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**THE MANAGEMENT OF HIV AND AIDS PREVENTION IN EARLY
CHILDHOOD CARE, EDUCATION AND DEVELOPMENT (ECCED)
INSTITUTIONS:**

A CASE OF LUSAKA DISTRICT

Evelyn Mudaala Simfukwe

A dissertation submitted to The University of Zambia in partial fulfilment of the requirements for the award of the degree of Master of Education in Educational Administration



DEDICATION

This work is dedicated to my husband Charles M. Simfukwe and our children: James, Alinaswe and Luyando; my father Mr Joseph Mudaala, my sister Victoria Mudaala; my niece Seke Kabanda and all friends and relatives who gave me the encouragement to go on especially in rare moments when I felt discouraged due to pressure of work. I also dedicate this work to my late mother Cecilia Maambo Mudaala and ALL children aged 0 to6 years in ECCED institutions. 0279668

DECLARATION

I, Evelyn Mudaala Simfukwe, declare that this dissertation represents my own work. It has not been previously submitted to the University of Zambia or any other university, or any tertiary institution for the award of a degree or any other qualification. All references have been adequately acknowledged.

SIGNATURE

DATE

SIGNATURE.....

DATE.....14/06/10

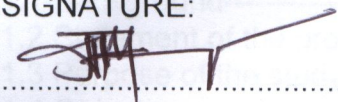
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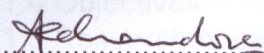
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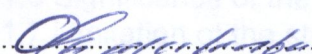
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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
CDC	Centre for Disease Control
CHAZ	Churches Health Association of Zambia
CRAIDS	Community Response against AIDS
ECCED	Early Childhood Care, Education and Development
ECD	Early Childhood Development
FBO	Faith Based Organisation
HIV	Human Immunodeficiency virus
IEC	Information Education Communication
MoE	Ministry of Education
MSYCD	Ministry of Sport Youth and Child Development
NAC	National AIDS Council
NGO	Non Governmental Organisation
SDA	Seventh Day Adventist
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association
ZAMSIF	Zambia Social Investment Fund

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ABSTRACT

Early Childhood Care Education and Development (ECCED) is education offered to children below the age seven. In Zambia the provision of this type of education has been left in the hands of the private sector including Non Governmental Organizations (NGOs), local communities and religious institutions. However, the Ministry of Education provides professional services to pre-school education by training teachers, developing curriculum, learning and teaching materials and monitoring standards. In September 2004, the Government of Zambia gazetted ECCED to the Ministry of Education. The Ministry has since made ECCED one of the sub-sectors in the Ministry. Strategies for coordination and implementation of ECCED are being developed among them are management of HIV and AIDS in the ECCED programmes and centres. The general purpose of this research was to determine how HIV/AIDS was managed in the centres and how members of staff responded to the HIV and AIDS mitigation strategies in ECCED institutions.

Data were collected from selected preschools in Chawama, Chilenje, Chilenje South, Chilenje South Extension, Kanyama and Libala Extension of Lusaka district. A total number of 69 respondents were interviewed from the institutions visited. The respondents included administrators, Project Coordinators, Head teachers, teachers in charge and Pre-school teachers.

Both qualitative and quantitative methods were used. Questionnaire and interviews were administered in the selected centres. The coded data were double entered in a built data entry sheet in the Statistical Package for Social Sciences (SPSS) 13.0 to ensure range checks. The same package was used for data processing, analysis and manipulation to produce graphic presentations.

The research showed that ECCED institutions were run by the Government, Private Companies, Individuals or Faith Based Organizations. Those

institutions run by Faith Based Organizations (FBOs), were under the Catholic Church, Pentecostal Rock of Salvation Ministries and the Seventh Day Adventist Church (SDA).

Considering that staff in ECCED institutions handled very young children who may be HIV and AIDS infected or affected, training in HIV and AIDS should be compulsory. There was need for a programme for parents/guardians of children in ECCED institutions to get counselled on HIV and AIDS to enhance their understanding of the operations of such institutions. ECCED institutions should be provided with HIV and AIDS Information Education Communications (IEC) materials like brochures, flyers and wall charts. The members of staff that accessed these materials were those that had opportunity to attend workshops, seminars and training on HIV and AIDS.

The findings of the study include the following: HIV and AIDS pandemic have impacted the country negatively. The ECCED has been left out in the programmes and implementation of activities aimed at mitigating the spread of HIV and AIDS. The Ministry of Education has developed training manuals and other materials on HIV and AIDS, but none of the visited ECCED institutions had such materials. Some members of staff participated in HIV and AIDS activities and accessed information through programmes organised by different organisations and the media especially the radio and television, but not the Ministry of Education

Condom distribution was not conducted in ECCED centres as it was perceived to be morally wrong to distribute condoms in institutions where there were children below 7 years. In terms of participation in HIV and AIDS activities only 4 out of 13 institutions had some form of participation in HIV and AIDS activities. This showed that ECCED institutions had little participation in HIV and AIDS activities and had no access to funds for HIV and AIDS programmes. This was evident from the members of staff who stated that despite knowing some organisations that fund HIV and AIDS activities they had not requested for support from these organisations.

Generally more than 50% of the respondents in this survey said that they had been involved in some HIV and AIDS activities.

CHAPTER ONE: INTRODUCTION TO THE STUDY

1.1 Background

In Zambia, Early Childhood Care Education and Development (ECCED) is a sector of education that is offered to children below the age of seven years. The 1996 Ministry of Education Policy Document, *Educating Our Future* acknowledges the important role of early childhood education in the multi-dimensional development of young children. Since Zambia's political independence in 1964, the provision of this type of education has been left in the hands of the private sector including Non Governmental Organizations (NGOs), local communities and religious institutions. However, the Ministry of Education provides professional services to pre-school education by training teachers, developing curriculum, learning and teaching materials and monitoring standards.

In September 2004, the Government of Zambia gazetted ECCED and made it a component of the Ministry of Education. Thereafter, the Ministry of Education prepared strategies for the implementation of ECCED; among the strategies was the management of HIV and AIDS in the ECCED sector.

The Ministry of Education HIV and AIDS prevention and mitigation strategies target Basic Schools, High Schools, Colleges and Universities. Other governmental and non-governmental organizations address the problem by targeting the 'out of school' youths and adults in places of work. While most HIV and AIDS programmes have the potential to benefit children in the ECCED sector of education, the reality is that such programmes are not extended to children in this sector of education in the country. There are no programmes aimed at preventing HIV and AIDS amongst children and caregivers in ECCED institutions. This study therefore focuses on the management of HIV and AIDS in ECCED institutions in Zambia.

1.2 Statement of the problem

The current situation on Early Childhood Care, Education and Development (ECCED) is that it is not undertaken by the Ministry of Education (MoE) but by the private sector. This has resulted in the HIV and AIDS programmes by the MoE not reaching the ECCED institutions. This situation has led to inadequate knowledge about HIV and AIDS and prevention of the disease by the Caregivers in the ECCED institutions. They have also not been reached by the Ministry of Education program on prevention and mitigation of the disease.

1.3 Purpose of the Study

The general purpose of this research was to determine how HIV and AIDS were managed in the centres and how members of staff responded to the HIV and AIDS mitigation strategies in ECCED institutions.

1.4 Objectives

The general objective of this research was to assess the management and response to prevention of HIV and AIDS among administrators, teaching staff and other caregivers in ECCED institutions.

1.4.1 Specific objectives:

1. To identify organisations running ECCDE institutions
2. To determine the levels of qualification for the administrators and teaching staff in ECCED institutions.
3. To identify the strategies in the management of HIV and AIDS in ECCED institutions.
4. To determine the level of participation by administrators, teaching staff and other caregivers in addressing the problem of HIV and AIDS in ECCED institutions.

1.5 Research questions

1. Which organisations are running ECCDE institutions in the study area?
2. What levels of qualifications do administrators and teaching staff have?
3. What are the strategies used in the management of HIV/AIDS in the ECCED institutions?
4. What is the level of participation by administrators, teaching staff and other caregivers in addressing the problem of HIV/AIDS in ECCED institutions?

1.6 Significance of the study

The results would help MoE to include ECCED institutions in its HIV and AIDS programmes.

1.7 Limitations of the study

Since the study was done in Lusaka only, the findings had limited generalisability to the rest of the country. Limited financial resources and time factor contributed to some of the limitations to the study. It was also very difficult to receive cooperation from some private owners of the institutions because they felt that they were being investigated for some criminal activities.

1.8 Delimitation

The study was conducted in ECCED institutions run by Faith Based Organizations, Private/Individual, Council, Community, NGO, Donor Aided and Zambia Pre-school Association in the city of Lusaka.

1.9 Operational Definitions

Caregiver - The term Caregiver has been used to mean a custodian of a child at any institutional level like family, ECCED centre (Preschool, Day care,) and Orphanage. This person can be a parent, guardian, preschool teacher, manager or any other responsible worker at an ECCED centre or Orphanage

Children – These are persons between the ages of 0 and 7 years in an educational institution below grade one in Zambia.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter subdivided into five parts presents a review of available literature on the management of HIV and AIDS in Early Childhood Care Education and Development (ECCED) institutions.

Early Childhood Care Education and Development is a relatively new field. It is a concept that focuses on all support necessary for every child to realize their right to survival, to protection and to the care that will ensure optimal development from birth to the age of eight. It combines elements from the areas of infant stimulation, health and nutrition, early childhood education, community development and generally psychosocial support (Evans *et al* 2000). Early child development includes all interventions directed at children or their caregivers, preferably as a package of services that support the holistic development of the child (UNICEF, 2001). Early Childhood Development (ECD) programmes promote the physiological and intellectual development of young children, helping to ready them for further schooling and a productive role in society (Young, 1995).

