

Baseline Report for Implementation Research on Screening and Supervision of Learners with SEND in Malawi

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Abbreviations and acronyms

CEO	Chief Education Officer
DEMIS	District Education Management Information System
DES	District Education Supervisor
DIPP	Digital Inclusive Education Platform and Planning tool
EMIS	Education management information system
FFN	Fount for Nations
IEP	Individualised Education Plan
KII	Key Informant Interviews
MACODA	Malawi Council for Disability Affairs
ORIC	Organisational Readiness for Implementing Change
PEAS	Primary Education Advisors
PEO	Principal Education Officer
SEND	Special educational needs and disabilities
SNE	Special Needs Education
TEIP	Teacher Efficacy for Inclusive Practices
UDL	Universal Design for Learning
ZEMIS	Zonal Education Management Information System

Executive summary

This baseline evaluation provides a comprehensive assessment of the current state of inclusive education across six primary schools in the Lilongwe and Salima districts of Malawi. The findings from the baseline evaluation study conducted in June 2026, reveal a strong commitment among schools and stakeholders to advancing inclusive education for learners with special educational needs and disabilities (SEND), commonly referred to as Special Needs Education (SNE) in the Malawian policy context, while also highlighting persistent systemic and structural barriers that impede effective implementation.

The evaluation found that participating schools demonstrate a high level of organisational readiness for change. School leadership and teaching staff expressed enthusiasm for adopting innovative approaches, including digital solutions, to strengthen teaching, learning, and learner support. Teachers reported confidence in their instructional practices and a collaborative culture within schools, indicating a solid foundation upon which future interventions can be built. This positive institutional climate presents an important opportunity for scaling technology-enabled inclusive education initiatives.

Despite this readiness, significant challenges continue to undermine the delivery of quality inclusive education. Administrative processes remain heavily dependent on paper-based systems, and inadequate digital infrastructure limits opportunities for efficient data management and service delivery. The most pressing constraint is the severe shortage of trained SNE personnel, resulting in a disproportionate burden on the limited number of specialists responsible for supporting a large population of identified learners with SEND. In addition, coordination between the education and health sectors remains weak, with inconsistent communication and the absence of standardised referral mechanisms hindering timely identification, assessment, and support for learners requiring specialised services.

The findings underscore the need for a coordinated and systems-level response to translate institutional commitment into meaningful educational outcomes. Key priorities include strengthening the SNE workforce through targeted recruitment and continuous professional development, investing in essential digital infrastructure and assistive technologies, formalising governance and inter-sectoral referral pathways, and transitioning from paper-based to integrated digital information management systems.

1. Introduction

Inclusive education has become an increasingly important priority across sub-Saharan Africa as education systems seek to improve access, participation, and learning outcomes for learners with SEND. Despite strong policy commitments to inclusive education, significant challenges remain in identifying, assessing, and supporting learners who require specialised interventions. In many low-resource settings, screening processes remain inconsistent, teacher capacity is limited, and technology is underutilised to support evidence-based inclusive education practices ([↑Mitchell et al., 2026](#); [↑Mtungwa et al., 2026](#); [↑Rashid & Wong, 2023](#)).

Evidence from comparable contexts illustrates these persistent challenges. In Ghana, [↑Mtungwa et al. \(2026\)](#) find that neurodevelopmental disability screening practices are limited, inconsistent, and largely paper-based, with schools relying heavily on non-standardised approaches to learner identification. The study further identifies gaps in teacher capacity, fragmented implementation of Universal Design for Learning (UDL) principles, and limited use of technology to support inclusive education processes. These findings highlight the need for digital screening tools, targeted teacher professional development, and data-driven systems to strengthen the delivery of inclusive education and learner support.

Further evidence from the same study demonstrates that teachers rarely participate in the development of Individualised Education Plans (IEPs) and have limited knowledge of IEP processes and of integrating technology into intervention planning for neurodivergent learners ([↑Mtungwa et al., 2026](#)). These findings are consistent with previous research indicating persistent challenges in teacher preparedness for IEP implementation. [↑Rashid & Wong \(2023\)](#) find that teachers often possess limited conceptual and practical understanding of IEPs, including inadequate awareness of appropriate instructional activities and materials required to support implementation. Similarly, [↑Kozikoğlu & Albayrak \(2022\)](#) report insufficient teacher knowledge regarding the purpose and application of IEPs in classroom practice. While [↑Fu et al. \(2018\)](#) identify inconsistencies in teachers' interpretations and definitions of IEPs. Collectively, this body of evidence suggests that strengthening teacher capacity in assessment, intervention planning, and inclusive pedagogical practices remains a critical prerequisite for improving educational outcomes for learners with SEND.

Against this backdrop, this baseline evaluation was conducted in June 2026 as the first phase of a larger implementation research study examining how technology can support screening and IEP development for learners with special educational needs in Malawi. The research was commissioned by EdTech Hub and implemented in partnership with Fount for Nations (FFN), a Malawi-based organisation working to improve educational opportunities for vulnerable learners. The baseline assessment was designed to inform the subsequent implementation and evaluation of technology-enabled screening, collaborative intervention planning, and remote supervision approaches in participating schools.

Malawi has established a supportive legal and policy environment for inclusive education through the [National Strategy on Inclusive Education 2017–2021](#) ([↑Ministry of Education, Science and Technology, 2016](#)), which seeks to ensure equitable access to quality education for learners with diverse needs by strengthening teacher capacity, improving learner identification and assessment, enhancing inclusive education management systems, and promoting multi-sectoral collaboration. Despite these policy commitments, implementation remains constrained by inadequate resources, shortages of trained personnel, and systemic challenges that impede the effective delivery of inclusive education ([↑Mgomezulu, 2017](#); [↑Ministry of Education, Science and Technology, 2016](#)). In addition, studies on digitalisation in the education sector have identified infrastructure limitations, connectivity challenges, and gaps in teachers' digital competencies that constrain the effective integration of technology into teaching and learning processes ([↑Msafiri et al., 2023](#); [↑Mustafa et al., 2024](#)).

By establishing the current status of inclusive education systems and practices, this baseline evaluation provides a critical benchmark for assessing the effectiveness of future technology-enabled interventions. It also identifies priority areas to strengthen teacher capacity, improve multidisciplinary collaboration, and enhance educational outcomes for learners with SEND in Malawi. Moreover, by scaling investment in technology-enabled diagnostic tools, accessible digital content, and scalable e-learning for teacher professional development, Malawi has the opportunity to move beyond policy recognition of SEND towards the systematic delivery of high-quality, equitable education for all learners ([↑Mitchell et al., 2026](#)).

1.1. Study context

This baseline evaluation study examines the state of inclusive education for learners with special educational needs and disabilities (SEND) in Malawian primary schools. Focusing on Standards 1–8 in Lilongwe and Salima (two districts in central Malawi). The evaluation assesses current practices regarding screening, the development of Individualised Education Plans (IEPs), and supervision for students with SEND. By documenting current interactions between health and education systems, the study provides evidence to inform future EdTech support for SEND education at a national scale.

