proportion of children and does not promote inclusion, while also being of limited cost-effectiveness.

Inclusion in any level of schooling is based on the belief that all children benefit from learning together, regardless of differences or disability². When children are included in development and learning opportunities from an early stage, the chances are greater that they will be included later in education at higher levels (primary and up) as well as in community life and the broader society.

Investing in inclusion: **PLAN MOZAMBIQUE'S ECCE PROGRAMMES**

Plan International Mozambique has made significant investments in Early Childhood Development (ECD) interventions that aim to support young children's growth, learning and development in a healthy and stimulating environment. These include support for expanded access to quality ECCE/preschools for children aged 3–5 years.

Plan's ECCE/preschool programmes focus on developing physical abilities; language, communication skills and cognitive skills (such as recognizing numbers

¹S. Martinez, S. Naudeau, and V. Pereira, "The Promise of Preschool in Africa: A Randomized Impact Evaluation of Early Childhood Development in Rural Mozambique," 2013. ²United Nations, "Toolkit on Disability for Africa: Inclusive Education," 2005.

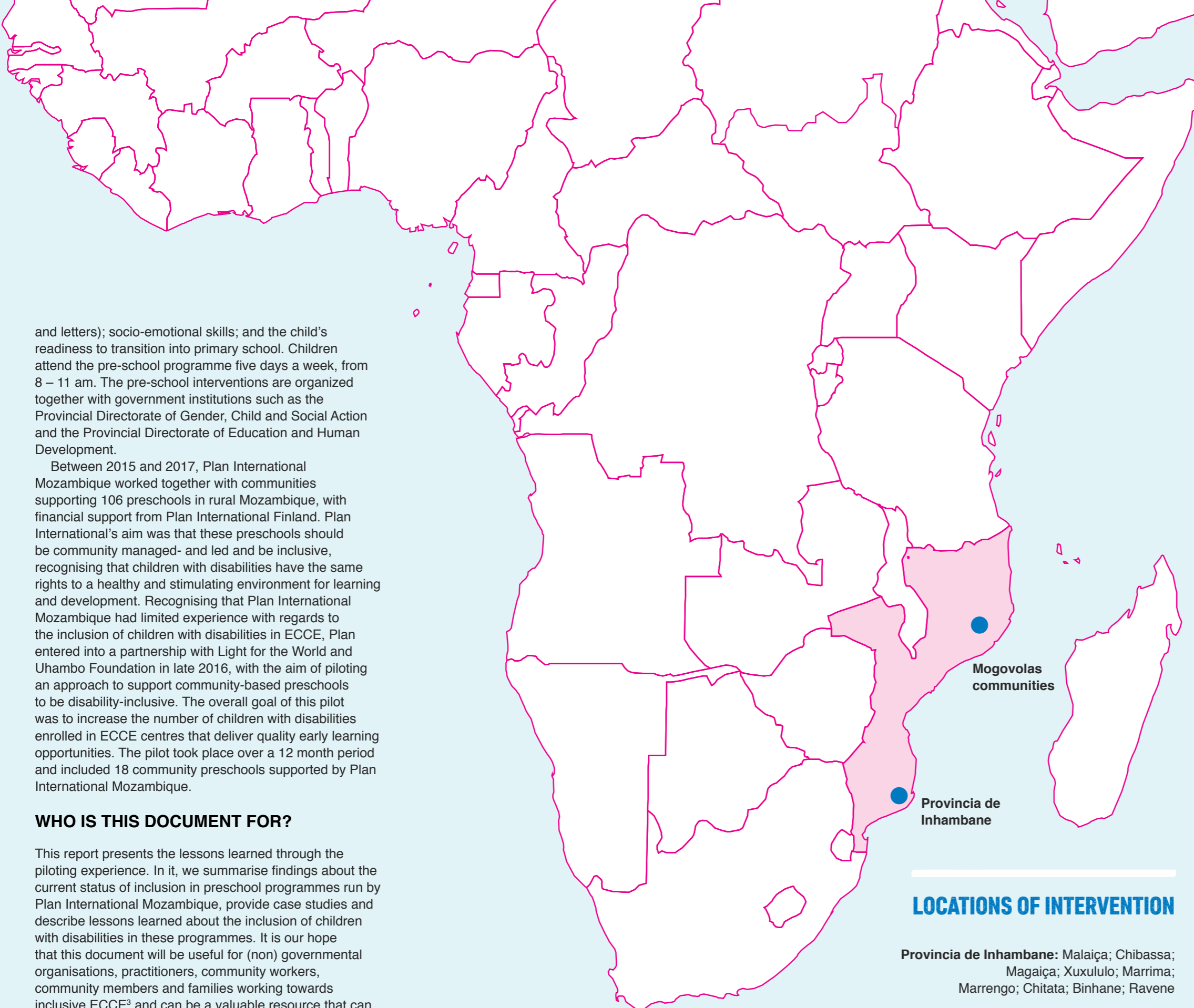
and letters); socio-emotional skills; and the child's readiness to transition into primary school. Children attend the pre-school programme five days a week, from 8 – 11 am. The pre-school interventions are organized together with government institutions such as the Provincial Directorate of Gender, Child and Social Action and the Provincial Directorate of Education and Human Development.