AIDS-affected children from zero to eight years face threats in normal human development beyond those of physical survival. The deprivation of consistent, responsive care, inter-personal and environmental stimulation in children's critical early years of life leads to measurable increase in malnutrition, morbidity and mortality rates. This neglect also inhibits healthy psychosocial and cognitive development.

Human and animal studies provide substantial evidence of the effects of nutrition and experience in the early years on brain development and competence, coping skills, behaviour and health later in life. It has further confirmed that, the biological evidence supports the hypothesis that brain development in early childhood is a factor influencing health, learning and behaviour throughout the life cycle (Gill, *et al* 2002). ECD and human

development are closely linked. It refers to the combination of physical, mental, and social development in the early years of life. These dimensions are commonly addressed by integrated programmes of ECD. These programmes include interventions to improve the nutrition, health, cognitive development, and social interaction of children in the early years (Myers, 1990).

Human Development (HD) is broadly defined as the overarching objective of most international and multinational development programmes. Since HD is so closely linked to ECD, investing in ECD is the natural starting point for these programmes and for the public policy that frames these programmes. (Young, 1995).

Schweinhart, (1993) noted that ECD can improve the lives of low-income children and their families, and that it can enhance the quality of life for the community as a whole. Participating in Pre-School and initial education programmes can improve the child's school readiness skills. Other benefits include the lowering of primary school enrolment ages, reduction of repetition and drop out rates and improvement of academic performance. She further noted that parental involvement in programmes also appears to strengthen the positive impact of early childhood interventions.

Scientific evidence indicates that 50 percent of the variance in intellectual development is established by age four. Inadequate intellectual stimulation and effective care, coupled with early malnutrition, are likely to result in severe and possibly irreversible damages to physical and emotional capacities.

The most rapid mental growth occurs during infancy and early childhood, and on the whole, early years are critical in the formation and development of intelligence, personality, and social behaviour. Because infancy is a period of unusually rapid maturation and sensitivity, a high degree of environmental stimulation is needed for the development of secure conceptual structures and social relationships in later life (Schweinhart, 1993).

Early childhood education can increase the return on primary and secondary school investment. It can also contribute to human capital formation, raising participants' productivity and income levels and reducing public expenditure by lowering welfare, health and educational costs. Early Child Development programmes can facilitate increased primary school attendance where older siblings have been forced to drop out of school to act as caregivers for younger children (Young, 1995).

Early Child Development can do much to prevent malnutrition, stunted cognitive development, and insufficient preparation for school. Thirty years of research showed that such programmes can improve primary and even secondary school performance, increase children's prospects for higher productivity and future income and reduce the probability that they will become burdens on public health and social service budgets (Young, 1996).

In addition to food, protection, and health care child programmes must also provide affection, intellectual stimulation, supportive human interaction and opportunities and activities that promote learning.

Medical and educational research have both shown that mental growth- that is the development of intelligence, personality and social behaviour occurs most rapidly in humans during their earliest years. Lack of proper handling and affection has been shown to cause children's growth to falter just as much as lack of proper food (Heckman, 2002). When infected with HIV and AIDS, children, especially those in poverty stricken homes are deprived of micronutrients which leads to slowing down of proper development.

2.2 Global Perspectives

At Boston University, in the United States of America (USA), a programme for paediatricians and other health care workers called "Reach out and Read" was initiated by Professor Zuckerman. He trained paediatricians to present a simple book to caregivers and children. As he examined children, he encouraged caregivers to read with children – not as a means of teaching

reading but rather to promote positive and nurturing care-giving practices, emotional bonding and love of learning. Results from a number of studies indicated that this approach significantly improved children's cognitive development both in USA and in developing countries such as Jamaica, with minor increments in time with the caregiver. Furthermore, for children chronically ill, especially with AIDS, their health was improved as there was a notable increase in their appetite for food and responded well to medication (UNICEF, 2006).

In Turkey, a study compared the effectiveness of adding Early Child Development information into health visits for AIDS children using the module of Care for Development from the Integrated Management of Childhood Illness (IMCI). The goal was to improve the effectiveness of health visits and improve learning opportunities. A total of 259 children were enrolled in the study and seen for the first clinic visit (with 129 and 130 children in the comparison and intervention groups). During outpatient visits with parents, paediatricians recommended play and communication activities and the use of praise with their children. Parents in the intervention group reported significantly higher satisfaction with paediatricians than parents in the comparison group. Parents valued the promotion of child development during health visits (Kathy and Zimanyi, 2002).

In Brazil, providing children with the proper care during the first crucial years, especially those children whose lives have been touched by AIDS, is a challenge. Only a small fraction of children and their families have access to services such as education and early childhood development programmes. However the Brazilian Ministry of Health which leads the national response against STD/AIDS has managed to increase access to the education of these children by 60% in addition to dropping the number of newborns infected with HIV from 843 in 1997 to 263 in 2000 according to the *Brazilian 2001 Epidemiological Bulletin of AIDS*. This has been achieved through the goal of the Brazilian public policies in the area of promotion and prevention of HIV and AIDS which is to improve the quality of life of people affected by the AIDS epidemic (Bartlett and Zimanyi, 2002).

2.3 Regional Perspectives

Over the last twenty years, HIV and AIDS have spread throughout Africa. There are an estimated number of about 2.6 million children who are HIV positive on the continent. More than 2 million people die each year from AIDS, and Africa currently has more than 12 million orphans as a result of this dreaded disease.

HIV and AIDS has increased the number of African children facing very severe problems: there are more children without a good education, more street children, more children living without adult protection and care, and more children vulnerable to exploitation and abuse. Such problems make these children very vulnerable to infection with HIV and AIDS. Besides orphans, many children are made vulnerable because of poverty. The severe poverty situation in Africa means that many children lack access to school and health, and may be forced into dangerous work or being abused. Hunger and poor housing, inadequate sanitation and water supplies further damage their opportunity for a decent life (USAID, UNICEF and Family Health International 2003).

In South Africa the UNICEF Country Office reviewed and analyzed the National Integrated Plan for Orphans and Vulnerable Children infected and affected by the HIV and AIDS pandemic. It combined two priority areas namely, Early Child Development and HIV and AIDS. The work was inter-sectoral and emphasized building capacity of educators, health workers, media and local partners to address the holistic needs of orphans and vulnerable children, with emphasis on their psychosocial needs. Advocacy meetings and capacity building workshops were held on approaches to programming and media to “break the silence” on death and dying and to address the impact of stress, violence and trauma on infants and young children. (UNICEF 2003)

People working with ill and dying children, traditional healers, community workers and representatives from traditional and modern media attended the

workshops. The workshops discussed practical implications for frontline workers from all sectors. It addressed how important it was to support caregivers to continue the existing positive practices in helping children to feel safe secure and loved, listened to-and to help children develop coping skills and self-regulation techniques.

Appropriate ways to address illness, death and dying through actions, words and media were discussed. Simple sessions for duty-bearers who touch the lives of these children were elaborated and used to develop prototype media for children and caregivers that modelled positive and responsive care giving practices and providing a safe haven for children. These included everything from the importance of rituals to routines, reading and responding to children's signals, helping children develop coping skills through stories and pretend play, health workers giving children simple "choices" while getting treatment, putting feelings into words. There had been no local books for very young children that dealt with grief and loss.

The workshop developed some of the first prototypes. In addition, the issue of discrimination was addressed as is appropriate for children 0 to 6 years. One of the innovative aspects of this project was to learn from and adapt the strategies and approaches used effectively in the field of disability, where tremendous changes in media both for disabled children and about disabled children have changed the publishing landscape in many countries over the last two decades (UNICEF, 2006).

In Senegal, there is a Multipurpose Centre Project run by an NGO in partnership with the Dakar Municipality and the *Hann, Ngor* and *Yoff* Communities, nutrition services. Multipurpose centres named "satellite units" were built to take care of young children and support mothers. The centres provided 3 to 6 year olds with pre-primary education to contribute to their normal physical, mental and affective development; monitor children's health, and provide mothers much needed respite and support. *The Saint Joseph Resource Centre* was an example of a multi-functional centre for young children. The centre, owned by the National Catholic Association for

Preschool Facilities, included a national training centre for preschool educators, educational toys-and games-making workshop, and an early learning preschool facility for 3 to 6 year-old children. Most importantly the child care and development training included early learning as well as nutrition, infant psychology, play and active learning, healthy pregnancy, vaccination and HIV and AIDS awareness.

The pedagogy employed in this centre was around children's interaction with their social environments, and involved both parents and children in the learning process. Parents were actively encouraged to respond to children's health and nutrition needs, as well as providing them adequate attention and emotional support. Ensuring continuity between home and the pre-school centre was one of the cornerstones of this programme (www.jeuxveilaepcs.com).

In Kenya, "Speak for The Child Programme" a community- based programme to support children under-five affected by HIV and AIDS (who were often not noticed because "they were in families"), began with a community-level Speak for The Child Committee in 2001. The committee identified orphaned or vulnerable children, and a team of village women or "mentors" were trained to provide education and support in-home visits. Training themes included health, nutrition, HIV and AIDS, and child development. Caregivers were helped to gain access to services such as immunization, health care and income generating activities, and pre school fees were paid. A number of simple monitoring instruments were developed to help the monitors identify issues and come up with locally appropriate solutions (UNCEF 2003).

The Speak for the Child programme was shown to be effective both in changing caregivers' behaviour and in child outcomes. In the pilot phase, after one year, children were more likely to eat at least one meal a day, talked and played more, were less withdrawn, and were less often ill with fever and flu. Caregivers changed too. They were more likely to teach and interact with the children, than beat and shout at them, and were less likely to be depressed or ill. The home and the social support groups were very meaningful for care

givers who were often elderly grandmothers who reported feeling alone and isolated.

