

**REPORT OF SUB-REGIONAL ECD CONFERENCE ON
THE FOLLOW-UP OF THE IMPLEMENTATION OF EFA
GLOBAL MONITORING REPORT ON ECD**

UNICEF REGIONAL OFFICE, ESAR

TABLE OF CONTENTS

INTRODUCTION	3
OBJECTIVES	3
PARTICIPANTS	4
CONFERENCE THEMES AND SUB-THEMES	4
EXPECTED OUTPUTS	4
OPENING SESSION	5
SITUATION OF ECD IN ESA	7
OVERVIEW OF ADEA	8
EDUCATION FOR ALL BY 2015, WILL WE MAKE IT?	10
INTEGRATED APPROACH TO ECD	13
IMPROVING ACCESS TO PRE-PRIMARY EDUCATION	15
IMPACT OF HIV AND AIDS IN ECD	17
ROLE OF PARENTS IN PRESCHOOL ACTIVITIES	18
ROLE OF PLAY AND PLAYING MATERIALS IN PROMOTING LEARNING	20
CHILD HEALTH AND NUTRITION	21
INTERGRATION OF INDEGINOUS AND MODERN CARE PRACTICES	23
SHARING EXPERIENCED ON ECD POLICY DEVELOPMENT AND IMPLEMENTATION	23
FIELD VISITS	25
CLOSING CEREMONY	26
ATTENDANCE LIST OF SENIOR GOVERNMENT OFFICIALS	28

INTRODUCTION

As a result of the launching of the Education for All (EFA) Global Monitoring Report 2007 in Dakar Senegal, which focused on EFA goal 1, in November 2006, Africa was provided with a unique opportunity to raise awareness on the current status of young children, globally and regionally. The report also provided an opportunity to increase the understanding among ECD stakeholders of the benefits of investing in the early years as a pre-requisite for achieving all other EFA goals.

At the time of the launch, there was clear evidence that the situation of young children was in serious need of attention and that the programmes designed for them were inaccessible, especially to those that needed them most, were of poor quality and more particularly that the governments concerned had not committed enough to the success of the programmes. Following the recommendations made at the meeting, the ministers who participated from Eastern and Southern Africa agreed to have the follow up meeting in order to assess the implementation of the recommendations. Tanzania was requested to host the follow up meeting. This was due to the fact that people from the sub region have similar customs, cultural practices, converging perceptions, interests, challenges and problems in ECD.

In response to this, the United Republic of Tanzania organized the Eastern and Southern Africa sub regional conference, to bring together key players in the region to exchange experiences, best practices, opportunities and challenges in the implementation of ECD programmes for the improvement of the lives and welfare of young children in the sub-region.

OBJECTIVES

The main objective of the conference was to share best practices and challenges emerging from the implementation of ECD in different countries in the sub-region

More specifically, the objectives were:

- (i) To discuss experiences of different countries in relation to policy legislation development and implementation
- (ii) To exchange experiences on the implementation of early childhood programmes and strategies.
- (iii) To discuss the best way of developing inclusive community based ECD curriculum as well as and human resource development.
- (iv) To raise public awareness on the importance of investing in IECD programmes for enhancing quality life of infant and young children.
- (v) To share experiences on community based initiatives in supporting children affected and infected by HIV and AIDS

PARTICIPANTS

There were 167 participants from the sub region, comprising of senior government officials who included Ministers, Deputy Ministers, and Permanent Secretaries, development partners, academicians, researchers, civil society organizations and media from eleven ESA countries. The countries represented included Angola, Burkina Faso, Burundi, Kenya, Malawi, Mozambique, Rwanda, Republic of South Africa, Uganda, United Republic of Tanzania and Zambia.

CONFERENCE THEMES AND SUB-THEMES

The conference took place over a four day period, with the main theme of sharing experiences on achievements, challenges and opportunities on various ECD issues. Each day began with a plenary session followed by sub-themes around which parallel sessions were organized.

Sub themes for day 1.

- Situation of ECD in ESA
- Integrated approach to ECD
- Men's Involvement in ECD

Sub themes for day 2:

- Improving access to pre-primary education
- Impact of HIV and AIDS to ECD programming
- Role of parents in pre-school activities
- The role of play and playing material in promoting learning

Sub themes for day 3

- Child health and nutrition
- Integration of indigenous and modern care practices
- Sharing experiences on ECD policy development

EXPECTED OUTPUTS

The expectations of the conference were:

- a) To build consensus on the need for serious commitment by stakeholders in ESA towards the achievement of EFA goal 1
- b) A statement by the Ministers reaffirming their commitment to EFA goal 1
- c) Recommendations by the delegates

OPENING SESSION

The opening session began with introductory remarks by the Lord Mayor of Arusha who welcomed participants to the conference.

This was followed by an address by a representative of the *Civil Society Organizations, Mr. Fortidas Bakuza*, who acknowledged that while many countries have done well regarding other EFA goals, much still needed to be done towards the achievement of goal no 1. In his statement, he reaffirmed the CSO's strong commitment to the promotion and protection of the rights, needs and interests of all infants and young children in the sub-region and beyond. He further urged the governments to:

- Rethink the progress towards achievement of EFA goal 1
- Ensure that IECD policies , strategies and circulars are developed
- Ensure ECD service providers are adequately trained.
- Improve the environment and infrastructure to enhance access and quality of ECD services to all children
- Set up inclusive community based ECD centers as a convergence of all ECD related services
- Increase investment in ECD
- Establish school feeding programmes in all countries in the region
- Develop clear guidelines for partnership for the purpose of strengthening support to ECD
- Enhance mechanisms for data generation and management
- Increase advocacy for ECD
- Include ECD in HIV and AIDS interventions

Heimo Laakkonen, UNICEF resident representative on behalf of the UN community in Tanzania, in a speech made on his behalf by *Jim Ackers, Chief of Education* acknowledged the wide representation of ECD stakeholders at the conference, which he emphasized, was a demonstration of the collective commitment to moving the ECD agenda forward. He underscored the importance of the early years and of the need for all children to get a good start in life, the importance of ECD in the achievement of MDGs, especially those focusing on children and the commitment of the UN to the enhancement of ECD globally and in Tanzania.

He raised a serious concern for the situation of children in the region, particularly for Tanzania, where malnutrition contributes to more than half of all child deaths and where more than sixty percent of children suffer from anaemia. He highlighted the limited parental awareness on the importance of ECD and the fact that psychosocial stimulation was not well developed in most of the early learning institutions.

