CASE STUDY

Improving access to quality education in Nakanyanja Primary School in Mkata area in Mangochi District, Malawi

With support from the United States Agency for International Development (USAID), a team of government extension workers and community members from five villages in Mangochi District used quality improvement methods to mobilise community members in the Mkata area to use local resources to improve access to education. The communities managed to access financial resources from the Local Development Fund (LDF) to build a teacher’s house and renovate a school block at Nakanyanja primary school. They also successfully advocated for an increase the number of teachers at this primary school to raise the quality of educational opportunity for their children.

Background

In 2009, the Government of Malawi developed, with support from the United States Agency for International Development (USAID) Health Care Improvement Project (HCI), draft national standards to guide services for orphans and vulnerable children (OVC) in Malawi. Later that year, HCI facilitated training in Mangochi District on quality improvement for District Social Welfare Officers and community members in Mkata providing OVC services. After the training in quality improvement and the OVC standards, the Namwera AIDS Coordinating Committee (NACC) non-governmental organisation (NGO) in Mkata formed quality improvement teams under three community based-organisations (CBOs) in the area -- Nancholi, Chingwenya, and Mkata. One of the teams was established in Group Village Head Mkata.

The quality improvement team in Mkata area is under the NGO NACC, which is geographically located in the Southeastern part of Mangochi District in Namwera area. This local NGO provides support to vulnerable children in traditional authorities (TA) Jalasi and Bwananyambi. The organisation started in 1996 with the aim of conducting community sensitisation on the HIV and AIDS epidemic. Over the years, their mandate has increased to include mitigating the impact of HIV and AIDS in the surrounding villages in the Namwera area and neighbouring districts.

The NACC quality improvement team facilitated Child Status Index (CSI) assessments of 2,790 children to identify the priority needs of children in the two TAs. The team discovered that the majority of children had poor CSI scores in the education service area. The quality improvement team wanted to find out why this was the case.

Further brainstorming and analysis using the OVC standards and quality improvement techniques led the team to discover that education was a major problem among children because there were numerous factors limited access to education services, such as long distances to primary schools, inadequate numbers of teachers, various abuses affecting school-going children, and the poor condition of classroom blocks.
The Mkata quality improvement team, with support from NACC, conducted a situational analysis in the education service area and discovered that most children in the surrounding five villages were being served by Nakanyanja Primary School. The multi-sectoral team discovered that the school had only two teachers to teach classes from Standard One to Standard Eight. As a result, some classes were not adequately taught because the two teachers had to move from one class to another while other classes were waiting. In Standard One, there were 400 children enrolled in the class and only one teacher. For the teacher to be able to handle the very large class, the students were divided into two classes -- one class was taught outside under the tree, and the other in the classroom. These classes were being exchanged every day.

The team also discovered that there was a school block that was in a poor state; it had no roof because heavy winds had blown it off, which was not conducive for learning. The team also found out that the school was not an approved centre for the Standard Eight examination which caused children to travel more than 10-15 km away to write exams in another primary school that was the only nearby examination centre in the catchment area. This resulted in children, when they passed their examinations, being selected to secondary schools that were even further away from the five villages. This prompted children to drop out. Additionally, the primary school-going children were vulnerable to abuse in the surrounding villages due to the long distances they had to travel.

**Improving education services**

After the findings of the assessment were analysed, the quality improvement team in Mkata organised a community meeting to disseminate the results of the situational analysis to local leaders, community members, and various stakeholders from 16 surrounding villages. They discovered that 3,535 children were of school-going age in the area. However only 2,398 children were enrolled in school -- 1,129 were not enrolled in school for various reasons. The results of the assessment were shared with local leaders by village. The local leaders were told the numbers of children not enrolled in school in their villages. For the villages that had good enrolment figures, they were publicly cheered and celebrated, while those that had poor results were notified of the situation. Most local leaders were not happy with the results of education in their villages. An informal competition was introduced among local leaders. Following this meeting, community leaders in the area agreed on by-laws to encourage parents and children to enrol in school.

