



CONFERENCE FOR ORPHANS AND  
VULNERABLE CHILDREN UNDER  
SEVEN  
CHRISMA HOTEL  
MARCH 14, 2005

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## 1. Attendance

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## 2. OVC Conference Agenda

### Day One: Monday 14<sup>th</sup> March 2005

TIME	ACTIVITIES
08:15	<ul style="list-style-type: none"> <li>Arrival &amp; sitting of Participants</li> </ul>
08:30	<ul style="list-style-type: none"> <li>Arrival of the Minister (MSYCD)</li> </ul>
08:40	<ul style="list-style-type: none"> <li>Opening Remarks (Facilitator)</li> </ul>
08:45	<ul style="list-style-type: none"> <li>Speech by CRS (CR)</li> </ul>
09:00	<ul style="list-style-type: none"> <li>Speech by Women's Global Connection</li> </ul>
09:30 hours	<ul style="list-style-type: none"> <li>Official opening by the Minister (MSYCD)</li> </ul>
10:00	<ul style="list-style-type: none"> <li>Vote of Thanks (Dev. Dir. DOM)</li> </ul>
<b>10:30-11:00</b>	<b>Tea Break</b>
11:00 – 11:30	<ul style="list-style-type: none"> <li>Conference objectives</li> <li>Expectations</li> </ul>
11:30-12:30	Presentation1: Overview of Early Childhood Education in Zambia (Mr. J.T. Phiri) Q & A

<b>12:30-14:00</b>	<b>Lunch</b>
14:00 –15:00 hours	Presentation2: How Children Learn; Developmentally Appropriate Practices in Early Childhood Education (Prof. Lisa U. Kozluosky) Q & A
15:00-15:30	Presentation2: How Children Learn; Developmentally Appropriate Practices in Early Childhood Education (Prof. Lisa U. Kozluosky) Q & A
<b>15:30-15:45</b>	<b>Tea Break</b>
15:45-16:30	Group Discussions: Assessing gaps in Zambia
16:30	Wrap-Up

**Day Two: Tuesday 15<sup>th</sup> March 2005**

8:30-9:00	<ul style="list-style-type: none"> <li>• Housekeeping (Eugenia)</li> <li>• Recap of Day One (Facilitator)</li> </ul>
9:00-10:00	Presentation of Group Work
10:00-10:30	Grieving Process in Children (Mr. Hamwaka) Q & A
<b>10:30-11:00</b>	<b>Tea Break</b>
11:00-12:00	Presentation4: Assessment Needs; Cultural Challenges and Possibilities (Dr. Francis Boakari)
12:00-12:30	Video-
12:30-14:00	Lunch
14:00-14:15	Ice Breaker
14:15-15:15	Presentation5: Assessment of Children 0-7 Years in Zambia (Ms. B. Matafwali)
<b>15:15-15:30</b>	<b>Tea Break</b>
15:30-16:00	Group Work: Cultural Challenges in the Zambian Context
16:00-16:30	Present Group Work (Q & A)
16:30	Wrap-Up

**Day Three: Wednesday 16<sup>th</sup> March 2005**

8:30-8:45	Recap of Day Two
8:45-9:45	Presentation6: Health Promotion and Disease Prevention in Children 3-6 Years of Age (Prof. Jolynn Lowry) Q & A
9:45-10:45	Presentation7: Mother and Child Care Program; Prevention, Nutrition & Education (Ms. Dorinda Escamilla) Q & A
<b>10:45-11:15</b>	<b>Tea Break</b>
11:15-11:45	Mental Health of Children (Mrs. P. Mayeya) Q & A
11:45-12:30	Psychosocial Issues (Mrs. P. Mayeya) Q & A.
<b>12:30-14:00</b>	<b>Lunch</b>
14:00-14:15	Decoding a Diagnosis
14:15-15:15	Presentation8: Health Literacy; An Overview (Prof. Maureen Ranschhuber) Q & A
15:15-15:45	Group Work: Discuss Data Collection Tool for OVC Caregivers
<b>15:45-16:00</b>	<b>Tea Break</b>
16:00-16:30	Presentation of Group Work
16:30	Wrap-Up

**Day Four: Thursday 17<sup>th</sup> March 2005**

8:30-8:45	Recap of Day Three
8:45- 10:00	Experience Sharing (MMCI) Mrs Ruth Luhanga
10:00-10:45	Presentation9: Crossing the Boundaries: Collaboration in the 21 <sup>st</sup> Century (Dr. Dorothy Ettling) Q & A
<b>10:45-11:15</b>	<b>Tea Break</b>
11:15-12:30	<ul style="list-style-type: none"> <li>• Action Planning &amp; Conference Wrap-Up</li> <li>• Closing Remarks – Carl Henn (USAID)</li> </ul>
<b>12:30-14:00</b>	<b>Lunch</b>

### 3. Official opening of the conference

#### 3.1 Opening remarks by Juan Sheenan

The head of programming-CRS Juan Sheenan thanked all for their presence at the conference and commitment to the plight of OVC. CRS initiated the conference because of its concern for the plight of orphans and vulnerable children in Zambia estimated to be anywhere from 650,000 to 1.1 million orphans.

The need to share information, explore existing resources and identify actions that assess the issues confronting children under seven in Zambia in a collaborative spirit necessitated the conference and hence CRS took the opportunity to coordinate and participate in the Conference on Orphans and Vulnerable Children Under Seven.

He thanked government for its commitment to supporting the welfare of orphans and vulnerable children in Zambia by accepting the invitation to participate in the conference.

He recognized the contribution that RAPIDS made to the Conference by providing the assistance of Mulenga Kapwepwe with a rich background of OVC outreach from both NGO and governmental levels to be facilitator.

CRS partners with the Dioceses of Mongu, Ndola, and Solwezi for implementation of CHAMP (Community HIV AIDS Mitigation Project) OVC.

The Catholic Dioceses have a comparative advantage to addressing OVC needs because of a well-established presence within the communities they serve which enhances their understanding of some of the root causes of vulnerability within the household.

CHAMP OVC project is providing needed support to OVC, guardians, and households. CHAMP OVC focuses on providing a package of care to OVC that includes psychosocial care, educational support, and paralegal counselling. And further includes training guardians in coping skills that help them manage their grief and parenting skills so they better support the OVC in their care. CHAMP OVC also encourages economic strengthening of OVC households through micro-credit services to OVC guardians.

#### 3.2 Speech by Sr. Dorothy Ettling CCVI-Women's Global Connection

She welcomed all and thanked Catholic Relief Services (CRS) for taking the initiative to bring stakeholders together to share ideas, resources, and more; it is a sign of dedication to the people and particularly Children of Zambia and also for the opportunity accorded to Women's Global Connection to participate.

Women's Global Connection is an organization with a mission to promote the leadership and learning of women, particularly women who are economically disadvantaged. Recent governmental documents in Zambia have clearly expressed the commitment to continue addressing the needs of children and that Women's Global Connection shares that commitment.

Three factors that must be born in mind when implementing a project that is addressing the needs of children under seven are empowerment of the community, sustainability, and local ownership.

She closed her opening remarks by saying that though the Conference was the first ever to be held in Zambia it was an important step or a bridge for creating viable opportunities to work together in various ways.

#### 3.3 Speech by Minister

The Deputy Minister MYCD hon. Chilumanda thanked CRS for inviting the Government to participate in the Conference. He noted that a conference focusing on children under seven of such a magnitude has never been held in Zambia.

He stated that Children in Zambia were facing a lot of problems that Government on its own would not mitigate but would rather partner with other stakeholders and collaborate to address the several problems that the children are facing.

The Government of the republic of Zambia is in the process of finalizing and adopting the Child policy, that would provide guidance in meeting the needs of OVC.