Between 2015 and 2017, Plan International Mozambique worked together with communities supporting 106 preschools in rural Mozambique, with financial support from Plan International Finland. Plan International's aim was that these preschools should be community managed- and led and be inclusive, recognising that children with disabilities have the same rights to a healthy and stimulating environment for learning and development. Recognising that Plan International Mozambique had limited experience with regards to the inclusion of children with disabilities in ECCE, Plan entered into a partnership with Light for the World and Uhambo Foundation in late 2016, with the aim of piloting an approach to support community-based preschools to be disability-inclusive. The overall goal of this pilot was to increase the number of children with disabilities enrolled in ECCE centres that deliver quality early learning opportunities. The pilot took place over a 12 month period and included 18 community preschools supported by Plan International Mozambique.

WHO IS THIS DOCUMENT FOR?

This report presents the lessons learned through the piloting experience. In it, we summarise findings about the current status of inclusion in preschool programmes run by Plan International Mozambique, provide case studies and describe lessons learned about the inclusion of children with disabilities in these programmes. It is our hope that this document will be useful for (non) governmental organisations, practitioners, community workers, community members and families working towards inclusive ECCE³ and can be a valuable resource that can be used to inform potential future partnerships and projects for disability-inclusive ECCE.

³ Please note the terms ECCE and preschool are used interchangeably in this report.



LOCATIONS OF INTERVENTION

Provincia de Inhambane: Malaiça; Chibassa; Magaiça; Xuxululo; Marrima; Marrengo; Chitata; Binhane; Ravene

Mogovolas communities: Notha; Napila; Monela Sede; Muririmue; Mualancare; 4 Caminho

Who are the partners?



Plan International strives to advance children's rights and equality for girls all over the world.

Plan International recognises the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. Plan International supports children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 75 years we have been building powerful partnerships for children, and we are active in over 70 countries.

<https://plan-international.org>



Light for the World is an international development organisation whose vision

is an inclusive society where no one is left behind. It aims to bring together partners needed to make disability inclusion work, and develop practical solutions to overcome the barriers that prevent persons with disabilities from participating equally in society. Light for the World has been working in Mozambique since 2003.

<https://www.light-for-the-world.org/>



Uhambo Foundation is a South African

based organisation whose vision is to create an inclusive society for children with disabilities, particularly children with mobility disabilities, and their families. Uhambo was founded as part of a Social Enterprise with Shonaquip in 2010 to run capacity building programmes, training and support services to empower children with disabilities, their families, caregivers and communities.

<http://uhambofoundation.org.za>



Research results:

ATTITUDES AND PRACTICES WITH RESPECT TO THE INCLUSION OF CHILDREN WITH DISABILITIES IN PRESCHOOL

DO CHILDREN WITH DISABILITIES ATTEND PRESCHOOL IN THE COMMUNITIES STUDIED IN MOZAMBIQUE?

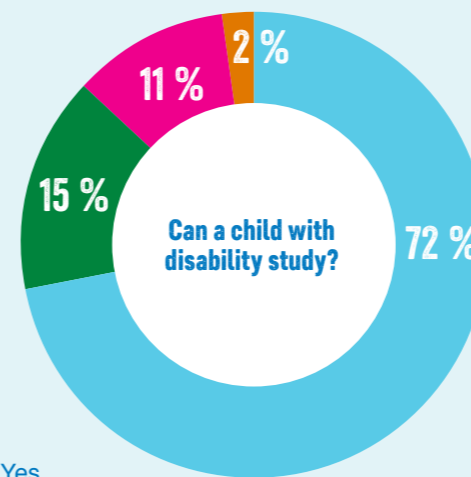
To understand whether or not children with disabilities were attending preschool, and what barriers prevented them from doing so, Light for the World and Plan International Mozambique carried out a baseline research study in early 2017, at the start of the pilot. Questionnaires were drafted and 68⁴ preschool carers/educators, 48 parents⁵ of children with disabilities, 11 children with a disability⁶ (of which all but one attended preschool) and 31 primary school teachers were interviewed.

“There is a lack of someone to take him to school every day because he does not walk.”
- parent of a child with a disability

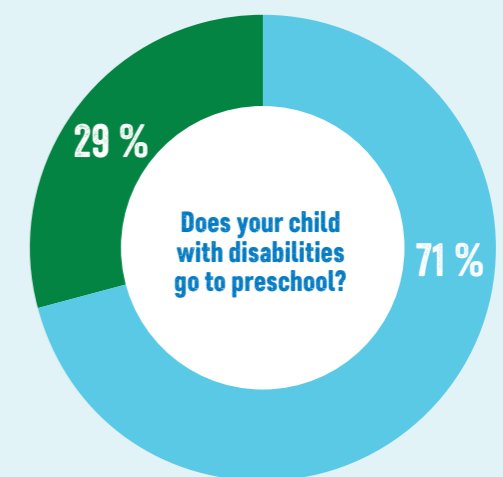
The majority of the parents reacted positively when they were asked whether children with disabilities could study,

in general. Those that reacted negatively gave responses such as “it is not possible because she does not speak and is not capable of anything”, and “what makes me believe he can do anything? He just sleeps on his belly.” Although the majority responded positively to the theoretical question, when they were asked specifically whether their child (with a disability) was attending the local preschool, only 14 of the 48 parents said that their child attended. Those children that do attend have either very light physical impairments, or are deaf (and so are able to walk to school independently). Thus, despite the fact that many parents say that children with disabilities could and should attend preschool, few children actually do.