He called on the various governments represented to step up their efforts in improving the situation of young children in the region. More specifically, to recognize the shortcomings in the provision of ECD, to support diverse care givers in their multiple roles, to institute mechanisms for the effective coordination of ECD interventions at the sub national level, to establish standards and guidelines and more so to ensure systematic training opportunities for ECD facilitators.

He further emphasised that to assist the Government in responding to the challenges the UN system, including UNICEF and UNESCO, is committed to working together with governments and other stakeholders in the development of a national co-ordination committee for ECD and strategies to enhance the planning, delivery and monitoring and evaluation of Integrated Early Childhood Development programmes. He pointed out the UN's support in the initiation of a National ECD HIV Initiative that emerged from new Global partnership between UNICEF, the World Bank and UNAIDS involving 5 countries (Tanzania, Malawi, Ghana, Rwanda and Zambia).

In closing he lauded the exchange of good practices, challenges and opportunities as the key to enhanced policies and practices within the region and beyond.

The guest of honour was welcomed by ***Hon Dr. Lucy Nkya (MP) Deputy Minister for Community Development Gender and Children*** in a statement that highlighted the resolutions of the Dakar conference as well as the rationale for convening the conference as an outcome of the suggestions made by Ministers from ESA who participated at the launch of the EFA GMR of 2007 in Dakar Senegal, in November 2006. She pointed out that the conference was jointly organized by MOCDGC, MOEVT and MOHSW in collaboration with TECDEN with the support of development partners including UNICEF, PPF, TUT, TANAPA, UNESCO, WHO and Bernard Van Leer Foundations.

She outlined the objectives of the conference and introduced the delegations from the different countries.

The Opening speech was made by ***Hon. Margaret Sitta (MP), Minister of Community Development Gender and Children*** on behalf of the Vice President of the United Republic of Tanzania.

In her statement she reiterated the call to commitment by governments in expanding and improving ECD especially among disadvantaged communities and to consider and review most appropriately the Dakar Framework of Action during the discussions. She noted that a number of achievements had been made in improving services but also that much more needed to be done regarding the lack of public awareness, development of policies and guidelines, implementation of programmes, and community and family empowerment in ECD.

She emphasized the fact that the first decade of the 21st Century was coming to an end, and that in order for Africa to remain active participants in global developments in the Century, much needs to be done to improve the welfare of young children. She highlighted the development of the National Vision 2025 by Tanzania aimed at, among other things, achieving high quality livelihood for infants and children. She emphasised that this aim could only be achieved through improving access to quality primary health care, quality reproductive health services, universal primary education and reduction in infant and maternal mortality rates by three-quarters of their current levels.

Further to this she highlighted the strategic aims of the PRSP that seeks to improve the quality of life for all Tanzanians, wherein the development of quality pre-primary programmes has been included. In view of the limited resources available for ECD in the

country, she called upon development partners to join hand is supporting ECD initiatives across the country.

SITUATION OF ECD IN ESA

The session involving the presentation of the status of children in ESA was began by a presentation by *Jim Ackers, UNICEF Chief of Education, Tanzania* on behalf of the Regional office. He demonstrated with the aid of statistics that the situation of children as regards survival, development and protection was grim and further emphasized that ECD could lead to improved indicators for children. The benefits of ECD being improved health status of children, increased chances of succeeding in school, reduced effects of socio-economic and gender disparities and economic growth.

He further emphasized that the provision of ECD services depends on the joint efforts of governments, communities and parents to support the physical, intellectual and social development of young children. ECD programming demands a holistic approach in which actors from different sectors work together to fulfil children's right to education and development, and in so doing contribute toward the achievement of the Millennium Development Goals. He brought out that ECD activities in many of the ESA countries were uncoordinated, vary widely in type and quality and were uncontrolled. Only 40% of the ESA countries have developed and are implementing ECD policies or national standards for ECD delivery, access to ECD centres was generally low with 5% of children under three having access to early stimulation and care programs. Parenting programs in ESA needed to be increased as only half of ESA's 20 countries were carrying out national programmes to improve parenting skills in at-risk households and promoting family and community care practices.

He pointed out that the role of UNICEF country and regional offices was to support government efforts through advocacy, promoting collaborations and building capacity to develop ECD policies and strategies, improve access to ECD centres especially those most at-risk of non-enrolment or non-completion of primary school, facilitate the development of criteria and standards for the provision of ECD, provide key health interventions for young children in ECD centres, train teachers to provide age-appropriate learning opportunities and to work with parents to improve parenting skills by raising their awareness of and ability to meet children's health and learning needs

The presentation was followed by a brief overview by representatives from Angola, Malawi, Mozambique, South Africa, Uganda, Rwanda and Zambia on the state of children in their countries.

It clearly emerged from the presentations that the situation of children in all countries was of great concern.

In general the achievements noted in the countries included:

- Increased access to ECD centres
- Increased government interest in ECD
- Increased activity in the development of ECD policies, plans and strategies that guide ECD programming
- Emergence of community support for ECD programmes

- An increase in the number of stakeholders providing ECD services

The challenges were identified as:

- Poor quality of service delivery in many countries
- Lack of co-ordination among key ministries concerned with the issues of the child
- An absence of government funding for ECD programmes
- An increase in the incidence of violence and conflict that results in increased vulnerability of young children and women
- A lack of co-ordination in the provision of services for young children
- Inadequate infrastructural support for the provision of ECD services
- Inadequately trained and remunerated caregivers
- Poor antenatal and post natal services for mothers
- Inadequate or complete absence of monitoring and evaluation of ECD services
- Lack of quality teaching and learning materials

OVERVIEW OF ADEA

Stella Etse of ADEA gave an overview of the WGECD as follow:

It was established by ADEA in 1993 initially as a special group within the Female Participation Group of the Association for the Development of Education in Africa (now FAWE). It became fully operational in 1997 as one of 11 Working Groups of ADEA with UNICEF as lead agency, and in 1998, Netherlands Ministry of Foreign Affairs took over as lead/coordinating agency

New steps

Establishing administrative/secretariat base in Africa (Save the Children Regional Office in Nairobi) and the chair will be UNESCO BRENDA. The process was initiated so as the WGECD could be independent /graduate from ADEA as ECD is multi-sectoral, and is not limited to education.

Main objectives of ADEA WGECD

- Advocacy and awareness creation around ECD in Africa
- Support to national ECD policy development
- Collaboration with partners to promote ECD e.g. ECD costing exercise, ECD/HIV and AIDS project
- Support to capacity building for ECD in Africa (ECDVU, etc)
- Networking and partnership building
- Stimulating research and knowledge creation
- Dissemination of information, etc

She emphasized that WGECD is not an implementing agency but facilitator for ECD programming.