#### 4.0 Conference Objectives

1. To deepen the understanding of the real problems children under seven face in their every day life.
2. To understand the role that families play in the development of children.
3. To identify strengths and gaps that exists in the present programs addressing issues of children under seven.
4. To recommend appropriate responses to the identified gaps.

#### 5.0 An overview of Early Childhood Care and Education in Zambia

*Presented by Mr. J. T. Phiri President of the National Guidance and Counselling Association of Zambia and Lecturer of Educational Psychology at the University of Zambia*

##### **The General Situation of Children in Zambia**

Zambia is a large country (753000 square kilometers of land) with a population of 10.2 million people, of which 48% are individuals younger than 14 years of age (USCCB, 2003). The following characterize the situation in which Zambian children find themselves:

- The child mortality rates in Zambia are high (92.38 deaths/1000 live births), but even if Zambian children survive through pre-school age, their development trajectories are typically marked by high disease burdens derived from the poor environmental conditions in which they live. Those conditions are characterized by high levels of exposure to biological, chemical and physical hazards in the environment and an often-observed lack of resources essential for human health. Under nutrition, infections, and diseases are highly prevalent amongst pre-school and school age population in Zambia, as is across most of sub-Saharan Africa.
- Nearly three-quarters of Zambian children live below the poverty line with little notable quantitative and qualitative difference between orphans/vulnerable children and others.
- Children in Zambia face economic vulnerability in large numbers. There is very little difference in economic status between orphan and non-orphan children (75% of orphan children are found in households living below the poverty line and 73% of non-orphan children are also living in house holds below the poverty line). In addition, there is little difference between children living in poverty in rural and urban areas.
- Nearly half of primary/basic school aged Zambian children are not enrolled in Primary/basic School, regardless of orphan status. Country wide, there is little difference of primary/basic school attendance rates between orphans and non-orphan children.
- Although recognizing the value of early childhood education, the Zambian Ministry of Education supports basic and high school education, and no pre-school education. The age at which most children enroll in basic schools is 7 years. If a child progresses through basic school without repetition, then the primary school age is 7 – 13, and for secondary school is 14 – 16. However, the drop-out rates in Zambian primary school is very high, the acceptance rates into secondary school are low, and the first enrolment age is very variable (UNICEF, 1999). Therefore, there is often little correspondence between the grade and the enrolled children.
- Currently in Zambia, primary education accounts for a very small portion of the total national budget (Africa Online.com, 2003). In 2000, the government of Zambia committed 1.5% of its national budget to primary education. This number indicates the degree of need experienced by Zambian schools and school children. The picture becomes even grimmer when the actual expenditure is considered.

- Given the desperate financial situation of the Zambian education system and government's non-support to pre-school education, reports of Zambian pupils' low achievement come as no surprise. Indeed, there is evidence that the Zambian pupil performance is among the lowest when compared to pupils in other African countries. The 4<sup>th</sup> grade Monitoring Learning Achievement (MLA) assessment (1999), and the 6<sup>th</sup> grade Southern Africa consortium for Monitoring Educational Quality (SACMEQ) assessment (1998) placed Zambian pupil performance at or near the bottom (Kelly and Kanyika, 2000). Specifically, of the 11 African countries that have participated in the MLA-99 assessment, only a small percentage of the Zambian children assessed met the requirements for the minimum performance level. Only 38.7% were minimally proficient in literacy (the second lowest achievement level, the lowest percentage being Mali's 15.3%) and only 19.9% were minimally proficient in numeracy (the second lowest, with the lowest percentage being Niger's 15.3%). An even smaller percentage of children performed at the desired level (7.3% and 4.4% in literacy and numeracy, respectively). Among the children from five African countries that participated in the SACMEQ study, Zambian children showed the poorest performance, with 285 of boys and 23.1% of girls performing at the minimum level and 5.6% of boys and 4.8% of girls performing at the desirable level.

### **Importance of Early Childhood Education for the Education System**

- It raises the efficiency of primary school by preparing the young child for entry, and it has been shown that children who have been exposed to early childhood education are more successful in their schooling than those who have not.
- It is an efficient preventive measure against high dropout and repetition rates. It therefore, reduces costs of the entire education system.
- It is an efficient way to fight inequalities in the education system. It allows children from poor backgrounds to enter school on more equal terms with others.

### **Zambia's policy on Early Childhood Education**

#### **Policy**

1. The Ministry of Education acknowledges the important role of early childhood education in the multi-dimensional development of young children.
2. Within the constraints of available resources the ministry will encourage and facilitate the establishment of pre-school programmes that would reach out to all children, especially to those living in rural and poor urban areas.
3. The provision and funding of early childhood and pre-school education will be the responsibility of councils, local communities, non-governmental organizations, private individuals and families.

#### **Strategies**

1. The Ministry will provide professional services to pre-school education by:
  - Training teachers for pre-schools
  - Developing curriculum materials for use in preschools, and
  - Monitoring standards at preschools.
2. The ministry will collaborate with providers, partner ministries and others to develop policy guidelines for pre-school and early childhood education (Ministry of Education, 1996).

### **The Present Situation**

- A. Zambia does not offer state early childhood education but prefers to rely upon councils, local communities, non-governmental organizations, private individuals and families. What this means is that:
  1. Not all children are prepared for entry into basic school and many are therefore, less successful in their schooling. Many children are disadvantaged especially those living in rural and poor urban-areas.
  2. Early childhood education is not an integral part of basic education and which represents the first and essential step toward achieving the goal of Education for All.
  3. The lack of preparation contributes to the high dropout and repetition rates in the school system.
  4. Inequalities in the education system are being promoted since children from poor backgrounds enter school on unequal terms with a few privileged ones.

- B. The Ministry of Education trains pre-school teachers at two of its pre-service colleges and so do many private pre-school colleges with varied curricula.
- C. The Ministry of Education inspection of the few pre-schools is not carried out in all institutions to help overcome the disparity in the quality of provision, which exists throughout the country.
- D. Parents and others pressurize early childhood institutions into offering children too many “desk top” activities, particularly in relation to reading and writing. There is a danger that some children are placed in a “subject-based” learning mould before they attain the statutory age of seven because of pressure from parents.

## **Conclusion**

It is perhaps in this area of early childhood education that government and its cooperating partners have failed the Zambian child most. An obligation to provide an education should not wait for that child to become vulnerable.

A strong advocacy organization is needed in Zambia, which will fight for the rights of children and keep children’s issues in the forefront of the government and the general population. Education for children must have first call on resources.

## **5.1 Discussion**

- The government does not offer State Early Childhood Education but prefers to rely upon councils, local communities, NGOs, private individuals and families.

## **6.0 ZPA Presentation on: Challenges Facing Early Childhood Care Provision in Zambia, by Cynthia Musoma**

### **About ZPA**

Zambia Pre-School Association started as *Lusaka Pre-School Association* in 1970 with a view of networking with the then welfare centres under the Lusaka District Council, and a handful of private nursery schools. Zambia Pre-School Association is a non-governmental organization founded in 1972.

### **ZPA Program Focus 1972 -2000**

- Focused on Pre-school Teacher Training Provision
- Focused on regulating standards of pre-schools in terms of:
  - a) Ensuring that only certified pre-school teachers were teaching (with MoE)
  - b) Environments in which pre-school learning took place were conducive (with Local Government and Housing)

### **ZPA Program Focus 2000-2005**

- Focus on the holistic needs of the child 0-8 years old
- Focus on parental and communal participation in early childhood care and development
- Focus on dissemination of information relating to early childhood care and development
- Promoting the development of Early Childhood Learning aids from local available resources.