Parents who believed that children with disabilities could study but did not send their own child to preschool, cited a number of reasons for this, including that: the preschool was too far away and/or there was no one to take the child to the centre; they did not know whether the child was old enough or allowed to attend; their child cannot sit or walk and does not have a wheelchair to support them; their child has an intellectual impairment and “would not understand anyway”. Parents also reported not being



■ Yes
■ No
■ Maybe, but not my child
■ I don't know



■ No
■ Yes

supported by their community or by institutions. This alludes to a lack of understanding and information about disability, a problem encountered throughout this pilot project.

PERSPECTIVES AND EXPERIENCES OF THE PRESCHOOL CARERS

The preschools are run by carers, called animadores in Mozambique. Ideally, each centre has 3 carers, who receive a 5-day training on coordinating learning activities. The carers are volunteers chosen by the community, and

“He could not go to the bathroom, this can make it difficult for others at school.”
- parent of a child with a disability

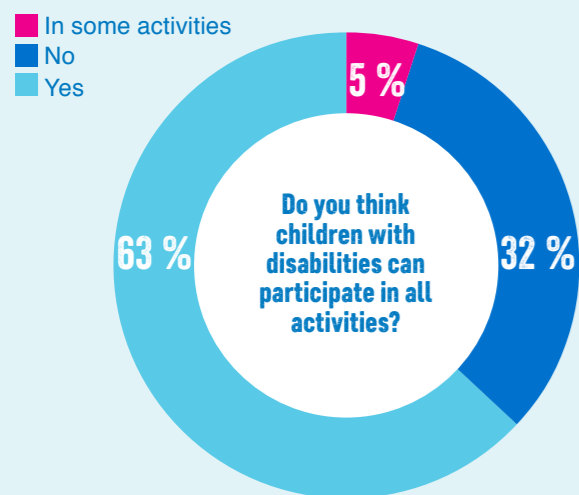
receive a small stipend which is paid by the parents, often through Village Savings and Loans groups. As part of the intervention, carers from the selected preschools received an additional training on working with children with disabilities. Carers, both trained and untrained, stated that they felt the need for more training and follow-up, as well as materials to use with children with disabilities, in order to improve their work with these children.

⁴54 females and 14 males
⁵41 mothers and 7 fathers
⁶6 boys and 5 girls

When asked whether the preschool had any links to institutions that specifically provide support to children with disabilities, over 60% of carers stated that this was indeed the case. However, when probed further as to what these institutions were, they named health centres (to provide vaccinations and/or medical check-ups), education services (primary schools or education authorities provide the community preschools with chalk and other materials), and Registration services (to provide birth registration). These are all services which are not specific to children with disabilities, which begs the question whether carers are aware of what type of institutions could provide specific support to children with disabilities, and what type of services children with disabilities might require.

PARTICIPATION OF CHILDREN WITH DISABILITIES IN ACTIVITIES WITHIN THE PRE-SCHOOL

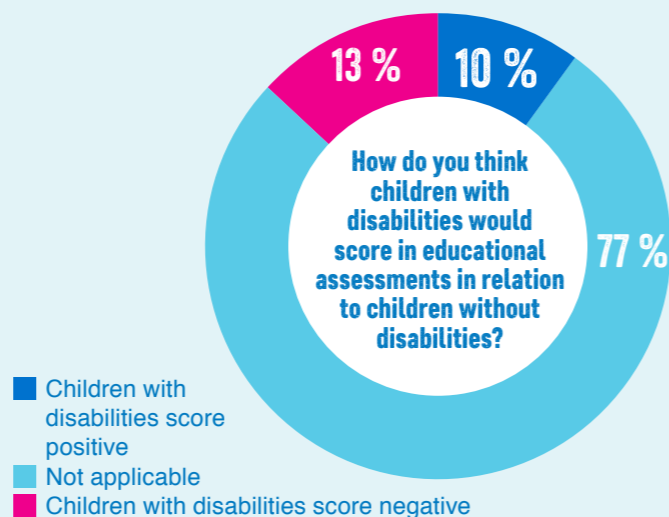
Over half of the carers indicated that children with disabilities should, in theory, participate in all activities in the preschool, often stating that this is because the child has the ability to do so. Several carers also mentioned that facilitating their participation in all activities is important because “it helps the child to develop better” or “because it stimulates the children who have difficulty to play, to play with children who do not have difficulty.” However, at baseline, only very few children with disabilities were identified to be attending the preschools, let alone participating in activities.



The carers that said that children with a disability would not be able to participate in all activities (or would be able to participate in only some) explained that the cause for this was the child’s disability. “They cannot do everything the other kids do.” “For example, a child with a disability may not be able to play football.” One carer mentioned that “the child has the right to participate, but sometimes I could not”. These responses seem to indicate not

unwillingness, but rather a lack of knowledge on how to adapt activities for individual children’s abilities.