Malawi's education system is administered by the Ministry of Education through a decentralised structure. The administrative framework and supporting information systems include the following components:

- **District and zonal administration:** Schools are grouped into education zones within each district. These zones serve as intermediate administrative units responsible for school management support, monitoring educational quality, and providing professional support to teachers.
- **Supervision:** Zonal Education Officers (ZEOs) supervise schools within their zones and act as a critical link between individual schools and District Education Offices.
- **Information management:** The system utilises decentralised structures, including the District Education Management Information System (DEMIS) and the Zonal Education Management Information System (ZEMIS), to collect and use education data for planning and decision-making.

Given their central role in school supervision and support, these zonal structures were an important component of the implementation and teacher support mechanisms for this study.

1.2. Scope of baseline evaluation and objectives

The main objectives of the baseline evaluation are to assess how tech-enabled screening, digitised IEPs, and remote supervision might strengthen teacher capacity and system responsiveness for learners with SEND in Malawian primary schools. Our research questions include:

1. What is the current state of screening and identification practices in Malawian primary schools?
2. What is the current quality and implementation status of IEPs for learners with SEND, including the proportion of learners with completed IEPs, the frequency of progress reports generated, and current teacher-rated learner progress towards curriculum-aligned learning objectives?
3. What is the current level of teacher capacity to implement Universal Design for Learning (UDL) principles and evidence-based inclusive education interventions, as assessed by teacher self-efficacy scores (using the Teacher Efficacy for Inclusive Practices [TEIP] tool), the reported frequency of using inclusive instructional strategies, and teachers' perception-of-support scores?

2. Methodology

This section outlines the design, scope, participant selection, and data collection procedures utilised for the baseline evaluation of inclusive education practices in Malawi.

2.1. Evaluation scope and study design

The study was designed as a baseline evaluation using a mixed-methods approach, drawing on both quantitative survey data and qualitative key informant interviews (KIIs). The evaluation was conducted across three districts, including Lilongwe Rural East, Lilongwe Rural West, and Salima, encompassing a total of six primary schools.

The study employed a purposive sampling strategy to ensure representation across districts, school types, and stakeholder roles. All six participating schools are government primary schools with dedicated resource centres for learners with SEND. Schools were selected in consultation with district education authorities and the implementing partner, Fount for Nations (FFN), with attention to geographic distribution across the three districts.

Data collection was conducted in June 2026 across all three districts, with FFN field staff administering instruments using KoboToolbox software on digital devices. Consent was obtained from all participants prior to data collection.

2.2. Participants

The evaluation collected data from diverse stakeholder groups crucial to the inclusive education ecosystem, with participant totals as follows:

- **Parents and caregivers¹:** 204 individuals participated across seven schools.
- **SNE Teachers:** 16 teachers were surveyed.
- **Headteachers:** 6 headteachers provided data.
- **Health Personnel:** 3 health workers were interviewed.

¹ For the purposes of this report, the term 'caregivers' refers to parents, guardians, and other primary adults responsible for the care and support of a child. The term is used throughout to encompass all such individuals unless otherwise specified.

- **District Leadership (Chief Education Officer (CEO), Principal Education Officer (PEO), and District Education Supervisor (DES):**
18 key informant interviews were conducted across the three districts.

Table 1 below summarises the diverse stakeholder groups that participated in the baseline evaluation.

Table 1. *Stakeholder respondent groups*

Respondent Group	N
Caregivers participating from 6 schools	204
Head teachers	6
SNE Teachers	16
Health care personnel	3
Zonal Education Management Information System (ZEMIS) and District Education Management Information System (DEMIS) officers	6
District leadership: CEOs, PEOs, and DESs	18
Organisational Readiness for Implementing Change	6 schools
Teacher Efficacy for Inclusive Practices (TEIP) completed by teachers	15

3. Data collection

3.1. Data collection instruments

Data was collected using a mixed-methods approach, combining key informant interviews (KIIs) with the analysis of two specialised tools. The Fount for Nations research team developed the KIIs, while the specialised tools were similarly adapted by the team; both instruments were then validated by EdTech Hub researchers. A pilot study was conducted to refine tool administration and identify potential challenges. Fount for Nations research staff collected data for both the pilot and baseline evaluation phases.

- **Key informant interviews:**² Conducted with district leadership: Chief Education Officer (CEO), Principal Education Officer (PEO), District Education Supervisor (DES), as well as Special Needs Education (SNE) teachers, caregivers, and health personnel to gather qualitative insights into data usage, barriers, and inter-sectoral collaboration.
- **Specialised tools:** The evaluation analysed data from an [Organisational Readiness for Implementing Change \(ORIC\) tool](#)³ (↑Shea et al., 2014) and the [Teacher Efficacy for Inclusive Practices \(TEIP\) tool](#)⁴ (↑Sharma et al., 2012).
- The tools used for measurement primarily relied on surveys and questionnaires, with some indications of structured assessments using Likert scales.
 - The ORIC tool (Questionnaire using a 1–5 scale) assessed organisational commitment and resource constraints across six primary schools.
 - The TEIP tool and Observation tool (Questionnaire using a 1–4 scale) were administered to 15 education personnel to measure teacher confidence in instructional practices, collaboration, classroom management, and digital literacy.

² See <https://ee.kobotoolbox.org/x/MRhPRqdu>. Retrieved 17 June 2026.

³ See <https://ee.kobotoolbox.org/x/M9CMheue>. Retrieved 17 June 2026.

⁴ See <https://ee.kobotoolbox.org/x/teRksQvm>. Retrieved 17 June 2026.

- **Tool review:** Prior to data collection, all instruments underwent a systematic alignment review by Edtech Hub against the core research objectives. This review assessed whether each tool could generate the specific indicators, including IEP completeness, screening coverage rates, quality measures, and teacher self-efficacy scores. The review also identified structural gaps wherever the original instruments were insufficient. As a result, all instruments were streamlined and enhanced prior to data collection. All instruments were administered via KoboToolbox by FFN field staff during the data collection period in June 2026.

3.2. Data analysis

Data analysis followed a mixed-methods approach, treating quantitative and qualitative data as complementary sources of evidence rather than analysing them in isolation. All data collection instruments and KIIs were administered in English. Qualitative interviews were audio-recorded with informed consent and subsequently transcribed to facilitate rigorous thematic analysis.

Quantitative data from the caregiver, SNE teacher, and CEO/PEO/DES surveys were analysed using descriptive statistics, including frequency counts, proportions, and percentage distribution. Wherever sample sizes permitted, findings were disaggregated by the participating distribution to identify site-level patterns. Cross-tabulations were conducted to examine the relationships between the variables. Mean scores were tabulated from the ORIC and TEIP tools, which used Likert scales.

Qualitative data from key informant interviews, principally from CEO, PEO, and DES respondents, health personnel, ZEMIS officers, and DEMIS officers, were analysed thematically. Findings were then synthesised across instruments using a convergence approach, where multiple data sources pointed to the same conclusion.