The programme had reached over 9,000 children in western Kenya, and had extended its age range to 0-9, including the transition to school. Targeting had been difficult as so many children were vulnerable, and all wanted to profit from the services.

This community-based programme included immunization, pre school enrolment, home visits by trained mentors, care givers support groups, income generation, and community organization and capacity-building. It has had a significant impact on caregivers' behaviours and child outcomes in communities with high numbers of children affected by HIV and AIDS (Lusk *et al*, 2003).

In 1997 Malawi had developed holistic approaches to Early Child Development and by 2000 the government incorporated many of these approaches into its Community Integrated Management of Childhood Illness (C-IMCI) Programmes to reach eleven of its poorest districts. In this process, community groups came together to analyze their problems regarding health, nutrition, and development, and decide on actions to address these problems. (Donahue and Williamson, 1999)

2.4 Local Perspectives

In Zambia, about 10% of people living with HIV and AIDS are children, mostly infected during pregnancy, birth and breastfeeding (Ministry of Sport Youth and Child Development 2004). The life expectancy for the babies born with HIV is very low. It is important that pregnant women are tested for HIV. After testing positive, there are measures that can be taken or offered to protect the baby from infection through sexual intercourse. Up to now there are no definite numbers for children in the country living with HIV as a result of mother to child transmission. The effects of HIV and AIDS have increased the number of children facing exceptionally difficult problems: Street children,

children without adequate adult protection and care, and children vulnerable to exploitation and abuse, and to HIV infection. Lacking access to school and being forced into unsuitable and often dangerous work leaves children vulnerable to exploitation and sexual abuse, and denies them their various rights. Poor environmental health and nutrition further damage their opportunity for a decent life (MSYCD, 2005).

The Centre for Disease Control (CDC, 1999) estimated that one in every three children orphaned by HIV and AIDS is under five and that by 2010, in thirty-four countries currently hardest hit by the epidemic nearly fifteen million children under five will be orphaned by AIDS and many more will be living with sick parents and exhausted caregivers in impoverished conditions.

All the other levels of education provision in Zambia, except for ECCED have more or less clear institutional arrangements, legal frame works, roles and functions and responsibilities of the providers and key stakeholders. To leave the current situation as it is would most probably imply that there is neither conviction nor will in Zambia to invest in the care, development and education of the most important future human resource, the child (Kasanda and Chondoka, 2004).

In Zambia, the HIV and AIDS epidemic has created many orphans with infection rates currently estimated at 15.6% of people aged between 15 and 49 years. The CSO review shows that in 2002 over 15% of children under the age of 15 years had lost one or both their parents, amounting to over 710,000 children. This official figure has grown steadily since 1992. According to figures in *Children on the Brink* 2004, by 2003, 19% (1,100,000) of Zambian children under the age of 18 years had been orphaned.

As many as 150,000 children may be completely without adequate adult care, living in child-headed house holds or on the streets. Estimates suggest that there may be over 75,000 street children and over 20,000 children headed households in Zambia though numbers are hard to accurately estimate as

surveys are generally limited to established households (CSO, 2000 Census Reports).

2.5 Summary of the Literature Reviewed

The literature has shown that programming in the area of Early Childhood Care Education and Development includes all interventions directed at children or their caregivers as a package of services that support the holistic development of the child. It has also shown that countries are focusing on investing in early childhood. It has also come out clearly that HIV and AIDS has impacted heavily on child development by leaving most children orphaned, infected by HIV and AIDS and equally wallowing in poverty like any other person. It has come out clearly that a lot of efforts to control the impact of HIV and AIDS are being done but there is little or no focus on programmes in ECCED centres. Despite some programmes targeting children mainly older children were being reached out leaving out children below 7 years. The literature has shown that programmes on young children are designed to promote the physiological and intellectual development of young children, helping them to be ready for further schooling and productive role in society.

The effects of HIV and AIDS have increased the number of children facing exceptionally difficult problems: Street children, children without adequate adult protection and care, children vulnerable to exploitation and abuse, and to HIV infection. HIV and AIDS have also increased the number of African children including Zambian children facing very severe problems.

The literature was relevant in that it gave the basis for discussion on this topic. It gave the relevant information on what is prevailing in the area of ECCED and helped to identify the existing gaps in addressing the problems of HIV and AIDS. There is very little or no research done on Zambia in the area of ECCED especially on the areas of HIV and AIDS on children below seven. It was therefore very challenging to find literature on this topic which is specifically on the Zambian situation. The literature was however helpful because the problems are common. In any case researchers need to consider

undertaking research in ECCED to provide information on programming for early childhood.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research design

This study was aimed at assessing the management and response to prevention of HIV and AIDS among administrators, teaching staff and other caregivers in ECCED institutions.

Both qualitative and quantitative research methods were used in this study. Questionnaires and oral interviews were administered and conducted in the selected centres respectively.

3.2 Population

The target population comprised the head teachers, teachers/caregivers and other officials from the visited institutions.

3.3 Sample size

The study covered 69 respondents from ten institutions in Lusaka District. The respondents included: administrators, Project coordinators and parents/guardians. The distribution of the respondents was done in this way: One administrator per school; three teachers/caregivers per school; one Project Coordinator per school in five schools only; two parents per school and officials from the Ministry of Education, Ministry of Sport Youth and Child Development, Ministry of Community Development Social Services and Ministry of Local Government and Housing. The selection of the schools/ECCDE centres was randomly done in Chilenje, Chilenje South Chawama and Kanyama communities. Most of the centres had two to three teachers therefore these were the respondents of the questionnaire. In cases where teachers were more than two random sampling was used to select respondents to the questionnaire.

3.3 Analysis

3.4 Instruments

The questionnaire was the main instrument in this study.

3.5 Data collection techniques

Data were collected using a structured questionnaire administered to the school manager and selected members of staff in ECCED centres. In some cases the questionnaire was given to the teachers to fill in and a brief discussion was held thereafter with the respondents.

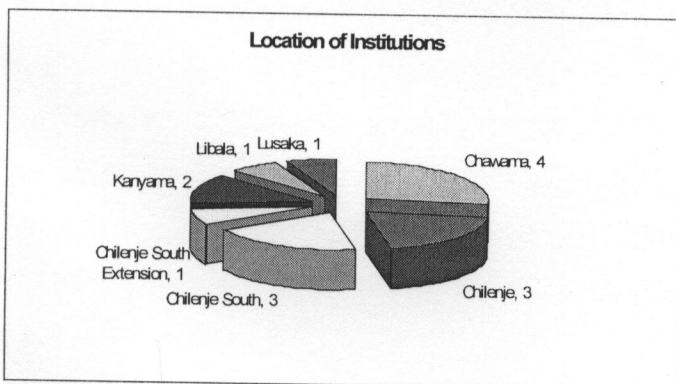
3.6 Pre-test

Before the main field work research was conducted, a pre-test was done in two sites other than those where the actual research was done for the following reasons:

- To facilitate validation of the research instruments and possible revisions
- To estimate the time frame for the project
- To assess the competence of the research assistants

3.7 Study sites

Figure 1: Location of ECCED Institutions



3.8 Analysis

The coded data were double entered in a built-data entry sheet in the Statistical Package for Social Sciences (SPSS) 13.0 to ensure range checks. The same package was used for data processing and manipulation to produce graphic presentations. Qualitative data were analyzed using data triangulation

3.9 Study limitation

Since the study was done in Lusaka only, the findings would have limited generalisability to the rest of the country. Inadequate financial resources were also a limiting factor to the study. The funds were only adequate to cover sites in the City of Lusaka and not to extend to Monze district as earlier planned.

CHAPTER FOUR: FINDINGS OF THE STUDY

4.1 Introduction

This chapter presents the findings of the study on how the problem of HIV and AIDS was being addressed in ECCED institutions and the strategies put in place by management to prevent and mitigate the spread of HIV and AIDS. The results are graphically presented and the discussions are in chapter five.

4.2 *ECCED Staff*

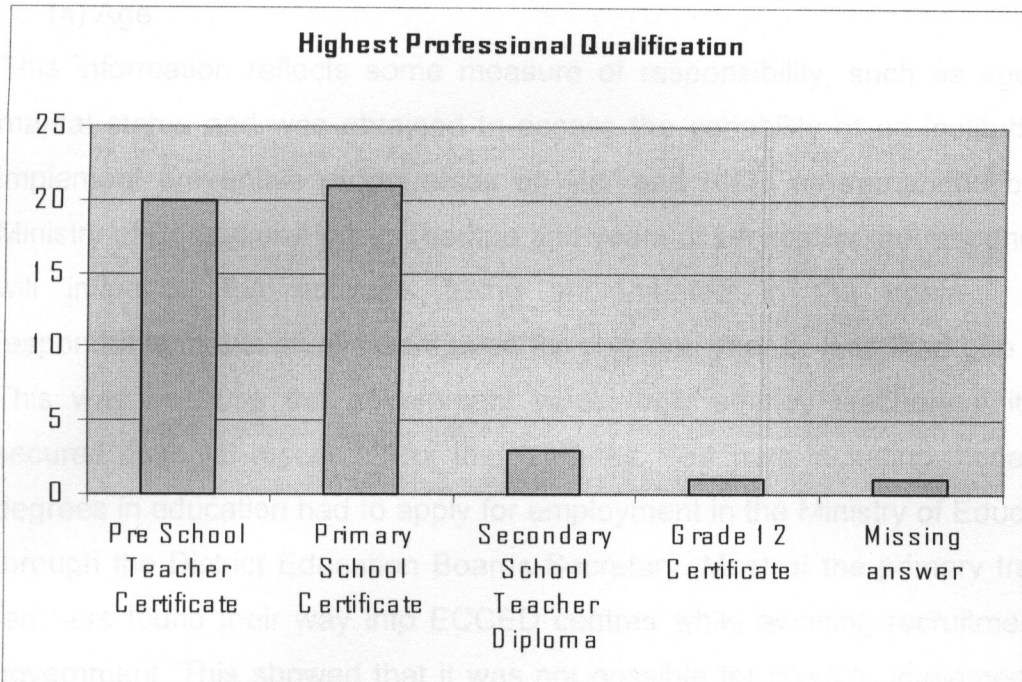
4.2.1 Position/Title of Respondent

Respondents interviewed in these ECCED institutions were persons in management and non management positions like ordinary teachers. The information was based on their profession and age. Others were asked to determine their capacity to institute and implement HIV and AIDS strategies. It was discovered that 60.9% of the respondents were preschool teachers and 39.1% were in management positions.