Almost all carers reported that children with and without disabilities should be encouraged to play and learn together, and children taught to respect each other. In addition, carers stated that disability would not make a difference in how well children scored in educational assessments. Hardly any of the carers, however, reported having play or educational materials specifically for children with disabilities, nor did they report undertaking specific assessments for children with disabilities.



Carers thus indicated that - in theory - children with and without disabilities should play and learn together in an equal manner. In reality, however, few children with disabilities were actually attending the preschools, and carers were not aware of or using assessments, individual learning plans, learning and play materials – nor were they tapping into institutions or support mechanisms that could help them to provide a quality learning experience for all children, including those with disabilities, in the pre-schools they facilitated. Carer reported not knowing how to include children with disabilities in their regular activities when a child’s functioning will not allow him or her to participate without assistance.

CONCLUSION

The research shows that parents and carers believe that children with disabilities can and should attend preschool. At the same time, both groups reported that in practice children with disabilities are not attending preschool. In addition, carers were not aware of the measures that they can take to support children with disabilities to participate in preschool activities on an equal basis.

Following this research, carers, parents and communities were engaged in a series of training and support visits by Uhambo, Light for the World, and Community Rehabilitation Workers (CBR) in order to improve the capacity of the centres and the carers to include children with disabilities.



One grandmother attends the preschool with her grandchild every day to assist with physical movement and participation into the activities. At home she implements the exercises showed to her by the CBR workers too.

INCLUSION WORKS — CASE STORIES

Inclusion works – the preschools targeted in the past year demonstrated how actively working towards the inclusion of children with disabilities has made a difference to all community members. This section showcases a few examples of how carers of the preschools were able to adapt their teaching activities so that children with disabilities were able to participate more.

STELLA

Stella's impairment affects her ability to control her muscles which makes movement, speech and forming words difficult. The caretakers in the preschool, however, have found great ways of communicating with her by learning to understand the sounds that she makes and by using visual items or pictures when completing an activity. Stella takes part in all of the activities in her class: she points out numbers or shapes when her classmates say the name of the number or shape. Even though Stella cannot hold her balance to walk, she is able to pull herself up and balance by holding onto the wall – she does not let her impairment keep her out of any activities with the class. Stella's parents both attended training when the CBR worker offered it to them, and now have a better understanding of their child and encourage her to learn and move.

Stella interacting with a communication assistive tool



DIDÓRCIA

In 2017, Didórcia's mother enrolled her (5 years old) at the local preschool. Didórcia was the first child with a disability to attend. In the first 3 months, Didórcia's mother would carry her on her back for nearly a kilometer twice every morning to take her to and from the preschool. Parallel bars were built at the preschool using local materials that she could use to exercise: Didórcia's mother then asked for parallel bars to be built in their home as well, so that she could practice at home during the weekends. Didórcia tells, "I like going to school every day because I play, sing, dance and have lots of friends. As the carers play with me, I manage to stand up and walk on the parallel bars." The carer reported how Didórcia easily adapted to the centre's routine and was a cheerful young girl who will often amuse other children by singing and dancing. Her mother adds, "I am very happy with the development of my daughter. When she returns from the centre, she tells me everything she has learned. I see that this project has brought added value, since my daughter is very motivated to go to the centre and she even gets sad on the weekends when she cannot go." Didórcia now travels the 850 meters to the school independently every day, along with her neighbourhood friends.



Edilson and his classmates playing with the parallel bars at school.

EDILSON

Edilson is 6 years old. He could not walk more than 3 steps when initially introduced to Cecilia, the CBR worker. Cecilia built a corner seat of wooden poles and parallel bars. She also built a set of parallel bars at the preschool. The other children at the preschool were so excited to use the parallel bars as play materials that Edilson understood they were fun, and was motivated to practice. After 2 months he was able to walk. Before, to go to school, he had to be accompanied by his twin brother. Now, he can go to the centre by himself.



What is Community Based Rehabilitation?

Community based rehabilitation (CBR) is a multi-sectoral approach which aims to improve the social inclusion of persons with disabilities by partnering with persons with disabilities, their families and communities, and relevant government and non-government services.

Community based rehabilitation workers are at the core of CBR programmes. They are staff members who are a resource for persons with disabilities, their families and their communities. Their responsibilities include, amongst others, the identification of persons with disabilities and the provision of basic therapeutic interventions; raising awareness in the community about disability; training family members to support people with disabilities and providing information about and referring to services in the community.

For more information on CBR, see <http://www.who.int/disabilities/cbr/en>.

MAKING A DIFFERENCE - GOOD PRACTICES IN PRESCHOOL INCLUSION

This programme has demonstrated that, in order to ensure that children with disabilities are enrolled and included in early childhood care and education, it is necessary to work with the family, preschools, the community and others around the child. If carers are trained, but children are not identified, then this will remain a barrier for the inclusion of the children at the centres. If parents are willing, but feel insecure about the capacities of the carers, then they will not allow their children to attend.