4. Baseline evaluation findings

The baseline evaluation synthesises findings from Malawi across multiple stakeholder groups, including caregivers, headteachers, health personnel, SNE teachers, and education management systems (ZEMIS and DEMIS). The evaluation provides an overview of current inclusive education practices, highlighting both strengths and systemic challenges affecting the identification, support, and monitoring of learners with SEND.

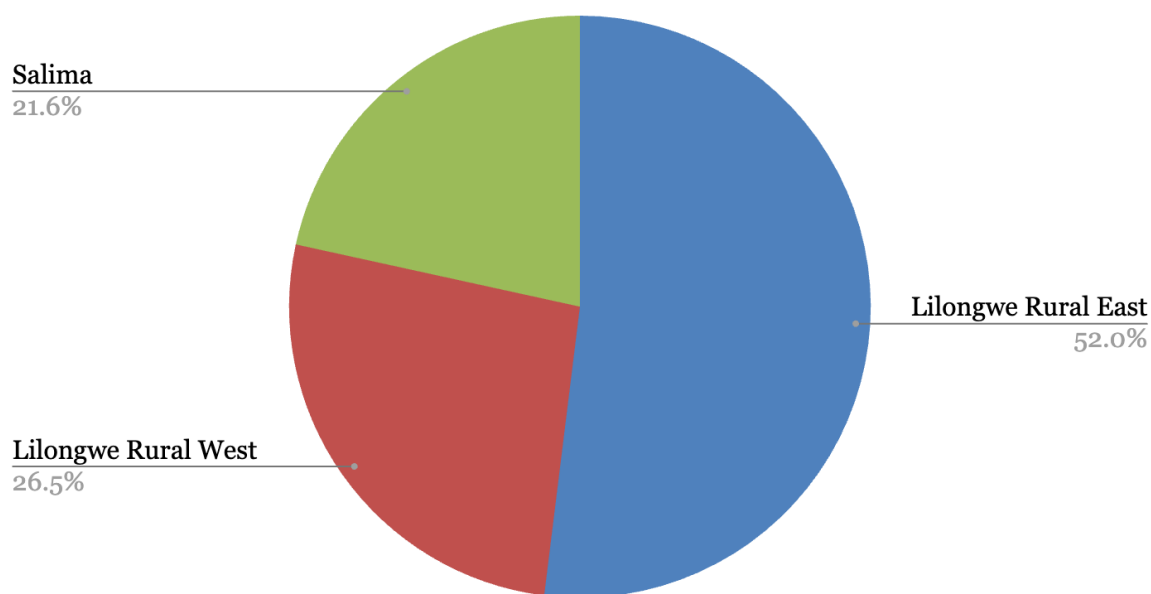
Findings indicate strong commitment at school and community levels, particularly among caregivers and SNE teachers, who play a central role in learner screening, referral processes, and the development of Individualised Education Plans (IEPs). However, significant structural barriers continue to limit effective service delivery. These include severe shortages of trained SNE personnel, inadequate infrastructure and teaching resources, heavy reliance on paper-based data management systems, and weak coordination between education and health sectors.

A critical example of these constraints is evident in Lilongwe Rural West, where only 14 trained SNE teachers support approximately 10,000 learners identified as having special educational needs. Additionally, the absence of formal referral mechanisms and collaborative planning processes between schools and health facilities limits access to comprehensive support services for learners requiring specialised interventions.

4.1. Caregiver participation and learner support

4.1.1. Participation and coverage

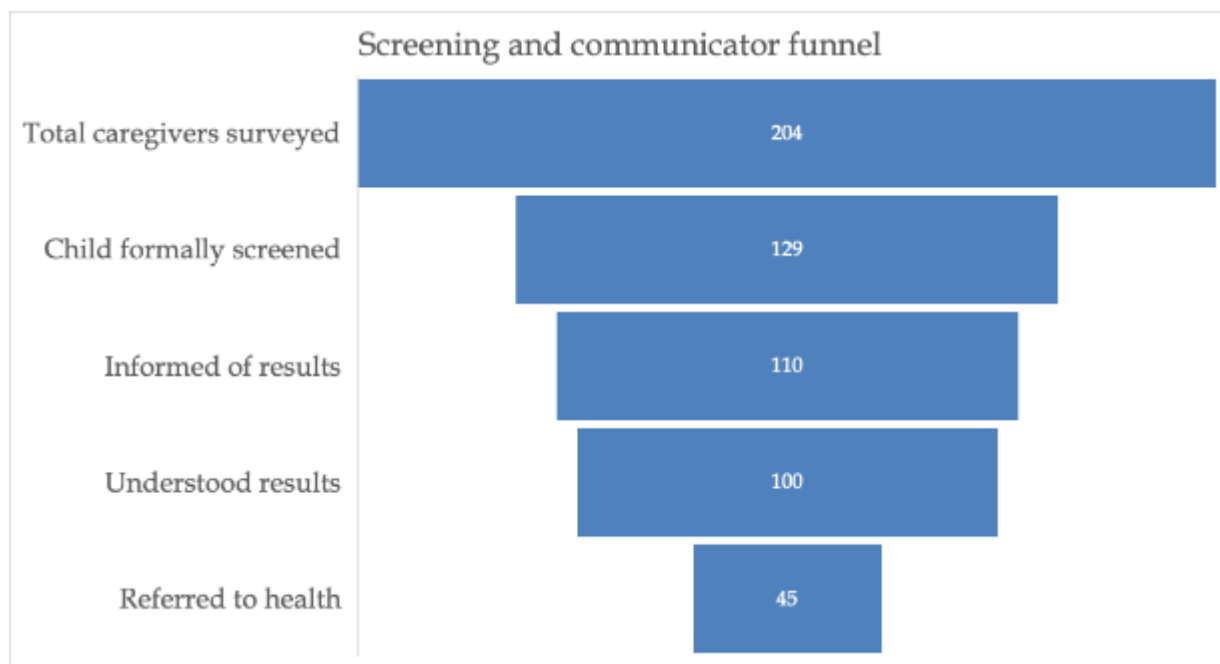
The caregiver dataset comprised 204 participants who took part in the baseline evaluation, providing important insights into caregiver demographics and their engagement in the educational and screening processes for their children. More than half of the caregivers (52%; n = 106) were from Lilongwe Rural East, followed by Lilongwe Rural West (26%; n = 54) and Salima (22%; n = 44). Caregivers were drawn from six participating primary schools, with the largest proportion from one school in Lilongwe Rural East (n = 74, 36.5%), reflecting the comparatively larger enrolment there. [Figure 1](#) below illustrates the distribution of caregivers across three districts.

Figure 1. *Distribution of caregivers across three districts*

4.1.2. Screening practices

The findings indicate relatively strong implementation of learner screening processes but more limited caregiver participation in educational planning. Of the 204 caregivers surveyed, 129 (63.2%) reported that their child had been formally screened by a teacher. Among those whose children had been screened, 110 out of 129 caregivers (85.3%) stated that they had been informed of the screening results, and 100 (49%) caregivers reported that they clearly understood what those results meant for their child's learning and development. Despite this high level of awareness, only 69 caregivers (33.8%) reported being actively involved in developing specific learning goals or participating in educational planning for their children. In addition, 45 (22%) caregivers reported being referred to a health facility following the screening process, suggesting that referral pathways between schools and health services are functioning for some learners but are not yet universally applied.