### **Major Achievements**

- Inclusion of Early Childhood Care Component in Pre-school teacher’s training
- Introduction of an In-service Care-Givers parenting course
- Examining and Certification of Early Childhood Training courses in 6 provinces (Copper-belt, Lusaka, Southern, Northern, Eastern and Central Provinces)

### **Opportunities**

- ZPA has a wider coverage at National Level in-terms of membership affiliation and Geographical Coverage.
- ZPA activities have been recognized and appreciated by Government through MoE, MLGH, MCDSS and MYSCD.
- ZPA core business focuses on the Child 0-8 years and thus has been instrumental in coordinating stakeholders meetings.

- ZPA has many partners in IECD provision and thus has access to a wider information base.

## Challenges

1. ZPA is an Association, and has no legal mandate to enforce standards and practices in the area of Early Childhood provision.
2. ZPA, like many other organizations, operates in the absence of a National Early Childhood policy.
3. ZPA has no standard syllabus for Early Childhood Care and Development.
4. ZPA has no standard parenting manual that is inclusive & responsive to the needs of Children.
5. There is no holistic approach to IECD programming at national level, and until 2005, there was no home for IECD (Now Gazetted under MoE).

## Conclusion

Early childhood programs can yield rich benefits to children, not only individually and immediately, but also socially and economically over a lifetime in terms of the child's ability to contribute to family, community, and the nation.

## 6.1 Discussion

- The participants felt that there was need for the Ministry of Education to source funds to upgrade preschool institutions.
- They took note that there is no representation at higher government level for children under seven.
- Preschool teaching has been left to private institutions thus trained preschool teachers do not apply the knowledge they acquire due to the fact there are no government established infrastructures to provide free early childhood education like the Free Basic Education. (FBE).
- Preschool syllabus is outdated it was last revised in 1970.
- It was felt that there was need to translate the syllabus into local languages as this would help make the syllabus fit well into the Zambian situation. However, other participants were of the view that English is a common language and materials are most available in English thus for the time being we may have to continue with what is available. It was noted at this point that there is need to encourage more Zambians to write books so that Children may learn through their local languages.
- There is a shortage of preschool teachers in the rural areas as compared to urban areas due to availability of social amenities in urban areas.

## 6.2 Question & Answer and contribution Session

1. Mrs. Ruth Luhanga expressed concern on the syllabus as it was last updated in 1970 saying this made the syllabus out of date and therefore creating problems from the onset. Responding to this concern Mrs. Simfukwe from Curriculum Development Centre (CDC) highlighted that the MOE and CDC have the responsibility of revising the preschool education syllabus. MOE has a limitation because previously early childhood development was under the Ministry of local government and housing. It was only moved last year. However, CDC & MOE have financial problems. Now CDC is conducting a baseline survey where they were incorporating communities to contribute to revise the curriculum by giving/ making submissions. They have also asked other GRZ stakeholders, NGOs and Preschools to make submissions. They are using questionnaires, which are being administered to parents, teachers, and School administrators. In each province, they are sampling or targeting four districts.
2. Mr. John Kamanga from Lusaka City Council expressed concern that anybody trying to train, as a preschool teacher needs to know English as most ECD materials were in English and had not yet been translated, i.e. psychology documents. Sr. Dans from Bauleni responded by saying that English was a common language and would do for the time being.
3. Florence Silumpwa of Teacher's training college from Livingstone expected the conference to produce a book to be submitted to the government to inform them of the Gap in early childhood development.

4. Yaoma Mwale highlighted that at the national level, the government has not introduced free preschool education and this was a policy issue. The conference should try to persuade government to offer free preschool education in Zambia like it is with free basic education (FBE).
5. Mr. Nguluwe from the Ministry of Health expressed regret that in rural areas they have a problem of retaining workers and would like government to think of how they will sort out this problem to potential preschool teachers to be posted in the rural areas.
6. Mrs. Malambo wondered if ZPA as a result of not having any affiliation to a legal mandate made them have any authority to punish preschools that were not adhering to standards of practice. Mrs. Musoma, replied that church run nursery for instance when they do not meet our standards all we do is to bare with them and just assist them with their deficiency.

## 7.0 Presentation by Lisa Kozlousky on Preschool education in the Unites states, *Women's Global Connection*

Children when they start to learn, learn through patterns and forming associations or similarities between objects presented to them. In the US preschools have National and state standards. They also have different environments, some children learn from home environments, private, child care centers, church based centers, head starts, and through early childhood programs in the public school.

### Principles that guide early childhood development

- Based on History
- Theory – in 1996, the brain development of young children
- Individual children
- Preparing environments
- Curriculum (different kinds of activities)
- Interacting with children-treat them with respect (relationships are a prime component for child development)
- Families and communities-they ask parents to help out, by giving talks about what they do for a living and at home

### Characteristics of children who are ready to learn

- Health→ a healthy child is ready to learn
- Social and emotional development→ interacts with others
- Approaches to learning→ having a curiosity about the world (how do things work)

### Important roles of early childhood education

- Educate (professional development is not a one time thing)
- Plan- it helps preschool teachers determine the speed and level of education to impart on children at different levels
- Guide- project approach
- Up to date on teaching strategies and children's learning and development- being able to detect disability and managing it

### Developmentally appropriate practices

Things to consider or take into account:

- Age appropriateness
- Individual appropriateness
- Cultural and linguistic appropriateness

## Curriculum syllabus

Should provide for all areas of a child's development; physical, emotional, social, linguistic, aesthetic and cognitive. Curriculum includes a broad range of content across disciplines that is socially relevant, intellectually engaging and personally meaningful to children i.e. rural and urban setting respectively. Curriculum should build upon what children already know and are able to do. You have to get to know your pupils and this is by asking their parents.

Curriculum plans help children make meaningful connections with traditional subject matter activities. Curriculum promotes the development of knowledge and understanding, processes and skills, as well as how to use and apply them later. Developing a curriculum reflects the key concepts and tools of inquiry of recognized disciplines in ways that are accessible and achievable for young children. Curriculum also provides opportunities to support children's home culture and language while developing all children's abilities to participate in the shared culture. Lastly curriculum goals should be realistic and attainable for most children in the designated age range for which they are in.

### 7.1 Question & Answer Session

1. Mr. Hamwaka from MOE stated that the presentation has highlighted the issue of governance, how do we involve our Zambian government on this issue? Lisa responded by pointing out that the issue of advocacy takes time and in Zambia, we have to turn to our professional bodies. Children have no voice so within professional bodies we need to ask people with authority to deliver.
2. Hilda Kateka from ZOCS asked what the attributes of a preschool teacher were in the USA? Lisa pointed out that they were: love for children and a desire to be around children.
3. One participant asked Lisa if they had a legal body in the US that mandates national guidelines and set standards? Lisa responded by pointing out that they did a lot of advocacy.
4. One preschool teacher wanted to find out how they guided children in the US in terms of obedience? Lisa responded that personally as a preschool teacher she used positive reinforcements and giving children small choices to make and reducing their limitations. Mrs. Musoma asked Lisa if they had common standards that they used in the US? Lisa responded by saying that they have standards that are set by each state and so they varied greatly from state to state.

### 8.0 Group Discussions on Assessing gaps in Zambia

Participants formed groups to consider the questions below and present.

Identify gaps that you see in Zambia in the area of Early Childhood Development.

General

- a. Lack of government commitment to promote Early Childhood Development (ECD).
- b. Clear policy in ECD by government is missing.
- c. Free preschool education like FBE is not available.
- d. Rural/ urban imbalance in areas of conditions of service and amenities in Preschool education teachers and other service providers.