So what are aspects that need to be addressed when aiming to include children with disabilities in early childhood development interventions? This section elaborates on the five key points:

1. Work directly with the parents/caregivers of children with disabilities
2. Address individual physical and medical needs of children with disabilities
3. Build the skills and confidence of carers
4. Equip and build a strong implementing team
5. Build evidence on what is happening and what (doesn't) work

WORK DIRECTLY WITH PARENTS/ CAREGIVERS OF CHILDREN WITH DISABILITIES

In rural Mozambique, most families are involved in farming or other income generating activities during the day. When parents/caregivers don't see the advantage of sending their child to school, children often help out on the farm or stay at home to watch the house as the parents work. The willingness and ability of parents to send their child with a disability to the ECCE centre is a critically important first step. However, many parents are unsure whether their child is even allowed to attend school, or are unable to support their child to attend school if they have mobility problems - particularly if the child doesn't have a wheelchair or needs to be escorted to school.

A first action was thus to address the willingness and ability of parents to send their children with disabilities to the preschools. Parents were often quite aware about the presence of the preschool, as news travels fast by word-of-mouth in the communities Plan International works in. However, there was less awareness of the importance of preschool education and the right of their child with a disability to attend the preschool: this, therefore, needed to be addressed.

In order to raise awareness of the importance of providing children with disabilities with opportunities for learning, Community Based Rehabilitation (CBR) workers - mobilized by Light for the World - were placed in the

communities in Inhambane for a period of 2 months. Their role was to raise awareness amongst the parents to convince them to send their children to the preschool. They identified children with disabilities in the communities by travelling door to door.

By providing parents and communities with accurate information on how to enrol their child in the preschool and why this is important, and by demonstrating techniques for assisting children in their development and physical rehabilitation, the CBR workers proved invaluable in raising awareness and convincing parents to send their children to preschool. For an example of actions undertaken by CBR workers, see Cecilia's work in Xuxululo on page 16.

ACTION POINTS

- » Identify children with disabilities in the community through door-to-door visits.
- » During community awareness activities about preschool and the importance of early childhood development programmes, ensure that emphasis is placed on the fact that preschool is important for all children.
- » Speak to parents about the relevance and importance of pre-schooling for their child with a disability. CBR workers are well placed to speak to parents about this, as parents are quick to trust information coming from persons who have specialized knowledge and experience in working with children with disabilities.



Wooden outdoor parallel bars as walking aids to support walking. They are built at the home as well as at the centre, where it is as much fun for the other children.

CECILIA'S WORK IN XUXULULO

Xuxululo, as a community, was eager from the start to take part in the development of an early childhood centre. One centre was created under a tree with 57 children, while a one-classroom school, one storage room and one double latrine were being built. When community based rehabilitation (CBR) worker Cecilia arrived she found that 3 children with disabilities participated in the preschool. Her work at in the community involved:

- » Conducting house-to-house visits (77 in total),
- » Systematically addressing barriers that children with disabilities and their parents face to get their children to the centre,
- » Organizing three community meetings to raise awareness on disability (137 participants, of which 105 women),
- » Creating a disability committee consisting of 8 members (3 men and 5 women),

- » Introducing demonstration sites with rehabilitation/ playground tools made of local materials (e.g. 2-parallel bar exercising stands, swings and wooden poles),
- » Organizing an exchange visit between 6 communities (Guirruta, Magaiça, Xuxululo, Guirruta, Malaça and Licaca). This included the participation of teachers from grades 1 and 2, at the local schools. It was important not only to parents and community members on disability, but also on the importance of preschool for all children.

The result has been impressive. Nowadays 21 children with disabilities (nine girls) attend this preschool, including children with cerebral palsy, learning difficulties and epilepsy.



The small plastic bottles are filled with sand and can be pulled down, to exercise arm muscles and coordination.



Helio Narciso cannot move arms and legs. The CBR activist illustrates therapy exercises and use of the materials to the mother.

ADDRESS INDIVIDUAL PHYSICAL AND MEDICAL NEEDS OF CHILDREN WITH DISABILITIES

Many children are prevented from accessing preschool because of a lack of appropriate devices for mobility or seating or standing support. Not having these devices may mean that they are highly dependent on their parents, and will have difficulty travelling to and from the pre-school, particularly as they grow older and heavier. Some parents carry their children on their back in order to access the preschool, but may be unable to do so on a regular basis given that this is often a physically demanding and time consuming task. Similarly, children displaying symptoms of epilepsy often did not have their symptoms controlled by means of medication. It is crucial that an intervention consider the available resources and the barriers that children may face in attending preschool.

“There is no one who can take her to the school and she cannot sit, maybe if she had a wheelchair....”

- parent of a child with a disability

CBR workers placed in the communities introduced rehabilitation exercises and locally produced equipment

to improve the motor skills of children. Through increased use of locally made assistive devices and improved physical abilities, children became less dependent on continuous parental support.

When one particular child with multiple disabilities, including a visual impairment, arrived at the centre she would lie down and sleep all day. She is now able to use her hands, sit for an hour, has a locally made standing frame and her parents have become increasingly involved at the centre. The carers at the centre reported the successes they had achieved with the assistance of the CBR workers, explaining that they now feel confident to repeat the rehabilitation exercises with the children.