Screening rates varied by district: Lilongwe Rural East recorded the highest proportion of screened children (73/106, 68.9%), followed by Salima (29/44, 65.9%). Lilongwe Rural West had the lowest screening rate (27/54, 50.0%), a finding consistent with the documented shortage of trained SNE teachers in that district. Figure 2 below illustrates the learners' screening process.

Figure 2. Caregiver screening to referral funnel

4.1.3. Caregiver involvement in education planning

Only 69 of 204 caregivers (33.8%) reported being actively involved in developing learning goals for their children. The results also reveal notable communication gaps between schools and caregivers regarding individualised learning plans. Only 22 of 204 caregivers (10.8%) reported receiving a written copy or summary of their child's learning plan. This suggests that even where IEPs are being developed by SNE teachers, documentation is rarely shared with families. This highlights a significant gap, given that home reinforcement of school-based goals depends on families having access to that information.

4.1.4. Caregiver-teacher engagement and home support

Furthermore, 86 of 204 caregivers (42.2%) indicated that they did not meet with teachers at all during the school term to review their child's learning plan or progress, while only 22.5% reported meeting three or more times per term. The large proportion of caregivers with no structured contact points to a systemic gap in formalised caregiver engagement, rather than a lack of willingness on their part. Among caregivers who did participate in educational planning, involvement typically included discussing the child's learning needs, sharing recommendations with teachers, and jointly establishing learning goals, including practical accommodations such as preferred seating arrangements for learners with visual impairments.

Despite these limitations in formal school engagement, caregivers demonstrated a strong commitment to supporting their children's education outside the classroom. A total of 64 caregivers (31.4%) agreed to activities that support the child's learning at home. Qualitative responses indicated that this support commonly involved assisting with homework and revision, practising activities of daily living, and providing additional learning opportunities to consolidate classroom instruction. Some caregivers also described taking proactive measures beyond routine support, such as hiring part-time tutors or creating dedicated study environments to strengthen their child's memory, concentration, and overall learning outcomes. These findings suggest that although caregiver involvement in formal educational planning remains limited, families are highly motivated to support their children's learning when given appropriate opportunities and guidance.

4.2. School leadership and inclusive education management

4.2.1. Monitoring of inclusive education

Headteachers reported that monitoring of inclusive education activities is primarily carried out by SNE teachers, specialist staff, routine record reviews, and periodic supervision by inclusive education officers and development partners. Monitoring approaches varied in sophistication across schools: some delegated oversight entirely to the SNE teacher, while others operated structured review cycles on daily, weekly, and termly schedules.

4.2.2. Documentation and record management

All six schools rely exclusively on paper-based documentation systems, including learner files, record books, and wall-mounted charts. The specific challenges identified by headteachers varied: limited physical accessibility of records held in a single location; the administrative burden of maintaining bulky files; data quality and durability concerns, including fading ink and torn materials; and data portability constraints where records can only be accessed on-site and must be manually transcribed when shared.

Despite these practical limitations, existing documentation habits are well established. In response to the question from the ORIC instrument asking if “we currently keep consistent records of learner screening and IEP

progress in our school”], all six schools responded ‘Agree’ or ‘Strongly Agree’ (on a five-point scale from ‘Strongly Disagree’ to ‘Strongly Agree’) producing a mean score of 4.33 out of 5. This indicates that the constraint is therefore not a documentation habit but the medium: schools are already keeping consistent records.

4.2.3. Digital readiness

School leadership attitudes towards digital adoption were broadly positive across all six schools. However, willingness and infrastructure readiness are not the same thing. The data indicates a gap between the two.

In response to a question from the ORIC instrument regarding whether leadership would support implementation, all six schools again selected ‘Agree or Strongly Agree’, producing a mean score of 4.50 out of 5. When asked whether sufficient devices are available for resource teachers to use, five of the six schools responded ‘Disagree’ or ‘Strongly Disagree’, producing a mean score of 2.00 out of 5. This was the lowest score among all indicators in the ORIC instrument. This clearly suggests that leaders want to adopt digital systems, but the tools to do so are not present in the schools they lead.

4.2.4. Support for learners with SEND

Schools reported a range of approaches to supporting learners with SEND, reflecting both available resources and institutional capacity. Schools use School Improvement Grant implemented by the Ministry of Education with support from international partners, including the UNICEF Malawi country office provides funding to procure learner-identified adaptive resources, provide accessible classroom and sanitation facilities, and conduct community sensitisation through Parent–Teacher Associations.

Furthermore, schools also described having a dedicated resource centre, providing continuous professional development for SNE teachers, and formal coordination with the district to ensure learners receive national examination accommodations, including Braille materials.

4.2.5. Individualised education planning

Five of the six headteachers reported direct involvement in IEP development, indicating strong school leadership engagement in individualised learner support. However, there was one significant exception: the one school where the headteacher is not engaged in IEP processes is also the school where no SNE teacher reported consistently

developing IEPs. Both teachers at that school indicated they do so only sometimes. The convergence of leadership disengagement and inconsistent teacher practice points to a school-level systemic gap, indicating that the school will require a targeted leadership-level attention.

4.3. Health sector engagement

Data collected from three health personnel across Salima, Lilongwe Rural West, and Lilongwe Rural East revealed generally limited collaboration between the health and education sectors in supporting SEND learners. Interaction between health personnel and SNE teachers was infrequent: respondents from Lilongwe Rural West and Lilongwe Rural East reported engagement only once per school term, while the respondent from Salima reported no interaction at all.

Similarly, involvement in developing IEPs varied across districts. Health personnel in both Lilongwe Rural districts reported active participation and prior experience in IEP development, whereas the respondent from Salima indicated no involvement. Referral practices also differed, with active school referrals occurring in the Lilongwe districts, but none reported in Salima. Where referrals were made, communication was primarily verbal, although one respondent also reported using written referral forms and phone or WhatsApp communication. Health personnel further indicated that assessment processes were generally timely, with referrals addressed within one week or, in cases involving readily identifiable conditions such as visual impairments, within hours before onward referral to specialist services.

Although respondents generally rated the quality of referral information from schools as good, they identified several critical information gaps that limited comprehensive assessment and intervention planning. These included the absence of first-hand information on parents' understanding of their child's condition, insufficient details about the learner's school and classroom environment, limited documentation of how the initial screening was conducted, and inadequate information on the educational support already being provided. To improve coordination between the health and education sectors, health personnel emphasised the need for more comprehensive and standardised referral documentation, including individual case files detailing each learner's specific condition and intervention history, as well as updated records on the number of learners with physical disabilities within schools. These findings suggest that while referral and assessment systems are functional in some districts,

strengthening multidisciplinary collaboration and improving information sharing remain important priorities for enhancing inclusive education service delivery.

4.4. SNE teacher practices and capacity

The perspectives of SNE teachers provide valuable insights into the realities of implementing inclusive education at the classroom level. Overall, teachers demonstrated a strong commitment to adapting instruction to meet the diverse learning needs of their students despite operating within challenging, resource-constrained environments.