### Group presentations

#### Group 1

1. In Zambia, we lack a strong networking body for ECD providers and efforts are fragmented. There is no affiliation body and coordination is poor.
2. No reinforcement of/by Government. i.e. ZPA does not have the legal arm to reinforce the law, they can only recommend. Mechanisms are there but they need to reinforce them. Reinforcement mechanisms for instance is when people are not qualified and MOE is supposed to move in and say if you want to teach preschool you need the following qualifications.

3. Lack of clear comprehensive policy on ECD. If we had a comprehensive policy, the government would be held responsible and accountable. If it were in place parliament would have commitment to even lobby to other INGOs and donors. A policy would show coordination, roles, responsibilities, M&E issues, governance, advocacy, etc.
4. We need a revised curriculum with the current development issues, the old one does not take into account teaching or incorporating PSS issues.
5. No capacity within government to meet the challenges and this goes to other partners as well i.e. only two people at the Curriculum development centre level are specialized in early childhood development.

### **Group 2**

1. Informing the community about the importance of ECD- there is no proper sensitization on ECD.
2. Government's lack of commitment.

### **Group 3**

1. Very few experts trained in preschool education.
2. MOE and MOH not coordinating accordingly. These two ministries should be interlinked; there is no coordination between ministries to ensure a holistic approach.

### **Group 4**

1. CRC has not been finalized and included in the bill of rights it makes it very difficult to make demands on government as most policies on children are in draft form.
2. Moving ECD from Local government to MOE is still a challenge as most roles and resources are still with local government.

## **9.0 Wrap-Up of Day one activities**

### **What we have learnt from day 1**

- The scenario of ECD in Zambia today.
- The gaps that have been identified.
- The aspect of involving parents in ECD planning.
- The conference has shown us that society is changing in terms of trying to address ECD issues.
- The importance of using advocacy to address ECD.

## **Day Two**

### **10.0 Grief process for under-seven children by Kenneth Hamwaka, Principal Education Officer Ministry of Education**

#### **Introduction**

Grief is an intense response to loss, of which mourning is but one stage. Grief affects everyone, from the very youngest to the very oldest, in a remarkably similar way, although its expression may vary.

The process of grieving has been likened to a journey, with identifiable stages and stresses, although the sequence varies with each individual and their situation.

Grieving follows no set timetable. Within a continuing everyday life, elements of loss co-exist with elements of restoration in changing configurations: grief doesn't go away.

Any bereavement can result in a lowering of self-esteem that, according to how the grief is managed, can be temporary or permanent.

Often the bereavement of young people is not recognized as such, but is belittled, dismissed or made into a problem.

## **Causes of grief are as follows:**

- 1) Illness and subsequent death of a parent or colleague.
- 2) Divorce by parents/guardians.
- 3) Moving from one place to another on transfer.
- 4) Break-up of a relationship.
- 5) Prolonged absence of parents.
- 6) First experience of a disability.

## **The Effects of Grief in children**

- 1) This is a feeling of being lost, as if in a strange place,
- 2) Feeling abandoned,
- 3) Looking for a person who has left or died,
- 4) Being scared,
- 5) Others may suffer from loss of memory and concentration,
- 6) Loss of sense of self or loss of self-esteem,
- 7) Physical changes such as appearances.

## **Manifestation of grief**

- Isolation, anger, appearing depressed,
- Anxiety, which is expressed as anger or expressed in fear.

## **Stages of Grieving**

### **a) Shock/denial**

Typical feelings are numbness, doubting the death or loss, feeling cut off, or feeling lost. This may cause the child to remain silent, turning away from other people and so on. At this stage, the individual will express him/herself with expressions like: where is mum? Why are all these people here? Bring her back to me, am hungry. I will report you to mum. I don't care mum will do it for me.

\* Take it easy. Control the child. Make sure the child is safe.

### **b) Anger**

The individual may also experience the following: Feelings of betrayal, helplessness, anger with survivors, comforters elders. The immediate reactions will be cursing, blaming society as weak and uncaring, losing temper, tears, violence, and asking 'Why?' The child may react by asking those who were close to the late parent, "why did you have to go away?"

### **c) Guilt**

Typical feelings are of being to blame, being 'bad', having let someone down, having left something unsaid. The reactions would be, nightmares, illness, expressing self-pity to others.

### **d) Bargaining/searching**

Period of uncontrolled questioning of elders, self-questioning, or extra self-control and also expressions such as I wanted him/her to come back but I knew I can't.

### **e) Depression**

Loss and bereavement may also result into one going into a depression. This excessive anxiety and fear are manifested in several ways. Typical feelings of depression are emptiness, powerlessness, pain, and tiredness. Wanting to go to school or meet friends and doing a lot of voluntary work.

## **f) Acceptance/resolution**

At times, the individual may reach the stage of acceptance/resolution. The reactions would be easier talking with friends, discovering time can be a 'friend', recovering desire for what happens next. This is manifested by child walking in front, participating in class and clubs and narration of stories about general life.

### **Current scenario**

- Parents/Guardians do not understand the grief process, change management, behavioural change.
- There is no community partnership in resolving child problems. The extended family system is dead.
- The Pre school educational system has weak psychosocial training for children.
- Government Ministries and NGO s are working in isolation.

The Parents should intervene when they notice excess grieving by their children. S/he should:

- Encourage the child to speak,
- Provide opportunities for play – with favourite games or friends;
- Provide space and time for the children to express grief and accept the bereavement, though hard as it may be;
- Orient other parents in active listening skills to the learner's thoughts and feelings about the grief;
- Ensure that the other parents and guardians understand that the grieving stages are a normal phenomenon in life and should therefore progress from one stage to another;
- The traditional beliefs that negatively impact on children need to be discussed openly.

Pre schools need to spare time for pupils to play and relax.

### **Points to note**

- A grieving child can smile tomorrow and bring joy to others.
  - We all have hard moments. Even monkeys fall from trees but get back to the branches.
  - We are what we are today because of the help we received from others yesterday.
  - CRS has taken its mile; we have a task to take the remaining ones.
- Who knows what will happen to our children when we are gone. Such programmes may be to our advantage.

11.0 Cultural challenges and possibilities in needs assessment. *By Prof. Francis Musa Boakari, Ph.D.Dreeben School of Education Univ. Of the Incarnate Word – San Antonio, TX.*

## **Basic considerations**

### **Culture**

- Cultural Lenses – how do we look at the world?
- Are they related to needs?
- What is it to assess needs?

### **Culture – cultural lenses – needs - assessment**

#### ***Needs Assessment: Basic Considerations***

##### **Western cultural lens at work:**

- Professionals & community same lens
- General discussion - improve living conditions
- Intervention is defined – priorities set
- Necessary resources & sources defined
- Responsibilities of stakeholders divided
- Intervention
- Project evaluators

## Needs assessment: Dissimilar cultures

Even if there were agreement about the need for some intervention, many questions would still remain ... such as: - Who defines *what?* - *when?* - *how?* - *why?*

## Children under seven: Society's future??

- Responsibilities of professionals:
- Cultural knowledge – know the people
- Cultural desire – really wanting to be with them
- Cultural encounters – meet them directly ... = Cultural awareness – respectful of them
- Cultural skill – interact adequately
- Cultural check-list – performance level ...

## Cultural Competence process ...

- Need for cultural interpreters ...
- Who are possible cultural interpreters?
- Bridge builders between peoples/interests
- Good listeners to all stakeholders
- Objective and critical analysts
- H U M B L E – believe in dialogue ...

## Most urgent needs

- As Africans, we need to **Africanize** the way we look at, think about, discuss, and act concerning our Children under Seven...the real bridges between poverty and change.
- Above all, we have to **Zambianize** the Issues involved because only when we do so, can we hope to come up with those solutions that can truly be most effective for Zambia – today and tomorrow.