4.2.2 Professional Qualification

The positions held by the employees in ECCED centres depended on their qualifications though in some cases variations such as holders of secondary diploma certificate, primary school certificate, preschool certificate and grade twelve certificates were noted from institution to institution. Most of the teachers were primary trained. This could be attributed to government not recruiting teachers who graduate straight from colleges of education as it used to be. Therefore primary trained teachers were employed in the ECCED centres as they waited for government deployment. The figure below was their qualifications:

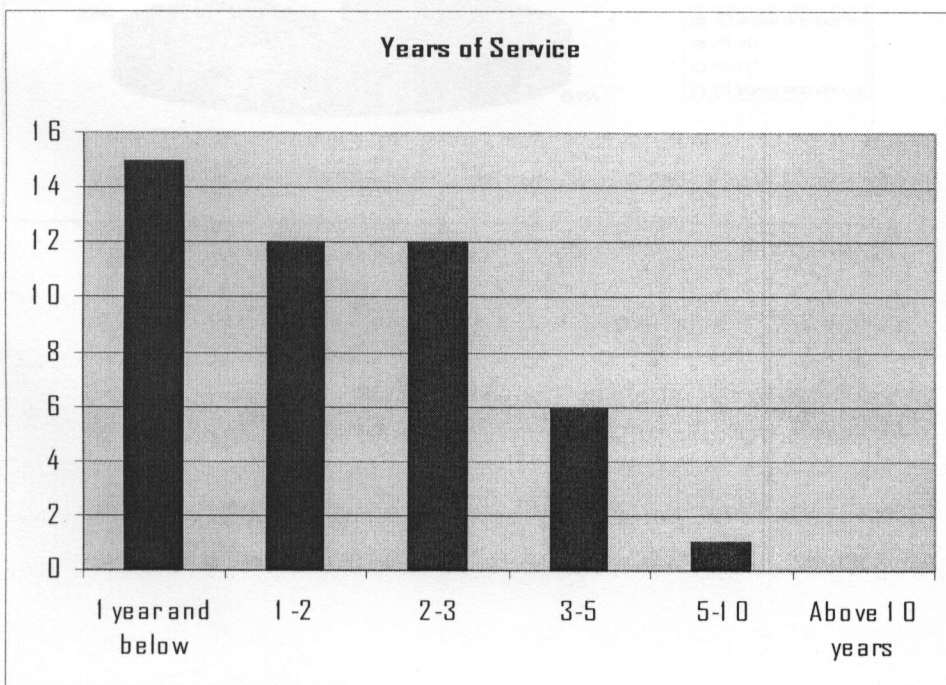
Figure 2: Professional Qualifications



4.2.3 Years of Service in ECCED

Years of service in an institution revealed that the highest number of years in service was 10 years while the rest were 1 year and below. Details are in figure 3 on page 21:

Figure 3: Years of Service

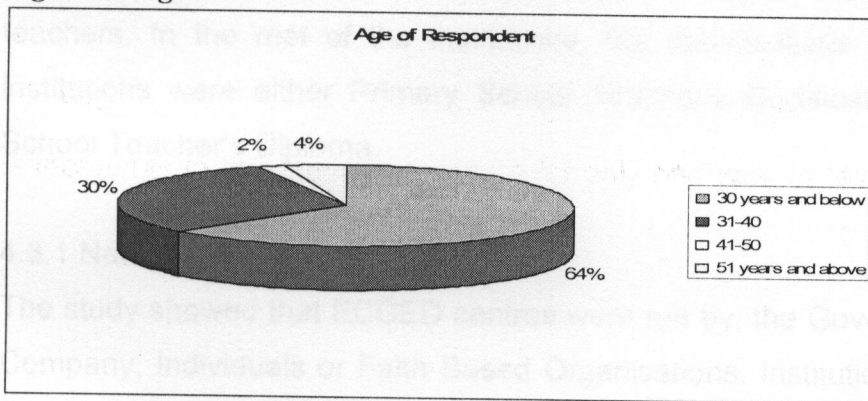


1.9.1 Characteristic of the Sample: Age and Marital status

(a) Age

This information reflects some measure of responsibility, such as age and marital status and was obtained to assess the capability of an institution to implement preventive programmes on HIV and AIDS as demanded by the Ministry of Education Policy. The age and years of service for the respondents will influence the activities being implemented in the centres. Most respondents in this study had served for only one year or less than one year. This was because the government would only employ teachers if it had secured financial resources for their salaries. Teachers including those with degrees in education had to apply for employment in the Ministry of Education through the District Education Boards Secretary. Most of the primary trained teachers found their way into ECCED centres while awaiting recruitment by government. This showed that it was not possible for them to implement the HIV and AIDS and the work place policies put in place by the Ministry of Education.

Figure 4: Age



(b) Marital Status

The marital status of the respondents is shown in Table 1:

Table 1: Marital Status

No	Marital Status	Number of Respondents	Percentage
1	Single	25	54.3
2	Married	17	37.0
3	Divorced	1	2.2
4	Widowed	1	2.2
5	Separated	2	4.3
Total		46	100.0

4.3 Management of ECCED

The institutions visited had varying organisational structures and staffing levels. Chief Executives of these institutions included Principals and Head-teachers. In the rest of the institutions, the qualifications of the heads of institutions were either Primary School Teacher's Certificate or Secondary School Teacher's Diploma.

4.3.1 Nature of Institutions

The study showed that ECCED centres were run by; the Government, Private Company, Individuals or Faith Based Organisations. Institutions run by Faith Based Organisations (FBO), were under the following Churches, the Catholic Church, Pentecostal Rock of Salvation Ministries and the Seventh Day Adventist Church. Knowing the owners or who runs the institution was one of the focus in this study. This was considered as one of the factors that would influence the type of activities being implemented in the centre. In most cases the Faith Based Organisations would not be very comfortable to implement HIV and AIDS activities and information sharing on sexuality and sex education as it would be associated with immorality. It was therefore necessary to consider capturing information on the various owners of the

institutions. The following is a summary of the findings on the nature of ECCED centres:

Table 2: Nature of Institution or Centre

No	Nature of Institution/Centre	Number of Respondents	Percentage
1	Government	1	2.2
2	Private Company	37	80.2
3	Individual	5	10.9
4	Faith Based Organization	3	6.7
Total		46	100.0

4.3.2 Workforce in ECCED institutions

The survey further revealed that most institutions had both male and female teachers plus other support staff. In one institution there was a maximum of 8 male teachers and in the other there was a maximum of 9 female teachers. The average number of male teachers in these institutions was 3 and that of females was 4. Altogether, the number of male teachers in all ECCED centres surveyed was 29 while that of female teachers was 36.

Table 3: Number of Male Teachers

No	Number of Male Teachers in ECCED centres	Number of ECCED centres
1	0	1
2	1	3
3	2	4
4	3	3
5	6	1
6	8	1
7	9	1
8	No response	1
Total: 29		15

Table 4: Number of Female Teachers

No	Number of Female Teachers in ECCED centres	Number of ECCED centres
1	1	1
2	2	2
3	3	3
4	4	3
5	5	2
6	6	1
7	7	1
8	8	1
9	No response	1
Total : 36		15

4.4 Sensitisation on HIV and AIDS in ECCED Institutions

Specific questions were asked on HIV and AIDS activities the institutions were involved in and whether members of staff at ECCED centres were sensitized on HIV and AIDS. Responses to specific questions on HIV and AIDS were given by the respondents on various aspects.

4.4.1 HIV and AIDS work undertaken

Out of 46 respondents, 26 said that they had been involved in some HIV and AIDS activities of some sort. Only 1 respondent didn't give an answer to this question while the rest said they had not been involved in any HIV and AIDS activities in any way. This is represented in the table below:

Table 5: ECCED Centres' HIV and AIDS Activity

		Frequency	Percentage
Have you been involved in any HIV and AIDS activities?	No	19	41.3
	Yes	26	56.5
	No Answer	1	2.2
	Total	46	100

Summary of responses to the kind of HIV and AIDS activities the respondents were involved in.