4.4.1. Screening and identification

A total of 93.8% of teachers reported that their schools conduct some form of structured screening for learners with SEND. Where structured screening was conducted, teachers employed a diverse range of tools and approaches. These include E-charts for visual acuity, observation checklists, behavioural rubrics, hearing assessment tools, classroom discourse analysis, performance registers, and the government Inclusive Education Toolkit. At least one teacher described a wholly improvised approach using clapping patterns and sign language as proxies for vision and hearing screening. While demonstrating commitment under resource constraints, this indicated uneven standardisation of identification processes across the study schools, with direct implications for the comparability of screening outcomes between sites.

Screening typically occurs during enrolment, at the beginning of the school year, or continuously as needs are identified. Screening is conducted almost exclusively by SNE and specialist teachers. Generalist classroom teachers are largely absent from formal screening processes, consistent with the broader finding that identification capacity is concentrated in a small number of specialist staff, making it vulnerable to staff turnover and absence.

4.4.2. Individualised Education Plans

IEP development was reported by all 16 SNE teachers, though the frequency varied across the schools. Ten of 16 (62.5%) SNE teachers reported always developing IEPs for identified learners, while 6 of 16 (37.5%) reported doing so only sometimes. In one school, neither SNE teacher reported consistently developing IEPs, and indicated that they do so only

sometimes. All 16 teachers (100%) confirmed that IEP goals are measurable and progress-oriented.

Parents were the most consistently engaged stakeholders in IEP development, and were included in the process by all 16 teachers (100%). Health personnel were involved by 5 of 16 teachers (31.2%), while speech therapists and psychologists were each engaged by 2 of 16 teachers (12.5% each). Eleven of 16 teachers (68.8%) noted involvement of other stakeholders, including school management committees, Primary Education Advisors, Inclusive Education Coordinators, mainstream teachers, social workers, and community organisations such as the Malawi Council for Disability Affairs (MACODA). The contrast between universal parental involvement and limited multidisciplinary professional engagement reflects both the accessibility of parents and the systemic scarcity of specialist health and allied health personnel in the study districts. [Table 2](#) presents the level of stakeholder involvement in IEP development.

Table 2. *Levels of stakeholder involvement in IEPs*

Stakeholder	Level of involvement in IEP
Parents	100%
Health personnel	31%
Speech therapists	12%
Psychologists	12%

IEP review frequency varied considerably across teachers. The pattern was termly review, although responses ranged from annual review at one end to two or three times a term at the other. Several teachers noted that review frequency is adjusted based on the complexity of learner needs and the nature of the goals set. This variability in review intensity is itself a notable baseline characteristic; it indicates that IEP monitoring is not yet standardised.

Notably, 8 of 16 SNE teachers (50.0%) reported having already received remote supervision through WhatsApp, SMS, or phone. This establishes that remote communication modalities for professional support are not unfamiliar to SNE teachers at baseline.

4.4.3. Teaching and learning adaptations

Teachers reported employing a wide range of differentiated instructional approaches to support learners with varying educational needs. Structured behavioural and cognitive strategies, including task analysis, chaining, and prompting, were commonly used to break complex tasks into manageable steps and reinforce learning. For learners with visual impairments, teachers adapted instructional materials using large-print resources, electronic charts, and concrete teaching aids, while also ensuring appropriate classroom seating arrangements. Learners with hearing impairments were supported through sign language and gestures to facilitate communication and participation.

Collaborative learning approaches such as learning buddies, pair work, and group activities were widely implemented to promote peer support and social inclusion. Teachers also demonstrated flexibility in assessment practices by adapting evaluation methods to learner needs. For example, oral assessments were used for learners with dysgraphia to provide a more accurate measure of understanding. Active learning strategies, including songs, games, kinaesthetic activities, and repetitive practice, were also frequently incorporated to enhance learner engagement and concept retention.

4.4.4. Supervision and professional support

All 16 SNE teachers (100%) reported receiving supervision related to inclusive education. Supervision frequency varied considerably, ranging from monthly to termly, with some teachers describing contact as infrequent and dependent on advisor availability. Eight of 16 teachers (50.0%) reported receiving remote supervision through WhatsApp, SMS, or telephone. However, many teachers raised concerns that supervisors, particularly Primary Education Advisors, often lacked specialist SNE expertise, limiting the quality of disability-specific pedagogical guidance they could provide.

4.4.5. Systemic challenges

Despite teachers' commitment to inclusive practices, several systemic barriers continue to affect implementation. All 16 SNE teachers manage screening and IEP records entirely through paper-based systems, hard copies, notebooks, flat files, and charts, with data consolidated and transmitted to PEAs and district offices. No teacher reported any form of digital data management. A significant challenge identified was the

shortage of teaching and learning resources, including tablets, books, toys, and specialised instructional materials needed to support learners with diverse needs. Resource limitations also affected supervisory activities, with transport and logistical constraints reducing opportunities for regular school visits.

Additional operational challenges included large class sizes that constrained individualised instruction, transportation difficulties that limited community outreach and follow-up activities, and persistent stigma surrounding disability within some communities. Collectively, these findings highlight the need for strengthened systemic support, increased investment in specialised resources, and enhanced professional development to improve the implementation of inclusive education.

4.5. Education management information systems (EMISs)

Data collection at the zonal level remains predominantly paper-based, with three of the four zones using paper-based forms. Only one zone reported using Excel templates transmitted via email and WhatsApp.

Reporting frequency to the district level varied: two zones report monthly, one quarterly, and one annually. The zone reporting annually represents a significant data-flow bottleneck, as district-level planning can then only draw on information that is over a year old.

Data validation relied on cross-referencing with previous records (two zones) or physical spot checks (two zones), neither of which provides robust assurance of accuracy. The most significant challenge identified at the zonal level was the near-total dependence of data quality on the presence of a trained SNE teacher. One zone explicitly described a situation in which a single SNE teacher is responsible for 13 schools: without that teacher, mainstream staff lack the training to identify SNE conditions independently, meaning the data submitted reflects only what the SNE teacher has been able to cover personally. IEP implementation evidence varied: one zone reported consistent submission of data and progress records; another collected termly assessments; a third observed inconsistent practice ranging from well-maintained IEPs to teachers with no recorded IEPs at all.

4.5.1. Monitored indicators

District leadership monitors a range of indicators to assess the effectiveness and reach of inclusive education, although the indicators prioritised vary across districts. The most widely monitored indicator is improvement in inclusive practices by teachers, identified by 67% of the respondents. Learner retention, dropout rates, and transition rates to higher levels of education were identified by 50% of the respondents. Only a small proportion, 22%, reported that coverage and access to assistive technologies were the least monitored indicators.

The pattern of monitored indicators suggests that the district leadership prioritises educational participation, while access to assistive technology, a critical enabler for learners with SEND, remains the least systematically tracked.

4.5.2. Main barriers to inclusive education

The interviews with district-level education leaders identified several persistent barriers affecting the quality and delivery of inclusive education services.