12.0 Assessment of Children In Zambia *Presented by Beatrice Matafwali, University of Zambia.*

## Definition And Purpose Of Assessment

### 12.1.1 Definition

Assessment is the systematic process of gathering educationally relevant information to make critical decisions about the child (McLoughlin and Lewis, 1986).

#### The purpose of assessment is: -

- To establish the child's intellectual, academic, sensory, language, motor and social skills.
- To ascertaining the presence of a learning disability in the child.
- Determining eligibility for special education.
- Programme planning.
- Programme evaluation.

## Types of Assessment

### 1. Formal Assessment

These are standardized and structured assessment procedures with specific guidelines for administration, scoring and interpretation of results. They are also norm referenced.

## **2. Informal Assessment**

These are less structured and usually involve: informal observation of classroom behaviour.  
The use of checklist and rating scales;

### **Assessment Process**

There are six sequential stages, namely

1. Child find/ case finding
2. Developmental Screening
3. Diagnosis
4. Programme planning
5. Programme monitoring
6. Programme evaluation

### **Referral System in Zambia**

#### **Child find/ Case finding**

These are attempts to locate children who might need assessment.

Children are identified by: hospital, school, childcare providers and parents.

Assessment is done at the University of Zambia Assessment Centre and UTH speech and hearing centre.

The child is then referred for school placement at the Ministry of Education (Inspectorate of Special Education)

#### **Challenges**

- a) Assessment of children is relatively a new trend in Zambia. Assessment was in the past tied to educational selection and sometimes employment (Serpell, Mariga, & Harvey, 1993).
- b) Some parents do not know that services are available for young children. Some parents may not realize that their child has a developmental problem the family may deny that a problem exists because of strong cultural beliefs and traditions.
- c) Limited access to assessment facilities;  
There are limited assessment centres in the country. Currently, very few children have access to assessment services due to distance and economic pressure.
- d) Lack of standardised tools for children. Most of the tools available were developed for children in western countries. These are relatively sensitive to language and cultural influences.
- e) Lack of normative data. This makes it difficult to differentiate normal development from atypical development.

#### **Summary of current situation**

There is an increase in demand for developmental assessment of children.

- Parents are becoming aware of the importance of early identification.
- Public attention to the tremendous potential of early intervention.
- Need for school placement.

#### **The way forward**

- Building community awareness through public agencies and organizations especially in rural areas.
- Setting up a system for referrals at district level.
- Setting up more assessment centres around the country.
- An effort should be made to standardize most of the assessment tools to include the Zambian norms.

## Day Three

### 13.0 Health Promotion and Disease Prevention in Children 3-6 Years of Age

Jolynn Lowry, MSN, APRN, BC-Faculty, University of the Incarnate Word

#### Definition:

Traditionally, Health is the absence of disease

World Health Organization, 1947-A state of complete physical, mental, and social well being, not merely the absence of disease or infirmity

Holistic Health: Interrelatedness of physical, mental, emotional, social, and spiritual dimensions

Places health in context of environment in which a person lives. Productive and creative living

Goal---positive wellness

#### Achieving Holistic Health

- Take responsibility for one's own health
- Establish attitudes and behaviours that promote positive wellness
- Adopt living habits that prevent illness
- Become a knowledgeable health consumer
- Health Promotion

**Health promotion** is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health.

Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change. (American Journal of Health Promotion)

#### Health Promotion Strategies

- a) Passive
- b) Participant inactive
- c) Public health/community efforts
- d) Directly involved in health promotion strategies
- e) Disease Prevention

#### Behaviours that defend an individual or group against a specific illness or injury.

1. Primary Prevention
2. Decrease vulnerability of individual or group to disease or dysfunction
3. Improve and maintain health
4. Secondary Prevention
5. Screening
6. Identify disease early
7. Treatment early in disease
8. Limit disability
9. Prevent consequences
10. National Pre-School Goals by Zambian Ministry of Education
  - a) To provide environment and opportunities which can aid the development of communicative skills.
  - b) To develop mental ability through creativity and discoveries.
  - c) To assist the child's physical development.

- d) Zambian Pre-School Goals.
- e) To promote the child's social attitude, correct values and attitudes, patriotism and culture.
- f) To develop and provide for the child's emotional aspects.
- g) To encourage the development of good morals and spiritual attitude.
- h) To identify any of the child's handicaps and arrangement for remedial or corrective measures.

### **Areas for Assessment, Screening, and Education**

- o Health Maintenance Issues
- o Developmental Issues
- o Family / Community Issues
- o Health Maintenance
- o Screening
- o Safety
- o Health Management
- o Nutritional Patterns
- o Developmental
- o Elimination
- o Activity-exercise
- o Sleep-rest
- o Cognitive-perceptual
- o Self-perception/concept
- o Sexuality/reproductive
- o Family/Community
- o Role-relationship
- o Coping-stress tolerance
- o Value-belief

### **14.0 The Mental Health of Children** *by Petronella Mayeya- Psychologist, Programme Consultant for Zambia-Save the Children Sweden*

#### **Introduction**

Each phase of life has distinctive modes of mental organisation that shape the way a child experiences and understands what he or she is feeling and going through. In order to understand a child's response to any situation, including a stressful one, and how he or she copes during the next months and years, there is need to appreciate these general psychological issues as well as the specific features of the child's inner and outer life:

**a) Age:** It is very difficult to understand a child's behaviour especially a very young child who uses signs to send messages to adults. However, it is still the responsibility of adults to learn the meanings of these signs so that they do not miss out what the child is trying to communicate to them. On the other hand children older than 2 years may verbally express themselves more clearly.

**b) Sex:** At different stages of their development, male or female children tend to do things that may not be approved of by parents or guardians. For instance at the age of about 2years a boy becomes too fond of his father and even resents the mother for some time. By the time he reaches 3- 4 years the same boy will gradually become resentful of his once favourite father and shift his attention to the mother to the point of even showing jealousy whenever his father comes near her. Similar situation happens to girls and their mothers. It is important to recognize these changes in a child's attachment behaviour because it will help us to understand why children may not talk openly with certain adults during these important stages of their development.

On the other hand, a child who has suffered abuse at the hands of a male parent may not open up easily to other male parents as well.

- i. **Biases:** It is very easy to injure a child's feelings. Children whose feelings have been injured often form or draw their own conclusions about people and situations.
- ii. **Dressing:** A child's imagination is usually influenced by the adult's ways of doing things including their dressing. An adult's casual dress usually makes a child to feel relaxed. On the other hand, any immaculately dressed adult creates an impression of authority and may make the child feel intimidated.
- iii. **Language/vocabulary:** Children express their needs using simple concepts. These concepts are so special to a child who is still fascinated with issues of life. They may communicate with others through play activities, using toys, songs and through gestures. Understanding a child's language has so many benefits to both the child and adults alike. Occasional use of this language to communicate with the child makes him/her to feel understood.
- iv. **Beliefs:** Children also have their own beliefs about life. These beliefs must be explored in order to understand how these influence their character and perceptions about life.
- v. **Maturity:** The mental age of a child determines how well the child can communicate his/her concerns to others. It is important to note that some children mature earlier than others.
- vi. **Perceptions:** A child who regards an adult highly will most likely feel delighted to share his/her concerns with that person. However, as long as a child regards the adult negatively, he/she may not take the adult seriously.