Some of the by-laws included the following:

1. If adolescent children are not enrolled in school and are skipping classes, parents are fined a goat by the Village Head and children are to be fined two chickens;
2. If business people are showing videos in the community and they are found entertaining children of school-going ages during school hours, they should be fined a goat paid to the village head;
3. Any boys reported and investigated that they have impregnated school-going girls should be suspended from school;
4. Cultural initiation ceremonies for children should be closed a week before schools’ opening to prevent them interfering with the school calendar. Any local leader condoning such cultural ceremonies would be fined by the TA and possibly be removed as a local leader.

**The quality improvement team’s role in improving education**

The quality improvement team in Mkata linked with the Village Development Committee (VDC) to access some support from the Local Development Funds (LDF) to first build a house for the primary school teachers. Having a house for the teachers would help them negotiate with the District Education Manager (DEM) on relocating additional primary school teachers for the school. A teacher’s
house was built with funding from LDF amounting to approximately MK2.8 Million for cement, iron sheets, and wood for roofing. The community contributed 228,000 bricks which they used to build two teachers’ houses. In 2013, the team, in collaboration with the VDC, facilitated the construction of an additional teacher’s house where the surrounding villages contributed 158,000 bricks for the house.

The quality improvement team in Mkata also shared the situational assessment results with the Primary Education Advisor of the area who later advocated for an increase in the number of teachers in Nakanyanja Primary School. Between 2010 and 2012, the DEM’s Office in Mangochi reallocated eight teachers to Nakanyanja Primary School. Currently there are 10 teachers at the school.

To address child abuse cases in the area, the quality improvement team linked with a businessman in Lilongwe who is originally from Mkata who agreed to donate his house in the village to be used as a Police Unit for the surrounding villages because there were a lot of child abuse cases in the area. The quality improvement team then linked with the Police Unit at the Mangochi District Offices who reallocated four police officers to the area to provide child protection services in collaboration with the Community Victim Support Unit (CVSU). NACC, with funding from the Firelight Foundation, orientated the police officers in child rights and recommended actions from the OVC standards for them to properly manage the identified child abuse cases. The quality improvement teams also identified a need for a functional health facility to be linked to the CVSU to handle abuse cases.

The team acknowledged that there was already Iba Health Centre but it did not have a Medical Assistant. Realising the need for the medical personnel to provide services to abused children, they linked with the District Health Officer (DHO) to support the facility with a Medical Assistant to work in collaboration with the CVSU in the area. The DHO provided a Medical Officer for the area.

Conclusion

The effort of the multi-sectoral team to identify the needs of children in the five surrounding villages and brainstorm how to resolve them using the existing resources was key to the team’s ability to achieve their results.

The community quality improvement team learned that when they are talking about quality education it involves them looking at the current services being offered to children. For example, children learning under trees and having only two teachers for multiple classes is not quality.

The community also revealed that at first, when they were providing care and support to children, they could not see other service areas as part of their work. They were only focusing on the activities which they were funded for, instead of looking at comprehensive, integrated support for children. For example, if children were being abused in school they would only provide scholastic materials and education, not addressing the child protection issues saying it was not part of their mandate to provide child protection services to abused children in schools. Using the quality improvement approach, the team has realised the need to look at integrated care for vulnerable children and the importance of linking with other stakeholders in the area that provide other services such as the CVSI and a health
facility so that children receive comprehensive support. The quality improvement approach has led the team to link with crucial stakeholders that further support children in various needs such as the CVSU, CBOs, PEA, VDC, local leaders, and primary schools.

The quality improvement team also learned the importance of using data, in this case CSI data, to determine needs and set priorities. Previously most community development activities were not based on documented evidence of the real situation or needs of vulnerable children.

**Next steps**

After these achievements, the quality improvement team is planning to improve performance at the school, especially for Standard Eight pupils selected to Form One. The quality improvement team has observed that the performance of the school in terms of selection of pupils to secondary school is very poor. The quality improvement team, in collaboration with the Primary Education Advisor, has proposed to organise a meeting with various stakeholders and reshuffle the School Management Committee to ensure that the new team is able to help the school address some of the challenges and gaps contributing to the poor selection of children in the school. The quality improvement team also wants to encourage a culture of reading among students, for which Mkata CBO plans to establish a community library to encourage children to read and provide them access to various books and newsletters.