- **Shortage of teachers:** A major challenge reported was the shortage of specialist SNE teachers, coupled with limited capacity among mainstream teachers to effectively support learners with SEND .
- **Resource constraints:** Participants also highlighted significant resource constraints, including inadequate teaching and learning materials such as Braille resources and specialised tools for learners with neurodevelopmental conditions, as well as insufficient infrastructure and limited space within school resource centres.
- **Logistical challenges:** These further constrained service delivery, with the lack of transportation affecting routine school supervision, learner screening in remote communities, and teachers' ability to access inclusive schools. In addition, district leaders identified socio-cultural barriers, including stigma associated with disability, negative community attitudes, and limited parental awareness and support for the education of children with disabilities, all of which continue to hinder learner participation and inclusion.

The findings further revealed that district leadership relies on SNE data to inform key planning and management decisions, particularly in allocating financial resources, specialised teaching and learning materials, and the

deployment of specialist teachers to areas with the greatest need. The data is also used to monitor programme implementation, assess lesson delivery during supervisory visits, and coordinate interventions with non-governmental organisations and other partners. However, participants consistently highlighted the need for more comprehensive and higher-quality data to strengthen evidence-based decision-making. They emphasised the importance of collecting more granular learner-level information, including detailed data on disability types, individual learner progress, and participation rates.

Additionally, leaders also identified a need for data on community and home contexts, such as levels of parental support, household environments, and the distances learners travel to access schools, to better inform targeted interventions. In addition, respondents called for more detailed information on school infrastructure, the availability and deployment of specialised staff, and the transition of SNE teachers into secondary education. Finally, they stressed the importance of improving data quality through stronger data cleaning, validation, and analysis processes to ensure that accurate and reliable information reaches the district level and effectively informs planning, resource allocation, and policy implementation.

4.6 Findings from interviews with CEOs, PEOs, and DESs

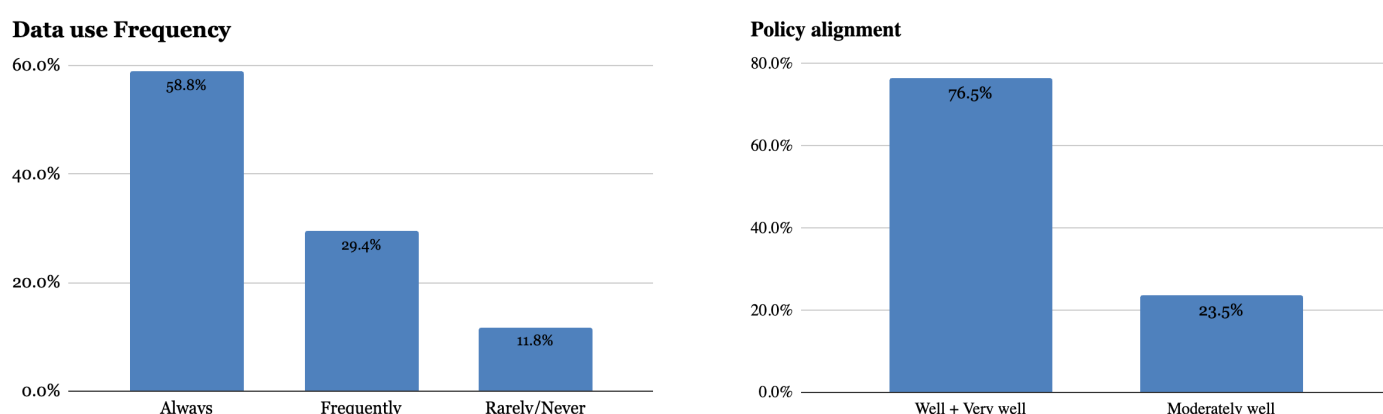
This section reports findings from 17 key informant interviews with CEOs, PEOs, and DESs conducted across the districts of Lilongwe Rural East, Lilongwe Rural West, and Salima. The interviews provide valuable insights into the use of SNE data, the barriers affecting inclusive education, and how district leadership utilises information to guide decision-making and resource allocation.

4.6.1. Data use and alignment with policy

SNE data is regularly used at the district level to support planning, resource allocation, and decision-making. Of the 17 respondents, 10 (58.8%) reported always using SNE data in their work, while 5 (29.4%) use it frequently. Only 2 respondents (11.8%) indicated that SNE data is rarely or never used, meaning 15 of 17 respondents (88.2%) engage with SNE data on a regular basis.

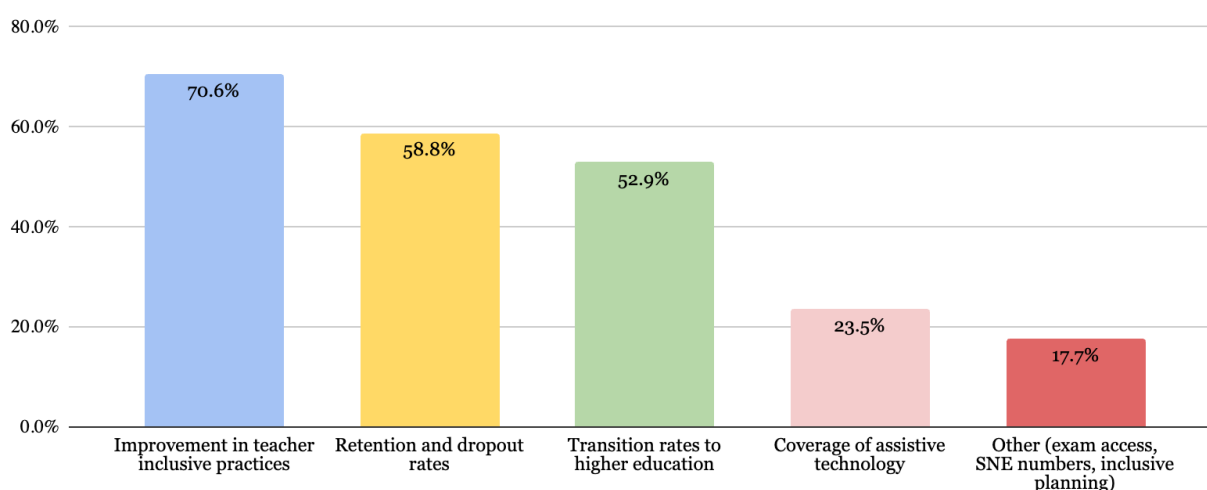
On policy alignment, 13 respondents (76.5%) rated current data as aligning either 'well' or 'very well' with national inclusive education policies, while 4 (23.5%) rated alignment as only 'moderately well' — a meaningful minority suggesting that some district leaders have reservations about whether current data systems adequately capture what matters for inclusive education delivery. [Figure 3](#) below illustrates data use frequency vs policy alignment.