Achievements

- ECD Policy project (1 & 2) and support to policy development in many African countries
- Creating a forum for information sharing and networking: ECD regional conferences & its impact at both regional and national level (Uganda 1999, Eritrea 2002, Ghana 2005)
- Positioning ECD on Education agenda of Africa (ADEA Biennale 2006 Special Session on ECD)
- Contribution to publication of 2007 EFA GMR on ECCE
- Strategic framework for ECD in Africa (2006-2010) based on outcomes of 2005 Accra conference, 2006 ADEA Biennale and recommendations from 2007 EFA GMR on ECCE
- Creation of a website for sharing information on ECD in Africa – www.ecdafrica.com
- Maintaining a data base of national ECD focal points
- E-mail update/information to WG members/network
- WGECD publications – www.adeanet.org , www.ecdafrica.com

WGECD: Strategic Framework (2007-2010)

- Advocacy to mobilize political and public support to position ECD on the development agenda of Africa and African countries
- Enhance partnership building and networking
- Support and Strengthen emerging national ECD networks
- Facilitate research and knowledge building and exchange
- Mapping of Universities/institutions delivering ECD programs in Africa
- Support to ECD capacity building initiatives
- Stimulating national policy review, development, implementation and monitoring
- Strengthening administrative and management capacity of the WG – establish secretariat in Africa

Up-coming Events:

- ADEA Biennale (side meeting /Exhibition) – May 2008, Maputo
- Regional meeting of key national ECD focal persons – September 2008
- 4th African International ECD conference - 2009

EDUCATION FOR ALL BY 2015, WILL WE MAKE IT?

The presentation was made by *Rokhaya Diawara* of UNESCO BREDIA who began by highlighting the positive trends in Africa as:

Positive trends:

1. Increased primary school enrolment: 36% in sub-Saharan Africa, 22% in South and West Asia and 11% in Arab States. There was significant acceleration in post-Dakar period compared to 1990s, with a rapid progress in 17 sub-Saharan African countries.
2. School fee abolition has favoured sharp enrolment increases in many sub-Saharan African countries with 17 countries achieving gender parity in primary education between 1999 and 2005 (5 in Africa), 63% of countries have achieved gender parity at the primary level (35% in Africa). Specific policies to encourage girls' schooling have included:
 - Community mobilization
 - Targeting disadvantaged areas
 - Free learning materials
 - Sanitation in schools
3. Gender disparities have decreased in Sub-Saharan Africa but only 35% of countries have achieved gender parity in primary education, and only 6% at the secondary level.
4. There has been increased public spending of 5% annual increase in on education in sub-Saharan Africa and South and West Asia. Countries making significant progress towards UPE have generally increased their spending as a share of GNP
5. Aid to basic education doubled between 2000 and 2004, benefiting low-income countries, but declined in 2005

Major challenges

ECCE programmes improve child well-being and prepare children for school but:

- Provision of pre-primary education remains scarce across sub-Saharan Africa and Arab States
- Lack of policies for under 3s
- Programmes are not reaching the poorest and most disadvantaged children
- Highest under-5 child mortality rate in the world
- Only 19 countries out of 40 with data have official programmes targeting children under age 3
- Poor quality as evidenced by Survival rate to last grade improving but remains low in sub-Saharan Africa (63%) and in South and West Asia (79%), International and national learning assessments point to relatively low achievement in core subjects (language and mathematics), especially in developing countries due to:
 - socio-economic background
 - rural residence
 - lack of access to textbooks in school, books at home
 - insufficient and inefficient instructional time
 - inadequate physical infrastructure and material resources
- Teaching staff has not kept pace with enrolment increases in sub-Saharan Africa and South and West Asia Sub-Saharan Africa has the highest pupil teacher ratio in the

world (45:1). Pupil/trained teachers ratios above 60 in Chad, Madagascar, Mozambique and Rwanda. Contract teachers fill gap in francophone sub-Saharan Africa and South and West Asia. They receive lower salaries and less training than civil-servant teachers

18 million new primary teachers needed by 2015, of which 3.8 million in Africa

- Financial resources remain limited in some countries. 34 out of 84 countries decreased the share of GNP to education since 1999, including some of those countries furthest from the EFA goals. Only 24 out of 105 countries allocated less than 3% of GNP to education. Several countries allocated less than 10% of total government spending to education

Prospects for achieving gender parity by 2015

- 59 countries out of 172 had achieved gender parity in primary and secondary education by 2005
- 19 countries are projected to achieve it by 2015
 - Out of 94 countries unlikely to achieve the goal by 2015:
 - 15 will not achieve parity in primary education
 - 52 will not achieve parity in secondary education
 - 28 will not achieve parity in both primary and secondary

Promoting access

To offset the cost of schooling for poor households countries are:

1. Targeting poorer regions and population groups (Brazil, Burkina Faso)
2. Abolishing school fees (10 countries in Africa since 2000)
3. Setting up education cash-transfer programmes (Latin American countries, Kenya, Turkey)
4. Providing scholarships for girls (Bangladesh, Cambodia, Pakistan)

Governments are also encouraging access through:

5. Flexible models for working children, enforced child labour legislation
6. Inclusive education for the disabled
7. Bilingual education for children from indigenous communities

Improving learning

- Trained and motivated teachers, training models, professional development, incentives to work in underserved areas, policy frameworks for contract teachers
- Effective teaching and learning strategies
 - Active learning, relevant curricula, HIV/AIDS education, importance of acquiring basic skills, better assessments
- Learning time, materials and textbooks. Textbook production, unbiased learning content, free distribution to priority areas
- Healthy and safe learning environment. Nutrition, health programmes, physical safety. Special attention to fragile states.

In Post-conflict situations, investing in education signals hope in the future (Uganda in mid-1990s). Key concerns include :

- Rebuilding schools
- Coping with teacher shortage and lack of skills

- Reintegrating child soldiers
- Exploring alternatives with communities (Afghanistan)
- Curriculum: prioritizing peace education, multicultural education

Working together

Guidelines by Inter-Agency Network for Education in Emergencies used in over 60 countries. The aim: to improve the quality of education services in crisis situations
Attention to early childhood and literacy programmes for youth and adults.