The above statements may be summarised as follows:

### **Children learn through**

Hearing and seeing:

- i. A child who lives with criticism, learns to condemn
- ii. A child who lives with hostility, learns to fight
- iii. A child who lives with ridicule, learns to be shy
- iv. A child who lives with shame, learns to feel guilty
- v. A child who lives with tolerance, learns to be patient
- vi. A child who lives with encouragement, learns to be confident
- vii. A child who lives with praise, learns to appreciate
- viii. A child who lives with fairness, learns about justice
- ix. A child who lives with security, learns to have faith
- x. A child who lives with approval, learns to like himself
- xi. A child who lives with acceptance and friendship, learns to find love

### **Challenges issues in child care.**

We can see from the above scenario that a lot is going on from the time a child is born. There are a lot of issues that arise and cause children to react, which make it rather challenging to raise and care for children. Some of these challenging behaviours include:

- a) Crying unnecessarily
- b) Temper tantrums
- c) Telling lies
- d) Stealing
- e) Running away from home
- f) Insulting
- g) Prostitution
- h) Streetism

The challenging behaviour which will be portrayed will depend upon the age and vulnerability of the child, meaning children will react differently to situations even when they are the same age, and parents need to treat each child differently according to the particular child's special emotional requirements.

## **Grief and Mourning in children**

Some changes that occur in children because of a parent's death remain probably for life. However, subsequent events (positive or negative) will have a bearing on how the child copes and gets on with life.

Each stressful event may affect a child's self-esteem or self-confidence, which in turn shapes the child's perception of or response to subsequent events.

The strength of the reaction is probably dependent on the child's temperament, previous life experiences, and the quality of the support the child is getting.

### **Example**

The following is an example of how children of different ages – in this case up to 9 years since our focus here is on the age group 0 to 7 years – react to the death of a parent.

When a child's parent dies, in addition to losing the presence of the person, the child also loses all the roles and functions, which the parents performed in the child's life. The death of parent occurs long before the child is ready to live without him/her. Loss of parents makes a child different from others of his/her age; it makes it difficult to do things, which are normal for that age, and interferes at every level with the business of being young and growing up. The consequences are more than doubled when both parents die.

### **Can Children Mourn?**

Most professionals agree that the ability to grieve is acquired in childhood. Although there are debates about the actual age at which children acquire the capacity to grieve, suggested ages vary from 6 months to adolescence. However, children much younger than this, while they may not have the capacity to understand what death is all about, still display strong emotional and behavioural reactions to the loss of a loved one especially a parent.

## **Grief reactions at different ages**

### **a) Infancy**

The child has no understanding of death but reacts:

Fears of separation – infants are mostly disturbed by a loss of physical/loving presence of parents.

Parents' emotions – infants are very in tune with parents and are sensitive to their anxiety level.

#### **Behaviours:**

- Crankiness
- Crying
- Slight skin rash
- Clinging

### **What helps?**

- The focus is on creating an environment, which minimises his/her distress.
- Encourage remaining caregivers to talk about feelings with his/her available supports – professional/personal.
- Let social support systems assist with household.
- Provide much loving, patting, holding to the infant.
- Keep the infant's routine consistent.

### **b) Pre-school: 2<sup>1/2</sup> - 5 years**

- **Children's understanding:** Death is not seen as permanent, may be confused with sleeping, may be confused with punishment for some wrongdoing may be seen as violent and caused by themselves, the child may think he/she can catch the same thing, i.e. the illness that killed the parent, the child may think that dead people live underground.

- **Behaviours:** Bed-wetting, thumb sucking, Baby talk, Fear of the dark, Separation anxiety at bedtime or attending pre-school.

### **What helps?**

- Prepare them for change in routine, i.e. funeral arrangement, parents/family grieving, how things might look/how they will happen.
- Encourage everyone in contact with the child to use the term dead/death.
- Respond to security needs, “who will take care of me?” Reassure regarding routines, activities, and schedules.
- Do not use mixed messages, i.e. Passed away, Sleeping – ‘Wake him/her up’, Taken from us - ‘get him/her back’, Resting, Taken and lost to us – ‘why don’t we find him/her?’, ‘X’ is sleeping in the arms of God – a sure way of increasing sleep disturbances, ‘X’ has gone to heaven – ‘Can I phone him/her?’, ‘Ben’ was so good, God wanted him/her to go and live with him – (being bad is a good way to stay alive).
- **Do:**
  - Keep explanations short, simple, truthful.
  - Be prepared to repeat often, e.g. Ben was very ill, Doctors could not make him better although they tried everything they knew, Ben’s body doesn’t work any more, Being dead does hurt.

### **c) 5 –9 Years**

The child considers death as possible only for others.

Death is irreversible: when you are dead, you are dead.

Death is unavoidable and universal.

### **Behaviours**

- Unwillingness to express their feelings
- Keep thoughts about the death to themselves
- Suppress their feelings, particularly boys; “big boys don’t cry”
- Becomes occupied with the justice and injustice of events, “bad things happen to good people.”

### **What Helps?**

The same as for pre-school but in addition:

- Provide detailed information about the different aspects of the event.
- Encourage the expression of feelings – enlist modelling from male family members.

### **COPING**

Is defined as ‘cognitive and behavioural efforts to master specific demands that are noted as exceeding the usual capabilities or resources of a person’.

A profile of a child “coping well” taken from some studies shows that children who cope well:

- Had a good feeling about themselves
- Looked positively at themselves and their work
- Had healthy interpersonal relations
- Had realistic evaluations about life
- Were able to integrate more or less their thinking, feeling and acting
- Were able to translate ideas into action
- Were effective communicators
- Were able to tolerate frustrations
- Were able to delay satisfactions
- Asked for help when they needed it
- Used self comforting devices

Research has pointed out that for children to be able to ‘cope well’ they need a lot of meaningful support. They need people and an environment sensitive to their needs. In the studies done, families and communities that create good coping facilities had the following profile.

- a) Children feel accepted and beloved

- b) A safe and facilitating environment
- c) The environment allows children to be active or inactive to let off steam and to discharge tension
- d) The environment supports children in their efforts to draw upon inner resources, to reach self generated conclusions and to take care of themselves
- e) The environment is sensitive and receptive of the children's feelings and experiences
- f) The environment supports children to be self-reliant
- g) The environment is gender sensitive

As individuals who are concerned about cushioning children against trauma (long lasting negative feelings and behaviour) and ensuring that they go back to normal, it is necessary to equip ourselves with observation and assessment techniques so that we know which children are less likely to cope well as a result of internal (concerning self) and external (concerning the environment) factors. We can therefore give meaningful intervention when it is required.

Some of the highlights under psychosocial issues would be helpful.

15.0 PSYCHO-SOCIAL ISSUES- *Petronella Mayeya Psychologist, Programme Consultant for Zambia-Save the Children Sweden*

### **Introduction to Psycho-Social Support**

Understanding and knowing the special needs of children is fundamental for one to fully appreciate the meaning and value of psychosocial support.

#### **Definition:**

Psychosocial support can therefore be defined as 'support that goes beyond catering to the physical or material needs of a child but emphasizes on the emotional and social well being of the person which have a bearing on one's psychological health.

It is an on-going process of meeting the positive aspects of the child's emotional, social, mental, physical and spiritual needs, which are considered essential elements for the child's meaningful development

#### **Some of these needs include:**

- **Physical Needs:** Food and Nutrition, Shelter, Clothing, Clean water and sanitation (clean environment), Health facilities,
- **Social Needs:** Protection, Security, Health, Play and Recreation, Education,
- **Emotional Needs:** Guidance/counselling, Love and affection, Care, Sense of belonging, Identity,
- **Spiritual Need:** Spiritual guidance, Freedom to worship.

Psychosocial support is support that is fundamentally concerned with issues of motivation and social energy. This essentially means that:

- a) Providing physical or material support in the form of clothes, food, shelter, and money is not enough if the emotional and psychological well being as well as the social setting in which a child lives in is unhealthy.
- b) Mere provision of material, and knowledge on processing the material is inadequate and will not yield the required results unless the motivation and emotional intelligence are considered.
- c) People and community involvement is paramount. Every member of the community has the ability to offer psychosocial support to the vulnerable children, from the high ranking, rich and well-to-do individuals right down to the poor and unemployed members of society.