Figure 3. Data use frequency vs policy alignment as reported by key informants



4.6.2. Key indicators monitored

District leadership monitors a range of indicators to assess the effectiveness and impact of inclusive education interventions, although priorities vary. The most commonly monitored indicator is the improvement of inclusive teaching practices, identified by 12 of 17 respondents (70.6%). Learner retention and dropout rates were identified by 10 respondents (58.8%), and transition rates to higher education by 9 (52.9%). The proportion of learners who require assistive technologies and are able to access appropriate devices and related support services were the least monitored indicators, cited by only 4 respondents (23.5%). Three respondents identified additional indicators beyond the pre-specified options: accessibility of national examinations for learners with SEND, the number of SNE teachers deployed across zones, and the extent of inclusive planning within teaching methodologies. [Figure 4](#) below illustrates the percentage of indicators monitored to assess the impact of inclusive education interventions.

Figure 4. *Percentage of indicators monitored*

4.6.3. Leadership decision-making and use of data

District leadership uses SNE data to guide a range of strategic and operational decisions. One of the primary uses of the data is resource allocation, including the distribution of funding, teaching and learning materials, and specialised equipment based on learner needs and enrolment figures. SNE data is also used to inform the deployment of specialist teachers to schools and zones with the greatest demand.

In addition, district leaders use data to monitor programme implementation, assess teaching and learning practices during supervision visits, and identify areas requiring intervention. The information also supports coordination with non-governmental organisations and development partners involved in inclusive education initiatives.

4.6.4. Additional data needs

Respondents identified several categories of additional data needed to strengthen planning and decision-making.

First, they identified that more granular learner-level data, specifically on disability categories, individual progress, and participation rates was required. Second, respondents also emphasised the importance of understanding the broader context of learners' lives, including parental or caregiver support, home environments, and the distances learners travel to access educational services.

A third area was school infrastructure and staffing, including information on the availability of specialist facilities and the movement of SNE teachers

across education levels. Finally, several respondents emphasised the need to improve the quality of existing data through stronger validation, cleaning, and analysis processes before information reaches the district level, indicating that decisions are only as good as the data they are based on.

4.7. Organisational Readiness for Implementing Change (ORIC) findings

The Organisational Readiness for Implementing Change (ORIC) assessment was conducted across six primary schools. The findings indicate a high level of organisational commitment and willingness to adopt digital inclusive education tools. However, this positive psychological readiness is constrained by substantial challenges related to infrastructure, device availability, and technical resources.

4.7.1. Strong motivation and leadership support for change

The assessment revealed a high level of commitment among teachers and school leadership to implementing digital inclusive education tools. Across all participating schools, staff demonstrated a positive attitude to innovation and expressed confidence in their ability to adapt to new systems.

The average score for change commitment indicators was 4.33 out of 5, reflecting strong enthusiasm for adopting digital solutions. Staff motivation to ensure the successful implementation of digital inclusive education tools scored particularly high at 4.50, indicating strong staff commitment to implementing digital inclusive education initiatives. Similarly, leadership support achieved an average score of 4.50, suggesting that school leaders are highly supportive of introducing and sustaining digital approaches to inclusive education.

The assessment also found evidence of strong institutional practices that could facilitate implementation. Indicators relating to record-keeping, supervision, and organisational processes averaged 4.28, demonstrating that schools already have established systems for monitoring and accountability. These structures provide a strong foundation for integrating digital tools into existing workflows.

Furthermore, teachers reported high confidence in using digital devices for professional purposes. The indicator measuring confidence in using

smartphones or tablets recorded an average score of 4.50, suggesting that basic digital literacy is not a major barrier to implementation.

4.7.2. Significant resource and infrastructure constraints

Despite strong readiness and commitment, schools face considerable practical barriers that may hinder the successful implementation of digital inclusive education tools. The most significant challenge relates to device availability. Access to smartphones or tablets for resource teachers received the lowest average score of 2.00 out of 5 across all indicators.

Perceptions regarding the adequacy of general resources were similarly low, with an average score of 2.33. Respondents consistently indicated that existing resources are insufficient to fully support the transition to digital systems.

Connectivity was identified as another area of concern. While internet and mobile data access achieved a moderate average score of 3.67, there was significant variation between schools. This variability suggests that infrastructure improvements will be necessary to ensure equitable implementation across all sites.

4.7.3. Knowledge gaps and need for role clarification

Although teachers and school staff expressed strong willingness to adopt digital inclusive education tools, the assessment identified a need for additional training and clearer implementation structures.

Baseline understanding of digital IE tools was relatively low, with an average score of 2.67. Most respondents reported only limited familiarity with the proposed tools, indicating that capacity-building activities will be essential during the early stages of implementation.

In contrast, participants demonstrated a strong understanding of their individual responsibilities within the change process. The indicator measuring role expectations recorded an average score of 4.17, suggesting that staff generally understand what is expected of them in supporting inclusive education. However, they may require further guidance on how digital tools will support these responsibilities in practice.

The assessment also revealed gaps in organisational planning structures. Data on defined team responsibilities and designated technical support

contacts were largely incomplete or unavailable. This suggests that implementation teams, support mechanisms, and technical escalation pathways have not yet been formally established and will require further development prior to rollout.

4.7.4. School-level readiness

The organisational readiness assessment revealed generally positive attitudes towards implementing inclusive education innovations across participating schools, with staff demonstrating high levels of confidence, motivation, and willingness to adopt new approaches. Most schools exhibited strong problem-solving capacity and organisational commitment, indicating a favourable environment for programme implementation. However, despite this positive readiness, respondents consistently identified significant resource constraints that could impede successful implementation if not adequately addressed.

A common challenge reported across schools was the limited availability of digital devices and supporting infrastructure required to facilitate technology-enhanced inclusive education. While some schools demonstrated stronger organisational readiness than others, shortages of equipment, unreliable internet connectivity, and inadequate technological resources were identified as major barriers to implementation. Respondents also emphasised the need for additional investments in infrastructure and educational resources to ensure that schools are adequately equipped to translate their willingness and capacity for change into effective and sustainable practice.

4.8. Findings from the Observation and Teacher Efficacy for Inclusive Practices (TEIP) tools

A total of 15 education personnel across participating schools in Lilongwe and Salima districts completed the observation and TEIP tool questionnaires. The findings indicate strong levels of confidence in inclusive teaching practices, assessment strategies, classroom management, and collaboration with parents and other professionals. At the same time, the assessment identifies digital literacy as a key area requiring further capacity strengthening.

4.8.1. Strong foundation in instructional practice and collaboration

The assessment revealed high levels of teacher confidence in implementing inclusive education practices and supporting SEND learners.

The highest-rated competency areas were 'Instructional and Assessment Confidence' (Mean = 4.47/5) and 'Collaboration and Parent Involvement' (Mean = 4.44/5). Respondents reported strong confidence in their ability to provide alternative explanations when learners experience difficulties, adapt teaching approaches to meet diverse learning needs, and design learning activities that accommodate learners with disabilities.

4.8.2. Classroom management and access to support

Teachers reported a generally positive level of confidence in managing inclusive classrooms and accessing support when needed. The 'Classroom Management' domain recorded an average score of 4.24/5, while 'Support and Resources' scored 4.23/5. These findings suggest that most respondents feel capable of managing classroom behaviour effectively and are aware of when to seek assistance when supporting learners with SEND. However, UDL Practices averaged 4.07/5, reflecting good but not exceptional confidence in learner-centred approaches, an area with meaningful growth potential through the intervention.