Good ECCE programmes offset disadvantage, improve children's well-being and prepare them for primary school. Need for:

- ⇒ Policies development : High level support , policies document, integrated within SWAPs or PRSP, DRSP; elimination of disparities, broader access for under 3 years
- ⇒ Quality of services : training, curriculum development, monitoring and evaluation system, minimum standards of services, contextualized to socio cultural environments; Expansion of pre primary education
- ⇒ Resource mobilization and financing : stop considering as a secondary priority (less than 10%); more resources from government

Attention to early childhood and literacy programmes for youth and adults

Substantial scaling up of learning opportunities for youth and adults:

- ⇒ Setting targets in national plans
- ⇒ Partnerships with non-state sector
- ⇒ Strengthen status of non-formal education
- ⇒ Development of literate environments

Summing up Dakar's impact

- Rapid increase in number of children - girls and boys - enrolled in primary school in regions farthest from UPE
- Rise in number of countries conducting national learning assessments
- National policies targeting disadvantaged groups and areas
- Measures to expand early childhood care and education
- Increase in national spending on basic education in regions farthest from EFA
- Increase in aid to basic education in low-income countries
- Emergence of the Fast Track Initiative
- More aid to basic education channelled through programmes rather than project support

Issues arising from the deliberations

During the discussion of the day's presentations, a number of issues were raised by the participants.

- It was noted that while the governments emphasized their commitment to ECD, this was not backed by a financial commitment.

- The urgent need to include nutrition issues of children as well as of expectant mothers in the strategies to enhance the child's well being
- A focus on the emotional status of expectant women as a contributor to the child's emotional development.
- The development of developmentally appropriate teaching and learning materials
- The need to document success stories of various countries to assist in developing strategies to tackle challenges in other countries
- The mobilization of resources for ECD programmes from all sources including communities, national budgets, CBO's, CSO's, FBO's and development partners.
- The need to adequately address child protection issues in ECD programming as the cases of child abuse are on the rise
- A need to identify the factors that hinder access to school for the purpose of designing strategies to increase access
- The mainstreaming of gender issues in the parenting programmes, teacher training programmes and teaching and learning in schools.
- The need to step up advocacy efforts in an effort to raise the profile of ECD among high level government officials and the entire population
- There was need to emphasise the role

INTEGRATED APPROACH TO ECD

The plenary presentation was made by *George Kameka, Commissioner, MOHSW*, who highlighted the fact there were no coherent and integrated national policies and guidelines in many African countries that clearly define the roles and responsibilities of the various stakeholders. This has led to a blurred vision of ECD. The realization that the child's health, intellectual, spiritual, emotional, physical, social and cultural development are related has led to a shift towards 'whole child', 'total child' or integrated ECD programming.

He brought out that in planning and implementing integrated ECD programmes, the following guidelines should be kept in mind.

- Priority should be given to 'at risk' families
- ECD programmes should form part of a multifaceted strategy, with opportunities being sought to blend services, to encourage multi-sectors collaboration, and to fit new components into ongoing programmes whenever possible.
- Programmes should be participatory and community based
- Flexibility and cultural contextualization of programmes will ensure relevance
- Programmes should support and build upon local ways that have been devised to cope effectively with problems of child care and development.
- Programmes should be financially feasible and cost effective recognizing the resource constraints
- Programmes should be extensive, reaching as many children as possible within the area of operation
- Programmes should be developmentally appropriate, taking into account the different age ranges and their abilities

He concluded by emphasizing that the time to act is now, to bolster the development of tomorrow's citizenry, with a vision of a more equitable, humane, productive and peaceful world.

MEN IN ECD STIMULATION AND CARE

A presentation on Men in ECD stimulation and Care made by *Francis Chalamanda of Malawi*, brought out that the low participation of men in ECD is a major issue. At present in Malawi, as in many other African countries, men play the role of provider at home and in ECD centers support the construction of ECD centers, play equipment and environment. They are less likely to be involved in providing care and stimulation to young children.

In Malawi, CBCC's provide an ample opportunity to men and boys to take part in childcare activities. The parent committees are comprised of men who assist in the management of the centers. In addition to this, there are 'meet the child' days where both men and women bring materials to construct play equipment to be used during the day. They also assist to maintain the equipment during the year. The community dialogue strategy which engages men in child care discussions is another strategy for involving men in their children's lives.

He highlighted programmes in other parts of the world that encourage the participation of men in child care activities. These include: *Improving the Lives of Children, One Father at a Time* in Namibia as well as *Better Parenting Programme* in Jordan.

Based on studies that have been carried out in the US, it is evident that

- The entire family benefits much more when men are more than just bread winners and the families are better adjusted.
- When fathers nurture their children, the children are physically healthier, are mentally acute and are emotionally sound.
- Infants with highly engaged fathers scored higher on pre-school intelligence tests than infants whose fathers were less involved.

The presentation further brought out that while men today are less involved in the rearing of their children, in traditional times, there were lots of customs that encouraged the close participation of both parents in the lives of their children, and these should be encouraged.

Priority action areas

- Both female and male issues need to be considered when designing and implementing ECD programmes and emergency assistance programmes
- Indigenous practices that encouraged the participation of men in the lives of their children should be strengthened
- Issues such as maternal health, AIDS, STDs, teenage pregnancy and family planning need to be addressed under the rubric of ECD and reproductive health
- ECD initiatives need to be developed to address at-risk children and youth.
- The institutional framework on gender at the national level needs to be defined and strengthened
- An evaluation of the ongoing ECD work on gender should be carried out to examine lessons from past gender interventions.

In conclusion the presentation highlighted a number of ways of playing with children to enhance parent child interactions.

Issues arising from the presentation

- Emphasis should be placed on gender socialization rather than wait for the children to acquire gender roles that will need to be redefined
- More men need to be involved in provision of ECD services
- There is a need for research to develop models of effective male participation in other African countries that can be emulated
- Traditions did not alienate children from their fathers. There is need to reflect on the beneficial practices with a view to reintroducing them
- Paternal involvement an urgent issue especially in the era of HIV and AIDS, as a father could easily be left alone with children
- There is need to recognize that effective change in the social structures takes time and needs to be handled carefully to avoid resistance.

IMPROVING ACCESS TO PRE-PRIMARY EDUCATION

In an effort to improve access to ECD services in Zambia, the government initiated the development of an ECD policy that featured the following aspects.

- Development of a system of guidelines and standards to ensure a provision of services to all children
- Mobilization, advocacy and empowerment of all stakeholders to enable full participation
- Provision of a legal structure where there is full participation from grassroots to national level in the planning, monitoring and evaluation of ECD activities
- Enhancement of research to identify points of entry for the improvement of services
- Exploration of the prospects of creating a Trust Fund to ensure a regular and permanent flow of funds for ECD services
- Provision of equitable access to ECD services to cater for all children, especially in the rural and disadvantaged areas.