Table 6: Respondents' HIV and AIDS activities

	Activity	Frequency	Percent
Mention the kind of HIV and AIDS activity you have been involved in.	No Answer	1	2.2
	Teaching on abstinence for pupils as the core issue of AIDS prevention and also faithfulness to one sexual partner for adults	1	2.2
	Participation in Anti-AIDS club, drama, cultural dances & competitions	1	2.2
	Participation in Anti - AIDS Club, AIDS awareness campaign	1	2.2
	Member of Anti AIDS Club	1	2.2
	Community sensitization	1	2.2
	Community Sensitisation, Drama, quiz and community support - to HIV and AIDS patients	1	2.2
	Community Workshop interpretation	1	2.2
	Drama	2	4.3
	Drama, Peer – Educator	1	2.2
	Drama, Peer Teaching	1	2.2
	Drama, Poetry, Song	1	2.2
	Drama, Story telling, Quiz, Debate	1	2.2
	Drama, Workshop	1	2.2
	Draw shows of HIV and AIDS acting and realising the consequences	1	2.2
	Education in the Anti AIDS Club	1	2.2
	Have worked as Patron of Anti-AIDS Club	1	2.2
	Health talks, VCT, Education/Counseling, Home Based Care Skills	1	2.2
	Not applicable	19	41.3
	Poems, Songs, Competitions, Mashasha Homes	1	2.2
	Poetry, Drama,	1	2.2
	School patron organizing inter-schools competition, attended workshops	1	2.2
	Seminar facilitation	1	2.2
	Sensitisation	1	2.2
	Teaching children how to abstain completely without trusting condoms. Caring for the HIV patient	1	2.2
	Workshop	1	2.2
	Workshop facilitation, Drama	1	2.2
	Total	46	100.0

4.4.2 HIV and AIDS activities

These activities that the respondents carried out at different times were organised by different organisations and individuals. These organisations included Cheshire Homes, Corridors of Hope, Ministry of Health, Plan International and YWCA. Others were Youth Alive, Schools and Care International. The summary of these organisations is as follows:

Table 7: Organisations conducting HIV and AIDS Activities

		Frequency	Percentage
The organiser of the activities	Cheshire Homes	3	6.9
	Corridors of Hope	2	4.3
	Youth Friendly Services (Chawama Clinic)	1	2.2
	Personal Music Outreach	2	4.3
	School Management	7	15.4
	Ministry of Health	1	2.2
	National Social Development Initiative	1	2.2
	Care and Safe Kids Africa	1	1
	Peer Educator	1	2.2
	Plan International	1	2.2
	Youth Alive	2	2.2
	YWCA Kabwe	1	2.2
	Not applicable	21	45.7
	No Answer	2	4.3
	Total	46	100

4.4.3 Form of sensitisation on HIV and AIDS

Effective implementation of HIV and AIDS preventive and mitigating strategies is closely tied to sensitisation of individuals who are part of the team.

Therefore, it was important to assess the levels and forms of sensitisation that were carried out.

Respondents were asked whether or not they had been sensitised. Thirty – eight respondents agreed that indeed they had been sensitised while 7 said they had not been sensitised. There was only 1 missing answer. This is represented in the table below:

Table 8: Participation in HIV and AIDS activities

		Frequency	Percentage
Sensitization on HIV and AIDS	No	7	15.2
	Yes	38	82.6
	No Answer	1	2.2
	Total	46	100.0

4.4.4 Methods of sensitisation

The ways or methods by which these respondents were sensitised included workshops/seminars, electronic media, print media and drama. In all these forms of sensitisation, facts about HIV and AIDS were explained and participants understood how they could guard against contracting HIV and AIDS.

Table 9: Methods of Sensitisation on HIV / AIDS

		Frequency	Percentage
Methodology of sensitization	Workshop	9	19.6
	Workshop, Electronic media	1	2.2
	Workshop, Electronic media, Print media	2	4.4
	Workshop, Electronic media, Print media, Drama	10	21.8
	Electronic media	5	10.9

	Electronic media, Print media, Drama	5	10.9
	Print media	2	4.4
	No answer	1	2.2
	Not applicable	7	15.2
	Total	46	100.0

4.4.5 Sensitisation in HIV and AIDS

28 out of 46 respondents said that they had been sensitised in various issues on HIV and AIDS while 17 said that they had not been sensitised.

4.5 Materials on HIV /AIDS

For effective sensitisation and constant reminder about facts on HIV and AIDS, reference materials are important. A look at whether the respondents had HIV and AIDS reference material revealed that 27 had while 18 did not have and there was one respondent who did not answer.

These materials on HIV and AIDS were acquired during training workshops and seminars and from the clinic. They were also given out freely by friends, parents, New Start Centre, at church and others were bought from shops. A summary of the responses is in Table 10 overleaf:

Table 10: Acquisition of HIV and AIDS materials

		Frequency	Percent
How did you acquire materials on HIV and AIDS?	Missing Answer	1	2.2
	Acquired them during the workshop that I attended	1	2.2
	After winning as a school at a competition	1	2.2
	AIDS workshop and seminars	1	2.2
	Buying in shops and on the streets, By being given at church	1	2.2
	Freely given to me at workshop and at my local clinic	1	2.2
	From a friend	1	2.2
	From my parents	1	2.2

From new start centre	1	2.2
From the Chilenje clinic	1	2.2
From the Chawama Clinic	1	2.2
From the nearest clinic and during the workshop with Corridors of Hope	1	2.2
From the workshops I attended and from the clinic	1	2.2
Given by friends and Sensitizers	1	2.2
I acquired them when I went for VCT	1	2.2
I acquired them when I went to visit the VCT	1	2.2
I was given at church by one of the health members	1	2.2
I was given by a friend	1	2.2
Not applicable	20	43.5
They were given to me by Cheshire Homes	1	2.2
Through college sensitisation programmes	1	2.2
Through the workshop I attended on HIV and AIDS	3	6.6
Was given at college and through workshops attended as well as competitions won	1	2.2
We were given at a seminar	1	2.2
We were given during our workshop	1	2.2
Total	46	100.0

The kind of materials they had in the visited ECCED centres included wall chats and pictures, brochures, flyers, newsletters, books, audio tapes and desk calendars. A summary is presented in table 11 below.

Table 11: Types of HIV and AIDS materials

		Frequency	Percentage
Type of materials on HIV and AIDS	Wall chats and pictures	5	10.1
	Brochures	6	13.2
	Flyers	3	6.5
	Newsletters	6	12.2
	Books	5	10.1
	Calendars	1	2.2

	Audio Tapes	1	2.2
	Tracts	1	2.2
	Not Applicable	17	37.0
	No Answer	1	2.2
	Total	46	100.0

Table 12: Policy on HIV and AIDS

		Frequency	Percentage
Policy on HIV and AIDS?	No	31	67.5
	Yes	11	23.9
	Not sure	2	4.3
	No Answer	2	4.3
	Total	46	100.0

4.6 Participation in HIV and AIDS activities

This study showed that some ECCED institutions were involved in work place HIV and AIDS prevention activities, while others were not.

Out of 46 responses, 29 said that their institutions had not participated in HIV and AIDS activities while 13 said that their institutions did participate in these activities. Two said that they were not sure and the other two did not provide answers.

Table 13: Organisers of HIV and AIDS activities for ECCED centres

		Frequency	Percentage
Who organized the HIV and AIDS activities in which your ECCED participated?	Cheshire Homes	3	6.5
	Corridors of Hope	3	6.5
	Music outlet	1	2.2
	School Management	4	8.8
	Individuals	1	2.2
	No answer	3	6.5

	Not applicable	31	67.4
	Total	46	100.0

4.6.2 Annual activity plans for HIV and AIDS

Implementation of activities in most institutions is activity based. Institutions are therefore expected to plan in advance the activities to be implemented during the year. In terms of Annual Activity Plans in ECCED institutions in the study, only 4 out of 46 had annual activity plans.

Table 14: Types of HIV and AIDS activities

		Frequency	Percentage
What type of HIV and AIDS activities have been planned for your ECCED?	Formation of Anti AIDS Club	1	2.2
	Christmas activities and reciting of poems on HIV and AIDS	1	2.2
	Christmas plays	1	2.2
	Community sensitization through sketches, music teaching and plays	1	2.2
	Drama, Peer education	1	2.2
	Sports and educational tours	1	2.2
	Visit AIDS patients in homes and help cleaning and providing food	1	2.2
	Visiting the Hospice and sensitizing people	1	2.2
	Visiting people within the locality	1	2.2
	No answer	6	13.0
	Not applicable	31	67.4
	Total	46	100.0

4.7 Prevention and Mitigation of HIV and AIDS in ECCED Institutions

This survey considered various activities that constitute prevention and mitigation of HIV and AIDS in ECCED institutions. They included the following:

4.7.1 Funding of ECCED for HIV and AIDS activities

Many funding agencies for HIV and AIDS activities in ECCED centres were identified and included in table 15 below.

Table 15: Sources for Funding

		Frequency	Percentage
What is the source of funding for the planned HIV and AIDS activities for your ECCED?	From the Head Teacher	1	2.2
	Individual Donors	1	2.2
	Institutional	1	2.2
	Through fundraisings from the community etc	1	2.2
	Trying to ask from the well wishers	1	2.2
	No answer	2	4.3
	Not applicable	38	82.6
	Total	46	100.0

Apart from the above (Table 15) sources of funds, some institutions also played their role in funding the ECCED institutions visited. These are in the following Table 16 overleaf:

Table 16: Sponsors of HIV and AIDS activities

No	Organisation
1	National AIDS Council (NAC)
2	World Vision – Zambia
3	AIDS Network of Zambia
4	Church Health Association of Zambia (CHAZ)
5	United Nations
6	Treatment Advocacy and Literacy (TALC)
7	Network of Zambian People Living with AIDS
8	Community Response against AIDS (CRAIDS)
9	ZAMSIF

10	UNAIDS
11	UNICEF
12	Kara Counseling
13	ZEPFA
14	Corridors of Hope
15	Ministry of Health
16	Zambia Integrated Health Plan (ZIHP)
17	Ministry of Education
18	ZANARA
19	United Nation Development Fund
20	USAIDS
21	Red Cross
22	Society for Family Health
23	African Union (AU)
24	Maureen Mwanawasa Community Initiative (MMCI)
25	World Health Organisation (WHO)
26	Young Women's Christian Association (YWCA)
27	Young Men's Christian Association (YMCA)
28	Youth Alive

An assessment of the ECCED centres' initiative in approaching sponsors for sponsorship revealed that this was their weakest point. The institutions were not keen at approaching donors/institutional supporters as shown in Table 17 below:

Table 17: Sponsors approached

		Frequency	Percentage
Has your centre tried to approach these funding organizations for funds to implement HIV and AIDS activities?	No	34	73.9
	Yes	1	2.2
	Not sure	4	8.7
	No answer	7	15.2
	Total	46	100.0

4.8 Voluntary Counseling and Testing for Staff in ECCED Institutions

Respondents were also asked what they understood by Voluntary Counseling and Testing (VCT) and the following were the responses:

Table 18: Voluntary Counseling and Testing understanding

	Frequency	Percent
No answer	6	13.0
Counseling and Testing Centre	1	2.2
It helps us to know our status	1	2.2
It is a centre of treating HIV AND AIDS	1	2.2
It is a centre where people go to have their HIV status tested	1	2.2
It is a Voluntary Counseling and Testing	2	4.3
It is an Organisation where people would go for Voluntary Counseling and Testing	1	2.2
It is an organisation where people go for testing their status. This is voluntary Counseling Test	1	2.2
It is the voluntary counseling and HIV testing programme	1	2.2
It is voluntary Counseling and Counseling Services	1	2.2
It is whereby a person goes for Counseling and Testing Voluntarily	1	2.2
Its Counseling and Testing of People Voluntarily	1	2.2
Its where by a person goes for counseling and testing voluntarily	1	2.2
Knowing your status by yourself	1	2.2
Not applicable	1	2.2
People are counseled and tested for HIV and AIDS on voluntary basis	1	2.2
People are counseled before being tested	1	2.2
People must check and know their status	1	2.2
People Volunteer to be counseled and Tested	1	2.2
People Volunteer to be counseled and Tested	1	2.2
Testing your blood count Voluntarily	1	2.2
There you are taught about HIV and AIDS, pre & post testing & +v living	1	2.2
These are centres where people freely go for their HIV and AIDS status	1	2.2
This is the Voluntary Counseling and Testing	1	2.2
This is voluntary counselling and testing	1	2.2
This is where a person agrees to be counseled and tested on voluntary grounds	1	2.2
Voluntary Counseling and Counseling Services	1	2.2
Voluntary Counseling and Testing	2	4.3
Voluntary Counseling and Testing on people for HIV and AIDS	1	2.2
Voluntary Counseling and Testing. The willing are tested	1	2.2
Voluntary Counseling and Testing. To know one's status	1	2.2

What do you know about VCT?

Voluntary Counseling and Testing. Where people go to be Tested for HIV AND AIDS	1	2.2
Voluntary counseling and Testing- involves the testing of blood. It is significant for people to be tested because it makes our minds free or act over their status	1	2.2
Voluntary Counseling and Testing	1	2.2
Voluntary Counseling and Testing. Knowing your HIV status	1	2.2
Voluntary Counseling and Testing. To find out really are HIV positive	1	2.2
Voluntary testing of blood for one to know his/her status	1	2.2
Voluntary counseling and Testing	1	2.2
You check your health status in terms of positive and negative & receiving treatment	1	2.2
Total	46	100.0

The table above shows the answers of the respondents as to what they understood by VCT.

Table 19: Voluntary Counseling and Testing Services

		Frequency	Percentage
Do you have any centre near your institution, which offers VCT services?	No	5	10.9
	Yes	39	84.8
	No Answer	2	4.3
	Total	46	100.0

The above table is a representation of the answers of the respondents as whether there was a VCT centre in the neighbourhood.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.1 Introduction

The prevention and mitigation strategies of HIV and AIDS by the Ministry of Education, target Basic, High and Tertiary levels of the education system. In certain instances, both Governmental and Non-Governmental Organizations address the problem targeting school youths and adults at their workplaces. Most of these HIV and AIDS programmes have the potential of benefiting children indirectly.

In all these efforts of fighting the spread of the HIV and AIDS pandemic, there seem to be very little or nothing being done for children and caregivers in ECCED institutions.

This chapter discusses the findings of the study whose aim was to determine the management and response to the prevention of HIV and AIDS in ECCED institutions and bring on board the implementation of HIV and AIDS mitigation strategies in these institutions.

Section 5.1 discusses ECCED institutions' set up as regards the calibre of staff and management in general while *Section 5.2* is about Sensitisation on HIV and AIDS in ECCED institutions. The latter part of this section examines the kind of HIV and AIDS activities that were undertaken in ECCED institutions and also the Forms of Sensitisation on HIV and AIDS that were done. The last *Section, 5.3*, evaluates the Prevention and Mitigation of HIV and AIDS in ECCED institutions in terms of funding HIV and AIDS activities as well as Voluntary Counseling and Testing (VCT).

5.2 ECCED Management and Staff

As earlier noted, out of the targeted 20 ECCED Institutions in Lusaka District, 15 responded favourably while the rest made it impossible to continue making follow ups on them. Even then, out of the 15 ECCED institutions, there were isolated cases of Institutions not giving full information as was demanded by the questionnaires used in the research. Only a handful of questions were answered. There were 3 respondents from each ECCED institutions who took part in the research and in exceptional instances, information about one ECCED institution could not tie. This was not unusual but unfortunate. One of these respondents needed to be the head of the institution.

Much as there seemed to be a relatively proportional number of ECCED Institutions in the sampled localities, selection of institutions to be sampled were randomly done. The areas of location were favoured because they were easier for the researcher to reach. If a few other areas were selected from other localities like Chawama and Kanyama they were selected just to have samples from a different community environment other than that of Chilenje and Libala.

Respondents interviewed in these ECCED institutions were persons in management and ordinary Teachers. Information based on their profession, age and others was asked in order to determine their capacity to implement HIV and AIDS strategies.

5.2.1 Titles/Positions

An analysis of the data provided showed that the highest number of persons in these ECCED institutions were Pre School Teachers who constituted 60.9% followed by Primary School Teachers who constituted 10.9%. It meant that these were the portfolios that these people held at the time of the study in these particular institutions.

The positions held by these employees in ECCED centres depended on their qualifications though in some cases variations were noted from institution to institution. Six (6) out of fifteen (15) institutions did not have their head of institution participate in the study therefore did not provide their titles. The remaining nine (9) did and these institutions were headed by either, The Principal, Head Teacher, Coordinator or Administrator.

In addition to the heads of institutions, there were Teachers in Charge, Pre and Primary School Teachers as positions of members of staff in these ECCED centres consisting respondents to the study.

5.2.2 Professional Qualifications

In terms of professional qualifications, the highest number was that of Primary School Certificates and was 45.7% followed by that of Pre School Teacher Certificate at 43.5%.

These numbers concerning professional qualifications however did not really correspond to the positions held by the respondents. One of the factors was that a small number of the people with Primary School Teacher Certificates were teaching as Pre School Teachers while the rest held positions as management: these were Administrator, Coordinator, Head-Teacher, and Teacher in Charge or indeed Principal. Holders of Primary School Teacher's Certificates supplemented those with Secondary School Teacher's Diplomas in positions of management in some ECCED centres as the case may be. This was the general picture of the pooled data of all the institutions surveyed.

One other factor that could have created a discrepancy between the highest professional qualifications and positions held was the non participation of 6 out of 15 Heads of Institutions. These 6 could have helped give a more complete picture regarding the highest professional qualifications that could have tallied with the positions of heads of institutions.

However, individual institutions revealed that they were headed either by a Head-teacher or indeed a Principal. But in terms of the one who responded to the questionnaire, it was delegated to a member of staff as the institution wished. Therefore respondents who provided information on themselves did not necessarily reflect that of the whole institutional membership. But suffice to note that the information provided about the institution they worked for was adequate.

The fact that there was a 6.5% of the respondents with Secondary School Diploma Qualification and only 1 respondent without any professional qualification besides the bulk of holders of Primary School Teacher Certificates, makes the picture good in terms of professional competency in the ECCED institutions the study was conducted. It was therefore expected that these ECCED institutions would function as expected and implement programmes particularly on HIV and AIDS.

Besides that, the fact that all ECCED institutions sampled had a case of at least a Pre School Teacher qualification and above meant that all these institutions had the barest minimum they needed to function in a recognizable manner.

5.2.3 Years of Service in ECCED

Years of service in an institution was also looked at and this revealed that the highest range was 10 years and above while the lowest was 1 year and below.

An institution which had members of staff who had served for a long period of time did not lack continuity and therefore retained institutional memory. This aspect is important in project implementation and building team work. Experience is essential in implementing any institutional programme as opposed to having new members of staff in an institution who will execute their duties as on the job training.

This finding points to greater possibilities of having ECCED institutions that have the capacity to retain employees. In a way these employees could be motivated staff that put in their best in the programmes of the institutions inclusive of HIV and AIDS.

The pattern of number of years of service shows a high concentration on years below 3, consisting of 39 respondents out of 46. This implies that very few members of staff stay on after serving for this period of time. One of the obvious reasons is that they leave to upgrade themselves and possibly change jobs latter.

In addition to that, like for any other members of staff anywhere, they may leave ECCED institutions on account of not getting job satisfaction. It could be the case of changing from one ECCED to another which could be offering better conditions of service for instance.

5.2.4 Characteristics of Sample:

(a) Age

Information that reflects some measure of responsibility, like age, marital status and others was taken to assess the capability of an institution to implement preventive programmes on HIV and AIDS as demanded by the Ministry of Education Policy.

Generally, the ages of respondents in ECCED centres revealed that the bulk of them were 30 years and below and constituted 63.0% followed by those in the age bracket of between 31 to 40 years who constituted 30.4%. It was also interesting to note that there were 2 respondents who were 51 years and above.

This latter finding is important in adding hope to chances of finding expected wisdom in these ECCED institutions. Generally older people in our society are considered wiser in moral issues than younger ones. It is a fact that the HIV and AIDS pandemic have a moral factor to it. This finding enhances hope of

having ECCED institutions adhering to prescribed HIV and AIDS preventive programmes in addition to programmes which mitigate HIV and AIDS.