ACTION POINTS

- » Addressing the individual child’s need for assistive devices, medication, physiotherapy or other rehabilitative services is very important to make attendance at preschool possible. Partner with a community based rehabilitation programme whose CBR workers can support, as well as refer children to any medical or rehabilitative services they may need.
- » Identify and contact nearby service providers, such as eye health centres and assistive device providers to facilitate referral of children when needed.



Painted coconuts: communities make use of indigenous materials to create toys and games at centres.



Shared learning sessions with CDFs and carers in Mogovolas (left) and Inhambane (right).



This child's grandmother joins the centre to assist with physical movement and inclusion in activities.



Carers use dried Cassava roots to write on walls where no blackboard is available.

BUILD THE SKILLS AND CONFIDENCE OF CARERS

The findings from the baseline survey indicated a need to focus on working with carers to increase their skills and understanding of how to adapt daily preschool activities to include children with disabilities. This resulted in the introduction of Uhambo Foundation's Ndinogona "I Can" Programme. The Ndinogona Programme is a resource manual, kit and training which is designed to assist carers/educators to include all children, including those with disabilities, in play, learning and early stimulation activities. This is achieved by teaching carers the skills and techniques required to adapt activities to the individual needs of each child, as well as handling and positioning techniques best suited for each child and their impairment, in order to maximise inclusion. The programme is based on the childhood occupation of play – as play is the means through which children learn about their world and practice crucial life skills.

For this pilot project two trainers from Mozambique were trained in South Africa to then replicate the training with Plan's Community Development Facilitators⁷ (CDFs) and carers, with the assistance of experienced trainers from Uhambo Foundation. Furthermore, 18 CDFs and 48 caretakers received training on the same materials at a centralized training in Mozambique. The Ndinogona resources were distributed to each of the preschools involved in the intervention, and remote support was provided as needed.

Besides receiving a structured training programme, it was recognised that the carers would need additional training and hands-on mentoring if they were to build the self-confidence to carry out activities on their own. It is important - when introducing a new programme and materials - that adequate support be provided on an ongoing basis. The ideal mentors for such a process were identified to be CBR workers on the ground, or a locally based person with practical experience in working with children with disabilities. This highlights also the importance of teaching carers in a practical manner, in their own centres, so that they learn by doing.

⁷ Community Development Facilitators are the Plan staff members who coordinate Plan activities within the communities. It is also their role to provide technical support to the caretakers of the preschools.

The carers explained that they needed to help a child with a physical disability at their centre who had difficulty using the toilet. They believed that the child knew when he needed to use the toilet, but was too shy to tell them. During shared learning sessions, other carers helped to come up with the solution of creating a regular toilet routine for all children to go to the toilet together. This would minimize any embarrassment the child might experience.

The Ndinogona kit was originally developed in South Africa, and as such, quite a number of items in the kit were foreign to the caretakers. They therefore remained unused and the techniques underutilized. We thus learned that it is necessary to adapt contents and activities to the local context, for example, using coconuts in Mozambique to replace some of the kit's toys. This will give caretakers more confidence – placing the focus not on learning how to use foreign materials, but on how to adapt and improve what the caretakers are already doing in a way that will benefit all the children in their care.

ACTION POINTS

- » Provide opportunities for learning over a longer period of time to carers, supporting them to develop the skills and self-confidence to adapt daily activities in such a way that all children can benefit.
- » Have CBR workers or other local persons who are experienced in working with children with disabilities, available as mentors to support the carers over an extended period of time.
- » Organise sessions for carers to share and learn together: as they are the people who have the most involvement with the young children, they will usually have many valuable lessons and techniques to share with one another.
- » Teach carers how they can use and adapt locally available materials for play, teaching and rehabilitation⁸.

⁸ Plan International Australia has published the resource *Learning Toy Production Guide for Early Learning Programs and Home Play (from Birth to Six Years)* which is available at <https://plan-international.org/publications/learning-toys-production-guide-early-learning-programmes-and-home-play>

Pedro: my experience in South Africa

I was trained by the Uhambo Foundation in South Africa on the Ndinogona method. It is very difficult to describe in words my experience in Cape Town with Uhambo. Besides the warm reception and hospitality of the Uhambo team, I learnt something which was new to me in the field of disability. Most of us and many people who work in this field are used to working with people who are deaf, or have visual and physical impairments. But what I learnt with Uhambo is that they tackle the untouched ones, those that are left really behind even among the disability movement: people with very severe disabilities, some of whom are not able to use arms or legs to sign, some of whom just use eye gaze to communicate or have only their behaviour to do so.

The Ndinogona kit and its manual (books) are made from real stories and the lives of people that I met and I enjoyed interacting with, like Shelly, Shona's daughter. Both mother and daughter are lovely people to meet: while writing this, I feel some pain for missing them! They are some of the most inspiring people that I have ever met! I learnt a lot in South Africa and I wish I could have stayed longer and had more opportunity to practice and learn.



THE NDINOOGONA “I CAN” STIMULATION PROGRAMME

The Ndinogona “I can” Stimulation Programme for children with disabilities was developed by Uhambo in order to address the need identified at Early Childhood Development Centres catering for children with disabilities in resource-poor areas. The clinical content of the manual was developed by an Occupational Therapy team and is based on sensory, perceptual and play principles to encourage children’s development through play. The Ndinogona Programme consists of a Resource Kit, Manual, and Training Programme.