In the same session, a paper presented by ***Dr. Paul Mushi***, brought out the importance of going beyond improving access to enhancing quality of service delivery by ensuring acceptable standards and curriculum. He defined curriculum as the center of the education system and emphasized that an effective one offers teachers, pupils, parents, NGO's and the society a clear and shared understanding of the skills and knowledge that young people will gain at school. As a vehicle to education, the curriculum dictates what should be the learning objective and how should the learning experiences be organized for effective pedagogy and quality assessment. He also highlighted the three stages of developing a curriculum as forming of a national ECD curriculum policy, designing and development of the ECD curriculum including the necessary teaching and learning physical and human resources and the implementation of new curriculum as well as a teaching and learning philosophy.

He described Tanzania's curriculum reforms in 2004 as aimed at introducing activities in language, mathematics, environmental and social studies, physical/psychomotor, art, music, craft and movement into the ECD curriculum. As a result, the ECD curriculum was integrated with community and real/context based life examples, problems and challenges. The purpose of which was to create a mindset that can transform as an individual and help the society to solve the challenges of poverty, disease and illiteracy. In addition to this, the curriculum is aimed at providing relevant teaching and learning equipment and training of teachers in appropriate pedagogy and constructing a child friendly and healthy ECD model.

He recommended a number of actions needed to ensure acceptable standards and curriculum.

- There is need to construct a policy framework that will provide clear coordination of roles of various stakeholders
- The establishment by government of a system of conducting capacity building to all ECD stakeholders
- The establishment by government of a mechanism that will make sure that all preschool centers are well equipped and resourced by trained and well paid personnel
- Decentralization of zonal/regional/district/ward levels should be speeded up
- Political will and commitment should be strengthened
- Community empowerment strengthened through sensitization and participation
- There should be equitable distribution of services
- Provision of parental education should be taken seriously
- Mechanisms for improving intergration and setting standards and operational guidelines should be taken seriously
- Strengthening M&E
- Conducting research
- On needs assessment as a basis for curriculum development.

In his paper *'Beyond access to ECD service provision: Critical reflection on ECD centre literacy practices by caregivers and communities in the rural areas of Malawi'*, **Dr. Foster Kholowa** brought out that from the 1980's, there has been increased interest in ECD which has led to increased access to ECD services including antenatal services, under five clinics, pre-schools (services for 3-5 year olds: – nursing, nursery schools, kindergarten, crèches, playgroups, Community Based Child Care), supplementary feeding, family planning as well as the Integrated Management of Childhood Illnesses (IMCI) programme. Despite increased access to these services, research shows that there have been difficulties in developing literacy in Malawi.

The presentation highlighted findings of a study aimed at finding out the extent to which rural pre school/CBCC children (3-5 year olds) were provided with opportunities for early literacy development within holistic development context. The findings indicate that:

- Provision of experiences is inextricably related to context
- Tensions exist between CBCC and community expectations regarding reasons for sending children to the centers, importance of early care and education and responsibility for provision. The other tension point was between CBCC and National IECD Policy (holistic approach vs. 'education' only approach)

- The community mainly participated in making material and financial contributions (Resource mobilisation) rather than in providing actual learning experiences
- There were many lost opportunities for holistic development
- Provision of early literacy provision was often influenced by perceived need to prepare children for primary schooling –
- There were variations in the way pre-schools provided these experiences
- Most of the literacy skills were provided by “accident” by caregivers
- Most literacy activities focused on the development of oral language skills at the expense of the other early literacy skills
- Lack of resources to facilitate early literacy skills a big problem
- Some of the early literacy activities were not appropriate for the level of the children
- There were no deliberate strategies for activities, often by “accident” – lost opportunities
- Inappropriate content was used
- Some early literacy components not emphasised

The presentation was concluded with a call to balance access and quality of learning experiences in the ECD centres. **IMPACT OF HIV AND AIDS IN ECD**

Presentations on the impact of HIV on young children were made by *Donald Charwe*, Assistant Commissioner for Social Welfare, *MacDonald Sembereka* of the Mafunziro Foundation Malawi, and *Jolly Nyeko* of action for Children, Uganda.

The presentations highlighted the grim situation of children infected and affected by HIV and AIDS in the three countries and brought out that the children living with AIDS were affected in the following ways.

- They lacked essential care required for the development of their full potential, more particularly in early stimulation.
- They were stigmatized and discriminated against.
- Children experienced loss, grief, anxiety and hopelessness which led in the long term to a low self esteem, learning disabilities and disturbed social behavior
- Loss of the primary caregiver
- Abuse as a result being in the care of uncaring guardians
- They are denied friends and a full social life
- Lack of proper parenting as they are often left in the care of aged grandparents

Several programmes have been put in place, in Tanzania, for the young children which include ECD-HIV initiatives, strategy for community based care, school based programmes aimed at combating HIV and AIDS among school age children, support form the NGO’s, FBO’s etc, in Tanzania.

In Uganda, among the programmes in place is the grandparent’s action support programme that aims at strengthening the capacity of grand parents in the care of orphans and other vulnerable children (0-8 years) in Kampala and Wakiso Districts. The programme is community based where grand parents are trained and empowered to care for the children, start IGAs, and to provide adequately for the children in their care through the small groups called action support groups. Home visits are organized to support the grandparents as well

as to monitor and evaluate the progress of the programme. During these home visits, home based care is provided for HIV testing and counseling, and to assist in the administration of drugs.

Mafunziro Foundation in Malawi runs 35 CBCC's where they provide care and support to children at risk. The children are able to get a nutritious meal a day, associate with other children, are treated with respect and love, are referred for treatment to hospitals and are prepared for entry into the primary school system. HIV therapy is also given to those who have tested positive for the virus.

In general while the HIV and AIDS interventions have positively impacted the children in the areas served, there are challenges that range from inadequate financing, lack of committed and motivated care-givers as most programmes rely on volunteers, inability to serve a wide area as there is a high demand for the limited services provided, increase in the number of OVC's and a lack of co-ordination and management of interventions.

ROLE OF PARENTS IN PRESCHOOL ACTIVITIES

A paper presented by *Salum Mjagila* of the Ministry of Education and Vocational Training on the importance of parenting education, defined parenting education as the interventions through which parents receive support and advice on the implementation of center based child rearing support and advice on the implementation of center-based child rearing practices such as basic health, nutrition, vaccination and education of children at their early years of life. Parenting education could either focus on provision of training or learning activities for parents or could provide parents or other caregivers with information on how to give children the care they require realizing their potential. These could take the form of home visits or the establishment of parent support groups.

In ECD centers, parents could be involved in the management/administration of schools and centers, collaboration with teachers and other ECD personnel, fundraising, collaboration in starting or developing of ECD centers, toy making and involvement in parent committees and councils.