*NB: When dealing with issues of love, security, guidance, provision of identity, care, listening, etc, there is no expert or level of competency required. Rather, if you have the "eyes to see, the ears to listen to a child's problem, the mouth to speak words of comfort and wisdom, the heart to feel and understand the plight of children and the time to visit and share," then you are the expert needed to provide psychosocial support.*

Any support that lacks the above components is not holistic support and is unlikely to yield desired results, which are:

- a) To reach out to the child in difficult circumstances helping him or her to deal with negative feelings of anger, self-pity, hopelessness, suicide, etc,
- b) Help him or her acquire the DRIVE to move on with life and become a productive member of society.

## **The Family Environment**

*“Family environment has a lot to do with a child’s response to a traumatic event and the readjustment”*

The HIV disease has challenged the traditional view that the family is solely determined by blood relationships. Other authors have described the family as, a social system comprising individuals who by birth, adoption, marriage or declared commitment share deep, personal connections and are mutually entitled to receive - and provide support - especially in times of need. In Africa, the disruption of the traditional family relationships because of HIV/AIDS related illnesses might require new affiliations outside the traditional family structure. Relationships between friends have sometimes been stronger than those between relatives.

Experience shows that children develop better socially, mentally, and emotionally in a family environment in familiar surroundings. As far as possible, children should stay together with their siblings in their own community, where they can relate to adults and other children who share a similar background, culture and traditions.

Traditionally children were absorbed by the extended family network as a resource, being fostered by grandparents or other members of the family; unfortunately over time, financial resources are severely strained. In some cases, children are left to look after each other with the oldest taking up the role of heading the household.

All the same, it is important that children feel that they are part of the community. Relatives, neighbours, teachers and other community members all have a role to play in providing children with a caring environment and in providing support to caregivers.

Safety nets and alternative models are required when the extended family cannot cope or refuses to care for children. In some settings, fostering and adoption may be feasible options when the extended family cannot care for children. However, care is needed to assess potential foster and adoptive families, to prevent exploitation and abuse, and systems must be in place for regular follow up. This approach is best undertaken in collaboration with agencies that have expertise and experience with fostering and adoption.

Institutional care is the least appropriate model of care, and can lead to longer-term developmental problems.

Children in orphanages and residential homes, for example:

- Lose contact with their extended families and communities
- Miss out on opportunities to develop meaningful relationships with adults. This leads to poor learning of social and practical skills.
  - Develop a poor sense of identity and culture
  - Have poor social support networks beyond the institution

In any case, institutional care has proved to be much more expensive than other types of care.

Institutional care should only be a last resort when there are no other alternatives or a temporary measure while fostering, adoption or other arrangements are being made or while attempts are being made to locate relatives.

Community support must be community led, relevant, use available human resources, and be sustainable. Strategies that support communities to plan for and monitor the care of children – in collaboration with local authorities, social and health services, schools, and private and religious organisations – should therefore be encouraged.

Therefore, when discussing psychosocial interventions, parents and guardians should be involved in the planning and response process. Specific interventions need to be developed to address the needs of parents and guardians.

Good communication is one way of generating common understanding amongst the children, affected households and service providers. There is need to mainstream communication mechanisms in the design of OVC programmes. These strategies should encompass culturally accepted communication channels to facilitate positive behaviour change.

Finally, Interventions should include issues related to children's emotional development and aspects of handling loss and grief for both children and adults and assisting the adults to know how to deal with the experience of loss and grief in children.

### **Key Messages**

1. Traditionally, children belong to the extended family. This practice needs to be supported and encouraged so that children who lose their real parents are still able to maintain a relationship with siblings and caring members of the extended family.
2. Children should be raised knowing who their other relatives are. Encourage spontaneous visits to and from extended family members, as well as participating in family gatherings and events. This will lessen the feeling of absolute loss when a parent dies.
3. Children need more than material support – clothing, food, shelter, and education – for their growth and development. They need to love and be loved, to care and be cared for, to feel accepted and valued as individuals, and to feel a sense of belonging.
4. Children who know about their parent's illness and approaching death can begin to prepare themselves. This preparation is part of the grieving process, and having time to adjust helps quicken a child's recovery from the loss.
5. Children want to be useful and to express their love and respect through contributing to the care of sick parents. Involvement in patient care and decision-making can help children feel more in control of their situation, and to cope more easily with the eventual death.
6. When a loved one dies, many children benefit from being involved in the rituals and customs of the funeral and burial. Children who want to participate in these activities should be allowed and assisted to do so. A trusted adult can help support the child through this process and explain events as they happen.
7. Children who go and live with extended families are sometimes not told the truth about their parents. Failure to disclose the truth about real parents can cause real trauma to children who find out accidentally. Children have a right to know the truth.
8. Children need to know where they will live and who will care for them when a parent is dying. Assets of the household must be secured to protect the child's future. Failure to plan can leave children homeless and destitute. Writing of wills is an essential aspect of responsible parenting.
9. Anyone can contract HIV. The shame surrounding AIDS must not be allowed to taint a child's memory or love for his/her parents.
10. Children of all ages need the help of extended families and elders to consolidate memories of their parents. Happy and loving memories can be reinforced, giving children a sense of history, belonging and identity.
11. Children experiencing loss and transition often find comfort in prayer and spiritual guidance.
12. Children don't articulate their emotions as clearly as adults do, and may exhibit a range of challenging behaviours when they are afraid or grieving. Nevertheless, children need to express their emotions, and should be encouraged to do so in safe, healthy ways.

13. Raising children is challenging. Parents and guardians often struggle to understand a child's behaviour, especially when he/she has experienced the loss of a loved one. Adults and older children can be assisted to cope with challenging children by sharing their experiences with others – it is helpful to know that you are not alone.

14. We should learn to listen to children; they may be able to make us understand the situation they and other siblings are going through.

## **16.0 Health Literacy: An Overview** *presented by Maureen Rauschhuber PhD, RN University of the Incarnate Word-San Antonio, Texas*

### **Health Literacy**

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Ratzan & Parker, 2000

### **Health Literacy Framework-Potential Points for Intervention**

- The Extent and Associations of Limited Health Literacy
- Mismatch between health related materials and reader's ability
- Poor illness management
- Increased consumer, health provider and health care system costs
- Shame and stigma are major barriers to improving health literacy

### **Recommendations**

- Rigorous, formative research
- Develop, test & use culturally appropriate new measures of health literacy
- Incorporate health literacy into curricula
- Explore creative approaches to communicate health information

### **Strategies for Improving Communication**

- Improve readability
- Use plain language
- Limit objective (s)
- Include interaction and review
- Consider non-print-media

### **Additional Strategies**

- Involve target audience in materials design
- Place key behavior information first
- Give context first
- Consider typography and layout
- Type style and size
- Line length
- Layout of text on the page

## Day Four

17.0 Experience sharing *by Ruth Luhanga & Mildred Chuumbwe, Maureen Mwanawasa Community Initiative (MMCI).*

### **A. When it was formed**

The current First Lady of the Republic of Zambia Mrs. Maureen Mwanawasa formed MMCI in April 2002.

### **B. Mission**

Committed to empowering vulnerable communities especially women, youth and children.

### **C. Vision.**

*A Zambia where all individuals have equal opportunities to Education, Health and Income.*

### **D. Guiding principle**

“Service above Self”

MMCI areas of intervention: Education – 1. ECCD

## **Education Sponsorships**

- a) HIV/AIDS Management and Mitigation.
- b) Healthcare.
- c) Economic Empowerment.
- d) Social Protection and Emergency Response.