4.8.3. Digital literacy as a priority area for development

Digital literacy emerged as the lowest-scoring competency area, highlighting an important opportunity for targeted professional development.

The 'Digital Literacy' domain recorded an average score of 3.6/5, suggesting moderate confidence among participants in the use of digital technologies. While respondents reported some confidence in using smartphones and tablets to support learner screening and educational activities, there was limited evidence of experience with more advanced digital tasks, such as using digital platforms and electronic reporting systems.

The absence of responses regarding specific digital tools suggests that these technologies may be newly introduced or not yet widely implemented within participating schools. As digital systems are increasingly integrated into inclusive education programmes, focused training and ongoing technical support will be essential to strengthen teacher confidence and competence in this area.

In summary, the baseline evaluation highlights a clear paradox in the Malawian inclusive education landscape: while there is a palpable enthusiasm and strong organisational readiness for digital transformation among school leadership, caregivers, and teaching staff, this potential is currently stifled by systemic resource constraints. The strong foundation built on collaborative practices and high teacher efficacy provides a promising platform for change; however, realising this potential requires a deliberate shift from paper-dependent, isolated operational models to integrated, digitally enabled systems. Bridging the gap between the existing institutional commitment and the necessary infrastructure and staffing levels will be the critical determinant in successfully scaling inclusive education practices to meet the needs of all learners.

4.9. Comprehensive synthesis of stakeholder findings

The baseline findings can be mapped directly against four priority areas established in Malawi's National Strategy on Inclusive Education 2017–2021 ([Ministry of Education, Science and Technology, 2016](#)), which provides the national policy framework.

1. On **teacher capacity**, the strategy commits to providing specialised training for SNE teachers and equipping mainstream teachers to support learners with SEND. The baseline data shows that while SNE teachers demonstrate strong instructional confidence and consistent engagement with IEP processes, 37.5% develop IEPs only sometimes rather than consistently, and supervision quality is constrained by supervisors who frequently lack specialist SNE expertise.
2. On **learner identification and assessment**, the strategy calls for systematic and standardised screening processes. The baseline shows that 63.2% of caregivers report their child has been screened, but screening approaches vary significantly in methods and frequency between schools, and one school screens only reactively. This indicates that there is a slight variation as to what the national strategy reflects vis-à-vis what has been achieved so far.

3. On **inclusive education management systems**, the strategy prioritises reliable EMIS data to guide resource allocation. The baseline shows that three of four ZEMIS zones remain paper-based, one zone reports only annually, and data quality depends almost entirely on the presence of a single specialist teacher. District-level DEMIS systems are more integrated, but are constrained by the quality of the data flowing upward to them.
4. On **multi-sectoral collaboration**, the strategy explicitly requires coordination between the education and health sectors. The baseline documents functional, if informal, collaboration in two of three districts, but a complete absence of referral or IEP collaboration in one district, and no formal inter-sectoral protocols anywhere. This represents one of the sharpest gaps between the strategy's stated commitments and current practice.

This mapping confirms that the challenges documented in this baseline are not new; they reflect persistent implementation deficits that the strategy itself identified.

5. Conclusions and recommendations

Conclusions

The baseline evaluation presents a picture of strong individual commitment to inclusive education across school, community, and district levels. Five cross-cutting conclusions emerge from the data.

1. Strong commitment and capacity at the school level. SNE teachers, school leadership, and caregivers demonstrate high levels of engagement with inclusive education. Teachers universally participate in learner screening, involve parents in every reported Individualised Education Plan (IEP) process, and report strong confidence in their instructional practice. School leaders are broadly supportive of digital adoption. District leadership uses SNE data regularly to inform resource allocation and planning. This motivational and institutional foundation is a genuine asset and reflects the keenness among stakeholders for uptake.

2. IEP development processes are established but inconsistent. IEP development is not yet a universal or standardised practice across the schools studied. A significant minority of SNE teachers develop IEPs only sometimes, rather than consistently. Where IEPs are developed, involvement of allied health professionals remains limited, with health personnel, speech therapists, and psychologists engaged by relatively few teachers. Parents and caregivers are the exception, consistently involved across all schools, but their engagement is not yet supported by routine access to written learning plans. Only around one in ten parents and caregivers received a documented copy of their child's learning plan at baseline.

3. A critical infrastructure gap separates readiness from delivery. An interesting insight that emerges in the baseline data is the relationship between organisational willingness and physical capacity. Teachers feel confident using digital devices, but do not have access to them. Device availability for resource teachers is critically low. All SNE teachers manage screening and IEP records entirely through paper-based systems. Monitoring and reporting at the zonal level is similarly paper-dependent. Across all schools, implementation teams, technical support contacts, and escalation pathways for digital tools have not yet been established. These conditions mean that motivation and technical readiness exist, but the infrastructure to act on them does not.

4. Health-education integration is partial and uneven. Health sector integration varies significantly across the districts. Referral relationships and IEP involvement are functional in two districts, while in the third, no school-initiated referrals have been made and no health worker has been involved in IEP development. Even where referral pathways exist, they are informal, verbal, and undocumented.

5. Data systems exist at the district level, however, face quality and connectivity constraints. District leadership engagement with SNE data is strong, with a majority of respondents using it regularly and rating its alignment with national policy positively. However, the data reaching the district faces a staffing shortage that constrains delivery.

Collectively, these findings suggest that while there is substantial readiness and commitment to implement digital inclusive education initiatives, sustained investment in human resources, digital infrastructure, data systems, and inter-sectoral collaboration will be essential to achieve equitable and high-quality educational outcomes for learners with SEND.

Recommendations

The baseline evaluation findings indicate that future interventions should capitalise on the existing high levels of organisational commitment and teacher readiness, while addressing the structural barriers that continue to impede the effective implementation of inclusive education.

A key priority should be strengthening the human resource base through targeted investment in the recruitment, training, and deployment of SNE teachers, particularly in districts experiencing critical staffing shortages. In addition, increased investment in digital infrastructure is required to address the shortage of technological resources by procuring and deploying of smartphones, tablets, and other digital devices, alongside improvements in internet connectivity to ensure equitable access to digital systems across all schools. These efforts should be complemented by targeted training to strengthen digital literacy and build teachers' capacity to effectively use digital tools for learner screening, IEP management, and electronic reporting.

The evaluation also underscores the need to strengthen system-level coordination and governance mechanisms to support sustainable implementation. Formal referral pathways and communication protocols should be established between the education and health sectors to facilitate coordinated identification, assessment, and support for learners

with disabilities and special educational needs, including active participation of health professionals in the development and review of IEPs. At the same time, investments should be made to improve data quality through enhanced validation, cleaning, and analysis to ensure that district and national decision-makers have access to accurate, comprehensive information for evidence-based planning and resource allocation.

Finally, the implementation of digital inclusive education initiatives should be supported by formal change management structures that clearly define institutional roles and responsibilities, establish technical support mechanisms, and provide well-defined escalation pathways for addressing implementation challenges, thereby promoting effective rollout and long-term sustainability.

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