Ndinogona Training assists carers/educators to view children with disabilities in a holistic way and includes learning about the rights of children with disabilities; different types of disabilities; the importance of 24-hour positioning, and about the social model of disability. Each carer received a participant manual containing the information discussed during training.

Ndinogona Activity Manuals contain over 100 activities in total and use pictures and descriptions to introduce

carers to basic themes related to ECD and key principles for working with children. Each activity in the manual is

described according to i) Picture of the item/toy used, including how assistive communication or grip tools can be implemented ii) How to prepare for each activity, including positioning that allow children to engage more iii) Step-by-step instructions to complete the activity, including how to adjust for specific challenges such as communication, mobility, sensory or visual difficulties iv) Goals and outcomes per activity including categories like “getting ready for school”, “using my hands”, and “learning to work in a group”. Activities have been graded on 3 different levels, from simple to difficult.

The Ndinogona Resource Kit contains all of the toys / items needed to complete over 100 activities as well as specialised assistive items, including for grip and communication assistance. Items are divided into bags per theme, which are colour-coordinated with each Theme in the Activity Manuals.



EQUIP AND BUILD A STRONG IMPLEMENTING TEAM

In order to ensure that children with disabilities are enrolled and included in ECCE centres/preschools, we have seen that it is necessary to work with the entire system around the child. This includes, amongst others, the preschool, the family, the community and rehabilitation services. A strong implementing team is needed to make this happen.

Within the implementing team are all those involved in managing and running the programme. In the case of Mozambique, the team included the Community Development Facilitators working in the implementation communities and the project manager of Plan’s ECD programme. As part of the pilot, one person from Light for the World and one from Plan were trained as “Master Trainers” on the Ndinogona methodology. As Master Trainers, their role was to train Plan’s Community Development Facilitators, who were then expected to facilitate Ndinogona with the carers in the preschools.

Although the Community Development Facilitators were trained on disability awareness and inclusive programming, translating that knowledge in the field required more support than initially anticipated. The CDFs did not have enough experience working with children with disabilities to be able to properly support and coach the caretakers. Halfway through the implementation of the programme in Mozambique, the decision was made to bring in experienced CBR workers. The opportunity for CDFs to team-up with CBR workers proved to be a real benefit as it allowed for regular exchange and learning.

This pilot had a very short implementation time frame of only one year. This was a limitation, as it affects the sustainability of any project working towards inclusion. Carers were trained on inclusion quite early in the pilot, before children with disabilities were even attending the preschools. This meant they were not able to put their newly learned skills into practice immediately. Only at the end of the year were CBR workers placed in the communities to identify children with disabilities and support their parents to send these children to preschool.

In an ideal situation, Community Based Rehabilitation workers can do a lot in terms of preparing the ground with families and individual children. A project would ideally include a period of two to three months during which they accompany closely the families of children with disabilities and during which the children are enrolled

in the preschool. Only after enrolment will carers be in the situation where they face practical challenges regarding inclusion of children with disabilities on a daily basis that they need to learn how to address. This is then the appropriate time to implement the Ndinogona Training Programme: once carers have identified practical challenges which can be addressed when they apply the content of the training.

Skill building of the implementing team takes time and requires practice. It starts with a strong motivation to make a difference for the people that we serve, but that alone is not enough. When willingness is there, sufficient time is required to allow for practicing. This also implies that rotation of staff should be kept to a minimum and contract length of staff be considered before the start of the programme. In this case, staff turnover was high due to short contracts, which meant continuity and knowledge retention in the programme was difficult.

ACTION POINTS

- » Select communities in which the implementing team will be fully active at least for another 2 years so that families and carers can develop and consolidate experience and expertise.
- » Ensure that the capacity building programme on disability inclusion is of sufficient duration: ideally the same implementing team will receive training and support over two to three years.
- » Partner with a disability focused organisation, for example a CBR programme, to provide specific support to the programme through, for instance, identification of children with disabilities; provision of support for rehabilitation; and mentoring of the carers on how best to work with the children.
- » Adopt an approach of blended learning – mixing theory with practice.
- » Have CBR workers trained as facilitators in Ndinogona, and ensure that they are supported to undertake regular visits to the preschools as coaches of CDFs and carers.
- » Ensure that the implementation team is made up of on the ground facilitators (like CBR workers), mentored by support team members with experience in inclusive ECD and disability.



Caregivers use CBR positioning techniques to place children in sitting positions.

BUILD EVIDENCE ON WHAT IS HAPPENING AND WHAT (DOESN'T) WORK

Systematic data collection and analysis is crucial to facilitate targeted inclusion of children with disabilities in ECCE centres/preschools and to track the quality and effectiveness of the interventions. Data collection methods for this pilot included a survey with key informants (explained earlier) that probed their knowledge and attitudes regarding the participation of children with disabilities in preschools. During the intervention, the evidence collected was anecdotal in nature, while a more structured data collection and analysis would be preferable for this type of project. Discussing and adjusting data collection tools should receive sufficient attention in the initial training on disability inclusive programming for the implementation team.