The presentation highlighted the benefits of parental education as:

- Improvement in children's language and cognitive development as well as school performance
- Enhancement of mothers self image and knowledge
- Children showed improved social skills (had more friends) and more organized thinking
- Increased physical well-being and motor development of children
- Enhancing the implementation of ECD programmes and hence providing impetus to the achievement of EFA goals.
- Strengthening the link between adult and continuing education programmes and ECD programming

The challenges in implementing parenting programmes were outlined as follows;

- Lack of commitment to young children and adults by the government
- Lack of a comprehensive ECD programme with a parenting education component.

- Weak networks leading to ineffective and inefficient coordination and collaboration of ECD programmes
- Limited policy and legislative action for ECD programming and hence parental education.
- Lack of a supportive policy environment for effective parenting education
- Limited capacity in the delivery of parenting education.

In the same session the role of parents in pre-school activities was presented by *Josephine Lyenge*. She brought out that children with disabilities are not adequately catered for in the pre-school system and the services available often did not cater for children from low social economic backgrounds. Due to the fact that children spent a longer time with their parents at home, and that these parents were often not equipped to deal with the challenges, there was need to build their capacity to care for their children, especially those with special needs.

She outlined the parent's role in ECD centers as:

- Providing financial support
- Observing and monitoring the child's progress
- Being part of pre-school bodies
- Make suggestions on the pre-school curriculum
- Advocate for programmes that cater for children with special needs
- Provide physical security

She further emphasized not all parents were able to successfully care for children with special needs, and that successful parents were: available, confident, patient in training, observant, practical, expressive, used a variety of activities to teach their young children and were encouraging. She further identified fragmented efforts, existence of social, physical and communication barriers, killing of children with disabilities, inadequate parental involvement, stigma, ignorance and inadequate skilled personnel as challenges that needed to be tackled in ensuring success of parenting programmes

The future direction she suggested included:

- The prioritization, in terms of policy, of the need to address barriers in providing services for young children, the development of an integrated comprehensive and inclusive ECD policy as well as the adoption of well functioning coordinating mechanisms.
- Increased government involvement in protecting the child from discrimination as outlined in the CRC article 18
- and recognition of parents' roles in the lives of their children with special needs
- Involvement of DPO's in designing, implementing and evaluation of ECD programmes
- Increased technical cooperation, including advisory services to support the efforts of NGO's and private partners
- Involvement of parents in designing, implementation and evaluation of pre-school programmes

ROLE OF PLAY AND PLAYING MATERIALS IN PROMOTING LEARNING.

Prof. A.S Mbise, in his paper highlighted that in Tanzanian children have been deprived of play opportunities and skills in the family and the community for many years. There before children's contribution to family work for survival was crucial and the adults had a negative attitude towards play. They saw play as meaningless, wasteful and unproductive. Despite plenty of free time, today, children are still deprived of play opportunities, play materials and space. The factors responsible for this include, poverty, ignorance of parents on the importance of play, and lack of space.

He outlined the functions of play as:

- A means through which young children learn about the world
- Play stimulates children's physical, social, language, intellectual and emotional development
- When parents play with their children a strong attachment is developed between them
- Play expands the child's thinking and understanding
- Peer play is important in the development of social skills including co-operation

He further brought out that different types of play promote different developmental skills and knowledge among children and emphasized the need to make use of what nature provides to prompt the holistic development of children.

Alex Rwabigene in his paper also brought out the current lack of play among young children and added that the situation is worse in this era of HIV and AIDS, where children who are affected or infected are stigmatized and are excluded from group play. Yet play has been found to be therapeutic as a child who is stressed by family problems requires a more stimulating learning environment if she/he is to cope with school. In addition to this, studies have shown that play and early learning promotes equal; opportunities for all especially in situations where social economic inequalities exist.

He emphasized that the role of play and learning materials is too important to be provided as a matter of charity or good will but obligation despite the existing challenges for all children including those with special needs.

Way forward in enhancing play and play materials include:

- Local production of materials through community craftsmen
- Scaling up of toy production through the introduction into vocational training schools
- Create demand through increased community awareness campaigns about the role played by play materials

The challenges included;

- The lack of national directives regarding play and learning materials for young children.
- The lack of a common understanding regarding the development of culturally acceptable play materials or the development of standardized materials
- Inadequate financing and resource mobilization for the production of play materials

CHILD HEALTH AND NUTRITION

There were four papers presented on the topic. The presenters included *Elizabeth Macha* from UNICEF, *Dr. Godwin Ndosu* and *Hilda Missana* both from Tanzania Food and Nutrition Center and *Dr. Miriam Ongara* from Kibaha District Council.

All presentations recognized the need for improved nutrition as the basis of improving ECD and the realizing MDG 1, 2, 4 (poverty, education, child mortality). The presentations brought out the poor nutritional status of children in Tanzania and linked it to the failure of children to reach their full potential in cognitive development. The papers emphasized that improving parental education for mothers is linked to reduced fertility, improved child survival, health, nutrition, cognition and education.

They further emphasized that malnutrition starts early, that stunting in early childhood is caused by poor nutrition rather than genetic differences, stunting & poverty represents multiple biological & psychosocial risks, stunted children were less likely to be enrolled in school or likely to enroll late, attain lower grades to their age & have poor cognitive ability and that children's whose growth is faltering, at any age would not respond to stimulation and attention and would be well behind peers in terms of physical, social and/or emotional development

They emphasized that child survival & development requires interplay of interrelated actions including improved caring practices, protection of child health and provision of adequate household food security & adequate psychosocial support and stimulation.

They brought out that good nutrition was necessary for;

- Brain development, which begins during pregnancy as well as cognitive development.
- Development of social emotional aspects of the child
- Proper physical growth
- Strong immunity against diseases
- Increased returns to investment in education
- Reduction in infant mortality rates

The presentations highlighted the role of iron, iodine and vitamin A in the proper development of the embryo, the infants and young children and hence the need for supplementation in cases where there was a deficiency or an expected lack of the nutrients in the diet.

The C- IMCI was discussed as an important intervention in the management of childhood health and nutrition. Using the case of Kibaha District in Tanzania, where the home visiting strategy for children 0-5 was started in 2004, achievements were noted in:

- The coverage and funding of the C-IMCI
- The increased number of district TOT's, Ward TOT's, C-IMCI CORPS and youth who were trained in the implementation of the C-IMCI.

- Improved key practices and indicators for immunization, use of ITN's, Vitamin A supplementation, delivery in health facilities, reduction in malnutrition, and the increased use of contraceptives for birth control.

The increasing rate of HIV and AIDS infection, the high attrition rates of the CORPS and the inadequacy of funds for supervision were identified as the major challenges in implementation.