A combination of a few old and young members of staff in these institutions offered an opportunity for dynamism expected of a well balanced team to approach matters of HIV competently. Firstly, having young members of staff meant that with passing time, they would retain the institutional culture and carry on the programmes of the institution with little difficulty. Secondly, young members of staff are generally full of energy and more active in implementing programmes while the older ones mainly constitute the architects of programmes. Therefore this combination is a good blend.

A comparison of the number of years of service and the age of respondents shows that indeed a likelihood that those who had served between 5 and 10 years could be the ones who were 50 years and above and were owners of the ECCED centres. This seemed to be one of the reasons why one would stay long in one institution given the circumstances under which ECCED centres operated.

(b) Marital status

A small percentage of divorced members of staff is indicative of strong institutions of marriage in ECCED centres which is a sign of success in responsibilities of that nature. Responsible people are generally expected to perform better in team work and in higher offices.

The issue of having 25 out of 46 members of staff being single against 17 who are married is not an odd finding. It tallies well with the age of respondents of whom the majority were 30 years and below. In most instances someone who is below 30 years is just settling down in life, has just laid down a career foundation and is about to marry though very few would actually be married already. Those 17 who were married can be concluded to be the ones who indicated that they were between the ages between 31 and 40 years.

5.2.5 Management of ECCED

Institutions sampled had varying organisational structures and nature much as they had varying staffing levels. The Chief Executive Officers of these institutions included Principals and Head-teachers. Below this level were Coordinators and Teachers in Charge. Those in middle management included ordinary teachers. Others were support staff, both male and female. The qualifications of the heads of institutions were either Primary School Teacher's Certificate or Secondary School Teacher's Diploma.

5.2.6 Nature of Institution

The research showed that ECCED institutions were run by the Government, Private Company, Individuals or Faith Based Organisations. Those institutions run by Faith Based Organisations (FBOs), were under the Catholic Church, Pentecostal Rock of Salvation Ministries and the Seventh Day Adventist Church. The following is a summary of the finding on the nature of ECCED institutions.

The research revealed that the majority of ECCED institutions were run by Private Companies which were profit making organizations. They consisted 80.2%. The rest were 10.9% for individually run ECCED centres, 6.7% for Faith Based Organisation run ECCED and only 2.2% ECCED centres run by the Government.

Privately owned ECCED centres may not necessarily follow the laid down policy on prevention and mitigation of HIV and AIDS much as they are supposed to do so. However all sectors are expected to put up measures of mitigating HIV and AIDS in their respective institutions to be part of the rest of the world.

5.2.7 Faith Based Organisations (FBO) run ECCED Institutions

As earlier stated only about 6.7% of the ECCED centres sampled were run by FBO and they consisted of the Catholic Church, Seventh Day Adventist Church and the Pentecostal Rock of Salvation Ministries. Each of them only represented 1 institution. This shows that most of the implementers of ECCED were private individuals who may not take keen commitment to take on board other international demands like mainstreaming HIV and AIDS in their programmes.

5.2.8 Workforce in ECCED Institutions

The research further revealed that most institutions had both male and female teachers except for other support staff. The maximum number of male teachers in one institution was 9 while that of females was 8. The average number of male teachers in these institutions was 2.43 and that of females was 4.13. Put together, the number of male teachers in all ECCED institutions sampled was 112 while for female teachers was 190.

Analysis of the frequency in the number of teachers in these institutions revealed that for the male teachers, there were 15 institutions with only 2 male teachers each followed by 11 institutions with only 1 male teacher each. There were also 10 institutions with 3 male teachers each.

In the case of female teachers, 11 institutions had 3 female teachers each, 9 institutions with 4 female teachers each and 6 institutions with 2 female teachers each.

As regards, support members of staff, males were 55 put together and females were 104. On average, there were 1.2 male support members of staff per institution while for females there were 2.26.

Comparisons of male and female teachers in ECCED centres revealed that there were more institutions that had very few male teachers than those that had more female teachers. This carries with the earlier finding that the average number of male teachers was 2.43 and female teachers 4.13. Indeed

a lot of institutions had very few male teachers as compared to female teachers. This may be an indicator that the perception of the community on ECCED is with little value and that women are more associated with child rearing than the men.

5.3 HIV and AIDS Sensitisation in ECCED Institutions

Specific questions were asked as regards the kind of HIV and AIDS activities the institutions were involved in and whether members of staff at ECCED centres were sensitised on HIV and AIDS. Responses to specific questions were given according to the respondent's view on that particular matter.

5.3.1 HIV and AIDS work undertaken

Out of 46 respondents, 26 said that in one way or the other, they had been involved in some HIV and AIDS activities of some sort. Only 1 respondent didn't give an answer to this question while the rest said they had not been involved in HIV and AIDS activity in any way.

The types of HIV and AIDS activities that the respondents were involved in were similar though there were isolated cases of variations. Notably, they were involved in sensitisation on HIV and AIDS for fellow members of staff, school children and the community at large. The form in which the sensitisation was conducted was through sketches, poetry, quizzes, workshops, Anti-AIDS clubs, seminars and songs. Others included Health Talks, Debates on various topics of HIV and AIDS, counseling and visits to the AIDS afflicted persons.

The message transmitted in these sensitization activities was all about being aware of the dangers HIV and AIDS and how to avoid contracting this disease. As for children, the message that was relayed to them was predominantly to delay sex until marriage to a faithful partner. Most of the respondents actually refuted the idea of promoting condoms among children

whom they said were too young for such. In fact, some said that children should be told not to trust condoms in any way! They said the best approach to sensitising the young ones was to teach them how to abstain or indeed delay sex until marriage and after marriage to stick to one faithful partner for life.

The activities that the respondents carried out at different times were organized by different organisations and individuals. The organizations included Cheshire Homes, Corridors of Hope, Ministry of Health, Plan International and YWCA. Others were Youth Alive, Schools and Care International.

5.3.2 Condom Distribution

It was however regrettable to note that there was no condom distribution in ECCD centres. Respondents who replied to this question said that there was no way condoms would be distributed in ECCED institutions as the kind of pupils found in these institutions were really under age i.e. from 0 to 5 years.

This left a grey area as it was unclear as to how else members of staff in ECCED institutions accessed condoms themselves. The distribution of condoms in ECCED institutions should not be done for pupils but rather members of staff themselves as they were the ones who were sexually active.

Sexual affairs involving ECCED members of staff should not be ruled out completely especially that there were both married and single ones it would therefore be more gratifying that HIV and AIDS are being fought in one way or the other if condoms were distributed among members of staff in these ECCED institutions.

5.3.3 Form of sensitisation on HIV and AIDS

Effective implementation of HIV and AIDS preventive and mitigating strategies was closely tied to sensitisation of individuals who were part of the team.

Therefore, it was important to assess the levels of sensitisation and the form in which HIV and AIDS was carried out.

The ways or methods by which these respondents were sensitized included workshops/seminars, electronic media, print media and through drama. In all these forms of sensitisation, facts about HIV and AIDS were brought out in such a way that participants understood how they could guard against contracting HIV and AIDS.

Most respondents indicated that they were sensitized by more than one means and actually in 4 ways as opposed to only 1 method.

Further to this, a probe was done on whether these respondents had attended any training in HIV and AIDS to qualify them to be either peer educators or indeed counselors. This would help to have them participate in sensitising pupils and other community members in turn since they were agents of change and information transmission to communities they work with.

More likely than not, training through workshops seemed to be the commonest. Teachers who said that they had undergone some HIV and AIDS training of some sort indicated that they were empowered with life saving knowledge about care, prevention and treatment of HIV and AIDS. In addition to this, they said they were now trained counselors who were capable of counseling fellow members of staff and be able to take care of ailing children.

5.3.4 Materials on HIV and AIDS

For effective sensitization and constant reminder about facts on HIV and AIDS, reference materials are important. A look at whether the respondents had AIDS reference material revealed that 27 had while 18 did not have and there was no answer from one respondent.

These materials on HIV and AIDS were acquired during training workshops and seminars and from the clinic. They were also given out freely by friends, parents, New Start Centre, at church and others were bought from shops.

The kind of materials that they had included wall chats and pictures, brochures, flyers, Newsletters, books, audio tapes and desk calendars.

5.3.5 Participation in HIV and AIDS activities

Participation in HIV and AIDS activities by an institution as a whole was equally assessed and various responses were given corresponding to those that individual respondents had given to the question on the kind of activities they had carried out.

Out of 46 responses, 29 said their institutions had not participated in HIV and AIDS activities while 13 agreed that their institutions did participate in these activities. 2 said they were not sure and 2 did not provide answers.

Participation in HIV and AIDS activities is about the only indicator to show involvement. As earlier noted this research had only 13 who said that their institutions had participated in these activities. This number translates into 4 out of 15 institutions. It is an unfortunate finding that needs urgent attention from higher authorities. As far as statistics were concerned the levels of reported HIV and AIDS cases were still on the increase in 2004 national wide and thus each and every institution needed to get involved in one form of sensitization or the other.

All participants had stayed long enough at their institutions to know whether their institutions had participated in any HIV and AIDS activities. Therefore 2 answers of not being sure about this question was just mere apathy apart from the two respondents who gave no answers.

On the other hand, it is very difficult to doubt the 29 answers that did not answer in the affirmative. What was expected was that much as these

ECCED centres could not fund their own activities in HIV and AIDS, they could have approached a funding institution for such activities. At the most these ECCED centres could have invited other NGOs to come and conduct sensitisation meetings. At least one could have responded to the invitation and conducted the sensitisation meeting.

5.4 Prevention and Mitigation of HIV and AIDS in ECCED Institutions

The HIV and AIDS epidemic was increasingly being recognized as one of the most serious threats to global stability and progress striking primarily at young people who were the composition of the future generations. Unless strong action was taken, particularly in massively expanded and intensified prevention effort, the epidemic would continue to threaten the delivery of sustainable quality education.