## **The Market Centre Concept**

### **a. Background**

The Concept is Twofold: To enhance marketer’s children’s preparedness to get into formal education. To economically empower marketers by enabling them enough time to sell merchandise without being encumbered with the burden of looking after their children while doing their business.

This intervention goes on to free mothers to conduct business, as the centre is caring for their children.

### **Amundame ECCD Centre –**

Kapiri-Mposhi.

### **Background**

- Established in March 2004
- Located in the centre of Kapiri-Mposhi Old Market
- Initial enrolments of 200 children from ages 3 months to 6 years
- Currently have 140 children while 60 have gone into Primary School education.
- Has a current workforce of 3 teachers, 1 School Supervisor, 2 support staff and 25 caregivers.

### **Activities at the centre**

- Learning through play, exploration and discovery
- Feeding Project
- Reading and Writing
- Hygiene Education
- Physical Education
- Rest
- Family interactions
- Motivational and Self Esteem programmes for children e.g. Miss Amundame.
- Play and rest at Amundame
- Boosting Self Esteem at an early age

### **Mode of operation**

- Local government authority involved right from the start.
- The centre closely works with the Market Committees.
- Centre open to visitors.
- Rapport/interaction among parents, caregivers and parents
- Communication done through committee representing MMCI, the council, parents and caregivers
- Parents free to initiate projects that would benefit the children both at the centre and at home

### **Funding Sources**

- 26 caregivers and teachers trained by UNICEF.
- One year supply of toys and stationary by UNICEF
- Water reservoir including Hand basins installed by UNICEF
- The local business houses e.g. Chimsoro Milling Company.
- Local CBOs e.g. The Air Power Women's Club
- Well wishers

### **Expenditure**

- MMCI spent over K200, 000,000 to build the centre.
- MMCI spends approximately K10, 000,000 per month for the operations of the centre.
  - MMCI provides Food and toiletries to the centre on a monthly basis.
  - MMCI pays allowances to caregivers.
  - MMCI pays salaries to the staff at the centre.
  - MMCI transports supplies to the centre every month.

### **PARENTS**

- Contribute a roll of tissue per month.
- Have a monthly contribution of K5, 000.
- Contribute towards extra curricular activities such as picnics and parties.

## **b. SWOT ANALYSIS.**

### **Strengths**

- Project uniqueness
- State of the art infrastructure
- Use of the ECCD curriculum
- Trained workforce
- Graduation of children from the centre to formal education
- Rich relationship between MMCI and the community
- Consistency in the Feeding programme
- Caregivers at the centre are either parents or guardians of the children.

### **Weaknesses**

- Limited play area within the centre.
- Limited sources of funding
- Unable to meet the demand for places due to limited capacity.
- Delay in the introduction of family interventions e.g. Feeding Project, economic empowerment.

### **Opportunities**

- Introduction of other interventions for the families
- Expansion to other areas
- Project funding due to the project uniqueness

### **Threats**

- Lack of community capacity to run the project should MMCI withdraw
- Short term funding
- Low literacy levels among parents resulting in lack of appreciation for the ECCD syllabus.

## Successes

- Improved nutritional health of children
- Children have been able to adapt to the new environment within a short time.
- Knowledge and discipline have been enhanced
- Ownership of the project by the community
- Continued warm relationship with the local authority
- Centre is the only one of its kind in the SADC Region.

## 17.1 Questions and answer session

### Question & Answer and Contribution session

1. Humphrey from children's desk (Ndola) wanted to know if this project was going to exist after the President leaves office?
2. As a concern, it was felt that the project needed to coordinate with other organizations. They were of the view that they needed to be known to other stakeholders.
3. Mr. Mwelwa also from children's desk wanted to know why they took the project to Kapiri-Mposhi.
4. The Development director of Mongu made a comment on the feeding of children 3 times in a day, he wondered whether this was sustainable. When parents are only contributing K5000, and a roll of tissue. The children during the day were also sleeping well at school but when they go home it is a different environment, is this really ideal as a way of helping these children.

## 18.0 Group work presentations

### Group1-From the Government perspective (National level)

#### a) Status

Children under seven are not properly taken care of, their care is fragmented. The government in terms of support in education and health is weak and the extended family support system is strained. Government is also supposed to be coordinating the efforts of NGOs.

#### b) Strategies

- Government must coordinate and regulate the work of NGOs and other service providers.
- Government should domesticate the convention of the child.

#### c) Critical steps to be taken by government and educators

- Policy is there but it has not been implemented (policy on education of Children Under Seven)
- Government should strengthen the monitoring of service providers.
- Curriculum is out dated and it needs to be revised and standardized so that preschools follow the same teaching methods.
- Incorporation of Early childhood teaching in colleges.

#### d) Who must participate?

Line ministries; education, health, community development, MYSCD, Faith-based Organizations, Churches, Traditional leaders, Family (parents).

#### e) Structures to be involved

Physical buildings; central government, local authorities, different stakeholders, institutions (colleges).

### Group2- NGO/CBO perspective

- Needs to find out what the commitment is, i.e.; time, money, vision
- Look at what kind of interventions are required in the community, then meet the leaders
- Get all the approvals, identify the stakeholders, then share the information
- A survey needs to be done and then do a plan of action and look into the sustainability aspect
- Get community ownership

### **a) Who must participate?**

Line ministries

### **b) Stakeholders**

Community members (families affected)

### **c) Government/NGO/Structures involved**

Needs to be heavy on communities, structures should be collaborative to avoid duplication; NGOs need to have all the necessary approvals.

## **18.1 Question & Answer and contribution session**

- 1) Observation—Issues of where you say Government should coordinate with NGOs, what is it that we are calling on the government to do. Where is the position of government?
- 2) Policy issue—We should not confuse the overall education policy, there should be a clearly defined policy on CUS. The child policy has no component on CUS. We need to be careful and demand that there be a clear policy.
- 3) Comment on group 2's presentation—There is a bit of reservation on community involvement from the onset including at the design stage. The practicality of this materializing is of concern.

## **Summary of group presentations**

### **Group 1-National Level**

The current efforts to address ECD in preschools are fragmented and there is no coordination among responsible bodies and action needs to be taken in the areas of education, health and setting of standards. In addition there is need to quickly domesticate the CRC by putting it into the constitution.

### **Critical steps to be taken**

- Policy on education for CUS should be developed.
- Monitoring of standards.
- Curriculum review and making sure it gets to the users.
- Incorporate the teaching of Early Childhood Development in teacher courses.

### **Group 2-NGO/CBO levels**

We need to make sure that our visions and principles on ECD match what we want from donors and government. This should be followed by stakeholder consultation involving everyone within communities who are in charge of children's welfare. This consultation will bring out the process of need assessments. Involving stakeholders from the on set will promote community ownership. However, after drawing up our action plans we must be mindful of the aspect of sustainability. Lastly, but by no means least we need to evaluate our plans to gauge their effectiveness.

In a different vein, Mr. Phiri pointed out that we must be mindful that education is a process and that it should be at all the stages of growth and not just at early childhood, in Zambia there is a tendency of neglecting one stage of education for another.

## **19. Action Plan**

### **Things to carry forward as a next step- what next after this conference?**

- I. Advocacy and sensitization.
- II. Giving our children a sense of identity.
- III. Curriculum for early childhood educators needs to include issues of life skills so that children are taught from an early age how to assert themselves.
- IV. There is need to identify a child's talent and potential as early as possible
- V. Develop effective guidance and counselling programs for parents at a household level.
- VI. Inclusion of an aspect on human rights in early childhood or preschool syllabus.
- VII. Next meeting on Children Under Seven.