The global strategy on Infant and Young Child Feeding was also highlighted as a very important intervention in dealing with neonatal and infant health and nutrition. Appropriate feeding practices in infancy and early childhood have been found to have a positive impact on the child's nutritional status, intellectual performance and morbidity. Exclusive breastfeeding for the first six months with complementary feeding after six months is crucial for the healthy development of children. In the event that a mother is HIV positive, it was highlighted that the WHO guidelines were clear as to the options available to the mother after considering the acceptability of the source of feeding, the feasibility, the affordability and the suitability of the source. All in all exclusive breastfeeding for the first six months was presented as the best option for the child.

The presentations also emphasized the importance of maternal nutrition as it influences the outcome of the pregnancy. The cycle of malnutrition begins with a malnourished mother.

The recommendations made by the presenters were:

- Governments to develop and implement a comprehensive policy on infant and young child feeding, in the context of national policies for nutrition, child and reproductive health and poverty eradication.
- Health workers should be empowered to provide effective feeding counseling
- Governments should enact imaginative legislation protecting the rights of breast feeding women
- Need to enhance monitoring of the C-IMCI strategy
- Increased training for CORPS
- Resource mobilization for the support of C-IMCI strategy
- Generation of data linking nutrition with individual, community and national development
- Integration of ECD concepts into existing programmes and strategies such as the ENA and IYCN
- Advocate for the implementation of comprehensive ECD programmes
- Priority on programming for children to be given to those living in difficult circumstances
- Focus on maternal health for the development of healthy children.

INTERGRATION OF INDEGINOUS AND MODERN CARE PRACTICES.

Stephen Lenaiyasa's paper on the Loipi concepts and practices brought out that the loipi is a concept that was drawn from the traditional child care practices of the Lmaa people of East Africa. The concept seeks to blend existing positive cultural values and traditions with modern ideas and knowledge. The positive practices that are captured in the current Loipi's include:

- Care of children by the parents and the community as a whole
- Key role played by grandparents in child care and in the instilling of cultural values
- Free interaction of children with adults within a given context
- Appreciation of the environment by children
- Value attached to play, folktales and learning of traditional folklore
- Learning of cultural values of sharing, respect, patience and obedience
- Generosity of community members

The establishment of Loipi's have lead to increased social responsibility of the community regarding the care of children, a regeneration of cultural and heritage, the laying of strong foundations in the early years, the availability of space in the Loipi's for community barazas, mobilization and empowerment of community members, a change in attitude towards early marriage that has been replaced by "booking girls for school", getting children ready for school and increased advocacy for the abolition of laws and national policies that exclude vulnerable children.

SHARING EXPERIENCED ON ECD POLICY DEVELOPMENT AND IMPLEMENTATION

ECD Policy experiences were shared by *Resty Muziribi* and *Nathan Chelimo* of Uganda and *Alice Rugumyamheto* of Tanzania.

ECD Policy the case of Uganda

It is worth noting that the formulation of the ECD policy is one of the four performance indicators on which evaluation of success in ECD programming is based. The other three are mobilizing political and popular support, promoting flexible and adaptable programmes for young children and education of teachers, parents and other caregivers in better childcare and education.

The ECD policy was formulated by the education sector through a consultative process. The policy document clearly outlines that the provision of ECD services will remain in the hands of the private sector which will provide different programmes for children under 8 years who using curriculum that is appropriate for children between 0-3, 3-6, and 6-8 years. The policy also elaborated the management structure at National level, district level and school/center level as well as addresses issues of training of caregivers and the assessment of children's performance.

To this effect, the MOES developed policy guidelines fro service providers. In addition to this issues concerning ECD in the education sector have been addressed at several National education Sector reviews. A point worth noting is that ECD has attracted support from HE

the president of Uganda. In the president's manifesto, ECD featured as one of the areas of priority that the government recognizes.

Nathan Chelimo highlighted the strides that are attributed to the existence of an ECD policy as:

- A regulatory coordination and monitoring framework has been established to provide minimum standards for managing and delivering ECD services
- The policy environment supports the establishment of ECD centers and initiatives within different contexts which the ministry is regulating and supporting, both at national and community levels.
- Various capacity building strategies have been developed by the government and adopted by key stakeholders through training of caregivers, preschool teachers and all key stakeholders.
- The sectoral policy has been approved and is operational as a result direct support is given to various extents to ECD programmes countrywide
- The learning framework has been developed, launched and disseminated to the different targets.
- The ECD training materials have been developed with reference to the learning framework
- Advocacy activities have been profiled and IEC materials developed
- Instructional materials have been developed and disseminated
- Kyambogo University has intensified and improved the ECD training with support from the government.

Due to the fact the country has several sectoral policies dealing with children; there is a realization of the importance of developing an ECD framework to ensure the provision of comprehensive and co-ordinated services to children

The Tanzanian ECD policy on the other hand, has been developed but has not yet been finalized. The Ministry has formed three committees for coordinating ECD issues in the country. These include: The steering committee, which has as its overall objective the establishment and strengthening of intersectoral collaboration in order to promote the health and welfare of children; The technical committee which is responsible for the development of the intersectoral policy, development of TOR's for the various components of the policy and the development of M&E mechanisms; The thematic subcommittee, which is mainly responsible for the development of ECD programmes that will ensure holistic development of young children.

A number of gaps were identified in the draft policy. These include the following areas: early child care, psych-social support, acquisition of language skills, feeding and nutrition and preschool education. As a result of this, need has arisen for the development of a policy which will determine the direction of ECD in the country.

Currently, the process is on for the development of a national strategy for ECD which aims at ensuring multi-sectoral collaboration. The country has also embarked on the provision of integrated ECD service delivery initiatives aimed at improving the quality of ECD services.

While both countries were at different stages of the development of the ECD policies, there was an agreement on the need to embark on a well planned process for the development of a solid policy.

FIELD VISITS

Visits to four ECD centres namely; St. Patricks, Arusha School, Kirai ECD Centre and a Maasai community based ECD centre were undertaken by participants who were divided into four groups. Both positive and negative practices were noted that are summarized as under:

The positive practices included:

- The commitment of teachers in teaching young children.
- The availability of some material for children to use in the learning process
- The large number of children in the centres which reflected the increasing awareness of the existence of services and the community involvement in the setting up and running of the community based centres

There were however some issues of concern that included:

- The overemphasis on the cognitive development of the child. Much emphasis was placed in the mastery of reading and writing skills and more especially on rote learning.
- The schools emphasised the use of English as the medium of instruction
- Teaching in almost all the sites was not contextualised. The curriculum borrowed a lot from cultures not familiar to the children
- The teaching method used was mostly teacher centred with limited opportunity for active learning
- The rooms used by the children were small and did not allow for the creation of learning corners.
- The programmes did not seem to cater for children with special needs.
- The teachers did not seem adequately trained.