In programme design it is important to consider budgetary implications to make inclusion of children with disabilities become a reality. Budget is required for capacity development of the implementing team; support from CBR workers; inclusive play and learning materials; and adaptations that might be needed, such as a ramp. For this €300.000 programme we spent about €50.000 on activities related to inclusion, including training and mentoring of the carers and staff costs for the CBR workers. Based on our experience, it is recommended to budget between 10–15% of the total budget towards disability inclusion.

ACTION POINTS

- » Develop indicators for inclusion of children with disabilities in the programme framework, conduct a Knowledge, Attitude and Practice (KAP) assessment, and collect and analyse data regularly.
- » Ensure that specific budget lines are reserved to cover the costs of making the inclusion of children with disabilities a reality.

Example indicators for disability-inclusive ECCE/ preschool

- % of children with disabilities (aged ...) that are enrolled in mainstream pre-primary education/ECCE centres/ community preschool
- % of children with disabilities that regularly attend the mainstream pre-primary education/ECCE centre/ community preschool
- # of caretakers that incorporate and use different visual, tactile and kinaesthetic materials and activities to meet a variety of learners' needs
- # of caretakers that are able to use differences between children as a resource to support play, learning and participation
- # of caretakers that supplement voice with touch, gesture and facial expressions for those who need it, including children with hearing impairments
- % of project information materials about activities/policies etc that have been adapted to ensure that these are accessible to all, irrespective of home language or impairment
- Children appreciate the achievements of others whose starting points may be different from their own
- % of children with disabilities/without disabilities that are on-track for their development⁹.

⁹ For guidance and further information: Briefing note: measuring Child Development outcomes as part of project monitoring and evaluation, [Plan International 2018](#)



ZAIDA'S STORY: HOW INCLUSIVE ECCE CHANGED HER LIFE...



Zaida is a young lady of 18 years. She was born with a congenital condition, which affected the development of her lower limbs; as a result she was born with a deformity of both her lower limbs. Due to her impairment her family did not believe that she could attend school. They saw her impairment not only as a barrier in accessing school but also as a limitation to her ability to learn.

Part of the inclusive ECCE pilot in Mozambique involved community dialogues, which were held with the community and centred around a discussion about disability and the rights of people with disabilities. Zaida and her family were present at the community dialogue run in their area. As a result the family also learnt about the ECCE Centres which were being supported in order to become inclusive centres for all children, including those with disabilities.

Since then Zaida has been attending the ECCE Centre on a regular basis. As the centre is close to her home she is able to access it fairly easily without the aid of a mobility device. While Zaida is much older than the rest of the children at the ECCE Centre, the centre has provided her with the opportunity to attend an institution of learning. She explained that she finally has a sense of purpose and no longer has to spend all her time at home. She has only been at the centre for a short period of time, but has already learnt how to write her name- something which she is incredibly proud of. She often assists the carers with the younger children and enjoys the additional responsibility that this role holds for her.

Zaida's plan for the next year is to attend Primary School, so that she can continue her learning. Zaida has been a role model in her family and plans to make sure that her brother, recently born with a disability, will have access to education early on in his life, so that he does not experience the same barriers that she did.

CONCLUSION

With preschool attendance increasing the likelihood of a child to develop to his or her maximum potential and successfully transition to primary school, early childhood care and development programmes are key: investing in a child at an early stage builds a foundation for the future. Children with disabilities have the same rights as all children to access these opportunities and to build the foundations for their learning, development and wellbeing into adulthood. And, as with any other process, if we incorporate inclusion from the start, we are placing the foundation of a more inclusive society.

As outlined above, we have found that there are five aspects that need to be considered to remove barriers and ensure that children with disabilities can access and benefit from early childhood education:

1. Work directly with the parents of children with disabilities
2. Address individual physical and medical needs of children with disabilities
3. Build the skills and confidence of caretakers
4. Equip and build a strong implementing team
5. Build evidence on what is happening and what (doesn't) work

The inclusion of children with disabilities is not a simple, linear process. As experienced in this pilot, it is a complex process that requires the participation of all key stakeholders in the community, but which brings great benefits for all those individuals involved. In line with this, the process of inclusion at these centres in Mozambique still has further to go in removing the remaining barriers to the participation of children with disabilities in ECCE/preschools. However, the success stories shared prove that in the case of this pilot, there is good progress to build on in the future, to ensure that all children realize their right to participate in learning activities in their communities.



In partnership with



About Plan International

We strive to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children. We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 75 years we have been building powerful partnerships for children, and we are active in over 70 countries.

Plan International






International Headquarters
Dukes Court, Duke Street, Woking,
Surrey GU21 5BH, United Kingdom

Tel: +44 (0) 1483 755155

Fax: +44 (0) 1483 756505

E-mail: info@plan-international.org

plan-international.org

-  facebook.com/planinternational
-  twitter.com/planglobal
-  instagram.com/planinternational
-  linkedin.com/company/plan-international
-  youtube.com/user/planinternationaltv

Copyright Plan International.

This publication may be copied and distributed freely but must be credited to Plan International, Light for World and UHAMBO.

Plan International has obtained permission and the necessary consent to publish the photos contained herein.

The photos may not be reproduced or redistributed or transmitted in any form.



With support from
Finland's development
cooperation