Any meaningful action by an ECCED institution against HIV and AIDS needed funding and generally concerted effort from all members of staff and other institutions. This research probed the involvement of ECCED implementers in the fight against AIDS.

5.4.1 Funding of ECCED institutions in HIV and AIDS activities

Again as earlier alluded to, the response regarding HIV and AIDS activities was worrisome. Out of 13 who said that their institutions had participated in these activities only 5 knew the source of funding for the planned institutional activities in HIV and AIDS.

A real analysis of the answers provided showed that each one was only sure of one source. These answers included fundraising through the community, from the Head Teacher, individual donors, asking from well wishers and institutions. Once again these 5 answers translate into 2 institutions meaning that the other 13 institutions in the research never had an input in this.

It was however a sign of hope that these institutions were already thinking of intrinsic methods of funding these activities despite knowing that there were other institutions that funded HIV and AIDS. A very exhaustive list of sponsors of HIV and AIDS was given and these included both locally based and international NGOs. The local NGOs included:

- National AIDS Council (NAC)
- AIDS Network of Zambia
- Church Health Association of Zambia (CHAZ)
- Community Response against AIDS (CRAIDS)
- ZAMSIF

Some of the International NGOs mentioned included:

- USAID
- Red Cross
- World Health Organisation (WHO)
- Young Women's Christian Association (YWCA)
- United Nations Development Fund

Not all of these funding institutions had been approached by ECCED centres to fund their activities. Probably the ECCED centres did not have any activities that needed funding. Otherwise the need to undertake even a sensitization campaign was extremely necessary.

5.4.2 Voluntary Counseling and Testing (VCT) near ECCED Institutions

An assessment of the availability of VCT Centres near ECCED centres was conducted and this revealed that 39 out of 46 responded in the affirmative. It should therefore imply that operations of VCT were familiar with the majority. As a matter of fact all the respondents were correct, regarding what VCT stood for and what it did.

The most frequent answer regarding what went on at VCT was that it was a centre where people were counseled concerning their HIV status willingly.

They added that people who were found HIV positive could also receive treatment and were taught how to live their lives positively and never to lose hope and think that they would die any time.

The fact that VCT services were known to the ECCED fraternity was a very good indicator that some sensitization had been done by the necessary organizations dealing with such e.g. National AIDS Council (NAC). These counseling centres should remain a sure source of hope for people to run to. VCT centres in 2007 operated very well and had a lot of integrity. The only risk to guard against was having these centres stigmatized including people who attended clinics there. Otherwise VCT was playing a vital role in the fight against HIV and AIDS.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study sought to probe how the problem of HIV and AIDS was being addressed in ECCED institutions including whether caregivers and or staff in ECCED institutions were empowered with relevant information on HIV and AIDS and life-skills besides the management strategies that had been put in place to prevent and mitigate the spread of HIV and AIDS in ECCED institutions. It equally revealed other findings that needed immediate action and other further investigations remedial measures taken.

More than 50% of the respondents in this survey said that in one way or the other, they had been involved in some HIV and AIDS activities of some sort. The types of HIV and AIDS activities that the respondents were involved in were similar though there were isolated cases of variations. They were involved in sensitisation on HIV and AIDS for fellow members of staff, school children and the community at large. The form in which sensitization was conducted was through sketches, poetry, quizzes for school children, workshops, Anti-AIDS clubs, seminars and songs. Others included Health Talks, Debates on various topics of HIV and AIDS, counseling and visits to the AIDS afflicted persons.

The message transmitted in these sensitization activities was all about being aware of the dangers of HIV and AIDS and how to avoid contracting this disease. As for children, the message that was relayed to them was predominantly to delay sex until marriage to a faithful partner. Most of the respondents actually refuted the idea of promoting condoms among children whom they said were too young for such.

As a matter of fact these children were not yet sexually active. In fact, some said that children should be told not to trust condoms in any way! They said the best approach to sensitizing the young ones was to teach them how to abstain or indeed delay sex until marriage and after marriage to stick to one faithful partner for life. In fact the issue of sex and condom use is out of context to children at this level. Adults should be very careful on the scope and sequence of the content they teach to young children.

Concerning training in HIV and AIDS, again more than 50% of the respondents indicated that they had attended some training. More likely than not, training through workshops seems to be the commonest. Teachers who said that they had undergone some HIV and AIDS training of some sort indicated that they were empowered with life saving knowledge about care, prevention and treatment of HIV and AIDS. In addition to this, they said they were now trained counselors who were capable of counseling fellow members of staff and be able to take care of ailing children.

As earlier noted this survey had only 13 who agreed that their institutions had participated in these activities. This number translated into four out fifteen institutions. As far as statistics were concerned the levels of reported HIV and AIDS cases were still on the increase national wide and thus each and every institution needed to get involved in one form of sensitization or the other.

Response regarding HIV and AIDS activities was worrisome. Out 13 who said that their institutions had participated in these activities only five knew the source of funding for the planned institutional activities in HIV and AIDS.

It was however a sign of hope that these institutions were already thinking of intrinsic methods of funding these activities despite knowing that there were other institutions that funded HIV and AIDS.

6.2: Recommendations

Like in any other public institution or work place, condom distribution particularly for members of staff should be encouraged in ECCED institutions. It should be appreciated that members of staff in these institutions were just as vulnerable.

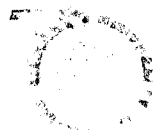
Considering that members of staff in ECCED institutions had very young children who may be HIV and AIDS infected or affected, training in psychosocial support in HIV and AIDS should be made compulsory.

There was need for a programme for parents/guardians of children in ECCED institutions to get counseled on HIV and AIDS to enhance their understanding of the operations of such institutions

ECCED institutions should be provided with HIV and AIDS materials like brochures, flyers and wall charts. These should be the responsibility of government ministries responsible for ECCED and or other NGOs dealing in HIV and AIDS

The Ministries of Health and Education should provide guidelines on the management of HIV and AIDS in ECCED institutions. As an obligation, these should be made available to ECCED institutions.

Future research in ECCED institutions should also focus on the social impact of the children from homes with infected parents or from homes of relatives after parents have died of AIDS.



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Appendix

QUESTIONNAIRES

SURVEY OF EARLY CHILDHOOD CARE EDUCATION AND DEVELOPMENT (ECCED) AND HIV AND AIDS

Questionnaire for Teachers/Caregivers, Administrators and Coordinators.

Province: -----

District: -----

Date: -----

Locality: -----

Section A. Respondent Profile

1. What is your Title /Position -----

Please circle the answer appropriately

2. How old are you?

A. 30 years and below

B. 31 – 40

C. 41 – 50

D. 51 years and above

3. What is your marital status?

A. Single

B. Married

C. Divorced

D. Widowed

E. Separated

4. What is your highest professional qualification?
- A. Pre-School Teacher Certificate
 - B. Secondary School Teacher Diploma
 - C. University Degree
 - D. Postgraduate Degree
 - E. Others (Please specify) -----

5. How many years have you served at this Centre/Institution?
- A. 1 year and below
 - B. 1 – 2
 - C. 2 –3
 - D. 3 –5
 - E. 5 –10
 - F. 10 and above

Section B. Center/Institution Profile

Please circle the answer or fill in the spaces appropriately

6. What is the name of your Centre/Institution?
- A. Government
 - B. Private Company
 - C. Individual
 - D. Faith Based Organisation
 - E. Community Based Organisation
 - F. International Non-Governmental Organisation
 - G. Local Non-Governmental Organisation
7. If Faith Based Organisation, what is your denomination?
-

8. How many Teachers/Caregivers do you have?

Male []

Females []

Total []

9. How many members of Support Staff do you have?

Males []
Females []
Total []

10. What is the total workforce at your centre/institution?

Males []
Females []
Total []

11. What is the number of any other adults that are part of the Centre/Institution?

Males []
Females []
Total []

Section C. HIV/AIDS work

12. Have you been involved in any HIV/AIDS activities?

Yes []
No []
Not sure []

13. If yes to question 12 above, mention the activities

14. If yes to question 12 above, who were the organizers?

15. Have you got or seen any policy on HIV/AIDS?

Yes []
No []
Not sure []

16. If yes to question 15 specify -----

17. Have you attended any HIV/AIDS training programme or workshop?

Yes []

No []

Not sure []

18. Have you been sensitized on HIV/AIDS

Yes []

No []

19. If yes to question 18, who sensitized you?

Workshop/Seminar []

Electronic media []

Print media (News paper, Brochures, Newsletter, Flyer) []

Drama/Plays []

20. Do you have any materials on HIV/AIDS?

Yes []

No []

21. If yes to question 20, how did you acquire them?

22. If yes to question 20, what type of HIV/AIDS materials do you have?

Wall chats and/pictures []

Brochures []

Flyers []

Newsletters []

Books []

Others [] Specify -----

23. Has your centre participated in any HIV and AIDS activities?

Yes []

No []

Not sure []

24. If yes to question 23, who organized them?

25. Do you have any annual activity plan for HIV and AIDS activities in your centre annual activity plan?

Yes []

No []

Not sure []

26. If yes to question 25, what is the source of funding for your institution to implement the activities?

27. What types of activities are in your annual activity plan?

28. List organizations that you know to have funds for HIV and AIDS activities.

29. Has your organization tried to approach them for funds to implement HIV and AIDS activities?

- Yes []
- No []
- Not sure []

30. Is there condom distribution at your institution?

- Yes []
- No []
- Not sure []

31. How is it done?

32. What do you know about VCT

33. Do you have any centre near your institution, which offer VCT services?

- Yes []
- No []
- Not sure []

THANK YOU