CLOSING CEREMONY

The closing ceremony was presided over by the Hon. *Prof. David H. Mwakyausa (MP) Minister of Health and Social Welfare of the United Republic of Tanzania*. In his speech, Hon. Prof David Mwakyausa, expressed his appreciation to the organizers of the conference, and emphasised that in the provision of ECD services, every attempt should be made to develop children in terms of their capabilities and potentials despite the fact that parents sometimes overemphasise literacy development of their children. In order to align the expectations of parents to the rights of children, he emphasized the need for parenting education. Further to this he reiterated the need for provision of quality ECD services through the training of teachers and other caregivers, provision of adequate facilities and materials as well as a focus on the child's health and nutritional status. He concluded by thanking all the development partners for their continued support and reiterated the government's commitment to improving the lives and welfare of infants and young children.

At the closing ceremony, a statement from the ministers was read, in which the Ministers recognized the importance of ECD in the achievement of EFA and MDG goals and expressed commitment to the allocation of adequate resources to ECD programmes.

STATEMENT BY MINISTERS

We the Ministers from ESA countries responsible for ECD in attendance to this conference, wish to make the following statements;

- That we recognize the importance of investing in ECD
- That we appreciate the role of ECD in the subsequent years of human development.
- That since most of ECD programmes are sector specific, there is a need to revisit them for promoting integrated approach in addressing infants and young children's issues
- That we encourage the involvement of other stakeholders especially parents, communities, Civil society organizations and Development partners in addressing ECD issues
- That we are committed to allocate adequate resources to ECD programmes
- That there is a necessity of strengthening and expanding training programmes to ECD professionals and caregivers
- That our governments discourage boarding centers for children below 8 years of age
- That ECD programmes should adhere to standards and guidelines approved by our governments
- That community participation should be promoted in order to ensure the sustainability of ECD programmes
- That the impact of HIV and AIDS in relation to ECD is a serious problem to our countries that will be given due attention

We the ministers are committed to achieving EFA goals by 2015 and shall be at the forefront to ensure that all these statements are translated into our ECD National plans and programmes

The Ministers statement was followed by a call to action in a statement by participants, to their countries, to offer evidence based quality, holistic, co-ordinated, relevant and inclusive services that were supported by strong policies and legal frameworks.

PROPOSED RESOLUTIONS OF THE SUB-REGIONAL CONFERENCE

1. POLICY

Governments, in partnership with all stakeholders, should develop comprehensive ECD policy frameworks to guide cross sectoral collaboration and implementation of ECD programmes across the early years age range; from conception to 8 years. The process of developing the policy framework should be consultative from grass roots to national level.

2. PROGRAMMES

Each country should have IECD programmes that:

- 2.1 Are holistic, including health, nutrition, early stimulation, education, security and protection as well as HIV and AIDS
- 2.2 Address all stages of ECD including pre-natal- 2 years, 3-5/6 years and 7-8 years.
- 2.3 Strengthen both informal and formal care and educational environments for young children, including;
 - Families-pre-parenting and adult education programmes
 - Communities-through promoting and supporting community based ECD initiatives that link with health, nutrition and education programmes.
 - Pre-primary and early primary programmes-through promoting and supporting ECD capacity development for caregivers, parents/communities and teachers to ensure
 - Programmes and approaches are appropriate to young children's learning environment and styles
 - Young children's smooth transition to early success in school.

3. RESOURCES

- Every country should invest in ECD by allocating enough resources to the national budgets
- Development partners are requested to support government commitment to comprehensive ECD

4. COORDINATION AND PARTNERSHIPS

Every country should establish clear mechanisms for the coordination of the partnership principles and approaches that are required for collaborative action on ECD

5. CURRICULUM AND GUIDELINES

Every country should promote and support the development of curriculum and guidelines through participatory approaches, involving all aspects of child development and cultural norms and values, indigenous knowledge, local languages, gender and diversity

6. RESEARCH AND DATA MANAGEMENT

All countries should be encouraged to conduct research on ECD

7. ECD PUBLIC AWARENESS

All countries should embark on ECD public awareness programmes, focusing on comprehensive ECD as the foundation for human development such as:

- The role of men in child care practices right from conception to 8 years
- The role of families and communities in child rights and protection

8. FOLLOW-UP

The sub-region of East, central and southern Africa to continue sharing experiences and monitoring progress on implementation of the above resolutions annually.

**LIST OF MINISTER, DEPUTY MINISTERS WHO PARTICIPATED IN THE
ECD SUB-REGIONAL CONFERENCE OF THE EASTERN AND SOUTHERN
AFRICA**

18TH – 21ST FEBRUARY, 2008 AT AICC, ARUSHA- TANZANIA.

List of Hon. Ministers

No.	Ministry/Organization	Country
1.	Hon. Prof. J. Maghembe (MP)	Minister for Education and Vocational Training - TANZANIA
2.	Hon. Margaret Sitta	Minister for Community Development, Gender and Children - TANZANIA
3.	Hon Prof. David Mwakysusa	Minister for Health and Social Welfare- Tanzania
4.	Hon. Havoub A. Suleman	Minister for Education and Vocational Training – ZANZIBAR
5.	Hon. Asha Abdallah Juma	Minister for Labour, Youth Women and Children Development - ZANZIBAR
6.	Hon. Anna Andrew Namathanga Kachikho	Minister for Women and Child Development - MALAWI
7.	Hon. Peter Teko Lokeris	Minister for State , Eduction- UGANDA

List of Hon Deputy Minister

8.	Hon. Clement Sinyinda	Deputy Minister for Education - ZAMBIA
9.	Hon. Mberamiheto Ernest	Vice Minister for Education - BURUNDI
10.	Hon. Lucy Nkya	Deputy Minister of Community Development, Gender and Children - TANZANIA
11.	Hon. Mwantumu Bakari Mahiza	Deputy Minister for Education and Vocational Training - TANZANIA

Minister's Representatives

12.	Director of Basic Education and Preschool	Ministry of Education Madagascar, represented the Minister for Education Madagascar
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13.	Ms Palesa Tyobeka	Deputy Director-General for Education, represented Minister of Education, Ministry of Education Pretoria, SA
14	Mr. L. C. Bowora-	Director in charge of Early Childhood Development – represented the Minister for Education- Zimbabwe
15		Ministry of Education Namibia